

# Iron Workers Welfare Plan of Western Pennsylvania

# BENEFITS ENROLLMENT 2026



# 2026 Benefits Enrollment

## A Message from the Board of Trustees

Welcome to Open Enrollment for the Iron Workers Welfare Plan of Western Pennsylvania. This is your opportunity to review the health and welfare benefits program available through the Welfare Plan during the 2026 Plan year, and to make your benefit elections.

The Welfare Plan's design offers members more choice and flexibility, and the ability to use the funds in their Value Bank to pay for certain out-of-pocket expenses.

*However, in order to take advantage of the benefits program that best meets your needs, you must make an election.* This Benefits Enrollment Guide provides direction on what you need to do. It also provides information about the comprehensive health care package available to you, which includes:

- Medical and Prescription Drug Coverage;
- Voluntary Dental Programs;
- A Voluntary Vision Program;
- A Member Assistance Program and Blues On Call<sup>SM</sup>;
- Life Insurance;
- Accidental Dismemberment and Loss of Sight Insurance; and
- Weekly Accident & Sickness Benefit

We understand that the benefits you receive are important. We recommend that you review this Guide thoroughly with your family and then elect the benefits that best suit your needs.

Sincerely,

The Board of Trustees

**Your enrollment  
opportunity is from  
November 1, 2025  
through  
November 30, 2025.**

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# ENROLLMENT INFORMATION

## Open Enrollment—What's It All About?

Each year, Open Enrollment will provide you with the opportunity to review the benefits that will be available during the upcoming year. This year's Open Enrollment period runs from **November 1, 2025 through November 30, 2025**. The benefits you elect during this year's Open Enrollment will be in effect for the Plan year January 1, 2026 through December 31, 2026.

If you do not make an election by the end of the Open Enrollment period, you will be automatically defaulted into the Performance Blue plan and coverage category, as shown below:

Situation	Automatic Default Plan
Member with health coverage in 2025	Performance Blue Plan with prior coverage level and tier
Newly Eligible Member (who does not have beneficiary/dependent information on file at the Plan Office)	<ul style="list-style-type: none"><li>Premier Plan</li><li>Family Coverage</li></ul>
Newly Eligible Member (who does have beneficiary/dependent information on file at the Plan Office)	<ul style="list-style-type: none"><li>Premier Plan</li><li>Status as indicated for beneficiary/dependent information on file at the Plan Office</li></ul>

We recommend you review this Guide to become familiar with the Welfare Plan's offerings for 2026.

## Who's Eligible For Coverage?

### Members:

Initial Eligibility—You become eligible for coverage on the first day of the month after your Value Bank has sufficient contributions (within a 12-month period) to cover the cost of 3 months of coverage at the Deluxe Plan family rate.

**Note:** If you are currently working under the Metal Building Agreement, you become eligible for coverage on the first day of the month after your Value Bank has sufficient contributions (within a 12-month period) to cover the cost of 3 months of coverage.

### Dependents:

Dependents are eligible for coverage on the date you become eligible. Eligible dependents are your spouse and your biological child(ren), stepchild(ren), and adopted child(ren) who have not reached his or her 26th birthday. Disabled children are covered regardless of age.

### Important:

After November 30, 2025, you will not be able to elect your coverage level and tier until the next Open Enrollment, unless you have a special enrollment event or a mid-year change in status. Refer to the Important Plan Information section on page 13 to learn more about mid-year election changes.

### Enrollment Checklist

- ✓ Review the Guide carefully to understand what's available in 2026.
- ✓ Consult with your family to determine the benefits coverage that will best meet your needs.



## Your Enrollment Responsibility

Understanding the benefit options and coverage levels available will help you determine which one to choose.

### ▪ Review Your Choices for Health Care

The out-of-pocket expenses you incur when you seek medical care depend on the medical plan in which you are enrolled. Therefore, you should study the plan options carefully.

### ▪ Choose Who To Enroll

The amount deducted from your Value Bank each month is based on the number of dependents you elect coverage for in the plan. You can choose to cover yourself only, yourself and your spouse, yourself and your children or yourself and your family.

### ▪ What Happens If You Don't Enroll

If you do not make an election by November 30, 2025, you will automatically be enrolled in the plan and a coverage category, as shown on page 3. Therefore, to be enrolled in the plan of your choice, you must make an election before the Open Enrollment period ends.

