

CONNECTICUT LABORERS' HEALTH FUND
SCHEDULE OF BENEFITS

August, 2022

PLEASE VISIT OUR WEBSITE AT: WWW.CTLABORERSFUNDS.COM

ACTIVE PARTICIPANTS:

PLAN PAYS

Life Insurance

Active Participant (Member Only)\$20,000
Active Participant Maintaining Coverage Through FULL COBRA\$20,000

Accidental Death Benefits

Principal Sum (Active Member and FULL COBRA Only).\$40,000
Workplace Accidental Death Benefit (Active Member and FULL COBRA Only).\$40,000

Dismemberment Benefits

Partial Payment up to Principal Sum (Member and FULL COBRA Only).\$40,000

Weekly Disability Income Benefits (Non-Work-Related)*

Maximum Weekly Payment.\$400
Maximum Period of Benefit26 weeks

**Benefits start on the first day of disability due to Injury and on the eighth day of the disability due to Illness. This seven day waiting period is waived where the recovery period resulting from a member's illness or major surgery is shown by a medical professional to be two (2) weeks or more
Benefits are not payable if you are collecting unemployment, retired and collecting a pension.*

MEDICAL BENEFITS: IN-NETWORK (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

Lifetime Maximum/Calendar Year Maximum None

Deductible None

Calendar Year Out-of-Pocket Maximum\$2,000 per person
.....\$4,000 per family

This is a combined medical and prescription drug in-network out-of-pocket maximum. All in-network copayments for services recognized by the Plan as a covered charge will accumulate toward the calendar year out-of-pocket maximum, except copayments for dental, vision and hearing services. Once your in-network copayments reach this threshold, the balance of your in-network expenses for the remainder of the calendar year will be paid in full without being subject to a copayment. All covered charges are paid in full when provided by a participating hospital, physician or provider, subject to the following copayments:

TO ACCESS AETNA - go to:

www.aetnavigators.com and for In-Network Medical Providers choose the Aetna Choice POSII Plan. In-network Aetna Dental providers can be found on the same website – for In-Network Dental Providers choose the Dental PPO/PDN Plan.

IN-NETWORK BENEFITS

In-network hospitals and providers are through Aetna PPO Network

All Covered Charges are paid in full when provided by a participating Hospital, Physician or provider, subject to the following co-payments:

	YOU PAY
Primary Care Physician/Specialist Office Visit	\$20 copayment
Hospital Admission	\$250 copayment (per admission)
Inpatient Surgery	\$0 copayment
Anesthesia	\$0 copayment
Outpatient Surgery	\$0 copayment
Second Surgical Opinion	\$0 copayment
Major Imaging (CAT Scan, PET Scan etc.)	\$20 copayment
X-Ray and Other Imaging	\$20 copayment
Emergency Room and Free-Standing Medical Centers	\$235 copayment
When services are for a diagnosis considered an emergency (copayment waived if admitted to the hospital).	
Non-Emergency Room and Free-Standing Medical Centers.....	\$235 copayment
Teladoc	\$20 copayment
Urgent Care Centers	\$35 copayment
Walk-In Clinic Other Than a Primary Care Physician	\$20 copayment
Routine Physical Examination (once every 12 consecutive months).....	\$0 copayment
Adult Immunizations	\$0 copayment
Includes immunizations required to travel abroad	

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	YOU PAY
Gynecologist Visit (Preventive)	\$0 copayment
Mammograms	\$0 copayment
Women's Preventive Services	\$0 copayment
Well Baby Care	\$0 copayment
First 12 months—seven visits	
Age 13 months to 24 months—three visits	
Age 25 months to 36 months—three visits	
Age 3 years and older—annually	
Colonoscopy	\$0 copayment
Diagnostic Laboratory	\$20 copayment
Physical, Speech and Occupational Therapy (Restorative)	\$20 copayment
Maximum combined treatment sessions per calendar year	60
Chiropractic Services	\$20 copayment
Maximum visits per calendar year	30
Chemotherapy	\$20 copayment
Allergy Visits	\$20 copayment
Copayments do not apply to follow up injections without an Office Visit	
Naturopathic Visits	\$20 copayment
Excludes vitamins and supplements	
Speech Therapy	\$20 copayment
When speech therapy is for functional purposes i.e.; stuttering, psychonevrotic origin or developmental (learning) speech delay is limited to 12 sessions per calendar year.	
Nutritional Counseling	\$0 copayment
Maximum visits per calendar year	40
Acupuncture	\$20 copayment
30 visits per calendar year. Additional visits may be authorized by Aetna's managed care review	
Educational Outpatient Disease Management Program	\$0 copayment
Cardiac Rehabilitation Program	\$0 copayment

