CONNECTICUT LABORERS' HEALTH FUND
SCHEDULE OF BENEFITS

OCTOBER 1, 2025

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). $50,000

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 Benefit .....26 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 you're 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 co-payment. 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 aetna.com for In-Network Medical Providers and choose the **Aetna Choice POS II Plan**. In-network Aetna Dental providers can be found on the same website – for In-Network Dental, Providers choose the Dental PPO/PDN with PPO II and Extend℠.

IN-NETWORK BENEFITS
In-network hospitals and providers are through the 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 Office Visit	$25 copayment
Specialist Office Visit (Dermatology $25 copayment)	$40 copayment
Hospital Admission (per admission)	$250 copayment
Inpatient Surgery	$0 copayment
Anesthesia	$0 copayment
Outpatient Surgery	$0 copayment
Major Imaging (CAT Scan, PET Scan etc.)	$25 copayment
X-Ray and Other Imaging	$25 copayment
Emergency Room and Free-Standing Medical Centers When services are for a diagnosis considered an emergency (copayment waived if admitted to the hospital).	$235 copayment
Non-Emergency Room and Free-Standing Medical Centers	$235 copayment

Teladoc:

General Medicine (Behavioral Health $0 copayment)	$25 copayment
Urgent Care Centers	$40 copayment
Walk-In Clinic Other Than a Primary Care Physician	$25 copayment
CVS Minute Clinic	$0 Copayment

	YOU PAY
Routine Physical Examination (once per calendar year)	$0 copayment
Adult Immunizations	$0 copayment
Includes immunizations required to travel abroad	
Gynecologist Visit (Preventive)	$0 copayment
Mammograms (Preventative)	$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 (From age 45)	$0 copayment
Diagnostic Laboratory	$25 copayment
Physical, Speech and Occupational Therapy (Restorative)	$40 copayment
Maximum combined treatment sessions per calendar year	60
(Includes OP Hospital)	
Chiropractic Services	$40 copayment
Maximum visits per calendar year	30
Chemotherapy	$0 copayment
Allergist Visits (home/office/Out-Patient Hospital)	$40 copayment
Copayments do not apply to follow up injections without an Office Visit	
Naturopathic Visits	$25 copayment
Excludes vitamins and supplements	
Nutritional Counseling	$0 copayment
Maximum visits per calendar year	40
Acupuncture	$25 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	$40 copayment

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
(Paid in Full under Aetna's Compassionate Care Program)

Maternity, Obstetrical, Midwifery:
1st Office Visit will be subject to $40 copay with all follow up office visits paid in-full. In-Network charges for ultrasound and laboratory services etc. will be subject to standard copayments

Organ/Tissue Transplants ..... $250 copayment
(Coverage is subject to pre-certification)

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

Gene Therapy (In-Network) ..... $40 copayment
(Out-of-Network not covered)

Bariatric (In-Patient Hospital) ..... $250 copayment
(Coverage subject to Aetna's managed care review)

Employee Assistance Program (EAP)

Call **Tri-State EAP Services, Inc.** at (845) 228-8303 to pre-certify In-Patient or Out-Patient Care. **Tri-State EAP** is confidential and available to help members and their eligible dependents with personal or family problems, anger management, stress, anxiety, etc. Call them at (845) 228-8303.

YOU PAY

In-Patient Mental Health/Behavioral Health/Substance Use Treatment ..... $250 copayment per admission

Out-Patient Mental Health/Behavioral Health/Substance Use Treatment ..... $0 copayment per visit

YOU PAY

Habilitative, Physical, Occupational and Speech therapy For Autism Spectrum Disorder (pervasive developmental disorder) and developmental delay is covered without age, visit or dollar limit…….....$40 copayment per visit

Applied Behavior Analysis (ABA Services) are covered, without age, visit or dollar limits: …….....$0 copayment

Behavioral Health — "outpatient all other" In Network is covered, ...$0 copayment

Behavioral Health — "outpatient all other" Out of Network is covered, after deductible: …….....20% coinsurance

Methadone/Dolophine Treatment for inpatient/outpatient Substance Use. Subject to review for medical necessity and preauthorization……..Copayment is subject to place of service

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 800-245-1206 to pre-certify

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

Log onto CVS website at: https://www.caremark.com/wps/portal or download Caremark App:

If you use a CVS Pharmacy, you can fill up to a 90-day supply.

	YOU PAY
Retail Pharmacy (Up to a 30-day supply)	
Tier I, (Typically Generic Drugs) Copayment	$10 per prescription
Tier II, Preferred Brand Name Drug Copayment	$25 per prescription
Tier III, Non-Preferred Brand Name Drug Copayment	$50 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	$50 per prescription
Tier III, Non-Preferred Brand Name Drug Copayment	$100 per prescription

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 ..... $4,000 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 Benefit (eligible dependent under age 19 only)	20% coinsurance
($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.

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)

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******

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

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

CANCERNAVIGATOR (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS UP TO AGE 26)

CancerNavigator is a no-cost benefit for all members and dependents eligible under the Plan.
Please contact one of the Oncology Nurse Navigators at (475) 277-5481 for the following:

- Education on cancer screenings for early deduction
- Tailored information about your diagnosis and treatment options
- Scheduling of appointments quickly with the best centers in your area
- Support in preparing for your upcoming doctor visits
- Transportation, emotional, and mental health support, and other community resources

HINGE HEALTH (ACTIVE PARTICIPANTS AND ELIGIBLE DEPENDENTS AGE 18+)

Benefit for your back and joint health at no additional cost.
Please apply at hinge.health/ctlaborers or call (855) 902-2777 for the following:

- Conquer pain or limited movement
- Recover from a recent or past injury
- Keep joints healthy and pain free

ELIGIBILITY FOR 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.

ELIGIBILITY FOR NON-BARGAINING 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 Benefits	None

RETIREE AETNA MEDICARE 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.

DENTAL BENEFITS (MEDICARE RETIREES & COVERED MEDICARE DEPENDENTS)

Dental – Premier ESA
Coverage includes cleanings, checkups, X-rays and comprehensive services.
Annual Benefit Maximum - $1,000 each year

Preventive Dental Services ..... $0 dental deductible
0% coinsurance for each dental service

Comprehensive Services ..... $0 dental deductible
50% coinsurance for each dental service

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

Vision Benefit Same benefits as an active member

Hospice Benefit 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,

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,
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.

Hearing Benefit - 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. Once every three (3) consecutive years unless recommended by the Audiologist.

Hearing Benefit - 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:**
All Charges per Hearing Aid must 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.