



Message from the Trustees

2021 was a busy year for the Fund, making benefit improvements, publishing a new Summary Plan Description (SPD) that includes information about all of our benefit plans, navigating COVID-19, and keeping up with new federal legislation. We are proud to be able to serve you and continue to offer comprehensive, affordable benefits. We expect 2022 to be another busy year. Happy holidays!

Contribution and Retiree Self-Pay Rates Staying the Same

The Health & Welfare Base Plan and Alternative Plan contribution rates are not changing. There will be no increases on January 1, 2022. There also will not be changes for the retiree self-pay rates.

No Surprises Act/Transparency Act Updates

There are two recent pieces of federal legislation that are getting a lot of attention. Because the Fund is a grandfathered plan, the **Transparency Act** rules do **NOT** apply, however, Blue Cross Blue Shield of Illinois (BCBS) is required to send new ID cards that include deductible and out-of-pocket maximum amounts. The new BCBS ID cards will be distributed in January. Importantly, your old BCBS ID cards will still work for presenting to your providers. The Fund will have to implement changes based on the **No Surprises Act** on **July 1, 2022**. We'll let you know what those changes are and what they mean when we get closer to July of next year.

Cologuard® Testing Covered

The Fund covers Cologuard at-home colon cancer screening. The Fund Office has received many inquiries about deductible and coinsurance for Cologuard services. Be advised that while coverage for Cologuard is provided by the Fund, because the Fund is considered grandfathered under the Affordable Care Act, this service is subject to the deductible and coinsurance applicable to the plan you are in—and not payable at 100%.

ABA Therapy Training Costs Covered

Effective October 1, 2020, the Plan will pay for costs associated with ABA (applied behavioral analysis) therapy caregiver training and/or education.

Precertification Reminder

Remember to call the Fund Office if you have any questions about whether something is covered, especially if it could be considered experimental and/or investigational. While precertification is only required by the Plan for a limited number of services, the Fund will perform predeterminations for medical necessity for many other services. This will allow you and your provider to know if coverage will be provided before the service is rendered and charged.

Incoming Reciprocity Change

Effective with hours “worked” in January 2022, participants with incoming reciprocity hours will be credited hour for hour regardless of the contribution rate in the Local Union where the work is performed. This is a change from how the Plan currently credits reciprocity hours, which is according to the proportional contribution rate for those hours.

Donated Hours

The Trustees recently adopted an amendment to the Plan to allow one participant to donate hours from their Hour Bank to a fellow participant who may be unable to work due to a **catastrophic illness or injury**. The donating participant can donate up to 25% of the hours in their Hour Bank at the time of donation without limit to the number of donations per year. However, the sum of all hours donated cannot exceed one year of coverage in the participant beneficiary's lifetime. Once donated, hours cannot be withdrawn by the donating participant. The effective date of this amendment is immediate. Please contact the Fund Office if you would like more information or to initiate the process.

Ground Ambulance Charge Coverage

The Trustees have decided to improve the coverage for out-of-network (“OON”) ground ambulance expenses by treating them with in-network coinsurance rates. This means that coinsurance for such services for persons covered under the Base Plan will change from 25% to 10%, and for the Alternative Plan, from 40% to 30%. This change is effective for dates of service on or after January 1, 2022.


Employee Assistance Program Reminder

Throughout this mentally tough time, we again wanted to be sure to remind you about the LifeWorks Employee Assistance Program (EAP). The Fund covers up to three **free** EAP visits per year. LifeWorks can help you manage personal issues at work or at home. Whether you are facing challenges at work, looking for help with parenting, health, your personal finances, or coping with a personal or family issue, you will find fast, expert help with LifeWorks. After initial EAP visits, LifeWorks can refer you to local providers to continue your care. You can find information about LifeWorks on our website (www.neca-ibew.org/LifeWorks) or you can call LifeWorks toll-free at 888-456-1324, 888-732-9020 (En Español), or 800-999-3004 (TTY). ***There is no cost and it is completely confidential.***


Telehealth/Virtual Visit Coverage Extended

The Fund is covering telehealth and virtual visits for medical services on an ongoing basis. The coverage was set to expire on December 31, 2021, but we have seen how helpful this service is. The Fund covers telehealth visits related to COVID-19 testing at 100% with no member cost sharing (unless the need for testing is employment related). Telehealth and virtual visit services not related to COVID-19 testing will be subject to standard Plan rules (i.e., deductible, office copays and coinsurance).

