

# The Fund Office Report

Important News About Your Employee Benefit Programs in the  
Construction Trades Branch of Steamfitters' Local 638

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## 2018 Tax Forms

All tax forms (i.e. W-2, 1099-R, 1099-M and 1095-B) will be mailed by January 31, 2019 as required by law. If you have any questions, please feel free to contact the Fund Office at (212) 465-8888, extension 234.

## Steamfitters.com



The Steamfitters  
Industry Fund Office

We are pleased to announce our updated Member Self-Service link.

Go ahead and log on with your username and password and explore the state of the art secured site. In addition to our current features, here is a list of the enhancements you will find:

*Secure Messaging* - Have a question? Just pick a topic, type your message and hit send. A fund office staff member will message you back as soon as possible.

*Live Chat* - Don't feel like calling? Just click "Live Chat" at the top of your home page to chat with a Fund Office staff member during office hours.

You are now also able to upload documents, such as birth or marriage certificates, add dependents and designate beneficiaries, submit benefit claims electronically, calculate retirement estimates as well as add banking information in order to receive your benefit disbursements via direct deposit. Just go to [www.steamfitters.com](http://www.steamfitters.com) and select Construction Trades Branch or Metal Trades Branch and click on "Members Login".

## My Fund Office

## Fund Office on the Go!

Download our mobile app available in the Apple app store for iOS devices and Google Play for android devices. Our mobile app allows you to: keep track of employer contributions, review your benefit payments, monitor your welfare fund coverage, view documents, view dependent information and designated beneficiaries and message the Fund Office. If you have any questions regarding the Member Self-Service link or the mobile app please contact the Fund Office at (212) 465-8888 option 7 on the main menu.

## New York State Paid Family Leave



**New York State Paid Family Leave (NY PFL) Rate and Benefit Updates for 2019.** The employee contributions to pay for the Paid Family Leave (PFL) benefit coverage will continue through payroll deductions at a rate based on your salary. The following chart represents the updated employee contribution rate and benefit provisions for the upcoming 2019 calendar year, which will be effective January 1, 2019. For more information, please contact your Employer directly or feel free to contact the Fund Office at (212) 465-8888 option 4 on the main menu.

### NY PFL Employee Contribution Rate:

	2019	2018
Employee Rate	0.153%	0.126%
Annualized NYS Average Weekly Wage Cap	\$70,569.72	\$67,907.84
Maximum Employee Annual Contribution	\$107.97	\$85.56

### NY PFL Benefit Provisions:

	2019	2018
Effective Date	January 1, 2019 <i>(applicable to new leave beginning 1/1/19 or later)</i>	January 1, 2018 <i>(applicable to all leave initiated in 2018)</i>
Maximum Length of Paid Leave	10 weeks	8 weeks
Payable Benefit % of an Employee's Average Weekly Wage	55%	50%
Maximum Weekly Benefit	\$746.41	\$652.96

## 2019 Out-of-Pocket Maximums

The Patient Protection and Affordable Care Act requires that health plans must accumulate member and dependent out-of-pocket (OOP) expenses each year. If your OOP expenses exceed the individual or family limit listed below, your future co-payments for the benefit type you exceed will be waived for the balance of that calendar year. Please note that only co-payments for our hospital, medical and prescription drug coverage are considered OOP expenses for the purpose of our OOP maximums.

The annual OOP maximums for the Welfare Fund starting January 1, 2019 are as follows:



- Empire BlueCross (hospital and medical) Individual: \$4,600 Family: \$9,200
- Express Scripts (prescription drugs) Individual: \$3,300 Family: \$6,600

## 2019 National Formulary Update



EXPRESS SCRIPTS®

The Express Scripts National Formulary has a few minor additions to its list of excluded drugs or supplies effective January 1, 2019. The very few number of participants or dependents that were effected were notified in November and a choice of replacement products were provided to them and their physicians.

For the 2019 National Preferred Formulary Exclusions please go to [https://www.express-scripts.com/art/pdf/Preferred\\_Drug\\_List\\_Exclusions2019.pdf](https://www.express-scripts.com/art/pdf/Preferred_Drug_List_Exclusions2019.pdf).

## Dental Benefit Increases

Effective January 1, 2019 the annual maximum benefits for non-orthodontic treatments has increased to \$4,000. Lifetime Orthodontic Treatment per dependent child has also increased to \$4,000. This increased orthodontic benefit applies to treatments beginning after January 1, 2019.

## Medicare Advantage Plan

Effective January 1, 2019 the Empire MediBlue Freedom PPO Plan will replace the Aetna Medicare Plan.

Please call the Fund Office at (212) 465-8888 menu option 4 if you have any questions regarding these changes.

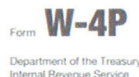
## Hearing Aid Benefit



In an ongoing effort to be sure all fund assets are properly spent, effective January 1, 2019 all **applications for the hearing aid benefit must be accompanied by a letter of medical necessity written by a healthcare professional.** This professional must be a Doctor of Medicine (MD), Doctor of Audiology (AuD), or have a Certificate of Clinical Competence (American Speech-Language-Hearing Association certification) (CCC-A)). This letter must be specifically addressed to the Trustees of the Welfare Fund and must state the patient name, the date they were evaluated and the diagnosis of the patient.

This benefit is available solely as a reimbursement towards the cost of purchasing a hearing aid and is available to you and your legal dependents. Hearing Aid Benefits cannot exceed \$2,000 per person during any calendar year. The applicable date for reimbursement is the purchase date of the hearing aid, not the date you file the form. You must be covered in the Welfare Fund on the purchase date. This benefit cannot be used for the cost of repairs or for batteries. Any unpaid balance for you or your qualifying dependents hearing aid purchase may be submitted to the Health Reimbursement Account provided you have a sufficient balance. Please call the Fund Office at (212) 465-8888 option 8 if you have any questions regarding this matter.

## Pensioners Monthly Annuity Recipients



## Withholding Certificate for Pension or Annuity Payments

As you may recall, upon retirement, you were given the option to have federal income tax withheld from your benefit payments. Withholding is one way for you to pay a portion of your income tax. Whether you are required to pay federal income tax on your benefit payments depends on your personal situation. Please be aware, as a consequence of not having enough tax or no tax withheld from your benefits, you may be required to pay estimated taxes during the year or a tax penalty at the end of the year. Your decision on withholding is an important one and you may wish to discuss it with a qualified tax advisor.

You may change your tax election at any time. The change to your tax election would be placed into effect on the first of the month following receipt of your completed W-4P form.

In order to change your tax election you are required to complete and return IRS Form W-4P to the Fund Office. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at [www.irs.gov/w4p](http://www.irs.gov/w4p). To obtain a form you may also contact the Fund Office at (212) 465-8888, choose menu option 3 for the pension department or visit the IRS website at [www.irs.gov/pub/irs-pdf/fw4p.pdf](http://www.irs.gov/pub/irs-pdf/fw4p.pdf).