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	YOU PAY
Skilled Nursing Facility	\$250 copayment per admission
Maximum days per calendar year	120
Home Health	\$0 copayment
Maximum visits per calendar year	120
Hospice	\$250 copayment per admission
Social Services for the Terminally Ill	\$0 copayment
Paid in Full under Aetna's Compassionate Care Program	
Maternity, Obstetrical, Midwifery	
First Office Visit will be subject to \$20 copayment with all follow up Office Visit charges paid in-full. In-Network charges for ultrasound and laboratory services etc. will be subject to standard copayments	
Hospital Admission	Per Admission: \$250 copayment
Organ/Tissue Transplants	Covered Medical Expense
Coverage is subject to Aetna's managed care review	
Infertility Services	Standard copayments for hospital or outpatient treatment
Coverage subject to Aetna's managed care review	
Ambulance (Includes Air Ambulance)	\$0 copayment
Air Ambulance Benefit Maximum	None
For medical emergencies to nearest hospital that can provide appropriate care.	
Durable Medical Equipment	\$0 copayment
Subject to review for medical necessity and reasonable and customary charges, along with restrictions on purchase, rental and useful life of equipment	
Prosthetics	\$0 copayment
Orthotics	20% of Covered Charges
Benefit Limitations Limited to a prescribed insert or shoe once every 36 months	
Massage Therapy	\$50 maximum reimbursement/12 visits per calendar year

Medical In-Patient services require precertification. Failure to pre-certify such services or to satisfy the requirements of the Utilization Review Program will result in a 20% reduction in benefits, subject to a maximum penalty of \$500 per occurrence. Call Aetna at 800 225-1263 to pre-certify

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YOU PAY

Lower Hudson Valley EAPCall LHV EAP to pre-certify any In or Out-Patient Care

In addition, Lower Hudson Valley EAP is confidential and available to help members and their eligible dependents with personal, family problems as well as anger management, anxiety, etc. Call them at: 800 327-2799

Inpatient Mental/Behavioral Health Treatment.....\$250 copayment per admission

Outpatient Mental/Behavioral Health Treatment.....\$0 copayment per visit

Inpatient Alcohol/Substance Abuse Treatment.....\$250 copayment per admission

Outpatient Alcohol/Substance Abuse Treatment.....\$0 copayment per visit

In-Patient and Out-Patient Medical/Behavioral Health, Alcohol/Substance Abuse Treatment require precertification. Failure to pre-certify such services will result in a 20% reduction in benefits, subject to a maximum penalty of \$500 per occurrence. Call Lower Hudson Valley EAP at 800 327-2799 to pre-certify

**Habilitative, Physical, Occupational and Speech therapy
For Autism Spectrum Disorder (pervasive developmental disorder)
and developmental delay is covered without age, visit or
dollar limits, effective January 1, 2020 \$20 copayment per visit**

**Applied Behavior Analysis (ABA Services) are covered
effective January 1, 2020 without age, visit or dollar limits: \$0 copayment**

**Behavioral Health — "outpatient all other" In Network is covered,
effective January 1, 2020 with no copayment:.....\$0 copayment**

**Behavioral Health — "outpatient all other" Out Of Network is covered,
effective January 1, 2020 after deductible: 20%**

**Methadone/Dolophine Treatment for inpatient and outpatient Alcoholism and
Drug abuse.**

**Subject to review for medical necessity and preauthorization:.....Copayment is
subject to place of service**

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MEDICAL BENEFITS: OUT-OF-NETWORK (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

Out-of-network charges are subject to reasonable and customary limitations.

YOU PAY

Individual Deductible \$200 per calendar year

Family Deductible \$400 per calendar year

Coinsurance After the deductible the you are responsible for 20% coinsurance of Allowable Charges

Calendar Year Out-of-Pocket Maximum Individual: \$4,000/Family: \$8,000

Medical In-Patient services require precertification. Failure to pre-certify such services or to satisfy the requirements of the Utilization Review Program will result in a 20% reduction in benefits, subject to a maximum penalty of \$500 per occurrence. Call Aetna at 800 225-1263 to pre-certify

CVS CAREMARK PRESCRIPTION DRUG BENEFITS (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

Log onto CVS by accessing their website at: <https://www.caremark.com/wps/portal>

You can also download the App on your smartphones. The Caremark App is blue:



YOU PAY

CVS Minute Clinic visit..... \$0.00

Retail Pharmacy (Up to a 30-day supply)

Tier I, (Typically Generic Drugs) Copayment..... \$10 per prescription

Tier II, Preferred Brand Name Drug Copayment \$20 per prescription

Tier III, Non-Preferred Brand Name Drug Copayment..... \$35 per prescription

Mail Order Program (Up to a 90-day supply)

Tier I, (Typically Generic Drugs) Copayment..... \$20 per prescription

Tier II, Preferred Brand Name Drug Copayment \$40 per prescription

Tier III, Non-Preferred Brand Name Drug Copayment..... \$70 per prescription

CVS CAREMARK PRESCRIPTION DRUG BENEFITS (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

Continued

If you use a CVS Caremark Pharmacy you can fill up to a 90-day supply at a CVS Pharmacy

Generic birth control prescriptions and brand name birth control prescriptions without a generic equivalent have a \$0 copayment.

