



# Iron Workers' Locals No. 15 and 424 Pension, Extended Benefit, Annuity and Apprentice Training Funds

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### IMPORTANT NOTICE

January 2024

TO: ACTIVE MEMBERS AND THEIR COVERED DEPENDENTS

The Trustees of the Iron Workers' Locals No. 15 and 424 Extended Benefit Fund (the "Fund") have issued this notice to inform you of: (1) several dental benefit improvements, (2) how the Fund will coordinate the payment of weekly disability benefits to eligible Participants who are also receiving Connecticut Paid Leave due to their own "serious health condition," and (3) a change to the Fund's coverage of out-of-network ambulance services. In addition, the Boards of Trustees of the Iron Workers' Locals 15 and 424 Benefit Funds want to remind you to routinely review your work history on the Funds' new Member Portal. Here are the details:

1. **Expanded Dental Benefits Available Beginning January 1, 2024.**

Effective January 1, 2024, the Fund will be improving your dental benefit (offered through Delta Dental) in several important ways, all as outlined below.

✓ **Certain Dental Benefits Will Now Be Excluded from Your Calendar Year Maximum.**

*Background:* When providing dental benefits, our Fund utilizes a "Calendar Year Maximum" or "CYM," which is the maximum amount the Plan will pay out on your behalf for the vast majority of dental services in a specific calendar year. As a general rule, the current CYM is **\$1,500.00 per Eligible Individual**, subject to specific exceptions outlined on pages 43 and 44 of the Fund's Summary Plan Description or "SPD."

*The Change:* On and after January 1, 2024, the Fund will no longer count the "Preventive Care Dental Services" on page 43 of your SPD towards your CYM. This means that if you receive any of those preventative and diagnostic services they will be covered by the Fund and will *not count against your CYM of \$1,500.00*. The Trustees believe that by excluding these preventative and diagnostic services from your CYM, it will encourage you and all Fund Covered Individuals to schedule regular visits and cleanings with their dentists. Please remember that, except as discussed below, the Plan limits on the number of covered dental visits and cleanings remain unchanged.

✓ **Certain Covered Individuals May Receive up to Four (4) Covered Dental Cleanings per Calendar Year.**

Currently, all Covered Individuals are eligible for up to two (2) dental cleanings per calendar year, regardless of health status. However, the Trustees and Delta Dental recognize that certain health conditions make it more difficult for an individual to maintain oral health and wellbeing. So, on and after January 1, 2024, Covered Individuals with specific health conditions (in addition to those with



special health care needs as discussed below) will be eligible for up to four (4) dental cleanings per calendar year. The health conditions which would qualify a Covered Individual for these additional cleanings include periodontal disease (i.e., you have had periodontal surgery and/or periodontal scaling and planing in the past), diabetes, cardiovascular disease, oral cancer, and/or pregnancy.

✓ **Expanded Dental Benefits for Covered Individuals with Special Health Care Needs.**

On and after January 1, 2024, the Fund will provide expanded dental benefits for Covered Individuals who require special dental care as a result of certain physical, behavioral, sensory, or other limiting conditions. Covered Individuals who qualify can be provided additional services to help make their dental visits easier and more comfortable. These additional services include: additional dental examinations and/or consultations (to acclimate the Covered Individual to the dental environment); up to four dental cleanings in a benefit year, as necessary; and modifications to treatment delivery, which can include the use of additional anesthesia or nitrous oxide to help make treatment more comfortable.

If you think you or one of your Eligible Dependents would benefit from this new special dental health care needs benefit, please speak with your dentist about the additional services and benefits that may be available to you under the terms of the Plan.

Finally, the Board of Trustees would like to remind you that except as discussed here, all your other dental benefits remain unchanged, and you can view the Fund's schedule of dental benefits as administered by Delta Dental on pages 43 and 44 of your SPD. If you have any questions about how the new dental benefits will be administered, please contact the Fund Office using the information provided at the end of this notice.

