

**IDAHO PIPE TRADES TRUST**  
Administrative Office

Idaho Pipe Trades  
Health & Welfare Trust  
LU 296 & LU 648



Plumbers & Pipefitters  
Pension Trust  
LU 296 LU 648 LU 41 IGC

April 29, 2011

Dear Idaho Pipe Trades Health and Welfare Plan Participant:

This letter and the enclosed information contain important information about your health benefits. Here are a few highlights:

**2011 SPECIAL ENROLLMENT – VERY IMPORTANT**

Enclosed is the 2011 special enrollment form and annual enrollment notice for adding dependent children up through the age of 25. Also enclosed is a list of your currently-enrolled spouse and children. If you would like the Plan to cover a spouse or child who is not listed, you must complete and return the form before May 31, 2011. Beginning June 1, 2011, the Plan pays benefits only for those Dependents that are enrolled before the end of May. In November 2011 you will have an opportunity, during the Plan's annual open enrollment period, to enroll your spouse and children for coverage in 2012.

**BENEFIT CHANGES EFFECTIVE JUNE 1, 2011**

Health Care Reform and the economy have forced the Trustees to make some difficult decisions. As a result, the enclosed Summary Material Modification letter explains some changes to health benefits effective June 1, 2011, unless otherwise noted. Please read it carefully. Also, please read the enclosed BeechStreet provider search instructions on finding a preferred provider. You can also go to BeechStreet's website at [www.beechstreet.com](http://www.beechstreet.com) for more information or call the Administrative Office for assistance.

**MANDATORY MAIL ORDER PHARMACY BENEFITS**

If you are taking a maintenance drug that is listed on the InformedRx maintenance drug list (a sample list is enclosed), starting June 1, 2011 you will be able to obtain only two prescription fills at a retail pharmacy for maintenance drugs. With mail order, you may obtain a 90 day supply for 2 co-pays. Please read the enclosed information about the mail order program. You can also go to InformedRx's website at [www.myinformedrx.com](http://www.myinformedrx.com) or call the Administrative Office for more information.

---

575 N Ralstin St, Ste B - Meridian ID 83642-4095  
Telephone 208-288-1610 FAX 208-288-1670



# IDAHO PIPE TRADES TRUST

Administrative Office

Idaho Pipe Trades  
Health & Welfare Trust  
LU 296 & LU 648



Plumbers & Pipefitters  
Pension Trust  
LU 296 LU 648 LU 41 IGC

April 29, 2011

## SUMMARY OF MATERIAL MODIFICATIONS

**To:** All Participants  
Idaho Pipe Trades Health and Welfare Plan

**Subject:** Health and Welfare Plan Changes

This is an addendum to the June 1, 2008 Summary Plan Description ("SPD") for the Idaho Pipe Trades Health and Welfare Plan ("Plan"). This Addendum is called a Summary of Material Modifications ("SMM"), and it describes important changes to the Plan and revises the description of benefits in the SPD and succeeding SMMs. Please read this SMM carefully and keep it with your SPD booklet and other Plan records. If you have any questions about your current benefits and eligibility, please contact the Trust Administrative Office at (208) 288-1610. Unless otherwise noted, all changes summarized below go into effect June 1, 2011.

### Eligibility and Enrollment Changes

#### Enrollment for Dependents of Current Active Participants.

Beginning June 1, 2011 you must enroll your Dependents (your Spouse and children) for Plan coverage before a medical expense is incurred. (An expense is incurred on the date the service is rendered or the supply is delivered – for example, the day you visit the doctor or go to the pharmacy. It doesn't matter when the bill is delivered.) See the attached Annual Enrollment Notice for details, and the May 31, 2011 enrollment deadline. For information on the annual Open Enrollment period in November and documents you must deliver to the Administrative Office, see the attached Annual Enrollment Notice.

---

575 N Ralstin St, Ste B - Meridian ID 83642-4095  
Telephone 208-288-1610 FAX 208-288-1670



## **Enrollment for Dependents of New Active Participants**

If you first become eligible for benefits after May 31, 2011 or lost coverage and regain it after then, then you must enroll your Dependents before the Plan will cover their medical expenses. You have 30 days after you are first covered by the Plan to enroll your Dependents.

