

Pipe Fitters' Welfare Fund, Local 597
Summary of Material Modifications
October 2022

Medicare Retirees
Medical and Prescription Drug Benefit Changes

The Trustees are pleased to announce the Welfare Fund started working with Humana to provide eligible Medicare Retirees with medical and prescription drug coverage under the Humana Medicare and Prescription Drug (“MAPD”) Plan PPO, effective **January 1, 2023**.

Non-Medicare Retirees will continue to receive the same medical and prescription drug benefits under the Plan, but you **should read this notice carefully** because you **MUST** take certain actions upon your eligibility for Medicare.

To assist you with this transition, the Trustees have retained **Labor First**, a firm that specializes in the implementation and ongoing service of retiree medical and prescription programs. This change is meant to maintain and enhance your benefit, improve operational and administrative workflow, and to strengthen the financial position of the Welfare Fund.

What is the MAPD Plan?

You **MUST** be enrolled in **Medicare Parts A and B** and continue to pay your **Medicare Part B** monthly premium to the Social Security Administration, including any income-related surcharges, to be eligible for coverage under the MAPD Plan.

If you meet these requirements and you are eligible for **Retiree Benefits** under the Welfare Plan, then you and your Medicare eligible Dependents will be enrolled in the MAPD Plan.

The MAPD Plan provides all the benefits of original Medicare Parts A and B and Medicare Part D prescription drug coverage. The MAPD Plan also provides extra benefits such as Hearing Aids, Silver Sneakers, Personal Health Coaching and Vision Discounts.

What are my Out-of-Pocket Costs under the MAPD Plan?

Below is a summary of the medical and prescription drug benefits that Medicare Retirees will receive under the Humana MAPD Plan:

<i>Medical Benefit under the MAPD Plan</i>		
Calendar Year Deductible	\$0 per person	
Out-of-Pocket Maximum per Calendar Year	\$0 per person	
<i>Your Co-Payment Amount under the MAPD Plan</i>		
Primary Care Office Visit	\$0	
Specialist Office Visit	\$0	
Emergency Care	\$0	
Ambulance	\$0	
Outpatient Surgery	\$0	
Emergency Room	\$0	
Skilled Nursing Care	\$0	
<i>Hearing Aid Benefit under the MAPD Plan</i>		
Routine Hearing Exam	\$0	
Hearing Aid Allowance	\$1,000 per ear for 12 months	
<i>Prescription Drug Benefit under the MAPD Plan</i>		
Calendar Year Deductible	\$0	
Out-of-Pocket Maximum per Calendar Year	\$2,500 per person	
<i>Your Co-Payment Amount During Initial Coverage and Coverage Gap</i>	<i>Retail (90-day supply)</i>	<i>Mail (90-day supply)</i>
Generic	20% (\$5 minimum; \$15 maximum)	20% (\$10 minimum; \$30 maximum)
Preferred Brand	20% (\$15 minimum; \$47 maximum)	20% (\$30 minimum; \$94 maximum)
Non-Preferred Brand	20% (\$30 minimum; \$100 maximum)	20% (\$60 minimum; \$200 maximum)
Specialty	20% (\$100 maximum – 30-day supply)	