



NECA-IBEW WELFARE TRUST FUND NEWSLETTER



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Decatur, Illinois

www.neca-ibew.org

July 2021

Message from the Trustees

We are pleased to report that the programs we've put in place to keep costs down for you and the Fund are working. Our cost trends for medical and prescription drug claims are down. We also want to thank you for helping make these gains possible. By using your benefits the right way, by being smart health care consumers and by making healthy decisions, your efforts are helping us keep our plan healthy, too. That has allowed us to make several improvements that are described in this issue.

Benefit Improvements

The Trustees have elected to make the following improvements to your benefits.

Telehealth/Virtual Visit Coverage Extended through 12/31/21: The Fund is covering telehealth and virtual visits for medical services through December 31, 2021. The Fund covers telehealth visits related to COVID-19 testing at 100% with no member cost sharing. 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). Please note that this was set to expire on June 30, 2021, but the Trustees have decided to extend it to December 31, 2021. 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.



Weekly Income Benefit Extended to Active Employees with Alternative Plan Coverage: The Trustees have elected to provide Weekly Income Benefits to Alternative Plan participants. The coverage is effective retroactive to 1/1/2021. The coverage is the same as that offered to Active Employees with Base Plan Coverage and applies whether you just have single coverage or you are covering dependents. See your new SPD/Plan Document and Schedules of Benefits for more information.

In-Home Respiratory Therapy Coverage: The Fund has historically covered Respiratory Therapy only at a facility. The Trustees have clarified that the Fund will also cover Respiratory Therapy at home, when medically necessary.

Vaccination Coverage. All vaccines are covered 100% under the Prescription Drug Benefit when they are administered at a CVS Pharmacy. The 100% vaccine coverage described under the Prescription Drug Benefit is only available at a CVS Pharmacy and NOT at a CVS MinuteClinic® or through any other medical provider.

The Plan was recently clarified to ensure vaccine coverage under the Fund's Comprehensive Major Medical Benefit applies to *all* Covered Persons. This vaccine coverage is available for services and supplies from any medical provider. See the applicable schedule in the "Schedules of Benefits" document that was sent with your SPD/Plan Document for vaccine coverage provided under the Comprehensive Major Medical Benefit. As of December 2020, COVID-19 vaccines and related charges are covered at 100%, with no cost-sharing to the Covered Person under either the Prescription Drug Benefit or Comprehensive Major Medical Benefit.

New Vision Network Coming in 2022



The Trustees have been looking into improving the vision coverage offered by the Fund in order to provide cost savings both to Covered Persons and the Fund as a whole. As a result, the Trustees will be implementing a vision network through EyeMed for 2022. With that new network, the Fund will provide discounts for Covered Persons on Lasik and PRK (photorefractive keratectomy) procedures. More information about the network and vision coverage will be coming this fall from the Fund and from EyeMed.

Fund Office News

The Fund Office lobby is now re-opened to visitors. Please be advised that to maintain social distancing, you may be asked to wait in your car and we will call your cell phone when a staff member is ready to assist you. Masks will be required at all times inside the building.

For the convenience of Participants who live nearby, the Fund Office has also installed an after-hours secure (and waterproof) drop box for submitting documents. It is located just outside the front entrance.

WELLNESS POWER Update

In 2020, almost 1,000 participants registered for the Wellness Program on the Telligen website or app. Over half of those who registered took part in one of the quarterly challenges, completed a health risk assessment, biometric screening and/or health coaching. Participants have been continuing to participate and earn HRA incentives in 2021. Thank you to all who have participated in the Wellness Power program. We hope to continue the success this year.

In 2021, Telligen updated its website (<https://necaibew.totalwellbeinglife.com/>), made it possible to sync exercise activities with your Apple Watch, and is offering an at-home biometric screening kit. Telligen will be launching a text messaging program soon. More information will follow. Once it's up and running, we encourage you to opt in to the program to receive updates and encouragement from Telligen.

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.

- Download the free Telligen app and register your wellness account, or register your wellness account on the Wellness Power website, and receive a \$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).

Changes in Out-of-Network Allowable Charges

Effective July 19, 2021, the Fund is changing the basis for determining the Allowable Charge for Covered Expenses from medical providers who do not participate in the Blue Cross Blue Shield (“BCBS”) Preferred Provider Organization (“PPO”) Network. These are Out-of-Network (“OON”) providers. Previously, the Fund’s determination of Allowable Charges from OON providers was provided by a third-party. In July, the Fund will begin using 130% of Medicare pricing as the Allowable Charge for OON claims. If Medicare pricing is not available, then the Fund will use 100% of the BCBS PPO Allowable Charge for OON professional provider (e.g., doctor) claims and 150% of the BCBS PPO Allowable Charge for OON facility (e.g., hospital) claims as the Allowable Charge. If neither Medicare pricing nor a BCBS PPO Allowable Charge is available, then the Fund will use 25% of billed charges for OON professional claims and 50% of billed charges for OON facility claims as the Allowable Charge. Benefits for OON services and supplies will be processed in accordance with the applicable Schedule of Benefits and all other Plan provisions.

