

* * Active Employee Schedule of Benefits and Premiums * *

Plumbers and Steamfitters Local Union No. 452 Health and Welfare Fund

Effective January 1, 2025 Benefits through December 31, 2025 Benefits

ELIGIBILITY <i>To verify eligibility call 1-888-999-7741.</i>	RULES OF ELIGIBILITY	Monthly (November hours buy January benefits.)			
	INITIAL ELIGIBILITY	Eligible first of second succeeding month in which member accumulates 140 hours in a two-consecutive month period. Member will use 140 hours for eligibility and the remaining hours will be maintained in individual hour bank account for future use.			
	CONTINUING ELIGIBILITY	Member eligible each succeeding calendar month if he is credited with 140 hours.			
	HOURLY BANK ACCOUNT	Any hours over 150 which the member accumulates each month in individual hour bank account, to a maximum account of 560 hours, for future use.			
	REINSTATEMENT OF ELIGIBILITY	Once you fail to satisfy any of the above requirements to maintain your eligibility, you will again become eligible for benefits by meeting the rules for initial eligibility.			
BENEFITS	HEALTH CARE <i>To verify benefits/providers or for claims information call Anthem at 1-888-650-4047.</i>	Anthem Blue Cross Blue Shield of Kentucky Blue Access PPO (See your Anthem Certificate Book for complete plan information.) <i>Your provider must precertify all hospital stays by calling 1-877-814-4803 prior to any scheduled hospitalization or within 48 hours of an emergency admission.</i>			
	HOSPITAL-SURGICAL-MEDICAL (HSM) PREMIUM BENEFIT	Pays for cost of health care benefits (medical coverage) for up to 6 months if employee totally disabled. (Active Employees Only). If an active employee retires any remaining HSM benefit months will be forfeited.			
	LIFE AND AD&D	\$15,000 Member Only (Active Employees Only)			
	PRESCRIPTION DRUG BENEFIT	Tier 1	Tier 2	Tier 3	Tier 4
	Retail (30-Day Supply)	\$10 Copay	\$25 Copay	\$40 Copay	\$40 Copay
	Mail Order (90-Day Supply)	\$20 Copay	\$65 Copay	\$100 Copay	\$100 Copay
		<i>For more information concerning your Rx benefits (or your drug copayment amount) call Anthem at 1-800-962-8192.</i>			
	SHORT-TERM DISABILITY	\$250 per week; payable 8 th day accident 8th day illness; maximum 26 weeks. (Active Employees Only)			
	VISION COVERAGE <i>To verify benefits and/or providers call 1-800-877-7195.</i>	Vision Service Plan (VSP) – Provides benefits (using VSP providers) for a vision exam, frames and lenses once every 12 months subject to copayments and plan allowance.			
	LIVEHEALTH ONLINE livehealthonline.com	You can talk face-to-face with a doctor through your mobile device or a computer with a webcam at a cost of \$25.00. No appointments, no driving and no waiting at an urgent care center. LiveHealth Online is being provided as part of your Anthem Blue Cross Blue Shield coverage. You can email customersupport@livehealthonline.com or call toll free at 1-855-603-7985.			
COSTS	COST OF BENEFITS	140 Hours per Month			
	CONTRIBUTION RATE (Effective 11-01-2024)	\$9.20 per Hour Worked			
	SELF-PAY RATE – (Active Employees)	<ul style="list-style-type: none"> 1st 6 months (1 through 6) will be \$644.00 (50% of \$1,288.00) 2nd 6 months (7 through 12) will be \$966.00 (75% of \$1,288.00) 3rd 6 months (13 through 18) will be \$1,288.00 (100% of cost to be eligible) (Note: Self-payment does not include coverage for Short-Term Disability coverage since it is an Active benefit only.)			
	COBRA RATE (EFFECTIVE 1/01/2025)	<ul style="list-style-type: none"> \$1,589.74 			