

QUICK PAINTING INDUSTRY INSURANCE FUND COVERAGE SUMMARY

****Please refer to the Summary Plan Description complete information. You may pick one up at the Painting Industry Insurance Fund office at 8257 Dow Circle, Strongsville, OH 44136****

ELIGIBILITY

In order to qualify for insurance, you need to work 135 hours in a work month. There is a two month lag between the work month and the corresponding coverage month as illustrated below:

WORK MONTH	REQUIRED HOURS	COVERAGE MONTH
January	135	April
February	135	May
March	135	June
April	135	July
May	135	August
June	135	September
July	135	October
August	135	November
September	135	December
October	135	January
November	135	February
December	135	March

Once you have insurance, you can maintain it by working 135 hours PER MONTH. In the event that you are short hours, you will be able to make a self-payment equal to the shortage amount to maintain coverage. In addition, if you do not maintain continuous eligibility as provided herein and your eligibility for participation terminates, you must become initially qualified for coverage under the Plan as provided for in the above table.

BANKING OF ELIGIBILITY

Contributions are banked for each month that you exceed 146 hours up to a maximum of \$3,200.00 at any one point in time. Contributions are kept in the bank until used to offset self-payments and will not expire.

COBRA COVERAGE

Upon expending all unused Banked Money, if any, you may make self-pay contributions at the Fund's current uniform contribution rate for a maximum period of 6 months without hours being contributed *on your behalf*.

Thereafter, you may elect COBRA coverage to continue your and/or your Eligible Dependent's health coverage. However, if you lose your Union Membership pursuant to the Union Constitution and/or Collective Bargaining Agreement or Bylaws, then immediately as of the date of the loss of Union Membership, you will not be eligible to make self-pay contributions and will forfeit all banked money. Thereafter, you may elect COBRA coverage to continue your health coverage and/or your Eligible Dependent's coverage. (see The Summary Plan Description for details)

MEDICAL

The medical network effective January 1 2018 is Anthem Blue Cross Blue Shield (www.anthem.com). A provider listing can be found at the website. It is extremely important to go to a network provider at all possible times. This will save the FUND money and most importantly will save you significant money in out-of-pocket expensed and deductibles. (SEE NEXT PAGE FOR DETAILS)

ANNUAL DEDUCTIBLE

TIER 1 IN-NETWORK

\$280.00 per individual/\$560 Family

OUT-OF-NETWORK

\$1,000.00 per individual/\$2,000.00 Family

- Plan year is from January 1 through December 31.
- The deductible amounts are not counted towards your Out-of-Pocket maximum.
- The In-Network and Out-of-Network deductibles are separate and distinct. It is important to try and stay within the network to reduce your own out-of-pocket expenses.

Percentage Covered Care & Treatment:

In-Network

80% after deductible

Out-of-Network

60% after deductible

Out of Pocket Maximum

In-Network

\$1,400.00 per individual/\$2,800.00 family

Out-of Network

\$5,000.00 per individual/\$10,000 family

- Plan year is from January 1 through December 31.
- The deductible amounts are not counted towards your out-of-pocket maximum.
- The In-Network and Out-of-Network out-of-pocket maximums are separate and distinct. It is important to try and stay within the network to reduce your own out-of-pocket expenses.

Co-Payments for Visits:

Doctor's Office	\$20.00
Urgent Care	\$35.00
Emergency Room	\$100.00

Please note: These co-pays DO NOT COUNT towards the out-of-pocket maximum.

DENTAL INSURANCE

NETWORK – DELTA DENTAL OF OHIO PPO – WWW.DELTADENTALOH.COM or on your mobile app: http://delivr.com/2c9vx_qr

Pays 100% of the first \$1,000 per individual from July 1 through June 30 of the following year based on Negotiated Rates. Member will not be billed by dentist unless he exceeds the \$1,000 and will still receive the discounted rate even if paying for it themselves after the Plan paid \$1,000. DELTA DENTAL PREMIER-80% of the first \$1,000 per individual from July 1 through June 30 of the following year based on Negotiated Rates.

NON-NETWORK – Pay based on a fixed schedule which typically amounts to 30% to 60% of what a dentist charges (depending on their fee base) and still subject to the \$1,000 maximum from July 1 through June 30. The member IS responsible for the balance of what the PLAN doesn't pay. Amounts that members pay out-of-pocket for Dental DO NOT apply to the maximum out-of-pocket for Medical.

