



Message from the Fund

Happy New Year from the Trustees and all of us at the Fund Office! To keep up with healthcare costs, the Trustees had to make the tough decision to raise the Active Base Plan hourly contribution rate effective for hours worked on and after January 1, 2023. Even with the volatility in health care, an improvement to the Medicare-eligible retirees' coverage was able to be made with the new Labor First / Humana Medicare advantage program, as well as another premium freeze for 2023 for those retirees. The Fund will also implement a price comparison tool later this year to help you, the Participants and Dependents of the Fund, be better consumers of health care. Further details on these topics and more, including a guide on costs of care through various types of providers, are explained later. Please keep reading! We wish you a safe and healthy 2023!

Medicare-Eligible Retirees Transition to Medicare Advantage Program Effective January 2023:

The Plan's medical coverage provided to Medicare-eligible retiree and spouses transitioned to a Humana Medicare Advantage plan effective January 1, 2023. Retiree support services are provided by Labor First, a company dedicated to supporting the day-to-day service needs of unionized labor 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 former plan where applicable retirees and their spouses were responsible for the Medicare Part B deductible. Further, this 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, however there is an additional vision exam included with the Humana MA program. The Fund Office encourages you, as the applicable retiree or spouse, to utilize the covered eye exam under the Humana

MA, then use the EyeMed or standard Fund vision benefit second. This process will afford you more benefit dollars to use for vision materials, such as frames and lenses. There are also additional hearing aid benefits with the Humana MA plan. If hearing aids are needed, then the Fund encourages retirees and spouses to use the Humana hearing aid benefits first, then use the Fund's existing hearing aid benefits if the cost is not fully covered by the Humana benefits. Please contact the Fund Office if you have questions on the hearing aid benefits.

New Humana Medicare Advantage cards and other significant communications regarding this change were mailed to all affected retirees and spouses ahead of the January 1, 2023 effective date. If you are a Medicare-eligible retiree or spouse and have not received your summary of benefits (pre-enrollment kit), evidence of coverage, or cards, then please contact the Fund's dedicated Labor First representative toll free at 1-855-433-1668. If you are a retiree or spouse who will be aging into Medicare or become Medicare-eligible due to disability in 2023 or beyond, then you will be contacted by the Fund Office or Labor First to complete your enrolment before you become eligible for Medicare. Lastly, please remember that to be eligible for medical benefits under the Fund's Humana MA plan, then you must enroll in Medicare Parts A and B on your own.

Employee Assistance Program (EAP) Reminder:

 LifeWorks is the Fund's EAP partner. LifeWorks is a consultative resource for Fund Participants and Dependents for mental and behavioral health, substance abuse, and other life stressors. The Fund covers up to three free EAP visits per year through LifeWorks Employee Assistance Program. After initial EAP visits, LifeWorks can refer you to local providers to continue your care under standard Fund coverage. There is no cost and LifeWorks EAP visits are completely confidential. LifeWorks information is posted on the NECA-IBEW website, <https://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) to begin the path to getting help with your wellbeing.

Telehealth and MDLIVE Reminder:

MDLIVE® The Plan covers all Medically Necessary telehealth services and virtual visits for both medical and mental health treatment. 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). Telehealth coverage 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, visit <https://www.neca-ibew.org/mdlive>. You can also contact MDLIVE directly at www.MDLIVE.com/BCBSIL, by calling 1-888-676-4204, by texting BCBSIL to 635-483, or by accessing the MDLIVE mobile app on your device.

Vaccine Reminders!

Have you gotten your flu or COVID-19 booster vaccine 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.

Dental Orthotics Coverage:

Retroactively effective to January 1, 2022, the Trustees voted to add coverage for Occlusal (Night) Guards provided by a dentist or physician to the Dental Benefit as a Type III service. Additionally, the Trustees approved a 3-year replacement provision related to the Occlusal Guards under the Dental Benefit.

Active Base Plan Contribution Rate and Pre-65 Retiree Premium Changes:

Effective January 1, 2023, the Active Base Plan contribution rate increased by \$0.50 per hour. The new Base Plan hourly rate is \$7.85 per hour. There are increases in self-pay rates for retirees under 65 on the Base Plan effective January 1, 2023. The Fund Office mailed a letter to those retirees with the new rates. There are no changes to any of the Alternative Plan rates or post-65 and Medicare-eligible retiree premiums.

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, 2023 are shown in the charts below. These rates will remain in effect at least through December 31, 2023:

Base Plan COBRA Coverage (Effective 1/1/2023)	Rate
Medical, Prescription Drug, Dental and Vision	\$1,099
Alternative Plan COBRA Coverage (Effective 1/1/2023)	
Medical and Prescription Drug Only	\$777
Single Coverage Tier—Medical and Prescription Drug Only	\$518

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 elect COBRA coverage or you can elect coverage through the Supplemental Retirement 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.

