

## Participant Assistance Program

The PAP benefit is provided through Supportline to all eligible primary participants and their qualifying relatives. Up to 3 no cost PAP sessions per issue, per calendar year. Your benefit includes:

Relationship & Communication  
 Managing Anger  
 Family Crisis Support  
 Substance Abuse Cessation  
 Coping with Grief & Loss

For additional information on your PAP benefits and eligibility, or to schedule an appointment, contact Supportline 888-881-LINC (5462).

## Vision Care

Once every other plan year, active and retiree participants are eligible for a routine vision exam, glasses and/or contact lenses through EyeMed. Co-payments are required for in-network providers; a dollar allowance is provided for non-network providers. Below is a summary, please log onto eyemed.com for detail of benefits:

	In-Network	Out-of-network
Exam	\$10 Co-pay	Up to \$35
Lens	\$25 Co-pay *	Up to \$25—Single Up to \$40—Bifocal Up to \$55—Trifocal
Frames	\$170 allowance	Up to \$85
Contacts	\$120 allowance	Up to \$105

- Dependent Children are eligible for Lens/Frames once every plan year

\*regardless of type



## 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 (class 26 have special rates)
Benefits Begin	1st day, if accidental 8th day if non-accidental

TEWF Benefit Office	419.666.4450	www.electricalfunds.org	Benefits Office
Delta Dental	800.524.0149	www.deltadentaloh.com	Dental In-Network Provider
FrontPath Health Coalition	888.232.5800 Option 5	www.frontpathcoalition.com	PPO Network Provider
Supportline	888.881.5462	www.supportline.com	Participant Assistance Program
American Health Holding	855.248.1858 8 AM—9 PM	www.americahealthholding.com	Pre-Certification, Managed Care Review
Express Scripts	877.797.9688	www.express-scripts.com	Prescription Drug Benefit
EyeMed (Network—Insight)	866-800-5457	www.eyemed.com	In-Network Vision Provider
Amplifon Hearing Health Care	877.203.0675	www.amplifonusa.com	Hearing Aid Discount Program
	Phone	Website	

# Toledo Electrical Welfare Fund

## Base Plan

Summary of Benefits  
 As of January 1, 2019

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

Leading the way in providing for  
 our members and their families

P.O. Box 60408  
 Rossford, Ohio 43460  
 Phone: 419-666-4450  
 FAX: 419-666-5410

[www.electricalfunds.org](http://www.electricalfunds.org)  
[Benefits@electricalfunds.org](mailto:Benefits@electricalfunds.org)

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.

REV: 7/1/2020

## 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 through end of month in which dependent turns age 26. Enrollment is required.

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 FrontPath Health Coalition-PPO

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. To locate a network provider, go to [www.Frontpathcoalition.com](http://www.Frontpathcoalition.com).

**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.**

	In-Network		Out of Network Discounted Providers		Out of Network Non-Discounted Providers	
Deductibles	\$2,000 Single	\$4,500 Family	\$4,500 Single	\$9,500 Family	\$4,500 Single	\$9,500 Family
Coinsurance	70% Plan	30% Member	60% Plan	40% Member	60% Plan	40% Member
Out of Pocket Max	\$1,500 Single	\$3,000 Family	\$2,000 Single	\$4,500 Family	\$2,000 Single	\$4,500 Family
Emergency Room Co-Pay	\$100		\$100		\$100	
Office Visit Co-Pay	\$30		\$20		\$20	
Balance Bill	No Balance Bill		No Balance Bill		Balance Bill May Apply	