MD Live Reminder

 Remember that the Fund also covers virtual visits through MDLIVE. Services provided through MDLIVE are covered at 100% with no member cost sharing. Please visit the Fund's website for more info about MDLIVE. You can also download and use the **free** MDLIVE app on your smartphone or tablet. For many services, MDLIVE can be a great cost-saving option for both you and your family and the Fund!

New Vision Network Coming in 2022

 In order to improve the vision coverage and provide cost savings, the Trustees are implementing a new vision network through EyeMed starting in 2022. With the new network, the Fund will also provide discounts for Covered Persons on Lasik and PRK (photorefractive keratectomy) procedures. A separate, more detailed notice about the EyeMed program is being sent by the Fund Office in December 2021. EyeMed will also be sending a welcome kit with member cards and other information in late December 2021. This program only applies to Covered Persons eligible for Base Plan coverage.

Vaccine Reminders!

Have you gotten your flu or COVID-19 shot yet? You can get yours at a CVS Pharmacy through the Prescription Drug Benefit or from your doctor under the Medical Benefit. Vaccinations and inoculations are covered under the Base, Alternative and Supplemental Retirement Plans, as well as under the SilverScript prescription drug plan for Medicare-Eligible retirees. Vaccines are covered 100% under the Prescription Drug Benefit **when administered at a CVS Pharmacy**. This includes flu, pneumococcal, shingles and TDAP vaccinations. If you get these vaccinations at your doctor's office or a CVS Minute Clinic, they are covered under the Fund's Medical Benefits and subject to the applicable deductible and coinsurance. COVID-19 vaccines are covered by the Fund at 100% under either the Prescription Drug or Medical Benefit. Due to certain state laws, flu shots may be unavailable to children under certain ages. Ask your doctor or pharmacist before you go.

SPD Updates

Earlier this year, we published a new edition of the Fund's Summary Plan Description (SPD). Since it was published, certain updates and edits have been adopted by the trustees:

1. Two definitions in the "Prescription Drug Benefit for Participants Not Eligible for Medicare" section have been edited. The changes are meant to clarify the terms for you. The new definitions are below:
 - **Non-Preferred Brand:** Brand name medications that are placed at a higher cost tier on the formulary.
 - **Specialty:** Medications used to treat complex conditions (i.e., rheumatoid arthritis, multiple sclerosis, cancer). This includes certain pharmaceuticals, biotech, or biological drugs that are used in the management of chronic or genetic disease, including, but not limited to, injectable, infused, or oral medications or products that otherwise require special handling.
2. Under the "Prescription Drug Benefit for Participants Eligible for Medicare," the following are changes:
 - Effective January 1, 2022, except for erectile dysfunction drugs and certain diabetic supplies not covered by Medicare Part D, the Fund will no longer provide additional prescription drug coverage beyond the standard Medicare Part D prescription drug plan coverage. Erectile dysfunction drugs and diabetic supplies will still have the additional coverage by the Fund.
 - "Non-preferred" pharmacies are now referred to as "standard" pharmacies. This is also applicable to the "Schedules of Benefits."

3. In the “Schedules of Benefits,” the following edits have been made:

- Footnotes 1 and 2 on pages 20 and 24 are removed as they do not apply to Persons eligible for Medicare who are covered under the Retiree Plan.
- There was an error in Prescription Drug Copayments for Active Employees and Retirees under age 65 who are covered under the **Alternative Plan**. The corrected Copayment levels are as follows:
 - **Retail (up to 34-day supply):**
 - Preferred Brand Name Prescription: \$40
 - Non-Preferred Brand Name Prescription: \$50 (plus the difference in cost between the generic and brand name when a generic is available)
 - **Mail-Order or Maintenance Choice (up to 90-day Supply):**
 - Preferred Brand Name Prescription: \$80
 - Non-Preferred Brand Name Prescription: \$100 (plus the difference in cost between the generic and brand name when a generic is available)

Time to Update Your Data Card



You must complete and submit a Data Card once a year, or any time your information changes, including moving, family status changes (getting married or

divorced, adding a dependent, a death in the family), or if your spouse has a change in employment status and/or a change in benefit plans or health insurance offered by his or her employer. **Your and/or your dependents' claims may be denied if your completed 2022 Data Card is not received by the Fund Office by January 1, 2022. You must complete a Data Card even if you are NOT making any changes.** The Fund Office recently sent out emails reminding participants to update Data Cards. If you did not submit an electronic Data Card via DocuSign, or if the Fund Office does not have your email address on file, a paper Data Card will be mailed to you in December. You may also complete and sign your Data Card online. The electronic or online Data Card will automatically be sent to the Fund Office. Visit the Fund's Data Card web page at <https://www.neca-ibew.org/Home/Data-Card> or contact the Fund Office for further instructions on how to complete and submit your Data Card.



