

BENEFITS GUIDE



**20
24**



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Welcome to the 2024 Mo-Kan Benefits Program!

WHO IS ELIGIBLE?

- **A Bargaining Employee** is eligible for coverage under the Plan if he or she performs work covered by the terms of a Collective Bargaining Agreement between his or her Employer and Local Union participating in the Mo-Kan Sheet Metal Workers Welfare Fund.
- **A Non-Bargaining Employee** is eligible for coverage under the Plan if he or she consistently performs work for at least 25 hours per week for an Employer that is bound by the terms of a Participation Agreement with the Mo-Kan Sheet Metal Workers Welfare Fund to make contributions to the Fund on behalf of all the Non-Bargaining Employees of the Employer, or if he or she performs work for the Mo-Kan Sheet Metal Workers Welfare Fund based on a minimum of at least 144 hours per month, or such amount as established from time to time by the Board of Trustees, at the rate established from time to time by the Board of Trustees.
- **An Owner-Member** is eligible for coverage under the Plan if he or she performs work covered by the terms of a Collective Bargaining Agreement between his or her Employer and a Local Union participating in the Mo-Kan Sheet Metal Workers Welfare Fund and the Employer is bound by the terms of a Participation Agreement with the Fund to make contributions on behalf of the Owner-Member based on a minimum of at least 144 hours per month, or such amount as established from time to time by the Board of Trustees, at the rate established from time to time by the Board of Trustees. All Owner-Members must be in good standing with the Union.

ELIGIBILITY

INITIAL ELIGIBILITY — BARGAINING EMPLOYEES

If your employment is subject to a Collective Bargaining Agreement (CBA), the terms outlined below will apply. If your CBA conflicts with this guide, then the terms of your CBA control these determinations:

- You must be in good standing with the Union to be eligible for coverage.



INITIAL ELIGIBILITY — Non-Bargaining Employees

If your employment is not subject to a Collective Bargaining Agreement and the terms of your employers Participation Agreement conflict with this guide, then the terms of your Participation Agreement control these determinations:

- You will become eligible for coverage on the first day of the month in which a signed Participation Agreement and the corresponding Employer contributions at the rate established from time to time by the Board of Trustees for all such Employees are received by the Fund office.

ELIGIBLE DEPENDENTS

Your lawful spouse, excluding common-law and legally separated spouses, and each child are eligible for dependent coverage. The Fund has certain procedures that must be followed before it can recognize a court order or a Qualified Medical Child Support Order (QMCSO). For a copy of the QMCSO procedures, contact the Fund office.

CHILD INCLUDES:

- Your natural child.
- Your stepchild.
- Your adopted child. An adopted child who has not reached the limiting age shall be considered an eligible dependent from the date of placement. Coverage for an adopted child will be on the same basis as other dependents.
- A child for whom you have been established by a court order as permanent legal guardian, provided the child is also your grandchild, sibling, niece, or nephew and the child's parents are deceased or unable to care for the child.

THE LIMITING AGE OF A DEPENDENT CHILD

- Coverage will terminate for a dependent child on their 26th birthday.

An unmarried child who is a dependent and has reached the limiting age will remain eligible for coverage under this Plan to the extent he or she is incapable of self-sustaining employment and is 100% dependent upon you for support and maintenance due to a mental or physical illness or handicap. The child must have become handicapped prior to attaining the limiting age. Other restrictions may apply. Contact the Fund office for details.

WHAT'S CHANGING FOR 2024?

2024 new DENTAL BENEFIT

You get more choice and more savings with Delta Dental

In order to provide enhanced dental coverage and access, the Fund will partner with Delta Dental starting in January 2024. Delta Dental utilizes a unique dual network approach, providing access to both the Delta Dental PPO™ and Delta Dental Premier® networks. To ensure you have the most options possible. **94% of practicing dentists in participate in a Delta Dental network.**

How can you maximize savings?