**2. Payment of Weekly Disability Benefits Can Be Concurrent with Connecticut Paid Leave.**

*Background:* You likely know that the Fund pays a weekly disability benefit, or "WDB," to Active Members who themselves have a disabling illness or injury, are under the care of a physician, and meet various other eligibility criteria outlined in the Plan. The Fund's gross weekly benefit amount is currently \$500, payable for a maximum of 26 weeks in any period of 24 consecutive months. Under prior Plan rules, an Active Member who was eligible to receive Connecticut Paid Leave ("CTPL") benefits due to his or her own serious health condition was not permitted to collect a WDB from the Fund at the same time (subject to a limited two-week exception). Put another way, the Fund "coordinated" CTPL benefits and Fund WDBs such that solely CTPL benefits were received first, and after those were exhausted an Active Member could then receive Fund WDB if otherwise eligible. These rules are outlined on SPD pages 51 and 52.

*The Change:* As of November 1, 2023, Active Members who are eligible for Fund WDB and CTPL benefits due to their own serious health condition are permitted to receive both benefits at the same time. So, if you are an Active Member and experience a qualifying disability, you may apply for the Fund's WDB and your application will be reviewed in the normal course. If your application is approved, you would receive \$500 weekly for the duration of your disability, up to the 26-week maximum, *regardless of whether you are also receiving any CTPL benefits*. Please make a note of this change in your SPD.

**IMPORTANT:** The Fund is aware that Connecticut law limits the amount of CTPL benefits you may receive from all sources (which includes our Fund WDB) to 100% of your weekly "regular pay." Further, the Fund does not coordinate with the CTPL Authority as to the processing of CTPL benefits, **so it is your**

**responsibility to inform the CTPL Authority if you are receiving CTPL benefits and the Fund's WDB.** Much more information on CTPL benefits is available on their website - <https://www.ctpaidleave.org/>. Please also note that all other eligibility rules regarding the Fund's WDB have not changed.

**3. Improved Coverage for Out-of-Network Ground Ambulance Services.**

The Fund has also made an improvement to its coverage of ground ambulance services. We provide a short summary of the prior rules of the Extended Benefit Plan (the "Plan"), issues associated with ground ambulance services, and the change to the Plan.

Summary. The Fund provides coverage for ground ambulance services for all Covered Individuals. Previously, transportation using an *in-network* ground ambulance was covered at either 80% of cost (i.e., coinsurance) after your Deductible was met (for an individual who complies with the Fund's Health Enhancement Program or "HEP" rules) or 70% of cost after your Deductible was met (for an individual who does not comply with the Fund's HEP rules). Also, transportation using an *out-of-network* ground ambulance was at a lower cost sharing rate, namely at 60% of cost after your Deductible was met (for an individual who complied with the Fund's HEP rules) or 50% of cost after your Deductible was met (for an individual who did not comply with the Fund's HEP rules).

Issues associated with Ground Ambulance Services. The Trustees concluded that during an emergency situation, Covered Individuals simply have no control over whether their ground ambulance provider is in-network or out-of-network. The reality in such emergencies is that Covered Individuals almost never have the opportunity to choose their provider; they simply call 911 and request assistance.

The Change. **On and after March 1, 2023, the Fund will cover out-of-network ground ambulance transportation for Covered Individuals in EXACTLY the same manner as it does for in-network ground ambulance transportation** (i.e., 80% coinsurance after the deductible if HEP is met, or 70% coinsurance after the deductible if HEP is NOT met). Please be aware that other normal Fund rules related to claims processing and coverage will continue to apply.


NOTE: Because this is a retroactive change, if you utilized an out-of-network ground ambulance for transport from March 1, 2023 forward, and believe you may qualify for additional coinsurance based on the improved coverage explained above, please contact the Fund Office using the information provided at the end of this notice.

**4. Please Utilize the Member Portal!**

The Funds' previously issued a notice informing you that our "Member Portal" is up and running on the Funds' website. All you need to do is go to Funds' website (which is [www.ctironworkers.org](http://www.ctironworkers.org)) click on the "Member Portal" tab, read the Terms of Use User Agreement and Privacy Policy, and follow the step-by-step instructions listed under the "How to Register" heading. Once an Active Member's account is activated and he or she logs in, he or she will be able to review information about his or her: (1) Extended Benefit Fund work history, reported hours, eligibility for benefits; (2) Pension Fund credit history; and (3) Annuity Fund contribution history and hours.

