

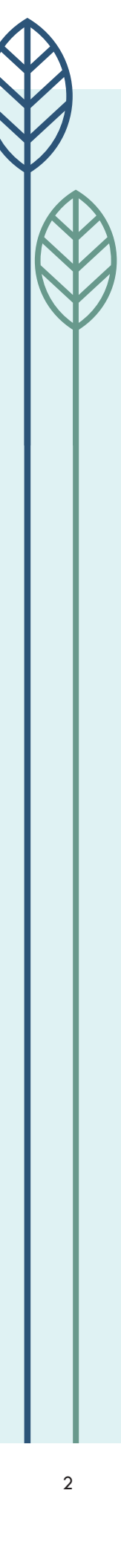
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Benefits Guide

Roofers Local 20



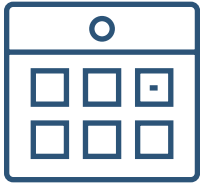


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AT ROOFERS LOCAL NO. 20,
NOTHING IS MORE IMPORTANT
THAN YOUR OVERALL SENSE OF
WELL-BEING. OUR COMPREHENSIVE
SUITE OF BENEFITS SUPPORTS
EVERY ASPECT OF YOUR HEALTH
AND WELLNESS, AND WE URGE
YOU TO TAKE ADVANTAGE OF
THE BROAD RANGE OF AVAILABLE
FEATURES.

READ ON FOR ALL THE DETAILS
YOU NEED TO MAKE YOUR BENEFIT
SELECTIONS.



Benefits Enrollment

Welcome!

Roofers Local No. 20 is proud to offer a comprehensive, competitive benefit package designed to meet the diverse needs of our members at every stage of life. This benefits guide outlines the resources available to help you understand your benefit options and the benefits eligibility process, and make the best decisions for yourself, your family, and your lifestyle.

The contents of this guide are not all-inclusive, nor is the guide intended to be a legal document. For the most current information, please consult the summary plan description (SPD), which is available at the fund office. If you have questions about enrollment procedures or any general benefits questions, please contact Michelle Ross at 816-313-9427.





Who Is Eligible?

A Bargaining Employee is eligible for coverage under the plan if he/she performs work covered by the terms of a collective bargaining agreement between the employer and the Roofers Local No. 20.

Members will be eligible for coverage under the plan after working a total of 250 hours in any three consecutive months for a participating employer or for the union on the first day of the month after the member's hours for the third qualifying month have been received in the fund office and members are in good standing with the union and remain available for work within the jurisdiction of the union.

For Example:

1st Qualifying Month	February Hours	85
2nd Qualifying Month	March Hours	82
3rd Qualifying Month	April Hours	89
Total Qualifying Quarter Hours		256

The April hours are received by the fund office in May and coverage begins June 1. June 1 will be your eligibility date. Once coverage begins, you will be covered for three months, i.e., June, July, and August. Therefore, a renewal date will occur every three months from your eligibility date. If your eligibility date is June 1, your first renewal date will be September 1, your second renewal date will be December 1 and so on every three months provided you maintain eligibility through hours worked.

A Non-Bargaining Employee is eligible for coverage under the plan if he/she consistently performs work for at least 25 hours per week for an employer which is bound by the terms of a participation agreement with the Roofers Local No. 20 Health and Welfare Fund to make contributions to the fund on behalf of all the Non-Bargaining Employees of the employer, or if he/she performs work for any Roofers Local No. 20 Benefit Fund, at the rate established from time to time by the Board of Trustees.

Medical Benefits

Roofers Local 20 is committed to providing quality health coverage to you and your dependents. Two Medical plan options are available in 2024:

- \$250/\$500 (Single/Family) deductible if you (and spouse if applicable) participate in the Wellness Program.
- \$2,000/\$4,000 (Single/Family) deductible if you do not participate in the Wellness Program.
- If you or one of your dependents has coverage through Medicare, the Medicare-covered individual is not eligible to participate in Spira Care.



Terms You Need to Know

DEDUCTIBLE: Annual out-of-pocket amount you must pay before coinsurance is applied and the plan begins to pay. Applies to any service that requires coinsurance.

