



## Connecticut Pipe Trades Health Fund

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### This Notice Contains Important Information Regarding Your Health Fund Benefits

Date: April 26, 2024

To: Active and Non-Medicare Participants of the Connecticut Pipe Trades Health Fund

From: Board of Trustees

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As the Board of Trustees of the Connecticut Pipe Trades Health Fund (the "Fund"), we are proud of the coverage and benefits the Fund provides to meet the needs of our participants and their families. Please read this notice carefully and share it with your family.

#### **APPLIED BEHAVIOR ANALYSIS (ABA) THERAPY – JULY 1, 2023**

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Effective July 1, 2023, the Fund provides coverage for Applied Behavior Analysis (ABA) therapy without age or visit limits. Coverage for ABA therapy will be subject to all applicable Plan requirements, including clinical management rules such as pre-certification.

#### **COST-SHARING CHANGES – JULY 1, 2024**

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Effective July 1, 2024, the following participant cost-sharing amounts will be in effect (all other cost-sharing amounts will remain the same):

- In-Network medical out-of-pocket maximum: \$2,000 per individual / \$7,150 per family
- In-Network Office Visits (including specialists and telehealth visits): \$30 co-payment.
- Emergency Room (in-network and out-of-network): \$300 copayment
- In-Network Urgent Care visits: \$45 copayment
- In-Network Outpatient Hospital Services:
  - Outpatient Surgery: \$250 copayment
  - Outpatient Labs and X-rays: \$30 copayment
  - Outpatient Major Imaging (MRI, CT, PET, etc.): 10% coinsurance
  - Outpatient Physician Visits/Consultations: \$30 copayment
  - Outpatient All Other Services and Facility Claims: \$250 copayment
- 30-day supply Prescription Drug copayments: \$15 generics / \$40 preferred brands / \$60 non-preferred brands
- 90-day supply Prescription Drug copayments: \$25 generics / \$50 preferred brands / \$90 non-preferred brands

Over the past 18 months, the Fund has experienced significant increases in healthcare costs, and it has become necessary to implement the above changes to ensure the long-term sustainability of the Fund.

#### **MEDICAL NETWORK CHANGE – JULY 1, 2024**

Effective July 1, 2024, the Fund's contracted medical network is transitioning from Anthem's PPO network to United Healthcare's (UHC) Choice Plus network. UHC's Choice Plus network is a large comprehensive network in which nearly all currently utilized providers participate. In June, you will receive an identification card that you will need to present for services on or after **July 1, 2024**, effective date.

To check if your provider is in the UHC Choice Plus network or simply get information on providers who participate, please visit the online provider directory at <https://www.whyuhc.com/uhss>

Please note:

- The cost-sharing changes being implemented for July 1, 2024, are not related to the medical network transition from Anthem to UHC. These cost-sharing changes would have been made even if the medical network remained with Anthem.
- For dental benefits, the Fund continues to contract with Anthem for access to Anthem's dental network.

#### **UTILIZATION MANAGEMENT AND CASE MANAGEMENT CHANGE – JULY 1, 2024**

Effective July 1, 2024, the Fund's Utilization Management and Case Management services will be administered by United Healthcare in place of HealthLink. UHC's Utilization Management and Case Management services include but are not limited to ensuring all pre-certification criteria are met, services and treatments are being covered in accordance with the Plan, and participants with serious illnesses or injuries have access to care coordinators (if participants are interested).

#### **LOWER HUDSON VALLEY (EMPLOYEE ASSISTANCE PROGRAM) – SMART PHONE APP**

Lower Hudson Valley is available for you and your eligible dependents to provide professional assistance related to mental health, substance use disorders and other personal and family difficulties. We are pleased to share that [www.lowerhudsonvalleyeap.com](http://www.lowerhudsonvalleyeap.com) now offers an official, confidential, smart phone app available on their website. Please visit their website for a link to download the app to your smart phone.

If you have any questions regarding the information in this notice, please contact the Fund Office.

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. Except to the extent that this SMM modifies the Plan, if any conflict should arise between this summary and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees (or its duly authorized designee), reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement and the full Plan documents are at the Fund Office and may be inspected by you free of charge during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the Plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters, legal and/or factual, arising under the Plan.