



# NECA-IBEW WELFARE TRUST FUND

# NEWSLETTER



Vol. 42, No. 1

Decatur, Illinois

[www.neca-ibew.org](http://www.neca-ibew.org)

January 2025

## A Message from the Fund

The Trustees and Fund Office staff have been busy implementing several new benefits and programs over the past year. From now providing 100% coverage on certain preventive care services and supplies, to moving to new prescription benefit manager MedImpact, these changes are both improving your Plan and saving money. The Fund has or will soon be implementing new benefit programs, such as **Sword Health**, **Progyny**, and **Color**. While these programs are enhancements to your benefits, they are also intended to offset costs because the treatment and detection services they provide are more convenient and cost effective than traditional provider-based services.

The Fund's finances have improved over the past year due to increased work and contribution rates, as well as stabilizing utilization and inflation. However, because of the shortfalls experienced in 2022 and 2023, along with medical and prescription drug trends projected to rise in 2025, the Trustees have approved a contribution rate and premium increase for actives and pre-65 retirees, respectively, effective June 1, 2025. Please read on for more information on your rates, benefits, and the new programs.

## Active Contribution and Retiree Plan Premium Rates

Effective June 1, 2024, active contribution rates for the Base Plan (only) increased by \$0.25 per hour. The current Base Plan and Alternative Plan rates are \$8.60 and \$5.65 per hour, respectively. The next contribution rate increase will be effective June 1, 2025, only for active employees on the Base Plan. This increase will also be \$0.25 per hour. There were changes in the self-pay premium rates for retirees under 65 on the Base Plan effective June 1, 2024. There will again be changes for such retirees effective June 1, 2025. The Fund Office will be in communication with those Retirees about the new rates. There will be no premium increase for Medicare-eligible retirees 65 and over or disabled, nor for actives and retirees on the Alternative Plan, for 2025.

## Tax Information – IRS Tax Form 1095-B and Annual HRA Statements

Effective in 2025 for the 2024 tax year, the Fund will no longer mail IRS tax form 1095-B or annual HRA Statements to all Participant households. The Trustees approved these changes to save on costs, due to Form 1095-B no longer being required to file federal tax returns, and because HRA account information is available on demand. Paper copies of either of these documents can still be furnished to Participants upon request. Such requests may be made by contacting the Fund Office at 1-800-765-4239, Option 6, by emailing a request to [info@neca-ibew.org](mailto:info@neca-ibew.org), or by mailing a request to the Fund Office at 2120 Hubbard Ave., Decatur, IL 62526. Additionally, HRA Statements and real-time HRA activity may be obtained from the Fund's HRA website/portal: [necaibew.lh1ondemand.com](http://necaibew.lh1ondemand.com) and real-time activity can also be viewed anytime on the Fund's HRA app.

## Employee Assistance Program (EAP) Reminder



The Fund provides up to three (3) free EAP visits per year through TELUS Health. After initial EAP visits, TELUS Health can refer you to local providers to continue your care under standard Plan coverage. There is **NO COST** to you for an EAP visit, and it is completely confidential. Information on how to access the TELUS Health EAP is posted on the NECA-IBEW website, or Participants can call TELUS Health toll-free at 888-456-1324, 888-732-9020 (en Español), or 800-999-3004 (TTY) to begin the path to getting the help you need.

## Telehealth and MDLIVE Reminder

**MDLIVE** The Plan covers virtual (telehealth) physician visits (i.e., with your own provider) according to standard Plan rules (i.e. deductible, copayments, and coinsurance). These additional benefits supplement the Plan's Virtual Visits provided through MDLIVE. MDLIVE visits, whether for medical or mental/behavioral health, are covered at 100% with no participant cost-sharing. For more information on MDLIVE and how to activate your MDLIVE account, please contact the Fund Office or visit <https://www.neca-ibew.org/mdlive>.

## Health Care Cost Estimator Tool

The Fund now offers a “Health Care Cost Estimator” tool, which is available through the Fund’s website, [www.neca-ibew.org](http://www.neca-ibew.org). The online tool, called S365, is administered by Zelis. The tool allows you to compare costs of numerous health care services and supplies across providers in your area. Once on the Fund’s website, click on the “Health Care Cost Estimator” link at the top of the home page. You will then need to create a login with the Zelis/S365 platform. Once in the tool, you can search for services, providers, costs, etc. Prices can also be obtained over the phone by calling the Fund Office Customer Service department at 1-800-765-4239, option 6.

