



DATE: October 2022
TO: All Business Managers and International Staff
FROM: Boilermakers National Health & Welfare Fund
RE: FUNDS FLASH – 2022 Annual Notices

Notices were mailed this week to provide important Plan information to our Participants and to satisfy the Fund’s annual notice obligations. Below is a summary of the information and a copy of the notice is attached for your reference.

2023 SUMMARY PLAN DESCRIPTION (SPD) AND BENEFIT IMPROVEMENTS

The 2023 SPD will be mailed to Participants in December 2022. The restatement includes improvements to the following benefits that are effective as of January 1, 2023:

- In-Network Individual Deductible reduced to \$300
- In-Network Family Deductible reduced to \$1,200
- Annual vision benefit limit increased to \$300 for *Active Coverage*
- Annual dental benefit limit increased to \$1,700 for *Active Coverage*
- Hearing aid benefit limit increased to \$2,500 for Active and Retiree Coverage
- Preferred lab benefit increased to 100% of Covered Expenses for Active and Retiree Coverage

The information listed above is not applicable to the Fund’s Medicare Advantage Plan provided by UnitedHealthcare (UHC).

PARTICIPANT PORTAL

Now available! Online access to Health & Welfare eligibility, banked hours, vision claims, tax documents, and much more at www.bnf-kc.com (from the Health & Welfare page, click “participant portal”).

CLEVELAND CLINIC VIRTUAL SECOND OPINIONS

Participants have direct access to a Cleveland Clinic expert physician for virtual second opinions through our website at www.bnf-kc.com (from the Health & Welfare page, click “Cleveland Clinic Virtual Second Opinions”).

The information listed above is not applicable to the Fund’s Medicare Advantage Plan provided by UnitedHealthcare (UHC).

OTHER PLAN INFORMATION

Also included with this mailing are the following notices:

- Things to Consider Before Retirement
- Notice of Creditable Prescription Drug Coverage

- Women's Health and Cancer Rights Act (WHCRA)
- Children's Health Insurance Program (CHIP)
- Notice of Privacy Practices
- 2023 Active Coverage Summary of Benefits and Coverage (SBC)
- 2023 Retiree Coverage Summary of Benefits and Coverage (SBC)

PLEASE COMMUNICATE THIS IMPORTANT PLAN INFORMATION WITH YOUR MEMBERS. WE ARE ALSO POSTING INFORMATION AT WWW.BNF-KC.COM.

To see a full description of the Plan's benefits and limits, please refer to the 2018 Evidence of Coverage and Summary Plan Description (SPD), as amended, or for individuals covered under the Plan's Medicare Advantage Plan, the United Healthcare Plan Guide available online at www.bnf-kc.com.



Important Health & Welfare Plan Information

October 2022

Boilermakers National Health & Welfare Fund
www.bnf-kc.com

Important News



- **2023 Restated Summary Plan Description (SPD)**
Watch your mail for the 2023 SPD coming in December 2022.
- **Participant Portal**
You now have online access to Health & Welfare eligibility, banked hours, vision claims, tax documents, and much more at www.bnf-kc.com (from the Health & Welfare page, click "participant portal").
- **Cleveland Clinic Virtual Second Opinions**
For direct access to a Cleveland Clinic expert physician for virtual second opinions, visit www.bnf-kc.com (from the Health & Welfare page, click "Cleveland Clinic Virtual Second Opinions").

BENEFIT IMPROVEMENTS FOR 2023

In-Network Deductible
& In-Network Family
Deductible Reduced to
\$300/\$1,200

Annual Vision Limit
Increased to \$300 for
Active Coverage

Annual Dental Benefit
Limit Increased to
\$1,700 for Active
Coverage

Hearing Aid Benefit Limit
Increased to \$2,500 for
Active & Retiree
Coverage

*Preferred Lab Benefit
Increased to 100% of
Covered Expenses for
Active & Retiree
Coverage

*Limited to the Fund's
Preferred Labs, LabCorp
or Quest Diagnostics.

*The benefit information
included in this notice is
not applicable to the
Fund's Medicare
Advantage Plan,
UnitedHealthcare (UHC).*



Information included in this booklet:

Boilermakers National Funds Participant Portal - Page 1

Online participant portal allows access to Health and Welfare eligibility, banked hours, vision claims, tax documents, and much more.

Expert Virtual Second Opinions by Cleveland Clinic – Page 2

Available now, at NO COST to you! Direct virtual access to a Cleveland Clinic expert for a second opinion if you have been diagnosed with a serious or rare health condition.

Things to Consider Before Retirement – Page 3

This notice provides important information for individuals who are considering retirement.

Notice of Creditable Prescription Drug Coverage – Page 7

The Medicare Modernization Act (MMA) mandates that certain entities offering prescription drug coverage disclose to certain individuals with prescription drug coverage under the Plan whether such coverage is “creditable”.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the enclosed Notice of Creditable Prescription Drug Coverage for more details.

Women’s Health and Cancer Rights Act (WHCRA) – Page 10

WHCRA helps protect many women with breast cancer who choose reconstruction of the breast after a mastectomy.

Children’s Health Insurance Program (CHIP) – Page 11

CHIP is a program administered by the United States Department of Health and Human Services that provides matching funds to states for health insurance to families with children. The program was designed to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid.