## How To Enroll

Here's what you need to do:

**Step 1:** Thoroughly review this brochure with your family.

**Step 2:** Make your election via on-line or paper enrollment.

**Step 3:** Make a copy of the form for your records (if applicable).

**Step 4:** Submit your on-line request or return your form no later than **November 30, 2025 to the Plan Office:**

**Iron Workers Welfare Plan of**

**Western Pennsylvania**

2201 Liberty Avenue, Room 203

Pittsburgh, PA 15222

**Step 5:** A letter of confirmation will be mailed to you.

## Where To Go For Answers

If you still have questions after you have read this Guide, contact the Plan Office at **412-227-6740** or toll-free at **800-927-3199**.

**The Open Enrollment period runs from November 1, 2025 through November 30, 2025**

## HEALTH PLAN BENEFITS

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The Iron Workers Welfare Plan of Western Pennsylvania has enhanced its benefits coverage by offering members access to a “Flexible Benefit Plan” that gives you more control over your health care spending. With the Flexible Benefit Plan, you have...

- **For Active Plan Members, COBRA Recipients, the Contractor Group and the Early Retiree Group**

You have a choice between five medical plan options:

- The Deluxe Plan
- The Premier Plan
- The Standard Plan
- The Core Plan
- The Value Plan

You also have the option to elect a particular coverage level (yourself only, yourself and your spouse, yourself and your children, or yourself and your family). The plan option in which you are enrolled and the coverage level you choose will determine how much your monthly premium will be.

- **For Members of the Metal Building Group**

If you are currently eligible under the Metal Building Group, you have coverage under the Metal Building Plan. Your monthly premium will be the same amount regardless of whether you have coverage for yourself only, for yourself and your spouse or for yourself and your family (unless you elect one of the other plan options).

**Unlimited funds in your Value Bank.** There is no limit to the amount that can accumulate in your Value Bank.

**Reimbursement privileges.** If you are a member with funds in your Value Bank which exceed three months of premium banked at the coverage level and tier in which you are enrolled, you can request to be reimbursed (a minimum of \$50) for any copays, deductibles and coinsurance within 24 months of the incurred date. Members may also be reimbursed from their Value Bank for certain medical expenses as designated in the Summary Plan Description and approved by the Board of Trustees. **For instructions, important information and requests for forms regarding Value Bank Reimbursement Requests, please contact the Plan Office.**

The Plan Office will diligently review the documentation you submit to substantiate your claim. If the Plan Office determines that your claim is fraudulent (e.g., you submit a claim for healthcare services you did not receive or for which you have already been reimbursed, through the Welfare Plan or otherwise), you will not receive reimbursement for the claim and the full amount you requested will be deducted from your Value Bank balance and transferred to the general assets of the Welfare Plan. This action will be considered a denial of healthcare benefits for which you may submit an appeal according to the Claims and Appeals Procedures.

**The ability to pay for voluntary dental premiums.** Two voluntary dental programs are available and premiums may be paid through a Value Bank deduction at Open Enrollment. You also have the option to make a self-payment for this program.

**The ability to pay for voluntary vision premiums.** A voluntary vision plan is available and premiums may be paid through a Value Bank deduction at Open Enrollment. You also have the option to make a self-payment for this program.

# HIGHLIGHTS FOR 2026

## Easy Enrollment

- **On-Line Enrollment.** You can complete the Open Enrollment process on-line at [www.ironben.com](http://www.ironben.com). You can also enroll for one of the voluntary dental plans and/or the voluntary vision plan on-line, **as long as you elect to have payment made from your Value Bank.**

## Enroll Now!

- Open Enrollment ends on November 30th. There are no exceptions to this rule. Thanksgiving falls on November 27th. The Plan Office will be closed November 27th and November 28th for the holiday. November 29th and 30th are Saturday and Sunday. If you have questions or need assistance enrolling on-line, the last day to speak to someone in the Plan Office is November 26th.

## New Prescription Carrier for 2026

Sav-Rx Prescription Services, a union company, will administer your pharmacy benefits effective January 1, 2026. It is important to note that:

- You will receive a new and separate ID card. You will present this ID card at the pharmacy every time you fill a prescription.
- You will receive information about participating retail pharmacies, Sav-Rx mail order pharmacy and important Sav-Rx contact information, including the new patient portal.
- There is a formulary list of preferred medications based on efficacy and cost. While the medications on the formulary are not the only ones available for coverage, it is important that your physicians consider formulary medications for your treatment.

When you call Sav-Rx, you will receive personalized service from a live union representative, 24/7/365, including weekends and holidays to ensure your pharmacy benefit is handled with quality and care. Call Sav-Rx toll-free at 888-662-IRON(4766) with questions.

