PPO-FrontPath Health Coalition

The PPO network offered to participants of the Toledo Electrical Welfare Fund is the FrontPath Health Coalition. Utilizing network providers minimizes your out-of-pocket costs and those paid by the Plan. Note the Plan's reimbursement is the in-network fee, unless an emergency or authorized by AHH. In addition to the applicable co-insurance, Participants are responsible for any charges in excess of the in-network fee if they utilize providers outside the FrontPath Health Coalition network. Go to www.frontpathcoalition.com to locate an in-network provider.

Managed Care Review

Many services 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 Network Provider. Failure to obtain prior approval may result in the application of a 20% penalty for medically necessary services and denial of non-approved services. The penalty is in addition to the Plan's normal 20% coinsurance.

- Inpatient Admissions
- Skilled Nursing /Rehabilitation Admissions**
- Home Health Care and Hospice**
- Home Infusion Therapy**
- Durable Medical Equipment in Excess of $1,500
- Chiropractic and Acupuncture Therapy over 18 visits in each calendar year**
- Human Organ Transplants

Diagnostic Services

Angiography, CAT Scans, MRI and MRA.

Therapy Services

Chemotherapy, Radiation/Radio, Dialysis, Respiratory, Pulmonary, Hyperbaric, Speech, Insulin, Infusion and Vision.

Therapy Services that need Prior-Authorization AFTER the 18th visit

Occupational, Physical and Speech (Per Calendar Year, Jan-Dec.)

Death Benefit

Death benefits are available for the participant only, and are paid to the beneficiary on file at the Benefit Office. **Early Retiree: $2,000**

Benefits Office - Eligibility & benefit/claim information:
Phone: 419.666.4450
Website: www.electricalfunds.org

Delta Dental- Dental Provider
Phone: 800.524.0149
Website: www.deltadentaloh.com

Express Scripts - Prescription Drug Plan
Phone: 877.797.9688
Website: www.express-scripts.com

Supportlinc—Participant Assistance Program. Up to 3 no cost PAP sessions per issue, per calendar year.
Phone: 888.881.5462
Website: www.supportlinc.com

EyeMed (Network—Insight)—Claims and Provider information:
Phone: 866-800-5457
Website: www.eyemed.com

Amplifon Hearting Health Care
Hearing Aid Discount Program
Phone: 877-203-0675
Website: www..amplifonusa.com

Toledo Electrical Welfare Fund

Early Retiree

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

benefits@electricalfunds.org

This document is provided as a summary of the benefits available to early retirees 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

	In-Network		Out-of-Network	
Deductibles	$400 Single	$800 Family	$400 Single	$800 Family
Coinsurance	80% Plan	20% Member	60% Plan	40% Member
Out of Pocket Max	$1,500 Single	$3,000 Family	$1,500 Single	$3,000 Family
Emergency Room	$200 - Co-pay		$200 - Co-pay	
Office Visit	$20 - Co-pay		$20 - Co-pay	
Balance Bill	No Balance Bill		Balance Bill May Apply	

Covered Services Include:

- Inpatient hospital/medical care
- Outpatient hospital expenses
- Office and other outpatient visits
- Chemotherapy, Radiation Therapy
- Diagnostic X-ray, laboratory, pathology and medical services
- Assistant Surgeon (when indicated) and Anesthesia fees
- Physical, occupational, speech, and respiratory therapy
- Whole Blood-3 pint deductible
- Out Patient Mental Health-NO Authorization required
- Orthotics and Prosthetics
- Oral Surgery and Oral Accidents
- Home Health Care, Hospice
- Durable Medical Equipment & certain Medical Supplies
- Chiropractic Care—18 visits per calendar year
- Acupuncture Care—18 visits per calendar year
- Smoking Cessation
- Surgical Care
- Biopsy
- Ambulance
- Allergy Tests and Treatment
- Inpatient Mental Health and Inpatient/Outpatient Substance Abuse Treatment as pre-approved by American Health Holding (AHH)
- 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

Immunizations

Routine Gynecological exam, Pap Smear and mammogram

Dental Care Benefits	
Annual deductible	$25 per person
Annual maximum	$250 per person
2 Cleanings/2 Exams Per Year	100% of fee schedule amount
Diagnostic X-Rays	85% of fee schedule amount

Participant Assistance Program

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

- Emotional Difficulties
- Child/Adolescent Issues
- Alcohol/Substance Abuse
- Job Stress
- Family/Marriage Issues

For additional information on your PAP benefits and eligibility, or to schedule an appointment, contact Supportlinc at 888-881-5462.

Vision Benefit

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	Up to $85
Contacts $120	Up to $105

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

*regardless of type

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 eff. 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)
Brand Name	**$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 and allow 90-day drug supplies. Prescription birth control is covered for members and spouses only.

	In-Network	Non-Network
Hearing Aid(s) & Exam (Every 36 months) Through FrontPath	Up to $800 per ear	Up to $800 per ear

Amplifon Hearing Aid Discount Program through EyeMed.—Effective 7/1/2020. Sixty day hearing aid trial period with no restocking fee. Free batteries for 2 years with initial purchase.