COINSURANCE: Once the deductible is satisfied, the plan pays a percentage of the eligible contracted rate or reasonable and customary charges, and you pay a percentage called coinsurance.

COPAY: A set amount you pay for a specific service (typically an office visit). Copays are not subject to the deductible, but they are included in your out-of-pocket maximum.

Dual coverage: When an individual is covered by two different insurance plans at the same time, the plan that pays first under the Coordination of Benefits rules is the primary plan; the other plan will be designated as the secondary plan.

OUT-OF-POCKET MAXIMUM: When your deductible and coinsurance amounts reach the out-of-pocket maximum (based on eligible charges), the plan pays 100% of eligible in-network and out-of-network charges for the remainder of the year. You remain responsible for certain out-of-network charges above reasonable and customary.

IN-NETWORK: Doctors, hospitals, and other providers with whom the Medical plan has an agreement to care for its members. You'll pay less when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider with whom the medical plan does not have an agreement. You'll pay more when you use out-of-network providers.

REASONABLE AND CUSTOMARY: A reasonable and customary fee is the amount of money a health plan determines is the normal, or acceptable, range of payment for a specific health-related service or medical procedure. If the charges submitted by your provider are higher than what the health plan considers normal or acceptable for the covered service, you may be responsible for paying the difference out of pocket.



Medical and Prescription Drug Benefits

The Medical and Prescription Drug plan provides you with 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 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.

This is not a complete list of covered services. See your Summary Plan Description for more details.

MEDICAL	WELLNESS		NON-WELLNESS	
Benefit/Service	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Single Family	\$250 \$500		\$2,000 \$4,000	
Coinsurance (amount you pay)	20%	35%	20%	35%
Calendar Year Out-of-Pocket Maximum (includes deductible) Single Family	\$3,000 \$6,000	\$5,500 \$11,000	\$3,000 \$6,000	\$5,500 \$11,000
Routine Annual Physical	1 per calendar year at 100%, no benefit year deductible			
Routine Physical Exam (newborn to age 6)	100% no benefit year deductible	35% after deductible	100% no benefit year deductible	35% after deductible
Routine Immunizations	Covered for children and CDC recommended for adults at 100%	35% after deductible	Covered for children and CDC recommended for adults at 100%	35% after deductible
Mammogram	100% no benefit year deductible	35% after deductible	100% no benefit year deductible	35% after deductible
Prostate Exam and PSA Test	1 per calendar year at 100% no benefit year deductible	35% after deductible	1 per calendar year at 100% no benefit year deductible	35% after deductible
Preventive Colonoscopy	For age 50 and above at 100% no benefit year deductible	35% after deductible	For age 50 and above at 100% no benefit year deductible	35% after deductible
SpiraCare	No charge	N/A	No charge	N/A
Office Visits and Urgent Care	\$20 copayment, then 100% of PPO allowance, no benefit year deductible	35% after deductible	\$20 copayment, then 100% of PPO allowance, no benefit year deductible	35% after deductible
Inpatient (pre-admission certification required, or \$300 penalty applies)	\$150 copayment, then 20% of the after deductible	\$150 copayment, then 35% of the after deductible	\$150 copayment, then 20% of the after deductible	\$150 copayment, then 35% of the after deductible
Emergency Room	20% after deductible	35% after deductible	20% after deductible	35% after deductible
Lab and Diagnostic X-Ray	100% of the PPO allowance	35% after deductible	100% of the PPO allowance	35% after deductible
Physical Therapy (case management authorization required after 14 visits)	20% after deductible	35% after deductible	20% after deductible	35% after deductible
Hospice	20% after deductible	35% after deductible	20% after deductible	35% after deductible
Home Healthcare (50 visits/year)	20% after deductible	35% after deductible	20% after deductible	35% after deductible
Retail Generic (30 days)	Greater of 30% or \$10 copayment	N/A	Greater of 30% or \$10 copayment	N/A
Retail Brand (30 days)	Greater of 30% or \$25 copayment	N/A	Greater of 30% or \$25 copayment	N/A
Retail Specialty (prior authorization required)	20% copayment up to \$2,000 then 100%	N/A	20% copayment up to \$2,000 then 100%	N/A
Mail Order Generic (90 days)	\$20 copayment	N/A	\$20 copayment	N/A
Mail Order Brand (90 days)	\$50 copayment	N/A	\$50 copayment	N/A

Blue Cross Blue Shield of Kansas City

Online at bluekc.com, you can:

- View coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review claims activity and history.
- Print a temporary ID card or order a new ID card.
- View frequently asked questions.