## New Highmark ID Cards for 2026

All eligible participants in the Welfare Plan will receive new medical ID cards with new group numbers effective January 1, 2026. Please be sure to use your new medical card at all of your medical visits.

## My Highmark

Highmark brings together everything you need to manage your health - all in one place. You can access your virtual member ID card, manage your costs, search for care, receive personalized recommendations for health programs and find virtual health tools and activities to help you reach your goals. Download the My Highmark app or visit [MyHighmark.com](http://MyHighmark.com).

## Maternity Resources

- Learn what to expect, how to stay healthy and how to prepare for the arrival of your baby. The Baby BluePrints® Program helps you and your baby be healthier throughout your pregnancy. Call toll-free to enroll at 1-866-918-5267.
- Find out how to get reimbursed for childbirth education classes by logging on to [MyHighmark.com](http://MyHighmark.com), click **Benefits** then click on **Maternity Resources**.

## Blue365

With Blue365, great deals are yours for every aspect of life. Visit [MyHighmark.com](http://MyHighmark.com), click **Benefits**, then click **Member Discounts**.

## Members With Chronic Conditions Can Save Money

- **Value Based Benefits.** Highmark Blue Cross Blue Shield and the Iron Workers Welfare Plan of Western PA want to make it as easy as possible for you to stay healthy and control your medical costs. When you receive office visits and certain prescription drugs for:
  - Diabetes,
  - COPD,
  - High Blood Pressure,
  - Congestive Heart Failure,
  - Asthma,
  - High Cholesterol,
  - Coronary Artery Disease,
  - Depression,

your Performance Blue with Value Based program includes waived co-payments for these services.

Additional information regarding this benefit can be obtained from the Plan Office.

## THE HEALTH PLAN OPTIONS

### Highlights of the Health Plan Options

The chart on page 7 highlights some of the covered services and provisions applicable under each plan option. The Plan Office can provide you with a more complete list of benefits.

### The Prescription Drug Program

Sav-Rx will provide the prescription drug program effective January 1, 2026.

You must purchase your medications from a network pharmacy or through the contracted network's mail order program in order to be eligible for benefits under the Plan. *No benefits are available if drugs are purchased from a non-network facility.*

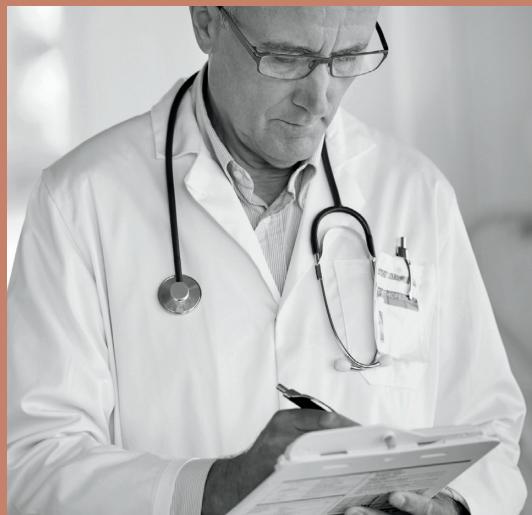
The amount of your copay will depend on whether your prescription medication is a generic, formulary brand, or non-formulary brand, as shown in the chart on page 7.



**Call the Plan Office at 412-227-6740 or toll-free at 800-927-3199, or Sav-Rx toll-free at 888-662-IRON (4766) for a list of network pharmacies, or for instructions on how to obtain prescriptions through the mail order program.**

### Medicare Notice of Creditable Coverage

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under this plan is or is not creditable (as valuable as Medicare's prescription drug coverage). Your prescription drug coverage under the plan options offered by the Iron Workers Welfare Plan of Western Pennsylvania is creditable. You should review the Plan's Medicare Part D Notice of Creditable Coverage available from the Plan Office.



### How the Plan Works

Generally, when you or a family member needs medical treatment, the majority of the eligible expenses will be covered. Certain provisions will define exactly what will be covered and the amount, if any, that you will have to pay. Here's how it works:

#### Deductible

You may have to pay 100% of your eligible medical expenses up to a dollar limit. This limit is called the "deductible." The plans have both single and family deductibles.

#### Coinsurance

You may have to pay a percentage of the eligible charges for the services you receive, usually after the deductible has been met. This is called "coinsurance." A higher percentage of the eligible charges will be covered for services you receive from an in-network provider.

#### Copay

You may have to pay a flat dollar amount toward certain services. This is called a "copay."

#### Out-of-Pocket Maximum

There's a cap on the amount you pay each year, which is called the "out-of-pocket maximum." Once you've paid an amount equal to the maximum, 100% of the remaining eligible expenses will be covered.