Your Delta Dental plan is designed to give you the greatest opportunity for savings when you choose an in-network, Delta Dental PPO dentist (dollars stretch further-annual maximum lasts longer). Delta Dental PPO network dentists agree to offer the highest discounted rates.

If you choose a provider in our Delta Dental Premier network, you will still have some savings, but you may pay a bit more out of pocket compared to a Delta Dental PPO network dentist. While Delta Dental Premier dentists agree to file claims and provide a discounted rate, they have a slightly different arrangement with Delta Dental than a Delta Dental PPO dentist.

Avoid extra cost & hassle

Visit an in-network dentist to maximize your benefits, savings and convenience. If you choose to visit an out-of-network dentist, you ...

- Don't get the maximum savings/benefits that you would receive from a dentist in your plan's networks
- May be responsible for paying the entire bill right away and receiving reimbursement later
- May need to submit your own claims

To find an in-network dentist in 2024

To find a current listing of Delta Dental dentist locations:

Visit [DeltaDentalMO.com](https://www.DeltaDentalMO.com), select "Find a Provider" and click "Find a Dentist," then select "Delta Dental PPO" or "Delta Dental Premier Network" or, call 800-335-8266 for personal assistance.



DELTA DENTAL OF MISSOURI 800-335-8266 | [DELTADENTALMO.COM](https://www.DeltaDentalMO.com)

2024 new vision benefit

WELCOME TO THE INSIGHT PROVIDER NETWORK

See life to the fullest! Starting January 2024, the Fund will partner with EyeMed. EyeMed’s diverse network gives you access to quality eye care and eyewear wherever you are, whenever you need it.

In-network is always nearby

Looking for an eye doctor? Shopping for frames? Need contacts? As a member with vision coverage through EyeMed’s Insight network, you’ve got lots to choose from.

- Find independent eye doctors in your neighborhood
- Browse tons of retail options

Search is a snap

With the Provider Locator, finding exactly what you’re looking for is a breeze.

SEARCH

- Zip code
- Location
- Doctor
- Network

FILTER

- Services
- Hours
- Languages
- Gender
- Specialties
- Products
- Brands



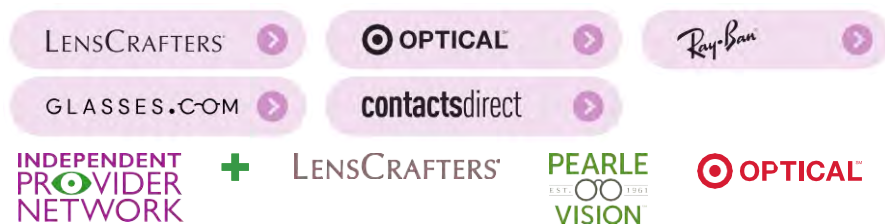
Scan here to search for an in-network vision provider using the Insight Network

Schedule online* | Browse special offers

*At participating providers

Shop, click, save

Instantly apply your benefits at these in-network online retailers and save — plus enjoy free shipping and returns.



WORKING SPOUSE INCENTIVE PROGRAM

In January 2011, the Fund created a benefit for Mo-Kan spouses who carry primary medical and pharmacy insurance coverage through their Employer in addition to being covered under this plan.

This benefit entitles a “working spouse” to a reimbursement of up to \$200 every month for the “employee-only” or “employee-only plus child” premium paid to retain primary coverage (medical and pharmacy only) through their Employer.

The Fund strongly encourages all eligible spouses to enroll in an Employer-sponsored plan at their place of employment.

FYI

Carefully review your spouse’s options to see if this program can benefit your household.

HOW DOES THE PROGRAM WORK?

