

# Iron Workers District Council of Philadelphia & Vicinity

## Health Benefit Plan



**2022** Benefit Guide



# Welcome to Your Benefits Overview

Benefits that meet your health needs are essential for a rewarding life. As members, you and your family have access to comprehensive benefits that help you be healthy throughout the year. Please use this guide to learn about your options and choose the plan that best meets your needs.

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The HRA Program is provided as part of the Plan. It is intended to comply with all applicable federal regulations governing health plans, including COBRA, HIPAA Privacy and Security, and the Affordable Care Act. This guide is a Summary of Material Modifications (SMM), within the meaning of Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. This guide describes important changes to the Plan. It contains only highlights of certain provisions of the Iron Workers District Council of Philadelphia and Vicinity Health Benefit Plan. Complete details are contained in the official Plan Document. In case of conflicts between the wording in this SMM and the wording in the official Plan Document, the Plan Document always governs. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

# Eligibility

## Members

As an active member, you are eligible for benefits if you are working in covered employment and have at least the minimum number of Credits in your account.

Below is the minimum credit balance to start coverage.

	Plan A	Plan B	Plan C
Single	2,115 Credits	1,731 Credits	1,437 Credits
Member + 1	4,080 Credits	3,294 Credits	2,697 Credits
Family	5,298 Credits	4,260 Credits	3,477 Credits

More information about Credits can be found on **page 10**.

## Dependents

You may enroll your eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse
- Your natural or adopted children up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability

### Adding Dependents to Coverage?

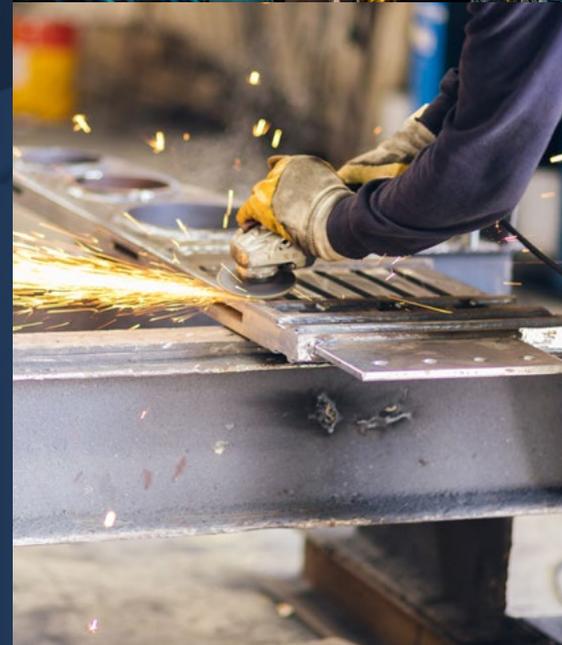
You must provide documentation, such as a marriage certificate, birth certificate, or adoption papers, to prove eligibility.

## Month-to-Month Eligibility

Coverage under the Plan is on a month-to-month basis. If you do not have enough Credits in your account for a particular month, you have several options:

1. Self-pay the difference for one month
2. Elect COBRA coverage, if eligible, after the one month of self-pay
3. Purchase insurance under a public health exchange at [healthcare.gov](https://www.healthcare.gov)
4. Waive Plan coverage

When you have a Credit balance that will cover at least three months of the cost of the Plan, you may re-enroll in Plan coverage.



# When to Enroll

## Open Enrollment

Open Enrollment takes place each year in the fall. The elections you make during Open Enrollment will become effective January 1 of the following year and stay in effect through December 31.

In order to be eligible to elect coverage during Open Enrollment, you must have enough Credits in your HRA balance to cover at least three months' worth of the Health Plan option you wish to select.

See the table on **page 3** for the minimum credit balance needed to continue coverage.

