



District Council 37, Local 95 Head Start
Employees Welfare Fund

February 2025

Dear Plan Participant,

Each year, you can review your current health insurance benefits and change them for the upcoming benefit period. This year's open enrollment period will begin on **March 1 through March 15, 2025**, with your elections taking effect on **April 1, 2025**.

If you are enrolled in the Plan and do not want to change your coverage, no action is necessary. Your current coverage will remain as is.

If you are **not** enrolled in the Plan and wish to enroll, you must complete and submit the Funds Enrollment Form or Waiver of Coverage. This must be received by the Welfare Fund Office no later than March 15, 2025, or you will have to wait until next year's open enrollment period.

Enclosed, you will find Open Enrollment materials that describe the current Plan, which also available on the Welfare Funds website, www.dc1707195wf.net under the Open Enrollment Tab. 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 or changes unless you meet certain Special Enrollment Events, which are described in more detail in the material.

You and your employer will share the coverage cost through payroll deduction based on the category of coverage that you enroll.

Your share of the cost of coverage:

Effective April 1, 2025:

Single - \$104.30 per month

Member/dependents - \$271.17 per month

Whatever your decision, you must submit the appropriate form to the Fund Office no later than March 15, 2025.

This is your only chance to make any plan change for the upcoming plan year unless you experience a Special Enrollment Event (see page 1). Therefore, please follow the instructions carefully and refer to **the appropriate parties should questions arise. The Fund will not recognize any Enrollments received after the deadline.**

Please contact the Fund office if you have any questions.

Sincerely,

Randy Paul,
Fund Administrator

Open Enrollment

March 1 - 15, 2025

Open Enrollment March 1 – March 15, 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 center bookkeeper and returned to the Fund Office by March 15, 2025.

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Open Enrollment March 1- 15, 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 rollover and continue into the new benefit period effective April 1, 2025.

If you are not currently enrolled in the plan and wish to enroll or if you want to make changes to your benefit elections, complete and submit the enclosed Enrollment 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, Local 95 Head Start Employees Welfare Fund Plan.

Open Enrollment March 1- March 15, 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 center bookkeeper and returned to the Fund Office by March 15, 2025.

ENROLLING IN THE PLAN

How to Enroll

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

If you are not currently enrolled in the Plan and want to enroll or want to make changes to your health insurance benefit elections, you **MUST** complete and return the Fund office the Enrollment/Change form. The Fund Office must receive this by March 15, 2025. Please follow the instructions carefully.

Once you have made your elections, you may not 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.

What Happens if I Don't Enroll

If your enrollment is not completed within the open enrollment period, you will have to wait until the next year's open enrollment period to apply for coverage.

Special Enrollment Events

Loss of Eligibility for Other Coverage

Suppose you declined enrollment for you or your dependents in the Plan, and you sign this enrollment waiver form. In that case, 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' other coverage). You must request special enrollment within 60 days of the loss of eligibility.

Marriage, Birth, Adoption, or Placement for Adoption

You, and your new dependents may be permitted special enrollments because of 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.

Action is Required!

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 Enrollment form to the Fund office by March 15, 2025 to be enrolled in coverage as of April 1, 2025.

If you do not require coverage, you must complete and return the health insurance Enrollment Waiver form to your center bookkeeper.

Open Enrollment March 1 – March 15, 2025

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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 a New York City Head Start delegate agency covered under the Collective Bargaining Agreement or a Participation Agreement between Local 95 Community and Social Agency Employees Union ("CSAEU") and the New York City Head Start Sponsoring Board Council and contributions to the Fund are being made on your behalf. Your coverage begins on the first day of the month following the completion of 30 days of employment; or the first day of the month that the Fund receives the completed Fund enrollment form, if later.

Management or other Non-Union Employees

Management or other non-union employees of a New York City Head Start delegate agency are eligible for Medical benefits administered through the Fund.

Your Dependents' Eligibility

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

- 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 covered for 12 months. This rule will apply to your Dependent only if the coverage period under Michelle's law is greater than the coverage provided to eligible dependents until age 26.
 - Your spouse, child's spouse and your child's children (your grandchildren) are not eligible 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 biological parents revokes their consent to the adoption.

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.

TYPES OF COVERAGE

Coverage Available

- Employee: covers the employee only
- Family: covers the employee, his/her child or children.

MONTHLY CONTRIBUTION RATES

Employee Monthly Contribution Schedule	
Employee	Employee/Dependents
\$ 104.30	\$ 271.17

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WAIVING-OUT OF THE PLAN

You may waive-out of enrollment in the Local 95 Head Start Employees Welfare 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 center bookkeeper for processing. Your waiver in the Fund and its benefits will be effective April 1, 2025, provided that we receive the Enrollment Waiver Form within the required deadline.

