



Message from the Trustees

The Board of Trustees and the Fund Office staff continue to monitor health care and prescription drug trends as well as Plan financials in order to keep providing comprehensive benefits at reasonable costs. These efforts have again allowed us to freeze the active contribution and retiree self-pay rates; there will be no mid-year rate increases in 2019. We know that this won't always be the case but will continue to work hard to both preserve your benefits and minimize rate increases.

Prescription Drug Benefit News

The Fund is making the following prescription drug benefit changes effective July 1, 2019:

- Prior Authorization is required for Orlistat.
- Step Therapy is required for Oxiconazole and Vitamin D.
- There is a quantity limit requirement for Corticosteroids.
- The Fund does not cover Carbinoxamine.

As a reminder, the Fund does not cover U.S. Food and Drug Administration (FDA) 510(k) classified devices. The prescription drug coverage rules, such as formularies, exclusions, prior authorization, step therapy and quantity limits, are set by CVS Caremark with authorization by the Trustees. These rules and provisions change from time to time. Participants and beneficiaries impacted by these changes will be contacted by CVS Caremark.

Growth Hormone Therapy

The Trustees approved eliminating the \$15,000 per year limit on growth hormone therapy benefits effective immediately. However, the general lifetime limit of \$50,000 and lifetime limit of \$150,000 for certain dependents still apply.

Vaccinations Covered 100% in 2020

Vaccines are covered under the prescription drug benefit when administered at a CVS Pharmacy. This includes flu, pneumococcal, shingles and TDAP vaccinations. The \$20 copay will be eliminated effective January 1, 2020 and they will be covered 100% by the Fund.

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.

Wellness POWER News

This year, the Fund switched wellness partners from Envolve to Med-Care Management (MCM). This meant some changes to the way the wellness and disease management program works. You should be receiving communications from MCM about the new program. If you are not, please check the Fund's website or call the Fund Office.

HRA Benefit News

HRA (Health Reimbursement Arrangement) statements will now be mailed annually instead of quarterly. You will continue to have real-time online access to your HRA balance through the mobile app or the web portal.

Remember to use the NECA IBEW (HRA) mobile app (for Apple and Android devices). You can use the mobile app for submitting new reimbursement claims or documents to substantiate your Benny Card transaction.

Contribution and Retiree Self-Pay Rates Staying the Same Through the End of 2019

There will be no changes to the Health & Welfare Base Plan, Alternative Plan, or Single Coverage Tier Alternative Plan contribution rates through 2019. There will also be no changes to the self-pay rates for retirees, both over and under age 65, through the end of 2019.

COBRA Continuation Coverage Self-Pay Rates Staying the Same

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 June 1, 2019 are shown below. The rates will remain in effect through May 31, 2020.

Base Plan COBRA Rate (Effective 6/1/19)

Coverage	Rate
Medical, Prescription Drug, Dental and Vision	\$987 <i>(no change)</i>

Alternative Plan COBRA Rate (Effective 6/1/19)

Coverage	Rate
Medical and Prescription Drug Only	\$763 <i>(no change)</i>
Single Coverage Tier—Medical and Prescription Drug Only	\$504 <i>(no change)</i>

Important COBRA Reminders

1. The Fund does not allow for HRA contributions under COBRA Continuation Coverage.
2. 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.
3. When you retire, you can choose to continue the same type of coverage as your active coverage by electing COBRA coverage or you can elect coverage through the Supplemental Retirement Benefit Plan. Your choice is important and will affect your future coverage. If you elect COBRA coverage at the time you receive a retirement award or after, you will not be able to elect Supplemental Retirement Benefit Plan coverage when your COBRA coverage expires. If you have questions about your options and how they will affect your coverage, please call the Fund Office.

Keep Your Information Up to Date

Contact the Fund Office if you want to **change or designate a beneficiary**. 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 also need to update your beneficiary designations for death benefits and accidental death & dismemberment benefits. If you get divorced, your beneficiary designation card on file with the Fund Office becomes automatically invalid and you must submit a new card, or death benefits will be paid to your estate. This change was effective January 1, 2019.

You must also **notify the Fund Office when your spouse has a change in employment status and/or a change in benefit plans**. If your spouse is eligible for other health care coverage through an employer plan, regardless of the cost to your spouse, your spouse **must** take that coverage or your spouse will not be covered under this Plan. If your spouse is employed, his or her employer will be required to complete the Fund's Spousal and Dependent Insurance Form and submit it to the Fund Office. If your spouse's employer does not offer health care coverage or if your spouse is not eligible for the coverage offered, the employer will indicate this on the form.

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 by reducing benefit payments, through legal action, or any other methods the Trustees, in their discretion, deem appropriate.

Retiree Reminders

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 due to age, 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.

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.

Illinois/Indiana Languages

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-765-4239.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-765-4239.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-765-4239.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-765-4239.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-765-4239。
Pennsylvania Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 800-765-4239.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-765-4239. 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-765-4239.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-765-4239.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। 800-765-4239 पर कॉल करें।
Panjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-765-4239. 'ਤੇ ਕਾਲ ਕਰੋ।
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 800-765-4239.
Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 800-765-4239.
Gujarati	ધ્યાન: જો તમે જરાતી બોલતા હો, તો ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-765-4239.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-765 4239. まで、お電話にてご連絡ください。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-765-4239.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-765-4239.
Urdu	800-765-4239 نیرک رادریخ: رگا یا ودرا ے تلوپ نیہ، وت یا وک نابز یک ددم یک تامدخ تقم نیم بایتسد نیہ۔ لاک
Arabic	اه. عظوحم: اذا تكنت تحدثت ركنا ءغلا، ناف تامدخ ءعاسملا قيوغلا رفاونت كل ناجملاب. لصنا مقرب 800-765-4239 (مقر)

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 Health Assessment Portal and the HRA Participant Portal!

Go Paperless!

If you would like to get your required correspondence, such as Newsletters and 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. For now, all EOBs (explanation of benefits) will continue to be mailed regardless of whether or not you sign up to go paperless.

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