Benefit details:

- Spouses must complete a Spousal Verification form in order to determine if the Plan is qualified for reimbursement.
- Reimbursement requests require the member to submit a reimbursement claim form along with proof of premium payment.
- The incentive applies to both medical and pharmacy coverage only. Dental and vision premiums paid will not be reimbursed.
- Premiums for a Qualified High Deductible Health Plan will be reimbursed if it is the only plan offered; otherwise, in order to receive reimbursement, you must select a PPO option.
- The reimbursement request must be made within 90 days after the end of the calendar year in which the expense was incurred.
- Please contact the Fund office if you have any questions regarding Qualified High Deductible Health Plans.

Would You Like to Be Compensated for Having Dual Coverage?

Mo-Kan provides a monthly reimbursement benefit up to \$200.00!

The yearly out-of-pocket savings that occur when a spouse has dual coverage could be significant. Since implementing the program in 2011, the plan has saved more than \$1.76 million. In this time of rising healthcare costs and plans having to cut back on benefits, savings like this help Mo-Kan offer a comparatively competitive benefits package in the current market.

For more information about the Working Spouse Incentive Program, please visit our website at mokansheetmetal.org or call 816-531-0334 or 866-531-5488.

MAILING ADDRESS:

Mo-Kan Sheet Metal
Workers Welfare Fund
P.O. Box 300019
Kansas City, MO
64130-0019

WELLNESS PROGRAM

Mo-Kan Sheet Metal Workers Welfare Fund Wellness Program

ANNUAL PHYSICAL REQUIREMENT

The Fund strongly encourages our membership to get an annual routine physical to better manage their health. The routine physical is paid at 100% through your medical benefit. Continuing in 2024, members who receive an annual physical will experience a decrease in their in-network deductible, which will be \$500 per individual and \$1,000 per family. If you did not receive a valid annual physical in 2023, your in-network deductible will increase to \$1,500 per individual and \$3,000 per family. The Wellness Benefit Account will not receive additional contributions. All funds that participants have earned and are held in your Wellness Benefit Account will continue to be available.

The Importance of Physician Relationships

Having a relationship with your doctor, knowing your numbers, and having preventive screenings ultimately result in better health for you!

According to the Centers for Disease Control and Prevention, chronic diseases, such as heart disease, cancer, and diabetes, are responsible for seven of every ten deaths among Americans each year and account for 75% of the nation's health spending. These chronic diseases are largely preventable through close partnership with your healthcare team and can be detected early through appropriate screenings, which is when treatment works best.

The Affordable Care Act makes preventive care affordable and accessible by requiring private health plans to cover certain recommended preventive services without charging a deductible, copayment, coinsurance, or other cost sharing.

Do you already have a diagnosis? Meeting with your doctor, as necessary, not only helps you better manage your condition, but it also costs significantly less in the long run.



MEDICAL BENEFITS

The medical plan provided for 2024, gives you nationwide access to a comprehensive network of doctors, services, and facilities to care for the needs of you and your family. The BlueCard Program gives you access to doctors and hospitals across the country and around the world. While you are not required to visit a Blue Cross and Blue Shield network provider, you will pay less out of your pocket by doing so as outlined in the benefit summary. To find a doctor, go to bluekc.com.

Benefit/Service	Medical Plan	
	In-Network	Out-of-Network
Deductible	\$500/\$1,000 With valid physical in 2023 \$1,500/\$3,000 Without valid physical in 2023	\$500/\$1,000 With valid physical in 2023 \$1,500/\$3,000 Without valid physical in 2023
Calendar Year Out-of-Pocket Maximum (includes deductible and medical copays)	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance (amount you pay)	20%	50%
Individual Lifetime Maximum	Unlimited	Unlimited
Routine Physical Exam (newborn to adult)	100% (not subject to deductible)	100% (not subject to deductible)
Routine Immunizations (adults and covered children to age 26)	100%	50% after deductible
Mammogram	1 per calendar year at 100%	50% after deductible
Cervical Cancer Screening	1 per calendar year at 100%	50% after deductible
Prostate Exam and PSA Test	1 per calendar year at 100%	50% after deductible
Colonoscopy	100%	50% after deductible
Office Visits	20% after deductible	50% after deductible
Telehealth Visit	\$0 copay (with Blue KC Virtual Care)	Not covered
Inpatient (waived if admitted twice in six months)	\$400 copay and 20% after deductible	\$800 copay and 50% after deductible
Emergency Room	\$200 copay and 20% after deductible	\$200 copay and 50% after deductible
Lab and X-ray	First \$150 of lab X-ray covered at 100%, then 20% after deductible.	First \$150 of lab and X-ray covered at 100%, then 50% after deductible.
Lab	100% if processed at Quest	50% after deductible