## Non-Grandfathered Status - Preventive Coverage and Maximum Out-of-Pocket Limits

The Fund covers many in-network preventive care services and supplies at 100% with no Cost-sharing. For more information on preventative services and supplies that are covered at no cost to you, please visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

There is a difference between the Plan’s “Medical Coinsurance Out-of-Pocket Maximum,” which is based on your Coinsurance paid, and the Medical and Prescription Drug Out-of-Pocket Maximum limits (“MOOP”). The Plan’s Medical Coinsurance Out-of-Pocket Maximum remains unchanged. The MOOP limits are absolute maximum amounts for which covered Persons can be responsible for eligible services received in-network. Effective January 1, 2025, the Plan’s MOOP limits will be adjusted to the following (for all plan types):

- Medical MOOP - \$4,600 per individual / \$9,200 per family
- Prescription Drug MOOP - \$4,600 per individual / \$9,200 per family

## 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, 2025 are shown below. The rates will remain in effect at least through December 31, 2025:

<b>Base Plan COBRA Coverage (Effective 1/1/2025)</b>	<b>Rate</b>
Medical, Prescription Drug, Dental and Vision	\$1,204
<b>Alternative Plan COBRA Coverage (Effective 1/1/2025)</b>	
Medical and Prescription Drug Only	\$526
Single Coverage Tier—Medical and Prescription Drug Only	\$347

### 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 last had Base Plan coverage, you must pay the Base Plan rates—you cannot select the Alternative Plan to pay the lower rates when you are on COBRA.
- When you retire, you can elect COBRA coverage or you can elect coverage through the Supplemental Retirement Benefit Plan. Your choice is important because it can affect your future financial obligations if you elect COBRA first, then want to elect the retiree plan later. If you have questions about your options and how they will affect your coverage, please call the Fund Office at 1-800-765-4239, extension 116.

## Sword – Thrive and Bloom (Digital Physical Therapy and Women’s Care)

The Trustees are excited to offer Participants, Spouses, and Dependents two new programs through Fund partner **Sword Health** – “**Thrive**” and “**Bloom**.” At NO COST to you, the **Thrive** program provides virtual physical therapy, and the **Bloom** program provides women’s pelvic health therapy and services. Note: these programs are not available to Medicare-eligible Retirees or Spouses or for injuries incurred on the job.

Sword Health combines innovative technology with licensed physicians to offer a comprehensive, clinical-grade digital therapy solution. Licensed Doctors of Physical Therapy (“DPT”) who are Pelvic Health Specialists (“PHS”), as applicable, provide virtual coaching and programs to help you get results.

To be eligible for **Thrive** virtual physical therapy, you must be suffering from a qualified musculoskeletal (e.g., knee, back, neck, shoulder) diagnosis and (a) be over age 13, (b) able to perform 20 minutes of light/moderate activity (c) have no unrelated illness/fever, inflammation, neurological issues, cancer or cancer treatment, or trauma related to the applicable bodily area. Note the minimum age for the **Bloom** program is 18.

To schedule a call and enroll in **Thrive digital physical therapy** or **Bloom comprehensive care for women**, call +1 (385) 430-1424 or SCAN ONE OF THE QR codes or links below:

		<a href="https://join.swordhealth.com/necaibew">join.swordhealth.com/necaibew</a>
		<a href="https://join.hibloom.com/necaibew">join.hibloom.com/necaibew</a>

If qualified, you will receive the required equipment in the mail and access your sessions through a smart phone, computer or tablet. As mentioned above, the Plan covers 100% of the cost of these programs, and there is no annual visit limit for digital physical therapy through the Sword programs. You may also receive additional information in the mail on how to access the Sword programs.

### **Drug Coverage Exclusions**

Effective August 1st, 2024, the NECA-IBEW Welfare Trust Fund excludes Humira, Skyrizi and Rinvoq from coverage under both the Medical and Prescription Drug Benefits. If you are affected by any of these exclusions, you have the right to appeal. For more information, please contact the Fund Office.