## Qualifying Event

You can enroll or change your elections during the year if you have a qualifying event. Qualifying events include:

- Marriage, divorce, legal separation, or death of a spouse
- Birth, adoption, placement for adoption, or change in custody of a child
- Your dependent child reaches the age of 26 (and therefore is no longer eligible for coverage)
- A change in employment status

You must notify the Plan Office within 90 days of experiencing a qualifying event. You'll be asked to provide proof, such as a marriage license or birth certificate, to change your coverage.



## Fund Provided Benefits

As an Active Member, you also automatically receive:

- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Long-Term Disability Insurance
- Waiver of Life Insurance Premiums

For more details about these benefits, refer to your Summary Plan Description.

# How to Enroll

## Follow these steps to enroll in your benefits.

### 1. Evaluate Your Needs

Be a smart health care shopper and ask yourself the following questions:

- **Who should I cover?**  
Explore your coverage options for all dependents who meet eligibility requirements.
- **Will the plan I currently have meet my health care needs in 2022?**  
Review the plans to see which one is the best fit for you and your family.
- **How many Credits do I have?**  
You must have enough Credits in your HRA balance to cover a minimum of three months' worth of the Health Plan option you want.

### 2. Understand Your Options

Review this benefit guide to compare your options and evaluate plan costs.

### 3. Enroll in Benefits

- Visit [iwdcpa.com](http://iwdcpa.com).
- Download the Enrollment Form.
- Return the completed and signed Enrollment Form to the Plan Office.\*

**\*If you are not making a change, you do not need to return the enrollment form.**

## Benefit Terms & Definitions

To better understand your coverage, it is helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.



**Copay** – A fixed dollar amount you pay the provider at the time of service.

**Coinsurance** – The percentage paid for a covered service, shared by you and the plan. Coinsurance varies by plan and provider network.

**Credits** – You accrue Credits, not money, in your HRA account based on the hours you work in covered employment. Once you meet the eligibility requirements, and enroll in the Health Plan, Credits may be used to pay for eligible health care expenses.

**Deductible** – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

**Fund** – Your Health Plan is part of a Fund created by the Collective Bargaining Unit to offer essential medical, prescription drug, dental, vision, and other benefits.

**In-Network Care** – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

**Out-of-Network Care** – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to additional costs.

**Out-of-Pocket Maximum** – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

# Your Plan Options

Choosing the right plan to meet your needs is the first step to living your healthiest life. The Fund gives you a variety of options, so you can pick the best fit for your lifestyle, your family, and the number of Credits you have. You have three plan options:

Plan A	Plan B	Plan C
<ul style="list-style-type: none"><li>✓ No in-network deductible</li><li>✓ Lowest cost-sharing of all plan options</li><li>✓ Requires the most Credits for eligibility</li></ul>	<ul style="list-style-type: none"><li>✓ Higher deductible and cost-sharing than Plan A</li><li>✓ Requires fewer Credits for eligibility than Plan A, but more than Plan C</li></ul>	<ul style="list-style-type: none"><li>✓ Highest deductible and cost-sharing of the three options</li><li>✓ Requires the least Credits for eligibility</li></ul>

All three plans come with a Health Reimbursement Arrangement (HRA), which is funded in accordance with the Collective Bargaining Agreement. The HRA is used to determine eligibility and to reimburse you for health care expenses.

Each plan includes comprehensive coverage, such as medical, prescription drug, dental, and vision benefits. Keep in mind that you cannot decline a portion of the plan (medical, prescription drug, dental, or vision coverage) under the plan option you select.

## Three Tiers of Coverage

You have the option of enrolling yourself and your dependents in coverage. During enrollment, you will choose one for the following tiers of coverage:

- **Single** (You)
- **Member + 1** (You and One Dependent)
- **Family** (You and Two or More Dependents)

## How the Plan Works

1. You work your scheduled hours.
2. Contributions are made to the Plan on your behalf for each hour you work.
3. The contributions are deposited as Credits in your HRA account.
4. You compare health plan options and select one you are eligible for (based on the amount of Credits you have).
5. You will be reimbursed for eligible medical, dental, and vision expenses if you file a claim. The reimbursed amount will be deducted from your HRA Credit balance.