Privacy Practices – Page 17

The HIPAA Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information.

2023 Active and Retiree Summary of Benefits and Coverage (SBC) – Active Coverage Page 27 & Retiree Coverage Page 34

As required and regulated under the Affordable Care Act (ACA), the SBC is to provide individuals with standard information so they can compare medical plans as they make decisions about which plan to choose.

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Boilermakers National Funds Participant Portal

www.bnf-kc.com

Click the "Participant Portal" Link



SCAN THE CODE ABOVE TO
GO DIRECTLY TO THE PORTAL



Introducing the new Boilermakers National Funds Participant Portal: www.bnf-kc.com and click the "Participant Portal" link.

What you will need to set up an account:

- Email Address
- Your Last Name
- Your Social Security Number

The portal allows you to access:

- Demographic Information
- Annual Forms and Statements
- Detailed Work History Information by Fund
- Health & Welfare Eligibility
- Health & Welfare Banked Hours
- Vision Claims
- Pension History by Plan Credit Year
- Retiree Pension Payment History

Log in to try the new *Pension Self Calculator*, which allows participants to calculate estimated pension benefits.

The portal includes access to the Message Center, which allows for quick contact to the Fund Office for Employer Contributions Hours Inquiries, H&W Eligibility, Vision Claims and Pension.

Access to important forms, such as:

- Change of Address
- Apply for COBRA
- Request for a Vision Claims Reimbursement
- And many more!



BOILERMAKERS NATIONAL FUNDS

PO BOX 909700 | KANSAS CITY, MO 64190-9700

TOLL FREE: 866.342.6555 | PHONE: 913.342.6555



Available
Now!



Expert Second Opinions By Cleveland Clinic

No Cost
to You!



Direct virtual access to a Cleveland Clinic expert physician and a pathway **to greater peace of mind**



We encourage you to obtain a virtual second opinion if you are:

- Diagnosed with a serious or rare health condition
- Considering a treatment or surgery that involves risk or significant consequences
- Dealing with a condition or chronic illness that isn't improving or is getting worse
- Told a health condition is not treatable
- Seeking guidance while choosing from multiple treatment options
- Pursuing confirmation about a diagnosis or treatment plan

Why Seek an Expert Second Opinion by Cleveland Clinic?

- A new premium service included in your benefits package at zero cost to you
- Diagnosis and treatment plan reviewed by one of 3,500 Cleveland Clinic expert specialists in over 550 advanced sub-specialties
- A live video consultation with a world-renowned Cleveland Clinic specialist physician who was precisely matched to you
- Streamlined and hassle-free process, that empowers you in under 2 weeks



Available Now - Get an Expert Second Opinion Today!

Scan the code to the left or follow the link to learn more, register, or download the app. Once prompted, enter the service code (for mobile app users only): **BOILERMAKERS**

Or Visit: <https://boilermakers.virtual2ndopinionbycc.io>

How it works



Live Intake with a Nurse Care Manager



Records Collection



Pathology & Radiology Re-Interpretation



Expert Matching



Expert Review



Opinion Delivered by Expert Physician

For Questions Call: 1-844-777-0788

PLEASE READ THE FOLLOWING INFORMATION IF YOU HAVE H/G/GR HEALTH & WELFARE COVERAGE AND ARE CONSIDERING RETIREMENT. ***THERE ARE DECISIONS YOU NEED TO MAKE PRIOR TO RETIREMENT.***

Things to remember when considering retirement:

- **All reserve bank hours and/or Disability credit hours will be forfeited** as of your Annuity Starting Date (ASD) or retirement date. Your ASD is the first date for which your Pension Plan benefits become payable.

The above forfeiture of reserve bank hours and/or Disability credit hours does not apply to an Employee who meets the requirements for a Disability Pension.

EXAMPLE: Joe is eligible for Health and Welfare H/G/GR Coverage through July 31, 2023 and he is not Disabled. His retirement date, or ASD, is February 1, 2023. In this example, his H/G/GR Coverage will terminate as of January 31, 2023.

- **As of your ASD, if you have earned at least 25.00 Pension credits, a quarter of eligibility will be awarded to continue active H/G/GR Coverage after retirement.** Below is a chart summarizing the quarters of eligibility earned for the number of earned Pension. In addition, you must be eligible for coverage immediately preceding the earlier of your ASD or your Disability Entitlement Date and eligibility earned as listed below will be awarded only once per lifetime.

Number of Earned Pension Credits	0 – 24.75	25.00 - 34.75	35.00 – 44.75	45+
Eligibility Earned	No eligibility	1 Quarter of eligibility	2 Quarters of eligibility	3 Quarters of eligibility

When eligibility is earned as listed above to continue coverage, you will be eligible as of your ASD, for the same coverage that you were eligible for in the Benefit Quarter prior to your ASD or the date in which your H/G/GR Coverage terminated. For example, if you were eligible for G Coverage for the Benefit Quarter prior to your ASD, you will be eligible for G Coverage for the entire period of earned eligibility.