## 2026 SCHEDULE OF BENEFITS FOR PERFORMANCE BLUE (MEDICAL) & SAV-Rx (PRESCRIPTION DRUGS)

Active Plan Members (except those currently eligible under the Metal Building Group),  
COBRA Recipients, the Contractor Group and the Early Retiree Group

Medical	Deluxe Plan		Premier Plan		Standard Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible						
Single	\$0	\$250	\$200	\$400	\$1,000	\$2,000
Family	\$0	\$500	\$400	\$800	\$2,000	\$4,000
Coinsurance (Plan covers)	100%	70%	90%	70%	90%	70%
Out of pocket max						
Single	N/A	\$2,000	\$1,500	\$3,000	\$2,500	\$3,000
Family		\$4,000	\$3,000	\$6,000	\$5,000	\$6,000
Copays <sup>1</sup>	\$20	70%	\$20, then 10% of remaining balance <sup>2</sup>	70%	\$20 then 10% of remaining balance <sup>2</sup>	70%
ER Services	\$50		\$100, then 10% of remaining balance <sup>2</sup>		\$100, then 10% of remaining balance <sup>2</sup>	
Prescription Drugs	Retail	Mail order	Retail	Mail order	Retail	Mail order
Deductible	\$0		\$0		\$0	
Generic copay	\$10	\$10	\$10	\$20	\$15	\$30
Formulary Brand copay	\$20	\$20	\$20	\$40	\$25	\$50
Non-Formulary Brand copay	\$35	\$35	\$35	\$70	\$40	\$80

<sup>1</sup> In-network benefits for certain physician office visits and spinal manipulation care are copay arrangements.

<sup>2</sup> Copay is not subject to your in-network deductible.

Medical	Core Plan		Value Plan	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
Single	\$2,500	\$5,000	\$4,000	\$10,000
Family	\$5,000	\$10,000	\$8,000	\$20,000
Coinsurance (Plan covers)	90%	70%	80%	60%
Out of pocket max				
Single	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$10,000	\$20,000
Copays <sup>1</sup>	\$25, then 10% of remaining balance <sup>2</sup>	70%	\$30, then 20% of remaining balance <sup>2</sup>	60%
ER Services	\$100, then 10% of remaining balance <sup>2</sup>		\$100, then 20% of remaining balance <sup>2</sup>	
Prescription Drugs	Retail	Mail order	Retail	Mail order
Deductible	\$0		\$0	
Generic copay	\$15	\$30	\$15	\$30
Formulary Brand copay	\$25	\$50	\$30	\$60
Non-Formulary Brand copay	\$40	\$80	\$45	\$90

<sup>1</sup> In-network benefits for certain physician office visits and spinal manipulation care are copay arrangements.

<sup>2</sup> Copay is not subject to your in-network deductible.



# VOLUNTARY VISION PROGRAM

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## Plan Features

**Comprehensive coverage** for many preventive services, eyeglasses, and contacts.

**Access to the Davis Vision network** of more than 51,000 providers and courteous, helpful member representatives seven days a week.

**Locating a network provider**—To find a network provider, go to [www.highmarkblueshield.com](http://www.highmarkblueshield.com) and click on “Find a Doctor or Rx.” Click on “Find an Eyecare Provider”. Enter your zip code and mile radius then click on “Search” to see the most current listing of providers that will accept your vision plan.

**Low vision services**—You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up visits will be covered during the five-year period.

**Exclusions**—This vision program excludes coverage for certain items and services, including: medical treatment of eye disease or injury; vision therapy; special lens designs or coatings other than those previously described; replacement of lost or stolen eyewear; non-prescription (Plano) lenses; and services not performed by licensed personnel.

## VALUE-ADDED FEATURES

**Replacement contact lens program**—Highmark offers a contact lens replacement program to members. This mail order program exclusively allows you to enjoy the guaranteed lowest prices on contact lens replacement materials. Visit [www.davisvisioncontacts.com](http://www.davisvisioncontacts.com) or call 1-855-589-7911 with a current prescription. Every order comes with a complimentary starter kit.

**Laser Vision Correction**—Highmark members enjoy lower prices on LASIK procedures than other carriers, along with flexible financing options – up to 12 months interest free. These savings are up to 40%-50% off the national average price of traditional LASIK and are available at over 1,000 locations across our nationwide network of laser vision correction providers. Laser vision correction services are administered by QualSight, LLC. Terms and conditions are subject to change. Locate a participating provider by calling 1-855-502-2020.

