

# Toledo Electrical Welfare Fund

## Active Employees

### Summary of Benefits As of October 9, 2008

#### I.B.E.W LOCAL No. 8 NECA–Ohio/Michigan Chapter

Leading the way in providing for  
our members and their families

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This document is provided as a summary of the benefits available to eligible members of the Toledo Electrical Welfare Fund. **It is not a complete document, nor does it contain all provisions of the Plan.** Please refer to the Summary Plan Description for important information and complete details. Every effort has been made to accurately reflect the benefits in effect at this time. If there is a conflict between this brochure and Plan documents, the Plan documents will control.

This Plan is governed by the Board of Trustees. You have the right to appeal any benefit determination – contact the Benefit Office to do so. The trustees retain the right to enhance or reduce benefits and/or eligibility.

This brochure does not apply to those classifications with Base Benefits coverage. Workers covered under Base Benefits should contact the Fund Office for a summary.

Be sure to review and follow the Managed Care requirements of the Plan to ensure maximum benefits. Contact HealthCare Strategies (HCS) at 800-582-1535 for assistance with Medical or Surgical Services. Contact Managed Health Network (MHN) at 800-472-4992 for Mental Health or Substance Abuse care.

#### IN-NETWORK

<b>Plan Pays</b>	85% of PPO Network Schedule of Fees
<b>Member Pays</b>	15% of PPO Network Schedule of Fees
<b>Out-of-Pocket Limit *</b>	\$1,500 per family per calendar year for covered services
<b>* Please note: Out-of-pocket limit can exceed \$1,500 if not utilizing a participating provider.</b>	
<b>Emergency Room Visit</b>	\$40 per occurrence, waived if admitted
<b>Employee Assistance Program Visits</b>	100% for first 3 visits through Member Assistance Program (MAP)

#### OUT-OF-NETWORK

<b>Plan Pays</b>	85% of PPO Network Schedule of Fees
<b>Member Pays</b>	15% of PPO Network Schedule of Fees, <b>PLUS balance of billed charges</b>
<b>Out-of-Pocket limit</b>	NO LIMIT

#### **Covered Services Include:**

- Inpatient hospital/medical care
- Outpatient hospital expenses
- Office and other outpatient visits
- Diagnostic X-ray, laboratory, pathology and medical services
- Surgical care
- Assistant Surgeon (when indicated) and Anesthesia fees
- Physical, occupational, speech, and respiratory therapy
- Chemotherapy, Radiation Therapy
- Chiropractic Care – 6 visits per calendar year, unless pre-approved by HCS
- Home Health Care, Hospice
- Allergy Tests and Treatments
- Oral Surgery and Oral Accidents
- Smoking Cessation – see Lifetime Limitations below
- Orthotics and Prosthetics
- Ambulance
- Whole Blood – 3 pint deductible
- Inpatient and Outpatient Mental Health and Substance Abuse Treatment, as pre-approved by Mental Health Network (MHN)  
**There is no benefit paid if care is not coordinated through MHN.**
- Durable Medical Equipment and certain Medical Supplies
- As part of an annual physical, the Plan pays:
  - Routine exam for the member and spouse
  - Well child care **through age 6** on a scheduled basis
  - Routine gynecological exam
  - Routine Pap Smear
  - Routine Mammogram

#### **Pre-Existing Condition Limitation**

Medical conditions, excluding pregnancy, which exist on the effective date of eligibility, are considered to be pre-existing. Pre-existing conditions are excluded from coverage for 12 months. This provision may be waived, in whole or in part, by providing proof of prior medical coverage that has lapsed for no more than 62 days.

#### **Lifetime Limitations:**

Lifetime Maximum per person	\$2,000,000
Normal Retiree Lifetime Maximum per person	\$75,000
Smoking Cessation	\$500 non-prescription, 3 attempts

## Prescription Drugs

The co-payment for each covered prescription, received from a local pharmacy or through the mail-order pharmacy, will be applied for each 30 day supply received. After reaching an annual out-of-pocket threshold of \$500 per family, co-pays are discounted.

	<u>Before Out-of-Pocket Threshold</u>	<u>After Out-of-Pocket Threshold</u>
Brand Name	\$20	\$8
Generic	\$10	\$0

If the patient elects a brand name drug over a generic, he is responsible for the brand name co-pay plus the cost differential, except for physician-specified brand drugs for medical reasons. A Step Therapy program exists for proton pump inhibitors and non-sedating antihistamines, requiring that over-the-counter equivalents are tried before prescriptions will be covered. Kroger pharmacy will discount all co-pays by \$1 and allow 90-day drug supplies. Prescription birth control is covered for members and spouses only.