If you received a Disability Entitlement Date and are seeking Retiree Coverage and your H/G/GR Coverage terminates prior to your ASD such that you experience a break in coverage, you must elect coverage by completing and returning an enrollment form within 60 days of the date the notice was mailed to you or your ASD, whichever is later. An election is considered made on the date the completed and signed election form is postmarked or received. If an election is not made timely, credits and eligibility for active eligibility earned will be forfeited for you and any of your Eligible Dependents and you will have no other opportunity to enroll.

- **Upon retirement and termination of your H/G/GR Coverage, you will have the option of electing either COBRA or Retiree Coverage.**
 - **An election of COBRA continuation coverage** by or on behalf of yourself or your Dependent(s) who is a Qualified Beneficiary **will waive the right to enroll in Retiree Coverage** upon termination of COBRA continuation coverage. If you reject COBRA continuation coverage, that rejection does not waive your right or your Dependent's right to enroll in Retiree Coverage at the time your H/G/GR Coverage terminates.
 - If you do not elect Retiree Coverage, your Dependents will not have the right to Retiree Coverage.
- **At the time you become eligible for Medicare, it is imperative that you elect both Parts A and B** in order to be eligible for the Boilermaker Health & Welfare Retiree Coverage through UnitedHealthcare (the Fund's Medicare Advantage Plan).
 - You must elect Medicare Part B and meet all the requirements of UnitedHealthcare in order for you and your Dependents to remain covered.
- **Keep your information current.** If you need to update your information, submit the information in writing to the Boilermakers National Health & Welfare Fund. **If you do not supply the *required information listed below, you will not be granted eligibility for coverage under the Fund's Medicare Advantage Plan, UnitedHealthcare.**
 - Correct home and/or cell phone number
 - Email address (if you have one)
 - *Mailing address is required
 - *Street address is required (even if you have a PO Box)
 - *A copy of your Medicare card is required, if applicable

What you can expect when you have Medicare & Retiree Coverage

UnitedHealthcare was selected to begin providing coverage to Medicare primary Boilermaker Retirees along with their Medicare primary Eligible Dependents as of January 1, 2012.

What is the UnitedHealthcare Group Plan?

The UnitedHealthcare Group Plan is a Medicare Advantage PPO (Preferred Provider Organization) plan. UnitedHealthcare is an experienced and reputable carrier chosen by the Fund with the full support of the Health & Welfare Board of Trustees because of its experience with Medicare Advantage plans and the additional benefits it brings to our Participants.

This coverage is similar to your current plan but with many benefit enhancements. Some of the plan highlights include:

- Mail order and retail pharmacy benefits
- A high level of coverage with a low deductible

- A small copayment or coinsurance amount
- Membership in a fitness program designed specifically for seniors at no additional cost
- Customer service available from 8 a.m. – 8 p.m. local time, 7 days a week

Can I carry other coverage while enrolled in the UnitedHealthcare plan?

No. The Fund's Medicare Advantage Plan ***does not*** allow you to carry more than one Medicare Advantage plan or more than one Medicare Part D prescription drug plan at a time. Therefore, if you elect a Medicare Advantage plan or Medicare Part D plan that is separate from the Fund's Medicare Advantage Plan, *you will lose coverage under the Boilermakers National Health & Welfare Fund. **Be aware that you and your Dependents will not be able to get this coverage back.*** Please refer to your Health & Welfare Summary Plan Description (SPD) for more information.

Why Should I Enroll in Medicare Part B?

The choice to enroll in Medicare or any of its plans is yours. ***However, if you do not enroll in Medicare Parts A and B, you will not receive coverage from the Fund's Medicare Advantage Plan or the Fund's Retiree coverage and you will not be able to elect at a later time.***

How do I enroll in Medicare?

The Social Security Administration handles Medicare eligibility and enrollment. You can contact the Social Security Administration at 1-800-772-1213 to enroll in Medicare or to ask questions about whether you are eligible. You can also visit their web site at www.socialsecurity.gov.

Where can I go for the latest, official information about changes in Medicare?

For up-to-date information and answers to your questions, visit www.medicare.gov or call 1-800-MEDICARE. TTY users can call 1-877-486-2048.

If you already receive benefits from Social Security:

If you already receive benefits from Social Security or the Railroad Retirement Board, you may be automatically entitled to Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) starting the first day of the month you turn age 65.

If you are not getting Social Security benefits:

If you are not getting Social Security benefits, you can call Social Security at 1-800-772-1213 to inquire on how to sign up for your monthly benefits.

If you are under age 65:

If you are under age 65 and have been entitled to disability benefits under Social Security or the Railroad Retirement Board for 24 months, in most cases you will automatically be entitled to Medicare Part A and Part B beginning the 25th month of disability benefit entitlement. If, however, you turn 65 years old during the 24-month period, your Medicare will be effective based on your date of birth. For more information about enrollment, call the Social Security Administration at 1-800-772-1213 or visit www.socialsecurity.gov.

If you are receiving dialysis and have been diagnosed with ESRD (End Stage Renal Disease):

You must file an application with Medicare, and meet any waiting periods that apply. If you qualify for Part A, you can also get Part B.

When should I sign up for Medicare?