**Hearing Aid Discounts**—Our members have access to exclusive discounts from Your Hearing Network to get started on the way to better hearing. Members receive a free hearing exam, and discounts of up to 40% off premium hearing aids. Each order includes:

- A Trial period – 60 day money back guarantee
- 1 year of follow – up care
- A 4-year service warranty, including 1 year of loss and damage
- A 4-year supply of batteries (included with each hearing aid purchase)

Call 1 (888) 809-0044 for more information, or to schedule your consultation with a local hearing aid professional.

## Iron Workers Welfare Plan of Western PA

In-Network – Voluntary		Designer Value
<b>Frequency – Once Every:</b>		
Eye Examination (including dilation when professionally indicated)		12 Months
Spectacle Lenses		12 Months
Frame		24 Months
Contact Lenses (in lieu of eyeglass lenses)		12 Months
<b>Copayments</b>		
Contact Eye Examinations		\$10
Spectacle Lenses		\$25
Contact Lens Evaluation, Fitting & Follow-Up Care		n/a
Eyeglass Benefit - Frame	Average Retail Value	
<b>Non-Collection Frame Allowance (Retail)</b>	Up to \$135	Up to \$150
		Up to \$200
<b>Davis Vision Frame Collection<sup>/2</sup> (in lieu of Allowance):</b>		
• Fashion level	Up to \$125	Included
	Up to \$175	Included
	Up to \$225	\$25
Eyeglass Benefit Spectacle Lenses	Average Retail Value	Member Charges
Lenses Single Lined, Bifocal, Trifocal, Lenticular	\$60 - \$120	Included
Oversize Lenses	\$20	Included
Tinting of Plastic Lenses	\$20	\$0
Scratch Resistance Coating	\$25 - \$40	Included
Scratch Resistance Plan: Single Vision, Multifocal Lenses	\$60 - \$120	\$20 - \$40
Polycarbonate Lenses <sup>/3</sup>	\$60 - \$75	\$0 or \$30
Ultraviolet Coating	\$25 - \$30	\$12
Anti Reflective Coating: Standard, Premium, Ultra, Ultimate	\$50 - \$70	\$35 - \$48 - \$60 - \$85
Progressive Lenses: Standard, Premium, Ultra, Ultimate	\$150 - \$300	\$50 - \$90 - \$140 - \$175
High Index Lenses: 1.67 - 1.74	\$90 - \$150	\$55 - \$120
Polarized Lenses	\$95 - \$110	\$75
Plastic Photosensitive Lenses	\$95 - \$150	\$65
Blue Light Filtering	\$25	\$15
<b>Contact Lens Benefit (in lieu of eyeglasses)</b>		
<b>Non-Collection Contact Lenses: Materials Allowance</b>		Up to \$130
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Up to \$60
<b>Collection Contact Lenses<sup>/2</sup> (in lieu of Allowance): Materials</b>		
- Disposable		4 boxes
- Planned Replacement		2 boxes
- Evaluation, Fitting & Follow-Up Care		Included
<b>Out-of-Network Reimbursement Schedule: up to</b>		
Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80
		Elective Contact Lenses: \$95
Frame: \$40	Bifocal/Progressive Lenses: \$60	Lenticular Lenses: \$100
		Medically Necessary CL: \$225

<sup>/1</sup>Increased frame allowance is only available when frame is purchased through a Visionworks location.

<sup>/2</sup> Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

<sup>/3</sup>Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.



**One-year eyeglass breakage warranty included**

## VOLUNTARY DENTAL PROGRAM

A voluntary dental program is offered through United Concordia, a subsidiary of Highmark. [The program offers two plans to choose from:](#)

**Concordia Plus** – A Dental Maintenance Organization (DMO) program, which is similar to an HMO and provides in-network benefits only.

**Concordia Flex** – A Preferred Provider Organization (PPO) program, which has a broader network of providers and provides a deductible and coinsurance arrangement, along with an out-of-network benefit.