## Dental Care

**Active Members** – We are members of the DenteMax PPO network. Using a DenteMax dentist will significantly reduce the participant's out-of-pocket costs. Non-network dentists are covered under our traditional fee schedule and will bill the patient for excess charges.

Participants are eligible for two (2) cleanings/exams paid at 100% of the fee schedule, not subject to the deductible, per calendar year.

Annual Deductible	\$25 per person
Annual Maximum	\$1250 per person
Preventive Care	100% of Fee Schedule Amount
Basic Restorative Services	85% of Fee Schedule Amount
Major Restorative Services	50% of Fee Schedule Amount

**Orthodontia Care** – Covered at 50% for children up to age 19. The lifetime maximum per child is \$2,000.

**Retirees** – Can use ONLY DenteMax dentists to receive discounted treatment. This is not insurance. It is a discount program **only**; the retiree is responsible for all charges.

## Vision Care

Every twenty-four (24) months, active and retiree participants are eligible for a routine vision exam, glasses and/or contact lenses through Vision Service Plan. Co-payments are required for in-network providers; a specific dollar allowance is provided for non-network providers.

	<u>In-Network</u>	<u>Non-Network</u>
Exam	\$10 Co-pay	\$35 allowance
Lenses	\$25 Co-pay* regardless of type	\$25 allowance - Single \$40 allowance - Bifocal \$55 allowance - Trifocal
Frames	\$170 allowance	\$35 allowance
Contacts-Elective	\$120 allowance	Exam + \$105

\* Only one \$25 copayment applies per pair  
VSP provides discounts for services such as tinting, coatings, contact lenses and spare/sun glasses.

## Hearing Exams & Hearing Aids

Every thirty-six (36) months, participants can receive a routine hearing exam and hearing aid(s) through the FrontPath Network. Benefit maximums are:

	<u>In-Network</u>	<u>Non-Network</u>
Hearing Aid(s)	\$800	\$800

## Flu Shots

Once yearly, active and retiree members, spouses and dependents can receive a flu shot. **Option 1** – Krogers' Pharmacy will provide shots at no co-pay to all participants between the ages of 14 and 100 with your drug card. **Option 2** – All participants can receive a flu shot from their doctor for a \$15 co-pay.

## Eligibility/Continued Coverage

Eligibility for Apprentices and Journeymen is defined by the Collective Bargaining Agreement. Upon establishing eligibility, participants may enroll their legal spouses and dependent children. Dependent children are covered until the "end of term" in which they graduate (graduate HS/college in May, coverage terms Aug 31; graduate in Dec, coverage terms Jan 31). If dependant is still a student, coverage will continue until the 25<sup>th</sup> birthday.

A loss in eligibility status due to insufficient hours worked, retirement or dependency status does not mean you must lose health insurance coverage. Continued coverage may be available via self-payment provisions or C.O.B.R.A. Retirees are eligible to continue coverage. Contact the Benefit Office for additional information.

## Managed Care Provisions – The Rules: Avoid Penalties

### PPO- FrontPath Health Coalition

The Toledo Electrical Welfare Fund uses the FrontPath PPO network. Utilizing network providers minimizes BOTH your out-of-pocket costs and the Plan's cost. PLEASE NOTE: the Plan's maximum reimbursement is the in-network fee (unless an emergency or pre-authorized). To locate a network provider see the chart at left.

**In addition to the applicable co-insurance, Participants are responsible for any charges in excess of the in-network fee if they do not use the FrontPath Health Coalition network.**

### Managed Care Review

All services listed below require pre-certification. Contact HealthCare Strategies (HCS) at 800-582-1535 as soon as your doctor recommends any of the services listed below. Pre-approval is required even if you use a FrontPath Provider.

### Services with a Penalty for No Pre-Approval

Failure to obtain prior approval will result in a 20% penalty for medically necessary services, in addition to the Plan's usual 15% coinsurance.