The Fund advises our Participants and Dependents to enroll in Medicare Parts A and B as soon as you are eligible to elect coverage or three months before age 65. **Remember, in order to remain on the Boilermakers Retiree Plan you must have Medicare Parts A and B, so it is important that you do not turn Part B down.**

Social Security Administration representatives can make an appointment for you at any convenient Social Security Administration office and advise what you need to bring with you.

Contact the Social Security Administration to enroll in Medicare Parts A and B benefits.

- Social Security phone number: 1-800-772-1213. TTY users should call 1-800-325-0778.
- If you worked for the railroad, call the local RRB office 1-877-772-5772 to learn more about signing up.



Ronnie L. Traxler
Chairman

John T. Fultz
Secretary

R. Sheldon Traxler
Vice Chairman

Patrick M. Gallagher
Assistant Secretary

DATE: October 2022
TO: Plan Participants Eligible for Medicare Prescription Drug Coverage
FROM: Boilermakers National Health and Welfare Fund
RE: Notice of Creditable Prescription Drug Coverage

Important Notice from the Boilermakers National Health and Welfare Fund About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Boilermakers National Health and Welfare Fund and about your options under Medicare’s prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Board of Trustees of the Boilermakers National Health and Welfare Fund has determined that the prescription drug coverage offered by the Boilermakers National Health and Welfare Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Boilermakers National Health and Welfare Fund coverage may be affected. If you have **H/G/GR Coverage** and you are considering the purchase of a Medicare Part D prescription drug plan, be aware that the benefits you receive from Medicare Part D drug coverage may be reduced to take into account the primary benefits paid by the Boilermakers National Health and Welfare Fund.

If you have **Retiree Coverage**, other than the Fund's Medicare Advantage Plan, or have coverage as a Retired Fund Office Employee and are considering the purchase of a Medicare Part D prescription drug plan, be aware that you will lose prescription drug coverage provided by your Boilermakers Health and Welfare Plan if you choose to elect Medicare Part D prescription drug coverage.

If you have the **Fund's Medicare Advantage Plan**, and you elect a Medicare Advantage plan or Medicare Part D prescription drug plan that is separate from the Fund's Medicare Advantage Plan, *you will lose coverage under the Boilermakers National Health and Welfare Fund. Be aware that you and your dependents will not be able to get this coverage back.*

If you decide to join a Medicare drug plan and drop your current Boilermakers National Health and Welfare Fund coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Boilermakers National Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the entity listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the Boilermakers National Health and Welfare Fund changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information, about Medicare plans that offer prescription drug coverage, is in the "Medicare & You" handbook. You'll get a copy of the handbook, in the mail every year, from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/01/2022

Name of Entity/Sender: Boilermakers National Health and Welfare Fund

Contact—Position/Office: Boilermakers National Health and Welfare Fund

Address: PO Box 909700 Kansas City, MO 64190-9700

Phone Number: 866-342-6555



Ronnie L. Traxler
Chairman

John T. Fultz
Secretary

R. Sheldon Traxler
Vice Chairman

Patrick M. Gallagher
Assistant Secretary

DATE: October 2022
TO: Active H/G/GR, Active M, and Retiree Participants
FROM: Boilermakers National Health and Welfare Fund
RE: Women’s Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 1-800-235-7748 for more information.



Ronnie L. Traxler
Chairman

John T. Fultz
Secretary

R. Sheldon Traxler
Vice Chairman

Patrick M. Gallagher
Assistant Secretary

DATE: October 2022
TO: Active H/G/GR, Active M and Retiree Participants
FROM: Boilermakers National Health and Welfare Fund
RE: Medicaid & the Children’s Health Insurance Program (CHIP)
Offer Free or Low-Cost Health Coverage to Children & Families

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid	CALIFORNIA – Medicaid
<p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx</p>	<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>
ARKANSAS – Medicaid	FLORIDA – Medicaid
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>

INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
NORTH DAKOTA – Medicaid	VERMONT – Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>

http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplans/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



Ronnie L. Traxler
Chairman

John T. Fultz
Secretary

R. Sheldon Traxler
Vice Chairman

Patrick M. Gallagher
Assistant Secretary

DATE: October 2022
TO: Active H/G/GR, Active M and Retiree Participants
FROM: Boilermakers National Health and Welfare Fund
RE: Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes the legal obligations of the Boilermakers National Health and Welfare Fund (the Fund or the Plan) and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this notice of Privacy Practices (“Notice”) to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information” or PHI. Generally, PHI is individually identifiable health information collected from you, created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- Your past, present or future physical or mental health condition (including genetic information);
- The provision of health care to you; or
- The past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact us at:

Boilermakers National Health and Welfare Fund
Privacy Officer
PO Box 909700
Kansas City, MO 64190-9700
(866)-342-6555

Effective Date

This notice is effective September 23, 2013 (updated September 2022)

Our Responsibilities

We are required by law to:

- Maintain the privacy of your PHI;
- Provide you with certain rights with respect to your PHI;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices.

How We May Use and Disclose Your Personal Health Information

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following examples describe the different ways that we may use and disclose your PHI.

