

or you cease to have Minimum Value Coverage. The Fund may request on-going verification of your status to determine your eligibility for deferral.

G. Premium Payments

You must pay a Premium every month to maintain your eligibility. The amount of the Premium varies depending on a number of factors including your age, your number of years in active service, deductible election, and whether you elect to participate in the Retiree Dental Plan. When you initially become eligible for benefits under this Booklet, the balance of your Dollar Bank, if any, will be used to reduce your Premium.

You will be required to pay a monthly premium in order to continue to be eligible for benefits. You can contact the Fund Office for the current retirement premiums.

H. Cost of Benefits for Retired Members

The monthly premium rate for Retirees is adopted by the Board of Trustees and is subject to change at their discretion. Any remaining amount accrued in your Dollar Bank as an active Member will be used to pay your monthly Premium until depleted.

1. Retirement between the ages of 55 and 59

You are responsible to self-pay the full cost of coverage until you reach the age of 60. As noted above, you may use any remaining amount accrued in your Dollar Bank, until depleted.

2. Retirement between ages 60 and 64

- a. At the age of 60 or if you are a pre-Medicare disabled retiree you may be eligible for benefits from the Pipe Trades Services MN Retiree Health Trust which subsidizes a portion of the cost of retiree health care coverage based on your number of years of service credit. Refer to the Pipe Trades Services MN Retiree Health Plan Summary Plan Description booklet for details. If you are not eligible for the Retiree Health Plan, you are responsible to self-pay the full cost of coverage.
 - b. The Premium for Retiree coverage may be paid out-of-pocket or, if a Retiree has a positive remaining balance in the Dollar Bank as of the date of retirement, out of the remaining balance.
- For those who qualify, the Premium for Retiree coverage is reduced by a contribution allowance from the Pipe Trades Services MN Retiree Health Trust. The contribution allowance varies depending on the Retiree's years of service. A Retiree will receive \$34.188 towards his or her contribution allowance per year of service up to 30 years of service for a maximum contribution allowance of \$1,026 ($\34.188×30). Years in excess of 30 years of service are disregarded for determining the contribution allowance.

Example 1. A Retiree with 36 years of service will receive a contribution allowance of \$1,026 ($\34.188×30 max).

Example 2. A Retiree with 18 years of service will receive a contribution allowance of \$615.38 ($\34.188×18).

criteria, see the website that is identified under the applicable PPO in the Important Contact Information section at the beginning of this Booklet or contact the Fund Office.

- b. Covered Expenses for chiropractic services are limited to \$1,100 in total per individual per calendar year. This limitation does not apply to chiropractic services rendered at a Pipe Trades Services MN Wellness Center.
- c. Covered Expenses for acupuncture services are limited to \$300 in total per calendar year.
- d. Covered Expenses for dental work or oral surgery to a natural tooth must be incurred within two years of the date of the causative Injury or Illness, and you must have been a Participant in the Plan when the Injury or Illness occurred. This limitation does not apply to certain expenses for dental work or oral surgery.
- e. When applicable, Covered Expenses for durable medical equipment are limited to rental unless the cost of rental equals or exceeds the purchase price.
- f. Covered Expenses for hearing aids are limited to \$2,000 (per individual) in any four-year period.
- g. Covered Expenses for room and board in-patient treatment are limited to the semi-private room rate.
- h. Prior authorization is required and Covered Expenses for services provided at a skilled nursing facility are limited to sixty (60) days per Injury or Illness.
- i. Covered Expenses for nutritional supplements are limited in accordance with Centers for Medicare and Medicaid Services national coverage determinations.
- j. Covered Expenses for treatment of temporomandibular joint dysfunction ("TMJ") or any condition related to TMJ are limited to \$800 per calendar year (per individual). Expenses for radiology related to TMJ do not apply towards this limit.
- k. Covered Expenses for participation in sleep studies are limited to \$2,000 per calendar year (per individual).
- l. Covered Expenses for infertility treatments are limited to \$5,000 per calendar year (per family) and \$20,000 per lifetime (per family).
- m. Prior Authorization is required for organ transplants.
- n. Marital counseling is limited to six sessions per issue and provided through the Employee Assistance Program.
- o. Covered Expenses for prescription drugs are limited to a 90-day supply and a 30-day supply for specialty drugs.
- p. Prior Authorization is required for specialty drugs.
- q. The PPO's medical or dental directors, or their designees, make coverage determinations of Medical Necessity, restrictions on access and appropriateness of treatment; however, the Plan will make final determinations on whether an expense is a Covered Expense.