## COVERED SERVICES INCLUDE:

• Inpatient hospital/medical care	• Orthotics and Prosthetics	• Ambulance
• Outpatient hospital expenses	• Oral Surgery and Oral Accidents	• Inpatient Mental Health and Inpatient/Outpatient Substance Abuse Treatment as pre-approved by American Health Holding (AHH)
• Office and other outpatient visits	• Home Health Care, Hospice	• Annual physical and or Preventative Services the Plan pays (with 0% out of pocket if in Network). These services include:  Routine physical/Preventive Services for member, spouse, & dependent
• Chemotherapy, Radiation Therapy	• Durable Medical Equipment & certain Medical Supplies	
• Diagnostic X-ray, laboratory, pathology and medical services	• Chiropractic Care—18 visits per calendar year	Immunizations
• Assistant Surgeon (when indicated) and Anesthesia fees	• Acupuncture Care—18 visits per calendar year	
• Physical, occupational, speech, and respiratory therapy	• Smoking Cessation	Routine Gynecological exam, Pap Smear and mammogram
• Whole Blood-3 pint deductible	• Biopsy	
• Out Patient Mental Health-NO Authorization required	• Surgical Care	
	• Allergy Tests and Treatment	

## Managed Care Review

All services listed below require pre-certification. Contact American Health Holding (AHH) at 855-248-1858 as soon as your doctor recommends any of the services listed below. Pre-approval is required even if you use a FrontPath Provider.

**Note: Penalties and Non-payable benefits Do Not count towards Out-of-pocket maximum of \$2,000.**

## Services Listed Below Maybe Subject to a Penalty for No Pre-Approval:

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

• Inpatient Admissions	• <b>Diagnostic Services:</b> Angiography C.A.T. Scans M.R.I. and M.R.A
• Human Organ Transplants	
• Durable Medical Equipment over \$1,500	
• <b>Therapy Services:</b> Chemotherapy Radiation Hyperbaric Therapy Dialysis Insulin Therapy Vision Therapy Respiratory Therapy	Chiropractor (After 18 visits) Acupuncture (After 18 visits) Occupational Therapy (After 18 visits) Physical Therapy (After 18 visits) Speech Therapy (After 18 visits) Pulmonary Therapy
<b>Benefits listed below are NOT Payable or Covered without Pre-approval</b>	
• Skilled Nursing/Rehabilitation Admission	• Home Infusion Therapy
• Hospice and Home Health Care	• Chiropractic/Acupuncture beyond the 18th visit per calendar year

## Flu Shots

Once yearly, active and retiree members, spouses and dependents can receive a flu shot with no co-pay or co-insurance when you use the Kroger Pharmacy. If you receive the flu shot from your doctor's office, you will be charged a \$20 co-pay for an office visit.

## Prescription Drugs—New Rx Provider, moving from AmWins Rx to Express Scripts effective 1/1/2019

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 (moving from 34 day supply to 30 day supply effective 1/1/2019). After reaching an annual out-of-pocket threshold of \$1,000 per family, co-pays are discounted. Prescription out-of-pocket maximum is separate from medical.

Non-Preferred Brand & Specialty Drug	\$50 (before out of pocket threshold)	\$25 (after out of pocket threshold)
Preferred Brand	\$30 (before out of pocket threshold)	\$10 (after out of pocket threshold)
Generic	\$10 (before out of pocket threshold)	\$0 (after out of pocket threshold)

**All prescription drugs that cost more than \$1,500 per fill, all Specialty Drugs and all Injectables require APPROVAL THRU Express Scripts.** If the patient elects a brand name drug over a generic, he is responsible for the brand name co-pay plus the cost differential. Kroger pharmacy will discount all co-pays by \$1. You can receive a 90-day drug supply at any network retail pharmacy effective 1/15/2014. Prescription birth control is covered for members, spouses and dependents.

## Dental Care

We are members of the Delta Dental PPO network. Using a Delta Dental 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.

<b>Annual Deductible</b>	<b>\$25 per person</b>
<b>Annual Maximum</b>	<b>\$1,250 per person</b>
<b>Preventive Care</b>	<b>100% of Fee Sch Amt.</b>
<b>Basic Restorative Svcs</b>	<b>85% of Fee Sch Amt.</b>
<b>Major Restorative Svcs</b>	<b>50% of Fee Sch Amt.</b>

Orthodontia Care – Covered at 50% for children up to age 19. The lifetime maximum per child is \$2,500.

## 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:

Hearing Aid (s) - Up to \$800 Per Ear (In/Out of Network)

**AND**  
**Amplifon Hearing Health Care**—Hearing Aid Discount Program through EyeMed

- Discounts on Hearing Aids and batteries
- 60-Day Hearing Aid Trial Period