

UA Local 190 Health and Welfare Plan

UA Local 190 Medicare Retiree Health and Welfare Plan

Notice of Health and Welfare Changes

Self-Pay Changes Effective March 1, 2016

Effective March 1, 2016, there will be changes to the self pay rates under the UA Local 190 Health and Welfare Plan and the UA Local 190 Medicare Retiree Health and Welfare Plan (“Plans”). These adjustments are necessary in relation with the cost increase trend and inflation that occurs in the health care industry.

These changes will help offset the climbing benefit costs, avoid deficit spending, and help ensure that the benefits will continue to be available for all members.

These changes are effective March 1, 2016.

Following is a brief summary of most of these changes. Also attached is an updated self pay rate chart for your Summary Plan Description. Please insert it into your Summary Plan Description binder.

Actives/COBRA

- The first 12 months of self-pay for an active participant who qualifies for the normal self-pay rate for months with fewer than 100 hours remains at the special reduced COBRA rate of \$100 per month. After that, the rate increases to the regular COBRA rate.
- The regular COBRA rates in effect from March 1, 2016 through February 28, 2017 are:

COBRA, full coverage, single	\$647
COBRA, full coverage, couple	\$1,425
COBRA, full coverage, family	\$1,846
COBRA, basic coverage, single	\$626

COBRA, basic coverage, couple	\$1,379
COBRA. Basic coverage, family	\$1,787

- COBRA rates are adjusted each year as of March 1 based on the actual costs incurred by the Plans during the previous year.

Retirees Ages 55 – 60

- The rates in effect from March 1, 2016 through February 28, 2017 are:

Retiree, before age 60:	\$531.01
Retiree, before age 60, with Spouse on Medicare:	\$457.93

- Self pay rates will be adjusted annually each March 1, based on the percentage change in the single full coverage COBRA rate.

Retirees Age 60 and Over

- The rates in effect from March 1, 2016 through February 28, 2017 are:

Retiree, age 60-64, to age 65:	\$405.56
Retiree, age 60-64, with Spouse on Medicare, to age 65:	\$326.39
Retiree, age 65 with Spouse not on Medicare:	\$326.39
Retiree, age 65 with a family not on Medicare:	\$405.56
Retiree, Spouse or surviving Spouse only, on Medicare:	\$84.03 each

- Self pay rates will be adjusted annually each March 1, based on the percentage change in the single full coverage COBRA rate.

Workers Compensation and Disability

- Effective June 1, 2011, self pay rates for members who are on workers' compensation are \$100 per month for the first 12 months, \$200 per month for

the second 12 months and \$300 per month for the third 12 months. After 36 months, you are no longer eligible for coverage.

- Self pay rates for members who are disabled but not on Pension Disability are the same self-pay rates that apply to active members - \$100 per month for the initial 12 months, with the remaining period at the full COBRA rates.
- Self pay rates for members who are receiving Pension Plan Disability and are receiving Social Security Disability Income (SSDI) are the same as the rates for retirees aged 65 (with the same adjustments for coverage for spouse or family).
- Self pay rates in effect from March 1, 2016 through February 28, 2017 for members who are receiving Pension Plan Disability and are not receiving SSDI are as follows:

Member on Disability Pension, not receiving SSDI, single:	\$152.24
Member on Disability Pension, not receiving SSDI, with spouse or family not on Medicare	\$405.56
Member on Disability Pension, not receiving SSDI, with spouse on Medicare	\$326.39

- Self pay rates for members who are receiving Pension Plan Disability and are not receiving SSDI will be adjusted annually each March 1, based on the percentage change in the single full coverage COBRA rate.

Surviving Spouse with Family:	\$439.66
Surviving Spouse without Family:	\$320.31

If you have any questions regarding these changes, please contact Thomas Hayden or Bernadette Maus at the Fund Office, 24900 Harper Avenue, St. Clair Shores, MI 48080, (888) 390-7473.

SELF PAY RULES

This is a summary only. You must look to the detailed description of self pay eligibility rules of Sections 2 through 6 of the Plans for the specifics of eligibility. Monthly self pay premiums may be changed by the Trustees effective before you receive a new SPD. Contact the Administrative Manager for current rates.

Eligibility Group	Period Eligible	Coverage	Monthly Self Pay Premium *
Bargaining unit employee participant	If on out of work list, 12 months at reduced rate (initial 12 month period counted against total 18 or 36 month "COBRA" coverage period). If not on out of work list, see "COBRA" Eligibility Groups, below.	Full Medical and Dental per Plan, Life Insurance, Misc. Benefits, Loss of Time	\$100.00 per month
Bargaining unit employee participant	After first 12 month period expires (see above), 6 or 24 months (the remaining "COBRA" coverage period) at full "COBRA" rate. See "COBRA" Eligibility Groups, below, for applicable full "COBRA" rate.	Full Medical and Dental per Plan, Misc. Benefits	See COBRA Monthly Self Pay Premium, below, for Eligibility Group (single, couple, family)
Non-bargaining unit employee	Ineligible for self-pay except under "COBRA" Continuation. See "COBRA" Eligibility Groups, below, for applicable full "COBRA" rate.	N/A	N/A
Surviving Spouse, with family **	Indefinite	Full Medical and Dental per Plan, Misc. Benefits	\$439.66 per month***
Surviving Spouse, without family **	Indefinite	Full Medical and Dental per Plan, Misc. Benefits	\$320.31 per month***