BE INFORMED

Visit bluekc.com for instructions and helpful tips regarding your benefits.

Locating a Blue Cross Blue Shield of Kansas City Provider

The Blue Cross Blue Shield of Kansas City designation identifies doctors in the Blue Cross Blue Shield of Kansas City network who have achieved top results on Blue Cross Blue Shield of Kansas City quality and cost-efficiency measures. To find one of these doctors, please visit bluekc.com.

How Blue Cross Blue Shield of Kansas City Can Help You

- Blue Cross Blue Shield of Kansas City enrollment information line at 816-395-3558.
- Blue Cross Blue Shield of Kansas City healthcare contact information — Find all of your information when you need it at bluekc.com. Call 888-989-8842 at any time, day or night, 365 days a year, for assistance.

Working Spouse Incentive Program

As a reminder, this program is strictly a voluntary program offered to affected participants as a way to help control fund costs now and in the future.

Spouses may enroll in the Working Spouse Incentive Program to be reimbursed for 100% of their employee contribution on a quarterly basis (amount actually paid, up to value of Employee Only coverage tier, regardless of what tier they elect), up to a monthly maximum of \$200.00.

The fund strongly encourages all spouses with the opportunity to enroll in an employer-sponsored plan at their place of employment in order to take advantage of this benefit.

FYI

Carefully review your spouse's options to see if the program can benefit your household.

HOW DOES THE PROGRAM WORK?

- This incentive will apply to primary Medical and Prescription Drug coverage, excluding vision and dental.
- Roofers Local No. 20 Health and Welfare Fund will provide primary coverage for eligible spouses who have no other coverage.
- Roofers Local No. 20 Health and Welfare Fund will provide secondary coverage for spouses covered under their employers' plans.
- The reimbursement form is due by the 15th of the month following the end of each calendar quarter for which reimbursement is requested.
- In order to receive reimbursement, proof of premium payment must be received.

Advanced Primary Care at No Cost* to You

Your Health & Welfare Fund has
contracted with Blue KC to provide
exclusive access to Spira Care Centers.

Your Blue Cross and Blue Shield of Kansas City (Blue KC) health
plan gives you access to personal, compassionate, advanced
primary care at Spira Care Centers.

We put you at the center of everything we do.

We Look Forward
to Seeing You.

MAKE AN APPOINTMENT
913-29-SPIRA (77472)



At Spira Care Centers, you have access
to an entire Care Team and a variety of advanced
primary care services for newborns, infants, children, adolescents, adults
and seniors – **all at no cost* to you.**

We foster a partnership between you and your Care Team of doctors,
physician assistants, nurse practitioners, and more. We treat you as an
individual, not a set of symptoms. We take the time to listen, not rushing
you in and out. And we talk with you, not at you.

It is about supporting your health with a full array of primary care services
under one roof – at no cost* and without the stress and complexity. It's
called advanced primary care. And it's a better healthcare experience.

We Don't Just See Patients. We Look at the Whole Person.



Meet the Spira Care Teams at [SpiraCare.com](https://www.spiracare.com)
or call Spira Care at **913-29-SPIRA (77472)** to
make an appointment.