# How to Choose a Plan

To understand how to choose the right plan based on the Credits you have in your HRA account, take a look at these examples:



## Sophia

**HRA Account Balance:** 18,000 Credits

**Coverage Tier:** Member + 1

**Available Plans:** A, B, or C

Since Sophia has enough Credits available, she selects Plan A. She appreciates that the plan has no in-network deductible and low copays for primary care and specialty office visits.



## Logan

**HRA Account Balance:** 4,500 Credits

**Coverage Tier:** Family

**Available Plans:** B or C

Logan chooses Plan B because it offers a lower deductible than Plan C and has lower out-of-pocket expenses.



## Noah

**HRA Account Balance:** 975 Credits

**Coverage Tier:** Single

**Available Plans:** None

Noah will not have Plan coverage until he earns enough Credits to be eligible for Plan C.



# Plan Comparison Chart

Plan Features		Plan A		Plan B		Plan C	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Single	None	\$500	\$1,500	\$2,750	\$3,500	\$4,000
	Member+1	None	\$1,000	\$3,000	\$5,500	\$7,000	\$8,000
	Family	None	\$1,000	\$3,000	\$5,500	\$7,000	\$8,000
Annual Out-of-Pocket Maximum	Single	\$6,075	\$8,000	\$6,075	\$8,000	\$6,075	\$8,000
	Member+1	\$12,075	\$16,000	\$12,075	\$16,000	\$12,075	\$16,000
	Family	\$12,075	\$16,000	\$12,075	\$16,000	\$12,075	\$16,000
Coinsurance		Plan pays 100% after deductible	Plan pays 70%*	Plan pays 85% after deductible	Plan pays 60%*	Plan pays 50% after deductible	Plan pays 50%*
PCP and Specialist Copayment or Coinsurance		You pay \$20	Plan pays 70%*	No charge for Preventive Screening and Immunization Services	Plan pays 60%*	No charge for Preventive Screening and Immunization Services	Plan pays 50%*
Inpatient Hospital Copayment or Coinsurance		You pay \$100 per day up to a max of \$500 per admission	Plan pays 70%*	You pay \$500 per day up to a max of \$5,000 per admission	Plan pays 60%*	You pay \$500 per day up to a max of \$5,000 per admission	Plan pays 50%*
Prescription Drug Deductible		None		\$100		\$200	
Prescription Drug Copayments or Coinsurance		<b>Retail/Mail Order</b> <b>Generic:</b> \$10/\$20 <b>Brand Formulary:</b> \$25/\$50 <b>Non-Formulary:</b> \$100/\$200 <b>Specialty:</b> You pay 2% coinsurance (\$25 min/\$250 max for formulary specialty medications; \$50 min/\$250 max for non-formulary specialty medications)		You pay 15% coinsurance per prescription		You pay 50% coinsurance per prescription	
Prescription Drug Annual Out-of-Pocket Maximum	Single	\$1,825	\$1,825	\$1,825	\$8,000	\$6,075	\$8,000
	Member+1	\$3,725	\$3,725	\$3,725	\$16,000	\$12,075	\$16,000
	Family	\$3,725	\$3,725	\$3,725	\$16,000	\$12,075	\$16,000

\*Plan coinsurance is based on allowable charges after the deductible has been met.

**Note:** The comparisons above are not meant as comprehensive descriptions of the Plan's benefits. For more information about the three plan options, including information about dental and vision coverage, you can review the Summaries of Benefits and Coverage (SBCs) that are included in this mailing, your Summary Plan Description, and other documents you have received from the Plan.

# How to Decide Where to Go for Care

When deciding where to seek medical care, it is essential to understand your options. Knowing the right place to go based on your symptoms will save you time and money.