### **Progyny Fertility and Family Building Benefit Program**



Starting in 2025, the Fund has partnered with fertility and family building benefit vendor “Progyny” to offer a new fertility benefit program. The Fund has previously limited benefits for infertility treatment, and the Progyny program offers expanded benefits in the areas of IUI, IVF, embryo transfer, medication, and donor tissue coverage. Progyny connects members with the highest quality providers for services under the program. Note that standard Plan in-network Cost Sharing, such as Deductibles, Copays, and Coinsurance apply to services and supplies covered under the Progyny program. Benefits are also limited to two (2) “Smart Cycles,” which are detailed by Progyny. Interested Participants and/or spouses should contact Progyny direct at 1-833-233-0952 to be connected to a Progyny Patient Care Advocate (“PCA”) to learn more. Note that access to the Progyny program and/or coverage of any services or supplies for infertility treatment is only available to Participants and Dependent spouses and not available to non-spouse Dependents. For a video overview of how the program works, SCAN THIS QR CODE:



## Color Cancer Screening Benefit Program

**color** Coming soon in 2025, the Fund will be partnering with vendor “Color,” who works in partnership with the American Cancer Society®, for a cancer screening and support program. The Trustees selected this partnership to help impact issues with late-stage cancer diagnoses, keep members up to date with screenings, and improve outcomes through assistance with treatment management. Color partners with the American Cancer Society to provide screening kits at no cost to Fund members along with education and support through their Virtual Cancer Clinic. For a short video on how the program will work, please SCAN THIS QR CODE:

More information will also follow by mail and on the Fund’s website on how to receive your free screening kit and access the Color program.



## Wellness Power Program – Updates for 2025

**WELLNESS POWER** The Fund’s wellness and disease management partner, Telligen, has a new online portal and app called “Connect.” To register your account, visit <https://telligenconnect.com/neca-ibew/>, search for “Connect by Telligen” in your app store, or SCAN THIS QR CODE:

Please note you will need to enter company code 73. Also note that the former “My Health” app by Telligen is no longer available. Here is the wellness reward program for 2025:




- Quarterly **Challenges** - \$50/once per year
- Online or app registration or annual **log in** - \$25
- **Biometric Screening** with Advising Call - \$100
- **Health Risk Assessment** - \$25
- **Coaching** - \$100 (Completion of a wellness or disease management coaching program within a benefit calendar year – four (4) coaching calls)
- **Gym Usage/ Independent Workouts, and/or Step Usage** - \$100 (Based on 48 visits per year or equivalent for Independent Workouts. Step Usage goals are based on 7,500 steps daily for 48 days within a program year. This reward can be used twice per year.)

Please note the annual maximum combined incentives cannot exceed \$300 per Participant and \$600 per Participant and spouse each program year (excluding retirees over age 65, their spouses, and all covered dependent children).

Details on the 2025 web portal and app and reward programs are also distributed by Telligen via postcard, email, and text notice (if opted in). Please contact the Fund Office for more information on participating in the wellness program for rewards.

## Telligen as New Medical Management Provider

 Effective February 1, 2025, Telligen will replace Valenz as the Fund’s service provider for Medical Management for active and pre-65 retirees (also known as Utilization Review – for medical prior authorizations). Telligen will also be working with applicable Fund members in Case Management services for complex medical conditions and certain inpatient services. If your provider needs to request prior authorization, Medical Management can be contacted at 1-888-400-5446, or at the number on the back of your Blue Cross Blue Shield card.

## Narcan®/Naloxone OTC Coverage

The Plan now covers Narcan® (brand) and naloxone (generic) over-the-counter (without a prescription) under the Prescription Drug Benefits. Narcan® reverses or reduces the effects of opioid overdose. Coverage of Narcan® is subject to all Prescription Drug Benefits Cost Sharing. To receive reimbursement for an over-the-counter purchase of Narcan®, covered Persons may be required to pay out-of-pocket at the time of purchase and then submit the itemized receipt to the Fund Office. Alternatively, certain pharmacies may be able to process your claim with your prescription drug card at the pharmacy counter. Generic naloxone is also covered with a prescription under the Plan’s Prescription Drug Benefits.