Spira Care Crossroads

1916 Grand Boulevard
Kansas City, MO 64108

Spira Care Independence

3717 S Whitney Avenue
Independence, MO 64055

Spira Care Lee's Summit

760 NW Blue Parkway
Lee's Summit, MO 64086

Spira Care Liberty

8350 N Church Road
Kansas City, MO 64158

Spira Care Olathe

15710 W 135th Street, Suite 200
Olathe, KS 66062

Spira Care Overland Park

7341 W 133rd Street
Overland Park, KS 66213

Spira Care Shawnee

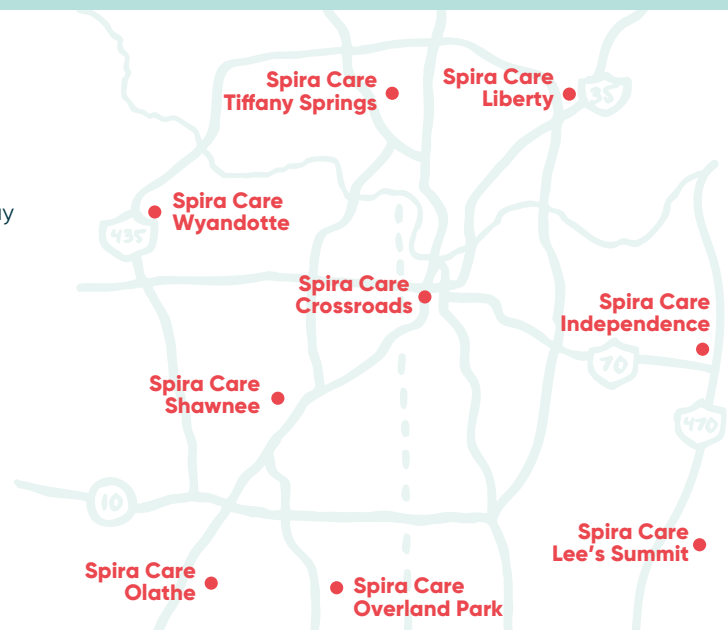
10824 Shawnee Mission Parkway
Shawnee, KS 66203

Spira Care Tiffany Springs

8765 N Ambassador Drive
Kansas City, MO 64154

Spira Care Wyandotte

9800 Troup Avenue
Kansas City, KS 66111



Learn more about our Care Teams,
locations and hours at [SpiraCare.com](https://www.spiracare.com).



Access your Spira Care Patient
Portal at [MySpiraCare.com](https://www.myspiracare.com).

You're at the Center of a Doctor-Led Care Team

Advanced primary care is about working together to help you reach your health goals. And a big part of that is your Care Team.

- **Physicians, Physician Assistants, Nurse Practitioners** offering everything from routine care to preventive visits to treatment of illness.
- **Behavioral Health Consultants** to provide support and consultation sessions for things like stress, depression and anxiety. They also help patients manage underlying behavioral health challenges that accompany chronic medical conditions like diabetes, lung disease, hypertension, and chronic pain, among others.
- **Diabetes Educators** to help you manage diabetes.
- **Health Coaches** to help you make lasting, positive lifestyle changes like eating healthier and exercising more.
- **Care Guides** leverage their nursing and benefit experience to help navigate healthcare and answer questions regarding cost and care management.

Appointment Types, Services and Benefits

Whether you need preventive care, treatment for an illness or help making lifestyle changes, count on Spira Care – all at no additional cost* to you.

- **Primary Care** for newborns, infants, children, adolescents, adults and seniors
- **Routine Preventive Care** including wellness visits, screenings, and immunizations
- **Sick Care** for things like pink eye, the flu and urinary tract infections
- **Chronic Medical Condition Management** for things like diabetes and heart disease
- **Injury** treatment for lacerations and musculoskeletal injuries**
- **Immunizations** covering a wide range of CDC-recommended immunizations** for newborns, infants, children, adolescents, adults and seniors
- **Digital X-Rays** and **Routine Lab Draws*****

No Cost for Appointments

You will not be billed for any appointment or service at Spira Care Centers. The Fund contracts directly with Blue KC to offer participants exclusive access to Spira Care Centers, ensuring you do not have to pay out-of-pocket for appointments and services at Spira Care Centers.

You have appointment options.

Our Care Teams have a variety of ways to see you. Give us a call at **913-29-SPIRA (77472)** to discuss your care need and what type of appointment will work best.

SPIRA CARE PATIENT PORTAL

The Spira Care Patient Portal is a secure and convenient way to communicate with your Care Team, access care summaries, request prescription refills and see your Spira Care provider virtually.

- Register for the Spira Care Patient Portal at **MySpiraCare.com**.
- If you need help or have questions, call a Care Guide at **913-29-SPIRA (77472)**.
- If you've already registered for your Spira Care Patient Portal, log in at **MySpiraCare.com**.

