

CEMENT & CONCRETE WORKERS DISTRICT COUNCIL

Fringe Benefit Funds

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(718) 762-6133 FAX (718) 762-5144

Annuity Fund • Pension Fund • Scholarship Fund • Welfare Fund

November 2019

Dear Participant:

Enclosed are several important documents the Cement and Concrete Workers District Council Fringe Benefits Funds are required to send you each year. Please take the time to review each of them, and if you have any questions, feel free to call the Fringe Benefit Funds at 718-762-6133. Included in this package are the following:

1. As required by the Affordable Care Act (ACA), the Welfare Fund is providing you with a Summary of Benefits and Coverage (SBC) which is intended to give you an easy to understand summary about the CCW Health Plan's benefits and coverage. The SBC includes a comparison tool to help you and your dependents to review your covered benefits and estimated out-of-pocket costs and the network of providers.

There is a glossary of health coverage and medical terms that defines terms commonly used in the health insurance market, such as "deductible" and "co-pay", using clear language. You may request a copy of this Glossary of Terms from the Fringe Benefits Office or the web at:

ccio.cms.gov/resources/files/Files2/02102012/uniform-glossary-inal.pdf

2. On the back of the Summary of Benefits and Coverage is a summary of the Health Insurance Portability and Accountability Act (HIPAA) for you to review.
3. There are three Summary Annual Reports (SARs), one for the Welfare Fund, one for the Annuity Fund and one for the Scholarship Fund. The SAR summarizes each Plan's Form 5500, which includes a basic financial statement regarding the plan and informing participants of their rights to be provided additional plan information.
4. There is a Summary of Material Modifications, which may sound complicated, but it is intended to communicate a change made to the CCWDC Pension Plan during 2019, that applies to retired Participants who begin receiving benefit payments after July 1, 2019. The SMM is a plain language document that describes the plan amendment or change to the SPD.

Sincerely,

Board of Trustees

Cement and Concrete Workers

District Council Fringe Benefit Funds

Cement and Concrete Workers DC Welfare Plan

Coverage Period: 1/1/2020– 12/31/2020

Coverage for: Single | Plan Type: Self-Insured Plan



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, the Plan Administrator. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.ccwbf.org or call 1-718-762-6133 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	No deductible applies.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes.	Preventive Services are not subject to the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$3,600 Individual/ \$7,200/Family for Medical & \$400/\$800 for Prescription, In- Network Expenses.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. The Out-of-Pocket Limits include any in-network (participating provider) copays, deductible or coinsurance expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Charges not covered by the plan and out-of-network expenses.	Even though you pay these expenses, they don't count towards the Out-of-Pocket Limit. Participant must be eligible and properly submit medical claims to Empire BCBS.
Will you pay less if you use a <u>network provider</u> ?	Yes. For a list of participating Professional Providers, Facilities or Institutions visit www.empireblue.com or call 1-844-243-5566.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> . Out-of-network providers may incur additional charges to you.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.