Medical Plan		
Chiropractic (40) Visits per Calendar Year (X-ray included)	20% after deductible	50% after deductible
Physical Therapy	Visit limit per medical necessity	
Hospice	20% after deductible	50% after deductible
Home Healthcare	20% after deductible	50% after deductible
Nutritional Counseling	100%	100%
All Other Covered Services	20% after deductible	50% after deductible
Hearing Aid Benefit Through Tru Hearing	One set per 3-consecutive-year period at no cost.	50% after deductible. One set per 3-consecutive-year period.
Prescription Drugs Out-of-Pocket Max. for Rx — \$1,500 Ind., \$3,000 Family	Generic copay applies to OTC smoking cessation, allergy, antacids, antifungal, asthma, and decongestants. Retail copay applies to smoking cessation prescription medications.	Member pays out of pocket and then sends receipts to Elixir for reimbursement. Reimbursed only contracted amount.
Retail Generic (30 days)	\$15 copay	
Retail Brand (30 days)	50% up to \$65	
Retail Performance 90 Generic	\$25 copay	Member pays out of pocket and then sends receipts to Elixir for reimbursement. Reimbursed only contracted amount.
Retail Performance 90 Brand	50% up to \$130	
Mail Order Generic (90 days)	\$25 copay	
Mail Order Brand (90 days)	50% up to \$130	
OTC Program (examples: Prilosec, Claritin)	\$15 generic, \$25 brand	
Smoking Cessation. One Treatment Cycle per Calendar Year \$2,000 Lifetime Max. Does Not Apply to Rx Out-of-Pocket Max.	\$15 OTC, 50% up to \$65 for Rx	

WHERE DO I GO FOR THE BEST CARE?

Knowing where to go for medical care can save you a lot of time and money! It can also help get you the best care for your situation. Here are some general guidelines to assist you in determining the best option for you.

DOCTOR'S OFFICE

When you have any medical concern, your primary doctor can oversee your care, provide routine services, and refer you to specialists, if necessary.

- Routine checkups.
- Immunizations.
- Preventive services.
- Managing your overall health.

URGENT CARE

When you need care quickly, your primary doctor is not available, and your condition is not life-threatening. Some examples include:

- Sprains/strains.
- Minor broken bones.
- Earache/sore throat.
- Flu and fever (below 104°).
- Rash.

EMERGENCY ROOM

When you need immediate treatment of a serious or critical condition:

- Severe/life-threatening symptoms.
- Severe head injury.
- Excessive bleeding.
- Extreme pain.
- Shortness of breath.
- Broken bones.

Blue Distinction Specialty Care

The choices you make matter — especially when it comes to your care. When you are planning a medical procedure, the hospital or outpatient facility you select is important. It can have a direct impact on the care you receive and the outcome of your procedure. That's why Blue KC developed the Blue Distinction Specialty Care program to identify hospitals with proven expertise.

Blue Distinction Center and Blue Distinction + Center designations recognize hospitals delivering these types of specialty care:

- Bariatric surgery.
- Cardiac care.
- Complex and rare cancers.*
- Knee and hip replacement.
- Spine surgery.
- Transplants.

*Blue Distinction Center designation only.