Keep in mind that an Active Member's hours and contribution history for a specific month will normally be loaded on to the Member Portal shortly *after* the applicable contributions are due under the terms of the Collective Bargaining Agreement (i.e., contributions made on your behalf by a contributing employer

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for your work in a specific calendar month should be loaded shortly after the second Thursday following the last week of the calendar month). **It is absolutely critical for Active Members to take a pro-active role in reviewing their reported hours and contributions on at least a monthly basis for the following reasons:**

- ✓ You can confirm the contributing employer(s) you were working for, and the hours you worked. As more time goes by, it will be more difficult to remember these facts, as Union Iron Workers routinely work for different employers and at different projects.
- ✓ You can confirm that accurate hours and associated contributions were made to the Pension, Annuity and Extended Benefit Funds on your behalf. Inaccurate employer reporting and contributions can potentially result in: (1) incorrect (and lower) Pension Credit totals, (2) shortages to your Annuity Fund account (whether regular and/or 401(k)), and (3) the loss of Extended Benefit Fund eligibility for you and your eligible dependents (as applicable) if you do not meet one of the relevant eligibility tests.
- ✓ You will help the Funds, and the Local Unions, determine if a specific contributing employer should be subject to a field audit. From time to time it is possible for a contributing employer to the Funds to run into financial problems, especially coming out of the COVID-19 pandemic and ebb and flow of work. If you have been working for a contributing employer and do not see your contributions loaded to the Member Portal in a timely manner, please let us know!

*To be clear - the Fund Office presumes that all of its records are correct!* While the Fund Office does everything it can to be sure that you receive the benefits you are entitled to, it is important that the information received from your contributing employer(s) is complete and accurate. It is in your best interests and the Funds' to catch any mistake as soon as possible!

**QUESTIONS? FUND CONTACT INFORMATION**

If you have any questions about this Notice or any other item contact the Fund Office by telephone at 203-238-1204 or by letter to:

Mr. Robert Hertel, Executive Director  
Iron Workers' Locals No. 15 and 424 Benefit Funds  
162 West St, Building 2, Suite J  
Cromwell, CT 06416-4405

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This Notice is intended to be a brief description of the topics described. In any situation involving Extended Benefit Fund benefits, the documents governing the Extended Benefit Fund will control. It constitutes a Summary of Material Modifications to the Extended Benefit Fund, and we are furnishing it to you in accordance with U.S. Department of Labor regulations §§2520.104b-3 and 2590.715-2715(b). Please keep this Notice with your Summary Plan Description for future reference, and contact the Fund Office directly with any other questions. Subject to applicable law, all Extended Benefit Fund benefits are subject to amendment and/or termination as the Board of Trustees, in their sole discretion, determine.

**BOARDS OF TRUSTEES, IRON WORKERS' LOCALS NO. 15 AND 424 ANNUITY, EXTENDED BENEFIT AND PENSION FUNDS**

**Iron Workers Locals #15 & 424 Extended Benefit Fund – Group #4693**  
**Delta Dental PPO plus Premier™**  
*Effective 1/1/2024*

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Calendar Year Deductible	
• Per Person	\$100
• Family Aggregate Maximum	\$300
	<b>Plan Pays:</b>
Preventive & Diagnostic* (No Deductible)	100%
• Exams, Cleanings (2 per calendar year per person)	
• Bitewing X-Rays (Once per calendar year per person)	
• Fluoride Treatment (2 per calendar year for children to age 19)	
• Space Maintainers (2 per lifetime for children to age 19)	
• Sealants (to age 19, once per tooth per year)	
Remaining Basic (After Deductible)	80%
• Fillings (Amalgam & Composite), Extractions, Root Canals (Endodontics)	
• Repair of Dentures	
• Stainless Steel Crowns	
Crowns & Prosthodontics (After Deductible)	50%
• Crowns, Gold Restorations	
• Bridgework, Full & Partial Dentures	
• Periodontal, Oral Surgery, Anesthesia	
Calendar Year Maximum (Per Person)	\$1,500
Implants (After Deductible)	100%
• Calendar Year Maximum (Per Person)	\$5,000
Orthodontia (Dependent Children Only)	
• Coinsurance	50%
• Lifetime Maximum	\$2,500

\*Preventive & Diagnostic Services do not apply toward Calendar Year Maximum.