## Gene and Cellular Therapy Exclusion

Effective January 1, 2024, The Plan does not cover any charges for, or related to, pharmacological Gene or Cellular therapy treatments, whether those therapies have received approval from the U.S. Food and Drug Administration (FDA) or not or are considered Experimental or Investigational (or not). This exclusion applies to all existing pharmacological Gene or Cellular therapies, such as Kymriah and Yescarta, Luxturna and Zolgensma, and to all pharmacological Gene or Cellular therapies that become available at any future date.

## New SPD in 2025

The Fund professionals and office staff are working on a restatement of your Summary Plan Description and Plan Document, which will encompass all Plan updates made over the past few years. The new SPD will be mailed to all Participants around mid-2025 – please be on the lookout. Participants and Dependents can also request a copy of the SPD and all amendments at any time by contacting the Fund Office, or by obtaining an electronic copy from the Fund’s website [www.neca-ibew.org](http://www.neca-ibew.org).

## MedImpact Save Program & Vaccine Reminder

The Fund’s prescription benefit manager, MedImpact, recently began a new program called MedImpact Save that will allow members to receive certain generic drugs at costs lesser than the Fund’s usual pricing, if lower costs are available through the pharmacy or other discount programs. There is no action required to take advantage of this program except to present your MedImpact prescription drug card at the pharmacy.

Many vaccines which are covered at 100% with no Cost Sharing are also available for free at many network pharmacies under the Plan’s Prescription Drug Benefits with MedImpact and Vibrant Rx. Be sure to take advantage of this benefit for vaccines such as flu, COVID, shingles, pneumonia, TDAP, and RSV.

## Annual Data Card Reminder



It’s time again to complete your annual Data Card, including the Spousal Employment Verification, if applicable, so the Fund may process your claims. You must complete a Data Card every year even if you are NOT making any changes. Your and/or your Dependents’ claims may be denied if your completed Data Card is not received by the Fund Office each year. The electronic Data Card option is available within your “Member XG” portal (NECA-IBEW Member Benefits) – SCAN THIS QR CODE to access Member XG:

This is a great website to not only complete your annual Data Card, but to access your EOBs, check your hours reported, as well as to verify your eligibility. You can also complete and mail in a paper Data Card if you have not yet completed an electronic version. You must also complete a Data Card and Spousal Employment Verification (as applicable) any time your information changes, including family status changes (e.g., getting married, divorced, adding a dependent, or a death in the family) or if your spouse has a change in their employment status and/or a change in health insurance offered by their employer. Visit the Fund’s Data Card web page at [www.neca-ibew.org/Home/Data-Card](http://www.neca-ibew.org/Home/Data-Card) or contact the Fund Office for further instructions on how to complete and submit your Data Card.



## Prohibited Employment Rules

Participants who work in Prohibited Employment for a Non-Contributing Employer (defined as any employer that performs work in electrical construction but does not make Plan contributions) will forfeit the hours in their Hour Bank and will lose their Eligibility and right to elect COBRA continuation coverage. If you lose your Eligibility because of engaging in Prohibited Employment and later return to work for a contributing Employer, you will have to start over and meet the Fund’s initial Eligibility requirements.

## 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. Coverage under the Fund’s Supplemental Retirement Plan (“Retiree Plan”) is not automatic; you must apply for it and meet certain criteria to be accepted.

If you or one of your covered Dependents is eligible for Medicare, you must enroll in Medicare Parts A and B to be covered under the Retiree Plan. Enrollment in Medicare Parts A and B coverage is not automatic; you must apply. Once you become eligible for Medicare benefits and are covered under the Retiree Plan, you will receive information in the mail from RetireeFirst, the Fund's partner in supporting the day-to-day service needs of our retirees. RetireeFirst will assist you in the transition to the Fund's Humana Medicare Advantage plan.