Does Your Spouse Have Access to Employment-Based Coverage?

If your spouse is employed and eligible for health care coverage through his or her employer plan, your spouse **MUST TAKE THAT COVERAGE REGARDLESS OF HOW MUCH IT MAY COST** or he or she will not be covered under our Plan. If your spouse has a change in his or her employment status and/or has a change regarding his or her insurance status, you must contact the Fund Office and disclose your spouse's employment status. This will allow the Fund Office to confirm whether your spouse has insurance coverage available through his or her employer. **FAILURE TO DISCLOSE YOUR SPOUSE'S EMPLOYMENT STATUS COULD RESULT IN YOU BEING LIABLE TO THE FUND FOR CLAIMS PAID ON YOUR SPOUSE'S AND/OR DEPENDENT CHILDREN'S BEHALF.**

For example, a participant submits an annual Data Card in January 2021, and the participant indicates his spouse is not employed. However, the spouse has been employed since November 2020 and has insurance available through her employer. The Fund subsequently pays claims on behalf of the spouse in the amount of \$10,000.00. In January 2022, the Fund discovers the spouse is employed and had insurance available through her employer since November 2020. The Fund will then send the participant a notice that the spouse's coverage will be cancelled retroactively to January 2021 and the participant and spouse will be jointly responsible for repaying the Fund the \$10,000.00 in claims.

The above example is for illustrative purposes only. Each situation will be handled on a case-by-case basis depending on the applicable facts and circumstances. As with any situation, all SPD/Plan Document provisions apply. If you are unsure about your spouse's and/or dependent children's coverage status, please contact the Fund Office as soon as possible.

COBRA Continuation Coverage Self-Pay Rates

Under certain circumstances, you may be eligible to continue coverage on a self-pay basis as required under federal law, referred to as COBRA Continuation Coverage. Monthly self-pay rates for COBRA Continuation Coverage effective January 1, 2022 are shown on the next page. The rates will remain in effect at least through December 31, 2022.

Base Plan COBRA Rate (Effective 1/1/2022)

Coverage	Rate
Medical, Prescription Drug, Dental and Vision	\$1,015 (no change)

Alternative Plan COBRA Rate (Effective 1/1/2022)

Coverage	Rate
Medical and Prescription Drug Only	\$763 (no change)
Single Coverage Tier—Medical and Prescription Drug Only	\$504 (no change)

Important COBRA Reminders

- The Fund does not allow for HRA contributions under COBRA Continuation Coverage.
- These COBRA rates are provided for informational purposes only. You cannot select which plan you want when you apply for COBRA coverage. If you have Base Plan coverage, you must pay the Base Plan rates—you cannot decide to opt into the Alternative Plan to pay the lower rates when you are on COBRA.
- When you retire, you can choose to continue the same type of coverage as your active coverage by electing COBRA coverage or you can elect coverage through the Supplemental Retirement Benefit Plan. Your choice is important and will affect your future coverage. If you elect COBRA coverage at the time you receive a retirement award or after, you will not be able to elect Supplemental Retirement Benefit Plan coverage when your COBRA coverage expires. If you have questions about your options and how they will affect your coverage, please call the Fund Office.

WELLNESS 2022 Program Update

POWER Remember: When you participate, you receive reward contributions to your Health Reimbursement Account (HRA). You and your spouse will each receive reward contributions to your HRA when you participate in and complete the following wellness and disease management programs. Please note that retirees over age 65, their spouses, and all covered dependent children are not eligible for reward contributions but are eligible to participate in the Wellness Power programs. See your SPD for more detailed information about the Wellness Power program.

