



# NECA-IBEW Welfare Trust Fund



## Re: Summary of Benefits and Coverage (SBC)

Dear Participant and Family:

Enclosed you will find the NECA-IBEW Welfare Trust Fund's Summary of Benefits and Coverage (SBC). The SBC provides a general description of the health benefits provided by our Fund. SBCs are required by the Affordable Care Act (ACA). Please share the SBC with your family members who are eligible for Fund coverage.

Effective January 1, 2026, the NECA-IBEW Welfare Trust Fund will be switching our in-network medical preferred provider organization "PPO" network from Blue Cross Blue Shield to the United Healthcare "Choice Plus" network. This change is expected to save money for both the Fund and its Participants.

This change affects Participants and Dependents covered by active and pre-65 retiree plans, including the under-65 spouses and dependents of over-65 retirees. **This change DOES NOT APPLY TO OVER-65 RETIREES, spouses, and dependents who participate in the Fund's Humana Medicare Advantage Plan through RetireeFirst.**

The federal government created SBCs to help people who are shopping for coverage. They let you see if different plans cover the same benefits (office visits, hospitalizations and prescription medications, for example), and how much coverage they offer for those benefits (what the coinsurance and copayments are for different services). For that reason, we were not allowed to change much of the SBC to make it better fit with your benefits.

To best understand the benefits provided by this Fund, we recommend that you refer to the materials that the Fund has created for you—the Fund's website ([www.neca-ibew.org](http://www.neca-ibew.org)), your Summary Plan Description (SPD), the Fund's newsletter, and the other Fund documents that you are used to seeing from the Fund and our health care partners.

### SBC Examples

The SBC includes three examples—one for having a baby, one for managing type 2 diabetes and one for treating a simple fracture. The examples show the health care costs for you and the Fund that are involved with getting care for each of these three situations.

**As you read these examples, it's very important to keep in mind that the costs shown are national averages; they do not tell you what the actual services might cost where you live.** Also, your doctor might choose a different course of treatment than what is used to create the example costs. Or your doctor could be a Non-PPO Provider—the examples only show costs for PPO Providers. There are lots of ways that your costs would be different than what is shown in the example even though you might be dealing with the same thing—type 2 diabetes, for example.

**These examples are included in the SBC to help you compare how different health plans might cover the same condition—not for predicting your own actual health care expenses.**

### SBC Terms

The SBC might use different terms than you are used to seeing as it discusses your benefits. And there's something called a "Glossary of Health Coverage and Medical Terms" mentioned in the SBC. The Glossary gives definitions of common health insurance terms. Unfortunately, it's a national glossary and it may explain things differently than we usually do. But the government won't let us change any of the definitions or even add some to make the Glossary more helpful to you.

If you read the SBC or the Glossary and anything seems confusing or doesn't quite line up with the way our Plan works, we suggest that you go to the Fund's website, your SPD and the other benefit materials that you get from our Fund.

**For More Information**

If you have any questions about Fund-provided coverage, please call the Fund Office at (217) 875-0254 or use our toll-free number, (800) 765-4239.

If you have general questions about the SBC itself, you may want to contact the Employee Benefits Security Administration of the U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at (877) 267-2323 Ext. 61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

Please keep the SBC with your SPD for easy reference. Receipt of this document does not constitute a determination of your eligibility.

Sincerely,

The Board of Trustees

**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).