Reasons we may use or disclose your PHI	Example	Can you limit this use or disclosure?
For Treatment - We may disclose medical information about you to Providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.	We might disclose information about your prior prescriptions to a pharmacist to determine if a new prescription should not be taken with a prescription you are currently taking.	Yes
For Payment - To determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care Providers, to determine benefit responsibility under the Plan, or to coordinate coverage.	We may tell your health care Provider about your medical history to determine whether a particular treatment is experimental, investigational, or Medically Necessary, or to determine whether the Plan will cover treatment. Likewise, we may disclose PHI with another business or person to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.	Yes
For Health Care Operations - To facilitate the administration and	We may use your PHI in connection with conducting quality assessment and improvement activities; underwriting,	Yes

Reasons we may use or disclose your PHI	Example	Can you limit this use or disclosure?
operation of the Plan. These uses and disclosures are necessary to administer the Plan.	premium rating, and other activities relating to Plan coverage; submitting claims for stop loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. We are prohibited from using or disclosing information for underwriting purposes, which includes genetic information, eligibility determinations, premium computations and any other activities related to the creation, renewal or replacement of health benefit coverage.	
To Business Associates - We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to put in place appropriate safeguards regarding your PHI.	We may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.	No
As Required by Law - We will disclose your PHI when required to do so by federal, state or local law.	We may disclose your PHI when required by national security laws or public health disclosure laws.	No
To Avert a Serious Threat to Health or Safety - We may use and disclose your PHI when necessary to prevent a serious threat to	We may disclose your PHI in a proceeding regarding the licensing of a Provider.	No

Reasons we may use or disclose your PHI	Example	Can you limit this use or disclosure?
<p>your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.</p>		
<p>To the Plan Sponsor, Contributing Employers or Union - For the purposes of administering the Plan we may disclose your PHI to the Plan Sponsor (the Board of Trustees), Contributing Employers or the Union. However, the Plan will only disclose your PHI if it is necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your employer and/or the Union can receive your PHI only to the extent needed to determine your participation in the Plan and if you have enrolled or disenrolled in the Plan. Your PHI cannot be used for employment purposes without your specific authorization.</p>	<p>We may disclose your PHI with Contributing Employers to determine Hours of Work and/or eligibility for benefits.</p>	<p>No</p>

Special Situations

In addition to the above, the following categories are other ways that we may use or disclose your PHI.

Reasons we may use or disclose your PHI.	Can you limit this use or disclosure?
<p>Organ and Tissue Donation - If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, if needed to facilitate organ, eye, or tissue donation and transplantation.</p>	<p>No</p>
<p>Military and Veterans - If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.</p>	<p>No</p>
<p>Workers' Compensation - We may release your PHI for workers' compensation or similar programs to the extent necessary to comply with such laws. These programs provide benefits for work related injuries or illness.</p>	<p>No</p>
<p>Public Health Risks - We may disclose your PHI for public health actions. These actions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> ▪ To prevent or control disease, injury, or disability. ▪ To report births and deaths. ▪ To report child abuse or neglect. ▪ To report reactions to medications or problems with products. ▪ To notify people of recalls of products they may be using. ▪ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. ▪ To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law. 	<p>No</p>
<p>Health Oversight Activities - We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.</p>	<p>No</p>
<p>Lawsuits and Disputes - If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other legal procedure by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested (and you have not objected).</p>	<p>No</p>
<p>Law Enforcement - We may disclose your PHI if asked to do so by a law enforcement official under certain conditions:</p>	<p>No</p>

Reasons we may use or disclose your PHI.	Can you limit this use or disclosure?
<ul style="list-style-type: none"> ▪ In response to a court order, subpoena, warrant, summons or similar process. ▪ To identify or locate a suspect, fugitive, material witness, or missing person. ▪ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement. ▪ About a death that we believe may be the result of criminal conduct. ▪ About criminal conduct. ▪ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime. 	
<p>Coroners, Medical Examiners and Funeral Directors - We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.</p>	No
<p>National Security and Intelligence Activities - We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.</p>	No
<p>Inmates - If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.</p>	No
<p>Research - We may disclose your PHI to researchers when:</p> <ul style="list-style-type: none"> ▪ The individual identifiers have been removed; or ▪ An institution review board or privacy board has (1) reviewed the research proposal; and (2) established protocols to ensure the privacy of the requested information, and approves the research. 	No

Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

Government Audits

We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

Disclosures to You

When you send a written request to the Fund, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, upon written request, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives

We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e. power of attorney).

Note: Under the HIPAA Privacy Rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- You have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- Treating such person as your personal representative could endanger you; or
- In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members

With only limited exceptions, we will send all mail to you. This includes mail relating to your spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by your spouse and other family members and information on the denial of any Plan benefits to your spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under “Your Rights”), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations

Other uses or disclosure of your PHI not described above such as use or disclosure of psychotherapy notes, uses or disclosure of PHI for marketing purposes, or disclosures of PHI that constitute a sale of PHI will only be made upon the Fund’s receipt of a HIPAA compliant written authorization signed by you. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Security of Electronic PHI

The Plan will secure Electronic PHI to the extent of and in accordance with the provisions of HIPAA security rule.

Your Rights

You have the following rights with respect to your PHI:

Right to Inspect and Copy

You have the right to inspect and copy certain PHI that may be used to make decisions about your health care benefits. To inspect and copy your PHI, you must submit your request in writing to the Fund at the address given on the first page of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed by submitting a written request to the Fund at the address given on the first page of this Notice.