<b>\$\$</b> <b>Primary Care Physician (PCP)</b> (Non-life-threatening) 	<b>\$\$</b> <b>Urgent Care Center</b> (Non-life-threatening) 	<b>\$\$\$</b> <b>Emergency Room</b> (Life-threatening) 
<p><b>Benefit:</b></p> <ul style="list-style-type: none"> <li>▪ In-person examination</li> <li>▪ Reasonable price in-network</li> <li>▪ Familiarity with regular PCP</li> </ul> <p><b>Reasons to go:</b></p> <ul style="list-style-type: none"> <li>▪ Earaches &amp; infections</li> <li>▪ Headaches</li> <li>▪ Regular treatment for chronic conditions</li> <li>▪ Skin irritations &amp; rashes</li> </ul>	<p><b>Benefit:</b></p> <ul style="list-style-type: none"> <li>▪ Lower cost than an ER visit</li> <li>▪ Same-day visits often available</li> </ul> <p><b>Reasons to go:</b></p> <ul style="list-style-type: none"> <li>▪ Earaches &amp; infections</li> <li>▪ Minor cuts, bumps, sprains &amp; burns</li> <li>▪ Fever &amp; flu symptoms</li> <li>▪ Allergic reactions</li> <li>▪ Mild asthma</li> <li>▪ Headaches</li> <li>▪ Urinary tract infections</li> <li>▪ Back &amp; joint pain</li> </ul>	<p><b>Benefit:</b></p> <ul style="list-style-type: none"> <li>▪ Necessary for life-threatening conditions</li> </ul> <p><b>Reasons to go:</b></p> <ul style="list-style-type: none"> <li>▪ Heart attack or chest pain</li> <li>▪ Disorientation or difficulty speaking</li> <li>▪ Sudden dizziness or loss of coordination</li> <li>▪ Shortness of breath or severe asthma attack</li> <li>▪ Head injury or major trauma</li> <li>▪ Severe cuts or burns</li> <li>▪ Overdoses</li> <li>▪ Coughing or vomiting blood</li> <li>▪ Severe allergic reactions</li> </ul>

## Preventive Care

Your medical plan options cover preventive care services at no cost to you when you visit in-network providers. Preventive care visits identify a variety of illnesses and diseases. With this information, you can take action early and keep treatable health issues from becoming chronic conditions. Examples of preventive services:

- Annual physical exams for adults and children
- Diabetes, blood pressure, and cholesterol screening for adults age 18 and over
- Autism screening for children at 18 and 24 months
- Mammograms for women age 40 and over
- Colorectal cancer screening for adults age 50 and over



# Health Reimbursement Arrangement (HRA)

The HRA is a notional account that is funded with Credits based on the hours you have worked. Credits are used to determine eligibility for coverage and to be reimbursed for health care expenses. You must be enrolled in the Plan's medical benefits to participate in the HRA Program.

## HRA Credits

Ongoing eligibility in your plan coverage depends on your hours worked. Keep in mind that in order to elect coverage for one of the plans, your balance must be equal to or greater than three months of the cost of coverage for the plan option you elect.

Credits and hours needed to maintain eligibility										
		Plan A			Plan B			Plan C		
		Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
<b>Local 399</b>										
Required HRA Credits	Monthly	705	1,360	1,766	577	1,098	1,420	479	899	1,159
	Annual	8,454	16,318	21,197	6,918	13,173	17,043	5,751	10,789	13,910
Required Minimum Hours	Monthly	53	102	132	43	82	106	36	67	87
	Annual	633	1,222	1,588	518	987	1,277	431	808	1,042
<b>Local 401</b>										
Required HRA Credits	Monthly	705	1,360	1,766	577	1,098	1,420	479	899	1,159
	Annual	8,454	16,318	21,197	6,918	13,173	17,043	5,751	10,789	13,910
Required Minimum Hours	Monthly	46	88	114	37	71	92	31	58	75
	Annual	547	1,056	1,372	448	853	1,103	372	698	900
<b>Local 404</b>										
Required HRA Credits	Monthly	705	1,360	1,766	577	1,098	1,420	479	899	1,159
	Annual	8,454	16,318	21,197	6,918	13,173	17,043	5,751	10,789	13,910
Required Minimum Hours	Monthly	65	125	163	53	101	131	44	83	107
	Annual	779	1,504	1,954	638	1,214	1,571	530	994	1,282
<b>Local 405</b>										
Required HRA Credits	Monthly	705	1,360	1,766	577	1,098	1,420	479	899	1,159
	Annual	8,454	16,318	21,197	6,918	13,173	17,043	5,751	10,789	13,910
Required Minimum Hours	Monthly	59	115	149	49	93	120	40	76	98
	Annual	713	1,377	1,789	584	1,112	1,438	485	910	1,174
<b>Local 451</b>										
Required HRA Credits	Monthly	705	1,360	1,766	577	1,098	1,420	479	899	1,159
	Annual	8,454	16,318	21,197	6,918	13,173	17,043	5,751	10,789	13,910
Required Minimum Hours	Monthly	59	115	149	49	93	120	40	76	98
	Annual	713	1,377	1,789	584	1,112	1,438	485	910	1,174



