District Council 37 Health & Benefit Fund

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Dear Plan Participant,

Each year you have the opportunity to review your current health insurance benefits and make changes to these benefits for the upcoming benefit period. This year's open enrollment period will begin on March 1 through March 21, 2025, with your elections taking effects on April 1, 2025.

If you are currently enrolled in the Plan and **do not want to make any changes to your current coverage**, **no action is necessary**. Your coverage will continue through the District Council 37 Health & Benefit Fund.

If you are not currently enrolled in the Plan and wish to re-enroll or if you want to make changes to your health insurance, you must complete and submit the Funds Enrollment Form to your agency's Human Resource Administrator for eligibility verification. This must be received by the Fund Office no later than March 21, 2025, or you will have to wait until next year's open enrollment period.

Enclosed, you will find open enrollment materials that describe in Plan. Please read the enclosed materials carefully, as there are specific actions that you are required to take during this open enrollment period. Please note this is the only time the Fund will recognize your benefit selections unless you meet certain Special Enrollment Events, which are described in more detail in the enclosed material.

2025 Medical Plan Highlights in effect:

Office visit co-payment to $30 (non-hospital and surgical).
Specialist visit co-payment to $35 per visit.
Emergency Room co-payment to $150 per visit, waived if admitted.
Urgent Care visit co-payment to $50 per visit.

Open Enrollment

March 1 through March 21, 2025

Open Enrollment is
March 1 – March 21, 2025

If you are not currently enrolled in the plan and want to enroll or if you want to make changes to your benefit elections, you must complete and return the open enrollment documents included in this packet to your agency Human Resource Administrator and returned to the Fund Office by March 21, 2025.

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Open Enrollment March 1 - 21 2025

If you are currently enrolled in the Plan and do not want to make changes to your current coverage, no action is necessary. Your current elections will roll over and continue into the benefit period effective April 1, 2025.

If you are not currently enrolled in the Plan and want to enroll or if you're going to make changes to your benefit elections, complete and submit the enclosed Enrollment/ Change form or Enrollment Waiver form. If your enrollment is not received during the open enrollment period, you will have to wait until next year's open enrollment to apply for coverage.

Please note this is the only time you will be allowed to change your benefit elections without experiencing a Special Enrollment Events that will make you eligible for the Plan. View page one (1) for more information on Special Enrollment Events.

Open Enrollment Elections Become Effective April 1, 2025

Disclaimer:
This brochure provides only a summary of the benefits available under the District Council 37 Health & Benefit Fund.

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ENROLLING IN THE PLAN

How to Enroll

If you are currently enrolled in the Plan and ***do not want to make changes*** to your current coverage, ***no action is necessary***. Your current elections will roll over and continue into the new benefit period beginning **Januray 1, 2025**.

If you are not currently enrolled in the Plan and want to join or if you're going to make changes to your health insurance benefit elections, you **MUST** complete and return to your agencies Human Resources an Enrollment/Change form included in this packet. The Fund Office must receive your election by March 21, 2025. Please follow the instructions carefully.

Once you have made your elections, you will not be able to make changes to your benefits until the next open enrollment period unless you experience a **Special Enrollment Event** that makes you eligible for the Plan.

Action is Required!

If you are not currently enrolled in the Plan and want to join or if you're going to make changes to your benefit elections, you must complete and return the Enrollment Change form to your agency. The Fund Office must receive your changes by March 21, 2025. The effective date of any changes is April 1, 2025.

If you do not require coverage, you must complete and return a Health insurance Waiver form.

What Happens if I Don't Enroll

If your enrollment received during the open enrollment period, you would have to wait until the next year's open enrollment period to apply for coverage.

Special Enrollment Events

Loss of Eligibility for Other Coverage
If you declined enrollment for you or your dependents (including your spouse) in the Plan, and you sign this enrollment waiver form, you may be able to enroll your dependents and you in the Plan if you or your dependents subsequently lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). You must request special enrollment within 60 days of the loss of eligibility.

Marriage, Birth, Adoption, or Placement for Adoption
You, your spouse, and your new dependents may be permitted to enroll because of marriage, birth, adoption, or placement for adoption. You must request special enrollment within 60 days of the event.

Eligibility or Loss of State Assistance
A Special enrollment right also arises for you and your dependents who lose coverage under a State Children's Health Insurance Program (CHIP) or Medicaid, or who are eligible to receive premium assistance under those programs. You must request special enrollment within 60 days of the loss of eligibility.

Questions?

For questions about member eligibility, please contact the Health Fund at 212-334-0096.

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WHO IS ELIGIBLE FOR WELFARE FUND BENEFITS

Your Eligibility

You are eligible for Fund coverage if you are an employee of an agency covered by a Collective Bargaining Agreement between District Council 37 and your employer, and contributions to the Fund are required on your behalf. Coverage begins on the first day of the month following the completion of the required waiting period of employment with your agency.