SPIRA CARE PATIENT GUIDE

As a patient, you have access to an abundance of services, benefits, and resources. We've put together a patient guide to cover everything you need to know and help you maximize your Spira Care experience.

Download it at [SpiraCare.com/UnionPatientGuide](https://MySpiraCare.com/UnionPatientGuide).

* Health and Welfare Funds who contract with Blue KC to offer exclusive access to Spira Care Centers provide their non-medicare eligible participants access to appointments and services at Spira Care Centers at no out-of-pocket cost.

** Your health coverage through any of the Blue KC plans cannot be used for an on-the-job or work-related injury or illness.

*** All services provided at Spira Care Centers are based on your primary care needs only and must be ordered by a member of the Spira Care Team. This includes digital x-rays, routine labs and immunizations. Orders by a specialist or someone outside of the Care Center cannot be completed or fulfilled at Spira Care Centers.

Please note: In addition to Spira Care Centers, you will continue to have access to the Preferred Care Blue Network. Please refer to your plan document for costs associated with benefits outside of a Spira Care Center.



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

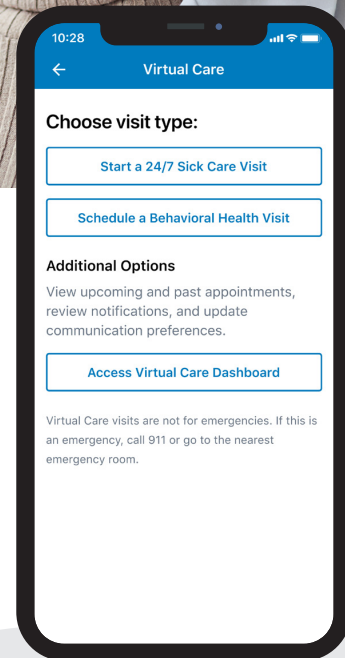
BEHAVIORAL HEALTHCARE NEEDS

- 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://bluekcvirtualcare.com)

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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Wellness Program

We want all of our members to live their healthiest lives, so we encourage you to participate in our wellness program.

Completing an annual screening qualifies you for the lower deductible health plan. Participation in the wellness program leads to lower premiums and out-of-pocket costs.

Start SAVING Today

Get healthy. Stay healthy. Be rewarded. The more you do, the more you earn. It doesn't get much better than that.

You must turn in the Incentive Verification Form (signed by your physician) to Michelle Ross to be eligible for the deductible credit. Your plan allows for one physical in a calendar year. If your physician expresses concern, please have him or her contact Blue Cross Blue Shield of Kansas City at 888-495-9340 and reference group number 71-59874. Wellness Verification Forms are due in the Benefits Office no later than November 15 of the Calendar Year before the Calendar Year to which the deductible credit will apply.

Please remember: If you receive a physical at the SpiraCare facility, you do not need to submit an Incentive Verification Form. Blue KC will complete than on your behalf.



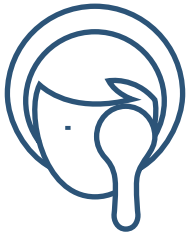


Roofers Dental Plan

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network providers, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates and you may be billed for the difference. To access a current provider directory, please visit bluekc.com.

	In-Network	Out-of-Network
Deductible		
Single	\$50	\$50
Family	\$150	\$150
Is the deductible waived for diagnostic, preventive, or orthodontic services?	Yes	Yes
Annual plan maximum (per individual)	\$2,000 per person per calendar year	\$2,000 per person per calendar year
Diagnostic and Preventive		
Oral exams, X-rays, cleanings (limited to once every 6 months), fluoride, space maintainers, sealants	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	20% coinsurance	20% coinsurance
Major		
Crowns, jackets, dentures, bridge implants	50% coinsurance	50% coinsurance
Orthodontia		
Adults and dependent children	50% coinsurance	50% coinsurance
*Lifetime orthodontia plan maximum (per individual)	\$2,000 per lifetime covered individual	\$2,000 per lifetime covered individual

*Does not apply to pediatric dental dollar value of Essential Health Benefits.