2023 Wellness Power Program

WELLNESS POWER

Remember: When you participate in the Fund's Wellness Power program, 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 Telligen, 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/>

Coming soon - Healthcare Price Comparison Tool

The Consolidated Appropriations Act of 2021 mandated that grandfathered plans, like the Fund, implement a price comparison tool to help patients be better consumers and shop healthcare services. This will be a useful tool to help Participants and Dependents better control healthcare costs, both personally and for the Fund overall. The tool will be available July 1, 2023, which is based on the Fund's Plan Year and follows the requirements for grandfathered plans under this Act. There will be both internet and telephone access to price comparisons. The tool will also provide transparency and protection from surprise bills because it will account for individual deductibles, coinsurance, copays, and out-of-pocket levels in addition to detailing whether a provider is In-Network or Out-of-

Network. More information will be coming this Spring on how to access the tool along with further details. Stay tuned!

Don't Forget to Submit Your Annual Data Card



It's that time (again) to be sure your annual Data Card, including the Spousal Employment Verification, if applicable, is completed for processing of your claims. You must complete a Data Card even if you are NOT making any changes. Your and/or your Dependents' claims may be denied if your completed 2023 Data Card is not received by the Fund Office. Beginning with this year's "enrollment," the Fund's electronic Data Card option is available within your "Member XG" (NECA-IBEW Member Benefits) portal. 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. Paper Data Card forms were mailed in December 2022 to Participants who had not yet fully completed an electronic Data Card. You must also complete a Data Card and Spousal Employment Verification (as applicable) 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 health insurance offered by their employer. 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.

EyeMed Vision Claims

Since the 2022 start of the EyeMed vision network program, the Fund Office has been working with Participants and providers to assist with the filing of claims. Effective in 2023, we are asking that all claims, either In-network or Out-of-network should be filed directly to EyeMed. This will allow EyeMed to perform their contracted services. Please also note that safety eyewear and multiple frames/contacts are STILL covered by the Plan within the standard \$400 per year maximum limit, even though EyeMed's program does not allow for coverage for those items under their program at the point of sale. Also, no maximum dollar limit for Dependents age 18 and younger is STILL in effect. Under the EyeMed program, a limit for qualifying dependents may apply at the point of sale. Participants and Dependents in these situations will be made whole, in accordance with all Plan provisions. If you have had denied charges for any of these reasons, then please contact the Fund Office at 1-800-765-4239, option 6.

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 to be covered under the Supplemental Retirement Plan. Enrollment in Medicare Parts A and B coverage is not automatic; you must apply.

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.

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.

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.

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.

A GUIDE FOR WHERE TO GO WHEN YOU NEED MEDICAL CARE ¹

Telehealth MDLive	Nurse Practitioner Retail Clinic	Doctor's Office	Urgent Care Center	Emergency Room ²
Access telehealth services to treat minor medical conditions. Connect with a board-certified doctor via video or phone when, where, and how it works best for you. Go to www.MDLIVE.com/BCBSIL call toll-free at (888) 676-4204, text BCBSIL to 635-483, or access the "MDLIVE" mobile app.	Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Often located in retail stores and pharmacies. Typically open nights and weekends.	The place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room.
Typical Conditions Treated:				
Colds and flu Rashes Ear infections Headaches Nausea Fever Allergies Sinus infections Pink eye Anxiety Depression Stress management	Colds and flu Rashes or skin conditions Sore throats, ear ache, sinus pain Minor cuts and burns Pregnancy testing Vaccines	General health issues Preventive care Routine checkups Immunization and screenings	Fever and flu symptoms Minor cuts, sprains, burns, rashes Headaches Lower back pain Joint pain Minor respiratory symptoms UTIs	Sudden numbness, weakness Uncontrolled bleeding Seizure or loss of consciousness Shortness of breath Chest pain Head injury/major trauma Blurry or loss of vision Severe cuts or burns Overdose Broken bones
Your Time:				
No need to leave home or work. Use of mobile device, tablet or computer for virtual visit. Typically answered within minutes.	No appointment needed.	Appointment times required. Shorter wait times than an emergency room.	Walk-in scheduling. No appointments required and wait time will vary.	No appointments taken and wait times can be long – wait time may be up to many hours before you are seen.

¹ The information provided here is intended to be general information on how you can get the most out of your plan and your health care dollars. It is not intended to be medical advice. You should consider all relevant factors and consult with your treating doctor when selecting a health care professional or facility for care. During a medical emergency, go to the nearest hospital or call 911.

² "Freestanding" emergency room (ER) locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers, but services are often billed at a much higher costs than non-ER health care facilities.

Lower Costs

Higher Costs

Telehealth MDLive	Nurse Practitioner Retail Clinic	Doctor's Office	Urgent Care Center	Emergency Room
Average Cost per Visit Paid by the NECA-IBEW Welfare Trust Fund: ³				
\$56 per visit	\$39 per visit	\$103 per visit	\$136 per visit	\$2,226 per visit
Your Cost after Health and Welfare Fund Payment (assuming In Network provider and your deductible is met): ⁴				
\$0	\$20	\$27	\$31	\$264

³ Provided by Blue Cross and Blue Shield of Illinois.

⁴ Estimated cost per visit based on average Allowable Charges. Cost will vary by provider and your deductible status. Amounts assume Base Plan coverage, including: \$15 copay and 10% co-insurance, as applicable to the service.

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.

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
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.

We're 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
2120 HUBBARD AVENUE
DECATUR, ILLINOIS 62526-2871

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