BlueCross BlueShield Class Action Litigation

You may have received a notice regarding the settlement of a class action lawsuit against BlueCross BlueShield (“BCBS”). The notice may have advised you that you may benefit from the settlement and that you may be eligible to receive a payment from the settlement. Please be advised that the Fund has verified that the settlement is valid. The official website and official notices are not a scam. Information about the settlement, including how to file a claim, is provided on the website referenced in the notice. The settlement pertains to both the Fund as an organization, as well as to individuals covered by the Fund during the relevant timeframes. The Fund will be filing a claim at an organizational level. The Fund’s claim will seek damages owed to the Fund (not to any individuals or employers). Please note, the Fund cannot give you any advice regarding whether you should file a claim. Please also note that you do not need any information from the Fund to file a claim. The claim deadline is in November 2021.

Check Your Mail Carefully—For Checks!

Claim reimbursement checks can look like EOBs in the mail. If you’re expecting a reimbursement check, please be sure to open all of your mail from the Fund. (Even if you’re not expecting a check, we encourage you to read all mail from the Fund, including EOBs. ☺)

HRA Coverage Improvements

PPE (personal protective equipment) supplies are eligible for reimbursement from your HRA effective retroactively to January 1, 2020. The IRS issued guidance in March stating that the cost of certain PPE to prevent the spread of COVID-19 bought since January 1, 2020 is a medical expense under the tax code and may be covered or reimbursed by health plans, including your HRA. Eligible PPE includes masks, hand sanitizer and sanitizing wipes purchased for the primary purpose of preventing the spread of COVID-19.

As a result of the CARES Act, over-the-counter (OTC) medications do not require a prescription to be eligible for HRA reimbursement. This includes menstrual products. This coverage is retroactive to January 1, 2020.

While these items are now HRA-covered, they may or may not be purchasable by using your Benny Card. It is up to the individual merchant to allow Benny Card use for each item. Many merchants have updated their coding to allow Benny Card use on these items. In the event the merchant will not allow Benny Card use, the expenses are still reimbursable through your HRA.

The **HRA Direct Transfer** process is now underway to enable 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 yet available for retirees over age 65 or retirees affiliated with Local 494. Correspondence will be sent to applicable retirees if and when this option becomes available.*)

Remember to Use the App 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 the mobile app, and also access your phone's camera to submit documentation for your reimbursement claims/Benny Card transactions. 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 within 90 days of the transaction, then your Benny Card will be suspended until you: (1) provide the appropriate documentation; (2) repay your HRA account with the amount in question; or (3) submit a reimbursement claim to offset your repayment. ***When your Benny Card is suspended you still have access to the funds in your HRA account via the traditional claim reimbursement process.***

The Fund also recently adjusted its administrative practice on the issuance of IRS Form 1099-MISC for unsubstantiated Benny Card transactions. If you have not validated your Benny Card claim by providing proper documentation, then you will be issued a 1099-MISC in the January after one year from the issuance of your suspension notice.

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, if you elect COBRA Continuation Coverage at the time of your retirement, 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.

The **Retiree Opt-In/Opt-Out option** allows new retirees to opt out of Fund coverage at the time of retirement and then opt back in later if you meet certain criteria. You must have other medical coverage available ***through your spouse's employer*** and you must complete the Fund's Opt-Out form at the time you retire, or the Opt-In option will not apply. **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. Whether you enroll or not, once you are eligible for Medicare, the Plan will treat you as if you had enrolled. This means that if you do not enroll for Medicare when eligible, your Plan benefits will be reduced as though you were enrolled in Medicare Parts A and B.

COBRA Subsidy Information

The American Rescue Plan of 2021 provides that anyone entitled to COBRA **via employment termination or hours reduction** is entitled to elect free COBRA coverage for any portion of the six-month subsidy period (April 1 through September 30, 2021) in which they are entitled to COBRA. This includes:

- Participants enrolled in COBRA, or who become entitled to COBRA, on or after April 1, 2021, and before the subsidy ends on September 30, 2021; OR
- Participants who became entitled to COBRA prior to April 1, 2021, and the initial 18-month period of COBRA coverage to which they would be entitled includes any months between April and September of 2021 — even if the individual did not elect COBRA when it was initially offered or elected COBRA but discontinued it before April 1, 2021.

The subsidy is not applicable to those who became eligible for COBRA through voluntary termination or by means of death, divorce, dependent age. The subsidy is also not available for anyone who becomes covered by another group health plan or Medicare. The Fund must be notified by the Participant if this applies.

The Fund Office has sent and will continue to send notices and election forms to Participants who are eligible for the subsidy. Participants who become newly eligible for the subsidy through September will be sent notices when applicable.

Those entitled to COBRA who meet the criteria for the subsidy will need to elect COBRA by completing the election form(s) (i.e., it is not “automatic”). The Fund Office will refund COBRA premiums paid by subsidy-eligible individuals who should not have paid COBRA premiums during this period. This will be done within 60 days of when the individual made the premium payment.

Beneficiary Designation Changes

The Trustees have updated the beneficiary designation process. If the Participant is married, then the Participant’s spouse is automatically the primary beneficiary. A Beneficiary Designation Form that names someone other than a spouse is automatically void upon marriage. If a Participant intends to name someone other than their current spouse, then a new Beneficiary Designation Form naming the intended non-spouse primary beneficiary must be completed after marriage.

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.

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.

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.

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.

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.

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