Dependent children are covered to age 26.

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Delta Dental's Special Health Care benefit allows for enhanced benefits for members (adults & children) with special health care needs. Additional dental exams and/or consultations; up to four total dental cleanings in a benefit year and medically necessary treatment delivery modifications (including anesthesia and nitrous oxide) for patients with sensory sensitivities, behavioral challenges, severe anxiety, or other barriers. Members with a qualifying special health care need should advise their dentist that their group plan now offers this enhancement. Your dentist will then verify the additional benefits with Delta Dental.

Delta Dental's Oral Health Enhancement Option enables you to receive up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period if you have been treated for periodontal disease in the past. For the additional dental cleaning and/or periodontal maintenance procedures to be covered, you must have had periodontal surgery or periodontal scaling and planning in the past. Details on how to qualify can be found in your benefit booklet. In addition, members with defined medical conditions such as Diabetes, Cardiovascular Disease, Pregnancy or are undergoing certain Cancer treatments may qualify for up to two additional cleaning when certified by a physician or dentist.

Delta Dental has two networks available under this plan. The Delta Dental Premier® network is the largest of the Delta Dental networks with over 351,000 participating dentist offices nationally (80%+). Delta Dental PPO™ is a smaller, but more discounted network with over 266,000 participating dentist offices nationwide. Delta Dental's network discounts average 25% to 35% less.

**You may use any fully licensed dentist under this plan**, but it is to your advantage to use a network dentist, especially PPO, since they accept the Delta Dental allowance as their maximum charge and cannot bill Delta Dental patients for amounts above this level.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will make claim payment directly to you. You will maximize benefits and reduce paperwork by using a Delta Dental participating dentist.

If you do not have a dentist, you may obtain a current listing of participating dentists in any area, by visiting our website at [deltadentalct.com](http://deltadentalct.com). At the time of your first appointment, tell the dentist that you are covered under this program and provide your group number and ID number. Your dependents, if covered, should provide the employee's ID number. Claim questions and other information needs should be directed to Delta Dental's customer service department at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In CT, Delta Dental of Connecticut writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

# Everyone Deserves a Healthy Smile



Thank you for choosing Delta Dental of Connecticut!

Check out these helpful tips to navigate the easy-to-use online member tools on our website.

## MySmile®

Find free tools that make navigating your Delta Dental benefits simple and secure. The subscriber and any adult dependents on the plan can create their account with or without an ID number.

## Find a Dentist

Locate a dentist near where you work or live at [DeltaDentalCT.com/FAD](https://DeltaDentalCT.com/FAD).

## View and Print ID Cards

Log in to MySmile and download your ID card from your dashboard.

## Dental Care Cost Estimator

Find cost ranges for common dental care needs.

## Dental Central

Read articles on the connection between a healthy smile and overall well-being. Check out grin! magazine, too!

There are two easy ways to register on MySmile—from your computer or from your smartphone.

- 1 Visit [DeltaDentalCT.com/MySmile](https://DeltaDentalCT.com/MySmile) and click “Register.”
- 2 Choose if you're a subscriber or dependent, and select “Continue” at the bottom of the page.
- 3 Enter your name, member ID, and birthdate, and select “Continue.”
- 4 Create a user name and password when prompted. Read and check the box to “Agree to Terms of Use” for our website. Click “Continue,” and you should receive a verification code within five minutes, but no longer than 24 hours.
- 5 Enter the code, and click “Continue.”
- 6 You now will be able to print an ID card and access your account using your newly created username and password!



Questions about your benefits or need help with online tools? Call **800-452-9310**.