To find hospitals recognized by the Blue Distinction Program, log in to bluekc.com, select "Find Care," then "Find a Doctor." Your search will indicate any facility recognized as a Blue Distinction Center or Blue Distinction+ Center.

FINDING A PROVIDER

To find an in-network provider near you, please call 816-531-0334 or visit bluekc.com. If searching online via bluekc.com, click find care at the top right of the home page.

GETTING STARTED WITH GRAND ROUNDS (BY INCLUDED HEALTH)

We're Here When You Need ...

A CHECKUP.

We'll find you the best physician in your area.

AN EXPERT.

We'll get you a second opinion or personalized care plan from a world-leading expert.

A HAND.

We'll book doctors' appointments, gather medical records, and handle all the details.

ANSWERS.

We'll tell you everything you need to know about a new diagnosis or existing condition.

SUPPORT.

We'll help you decide if surgery is right for you.

Who Can Use Grand Rounds?

All benefits-eligible Mo-Kan Sheet Metal Workers Welfare Fund Plan participants and their dependents.

How Much Does a Grand Rounds Consultation Cost?

Grand Rounds services are fully covered by the Mo-Kan Sheet Metal Workers Welfare Fund and available at no cost to you or your covered dependents.

Contact Us Today!

DESKTOP

1. Log on at grandrounds.com/mokansheetmetal.
2. Enter your email and password; then input your personal information to create your account.

PHONE

Call us at 800-929-0926 to speak with a care coordinator and set up your account.

MOBILE

1. Search "Grand Rounds" in the Apple App Store® or Google Play Store®.
2. Download the Grand Rounds app.
3. Enter your email and password; then input your personal information to create your account.

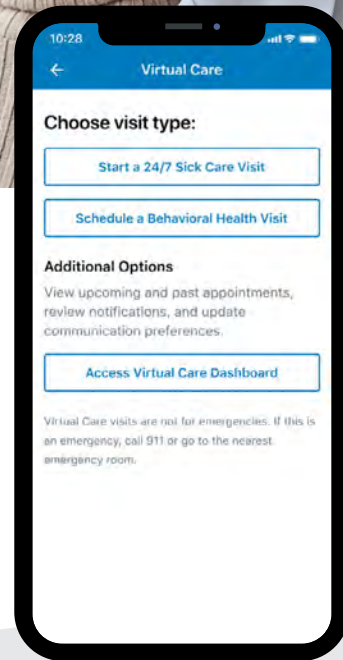
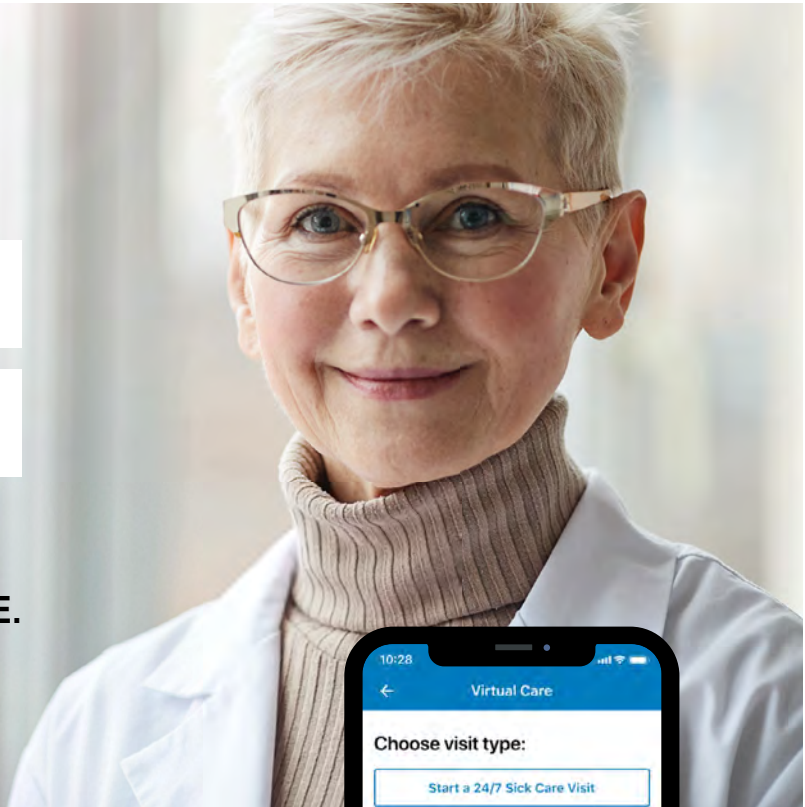
RAISING THE STANDARD OF HEALTHCARE FOR EVERYONE, EVERYWHERE.