- Register your wellness account on the online portal or mobile app, MyHealth by Telligent, log in to the mobile app, or, for those already registered in previous program years, provide your mobile number in Settings on the portal or app to receive \$25 HRA contribution.
- Complete a Health Assessment and Health Advising Call each year and receive a \$75 HRA contribution.
- Complete a Biometric Screening and receive a \$50 HRA contribution.
- Participate in and complete a Lifestyle Management or Disease Management Coaching program and receive a \$100 HRA contribution each year.
- Complete an Online Health Challenge and receive a \$50 HRA contribution.

You can earn HRA reward contributions of up to \$300 per participant and \$600 per participant and spouse each year (excluding retirees over age 65, their spouses, and all covered dependent children).

To access the health assessment, online health challenges, biometric screening forms and other information, please visit the Wellness Power website (<https://necaibew.totalwellbeinglife.com/>).

HRA Direct Transfer Reminder

The HRA Direct Transfer process enables participants* to easily make payments for COBRA and retiree premiums, directly from their HRA account without having to pay up-front and wait to be reimbursed. Communications are sent to applicable participants about the HRA Direct Transfer. Please contact the Fund Office should you have any questions or would like more information about this feature. (*Please note this option is not quite yet available for retirees affiliated with Local 494 but will be soon. Correspondence will be sent to those applicable retirees when this option becomes available.)

Remember to Use the HRA App and Participant Portal for Your HRA Claims and More!

Check out the free NECA-IBEW HRA Benefits app, available for iOS and Android devices. Find it in the iTunes App Store or on Google Play. You can file reimbursement claims using either the mobile app or participant Portal (accessible through the Fund's website), and also access your phone's camera to submit documentation for your reimbursement claims/Benny Card transactions. The participant Portal has a new “**Let's Chat**” feature that you can use to get info about your claim status and get answers to your HRA questions in real-time. Visit the website <https://www.neca-ibew.org/Health-Reimbursement-Account> for more information.

Benny Card Reminders and Tips

It is important to remember that Benny Card transactions that do not automatically validate, must be substantiated by providing proper documentation to the Fund (e.g., receipt, bill, etc.). The most convenient way to do this is by using the HRA app (see above for more information). The Fund Office makes every effort to “match” your health claims to your HRA transactions to assist you with the documentation process by substantiating your Benny Card claim without you having to submit additional documents. This, however, cannot be done in every case.

If your Benny Card is invalidly used or you do not provide proper documentation to substantiate your HRA claim, you will receive multiple notices to provide the necessary document(s). If you do not send in the necessary document(s), then your Benny Card may be suspended, and you may eventually need to be issued a 1099-MISC. If this happens, you will need to pay federal tax on the amount of your unsubstantiated claim. It is important to remember that *even if your Benny Card is suspended, then you still have access to your HRA account* via the standard reimbursement process.

New Opt-Out Option for Retirees

The **Retiree Opt-In/Opt-Out option** allows retirees to opt out of Fund coverage *one time* at either the time of retirement or after retirement (*note that the option to opt out after retirement is new*) and then opt back in later if you meet certain criteria. You must have continuous health insurance coverage *through your spouse's employer* during the period you are opted out and you must complete the Fund's Opt-Out form or the Opt-In option will not apply. **You can only opt out of coverage one time.**

Retiree Plan Eligibility Criteria Changes

As an additional path to gain access the retiree plan, participants who have worked 45,000 hours (including reciprocal hours) in employment requiring contributions to the Plan in their lifetime will be allowed to qualify for retiree coverage once they have re-established their eligibility before retirement. This will enable members who serve as inspectors, maintenance workers, etc. later in their careers to qualify for retiree coverage.

Additionally, the Trustees adopted an “Inspector Opt-Out” option. This option will allow members who go to work as governmental inspectors to retain the right to re-enter the retiree plan later, no earlier than age 55, provided they have had continuous health insurance coverage through their governmental employer and give proper notice to the Fund Office

Both of these new Plan changes are effective immediately.

Retiree Reminders

Contact the Fund Office When You're Getting Ready to Retire. You have options when you retire and the Fund Office can help you sort them out. For example, some participants think that COBRA Continuation Coverage and the Supplemental Retirement Plan Coverage are the same since they both require self-payments. **However, you can only elect COBRA Continuation Coverage for 90 days from the time of your retirement, or you will lose any future right to receive Supplemental Retirement Benefits.** Please call the Fund Office and our staff will help you make the right decision for you and your dependents.