Roofers Vision Plan

VSP's Vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses, and discounts for laser surgery. The Vision plan is built around a network of vision care providers, with higher benefits at a lower cost to you when you use providers who belong to the VSP network. Each time you need services, consider using an in-network provider for the maximum level of coverage for your vision benefits. When you use an out-of-network provider, you will experience a reduced level of benefit coverage.

Locating a VSP Provider Near You

In-network providers include your private practitioner as well as selected chains, including Pearle Vision, Vision Works, Sam's Club, Walmart, and Costco. To locate a provider, visit vsp.com.

	In-Network	Out-of-Network
Eye exam with dilation as necessary (once per frequency period)	Covered in full after \$15 copayment every 12 months	Up to \$45
Frames	\$150 allowance after \$25 copayment every 24 months	Up to \$47
Standard Lenses (once per frequency period)		
Single vision	Covered in full after \$25 copayment every 12 months	Up to \$45
Lined Bifocal	Covered in full after \$25 copayment every 12 months	Up to \$65
Lined Trifocal	Covered in full after \$25 copayment every 12 months	Up to \$85
Lined Lenticular	Covered in full after \$25 copayment every 12 months	Up to \$125
Contact Lenses (\$20 copay waived)		
Medically necessary	Covered in full after \$15 copayment every 12 months*	Up to \$210
Elective (in lieu of all other frames and lenses)	No copayment applies. \$150 allowance for contacts and contact lens exam (fitting and evaluation) every 12 months. Plus, 15% off contact lens exam (fitting and evaluation)	Up to \$105
Laser Vision Correction	Age 20 and over unless medically necessary. Lifetime maximum of \$500/eye or actual cost, whichever is less. Available to Members only (no dependents) with no age restriction. Participant must use an in-network provider	

*Visually necessary exam and professional fees/materials. Requires preauthorization.



Employee Assistance Program

Because unresolved issues can affect every aspect of one's life, including work performance, Roofers Local No. 20 provides you and your family with an Employee Assistance Program (EAP) at no cost to you through Mindful by Blue KC. Call the EAP 24 hours a day, 7 days a week, at 800-302-6463 for confidential assistance with nearly any personal matter you may be experiencing. Licensed counselors can provide you with access to face-to-face counseling, legal advice, and financial consultation. The National Suicide Prevention Lifeline can also be accessed at 800-273-8255.

Tria Health

Tria Health is a free, confidential program provided to you through your Health insurance with the Roofers Local No. 20 Health and Welfare Fund. This program allows you to speak one-on-one with a Tria pharmacist to ensure your medications are safe, effective, and affordable.

Participating in Tria and Roofers Local No. 20 Health and Welfare Fund will help you pay for your medications.

Lower Copays at the Pharmacy:

All active members and participants who participate in Tria will receive free generics and 50% off brand copays on medications used to treat the following conditions:

- High blood pressure
- High cholesterol
- Diabetes
- Heart disease
- Respiratory
- Osteoporosis
- Mental health

Free Test Strips and Wireless Meter

Active members and participants with diabetes will have free access to the Accu-Chek Connect System, which includes a wireless blood glucose meter, testing strips, and a mobile app designed to help you manage your diabetes better.

Who Is Eligible?

Members and participants who:

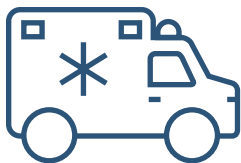
- Have one or more of the chronic conditions listed above.
- Take 2 or more prescription medications.

How Will You Benefit?

- Receive personal and private consultations with a Tria pharmacist.
- Receive FREE generic medications used to treat high blood pressure, high cholesterol, diabetes, heart disease, asthma/COPD, osteoporosis, and mental health, as long as you are engaged in the program.
- Receive a 50% discount on brand diabetes and respiratory medications.

How to Enroll in Tria Health

- Enrollment packet via mail (sent to members and participants who are eligible for the program).
- Online by visiting the Roofers Local No. 20 Health and Welfare member portal (roofers20kcbenefits.com).
- Calling the Tria help desk at 888-799-8742 (Monday-Thursday 8 a.m. to 9 p.m., Friday 8 a.m. to 7 p.m., Saturday 9 a.m. to 5 p.m.).



