



NECA-IBEW WELFARE TRUST FUND NEWSLETTER



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www.neca-ibew.org



June 2022

Message from the Trustees

Like with all aspects of the economy lately, the Fund has also been experiencing increases in expenses. This is primarily due to medical and prescription drug inflation along with an increase in benefit utilization across the plan. To maintain the financial health of the Fund considering these reasons, the Board of Trustees elected to increase the hourly contribution rate for all active plan types (Base Plan, Alternative Plan, and Single Alternative Plan) as of June 1, 2022. The monthly retiree premiums for retirees under 65 will also have a slight increase effective in June. There is some good news, though. Weekly Income (disability) benefits will substantially improve. Further, a new coverage plan for Medicare-eligible retirees will go into effect in 2023. Because of this new upcoming program, monthly premiums for Medicare-eligible retirees will again be frozen through 2023. In keeping with the goal of the Board of Trustees, we are pleased to have been able to blend in some Plan improvements with the necessary cost increase. Please read on for more information on these and other important Plan updates. It is our hope that you all have a great summer!

Medicare-eligible Retiree Transition to Humana Medicare Advantage Program Effective January 2023

The Plan’s medical coverage provided to Medicare-eligible retirees and spouses will transition to a Humana Medicare Advantage plan effective January 1, 2023. Retiree support services will be provided by Labor First, a company dedicated to supporting the day-to-day service needs of union retirees. The Plan’s Medicare-eligible retirees will not experience a self-pay premium rate increase in 2023, and the Medicare Advantage program will not affect the Plan’s SilverScript prescription drug arrangement for 2023. The Humana Medicare Advantage (“MA”) plan chosen by the Trustees is not the type available on the individual marketplace. It’s better. The custom MA plan will cover 100% of

all Medicare-allowed charges with no member cost sharing, – an improvement from the current plan where applicable retirees and their spouses are responsible for the Medicare Part B deductible. The MA plan uses an “open” provider network, meaning medical benefits are available at any provider who accepts Medicare and will bill the Plan’s carrier, Humana. The Fund Office will continue to receive and process dental claims. EyeMed will continue to receive and process vision claims. New Humana Medicare Advantage cards and other significant communications regarding this change will be mailed to all affected retirees and spouses beginning in September 2022.

Coverage for OTC COVID-19 Tests

Group Health Plans like the Fund are required to cover costs for over the counter (OTC) COVID-19 tests without an order or clinical assessment by a provider during the Public Health Emergency. Each covered person is eligible to receive coverage for up to 8 tests per 30-day period. There are two ways to obtain coverage. Either visit a Network Pharmacy to obtain tests through the direct coverage method or pay out-of-pocket and get reimbursed. To receive your reimbursement, either (1) sign into your CVS Caremark account via website or mobile app, select “submit claims” and complete the information requested (including submitting a paid receipt); or (2) request an OTC COVID Test Paper Claim Form by contacting the Fund Office or visiting <https://www.neca-ibew.org/OTC-COVID-19-Tests>. Please note that the maximum reimbursement for tests obtained outside of the direct coverage method is \$12 per test. Complete details on the coverage types and instructions can be found by contacting the Fund Office or visiting <https://www.neca-ibew.org/OTC-COVID-19-Tests>. Please note You can also receive free test kits directly through the U.S. Postal Service by placing an order at <https://special.usps.com/testkits>

Employee Assistance Program (EAP) Reminder

The Fund covers up to three free EAP visits per year through LifeWorks Employee Assistance Program. Whether you are facing challenges at work, looking for help with parenting, health, or 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. There is no cost and it is completely confidential. LifeWorks information is posted on the NECA-IBEW website, <https://www.neca-ibew.org/lifeworks>, and Participants can call LifeWorks toll-free at 888-456-1324, 888-732-9020 (en Español), or 800-999-3004 (TTY).

Active Contribution and Under 65 Retiree Self-Pay Rates Increasing June 1, 2022

The hourly contribution rates for the Active Base Plan, Alternative Plan, and Single Alternative Plan are increasing by 10 cents, effective June 1, 2022. The self-pay rates for retirees who are Medicare-eligible are NOT increasing. There will be changes in the self-pay rates for retirees under age 65, effective June 1, 2022. The Fund Office mailed a letter to those retirees with the new rates.

Telehealth and MDLIVE Reminders

The Fund covers telehealth services and virtual visits, whether or not they are related to COVID-19. This coverage is just like if you have an office visit by your own provider. The Plan benefits for telehealth are subject to standard cost-sharing rules (i.e. deductible, copayments, and coinsurance). These telehealth benefits with your own provider(s) supplement the Plan's Virtual Visits through MDLIVE. MDLIVE visits, whether for medical or mental/behavioral health are covered at 100% with no 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>.

Weekly Income Disability Payments Increasing

Effective June 1, 2022, Weekly Income Disability payments will increase by 30%. Below is a chart showing the old rates compared to the new. Please note that Weekly Income benefits are subject to all applicable Plan provisions.