### Plan Highlights

Concordia Plus	Concordia Flex
<p>In addition to no annual deductibles or maximums, no claim forms to file and no waiting periods, you also receive:</p> <ul style="list-style-type: none"><li>■ Free annual cleanings, exams and x-rays</li><li>■ Affordable copayments for more extensive services like fillings and crowns</li><li>■ Orthodontic benefits for dependents to age 19</li><li>■ Emergency care coverage no matter where you are</li></ul>	<p>Members have the flexibility of using any licensed dentist. The Concordia Flex Plan participates in the Concordia <b>Advantage Plus</b> network, which offers excellent access, significant discounts and quality dental care.</p> <ul style="list-style-type: none"><li>■ Preventive &amp; Diagnostic 100%</li><li>■ Basic Services 80%</li><li>■ Major Services — Now includes implants 50%</li><li>■ Orthodontic 50%</li></ul> <p>\$1,500 Lifetime Orthodontia Maximum per child \$1,500 Annual Maximum for all other services</p>
<p><b>Find a DHMO Concordia Plus Provider</b></p> <p>With DHMO Concordia Plus, each enrolled family member can choose their own primary dental office (PDO) from our large network of credentialed dentists.</p> <p><b>To find a dentist</b>, log on to <a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a> and click Find a Dentist.</p> <p>Step 1 – Select the Type of Dentist. Step 2 – Enter your location. Step 3 – Select DHMO Concordia Plus General Dentist or DHMO Concordia Plus Specialist.</p> <p>Don't have Internet access? Call Customer Service at <b>1-866-357-3304</b>.</p>	<p><b>Find a Concordia Advantage Plus Provider</b></p> <p>Participating dentists accept the Maximum Allowable Charge as payment in full.</p> <p><b>To verify if your provider participates</b> with this program, please visit our website at <a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a> and click Find a Dentist.</p> <p>Step 1 – Select the Type of Dentist. Step 2 – Enter your location. Step 3 – Select Advantage Plus. You may also contact Customer Service at <b>1-800-332-0366</b>.</p>



## MEMBER ASSISTANCE PROGRAM

Balancing work responsibilities and your personal well-being can be a difficult challenge at times. The Member Assistance Program (MAP) offered by AllOne Health is here to help! MAP is a free benefit that provides help to you and your household members.

With AllOne Health, a MAP counselor is available 24/7, 365 days a year to help with a wide range of problems, such as:

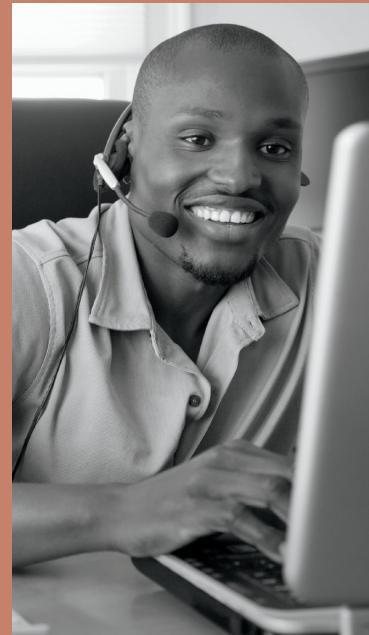
- Marital and family problems
- Financial and legal difficulties
- Emotional and stress-related problems
- Drug and alcohol abuse
- Problems related to work
- Medical and insurance problems, such as:
  - Guidance through preauthorization
  - Help understanding benefit costs
  - Explanations of confusing conditions and chronic illnesses
  - Assistance with issues involving prescription medications
  - Securing appointments with specialists
  - Assistance with transitional care

AllOne Health's services are completely confidential and their MAP professionals are available as part of your benefit package. You can reach out by phone at **1-888-877-8997** or you can go to [www.lytleeap.com](http://www.lytleeap.com) and click on "SignUp" below the login form. Enter your email address and company code **ironworker**. You can also access this benefit through the new **AllOne Health App** in the Apple App store or Google Play store. The app makes accessing care and requesting support easier and more convenient with Izzy (an AI mental health navigator), on-demand self-help articles, videos, assessments, and tools, and 24/7 live human support.

## BLUES ON CALL<sup>SM</sup>

**B**lues on Call<sup>SM</sup> is a toll-free health care information and support services program that allows you to connect to specially trained registered nurses called Health Coaches 24 hours a day, 7 days a week. The program is offered through Highmark and is available to you as part of your benefit package.

You can call the toll-free line, **888-258-3428**, and speak to a Health Coach about your medical condition(s) and treatment options, as well as ways to manage your illness more effectively. You can also call for general health inquiries and health care assistance on any health care topic.



*Services received through the Member Assistance Program and Blues On Call<sup>SM</sup> are provided free of charge to members.*

## 2026 MONTHLY PREMIUM CONTRIBUTIONS

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**T**he cost of coverage depends on the health plan option you elect and the coverage level that you choose.

If you are eligible under the Metal Building Group, your coverage is the Premier Plan, and your monthly premium will be the same dollar amount regardless of whether you have coverage for yourself only, for yourself and your spouse or for yourself and your family, *unless you elect one of the other plan options.*

### ***Retiree Health Insurance Reimbursement Benefit:***

Retired members who meet the requirements are eligible for a monthly medical reimbursement of \$600 per person, with a maximum benefit of \$1,200.