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 have the following events that cause you 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 during the year. A shift in coverage means adding a new benefit option, eliminating an existing benefit option, a significant change in a current benefit under the Plan, or the Plan in which your dependents are enrolled.

Judgment, Decree, or Order

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

Loss of Entitlement to Medicare or Medicaid

Suppose you or your Dependent who has been entitled to coverage under Medicare or Medicaid loses eligibility for such content. In that case, you may be permitted to enroll or increase coverage for the same individual under the Plan.

If you have any questions regarding this option, please contact your center bookkeeper or call the Welfare Fund office at 212-343-1660.

****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 Enrollment Waiver Form and return the Form to your center bookkeeper. The Fund must receive all waivers by March 15, 2025.

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Insurance Design Administrators (IDA) In-Network Summary of Health Insurance Benefits

Member Service Phone Number: 1-800-225-1345

Member Concierge Service 1-888-538-0981

Precertification call MedWatch 1-866-255-0793

Provider Website: www.idatpa.com

BENEFIT	IN-NETWORK	OUT-OF-
Benefit Period		
	Calendar Year	
Deductibles (per Calendar Year)		
Individual	\$1,000	Not Applicable
Member & Child(ren)(<i>Embedded & Cumulative</i>)	\$2,000	Not Applicable
Percentage Coinsurance Paid by Plan		
Coinsurance	100%; 80%	Not Applicable
Benefits Payable at	Pre-negotiated Contracted Rates	Not Applicable
Maximum Out-of-Pocket (per Calendar Year)		
Individual	\$5,000	Not Applicable
Family (<i>Embedded & Cumulative</i>)	\$10,000	Not Applicable
Note: The In-Network Maximum Out-of-Pocket amount(s) do include the Medical Plan Copayment(s). The In-Network Maximum Out-of-Pocket does not include the Standalone Prescription Drug Plan Copayment(s) or the Medical Management Non-Compliance Penalty.		
Maximum Benefits (Calendar Year or Lifetime)		
Maximum for Most Services (<i>Refer to Specific Benefit Provisions for additional limitations</i>)	Unlimited	Not Applicable
Primary Care Physician Selection		
	Not Required	Not Applicable
Doctor's Office Visits		
Primary Care Office Visit	\$30 Copayment after the Deductible when performed in Office A Primary Care Physician is a General or Family Physician, Internist or Pediatrician	Not Covered
Specialist Office Visit	\$30 Copayment after the Deductible when performed in Office A referral is not required to visit a Specialist	Not Covered
OBGYN (<i>Non-Routine Services</i>)	\$30 Copayment after the Deductible when performed in Office	Not Covered
Maternity Care (<i>Coverage includes Birthing Centers</i>)	Prenatal USPSTF/HRSA Guidelines 100% Coverage; 80% after Deductible Physician Services & Delivery Services; \$100 Copayment, 80% after Deductible Inpatient Facility/Birthing Center Dependent children are eligible for Maternity/Obstetrical Benefits.	Not Covered
Allergy Diagnostic Testing and Treatment (<i>Physician/Specialist Office/ Outpatient</i>)	\$30 Copayment after the Deductible when performed in Office \$200 Copayment, then 80% after Deductible when performed Outpatient Facility	
Preventive Care		
Routine Adult Physicals (<i>In accordance with the Preventive Care & ACA guidelines</i>)	100%; Deductible Waived	Not Covered
Well Child Exams (<i>In accordance with Preventive Care & ACA guidelines</i>)	100%; Deductible Waived	Not Covered
Well Child Immunizations and Lead	100%; Deductible Waived	Not Covered

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Precertification call MedWatch 1-866-255-0793