Right to Amend

If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment your request must be made in writing and submitted to the Fund at the address given on the first page of this Notice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures

You have the right to request an “accounting” of certain disclosures of your PHI. The accounting will not include the following:

- Disclosures for purposes of treatment, payment, or health care operations.
- Disclosures made to you.
- Disclosures made pursuant to your authorization.
- Disclosures made to friends or family in your presence or because of an emergency.
- Disclosures for national security purposes.
- Disclosures related to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Fund at the address given on the first page of this Notice. Your request must state a time period of not longer than six years prior to the date of the request. Your request should

indicate in what form you want the list (i.e., paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or change your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request restriction or limitation on your PHI that we may use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if:

- Except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment on health care operations (and is not for purposes of carrying out treatment); and
- The protected health information pertains solely to a health care item or service for which the health care Provider involved has been paid out-of-pocket in full

To request restrictions, you must make your request in writing to the Fund at the address given on the first page of this Notice. In your request, you must tell us the following:

- What information you want to limit;
- Whether you want to limit our use, disclosure, or both; and
- To whom you want the limits to apply – for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Fund at the address given on the first page of this Notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your PHI could endanger you.

Right to Notification of a Breach

You have the right to be notified in the event of a breach of your unsecured PHI.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.bnf-kc.com. To obtain a paper copy of this Notice, you may write to the Fund at the address given on the first page of this Notice.

Complaints

If you believe that your privacy rights have been violated, you have the right to file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services. Information about how to file a complaint with HHS is available by calling your local HHS Office for Civil Rights, Regional Office, or online at www.hhs.gov/ocr/privacy/hipaa/complaints/. To file a complaint with the Plan contact the Fund and request a complaint form be sent to you. Your complaint will be received with prompt, courteous attention. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-342-6555. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.bnf-kc.com or call 1-866-342-6555 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>\$300 Individual /\$1,200 family, in-network provider \$1,000 Individual /\$4,000 family, out-of-network provider</p> <p>Copayments don't count toward the deductible.</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care, in-network office visits, telehealth visits, urgent care provider services, in-network ambulatory surgery center facility fees and services and supplies provided under the Bundled Surgery Services and Supplies benefit.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at http://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>Yes. \$75 Individual /\$225 family for dental coverage (does not apply to in-network PPO preventive and diagnostic services). There are no other specific deductibles.</p>	<p>You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>\$3,850 Individual /\$9,700 family for in-network medical coverage, no limit for out-of-network medical coverage. \$3,000 Individual /\$4,000 family for in-network prescription drug coverage, no limit for out-of-network prescription drug coverage.</p>	<p>The out-of-pocket limit is the most you could pay in a year for in-network covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance billing charges from out-of-network providers, *non-generic prescription drugs, amounts paid by manufacturer assistance programs and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit. *Non-generic drugs do not apply towards the out-of-pocket limit unless a generic drug is not available or is medically inappropriate.</p>
<p>Will you pay less if you use a network?</p>	<p>Yes. See www.mycigna.com or call 1-800-235-7748 for a list of in-network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider</p>