Your Dependents' Eligibility

Generally, coverage for your dependents begins at the same time your coverage begins, provided they have been enrolled in the Plan, and contributions to the Fund are being made on their behalf.
Your eligible dependents are:

- Your spouse (a partner to a marriage legally recognized in the jurisdiction in which it is performed), unless legally separated.
- Your domestic partner*, who is:
  - at least 18 years of age;
  - neither married to you or any other person nor related to you by blood in a manner that would bar marriage in New York State;
  - someone with whom you have a close committed personal relationship; and
  - someone with whom you currently live and have been living with continuously.
- Your children whether or not married, until they reach age 26;
  - Group health insurance benefits are available to eligible dependents until the dependent reaches age 26, regardless of their student status, financial dependency, residency, employment or any combination of those factors, except that, before January 1, 2014, if the dependent is eligible to receive coverage under a group health plan of the dependent's employer, the dependent will not be eligible for coverage under the Fund's health insurance benefits.
  - Under Michelle's law, a dependent student on a medically necessary leave of absence will continue to be eligible covered for 12 months. This rule will apply to your dependent only if the period of coverage under Michelle's law is greater than the coverage provided to eligible dependents until age 26.
  - Your child's spouse and your child's children (your grandchildren) do not qualify for coverage.
- Your unmarried children, regardless of age, who are unable to support themselves because of a physical or mental disability (all as defined under the New York Mental Hygiene Law), provided the incapacitating condition started before age 23;

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WHO IS ELIGIBLE FOR WELFARE FUND BENEFITS?

- Your adopted children from the moment of birth, provided that you take custody of the infant as soon as the infant is released from the hospital after birth and an adoption petition is filed with New York State within 30 days of the infant's delivery, even if the adoption is not yet final. However, adopted newborns will not be covered from the moment of birth if: (1) the health insurance of the child's natural parents covers the newborn's initial hospital stay; (2) a notice revoking the adoption has been filed; or (3) one of the natural parents revokes their consent to the approval.

For purposes of eligibility, your dependent children include your stepchildren and the children of your domestic partner.

Your foster children are not eligible for coverage.

* To enroll a domestic partner under a benefit plan offered through the Fund, you must present proof evidencing financial interdependence for at least 12 months and provide a copy of a signed and notarized Declaration of Domestic Partnership to the Fund. Contact the Fund office at 212-334-0096 for more information about Domestic Partner benefits.

Adding Eligible Adult Dependents

To add eligible dependents under age 26, who are not currently participating in the Plan to your health insurance, you must complete and return the Adult Dependent Election and Eligibility form to your center bookkeeper. Adult Dependent Election and Eligibility forms can be obtained by calling the Fund office at 212-334-0096

TYPES OF COVERAGE

Coverage Available

- **Employee:** covers the employee only.
- **Family:** covers the employee, their legal spouse or domestic partner, and their child or children.

The Anthem Blue Cross Blue Access network benefit

offers members exceptional provider choice through an extensive network, with no referrals to specialists needed, and access to medical practitioners and acute care hospitals as well as access to physicians and hospitals available.

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WAIVING OUT OF THE PLAN

You may waive-out of enrollment in the Fund and its benefits if you are enrolled in another insurance plan or qualify for other assistance by providing the enclosed Enrollment Waiver form signed and returned to your agency for processing. Your waiver in the Fund and its benefits will be effective July 1, provided that we receive the Enrollment Waiver Form within the required deadline.

If you decide to waive participation in the Fund, you will not be able to join the health insurance plan at a later date until the next open enrollment period unless you experience a Special Enrollment Event that would allow you the opportunity to enroll.

PERMITTED ELECTION CHANGE EVENTS

Change in Status

Qualifying changes in status include events that change your legal marital status or the number of your dependents. Qualifying changes in status also include the following events that cause you, your spouse, or your dependent to become (or cease to be) eligible under the Plan: changes in employment status; a change in place of residence; and your dependent attaining a certain age or any similar circumstance.

Significant Cost or Coverage Changes

A change in cost means a significant increase or decrease in your price for an option offered under the Plan that occurs during the year. A change in coverage means the addition of a new benefit option, the elimination of an existing benefit option, or a significant difference in a current benefit under the Plan, or the Plan in which your dependents is enrolled.

Judgment, Decree, or Order

If a court has ordered you to cover a spouse or minor children, you must add the spouse and minor children as directed in the court order.

Loss of Entitlement to Medicare or Medicaid

If you, your spouse, or your dependent who has been entitled to coverage under Medicare or Medicaid loses eligibility for such coverage, may be permitted to enroll or increase coverage for the same individual under the Plan.

If you have any questions regarding this, please contact the Fund office at 212-334-0096.