Provider Website: www.idatpa.com

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Diagnostic Procedures		
Laboratory	\$30 Copayment after Deductible when performed in an Office or Freestanding Lab same day. \$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility	Not Covered
Diagnostic Testing and Radiology (X-Ray)	\$30 Copayment after the Deductible when performed in an Office or Freestanding Facility; \$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility	Not Covered
Advanced Radiology (<i>Precertification Required</i>) (CT Scan, CTA, Pet Scans, MRI, MRA)	\$30 Copayment after Deductible when performed in an Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility	Not Covered
Nuclear Medicine studies (including Nuclear Cardiology) require prior authorization. The Attending Physician should request the prior authorization and provide the necessary clinical information by calling MedWatch 1-866-255-0793 for Nuclear Cardiac.		
Hospital Care		
Inpatient Admission (<i>including maternity</i>) Room and Board	\$100 Copayment; then 80% after the Deductible	Not Covered
Pre-Admission Testing	\$200 Copayment, then 80% after the Deductible	Not Covered
Surgery in Hospital	80% after the Deductible	Not Covered
Inpatient Physician Services	80% after the Deductible	Not Covered
Outpatient Dept. Services (<i>including Surgery</i>)	\$200 Copayment, then 80% after the Deductible	Not Covered
Emergency Care		
Emergency Room (<i>True Emergency Only</i>)(<i>Copayment Waived if Admitted within twenty-four (24) hours</i>)	<i>\$300 Copayment for the Facility Charge; 100% for Physician Services Payment at the In-Network level for Non-Network Services apply only to true Medical Emergencies & Accidental Injuries; Services related to Non-Emergent Care are Not Covered</i>	
Urgent Care Facility	\$50 Copayment after Deductible	Not Covered
Ambulance	80% after the Deductible	Not Covered
Outpatient Surgery		
Hospital Outpatient Surgery	\$200 Copayment, then 80% after the Deductible	Not Covered
Surgery in an Ambulatory Surgical Center	\$200 Copayment, then 80% after the Deductible	Not Covered
Mental Health Services		
Inpatient (<i>Includes Partial Hospitalization Services</i>)	\$100 Copayment, then 80% after the Deductible	Not Covered
Outpatient Department Setting (<i>Includes IOP</i>)	\$200 Copayment, then 80% after the Deductible	Not Covered
Office Setting	\$30 Copayment after the Deductible when performed in Office	Not Covered
Substance Use Services (Drug Related)		
Inpatient (<i>Includes Partial Hospitalization Services</i>)	\$100 Copayment, then 80% after the Deductible	Not Covered
Outpatient Department Setting (<i>Includes IOP</i>)	\$200 Copayment, then 80% after the Deductible	Not Covered
Office Setting	\$30 Copayment after the Deductible when performed in Office	Not Covered
Alcohol Use Services		
Inpatient (<i>Includes Partial Hospitalization Services</i>)	\$100 Copayment, then 80% after the Deductible	Not Covered
Outpatient Department Setting (<i>Includes IOP</i>)	\$200 Copayment, then 80% after the Deductible	Not Covered
Office Setting	\$30 Copayment after the Deductible when performed in Office	Not Covered

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Member Concierge Service 1-888-538-0981

Precertification call MedWatch 1-866-255-0793

Provider Website: www.idatpa.com

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Other Services		
Second Opinion	\$30 Copayment after the Deductible when performed in Office; \$200 Copayment, then 80% after the Deductible Outpatient Facility	Not Covered
Acupuncture	\$30 Copayment after the Deductible when performed in Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Facility Limited to Eight (8) Visits Per Calendar Year	Not Covered
Therapeutic Manipulation (<i>Chiropractic Care, Modalities included in Office Visit</i>)	\$30 Copayment after the Deductible when performed in Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Facility Limited to Twenty (20) Visits Per Calendar Year	Not Covered
Pain Management (<i>Outpatient Deemed Medically Necessary</i>)	\$30 Copayment after the Deductible when performed in Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Facility	Not Covered
Bariatric Surgery (<i>Morbid Obesity Only</i>)	80% after the Deductible	Not Covered
Diabetic Equipment Supplies (<i>Up to Thirty (30) Day Supplies</i>)	80% after the Deductible	
Diabetic Education	\$30 Copayment after the Deductible when performed in Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Facility	Not Covered
Nutritional Counseling	\$30 Copayment after the Deductible when performed in Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Facility	Not Covered
Sterilization (Reversal Not Covered)	80% after the Deductible	Not Covered
Abortion (Elective & Non-Elective)	80% after the Deductible	Not Covered
Durable Medical Equipment	80% after the Deductible	Not Covered
Hair/Scalp Prosthesis (Following Cancer Treatment only)	80% after the Deductible; Limited to \$500 Lifetime	Not Covered
Cochlear Implants	80% after the Deductible; Limited to One (1) per Ear to Age Eighteen (18)	Not Covered
Home Health Care	80% after the Deductible Limited to Sixty (60) Visits per Calendar Year	Not Covered
Skilled Nursing Facility/Extended Care Center	80% after the Deductible Limited to One Hundred (100) Days per Calendar Year	Not Covered
Hospice Care	80% after the Deductible Limited to two Hundred Ten (210) Days Maximum Lifetime	Not Covered
Bereavement Counseling	80% after the Deductible; Limited to 5 Visit Maximum for Family Counseling	Not Covered
Infertility Services & Treatment (Artificial Insemination, In-vitro, GIF, ZIFT)	80% after the Deductible Two (2) Retrievals / Two Transfer Maximum Lifetime	Not Covered
Sleep Studies (Treatment of Sleeping Disorder)	Not Covered	Not Covered
Hearing Aids	Not Covered	Not Covered
Podiatry Services	\$30 Copayment after Deductible when performed in an Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility	Not Covered