No payment will be made by the Fund for any prescription drugs obtained from a non-network pharmacy.

DENTAL BENEFITS (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

Out-of-network charges are subject to reasonable and customary limitations.

Calendar Year Maximum\$2,000 per person
Calendar Year Maximum does **not** apply to children under 19 years of age

YOU PAY

Preventive Care Services\$0

Basic Services 20% coinsurance

Major Services 30% coinsurance

Orthodontia 20% coinsurance

For any eligible child under the age of 19 who starts Orthodontic Treatment on or after June 1, 2022 - and for any eligible child who continues Active Treatment on June 1, 2022

The Orthodontic Expense Benefit is available only to eligible dependent children under age 19. A separate \$5,000 lifetime maximum applies to orthodontic expenses.

Temporomandibular Joint Dysfunction (TMJ) 20% coinsurance
Coverage is subject to Aetna's managed care review

HEARING CARE BENEFIT (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

OPTION 1 (You may choose EITHER Option 1 or 2)

PLAN PAYS

Hearing Evaluation 100%

One exam every three years, or more frequently if recommended by a University of Connecticut audiologist. Includes evaluation, medical examination and molds.

Hearing Aids 100% of the first \$2,000 per appliance and 80% of the Excess Charges
Benefits payable if provided by the University of Connecticut Speech and Hearing Clinic.

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HEARING CARE BENEFIT (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

(continued)

OPTION 2 (You may choose EITHER Option 1 or 2)

PLAN PAYS

Hearing Evaluation 100%

One exam every three years, or more frequently if recommended by an Aetna Audiologist. Includes evaluation, medical examination and molds.

Hearing Aids

If a participant uses an **Aetna Audiologist** the Health Fund (Aetna) will pay the first \$2,000 per Hearing Aid (which includes the examination, etc.) at 100%. Once every three (3) consecutive years unless recommended by the Audiologist.

IMPORTANT: All Charges in excess of the \$2,000 per Hearing Aid have to be paid by the participant directly to the Audiologist.

You MUST submit itemized receipts from the Audiologist (hearing aid description, cost and amount paid by the participant) to the Health Fund and the participant will be reimbursed on a self-funded basis at 80% coinsurance with a Maximum Out of Pocket of \$250 per Hearing Aid.

VISION EXPENSE BENEFIT (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

Benefit Schedule (Exclusive benefit provided through Eye Med, effective October 1, 2021)

Log onto Eye Med by accessing their website at: <https://member.eyemedvisioncare.com/member/en>

Eligible Participant, Spouses and Dependent children up to age 26..... once per Plan Year

In-Network Benefit **PLAN PAYS**

If you utilize an Eye Med optometrist, the eye examination and refraction is paid in full. Most frames, lens types and coating options are paid in full if obtained from an Eye Med Vision provider.

Eye Examination 100%

Optomap Retinal Examination 100%

Eyeglass Frames up to a \$200 Allowance

Freedom Pass Frames at Lenscrafters or Target Optical 100%
(excludes certain designer frames)

Eyeglass Lenses 100%

Copayments apply for anti-reflective coatings and other features such as photosensitive lenses, and Polycarbonate lenses, etc.

Contact Lenses up to a \$200 Allowance

Laser (LASIK) Vision Correction Surgery 15% off retail or 5% off promotional price

No payment is made for the replacement of lost or stolen eyeglasses.

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Vision Benefits Out-of-Network Benefit

Eye Examination	\$40
Retinal Imaging	\$20
Frames	\$140
Single Lenses	\$30
Bifocal Lenses	\$50
Trifocal and Lenticular	\$70
Progressive Lenses	\$50
Contact Lenses	\$140

For more information regarding your Eye Med Benefits please see the attached Summary of Benefits as well as the September 20, 2021 notification letter.

Retiree Benefits

To be Eligible for Retiree Benefits whether you are Eligible for Medicare or Not Eligible for Medicare if you are an Active Participant (including related entities, such as the staff of the Connecticut Laborers' Legal Services Fund, the staff of the Connecticut Laborers' Fund Office, the staff of affiliated Local Unions, Connecticut Laborers' District Council, Organizing Fund, Training Fund, etc.):

1. You must have maintained Active Eligibility (including COBRA) in the Health Fund immediately prior to your retirement; and,
2. You must be eligible for and receiving a monthly pension benefit from the Connecticut Laborers' Pension Fund or the Pension Plan for the Staff of Connecticut Laborers'; and
3. You must have worked 10,000 hours in Covered Employment for which contributions were received by the Health Fund during the fifteen (15) consecutive calendar years, prior to your retirement; and,
4. You must agree to make the required monthly payment.