BLUE KC

VIRTUAL CARE

IS ALWAYS ON.

SO YOU HAVE AFFORDABLE ACCESS TO 24/7 HEALTHCARE.



Blue Cross and Blue Shield of Kansas City (Blue KC) provides our members with 24/7 sick care or for behavioral health needs by appointment. Now it's easier than ever for you to "see" a provider right from your smartphone, tablet or computer. Try out this convenient service the next time you need sick care or for behavioral health appointments.

ALWAYS PRIVATE AND SECURE.

URGENT OR SICK CARE NEEDS

- No appointment necessary
- \$0 Copay for Medical Visits

BEHAVIORAL HEALTHCARE NEEDS

- Therapists and psychiatrists are available for scheduled sessions
- Affordable visits based on your plan's benefits, and are subject to deductible and out of pocket maximum



To access **Blue KC Virtual Care**, download the **MyBlueKC** mobile app, or visit [BLUEKCvirtualcare.com](https://www.bluekc.com/virtualcare)

Blue KC partners with American Well's (Amwell) Virtual Care Providers to provide our members with 24/7 sick care and behavioral health support by appointment.



Scan the QR code above with your mobile device to **download the App.**



Kansas City

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DIABETES MANAGEMENT, SIMPLIFIED

If you or a covered dependent have diabetes, **Livongo for Diabetes** provides a simple, advanced blood glucose meter, and as many strips and lancets as you need, at no cost to you.



Livongo for Diabetes: It's all in the meter and on the house.



Personalized tips with each blood glucose check



Real-time support when you're out of range



Strip reordering, right from your meter



Optional family alerts keep everyone in the loop



Send a health summary report directly from your meter



Automatic uploads mean no more paper logbooks



Unlimited strips.
Unlimited lancets.
It's all free for you.

If you or a covered dependent have diabetes, join today at join.livongo.com/BLUEKC/register or call (800) 945-4355. Use registration code: **BLUEKC**

This program is offered at no cost to Blue KC members and covered dependents with diabetes through your employer-sponsored health plan. Livongo is an independent company that manages the diabetes management program on behalf of Blue KC.

DENTAL BENEFITS

Mo-Kan is now partnering with Delta Dental of Missouri to provide dental coverage. Using an in-network dentist will enable you to take advantage of the best discounts available. This results in less cost to you and to the Plan. To find a network dentist, visit deltadentalmo.com.

The following is a brief summary of the dental benefits for next year.

Benefit/Service	In-Network	Out-of-Area
Dental \$1,600 Calendar Year Maximum. Pediatric Dental (child up to 20th birthday) No Dollar Maximum	Delta Dental PPO or Delta Dental Premier available for the Kansas City area	GRID available for outside the Kansas City area
Deductible	\$25	\$25
Coinsurance	20%	20%
Preventive	100%	100%
Basic (Class II)	20% after deductible	20% after deductible
Major (Class III)	20% after deductible	20% after deductible
Orthodontia (Class IV) (\$1,850 lifetime maximum) Pediatric Ortho Maximum Is Waived With Medical Necessity.	50% after deductible	50% after deductible



VISION BENEFITS

Proper vision care is an essential part of your health and safety. EyeMed will now be our new vision partner.