**** All election changes or special enrollments must be received within 60 days, or you will be required to wait until the next year's open enrollment.***

If you do not require coverage, you must sign the health insurance Waiver Form and return the form to your agency. The Fund must receive all waivers by March 21, 2025.

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Anthem Blue Cross Blue Access In-Network Summary of Health Insurance Benefits

Member Service Phone Number: 1-844-241-6224

Provider Website: www.anthembluecross.com

Benefit Highlights			
	Office or Free-Standing Facility	**In-Network**	**Out-of-Network**
	Office Visit Copay	$ 30 Copay	70% of eligible expenses*
	Specialist Visit Copay	$ 35 Copay	70% of eligible expenses*
	Urgent Care Visit Copay	$ 50 Copay	70% of eligible expenses*
	Diagnostic Lab Copay Per Visit	$ 30 Copay	70% of eligible expenses*
	Diagnostic Radiology Copay Per Visit	$ 100 Copay	70% of eligible expenses*
	Dependent Office Visit Copay	$ 30 Copay	70% of eligible expenses*
	Dependent Diagnostic Lab Copay Per Visit	$ 30 Copay	70% of eligible expenses*
	Dependent Diagnostic Radiology Copay Per Visit	$ 30 Copay	70% of eligible expenses*
	Individual Deductible	$ 0	$500
	Family Deductible	$ 0	$1,500
	Coinsurance	$ 0	30% **
	Individual Coinsurance Maximum	N/A	N/A
	Family Coinsurance Maximum	N/A	N/A
	Emergency Room Facility Copay	$ 150 Copay	70% of eligible expenses*
	Emergency Room Professional Charge	$ 0	70% of eligible expenses*
	Dependent Child Age	Age 26 EOM	Age 26 EOM

Inpatient Hospital Services Performed and Billed by a Hospital

	Limitations	**In-Network**	**Out-of-Network**
Inpatient Hospital Coverage Insurance r	PRE CERT: YES	$ 100 Copay	70% of eligible expenses*
Skilled Nursing Facility Care	PRE CERT: YES	None	70% of eligible expenses*
Inpatient Admission for Medical Rehabilitation (i.e. PT, Physical Medicine and Rehabilitation)	PRECERT: YES 30 days per calendar year	None	70% of eligible expenses*
Hospice Care	PRE CERT: YES 210 days per lifetime		

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Anthem Blue Cross Blue Access In-Network Summary of Health Insurance Benefits

Member Service Phone Number: 1-844-241-7089
Provider Website: www.anthembluecross.com

Inpatient Mental Health & Chemical Dependency			
	Limitations	**In-Network**	**Out-of-Network**
Inpatient Mental Health	PRE CERT: YES	$ 100 per admission	70% of eligible expenses*
Chemical Dependency: Detoxification	PRE CERT: YES	$ 100 per admission	70% of eligible expenses*
Chemical Dependency: Rehabilitation	PRE CERT: YES	$ 100 per admission	70% of eligible expenses*

Outpatient Mental Health & Chemical Dependency in an office visit setting			
	Limitations	**In-Network**	**Out-of-Network**
Outpatient Chemical Dependency2		$ 30 Copay	70% of eligible expenses*
Outpatient Mental Health2		$ 30 Copay	70% of eligible expenses*

Prescription Coverage			
	Limitations	**Retail Rx Tier 1 / Tier 2 / Tier 3**	**Mail Order Rx Tier 1 / Tier 2 / Tier 3**
Rx Copay		*$10 Generic or 25% lesser of the cost. *$20 Brand or 25% lesser of the cost. *$30 Non-Preferred Brand or 25% lesser of the cost.	*$25 Generic or 25% lesser of the cost. *$50 Brand or 25% lesser of the cost. *$75 Non-Preferred Brand or 25% lesser of the cost.

*The greater of $25 Brand-Preferred / $50 Non-Preferred or 25% of the cost of the medication. If there is a Generic equivalent, the member's share will be the co-pay plus the difference in the price between the Generic and Brand drug. The Emergent Charge is 100% at 90%ile of Fair Health. Members are responsible for any applicable cost-sharing including the difference between
Anthem Blue Cross Blue Access's payment and a Non-Participating / Non-Network Provider's charge.
1 – Non-Participating providers in a network hospital, facility, OPD, ambulatory facility or office are subject to the Non-Emergent Charge 100% at 90%ile of Fair Health. Members are responsible for any applicable cost-sharing, including the difference between payment and a Non-Participating / Non-Network Provider's charge. The benefits described here are only brief highlights of the coverage available. The terms, limitations, conditions, and exclusions of the Plan will govern. For specific details, refer to the Plans Summary Plan Description for complete detail. Contact the Fund Office to receive a copy at 212-334-0096.