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Insurance Design Administrators (IDA) In-Network Summary of Health Insurance Benefits

Member Service Phone Number: 1-800-225-1345

Member Concierge Service 1-888-538-0981

Precertification call MedWatch 1-866-255-0793

Provider Website: www.idatpa.com

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Prosthetics and Orthotics <i>(Excludes Foot Orthotics except for Condition of Diabetes)</i>	80% after the Deductible <i>Limited to 2 Inserts per Foot Maximum per Calendar Year</i>	Not Covered
Dialysis <i>(Outpatient Facility or Home)</i>	\$200 Copayment, then 80% after the Deductible when performed in an Outpatient Hospital/Facility; 80% after the Deductible when performed Freestanding Facility or Home	Not Covered
Infertility Services & Treatment (Artificial Insemination, In-vitro, GIF, ZIFT)	80% after the Deductible <i>Two (2) Retrievals / Two Transfer Maximum Lifetime</i>	Not Covered
Gene Testing <i>(Precertification required)</i>	80% after the Deductible	Not Covered
Pulmonary Rehabilitation	80% after the Deductible	Not Covered
Pulmonary Rehabilitation Office, Outpatient Hospital/Facility	\$30 Copayment after Deductible when performed in an Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility	Not Covered
Physical Rehabilitation Facility Inpatient Services (Includes PT, OT, ST Therapy Services)	\$100 Copayment, then 80% after the Deductible	Not Covered
Short-term Therapies - Physical, Occupational, Speech Therapy Office, Outpatient Hospital./ Facility	\$30 Copayment after Deductible when performed in an Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility <i>Limited to Thirty (30) Visits per Calendar Year</i>	Not Covered
Short-term Therapies – Speech, Occupational Therapy, including ABA Therapy Behavioral Health related Mental Health Disorder or Substance Use Disorders <i>(Office/ Outpatient Facility-Limits Not Applicable)</i>	\$30 Copayment after Deductible when performed in an Office; \$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility (Limits Not Applicable)	Not Covered
Cardiac, Radiation, Chemotherapy, Infusion Therapies when performed in an Office	\$30 Copayment after the Deductible when performed in an Office	
Cardiac, Radiation, Chemotherapy, Infusion Therapies <i>(Inpatient Hospital/Facility)</i>	\$100 Copayment, then 80% after the Deductible	Not Covered
Cardiac, Radiation, Chemotherapy, Infusion Therapies <i>(Outpatient Hospital/Facility)</i>	\$200 Copayment, then 80% after the Deductible when performed Outpatient Hospital/Facility	
Organ Transplants <i>(Facility / Physician Charges)</i>	\$100 Copayment; 80% after Deductible for Inpatient Facility; 80% after the Deductible Physician & other Services	Not Covered
Vision		
Eye Examinations <i>(Dependent Child under the ACA)</i>	100%	Not Covered
Dental		
Oral Surgery <i>(Due to Accident or Damage to Natural Teeth)</i>	80% after the Deductible	Not Covered
Fully or Partial Impacted Wisdom Teeth	Not Covered	Not Covered
TMJ <i>(Surgical Only Non-Surgical Not Covered)</i>	Not Covered	Not Covered
Prescription Drug		
Prescription Drugs	Refer to Standalone Prescription Drug Plan for Benefit Provisions	

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Insurance Design Administrators (IDA) In-Network Summary of Health Insurance Benefits

