

<b>Dental Care Benefits</b>	
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

<b>IMPORTANT CONTACT INFORMATION</b>
<b>Benefits Office</b> Eligibility and Benefits/Claims Information Phone: 419.666.4450 Website: <a href="http://www.electricalfunds.org">www.electricalfunds.org</a> Email: <a href="mailto:benefits@electricalfunds.org">benefits@electricalfunds.org</a>
<b>Delta Dental</b> Dental Provider Information Phone: 800.524.0149 Website: <a href="http://www.deltadentaloh.com">www.deltadentaloh.com</a>
<b>Express Scripts Medicare</b> Prescription Drug Plan Phone: 877.788.5814 Website: <a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>SupportLinc</b> Participant Assistance Program Up to 3 no-cost PAP sessions per issue / per calendar year. Phone: 888.881.5462 Website: <a href="http://www.supportlinc.com">www.supportlinc.com</a>
<b>EyeMed (Network—Insight)</b> Claims and Provider Information Phone: 866-800-5457 Website: <a href="http://www.eyemed.com">www.eyemed.com</a>
<b>Amplifon Hearing Health Care</b> Hearing Aid Discount Program through EyeMed Phone: 877-203-0675 Website: <a href="http://www.amplifonusa.com">www.amplifonusa.com</a>

## Toledo Electrical Welfare Fund

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

This document is provided as a summary of the benefits available to normal 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: 07/01/2020

### **Death Benefit**

Death benefits are available for the **participant only** and are paid to the beneficiary on file at the Benefit Office.

**Normal Retiree - \$1,000**

### **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
- Gambling/Financial Difficulties

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

### **Medical**

Deductible and co-insurance paid after Medicare pays as your primary insurance.

### **Spouse**

If Spouse is under 65 years of age and not eligible for Medicare, they must follow the rules pertaining to medical authorizations, pre certifications, Managed Care Review. Call Benefits Office for more information 419-666-4450.

### **Hearing Care**

Every thirty-six (36) months, members and spouse are eligible to receive a routine hearing exam and hearing aid(s) through the FrontPath Network. Benefit maximums are up to \$800 per ear. Effective 7/1/2020—Amplifon Hearing Aid Discount Program through EyeMed. 60 day hearing aid trial period with no restocking fee.

### **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 just a summary, please log onto [eyemed.com](http://eyemed.com) for detail of benefits:

	<b>In-Network</b>	<b>Non-Network</b>
Exam	\$10 Co-pay	Up to \$35
Lenses	\$25 Co-pay* regardless of type	Up to \$25 - Single Up to \$40 - Bifocal Up to \$55 - Trifocal
Frames	\$170 allowance	Up to \$85
Contacts-Elective	\$120 allowance	Up to \$105

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

### **Medicare Eligible Retirees—Part D Plan from Express Scripts (TEWF Self Funded Prescription Plan)**

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

**Out Of Pocket Threshold is \$500 for an individual and \$1,000 for a family unit per calendar year.**

- Available at over 60,000 Pharmacies
- Some Rx's will require Prior Authorization
- Mail Order is available for up to 90 day supply
- Member needs to request new 90 day scripts
- Kroger Pharmacy will discount all copyas by \$1 and allow 90 day supply
- Accredo Specialty Pharmacy for medications that treat complex and chronic health conditions

<b>Covered Participant</b>	<b>Rx Copay Threshold Before Copays are Reduced</b>
Single Medicare with No Dependents	\$500.00
Single Medicare with One or More Person(s) without Medicare	\$500 on the Medicare Person; \$1,000 on the Dependent(s). Dependent Rx administered by Express Scripts
Two Person Medicare Comp	\$500 on each of the Medicare participants
Two Person Medicare with one or More Person(s) without Medicare	\$500 on each Medicare participant, \$1,000 on the dependent(s). Dependent Rx administered by Express Scripts