ORTHODONTIA - \$1,500 lifetime for dependent children under age 19 only.

LIFE INSURANCE

Life Insurance benefits only apply to the covered MEMBER, not a spouse or other dependent. The following schedule applies to the benefit payable in the event of a **MEMBER'S death while ELIGIBLE for medical coverage**: Active & Retired Members: \$10,000 payable to named beneficiary

In addition, we have an Accidental Death & Dismemberment policy, which would double the amount paid in the event of an Accidental Death.

ACCIDENT AND SICK BENEFITS

For extended periods of illness or loss of work due to a **NON WORKERS COMP** injury, accident & sick benefits are available as follows:

Amount: \$36 a day (\$252 a week)
Maximum # of weeks payable: 18 weeks

There is a one-week waiting period for an illness, immediate for an accident.

These benefits are available to the **MEMBER** only, not dependent spouses or other dependents.

Please do not apply if you became sick or injured at work, you are only hurting yourself and your brotherhood by doing so.

VISION

Reimbursement plan, you pay doctor/provider and get reimbursed from the **FUND** by using the **FUND'S** reimbursement form and including an itemized receipt.

Fee Schedule:

BENEFIT	MAX.ALLOWED	FREQUENCY
Exam	\$75.00	ONCE per calendar year
FRAMES & Single Vision Lenses	\$275.00	EVERY TWO (2) YEARS
FRAMES & Bi-Focal Lenses	\$325.00	EVERY TWO (2) YEARS
FRAMES & Tri-Focal Lenses	\$345.00	EVERY TWO (2) YEARS
FRAMES & Lenticular Lenses	\$365.00	EVERY TWO (2) YEARS
Contact Lenses	\$240.00	EVERY TWO (2) YEARS

One LASIK corrective eye surgery per lifetime is also covered for Participants and eligible dependents age 19 and over with a maximum coverage of \$750.00

PRESCRIPTION DRUG (RX Program)

For information regarding the prescription drug program, set-up account at:
<https://www.empirxhealth.com>

RETAIL PHARMACY:

TIER 1 - Generic - \$10 co-pay for 30-day supply
TIER 2 - Preferred Brand - \$30 co-pay for 30-day supply
TIER 3 - Non-Preferred Brand - \$60 co-pay for 30-day supply

OTC CLARITEN OR PRILOSEC - \$0 co-pay for 30-day supply

MAIL ORDER – (FOR MAINTENANCE DRUGS) Please call EmpiRx at 877.241.7123

TIER 1 - Generic - \$20 co-pay for 90-day supply
TIER 2 - Preferred Brand - \$60 co-pay for 90-day supply
TIER 3 - Non-Preferred Brand - \$120 co-pay for 90-day supply

Specialty Drugs – 20% co-pay by member – Mail order required –

** Certain Specialty drugs are part of the Specialty Healthcare Advocacy Program, covered at 100% co-pay by member and require coordination through the Fund's Advocacy vendor PaydHealth. PaydHealth can be reached at 877.869.7772.

We cover Smoking Cessation Products (patches & prescription drugs) with a lifetime maximum amount covered of \$600 by the PLAN.

HEARING CARE BENEFITS

The following schedule lists the maximum hearing care benefits payable under the Plan:

Audiometric Evaluation	\$25
Hearing Aid Evaluation	\$35
Hearing Aid	\$2,000.

The benefit maximums set forth above are measured over every three calendar years. For example, the Hearing Aid benefit maximum is not to exceed \$2,000.00 during every three calendar years.

RETIREE SUBSIDY

A member is subsidized, if retired between ages 55 and 65 and had insurance for 16 of the last 20 quarters or 30 of the last 40 quarters prior to retirement date. The current amount is dependent on what age the member is at retirement. If the member retires prior to age 60, he pays 40% of the premium. If the member retires after age 60, he pays 35% of the premium. This subsidy goes away after the member reaches age 65 if they continue the coverage for a younger spouse.

Therefore, a current retiree that qualifies pays \$326.50 if they retire after age 60 & \$373.14 if they retire prior to age 60. This is phenomenal as retirees often are paying approximately \$1,000 or more to carry coverage for themselves and a spouse.