- Maternity Care – Call HCS within 30 days of pregnancy diagnosis to enroll in the MaterniCare Program.
  - **Even after enrollment in the MaterniCare Program, pre-approval is required for any procedure (including ultrasound) listed on this page.**

- Inpatient Admissions
- Durable Medical Equipment in excess of \$500
- Treatment for Tempromandibular Joint Dysfunction (TMJ)
- Human Organ Transplants
- Diagnostic Services:

Angiography	Ultrasounds (including obstetrical	All Biopsies
C.A.T. Scans	M.R.I. and M.R.A	

- Therapy Services
 

Chemotherapy	Insulin Therapy	Speech Therapy
Radiation	Injectable Drugs	Occupational Therapy
Hyperbaric Therapy	Respiratory Therapy	Dialysis
Physical Therapy	Vision Therapy	Pulmonary Therapy

### No Benefits are Payable without Pre-approval

- Skilled Nursing/Rehabilitation Admissions\*\*
- Hospice\*\*
- Home Health Care\*\*
- Home Infusion Therapy\*\*
- Chiropractic and Acupuncture therapy beyond the 6<sup>th</sup> visit in each calendar year\*\*

### Mental Health/Substance Abuse Treatment

All inpatient and outpatient services for mental health or substance abuse treatment must be arranged and approved through Managed Health Network (MHN). **No benefit is payable if prior approval is not received. Pre-approval is required even if you use a FrontPath Network Provider.** Contact MHN at 800-472-4992.

**Note: This brochure does not apply to those classifications with Base Benefits only coverage. Workers covered under the Base Benefits Plan should contact the Fund Office for a summary – 419-666-4450.**

## Education

### For courses beginning on or after August 1, 2006

After 24 months of continued eligibility, reimbursement is available for tuition expenses. Student must attain a "C" or better grade. Payments are subject to income taxes.

Qualifying Program	Active Participant	Spouse	Dependent Child
Private High School	Not Eligible	Not Eligible	50% of tuition costs
Vocational School	Not Eligible	\$60 per credit	\$75 per credit
College	\$60 per credit <small>(JATC Approved)</small>	\$60 per credit	\$75 per credit
Adult Education – 2 Courses/yr	\$60 per credit	\$60 per credit	Not Eligible
Annual Maximum	\$500	\$500	\$2,500
Lifetime Maximum	\$2,500	\$2,500	\$12,500

## Disability

All Active participants are eligible for weekly disability benefits when unable to perform the duties of an electrician, or for Class 9 or 26, when they are unable to perform the duties of their own occupation. Benefits are available for non-occupational illness or injuries for a maximum of 26 weeks for any one disability.

Benefit Amount	30% of Journeyman Inside Wireman rate of pay
Benefits Begin	1 <sup>st</sup> day, if accidental 8 <sup>th</sup> day if non-accidental

## Employee Assistance Plan

Managed Health Network (MHN) MAP program offers confidential assistance for the following types of stressful situations. **You must call 800-472-4992 prior to seeking services.**

- |                           |                          |
|---------------------------|--------------------------|
| • Emotional difficulties  | • Job Stress             |
| • Child/Adolescent Issues | • Family/Marriage Issues |
| • Alcohol/Substance Abuse | • Gambling               |
|                           | • Financial difficulties |

All participants are eligible for the MAP program. The first three (3) visits are covered in full – there is no copayment necessary. Further treatment will be subject to the Medical Plan provisions.

## Death

Death benefits are available for the participant only, and are paid to the beneficiary on file at the Benefit Office. Benefits are not available for spouses or dependents.

Active Participant	\$10,000 Death \$20,000 Accidental
Early Retiree	\$2,000
Normal Retiree	\$1,000

To FIND OUT ABOUT...	CONTACT:	BY PHONE AT:	OR VISIT THEIR WEBSITE AT:
Eligibility and benefits/ claims	Benefit Office	419-666-4450	<a href="http://www.electricalfunds.org">www.electricalfunds.org</a>
PPO Network Providers	FrontPath Health Coalition	888-232-5800 Opt. 5	<a href="http://www.frontpathcoalition.com">www.frontpathcoalition.com</a>
Pre-Certification, Managed Care Review, Second Surgical Opinions, MaterniCare	HealthCare Strategies	800-582-1535	<a href="http://www.hcare.net">www.hcare.net</a>
Mental Health and Substance Abuse treatment, emotional, financial, marriage, career, depression, violence or any similar problem	ManagedHealthNetwork (MHN)	800-472-4992	<a href="http://www.mhn.com">www.mhn.com</a> members.mhn.com Access Code: toledoelec
Network Vision Providers, information regarding claims, services or maximums	Vision Service Plan	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Mail-Order Pharmacy	Immediate Pharmaceutical Services	800-233-3872	<a href="http://www.jpsrx.com">www.jpsrx.com</a>
Prescription Drug Claims/Benefits –	Restat	800-248-1062	<a href="http://www.restat.com">www.restat.com</a>
Dental In-Network Provider	DentemMax	800-752-1547	<a href="http://www.dentemax.com">www.dentemax.com</a>