Non-Bargained Employees

To be Eligible for Retiree Benefits whether you are Eligible for Medicare or Not Eligible for Medicare if you are an Employee of a Contributing Employer that participates in the Health Fund via a Participation Agreement:

1. You must have maintained Active Eligibility (including COBRA) in the Health Fund immediately prior to your retirement; and,
2. You must have maintained coverage for at least 10 consecutive years; and,
3. You must agree to make the required monthly payment.

RETIREE BENEFITS PROGRAM (FOR RETIREES AND COVERED DEPENDENTS UNDER AGE 65 OR OTHERWISE NOT ELIGIBLE FOR MEDICARE)

Life Insurance	\$10,000 (only if eligible and electing to participate in Retiree Medical Insurance Program) \$5,000 Self-Funded benefit for participants who retire in the Connecticut Laborers' Pension Fund with Thirty (30) or more Pension Credits.
Hospital and Medical Coverage	Same benefits as an active member
Hospice Benefit	Same benefits as an active member
Prescription Drug Benefit	Same benefits as an active member
Dental Benefit	Same benefits as an active member
Vision Benefit	Same benefits as an active member
Hearing Benefit	Same benefits as an active member
Weekly Disability Income Benefit	None

RETIREE MEDICARE AETNA ADVANTAGE PLAN (FOR RETIREES AND COVERED DEPENDENTS ELIGIBLE FOR MEDICARE PARTS A AND B)

Life Insurance	\$5,000 (only if eligible and electing to participate in Retiree Medical Insurance Program) \$5,000 Self-Funded benefit for participants who retire in the Connecticut Laborers' Pension Fund with Thirty (30) or more Pension Credits.
Hospital, Medical and Prescription Drug Coverage	Aetna Medicare Advantage PPO with Extended Service Area (ESA) Plan. Must be enrolled in both Medicare Part A and Part B.
Hospice Benefit	<p>This benefit is for a terminally ill Eligible Retiree or Dependent when a Physician has determined that the Eligible Retiree or Dependent has six (6) months or less to live; and,</p> <ol style="list-style-type: none">1. If the Eligible Retiree or Dependent is unable to perform, without substantial assistance from another person, at least two (2) Activities of Daily Living, as determined by the Health Fund's Case Manager; and,

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2. The Health Fund's Case Manager determines that the Family cannot care for the Eligible Retiree or Dependent with only periodic nurse and/or home health aide visits.

The Connecticut Laborers Health Fund self-funded Plan will reimburse up to \$275.00 per day for either Room & Board at a Hospice Facility or to reimburse the services of a Certified Live-In Caregiver who is not a family member, for up to a maximum period of six (6) months.

Dental Benefit None

Vision Benefit Same benefits as an active member

Weekly Disability Income Benefit None

OPTION 1 (You may choose EITHER Option 1 or 2)

PLAN PAYS

Hearing Evaluation..... 100%

One exam every three years, or more frequently if recommended by a University of Connecticut audiologist. Includes evaluation, medical examination and molds.

RETIREE MEDICARE AETNA ADVANTAGE PLAN (FOR RETIREES AND COVERED DEPENDENTS ELIGIBLE FOR MEDICARE PARTS A AND B)

(continued)

Hearing Aids.....100% of the first \$2,000 per appliance and 80% of the Excess Charges
Benefits payable if provided by the University of Connecticut Speech and Hearing Clinic. Once every three (3) consecutive years unless recommended by the Audiologist.

OPTION 2 (You may choose EITHER Option 1 or 2)

Hearing Evaluation..... 100%

One exam every three years, or more frequently if recommended by an Aetna Audiologist. Includes evaluation, medical examination and molds.

Hearing Aids.....you **MUST** use an **Aetna Audiologist**:

IMPORTANT: All Charges per Hearing Aid have to be paid by the Medicare Retiree directly to the Audiologist.

The Health Fund will reimburse the Medicare Retiree the first \$2,000 per Hearing Aid at 100% (which includes the examination, etc.) and the Medicare Retiree will be reimbursed for any charges in excess of \$2,000 per Hearing Aid at 80% up to a Maximum Out of Pocket of \$250 per Hearing Aid.

You MUST submit itemized receipts from the Audiologist (hearing aid description, cost and amount paid by the participant) to the Health Fund and the Medicare Retiree will be reimbursed on a self-funded basis at 80% coinsurance with a Maximum Out of Pocket of \$250 per Hearing Aid.