If you retire during 2026, you will receive this benefit until the earlier of when you reach age 65 or 5 years. Spouses who are younger than the member will receive this benefit to the later of the member's reimbursement period or a maximum of five years. Spouses who are older than the member will receive this benefit to the earlier of the member's reimbursement period or age 65.



**There are certain requirements that must be met in order to be eligible for the Retiree Health Insurance Reimbursement Benefit. Contact the Plan Office at 412-227-6740 or toll-free at 800-927-3199 for more information.**

# LIFE INSURANCE AND ACCIDENTAL DISMEMBERMENT & LOSS OF SIGHT INSURANCE

The Welfare Plan has contracted with Guardian Life Insurance for the provision of life and accidental dismemberment and loss of sight insurance.

## Life Insurance (For Certain Active Members)

Your designated beneficiary will receive the following amount in a single lump sum payment upon your death:

- \$50,000 – if you were insured under this benefit for 12 consecutive months or more; or
- \$25,000 – if you were insured under this benefit for less than 12 consecutive months.

You may name anyone as your beneficiary, and you may also change your beneficiary at any time by obtaining and completing the proper form and returning it to the Plan Office.

### **Total and Permanent Disability**

If you become permanently and totally disabled while you are an active member before you reach age 62, the Welfare Plan will pay the premiums necessary to provide you with life insurance coverage. You will be required to provide proof that you obtained a Social Security disability award showing that you were totally disabled from any gainful employment. The Life Insurance benefit will be continued until you:

- Attain age 62; or, if sooner,
- Are no longer considered to be permanently and totally disabled.

For more information on the Welfare Plan's Life Insurance benefit, contact the Plan Office.

## Accidental Dismemberment and Loss of Sight Insurance (For Certain Active Members)

Your Welfare Plan provides insurance to cover the loss of limbs, paralysis, loss of sight, speech or hearing, and other losses caused by an accidental injury – on or off the job. The benefit is up to \$20,000, depending on the loss.

For more information on the Welfare Plan's Accidental Dismemberment and Loss of Sight Insurance, contact the Plan Office at **412-227-6740** or toll-free at **800-927-3199**.



If you are injured  
either on or  
off of the job,  
contact the Plan Office  
at 412-227-6740  
or toll-free at  
800-927-3199  
to see what benefits  
may be available.

# IMPORTANT Plan Information

## Mid-Year Changes To Your Medical Plan Elections

**IMPORTANT:** After this Open Enrollment period is completed, generally you will not be allowed to change your benefit elections, which means that you will not be able to add or delete dependents and thereby change your coverage level/tier until next year's Open Enrollment period, unless you have a Special Enrollment event or a Mid-year Change in Status.

**Special Enrollment Event:** You may be able to change your coverage level/tier by adding an eligible dependent if, sometime during 2026, you experience one of the following Special Enrollment events:

- If you decline enrollment for your eligible dependents (including your spouse) during this current enrollment period (or during some other prior enrollment period) because your dependents have other health insurance or group health plan coverage, you may be able to enroll your dependents for Plan coverage in 2026 if they lose eligibility for that other coverage. However, you must request their enrollment within 30 days after the other coverage ends. Coverage will then become effective on the first day of the month after the Fund receives your request for enrollment
- Note: This special enrollment event applies in the event your spouse loses his or her job and consequently his or her health insurance or group health coverage; provided your spouse previously declined coverage under this Plan due to having coverage under his or her provided plan.
- If your eligible dependents (including your spouse) are not enrolled for 2026 Plan coverage during this open enrollment period, you may be able to enroll your spouse and your eligible dependents in this Plan if, sometime during 2026 they (1) have coverage through Medicaid or a State Children's Health Insurance Program (SCHIP) and they later lose eligibility for that coverage, or (2) they become eligible to participate in a financial assistance program through Medicaid or SCHIP during 2026. You must request their enrollment in this Plan within 60 days after they lose eligibility for or become eligible for financial assistance under the Medicaid or SCHIP program. Coverage will then become effective on the first day of the month after the Fund receives the request for enrollment.
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption sometime during 2026, you may enroll your new dependent during 2026. You must request their enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If the Fund receives your enrollment request within 30 days of the date the new dependent was acquired, coverage will be effective retroactive to the date of birth, adoption, or placement for adoption. For marriage, coverage will become effective on the first day of the month after the Fund receives your enrollment request.