Important Questions	Answers	Why This Matters:
provider ?		for the difference between the <u>provider's</u> actual charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>in-network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 Copay per visit	\$60 Copay per visit	The <u>deductible</u> does not apply to in-network visits.
	Specialist visit	\$30 Copay per visit	\$60 Copay per visit	The <u>deductible</u> does not apply to in-network visits.
	Preventive care/screening/immunization	No charge	\$60 Copay per visit and 50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Preferred Labs (LabCorp/Quest) 0% <u>coinsurance</u> In-Network 20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required for infertility testing and genetic testing. Failure to preauthorize may result in a reduction to or denial of covered expenses.
	Imaging (CT/PET scans, MRIs)	\$100 copay per scan and 20% <u>coinsurance</u>	\$100 copay per scan and 50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or denial of covered expenses.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition The National Preferred Formulary list and more information about prescription drug coverage is available at www.bnf-kc.com .	Generic drugs	Retail - \$5 copay per prescription, Mail Order and Smart90 Retail Pharmacies- \$15 copay per prescription	Retail - \$10 copay per prescription,	-----none-----
	Preferred brand drugs	Retail - \$30 copay per prescription, Mail Order and Smart90 Retail Pharmacies- \$50 copay per prescription	Retail - \$35 copay per prescription,	If you choose to fill a brand name prescription when a generic is available you will be responsible for the <u>copayment</u> plus the difference in cost unless the generic is not medically appropriate.
	Non-preferred brand drugs	Retail - \$55 copay per prescription, Mail Order and Smart90 Retail Pharmacies- \$80 copay per prescription	Retail - \$60 copay per prescription,	If you choose to fill a brand name prescription when a generic is available you will be responsible for the <u>copayment</u> plus the difference in cost unless the generic is not medically appropriate.
	Specialty drugs	Generic - \$50 copay per prescription, Preferred <u>formulary</u> brand - \$150 copay per prescription, Non-preferred brand - \$500 copay per prescription	Not covered	<u>Specialty drugs</u> are limited to mail order pharmacy. Quantity limits for <u>specialty drugs</u> are subject to Clinical Days' Supply Program and Supply Split-Fill program with ESI. Some specialty medication regimens are limited to one course of treatment per lifetime. Copayments may be set to the maximum of the current plan design or any available manufacturer-funded copay assistance.
If you have outpatient surgery	Facility fee (e.g., outpatient hospital)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	No charge for free-standing in-network ambulatory surgery centers.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.bnf-kc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If you need immediate medical attention	Emergency room care	\$100 copay per visit & 20% <u>coinsurance</u>	\$100 copay per visit & 20% <u>coinsurance</u>	For benefits to be payable an Emergency must exist.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Urgent care	\$50 copay per visit	\$50 copay per visit	The <u>deductible</u> does not apply to Urgent care visits.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If you are pregnant	Office visits	First visit to confirm pregnancy \$30 <u>copayment</u> Follow up visits 20% <u>coinsurance</u>	First visit to confirm pregnancy \$60 <u>copayment</u> Follow up visits 50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Limited to Participant and Dependent Spouse, except <u>preventive services</u> . The <u>deductible</u> does not apply to in-network visits when it is the first visit to confirm pregnancy.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to Participant and Dependent Spouse.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to Participant and Dependent Spouse.
If you need help recovering or have	Home health care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.bnf-kc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
other special health needs	Rehabilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required for speech therapy. Failure to preauthorize may result in a reduction to or a denial of covered expenses. 36 visits/year
	Habilitation services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required for speech therapy. Failure to preauthorize may result in a reduction to or a denial of covered expenses. 36 visits/year
	Skilled nursing care	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Durable medical equipment	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Hospice services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Vision coverage is limited to covered expenses up to the \$300 annual maximum.
	Children's glasses	No charge	No charge	Vision coverage is limited to covered expenses up to the \$300 annual maximum.
	Children's dental check-up	No charge	50% <u>coinsurance</u>	Dental coverage is limited to covered expenses up to the \$1,700 annual maximum.

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Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Bariatric surgery
- Cosmetic surgery
- Weight loss programs, except [preventive services](#)
- Infertility treatment
- Long term care, except skilled nursing or [home health care](#) when [medically necessary](#)
- Non-emergency care when traveling outside the U.S.
- Private duty nursing
- Routine foot care, except as [medically necessary](#)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (12 visits/year)
- Chiropractic care (20 visits/year)
- Dental care (Adult) (\$1,700 annual maximum)
- Hearing aids, includes over the counter hearing aids (\$2,500 maximum every five years)
- Routine eye care (Adult) (\$300 annual maximum)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Boilermakers National Health and Welfare Fund at 1-866-342-6555. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <http://www.dol.gov/ebsa/healthreform>.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al [1-866-342-6555.]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [1-866-342-6555.]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 [1-866-342-6555.]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [1-866-342-6555.]

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.bnf-kc.com.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$300
■ Specialist [cost sharing]	\$30
■ Hospital (facility) [cost sharing]	20%
■ Other [cost sharing]	20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$9,830
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$300
Copayments	\$10
Coinsurance	\$2,500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,870

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$300
■ Specialist [cost sharing]	\$30
■ Hospital (facility) [cost sharing]	20%
■ Other [cost sharing]	20%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$300
Copayments	\$800
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,220

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$300
■ Specialist [cost sharing]	\$30
■ Hospital (facility) [cost sharing]	20%
■ Other [cost sharing]	20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$300
Copayments	\$100
Coinsurance	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$800

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-342-6555. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.bnf-kc.com or call 1-866-342-6555 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>\$300 Individual /\$1,200 family, in-network provider \$1,000 Individual /\$4,000 family, out-of-network provider Copayments don't count toward the deductible.</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. In-network preventive care, in-network office visits, telehealth visits, urgent care visits, in-network ambulatory surgery center facility fees and services and supplies provided under the Bundled Surgery and Supplies benefit.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at http://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>\$3,850 Individual /\$9,700 family for in-network medical coverage, no limit for out-of-network medical coverage. \$3,000 Individual /\$4,000 family for in-network prescription drug coverage, no limit for out-of-network prescription drug coverage.</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance billing charges from out-of-network providers, *non-generic prescription drugs, amounts paid by manufacturer assistance programs and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit. *Non-generic drugs do not apply towards the out-of-pocket limit unless a generic drug is not available or is medically inappropriate.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.mycigna.com or call 1-800-235-7748 for a list of in-network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider</p>