The Administrative Office will send you an SPD and all updates to the Plan and an Enrollment Form when you are first eligible for coverage. Complete and return it within 30 days of when you are first eligible, or your Dependents will have no coverage for that calendar year. Under certain special circumstances you may be able to enroll your Dependents mid-year; see the attached Annual Enrollment Notice for details.

### **Coverage for Adult Children.**

Effective June 1, 2011, the Plan will provide coverage for "dependent children" under age 26. "Dependent children" are your biological and adopted children and step-children, without regard to financial dependency, residency, or student status. The Plan's rules regarding coverage of disabled children (now age 26 and older remain unchanged). **To enroll a dependent child who is gaining eligibility for coverage due to this change, you must complete and return the attached Enrollment Form to the Administrative Office by May 31, 2011. Their coverage will be effective June 1, 2011. See the attached notice and Enrollment Form for details.**

Note that the enrollment rules for Retiree Self-Pay Participants (see pages 21-22 of the SPD) remain unchanged except with respect to expanded coverage for adult children and this special enrollment opportunity.

## Medical Benefit Changes

	Prior Benefit	New Benefit
Calendar Year deductible	\$300 per person	\$500 per person* 3 X \$500 completely satisfied per family
Office visit co-payment	80% after a \$15 co-payment	In Network: 80% after a \$25 co-payment Out-of-Network: 70% after a \$25 co-payment
Lifetime maximum benefit	\$500,000 per person	None
Calendar year maximum benefit	None	Effective June 1, 2011: \$750,000 Effective January 1, 2012: \$1,250,000 Effective January 1, 2013: \$2,000,000 Effective January 1, 2014: Unlimited
Out-of-pocket maximum	\$7,500 per person per calendar year	\$7,500 per person per calendar year
Physician services	80%	In Network: 80% Out-of-Network: 70%
Lab and x-ray	80%	In Network: 80% Out-of-Network: 70%
Emergency room	80% after a \$50 co-payment (co-payment is waived if admitted as an inpatient)	80% after a \$100 co-payment (co-payment is waived if admitted as an inpatient)
Ambulance services	80%	In Network: 80% Out-of-Network: 70%
Hospitalization	80%	In Network: 80% Out-of-Network: 70%
Skilled Nursing Facility	80% up to a maximum of 70 days or \$35,000 per condition (This benefit is in lieu of, not in addition to, the Home Health Care benefit)	In Network: 80% up to a maximum of 70 days (combined with Home Health Care) per condition. Out-of-Network: 70% up to a maximum of 70 days (combined with Home Health Care) per condition
Home Health Care	80% up to a maximum of 70 days or \$35,000 per condition (This benefit is in lieu of, not in addition to, the Skilled Nursing Facility benefit.)	In Network: 80% up to a maximum of 70 days (combined with Skilled Nursing) per condition Out-of-Network: 70% up to a maximum of 70 days (combined with Skilled Nursing) per condition
Mental health services and substance abuse treatment	80%	In-Network: 80% Out-of-Network: 70%
Chiropractic services	80% up to a maximum benefit of \$500 per person per calendar year	In Network: 80% up to a maximum of 10 visits per person per calendar year** Out-of-Network: 70% up to a maximum of 10 visits per person per calendar year**
Physical and Occupational therapy	80% up to a maximum benefit of \$1,500 per person per calendar year	In Network: 80% up to a maximum of 24 visits per person per calendar year ** Out-of-Network: 70% up to a maximum of

		24 visits per person per calendar year **
<b>Speech therapy</b>	50% up to a maximum benefit of \$2,000 per person per calendar year	50% up to a maximum of 24 visits per person per calendar year**
<b>PKU (phenylketonuria) supplements</b>	Prescribed food supplement charges incurred by Covered Dependent children, are covered at 80% up to \$200 per month maximum benefit.	No longer covered as a Medical benefit. Covered under Prescription Drug benefits.
<b>Diabetic test strips</b>	Covered as a Medical Supplies at 80%	No longer covered as a Medical benefit. Covered under Prescription Drug benefits.

\*Since Deductible is calendar year, those who have met the \$300 deductible before June 1, 2011 will have to meet an additional \$200 deductible for claims incurred after May 31, 2011.