Member Service Phone Number: 1-800-225-1345

Member Concierge Service 1-888-538-0981

Precertification call MedWatch 1-866-255-0793

Provider Website: www.idatpa.com

Eligibility	Children are covered to the end of the Calendar Month in which they turn age 26. Handicapped dependents are covered beyond the child removal age if the handicap occurred prior to the age of 26.
Pre-Existing Conditions	Not Applicable
ACA STATUS	Non-Grandfathered Plan
<p>Preventive services are covered with no cost share if a Network Provider is used. This benefit includes but is not limited to: routine physical/exam; gynecological exam; mammogram; pap smear; prostate testing (PSA); other routine lab and x-ray; immunizations; routine endoscopy, colonoscopy or sigmoidoscopy; adult vision screening by an Ophthalmologist (non-refractive) and vision and hearing screening for children. Many of these services are covered only for specific age groups. For more detailed information on covered preventive services, please visit these websites:</p> <p>Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force, available at https://www.uspreventiveservicestaskforce.org/page/name/uspstf-a-and-b-recommendations;</p> <ul style="list-style-type: none"> • Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved, available at http://www.cdc.gov/vaccines/acip/index.html; • With respect to infants, children, and adolescents, evidence-informed preventive care and screening provided for in the comprehensive guidelines supported by the Health Resources and Services Administration, available at http://www.hrsa.gov/; and • With respect to women, preventive care and screening provided by the Health Resources and Services Administration, available at http://www.hrsa.gov/ and the expanded women’s preventive services, available at http://www.hrsa.gov/womensguidelines/. The current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be the most current. <p>Provisions of the Affordable Care Act require that all non-grandfathered health plans provide coverage for FDA approved contraceptives at no cost share. For a list of covered preventive services, please visit https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>	

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Precertification / Prior Authorization	<p>Some services/procedures require prior authorization. Contact MedWatch’s Medical Utilization Management team at 1.866.255.0793 for services requiring precertification as noted below:</p> <ul style="list-style-type: none"> • All Hospital Confinements, Elective and Emergent, including. <ul style="list-style-type: none"> • Surgical Admissions • Medical Admissions • Hospice Admission • All Skilled Nursing Facility (SNF) Confinements • All Rehabilitation Facility Confinements • All Sub-Acute Confinements • Mental Disorders and Substance Abuse confinements (<i>including Residential and Partial Hospitalizations.</i>) • Inpatient /Outpatient Surgery, including but not limited to: cosmetic, reconstructive, nasal, varicose vein surgery. • Outpatient Diagnostic Radiology, MRIs, MRAs, CAT Scans, PET Scans, including Nuclear Medicine/Nuclear Cardiology • Home Health Care • Hospice Care • Renal Dialysis • Home IV Infusion • Chemotherapy • Hyperbaric oxygen treatment MUST be pre-certified and Medically Necessary • Physical, Speech & Occupational Therapy, ABA Therapy • Infertility Procedures • Gene Testing (<i>Only as required under the ACA and Pre-natal</i>) • Pain Management Services • Durable Medical Equipment (<i>Cost over \$2,000 per item</i>) • Prosthetics Appliances (<i>Cost over \$2,000 per item</i>) • Air Ambulance • Specialty Pharmaceuticals under the Medical Plan • Human Organ Transplants • Notification of Maternity Care should be provided as soon as the pregnancy is known and again upon hospitalization.
Precertification / Prior Authorization Non-Compliance Penalty	Not Covered
<p>A Covered Person can save money when one chooses to receive care from providers that participate in the MagnaCare Network. When you use participating doctors, generally one only pays Copayment and any applicable In-Network Coinsurance or Deductible.</p> <p>A Covered Person may use any hospital or facility. Payments to these facilities will be based on a percentage of Medicare. Generally, if a Covered Person has services performed at an Out-of-Network Facility or by an Out-of-Network Provider the Covered Person will be responsible in full for all costs.</p> <p>This summary highlights the major features of your Health Benefit Program. It is not a contract, and some limitations and exclusions may apply. Payment of benefits is subject solely to the terms of the contract. Please refer to the benefit booklet for more information.</p> <p>Note: An Embedded Calendar Year Deductible and/or Maximum Out-of-Pocket amount means that no one (1) Covered Person in the Family Unit will exceed the Individual Deductible and/or Individual Out-of-Pocket Maximum amount under this Plan or in accordance with the Affordable Care Act guidelines.</p>	

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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 center bookkeeper and returned to the Fund Office by March 15, 2025.

This Plan has a Pathways Concierge Service for your personal guide to Your Benefit Plan 1-888-538-0981 select option 2

Navigating your benefits plan and all the healthcare options available to you can be stressful and intimidating, but it doesn't have to be. With the MedWatch Pathways Concierge Program, you have a single point of contact that can assist you in getting the most out of your health plan

- Identifying the best options for quality providers and convenient service locations
- Billing questions and support (claim status, balance billing, grievances, appeals, EOBs and more)
- Referrals to available health related programs (such as Wellness, Diabetic Monitoring, EAP, Telemedicine and more) Precertification support for upcoming medical procedures
- Understanding your diagnosis and proposed treatment
- Access to clinical staff for questions about your medications
- Assistance with appointments as necessary
- Managing self-care needs, including education and skill training
- Education, resources and support for the patient, their family and their care support system
- Access to the MedWatch Healthy Living Newsletter