Important Questions	Answers	Why This Matters:
		for the difference between the <u>provider's</u> actual charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>in-network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 Copay per visit	\$60 Copay per visit	The <u>deductible</u> does not apply to in-network visits.
	<u>Specialist</u> visit	\$30 Copay per visit	\$60 Copay per visit	The <u>deductible</u> does not apply to in-network visits.
	<u>Preventive care/screening/immunization</u>	No charge	\$60 Copay per visit and 50% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Preferred Lab (LabCorp/Quest) 0% <u>coinsurance</u> In-Network 25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> is required for infertility testing and genetic testing. Failure to preauthorize may result in a reduction to or denial of covered expenses.
	Imaging (CT/PET scans, MRIs)	\$100 copay per scan and 25% <u>coinsurance</u>	\$100 copay per scan and 50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>The National Preferred Formulary list and more information about prescription drug coverage is available at www.bnf-kc.com.</p>	Generic drugs	<p>Mail Order or Smart90 Retail Pharmacies - \$15 copay per prescription</p> <p>Retail – Not Covered</p>	Not Covered	-----none-----
	Preferred brand drugs	<p>Mail Order or Smart90 Retail Pharmacies - \$50 copay per prescription</p> <p>Retail – Not Covered</p>	Not Covered	If you choose to fill a brand name prescription when a generic is available you will be responsible for the <u>copayment</u> plus the difference in cost unless the generic is not medically appropriate.
	Non-preferred brand drugs	<p>Mail Order or Smart90 Retail Pharmacies - \$60 copay per prescription</p> <p>Retail – Not Covered</p>	Not Covered	If you choose to fill a brand name prescription when a generic is available you will be responsible for the <u>copayment</u> plus the difference in cost unless the generic is not medically appropriate.
	Specialty drugs	<p>Mail Order - Generic - \$50 copay per prescription, Preferred <u>formulary</u> brand - \$150 copay per prescription, Non-preferred brand - \$500 copay per prescription</p> <p>Retail – Not Covered</p>	Not Covered	<p><u>Specialty drugs</u> are limited to mail order pharmacy.</p> <p>Quantity limits for <u>specialty drugs</u> are subject to Clinical Days' Supply Program and Supply Split-Fill program with ESI.</p> <p>Some specialty medication regimens are limited to one course of treatment per lifetime. Copayments may be set to the maximum of the current plan design or any available manufacturer-funded copay assistance.</p>
If you have outpatient surgery	Facility fee (e.g., outpatient hospital)	25% <u>coinsurance</u>	50% <u>coinsurance</u>	No charge for free-standing in-network ambulatory surgery centers.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.bnf-kc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If you need immediate medical attention	Emergency room care	\$100 copay per visit & 25% <u>coinsurance</u>	\$100 copay per visit & 25% <u>coinsurance</u>	For benefits to be payable an Emergency must exist.
	Emergency medical transportation	25% <u>coinsurance</u>	25% <u>coinsurance</u>	-----none-----
	Urgent care	\$50 copay per visit	\$50 copay per visit	The <u>deductible</u> does not apply to Urgent care visits.
If you have a hospital stay	Facility fee (e.g., hospital room)	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Physician/surgeon fees	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Inpatient services	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If you are pregnant	Office visits	First visit to confirm pregnancy \$30 <u>copayment</u> Follow up visits 25% <u>coinsurance</u>	First visit to confirm pregnancy \$60 <u>copayment</u> Follow up visits 50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Limited to Participant and Dependent Spouse, except <u>preventive services</u> . The <u>deductible</u> does not apply to in-network visits when it is the first visit to confirm pregnancy.
	Childbirth/delivery professional services	25% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to Participant and Dependent Spouse.
	Childbirth/delivery facility services	25% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to Participant and Dependent Spouse.
If you need help recovering or have	Home health care	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
other special health needs	Rehabilitation services	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required for speech therapy. Failure to preauthorize may result in a reduction to or a denial of covered expenses. 36 visits/year
	Habilitation services	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required for speech therapy. Failure to preauthorize may result in a reduction to or a denial of covered expenses. 36 visits/year
	Skilled nursing care	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Durable medical equipment	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
	Hospice services	25% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required. Failure to preauthorize may result in a reduction to or a denial of covered expenses.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Vision services are excluded.
	Children's glasses	Not covered	Not covered	Vision services are excluded.
	Children's dental check-up	Not covered	Not covered	Dental services are excluded.

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Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Bariatric surgery
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- Weight loss programs, except [preventive services](#)
- Infertility treatment
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- Dental care
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- Acupuncture (12 visits/year)
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To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$300
- [Specialist \[cost sharing\]](#) \$30
- Hospital (facility) [\[cost sharing\]](#) 25%
- Other [\[cost sharing\]](#) 25%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$9,830
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$300
Copayments	\$10
Coinsurance	\$3,100
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,470

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$300
- [Specialist \[cost sharing\]](#) \$30
- Hospital (facility) [\[cost sharing\]](#) 25%
- Other [\[cost sharing\]](#) 25%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$300
Copayments	\$1,100
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,620

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$300
- [Specialist \[cost sharing\]](#) \$30
- Hospital (facility) [\[cost sharing\]](#) 25%
- Other [\[cost sharing\]](#) 25%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$300
Copayments	\$100
Coinsurance	\$500
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$900

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Non-discrimination Statement Discrimination is Against the Law

Boilermakers National Health & Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Boilermakers National Health & Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Boilermakers National Health & Welfare Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

Boilermakers National Health & Welfare Fund
P.O. Box 909700
Kansas City, MO 64190-9700

If you believe that Boilermakers National Health & Welfare Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Information on Language Assistance Services

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。傳真 Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

복사 Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kopya Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Факсимиле Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. الفاكس Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Podobizna Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。ファクシミリ Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما روناوشت Fax 913-281-7915 or PO Box 909700, Kansas City MO 64190-9700.