Roofers Prudential Benefits

Roofers Local No. 20’s comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group Term Life and Accidental Death and Dismemberment (AD&D) coverage are provided for your peace of mind and the financial protection of your family. Roofers provides full-time active members with a Basic Life insurance benefit of \$20,000, as well as the eligibility to receive up to \$20,000 for any injury outside of work through the Accidental Death and Dismemberment benefit. Full-time active members also receive spousal life insurance and child life insurance coverage of \$10,000 per spouse/\$5,000 per child. Retirees are provided with a Basic Life insurance benefits of \$20,000 from ages 55-65; spouses receive \$10,000 benefits.

In the event of your death, the Life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, full-time members are covered under the AD&D insurance for the same amount.

Life/Accidental Death and Dismemberment Benefits*		
Class Description	Class I All Full-time Members	Class II All Retirees Age 55-65
Life Insurance Benefit	\$20,000 Member \$10,000 Spouse \$5,000 Child (15 days to age 19 if full-time student)	\$20,000 Retiree \$10,000 Spouse
AD&D Benefit	\$20,000 Member	\$0
Accelerated Benefit	Up to 80% of your Basic Life amount not to exceed \$16,000	Up to 80% of your Basic Life amount not to exceed \$16,000
Seatbelt Benefit	Included in AD&D benefit	N/A
Age Reduction Schedule	50% at age 70	No benefits after age 65

In order to be eligible for these benefits, you must be covered by Medical Insurance.

*To be eligible for these benefits, you must be covered by medical insurance. For more information on Life/Accidental Death and Dismemberment Benefits, please refer to the benefit documents provided by Prudential. In the event of a conflict between this summary and the documents provided by Prudential, the Prudential documents will control. If you need a copy of the Prudential documents, please contact the Fund Office.

Accidental Death and Dismemberment

The Group Term Life coverage includes Accidental Death and Dismemberment coverage. AD&D insurance provides additional coverage in the event of accidental death or loss of limb or eyesight, as well as brain damage, etc. In the event of a covered accident that results in your death, AD&D coverage is in addition to your Group Term Life.

Be sure to make your beneficiary designation at the time of enrollment to ensure your beneficiary selection is in accordance with your wishes.



Short-Term Disability

Short-Term Disability (STD) benefits administered by Prudential are designed to replace a portion of the income of an active bargaining employee who is covered by the Plan at the time an accident or illness occurs, for his or her non-work-related short-term injury or illness. STD benefits are paid at \$400 weekly during the first 13 weeks of injury or illness. An eligible participant will receive a credit of 25 hours per week toward benefits eligibility while receiving STD benefits.

Short-Term Disability Eligibility — Full-Time Employees

Weekly benefit amount	\$400
Accident Waiting Period	None
Illness Waiting Period	7 days
Benefit Period (per incident)	13 weeks



Notes

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Notes

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Contacts

Roofer's Local No. 20 Health and Welfare Fund

Address	6321 Blue Ridge Blvd, Suite 101 Raytown, MO 64133
Phone	816-313-9427
Fax	816-313-0004
Website	www.roofers20kcbenefits.com

Medical Plan

Blue Cross Blue Shield of Kansas City

Address	One Pershing Square 2301 Main Kansas City, MO 64108
Customer Service	816-395-3275 833-605-6896
Member Services	816-395-3558
Nurseline	877-852-5422
Technical Support	888-989-8842
General Website	www.bluekc.com

Prescription Services

Elixir	800-771-4648
Mail-Order Pharmacy	866-909-5170
Website	www.elixir.com

Tria Health

Tria Health	888-799-8742
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Dental Care

Blue Cross Blue Shield of Kansas City	816-395-2583
Website	www.bluekc.com

Vision

VSP	800-877-7195
VSP Member Services	www.vsp.com

Employee Assistance Program

Mindful by Blue KC	800-302-6463
Website	www.mindfulbluekc.com

Life Insurance and Short-Term Disability

Prudential	800-842-1718
Website	www.prudential.com

This summary of benefits is not intended to be a complete description of Roofers Local 20's benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail.