

A Guide to *Your* Benefits

CARE FOR OUR HARD-WORKING FAMILIES

2026



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The information in this guide describes only some of the key features of certain benefits plans offered by Arizona Pipe, as of January 2026. If there is a conflict between this material and information in the plan's Summary Plan Description (SPD) and/or official plan document, the SPD/plan document will govern. The Fund has the right to amend or terminate the plans at any time. In addition, this guide is not an employment contract, and employment is not guaranteed by your participation in any of the plans described in it.



Welcome to Your Benefits!

The Board of Trustees for Arizona Pipe Trades Trust Funds is pleased to provide you and your family with a comprehensive benefits program to help protect your health and financial security.

We encourage you to review this guide to learn more about the benefits available to you so that you can get the most out of them.

As a reminder, these are highlights of how your benefit plans work. For more information, see your Summary Plan Description or visit our benefits site at azpipe.org.

If you have questions, please contact our Benefit Office at **602-956-1950**.

BENEFIT HIGHLIGHTS

The Arizona Pipe Trades Trust Funds provide benefits that are designed to support you and your family's health and overall well-being, as well as provide financial security. Here are highlights of your comprehensive benefits package as of 2026, with more details in this guide. Please note that benefits are subject to change.

Health and Well-being Benefits

Medical care: Visit any provider you wish for your medical care. However, you'll pay less for services when you use Cigna's provider network.

Health clinics: UA Local 469 Family Health Clinics provide members and eligible dependents with no-cost primary care from trusted providers with little to no wait time.

Prescription drugs: Fill your prescription for 30 days or 90 days at a participating Cigna retail pharmacy or through mail order.

Dental: Get twice-a-year dental checkups and cleanings at no cost to you when you use a Delta Dental network provider.

Vision: Receive reimbursement of up to \$500 each year for vision care and prescription lenses.

EAP/Mental health care: Access confidential mental health care through Lyra Health, including up to 12 therapy or coaching sessions to support you and the whole family. Explore a library of resources for support with personal and work-related issues.

Financial Benefits

Retirement plans

You're fortunate to belong to a rare group of workers with two retirement plans—a pension fund **and** a 401(k) plan—to help provide you with retirement security.

Health Reimbursement Account (HRA)

This account is set up for you and funded by employer contributions so that you can pay for eligible health care expenses like doctor visits and prescription drug copays.

Financial protection

- Death benefit payable to your beneficiary if you die, plus an additional benefit due to accidental death
- Benefit payable to you if you have a covered accidental injury
- Death benefit payable to you if your spouse or child dies
- Weekly disability benefit

Who Is Eligible for Benefits?

Active employee participants

You're eligible for Fund benefits if you're an active employee of a participating employer that pays into the Fund for health and welfare benefits. This includes corporate officers if their company has signed a participation agreement.

When coverage starts:

Your benefits begin on the first day of the second month after you've worked for a participating employer for at least 150 hours within any three-month period. For example, if you work 150 hours in March and April, your benefits coverage begins May 1.

Eligible dependents

If you are eligible for health coverage, you may also cover your eligible dependents, including your spouse, children (defined as natural, adopted, or placed for adoption, and stepchildren) up to age 26, and children under age 19 for whom you are a legal guardian.

Your dependents must be properly enrolled to be considered eligible for benefits. Check your monthly statement to verify your current list of covered dependents. If you have questions, contact the Benefit Office at **602-956-1950**.

ACTION REQUIRED!

Are you newly eligible for benefits?

You have 90 days to enroll your dependents, with coverage retroactive to your initial eligibility date. You may enroll them later, but coverage won't take effect until the first day of the first month after you enroll them. Contact the Benefit Office at **602-956-1950** to get started.

Have you married, had a baby, or had any other family changes, such as divorce?

You may be able to add or remove covered dependents within 90 days of the date the family change occurred. To update your coverage, contact the Benefit Office at **602-956-1950** within 90 days of the event.

Important: In the case of divorce, an ex-spouse is no longer eligible for your health care benefits. Additionally, an ex-spouse may have a legal right to a portion of your retirement benefits, and this should be addressed as part of your divorce proceedings. We strongly encourage you to contact the Benefit Office as early as possible to understand your options and avoid delays in future benefit processing.

Have you chosen your beneficiary?

If you die, your beneficiary may be eligible for benefits through the Trust Fund as well as the UA and Local 469.

Naming a beneficiary helps ensure the benefits you've earned go to the person you choose and helps protect your loved ones in the event of your death.

See page 18 for details of death benefits and naming a beneficiary.

Keep your beneficiary information up to date

Review and update your beneficiary information as your life changes. Events like marriage, divorce, the birth of a child, or the death of a loved one may affect your choice.

HEALTH AND WELFARE BENEFITS

Health Clinics

The Fund partners with Marathon Health to provide convenient, comprehensive primary care at no cost to you for you and your family members.

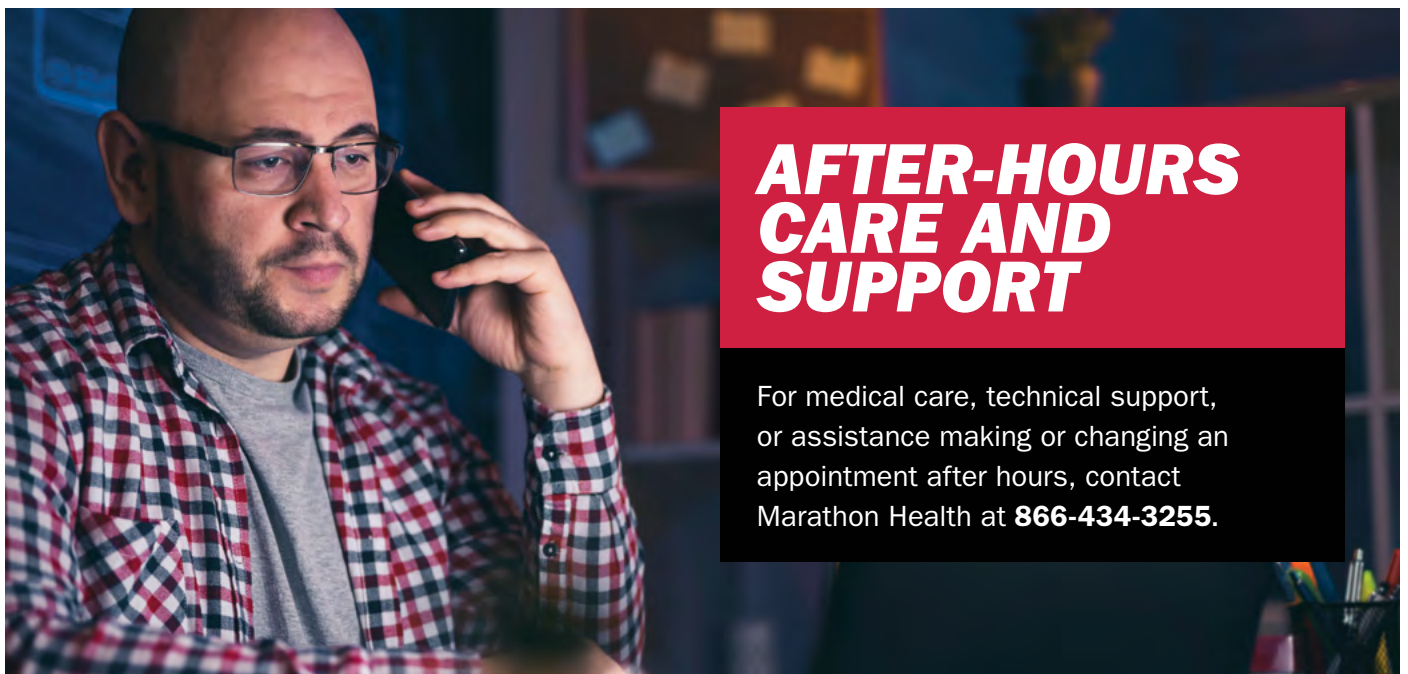
Same-day or next-day appointments (or even virtual appointments) for immediate care needs are available for:

- Annual physicals and preventive care
- Chronic condition management
- On-site lab work
- Sick and urgent care
- Select onsite medications (available at little to no cost, where available)

How to make an appointment

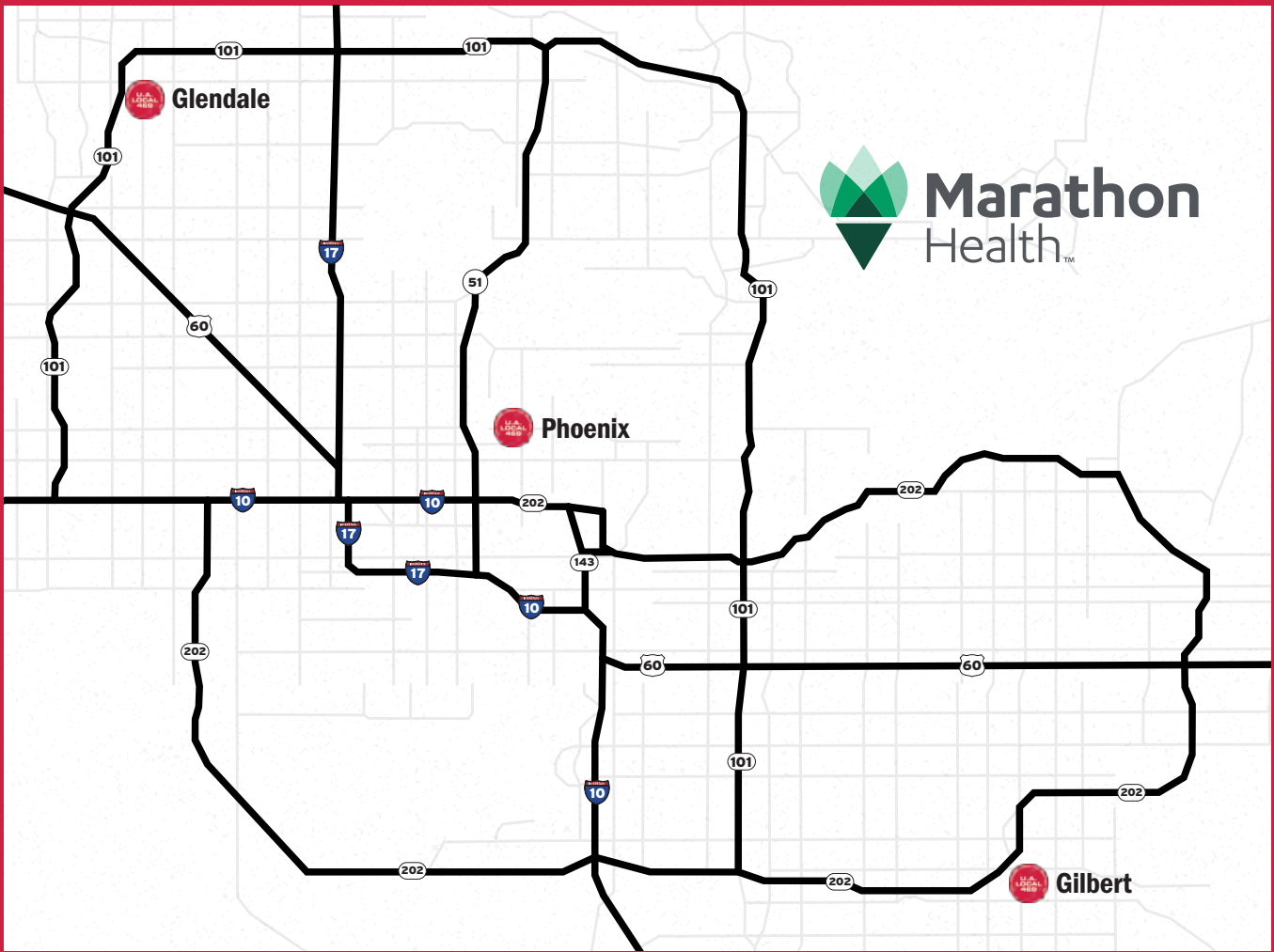
Appointments are necessary before visiting one of the Marathon Health locations.

Visit clients.marathon.health/UALocal469 or download the mobile app from the [App Store](#) or [Google Play](#) to set up your account, schedule an appointment, or manage your care.



AFTER-HOURS CARE AND SUPPORT

For medical care, technical support, or assistance making or changing an appointment after hours, contact Marathon Health at **866-434-3255**.



Locations

Glendale	Gilbert	Union Hall
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18301 N. 79th Avenue
Suite C-136
Glendale, AZ 85308

623-323-2262

Closed Monday;
Tuesday and Wednesday:
9 a.m.–7 p.m.;
Thursday and Friday:
6 a.m.–4 p.m.

3717 S. Rome Street
Suite 109
Gilbert, AZ 85297

623-273-2400

Monday and Wednesday:
7 a.m.–4 p.m.;
Tuesday and Thursday:
9 a.m.–6 p.m.;
Friday:
8 a.m.–12 p.m.

3109 N. 24th Street
Suite 101
Phoenix, AZ 85016

602-830-3900

Monday and Tuesday:
9 a.m.–7 p.m.;
Wednesday and Thursday:
6 a.m.–4 p.m.;
Closed Friday

MEDICAL AND PRESCRIPTION DRUG PLAN

The Fund has contracted with Cigna to provide the Open Access Plus (OAP) provider network for medical coverage and the Cigna Member Choice network for prescription drug coverage.

The plan offers access to a national network of health care providers, hospitals, specialists, and more, with the option to receive out-of-network care. However, you'll pay more out of pocket if you receive out-of-network care.

You are encouraged to choose a primary care provider (PCP) for personalized and coordinated care, but it's not required. Telehealth services for virtual care by phone or computer are available through MDLive.

SAVE MONEY, STAY IN-NETWORK

You'll pay less for in-network care. The Plan has negotiated lower rates with network providers and limits the amount you'll pay out of pocket for covered in-network care and prescription drugs. In most cases, you pay 20% of the negotiated charge.

If you go out of network, the Plan pays providers for covered services up to a "maximum reimbursable charge (MRC)." For most out-of-network covered services, you'll pay 40% of the MRC, and you are responsible for paying any amounts the provider charges above the MRC.

How to find an in-network provider

Login at mycigna.com to find a doctor or call **800-CIGNA24 (800-244-6224)** to find out if a specific provider is in the Cigna OAP Network.

Use the myCigna app

Download the myCigna app from the App Store or Google Play to access your personal health information or to view and print your ID cards. You can also manage your prescriptions, enroll in home delivery, and order refills.



Medical Plan Highlights

For a quick view of what you pay for your medical coverage, refer to the chart below. For a full list of covered services, refer to your [Summary Plan Description](#) (SPD). Go to the **Documents** page of azpipe.org to find the SPD.

Remember, you can use your HRA to get reimbursed for medical expenses you pay out of pocket. See page 17 for HRA details.

Plan Features	In-network	Out-of-network*
Annual deductible (per calendar year)	\$1,000 individual \$2,000 family	
Coinsurance*	20%*	40%*
Annual out-of-pocket maximum	\$4,800 individual \$9,600 family	Unlimited
Preventive care services	No charge; deductible does not apply	Not covered
Office visit, specialist, OB/GYN	20%	40%
Maternity care		
Initial visit to confirm pregnancy	20% after deductible	40% after deductible
All subsequent prenatal visits, postnatal visits, and physician's delivery charge	100% covered	40% after deductible
Delivery-facility charge	20% after deductible	40% after deductible
Diagnostic procedures, outpatient	20%	40% after deductible
Emergency room services	\$100 copay* per visit, plus 20% coinsurance (deductible applies; copay waived if admitted)	
Urgent care	20%	
Hospital inpatient	20% after deductible	40% after deductible
Surgical outpatient	20% after deductible	40% after deductible
Mental health		
Inpatient	20% after deductible	40% after deductible (residential treatment not covered out of network)
Outpatient office visits	20%	40% after deductible
Virtual providers MDLIVE	\$10 copay	N/A
Outpatient all other services	20% after deductible	40% after deductible

*In-network coinsurance is based on Cigna's negotiated charge for network providers.

Out-of-network coinsurance is based on the maximum reimbursable charge (MRC). Out-of-network providers may bill you for the difference between the MRC and what the provider charges.

Prescription Drug Plan Highlights

Prescription drug coverage is included with your Cigna medical plan coverage. Your options for filling prescriptions include:

- **Retail:** Access thousands of national, local, and independently owned participating pharmacies, including pharmacy chains like CVS, Safeway, and Walgreens, for 30-day or 90-day prescription fills.
- **Mail order:** Available for maintenance medications taken for chronic health conditions, including high blood pressure, high cholesterol, diabetes, and more. Receive 30- or 90-day fills of medications delivered right to your door with no additional shipping fee.
- **Specialty Rx:** Cigna will provide personalized patient support services for these complex therapies.

Questions?

Call Cigna at **800-CIGNA24** (800-244-6224) or visit mycigna.com.

Plan Features	In-network	Out-of-network*
Annual out-of-pocket maximum (the most you'll pay out of pocket for covered prescription drugs per calendar year)	\$2,350 individual \$4,700 family	Unlimited
30-day supply (retail or mail order)		
Generic	20% coinsurance up to a \$10 max	40% coinsurance (Mail order not covered)
Preferred brand	20% coinsurance	
Non-preferred brand	20% coinsurance	
90-day supply (retail)		
Generic	20% coinsurance up to a \$10 max	40% coinsurance
Preferred brand	20% coinsurance	
Non-preferred brand	20% coinsurance	
90-day supply (mail order)		
Generic	10%, up to a \$10 max	Not covered
Preferred brand	45%, up to a \$45 max	
Non-preferred brand	65%, up to a \$65 max	

DENTAL PLAN

Getting routine dental care is an important way to keep your smile healthy and your overall health in check. That’s why the Dental Plan benefit through Delta Dental of AZ includes two preventive visits with cleanings and exams and two fluoride treatments per year, at no cost to you in network.

You’ll save money when you use an in-network Delta Dental PPO or Premier network dentist. That is because preventive care is covered at no cost to you. For other services, network dentists can’t charge you amounts above the allowed fee. If you use an out-of-network dentist, you are responsible for your percentage charge plus any amounts the dentist charges above the allowed amount.

Dental Plan Highlights

The chart below shows your costs. Remember, you can use your HRA to get reimbursed for your out-of-pocket dental expenses.

Annual benefit maximum	\$3,000 (per person, per calendar year)	
Annual deductible	Individual: \$25 Family: \$50	
Plan Features	PPO and Premier Dentist	Out-of-Network Dentist
Diagnostic, such as X-rays (deductible does not apply)	\$0	20% coinsurance
Preventive (cleanings, oral exam) (deductible does not apply)	\$0	20% coinsurance
Basic (fillings, simple extractions, and root canals)	20% coinsurance	
Major (complex procedures such as crowns and bridges)	20% coinsurance	
Orthodontia	No coverage	

How to find a PPO or Premier dentist

Visit deltadentalaz.com/forms/find-dentist or call **800-352-6132**, option 1. You can also register for the **Member portal** at memberportal.com/mp/az to view benefits, eligibility, and claims status or sign up to go paperless.

VISION BENEFIT

Regular vision care is important to your overall health. That's why the Fund provides you and your covered family members with a \$500-per-person annual benefit to obtain a vision exam and to use toward the purchase of one pair of prescription eyeglasses (lenses and frames) or prescription sunglasses or contact lenses.

How it works: You can visit any vision provider you wish. Pay for services at the time of your appointment, then submit a claim to the Benefit Office to get reimbursed up to the allowance.

Questions?

For more information, refer to your Summary Plan Description or call the Benefit Office at **602-956-1950**.

Remember, you can use your HRA to be reimbursed for medical, prescription drug, and dental copays as well as any expenses over the \$500 vision benefit limit.



BONUS BENEFIT!

The Fund also provides up to an additional \$200 every 24 months toward frames, lenses, and add-ons for prescription safety glasses and goggles for active employees only.

EAP AND MENTAL HEALTH CARE

The Fund's Employee Assistance Program (EAP), Lyra Health, gives you seamless, confidential, and free access to resources whether you need work and life resources or the opportunity to speak with a counselor.

Mental health support

You and your family have support 24/7 with 12 free counseling sessions per person per calendar year for help with stress, anxiety, depression, as well as relationship, family, and work-related problems, substance abuse (alcohol and drug treatment), and crisis intervention.

Lyra Health provides:

- Crisis care for more severe mental health struggles, such as suicidal thoughts, and alcohol and drug treatment
- In-person and virtual appointments with a therapist for diagnosis and treatment
- Family and marriage counseling
- Therapy and resources for teens
- Coaching for parents
- Medication management with a specialized physician
- Mental health coaching via video or live messaging

Lyra Health can help you navigate your Cigna medical plan if you need additional support.

To access mental health support through Lyra, visit ualocal469.lyrahealth.com or call Lyra Health at **877-969-2917** anytime, 24/7.

HELP IS AVAILABLE

If you or a family member is facing mental health struggles or emotional distress, you are not alone. Call Lyra Health at **877-969-2917** anytime, 24/7, to access in-the-moment mental health support, crisis care, or assistance setting up your account or making your first appointment.

Work-life solutions

Your EAP also offers on-demand online tools, including meditations, wellness courses, and articles to help you navigate life's ups and downs, including:

- **Legal services** (emergency legal services, mediation, document preparation)
- **Financial services** (tax planning, financial planning, free financial consultations)
- **Identity theft services** (consultation with a fraud-resolution specialist)
- **Dependent care services** (child care, elder care, and pet care referrals).

To learn more about your work-life solutions benefits, visit ualocal469.lyrahealth.com/worklife. Please note that the site is provided through Carelon, a partner of Lyra Health.

Contact Lyra Health

Call Lyra Health at **877-969-2917** or email care@lyrahealth.com.

Download the Lyra Health app from the [App Store](#) or [Google Play](#).

FINANCIAL BENEFITS

Retirement Plans

As a member of the Arizona Pipe Benefit Funds, you have an extraordinary set of financial benefits that work together to provide you with a solid income stream when you retire after a career in the industry: the Pension Plan **and** the Defined Contribution/401(k) Plan.

Your continued participation in the Arizona Pipe Benefit Funds should result in a bright financial future that you can look forward to.

Questions?

Call the Benefit Office at **602-956-1950**.





Pension Plan

Solidly funded, the traditional Pension Plan promises you a secure, guaranteed income as long as you live. The Pension Plan is a defined-benefit plan. That means your benefit at retirement is determined by a set formula that depends in part on how many hours you work each year and the number of pension credits you earn over your career. The longer you work, the greater your benefit will be.

Eligibility

Generally, you begin participating in the plan after one year of service, and the benefits you have earned are yours to keep once you have worked for five years. Review your [pension plan SPD](#) for details. Go to the **Documents** page of azpipe.org to find the SPD.

Receiving your benefit

The Plan offers several options for when you are eligible to receive your pension benefit at retirement, as well as how you would like it to be paid.

For example, you may begin drawing your pension when you become eligible for **early retirement** (as early as age 55), **regular retirement** (age 62), or **service retirement** when you reach “80 and out” (when your age plus your number of full-year pension credits equals 80). Other requirements apply.

How to apply

1. Contact the Benefit Office at **602-956-1950** at least three months prior to your anticipated retirement date.
2. Complete a [pension application](#) and submit it to the Benefit Office. Go to the **Documents** page of azpipe.org to find the form.

Defined Contribution/401(k) Plan

The Arizona Pipe Trades Defined Contribution Pension Trust Fund is also called the 401(k) plan. With this plan, your employer automatically contributes to a retirement savings account on your behalf according to the collective bargaining agreement. As of 2026, the contribution amount is \$5.00/hour for Building Trades Journeymen.

You also have the option to contribute an additional percentage of your wages tax free. Review your [Defined Contribution/401\(k\) SPD](#) for details. Go to the **Documents** page of azpipe.org to find the SPD.

The Plan is administered by the Board of Trustees which has hired John Hancock as the Fund's recordkeeper.

The amount of benefits you receive at retirement is determined by the amount of contributions made to your account over your career and the investment earnings (or losses) your account sustains.

Plan highlights

Your account grows tax free. Your account balance earns investment income that grows tax free. Your account balance is not taxable until you receive the money.

You can contribute to your account. You can make voluntary contributions from \$0.50 to \$8.00 per hour from your wages, reducing your tax burden. You can contribute even more in \$1 increments of your hourly wage up to annual IRS limits.

You can make additional “catch-up contributions” if you are age 50 or over. For up-to-date information visit irs.gov/retirement-plans and search for **contribution limits**.

You can take a partial distribution of your account in certain situations. The plan allows active employees who meet certain requirements to take money out of their account due to financial hardship (such as home foreclosure) with certain tax penalties. Call John Hancock for more information at **833-38-Union**.

You can leave your balance in the Plan and let it grow. You become eligible to receive a distribution of your account at retirement, or you may leave your account balance in the Plan. You are required to take minimum payments beginning in your 70s, depending on the year you were born.

Manage your account

Visit myplan.johnhancock.com or download the mobile app to track your balance and access calculators and educational resources to help you improve your financial well-being.

Adjust your contributions

Want to contribute money beyond what your employer contributes? Need to change your contribution amount? You can do so during the semi-annual open enrollment period (months of June and December) or at the time you are dispatched by 469 to work for an employer covered by this Plan. Follow these steps to make changes:

- Go to the **Documents** page of azpipe.org to find the [Wage Deferral Form](#), or call the Benefit Office.
- Complete the form and submit it to your employer for wage adjustments.

Questions?

Questions? Call John Hancock at **833-38-Union** (833-388-6466).

HEALTH REIMBURSEMENT ACCOUNT

Your AZ Pipe benefits include a Health Reimbursement Account (HRA) for eligible active members that is administered by WEX. An HRA is a special type of account that is fully funded by employer contributions according to a collective bargaining agreement.

You can use the HRA to pay for eligible health expenses for yourself and your dependents covered by your AZ Pipe Trades Health and Welfare Trust Fund, such as copays or coinsurance for doctor visits, dental and vision care, and prescription drugs.

You can also use your HRA funds to purchase allowed everyday health items from a retail pharmacy or any eligible online FSA/HSA/HRA vendor, like the FSA store.

Keep your receipts!

Be sure to keep your receipts from your purchase or service to substantiate your claim. Without this proof of purchase, you may be denied reimbursement.

Manage your account

You'll receive a debit card that you can use wherever it is accepted to purchase eligible items, or you can pay for your items yourself and submit receipts for reimbursement.

Access the HRA portal 24/7 to view your account balance and debit card transactions at fundoffice.lh1ondemand.com/Login.aspx.

Access HRA documents, including FAQs, claims forms, login instructions, and more at azpipe.org.

For questions or to report a lost or stolen debit card, call the Benefit Office at **602-956-1950**.



**YOUR HRA
COULD BE A
RETIREMENT
BENEFIT**

Contributions accumulate and do not expire—they may even roll over to a retiree HRA if you are eligible. A retiree HRA can be used to pay premiums for health care coverage.

DISABILITY AND DEATH BENEFITS

The Fund provides benefits to you if you are unable to work due to disability or to your beneficiary if you die. Your beneficiary may also be eligible for death benefits through the UA and Local 469, as long as you are a member in good standing at the time of your death and meet other requirements that may apply.

Weekly Disability Benefit

If you become sick or injured and can't work, the Fund provides a \$500 weekly benefit for up to 26 weeks of disability. Contact the Benefit Office at **602-956-1950** if you have questions or to report a claim.

Death and AD&D Benefits

The table below summarizes the benefits available and how to name a beneficiary and claim a benefit.

Naming a beneficiary helps ensure the benefits you've earned go to the person you choose and helps protect your loved ones in the event of your death. Once you've named a beneficiary, be sure to keep your beneficiary up to date as your life changes with marriage, divorce, the birth of a child, etc.

Benefit	Amount payable to your beneficiary	To Name or Update a Beneficiary
Health and Welfare Death Benefit	\$50,000	Complete the Pipe Trades Beneficiary Form (available on the Documents page at azpipe.org) and mail it to the Benefits Office (address on form). For questions or to make a claim, call the Benefits Office at 602-956-1950 .
Health and Welfare Accidental Death & Dismemberment (AD&D) Benefit	\$50,000 payable for a covered death \$10,000 payable to you for a covered injury	
Dependent Death Benefit	Benefit payable to you for spouse (\$1,000) or child age 6 months to 26 years (\$500)	
Pension	Eligible remaining payout	
401(k) (Defined Contribution)	Eligible remaining balance	
UA Burial Expense Benefit	\$2,500	
UA Local 469 Death Benefit	\$15,000	



azpipe.org

IMPORTANT CONTACTS



Questions about	Provider	Phone Number or Email	Website
Eligibility, self-pay, or applying for pension or 401(k) benefits	Benefit Office 3109 N. 24th Street Suite 105 Phoenix, AZ 85016	602-956-1950 or 877-429-7473 602-956-3016 (fax) staff@azpipe.org	azpipe.org
UA Local 469 Marathon Health and Wellness Centers	Glendale Center	623-323-2262	clients.marathon.health/UALocal469
	Union Hall Center	602-830-3900	
	Gilbert Center	623-273-2400	
Medical or prescription drug claims, network providers, or precertification	Cigna	800-CIGNA24 (800-244-6224)	mycigna.com
EAP/Mental Health Care	Lyra Health	877-969-2917	ualocal469.lyrahealth.com
Telehealth Connection Services	MDLIVE	888-726-3171	mycigna.com
Dental plan	Delta Dental	602-938-3131 or 800-352-6132	deltadentalaz.com
Arizona Pipe Trades Defined Contribution Pension Trust Fund	John Hancock	833-38-UNION (833-388-6466)	myplan.johnhancock.com
Health Reimbursement Account	Member Services	602-956-1950 or 877-429-7473 staff@azpipe.org	fundoffice.lh1ondemand.com/Login.aspx
Death benefits and support for families when a member dies	Kim Herring UA Local 469	602-956-9350, ext. 1003	kherring@ualocal469.org