# What You Need to Know About the HRA

## What Are the Benefits of the HRA?

- Contributions, or Credits, are made to your HRA based on the number of hours you work, to help you pay health care expenses, such as coinsurance, copays, and deductibles.
- All unused Credits roll over year to year.
- Remaining Credits can be used to qualify for more coverage options and reduce your health care expenses in the next plan year.

## How Are Contributions Made to the HRA?

Contributions to your HRA account are made in accordance with a Collective Bargaining Agreement. Your Credits will be deposited in your account on a monthly basis and will determine your eligibility for coverage.

## What Can I Use the HRA Credits for?

Credits are used to determine eligibility for the three plan options and to reimburse you for eligible health care expenses not covered by the Plan.

## How Do I Use the Credits in the Account?

When you need to use your HRA Credits for health care expenses, you can also submit a claim to the Plan Office. Download the HRA Program Claim Form at [iwdcpa.com](http://iwdcpa.com). Send the completed form and proof of payment to the Plan Office. You will be reimbursed once you have accumulated \$250 in claims.

- Claims under \$250: Submit within 12 months of when you incurred the expense
- Claims over \$250: Submit within 90 days of when you incurred the expense

## Can I Use the HRA for My Dependents' Health Care Expenses?

Dependents may have their medical expenses reimbursed from the HRA only if they are eligible and enrolled for coverage under the Plan at the time the medical expenses are incurred.

## What Happens if I Don't Have Enough Credits in My Account?

If you don't have enough Credits in your HRA account, your coverage will terminate on the last day of the month for which you had enough Credits to continue your eligibility. You will not receive any money from the account. You may take the following actions:

- Self-pay the difference for that month
- Elect COBRA coverage, if eligible, after the one month of self-pay
- Purchase other coverage under a public health exchange at [healthcare.gov](http://healthcare.gov)
- Waive coverage

## What Happens to the HRA if I Retire?

If you actively participate in the HRA and then retire under the Pension Plan with a balance in your HRA account, you are eligible to use the Credits during your retirement for reimbursement of eligible health expenses. Keep in mind that you will not receive any additional Credits in your account once you are retired.

## Will I Still Receive Credits if I Am on Disability?

If you are unable to work because of a disability and are receiving Workers' Compensation benefits or Weekly Disability benefits from the Health Benefit Plan, you will be granted HRA Credits based on 21 hours per week for a maximum of 26 weeks in the 12-month period commencing from the date of disability.

## Can I Use the HRA Account for Other Types of Expenses?

You cannot be reimbursed for expenses that are not related to medical care, as defined by the IRS. Examples of ineligible expenses are gym memberships, over-the-counter drugs, vitamins, individual health insurance, uniforms or special clothing, and funeral expenses.



Questions about the HRA? Refer to **IRS Publication 969** for complete HRA rules.



## Where to Go for More Information

You can find additional information about the Plan's benefits at [iwdcpa.com](http://iwdcpa.com).

If you have any questions, please call the Plan Office at **215-537-0900** or **800-473-5005**.

