



NECA-IBEW WELFARE TRUST FUND

NEWSLETTER



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Decatur, Illinois

www.neca-ibew.org

December 2020

Message from the Trustees

2020 really has been an unprecedented year. We're happy to report that our Fund, as well as our contributing employers and Local Unions, have withstood the COVID-19 global pandemic so far. Hours were down in April, but they quickly rebounded and have been at our normal levels since. We are also happy that we could adjust our benefits to make getting tested and treated for COVID-19 easier for you and your covered Dependents. The Board of Trustees hopes that you and your families are staying safe and healthy during this national health crisis.

Vaccine Reminder: It's Flu Season

Did you get your flu shot yet? You can get yours at a CVS Pharmacy through the Prescription Drug Benefit or from your doctor. 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 your 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. Due to certain state laws, flu shots may be unavailable to children under certain ages. Ask your doctor or pharmacist before you go.

COVID-19 Updates and Reminders

COVID-19 Vaccine Coverage. The Fund will cover COVID-19 vaccinations and related administrative services with no member cost sharing under both the Comprehensive Major Medical Benefit and Prescription Drug Benefit for all covered persons. The coverage is subject to all other Plan provisions, including Allowable Charges and Coordination of Benefits. The coverage is effective starting December 13, 2020. **All medically able covered persons are strongly encouraged to obtain the COVID-19 vaccine through a network pharmacy, when available. This will reduce cost exposure to the Fund.**

Treatment for COVID-19: The Fund is covering all FDA-approved, medically necessary, "standard of care" treatment (physician, hospital and/or emergency), supplies, and/or drugs prescribed for this condition, as we would be with any other illness, subject to standard Plan rules (deductible, office copays, coinsurance, etc.).

Testing for COVID-19: Effective March 18, 2020, the Fund is covering testing and testing-related expenses (including office, urgent care, emergency room, and telehealth visits related to testing) at 100% with no member cost sharing. Coverage includes both diagnostic and antibody/antigen types of testing. The Fund will also cover those non-COVID-19 testing charges at 100% if they are performed in conjunction with a COVID-19 test and ordered by your provider. We have heard that some providers are charging up-front for testing. **If the provider is an in-network provider, then they should not, by contract, require up-front payment.** Out-of-network (OON) providers may charge patients up front. In those cases, the Fund is required to reimburse the claim in full based on the price the provider has posted on their website. If the OON provider does not have a price posted on their website, then the Fund will reimburse at 100% of the Allowable Charge.

Weekly Income (short-term disability) Benefit for participants who may be quarantined because of COVID-19: The Fund will rely on standard Plan provisions to decide on any claim for Weekly Income Benefits. Each claim will be considered based on its own facts and circumstances. See the 2018 Edition Plan Document for complete details. Please note that the Weekly Income Benefit is only available for Participants in the Base Plan.

Telehealth: Effective April 1, 2020, the Fund has a Virtual Visits Benefit with MDLIVE. Services provided through MDLIVE will be covered at 100% with no member cost sharing. MDLIVE is generally the most cost-effective telehealth option for you and the Fund. Services through MDLIVE are provided for both medical and mental/behavioral health services. For complete details, please refer to the Plan's Summary of Material Modifications sent in March 2020 (this is also on "Documents & Forms" page on the Fund's website).

Effective March 18, 2020, the Fund covers **telehealth visits related to COVID-19 testing** at 100% with no member cost sharing.

Effective March 19, 2020 through June 30, 2021, the Fund is covering **telehealth and virtual visits for medical services**. Telehealth and virtual visit services not related to COVID-19 testing will be subject to standard Plan rules (deductible, office copays, coinsurance, etc.). Please note that this was initially set to expire on December 31, 2020, but, given the current circumstances, the Trustees have decided to extend it to June 30, 2021.