If your request is not timely received, the change will not be effective and you will have to wait until the next Open Enrollment period to make the change. As an exception, in the case of birth, adoption, or placement for adoption, if the request is not received within 30 days, but is received in the same Plan Year as the birth, adoption, or placement for adoption, the change will be effective the first day of the month following the date the Plan Office receives your request.

To request Special Enrollment or to obtain more information, contact the Plan Office. The Welfare Plan will determine if your change request is permitted.

**Change in Status Event:** You may be able to change your coverage level/tier by dropping an eligible dependent if during 2026, you experience one of the following Change in Status events:

- **Death of a Dependent:** You must request this change in coverage level by notifying the Fund Office within 30 days of the death.
- **Divorce or Legal Separation:** Your request must be received by the Fund Office within 30 days of the date the divorce or legal separation becomes effective.

- **Loss of Dependent Status:** Your request must be received by the Fund Office within 30 days of the date the dependent loses coverage eligibility.
- **Dependent Becomes Eligible for Other Health Plan Coverage:** Your request must be received by the Fund Office within 30 days of the date the dependent becomes covered under his or her employer's health insurance or group health plan coverage.
- **Exception — Spousal Change in Election Under Employer's Plan:** Your request to add or drop your spouse must be made within 30 days of the date the spouse's coverage changed under the employer's plan due to his or her election change under that plan.

NOTE: You must immediately notify the Fund Office of the death of a dependent, your divorce or legal separation, and the loss of dependent status. Failure to notify the Fund Office may result in your having to reimburse the Plan for coverage for an ineligible person.

## Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own health care information.

This Welfare Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you gain eligibility in the Welfare Plan. To get another copy of this Notice, write or call the Plan Office.

## Women's Health and Cancer Rights Act of 1998 (WHCRA)

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact the Plan Office.

## When Your Coverage Ends - COBRA and the Healthcare Marketplace

In compliance with a federal law called COBRA, this Welfare Plan offers its eligible members and their eligible covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events). See your Summary Plan Description for details.

Alternatively, you may choose to purchase coverage through the government's Healthcare Marketplace. Depending on your circumstances, you may be eligible for a premium tax credit to help you pay for the insurance you purchase through the Marketplace. However, one of the requirements for obtaining the premium tax credit is that you do not have a Value Bank balance. Therefore, you may elect to forfeit your Value Bank balance so that you will not be prevented from obtaining the premium tax credit. Contact the Fund Office for more information regarding the forfeiture of your Value Bank balance. For more information on the Healthcare Marketplace and the requirements for the premium tax credit, visit [www.healthcare.gov](http://www.healthcare.gov).

# IMPORTANT

## Contact Information



### FOR ANSWERS ABOUT...

### CONTACT

Eligibility, benefits provided directly by the Fund (not through Highmark), mid-year change of status, enrollment	<b>Iron Workers Welfare Plan of Western Pennsylvania</b> 2201 Liberty Avenue, Room 203 Pittsburgh, PA 15222 Phone: (412) 227-6740 Toll Free: (800) 927-3199
Medical plan network providers, Retail and Mail Order Prescription Drug Program	<b>Highmark Blue Cross Blue Shield</b> Toll-free: (800) 811-0391 <b>Sav-Rx</b> Toll-free: (888) 662-IRON (4766)
Voluntary Dental Plan Voluntary Vision Plan	<b>Iron Workers Welfare Plan of Western Pennsylvania</b> 2201 Liberty Avenue, Room 203 Pittsburgh, PA 15222 Phone: (412) 227-6740 Toll Free: (800) 927-3199
Member Assistance Program	<b>Lytle Behavioral Health</b> Phone: (888) 877-8997
Blues on Call <sup>SM</sup>	Phone: (888) 258-3428
Life Insurance and Dismemberment benefits, Accident and Sickness benefits	<b>Iron Workers Welfare Plan of Western Pennsylvania</b> 2201 Liberty Avenue, Room 203 Pittsburgh, PA 15222 Phone: (412) 227-6740 Toll Free: (800) 927-3199

*This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.*

*Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 2201 Liberty Avenue, Pittsburgh, PA 15222. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.*

**This Guide is only a summary and is not a substitute for the official plan documents. If there is a discrepancy between the official plan documents and this summary, the official documents will govern. The Iron Workers Welfare Plan of Western Pennsylvania retains the right to amend this plan described at any time. Receipt of this Guide does not guarantee benefits.**

**Iron Workers Welfare Plan of Western Pennsylvania**  
**2201 Liberty Avenue, Room 203**  
**Pittsburgh, PA 15222**  
**Phone: (412) 227-6740**  
**Toll Free: (800) 927-3199**