If you or one of your covered dependents is eligible for Medicare, you must enroll in Medicare Parts A and B. Coverage is not automatic; you must apply. If you are eligible for Medicare and not enrolled in both Medicare Parts A and B, then supplemental coverage will not be provided by the Fund until you are enrolled.

Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act of 1998, the Plan provides medical and surgical benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). These benefits are subject to the Plan's deductible and coinsurance rules.

Protecting Your Privacy



The Welfare Trust Fund takes your privacy and the security of your data and information very seriously. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own health care information. The Fund's Privacy Policy explains how the Plan uses and discloses your personal health information. A complete description of your rights under HIPAA can be found in the Fund's Privacy Policy, which was distributed to you upon enrollment. For a copy of the Fund's Privacy Policy, you can:

- Arrange an appointment to review and/or obtain this document at the Fund Office; or
- Visit the Fund's Web site, www.neca-ibew.org, to view and/or download a copy; or
- Request, in writing, a copy from the Fund Office.

Keep Your Information Up to Date

If you do not **notify the Fund Office if you get divorced, if you or another family member have other benefit plans, or if there has been a death in the family**, it may result in you owing money to the Fund. **If you get divorced**, you may also need to update your beneficiary designations for Death Benefits and Accidental Death & Dismemberment Benefits. If you get divorced, any prior beneficiary designation naming your former spouse as beneficiary (but not any other beneficiary designations) will be null and void. If you would like to retain your former spouse as beneficiary, you must complete a new beneficiary form after your divorce, listing your former spouse as a beneficiary. If you do not have a valid beneficiary or surviving spouse, the Death and/or Accidental Death & Dismemberment Benefit will be paid to your estate. **Contact the Fund Office if you want to change or designate a beneficiary.**

The Fund must also be made aware of any change in Dependent health insurance coverage. If you fail to notify the Fund Office of changes, you may be liable for benefits paid in error due to misinformation or lack of information supplied by you. The Fund has the right to recover any overpayment or mistaken payment made to you or to a third party. The Fund may recover those monies through legal action or by reducing future benefit payments.

Statement of Grandfathered Status

The Trustees believe that this Plan is a "grandfathered health plan" under the Affordable Care Act, which permits us to preserve certain basic health coverage already in effect before the law was passed. As with all grandfathered health plans, our Plan does not have to include certain consumer protections of the Affordable Care Act that apply to other plans (for example, providing preventive health services without any cost sharing). However, grandfathered health plans, like our Plan, must comply with other consumer protections in the Affordable Care Act (for example, the extension of coverage for dependent children to age 26). Contact the Fund Office if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You may also contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 866-444-3272 or www.dol.gov/ebsa/healthreform. The website includes a chart summarizing the protections that do and do not apply to grandfathered health plans.

Online and Accessible 24/7!



Visit Our Website:
www.neca-ibew.org

Like Our Facebook Page:
www.facebook.com/NECAIBEWBenefits



Follow Us on Twitter:
<https://twitter.com/NECAIBEWBenefit>

And Make Sure to Use the Member Benefits Portal, the Wellness Power Portal and the HRA Participant Portal!

The Member Benefits Portal, Wellness Power Portal and HRA Participant Portal are separate sites that are **NOT** connected. Your accounts for each site are separate. If you have not already created accounts for the portals, you will need to register for each portal. Be sure to highlight the "Login to Member Benefits" link on our website. Electronic Explanations of Benefits (EOBs) statements can be viewed and printed directly from our Member Benefits portal. If you have any questions about how you can access your eEOB or the portals, please contact the Fund Office at 800-765-4239.

Go Paperless!

If you would like to get your required correspondence, such as newsletters and Summary Annual Reports, electronically, you can sign up to go paperless on the Fund's website. We hope this option will make your life easier, save on postage costs and help the environment at the same time. If you wish to continue receiving information by mail, you do not need to do anything. EOBs (explanation of benefits) will continue to be mailed regardless of whether or not you sign up to go paperless.

NECA-IBEW Welfare Trust Fund

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Please read this newsletter carefully and save it with your Summary Plan Description and other benefits documents. This newsletter contains only highlights of certain features of the NECA-IBEW Welfare Trust Fund. It is intended to be a Summary of Material Modifications. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.



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HAPPY HOLIDAYS
AND A
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