EAP Reminder: A crisis or traumatic event, like the COVID-19 crisis, can trigger overwhelming emotional responses. People are affected in their hearts and minds, which can undermine healthy communities and social relationships at home and at work. The Fund's *free* employee assistance program, offered through LifeWorks, can help you manage personal issues at work or at home. 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. LifeWorks' website has tips and resources that we encourage you to check out. You can find information about the program and a link to LifeWorks on our website (www.neca-ibew.org/LifeWorks), you can go directly to the LifeWorks site (www.Lifeworks.com, click on "Login", and use "decatur" as the user name and "fund" as the password), or you can call LifeWorks toll-free at 888-456-1324, 888-732-9020 (En Español), or 800-999-3004 (TTY). *There is no cost and it is completely confidential.*

Extensions of Certain Deadlines: The Fund will disregard the period from March 1, 2020 until 60 days after the announced end of the National COVID-19 Emergency (or some other date announced by the federal government), in order to determine the following periods or dates:

- The period to request special enrollment,
- The 60-day election period for COBRA Continuation Coverage,
- The date for making COBRA Continuation Coverage premium payments,
- The date for individuals to notify the Plan of a qualifying event or the determination of disability,
- The date within which individuals may file a benefit claim under the Plan's claims procedures, and
- The date within which claimants may file an appeal of an adverse benefit determination under the Plan's claims procedures.

Wellness Update: Due to the COVID-19 outbreak, LabCorp facilities may not be available for biometric screenings. The Fund's wellness and disease management partner, Telligen, has information on its website, <https://necaibew.totalwellbeinglife.com/>, about when and where screenings are available. Physician Fax Forms are still an option to complete your biometric screening; however, please note that standard Fund coverage provisions, like copays, deductibles and coinsurance, apply to physicals conducted with claims submitted by your physician. Physician forms are located on the "How It Works" page of the wellness website. Additionally, all onsite biometric screening events are postponed at this time.

Free Delivery for Prescription Medications: CVS Pharmacy has waived charges for home delivery of all prescription medications. The Centers for Disease Control and Prevention (CDC) encourages people at higher risk for COVID-19 complications to stay at home as much as possible, so this convenient option can help you avoid going to the pharmacy for refills or new maintenance prescriptions. As always, there is no charge for delivery of prescriptions filled by CVS Caremark Mail Service pharmacy, when you choose mail. For more information, you can call CVS at 844-345-3233 or visit www.caremark.com.

Fund Office Operations: The Fund Office is currently closed to walk-in visits. While office operations and Fund business continuity are being adequately maintained, voicemails and return calls may need to be used for certain extensions or sub-departments. This is because our staff may be teleworking. Although there could be some minor delays, Fund Office staff will continue to be prepared with information to answer questions related to COVID-19, as well as other common Plan-related questions. You can contact customer service at 800-765-4239, option #6. Customer service is being maintained from 7:00 am to 4:30 pm Central Time, Monday through Friday. You can also email info@neca-ibew.org for general questions. *Please do not email your protected health information, Social Security Number, or date of birth.*

Plan Improvements

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

- **ABA (Applied Behavioral Analysis) Therapy** will be covered for autism spectrum disorder based on medical necessity effective October 1, 2020.
- **Organ Transplants.** The organ procurement limit of \$20,000 for Center of Excellence (COE) network facilities is eliminated effective October 1, 2020, but the \$20,000 limit for non-network facilities will continue to apply. The Trustees also increased the travel benefit up to \$10,000 per service, effective October 1, 2020.
- **Hearing Aid Benefit** of \$1,250 per ear once every five years is not subject to deductible or coinsurance, and does not apply toward the out-of-pocket maximum (effective October 1, 2020).
- **Breast pumps** will be covered at 100% for in-network services/equipment, effective January 1, 2021, for all breast pumps (manual, single electric and double electric), limited to one per pregnancy.

Coming Soon: LASIK Network Discounts

The Trustees have approved engaging with a network to provide discounts for Covered Persons on Lasik and PRK procedures. Information will be sent, after the first of the year, when the network discount program is implemented.

Time to Complete Your 2021 Data Card!



You must complete and submit a Data Card once a year, or 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 benefit plans or health insurance offered by his or her employer. **Your and/or your dependents claims may be denied if your completed 2021 Data Card is not received by the Fund Office by January 1, 2021. You must complete a Data Card even if you are NOT making any changes.** The Welfare Trust Fund recently sent out emails reminding Participants to update Data Cards. If you did not submit an electronic Data Card via DocuSign, or if the Fund Office does not have your email address on file, a paper Data Card will be mailed to you in December. You may also complete and sign your Data Card online. The electronic or online Data Card will automatically be sent to the Fund Office. Visit the Fund's Data Card web page at <https://www.neca-ibew.org/Home/Data-Card> for further instructions on how to complete and submit your Data Card.