\*\* Effective January 1, 2011

The Plan has contracted with a network of Hospitals, Physicians, laboratories, and other Health Care Providers who have agreed to provide health care services and supplies for reduced fees. These Providers are called "network" providers. If you receive medically necessary services or supplies from a network provider you will often pay a lower coinsurance percentage than if you received them from a non-network provider. In addition, network providers have agreed to accept the Plan's payment for Covered Medical Expenses (plus any applicable deductible, copayment and percentage of charges that you are responsible for paying) as payment in full. So a network provider should not bill you for amounts the Plan does not pay because the network provider's fee is above the Plan's Usual, Customary, and Reasonable amounts.

Attached is a reference sheet on how to search for network providers. For a current list, go to Beech Street's website at [www.beechstreet.com](http://www.beechstreet.com). While St. Luke's Wood River Hospital and St. Luke's Magic Valley Hospital are not listed as network providers, claims incurred at these facilities will be treated as though they were in-network.

In addition to the table above, the following changes to the Medical benefits will go into effect as well on June 1, 2011:

**Smoking Cessation.** CIGNA's Quit Today smoking cessation program will be terminated, but prescription drug benefits for nicotine addiction will continue to be covered.

**Out-of-Country Claims.** Coverage for claims incurred outside the United States will be eliminated.

**Pre-existing Conditions.** Pre-existing condition limitations for individuals under the age of 19 will be eliminated.

Effective immediately, the following clarifies how the Plan applies creditable coverage for purposes of the Plan's pre-existing condition rules (new language at page 25 underlined):

One day of prior creditable coverage is granted for each day of prior health coverage under many group and individual health plans and insurance policies. If you had a significant break in coverage (63 days or more between the date coverage ended under your prior health care plan and your first covered hour which counts toward your initial eligibility) only coverage after the break is counted to reduce the plan's pre-existing condition exclusion period.

See attached for new claims procedures, beginning with *If Your Claim is Denied*.

## Prescription Drug Benefit Changes

	Prior Benefit	New Benefit
Generic drug	\$10	Retail: \$20 (Up to a 30 day supply) Mail Order: \$40 (Up to a 90 day supply)
Preferred brand-named drug	\$25	Retail: \$40 (Up to a 30 day supply) Mail Order: \$80 (Up to a 90 day supply)
Non-preferred brand-name drug	\$50	Retail: \$70 (Up to a 30 day supply) Mail Order: \$140 (Up to a 90 day supply)
Specialty Drugs	10% of the discounted cost of the drug up to \$100 per prescription and each individual has a calendar year out of pocket limit of \$2,400.	10% of the discounted cost of the drug up to \$120 per prescription and each individual has a calendar year out of pocket maximum of \$2,880.
Maintenance Drugs	Up to a 60-day supply by paying two (2) co-pays	Mail Order coverage only, after two refills at retail.
PKU (phenylketonuria) supplements	Not covered as a Prescription Drug benefit. Covered as a Medical benefit.	Prescribed food supplement charges incurred by Covered Dependent children, filled at a Pharmacy with a \$70 co-pay.
Diabetic test strips	Not covered as a Prescription Drug benefit. Covered as a Medical benefit.	Diabetic test strips, filled through either: - Pharmacy with a \$40 copay for Accu-Check or One-Touch or a \$70 copay for other test strips, or - Mail Order with a \$80 copay for Accu-Check or One-Touch or a \$140 copay for other test strips

Effective immediately, select drugs will require prior authorization (PA) and/or have quantity limits (QL). This will ensure more appropriate use. This list is attached and will be posted to the Informed Rx website [www.myinformedrx.com](http://www.myinformedrx.com).

The formulary is attached and will be posted to the InformedRx website [www.myinformedrx.com](http://www.myinformedrx.com).

The list of examples of maintenance drugs is attached and will be posted to the InformedRx website [www.myinformedrx.com](http://www.myinformedrx.com).

## Dental Benefit Changes

	Prior Benefit	New Benefit
Calendar Year Deductible	\$50 per person	\$75 per person
Calendar Year maximum benefit	\$1,000 per person	\$1,000 per adult Unlimited for pediatric dental services (age 18 and under)

Board of Trustees  
Idaho Pipe Trades Health and Welfare Trust