Improvement to the Retiree Opt-In/Opt-Out Program – Retirees can now opt-out and defer coverage under the Fund's Supplemental Retirement Plan if you are continuously covered under *ANY* other insurance plan, such as through a spouse's plan, a different employer's plan, a governmental plan, or a private insurance plan. Previously, the Plan only allowed opt-outs for spouse's employer and governmental inspector plans. Remember that to perform a successful opt-out, you must still file a timely application and meet all other requirements for entry into the Retiree Plan at the time of your retirement. Opting-out and deferring coverage under the Retiree Plan is also a one-time-only option – either at the time of retirement or sometime after entry into the Retiree Plan, subject to certain conditions. Please contact the Fund Office at 800-765-4239, extension 116 with any questions.

## **Keep Your Information Up to Date**

You are responsible for notifying the Fund Office of any change in your spouse's employment status or if your spouse is offered insurance through their employer. To be covered by the Fund for Medical and Prescription Drug Benefits, your spouse must select at least the basic coverage offered by their employer, if applicable.

If you do not notify the Fund Office if you get divorced or if you or another family member have other benefit plans, 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. This is because 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 or download a Beneficiary Form from the Fund website 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.

## **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](http://www.neca-ibew.org), to view and/or download a copy; or
- Request, in writing, a copy from the Fund Office.

## **Nondiscrimination Notice Under Section 1557 of the Affordable Care Act**

Discrimination is against the law. The NECA-IBEW Welfare Trust Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Fund provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). The Fund also provides free language services to people whose primary language is not English, such as qualified interpreters, and information written in other languages.

If you need these services, contact Mr. Kevin Cope, the Civil Rights Coordinator. If you believe that the Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Mr. Kevin Cope  
Civil Rights Coordinator  
NECA-IBEW Welfare Trust Fund  
2120 Hubbard Avenue, Decatur, IL 62526-2871  
Phone: 800-765-4239  
Fax: 217-875-1174  
Email: [info@neca-ibew.org](mailto:info@neca-ibew.org).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Mr. Kevin Cope is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW  
Room 509F HHH Building  
Washington, DC 20201  
Phone: 800-368-1019  
TDD: 800-537-7697 (TDD).

Complaint forms are available at [www.hhs.gov/ocr/filing-with-ocr/index.html](http://www.hhs.gov/ocr/filing-with-ocr/index.html).

### **NECA-IBEW Welfare Trust Fund**

2120 Hubbard Avenue, Decatur, IL 62526-2871  
Phone: 217-875-0254  
Toll-Free: 800-765-4239  
Fax: 217-875-9563 or 217-875-1487  
Web: [www.neca-ibew.org](http://www.neca-ibew.org)  
Email: [info@neca-ibew.org](mailto:info@neca-ibew.org)

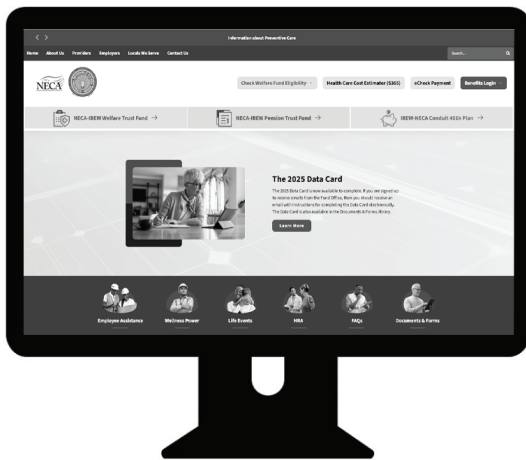
Please read this newsletter carefully and save it with your Summary Plan Description and other benefits documents. This newsletter contains only highlights of certain features of the NECA-IBEW Welfare Trust Fund. It is intended to be a Summary of Material Modifications. Full details are contained in 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.



PRSR STD  
 U.S. POSTAGE  
 PAID  
 SPRINGFIELD, IL  
 PERMIT #800

**NECA-IBEW  
 WELFARE TRUST FUND**  
 2120 HUBBARD AVENUE  
 DECATUR, ILLINOIS 62526-2871

**We're Online and  
 Accessible 24/7!**



Visit Our Website: [www.neca-ibew.org](http://www.neca-ibew.org)



Like Our Facebook Page:  
[www.facebook.com/NECAIBEWBenefitTrustFundsDecatur](http://www.facebook.com/NECAIBEWBenefitTrustFundsDecatur)

**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.