This year, the Trustees are also asking you to review and, if necessary, update your Beneficiary Designation. The Beneficiary Designation Form will be mailed with the paper Data Card to those Participants who do not complete an electronic Data Card. For those Participants who submitted an electronic Data Card, the Fund Office will be sending an electronic version of the Beneficiary Designation Form in early 2021.

New SPD Coming Soon!

The Fund is completing a major overhaul of our Summary Plan Descriptions. We are combining the Base Plan, Alternative Plan, and Supplemental Retirement Benefit Plan books, along with the full Plan Document, into one book. We hope this makes it easier for you to understand your benefits and to find information. This new SPD/Plan Document will be mailed to you early in 2021 and posted on the Fund's website.

Coming Soon: HRA Direct Transfer

The Fund Office is working diligently on implementing an HRA direct transfer feature for applicable Participants to make their COBRA and retiree plan payments. This process will allow Participants to make these payments from their HRA accounts up front, without having to submit an HRA reimbursement claim. Forms with complete details will be mailed with COBRA and retiree notices beginning in early 2021.

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.

Considering Genetic Testing? Check with the Fund Before Your Test

Covered Persons or medical providers are encouraged to contact the Fund Office or Utilization Review (Medical Cost Management (MCM): 217-875-2947 or www.medicalcost.com) to verify that any genetic testing services or procedures being considered are covered. If your procedure is considered Experimental and/or Investigational, or not Medically Necessary, it will not be covered. In fact, any procedure your provider recommends, and you are not sure is covered, you should call the Fund Office before you have the procedure to make sure that it is covered.

Patient Checklist

We've put together some questions for you to ask your doctor before you have a procedure. They're intended to help you be a better advocate for yourself and be better educated about your healthcare. They're not required—just helpful advice to avoid unexpected charges that can increase your out-of-pocket medical costs.

- Is the facility in-network?
- Are all the providers involved in-network providers? Are there any out-of-network providers? For example, are there anesthesiologists, radiologists, assistant surgeons, or other providers involved? Just because the facility is in-network doesn't mean all the providers involved in your care are also in-network.
- Is the procedure covered by my insurance?
- Are any ancillary procedures involved? Are they covered?

Specialty Mail Order Program and Select Drugs and Products Program Reminder

As a reminder, the Fund implemented a new specialty drug program effective July 1, 2020. The Select Drugs and Products Program is an advocacy service provided by PaydHealth, LLC. Covered Persons desiring coverage for products included on the Select Drugs and Products List are required to enroll in the Select Drugs and Products Program. For more information, visit <https://www.necai-bew.org/PaydHealth>. Here are a few notes about the program:

- Specialty Drugs must be prior authorized by CVS/Caremark at 844-345-3233. If you go to a pharmacy, these drugs will be flagged by CVS/Caremark when you give the pharmacy your insurance information.
- Specialty Drugs administered by physician or other facility setting need to be prior authorized by the Fund’s Utilization Review organization, Medical Cost Management (MCM) at 217-875-2947.
- The Specialty Drug mail order program is provided by CVS/Caremark. You can initiate a prescription transfer or request a new prescription for your Specialty Drugs by calling CVS/Caremark.
- For complete details, please refer to the Plan’s Summary of Material Modifications sent in June 2020 (it is also on the Fund’s website: <https://www.necai-bew.org/Documents-and-Forms>).

Questions related to the Select Drugs and Products Program may be made directly to the PaydHealth Specialty Contact Center, by calling 877-869-7772.

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, 2021 are shown below. The rates will remain in effect at least through December 31, 2021.

Base Plan COBRA Rate (Effective 1/1/2021)

Coverage	Rate
Medical, Prescription Drug, Dental and Vision	\$1,015

Alternative Plan COBRA Rate (Effective 1/1/2021)

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

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.

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, 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.

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, Death Benefits will be paid to your surviving spouse. If you do not have a surviving spouse, the Death 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

2120 Hubbard Avenue, Decatur, IL 62526-2871

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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.

We're Online and Accessible 24/7!



Visit Our Website:
www.neca-ibew.org

Like Our Facebook Page:
www.facebook.com/NECAIBEWBenefits



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.

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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