Eligibility Group	Period Eligible	Coverage	Monthly Self Pay Premium *
Retiree, before age 60:	To age 60	Full Medical and Dental per Plan, Misc. Benefits	\$531.01 per month ***
Retiree, before age 60, with Spouse on Medicare:	To age 60	Full Medical and Dental per Plan, Misc. Benefits	\$457.93 per month ***
Retiree, age 60-65:	To age 65	Full Medical and Dental per Plan, Misc. Benefits	\$405.56 per month***
Retiree, age 60-65, with Spouse on Medicare:	To age 65	Full Medical and Dental per Plan, Misc. Benefits	\$326.39 per month***
Medicare Retiree (65 or otherwise) with Spouse not on Medicare, under Medicare Retiree Plan:	Indefinite	Supplemental Medical (Retiree), Full Medical (Spouse) and Dental per Plan, Misc. Benefits	\$326.39 per month***
Medicare Retiree (65 or otherwise) with a family not on Medicare, under Medicare Retiree Plan::	Indefinite	Supplemental Medical (Retiree), Full Medical (Family) and Dental per Plan, Misc. Benefits	\$405.56 per month***
Medicare Retiree, Medicare Spouse or Medicare Surviving Spouse only, under Medicare Retiree Plan::	Indefinite	Supplemental Medical, Dental per Plan, Misc. Benefits	\$84.03 per month (each) ***

Eligibility Group	Period Eligible	Coverage	Monthly Self Pay Premium *
COBRA, full coverage, single	18 or 36 months	Full Medical and Dental per Plan, Misc. Benefits	\$647.00 per month*
COBRA, full coverage, couple	18 or 36 months	Full Medical and Dental per Plan, Misc. Benefits	\$1,425.00 per month*
COBRA, full coverage, family	18 or 36 months	Full Medical and Dental per Plan, Misc. Benefits	\$1,846.00 per month*
COBRA, basic coverage, single	18 or 36 months	Full Medical per Plan, Misc. Benefits, No Dental	\$626.00 per month*
COBRA, basic coverage, couple	18 or 36 months	Full Medical per Plan, Misc. Benefits, No Dental	\$1,379.00 per month*
COBRA. Basic coverage, family	18 or 36 months	Full Medical per Plan, Misc. Benefits, No Dental	\$1,787.00 per month*
Participant on Workers' Compensation	First 12 months at indicated rate; Second 12 months at indicated rate; Third 12 months at indicated rate. All periods on Workers' Compensation run concurrently with and count against the total 18 or 36 month "COBRA" coverage period	Full Medical and Dental per Plan, Misc. Benefits	\$100.00 per month for the first 12 months; \$200 .00 per month for the second 12 months; and \$300.00 per month for the third 12 months.

Eligibility Group	Period Eligible	Coverage	Monthly Self Pay Premium *
Disabled Participant not receiving Pension Plan Disability	12 months at indicated rate (initial 12 month period counted against total 18 or 36 month "COBRA" coverage period) followed by 6 or 24 additional months (the remaining "COBRA" coverage period) at full "COBRA" rate. See "COBRA" Eligibility Groups, above, for applicable full COBRA rate.	Full Medical and Dental per Plan, Misc. Benefits,	\$100.00 per month
Disabled Participant receiving Pension Plan Disability and Social Security Disability	Duration of Pension Plan Disability	Full Medical and Dental per Plan, Misc. Benefits	Same as rates for Retiree (and spouse or family), age 65***
Disabled Participant receiving Pension Plan Disability, not on Social Security Disability, Single	Duration of Pension Plan Disability	Full Medical and Dental per Plan	\$152.24 per month***
Disabled Participant receiving Pension Plan Disability, not on Social Security Disability, with spouse or family not on Medicare	Duration of Pension Plan Disability	Full Medical and Dental per Plan	\$405.56 per month***
Disabled Participant receiving Pension Plan Disability, not on Social Security Disability, with spouse on Medicare	Duration of Pension Plan Disability	Full Medical and Dental per Plan	\$326.39 per month***

* Subject to periodic review and change by Trustees; prices are as in effect March 1, 2016; however, COBRA rates will be adjusted each March 1 based on actual costs of coverage

** Surviving Spouse of either a Member or Non-Bargaining Unit Employee

*** Subject to increase on each March 1 following increase in single person basic coverage COBRA rate; increase determined by multiplying rate in effect by a fraction, the numerator of which is the new single person basic coverage COBRA rate and the denominator of which is the preceding year's single person basic coverage COBRA rate.

To: All Participants
From: Plumbers and Pipefitters Local 190 Trustees
Subject: Self-Pay Payment Policy

- If you have not worked at least 1000 hours during the course of a calendar month, you are required to make a self payment.
- The sooner you submit your self payment, the greater the probability of avoiding any eligibility issues.
- If a payment is not received you will be sent a self pay notice by the 15th of the eligibility month.
- All self payments must be received no later than the last business day of the eligibility month for which you are paying.
- If your payment is not received by the due date your insurance will be terminated, and you will be eligible to make COBRA payments. Contact the Fund office for current COBRA rates.
- Payments are to be sent to:

UA Local 190 Benefit Fund
30700 Telegraph Rd. Ste. 2400
Bingham Farms, MI 48025

Questions should be directed to:

1-888-390-7473(PIPE)

- These regulations **WILL NOT** be deviated from for **ANY** reason.

As we are sure you understand, these rules are established to make the system fair for everyone. As with any policy of the Trust Funds, it is important to remember that if you have any problem or concern, you have the right to request an audience with the trustees.