	Previous Benefit	Benefit Effective 6/1/22
Weeks 1-6	\$300	\$390
Weeks 7-12	\$400	\$520
Weeks 13-26	\$500	\$650

No Surprises Act Update

Effective July 1, 2022, the No Surprises Act will go into effect for the NECA-IBEW Welfare Trust Fund. This will affect out-of-network emergency care and coverage, balance billing practices by out-of-network providers, continuity of care if your provider goes out of network (in limited circumstances), and it will include tools that will become available to help Participants find care and navigate costs. More information will follow in a dedicated Summary of Material Modifications (SMM) which is scheduled to be sent to all Participants in July 2022. The complete plan amendment relating to the No Surprises Act can be found at <https://www.neca-ibew.org/Documents-and-Forms> ->then select "Welfare Trust Fund SPD & Plan Document" -> then download Amendment #3.

Speech and Occupational Therapy with ABA – Improvement

Effective January 1, 2022, the Trustees voted to remove the 48-visit limit on speech and occupational Therapy if it is being provided in conjunction with ABA therapy. Coverage for all speech and occupational therapy is subject to Medical Necessity.

Access to Retiree Plan for Employees of Newly Signatory Employers

Effective July 1, 2021, if you are an Employee working for an Employer that entered into a collective bargaining agreement requiring contributions to the Fund, but there was not sufficient time for you to accumulate the required 45 of the last 60 months of Eligibility by the time you intend to retire, you may still be Eligible for the Supplemental Retirement Benefit Plan if you meet the following criteria:

- You were employed at the time the Employer began participating in the Fund;
- You provide proof you worked for the Employer at least 24 months prior to the Employer participating in the Fund; and
- You have been Eligible with the Fund for at least 24 months prior to your retirement.

Donated Hours Program Enhancement

Last fall, the Trustees adopted the Donated Hours Program to help Participants keep their health insurance in force via a donation of hours from a fellow Participant(s) if unable to work because of their own catastrophic illness or injury. Effective retroactive to September 30, 2021, the Donated Hours Program has been expanded to include the Participant's inability to work due to the catastrophic illness or injury of Immediate family members (includes spouse, child, stepchild, adopted child, or parent). Acceptable proof of meeting these criteria is required.

COBRA Exclusion for Prohibited Employment

Effective April 8, 2022, Participants and their Dependent(s) will not be able to elect COBRA coverage if their coverage was terminated due to working in Prohibited Employment.

Electing COBRA at Retirement

The timeframe under which retired Participants can elect COBRA at the time of retirement and be able to later elect the retiree plan has been expanded. This action is effective retroactive to January 1, 2021. If a Participant has continuously maintained COBRA coverage for up to the maximum of 36 months, then they can still join the retiree plan. Such retiree plan coverage will be retroactive to when the Participant should have otherwise been on the retiree plan based on their first retirement award. Participants who decide to move from COBRA to the retiree plan will be required to pay the difference in cost between the COBRA rate(s) and the retiree premium(s) in effect at the time they should have otherwise been on the retiree plan. If the retired Participant paid more in COBRA premiums than should have otherwise been paid in retiree premiums, then the Fund will refund any difference by applying the amount owed against future months' retiree premiums. Please note that all other Plan criteria must be met to be eligible for the retiree plan.

Miscellaneous Reminders

- For prompt and timely processing of your mail, please be sure to include the department (e.g., HRA, Rx, COBRA, etc.) on any mailed document you send to the Fund Office.
- As necessary, Dependents over age 18 should be sure to complete a HIPAA customer service consent authorization to allow parents and/or other individuals to receive any private information about them which is covered by HIPAA.
- Make sure to notify your vision provider that you have EyeMed. Any vision claims from an out of network provider should be sent to EyeMed for processing. To access the EyeMed claim form, either login to your account on the EyeMed web or mobile app, contact the Fund Office, or visit <https://www.neca-ibew.org/Documents-and-Forms> -> then select "Eye Med" -> then download the EyeMed Reimbursement Form

- The Fund has limited coverage for supplements and food. The Fund does not provide coverage for medical food or dietary supplements, whether prescribed by a physician or not. The Fund does provide coverage for TPN and B-12 injections, subject to medical necessity.
- The Fund Office can now process payments for items such as COBRA premiums and HRA account repayments through eCheck, which is an electronic check processed via the ACH (Automated Clearing House) network. eChecks can be initiated over the phone or on the Fund's website. Please contact the Fund Office or visit <https://www.neca-ibew.org/echeck> for more information or to initiate an eCheck – ACH payment.

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 Supplemental Retirement 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. Enrollment 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.

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.

NECA-IBEW Welfare Trust Fund

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Email: 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.

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.

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:

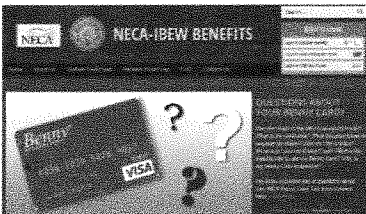
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F
HHH Building
Washington, DC 20201
Phone: 800-368-1019
TDD: 800-537-7697 (TDD).

Complaint forms are available at www.hhs.gov/ocr/filing-with-ocr/index.html.

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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.