## DENTAL AND ORTHODONTIC BENEFITS

The Plan covers Reasonable and Customary dental expenses for Active Members and their Eligible Dependents. Retired Members (both in the Retirees Ages 58-65 Plan and the Medicare Eligible Retirees Plan) and their Eligible Dependents are NOT eligible for dental benefits from the Fund. The Fund has entered into an arrangement with Delta Dental to provide access to Delta Dental participating Dentists, process dental benefit claims and provide certain other services.

Delta Dental maintains a network of Dentists and you can find a network Dentist in your area by calling the Fund Office or Delta Dental (1-800-452-9310), or by accessing Delta Dental's website at [www.deltadental.com](http://www.deltadental.com). Although the plan of benefits is the same if you use a network or non-network Dentist, network Dentists have agreed to accept Delta's reimbursement level and, therefore, there is no balance billing for charges in excess of Reasonable and Customary allowance. The Fund encourages you to always use an in-network Dentist.

### Dental Calendar Year Maximum

The calendar year benefit maximum per eligible individual (i.e., an Active Member and his/her Eligible Dependents) for the vast majority of dental services is \$1,500. However, this calendar year benefit maximum does not apply for eligible Dependent Children under age 19, and it excludes orthodontia, implant/oral surgery services/bone grafts, which are subject to separate limits. The calendar year benefit maximum per eligible individual for implant/oral surgery services/bone grafts is \$5,000, and the limit for orthodontia is discussed on page 44.

### Your Share of the Dental Cost

You pay nothing (\$0) for preventive care dental services when you use an in-network Dentist. For basic and major restorative dental care, there is a separate calendar year Deductible of \$100 per person or \$300 per family. Each calendar year after you meet this Deductible, you then pay your share of the cost of your care (you pay 20% Coinsurance for basic dental services and 50% Coinsurance for major restorative dental services).

### Preventive Care Dental Services

The Fund pays 100% of the Reasonable and Customary dental fees for the following preventive care dental services, which include but are not limited to:

- Oral examinations, scaling and cleaning of teeth or gums, up to twice in a calendar year.
- X-rays full mouth series or panoramic (either one), once in three years.
- X-rays Bitewing, up to once per calendar year.
- Space maintainers used in place of prematurely lost teeth.
- Fluoride treatments for Dependent Children to age 19, up to twice in a calendar year.
- Space maintainers for Dependent Children to age 19, up to twice per lifetime.
- Sealants for Dependent Children to age 19, once per tooth per year.

### Basic Restorative Dental Services

You pay 20% of the Reasonable and Customary dental fees, after the calendar year Deductible is met, for the following basic restorative dental services, which include but are not limited to:

- Fillings, extractions and root canals.
- Repair of dentures.
- Stainless steel crowns.

### Major Restorative Dental Services

You pay 50% of the Reasonable and Customary dental fees, after the calendar year Deductible is met, for the following major restorative dental services, which include but are not limited to:

- Crowns, gold restorations.
- Bridgework, full and partial dentures.
- Periodontal, oral surgery, anesthesia.

A complete list of dental procedures covered by this benefit under preventive, basic, and major restorative services may be obtained from Delta Dental.

### Orthodontic Services (For Eligible Dependent Children of Active Members Up to Age 26)

You pay 50% of orthodontic treatment up to a \$2,500 lifetime maximum per eligible Dependent Child. There is no Deductible for orthodontic treatment.

### Dental Limitations and Exclusions

In addition to excluding any services not set forth in this SPD, no benefits are payable under this section for the following dental care or services, which include but are not limited to:

- Charges for any dental procedures, which are included as covered medical expenses under the comprehensive medical expense benefits.
- Charges for treatment by other than a Dentist, except that cleaning or scaling of teeth, may be performed by a licensed dental hygienist, if such treatment is rendered under the supervision and direction of the Dentist.
- Charges for services and supplies that are partially or wholly cosmetic in nature, including charges for personalization or characterization of dentures and teeth whitening or bleaching.
- Experimental procedures, materials, and techniques and procedures not meeting generally accepted standards of dental care.
- Dental services performed prior to the date the individual became eligible for benefits.
- Services for the treatment of temporomandibular joint disorder.
- Charges which would not be payable according to the "Limitations and Exclusions" as set forth starting on page 63.