The program covers eye examinations and additional coverage for materials (such as glasses and contact lenses) at participating providers at a \$0 copay. The EyeMed network includes private practice providers and many convenient retailers such as LensCrafters, Walmart, Glasses.com, Contactsdirect and Target. For more information refer to [eyemed.com](https://www.eyemed.com), or call 866-939-3633.

EYEMED VISION CARE

	In-network benefits	Out-of-network benefits
Examinations	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frames	Once every 12 months	Once every 12 months
Exam With Dilation, as Necessary	\$0 copay	Up to \$40
Frames	\$0 copay	Up to \$175 reimbursement maximum for all materials (frame, lenses, lens options)
	\$350 max allowance for all materials (frame, lenses, lens options), plus 20% off balance over \$350	
Standard plastic lenses		
Single Vision	Max allowance of \$350 for all materials (frame lenses, lens options) plus 20% off balance over \$350	Up to \$175 reimbursement maximum for all materials (frame lenses, lens options)
Bifocal		
Trifocal		
Lens options		
Tint (solid and gradient)	Max allowance of \$350 for all materials (frame lenses, lens options) plus 20% off balance over \$350	Up to \$175 reimbursement maximum for all materials (frame lenses, lens options)
UV Coating		
Standard Scratch Resistance		
Standard Polycarbonate		
Standard Antireflective		
Standard Progressive (add-on bifocal)		
Other Add-Ons and Services		
Contact lenses		
Conventional Contacts (in lieu of glasses)	\$0 copay, \$350 allowance, 15% discount off balance over \$350	Up to \$175
Disposable Contacts (in lieu of glasses)	\$0 copay, \$350 allowance, 15% discount off balance over \$350	Up to \$175
Medically Necessary Contacts	\$0 copay, paid in full	Up to \$175

SAFETY EYEGLASS PROGRAM

By utilizing the safety eyeglass benefit with the comprehensive dress eyewear plan, one eye examination will cover both requirements. EyeMed's Safety Frame Collection and Polycarbonate lenses meets or exceeds the Z87.1 American National Standard and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

BASIC LIFE INSURANCE BENEFIT

For your peace of mind and the financial protection of your family, Mo-Kan provides active members with a basic life insurance benefit of \$10,000. Basic retirees have a life benefit amount of \$2,000, and long-term retirees are provided with a \$3,000 life benefit amount. Always make sure that your beneficiary information is up to date.

MINDFUL BY BLUE KC

Mo-Kan cares about your total health management, both physical and emotional. For that reason, Mo-Kan offers an Mindful Program for you and your family! The Mindful Program is available for services relating to marriage, children, stress, elder care, finances, child care, emotions, and personal growth. These services are available face-to-face, via telephone, or online. They are completely confidential and free of charge. Assistance is available 24 hours a day, 7 days a week. To speak to a counselor or learn more about these services available, call 800-302-6463 or visitmindfulbluekc.com.



CONTACTS

Medical Plan

BLUE CROSS AND BLUE SHIELD
OF KANSAS CITY

bluekc.com

Phone: 816-531-0334 or
866-531-5488

Prescription Drug Plan

ELIXIR SOLUTIONS

elixirsolutions.com

Phone: 800-771-4648

Included Health

grandrounds.com/mokansheetmetal

Phone: 800-929-0926

Dental Plan

DELTA DENTAL OF MO

deltadentalmo.com

Phone: 800-392-1167

Vision Plan

EYEMED

eyemed.com

Phone: 866-939-3633

Employee Assistance Program (EAP)

MINDFUL BY BLUE KC

mindfulbluekc.com

Phone: 800-302-6463

Mo-Kan Sheet Metal Workers Welfare Fund

P.O. Box 300019

Kansas City, MO 64130-0019

Phone: 816-531-0334

or 866-531-5488

Fax: 816-753-7252



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

