

IMPORTANT NOTICE:
NEW FUND PLAN OF BENEFITS
“SMALL WORKS” PLAN – I.B.E.W. LOCAL 7
EFFECTIVE SEPTEMBER 1, 2015

To All Active Participants working under the I.B.E.W. Local 7 “Small Works” Contract and First Year Apprentices:

We are happy to announce that you will soon be covered by a new plan of benefits under the New England Electrical Workers Benefits Fund. This program will be called the “Small Works” Fund of I.B.E.W. Local 7. Your current Health Reimbursement Account (“HRA”) will end on August 31, 2015 and be replaced by this plan of benefits.

ELIGIBILITY

Beginning with hours worked on July 1, 2015, you need **280 hours** for initial eligibility in the Fund.

For continued coverage you need **140 hours** (after meeting the 280 hours initial eligibility requirement) to be covered in a following month.

**HOURS WORKED PROVIDE COVERAGE FOR THE
SECOND FOLLOWING MONTH**

The hours that you work in a month will provide you with coverage for the second month following the month that you work.

Example of Initial and Continued Coverage

- James works 140 hours in July 2015 and August 2015
- James will be covered in October 2015 because he worked 280 hours by the end of August 2015
- James works 140 hours in September 2015
- James will be covered for November 2015 because he worked 140 hours in September

HOURS BANK

The program will have an “Hours Bank”. This means that in any month you work more than 140 hours, any excess hours go into an Hours Bank for you. Hours in the Hours Bank can be used in future months, if you work fewer than 140 hours in that future month. The Hours Bank is limited to 840 hours.

Example of Hours Bank

- *James (from the earlier example) has an empty Hours Bank at the end of September 2015, since he’s worked exactly 140 hours in the preceding Eligibility months.*
- *James works 150 hours in October 2015 and is covered for December 2015. His Hours Bank is now 10 hours (150-hours worked minus 140 hours needed for coverage).*
- *James works 135 hours in November 2015, which is usually not enough for coverage in January 2016. But, since he has 10 hours in his Hours Bank, he uses 5 hours of his Hours Bank so that he now has 140 hours (135 worked plus 5 from his Hours Bank). James is now covered for January 2016 and has 5 hours remaining in his Hours Bank.*

COPAYMENTS

Attached to this Notice is a list of the benefits offered by the Fund, showing the new plan of benefits. You will see that there will be “Copayments” when you visit a physician, hospital, or other medical service provider. This means that you pay *only* the amount shown; the Fund will pay the remaining cost as long as the services are provided by an “in-network” facility.

In general, **copayments for physician services are \$50**. This will be the amount that you should expect to pay when you visit a medical professional who is “in-network”. However, “preventive care” visits for you and your eligible dependents will have no copayment. Services provided by facilities that are *not* “in-network” will be paid at 50% of the “Reasonable and Customary” rates after you have paid an up-front deductible. “Reasonable and Customary” is determined by Anthem, and is the amount that Anthem has determined is the typical fee for the service in this area.

For hospital stays, the copayment will be **\$400/day** (at “in-network” facilities). But, for hospital stays of more than 3 days, you will only have to make a copayment for each of the first three days, and no copayment for any additional days. This is true for each person covered under the Plan and is determined each calendar year. For example, if you are in the hospital for 4 days, you will pay \$400 for the first, second, and third day, and *nothing* for the fourth day. For a family, the number of days (at most) that you’ll have to make a copayment in a year is 6.

COPAYMENTS – PRESCRIPTION DRUG

The copayments that you pay when you get a prescription will be:

	Retail pharmacy (30 day)	Mail Order Pharmacy (90 day)
Generic	\$10	\$20
Preferred brand name	\$50	\$100
Non-preferred brand name	\$125	\$250

The benefits shown on the attachment are effective September 1, 2015. From time to time, the Trustees review the plan of benefits and might make changes in the future. The plan also provides weekly disability, dental and vision benefits.

If you have questions about these changes, please feel free to call the Fund Office.

BOARD OF TRUSTEES

New England Electrical Workers Benefits Fund
Plan Design for IBEW Local 7 – Small Works Plan

In-Network Benefits

Copayment	
Preventive Care	
All “Preventive Care” (per ACA)	No copayment
Prescription Drug Coverage	
Retail pharmacy (30 day)	
Generic	\$10
Preferred brand name	\$50
Non-preferred brand name	\$125
Mail Order Pharmacy (90 day)	
Generic	\$20
Preferred brand name	\$100
Non-preferred brand name	\$250
Provider Services	
Hospital inpatient	\$400/day
◦ Maximum days/visit (per person)	3 (max \$1,200/visit)
◦ Maximum days/year (per family)	6 (max \$2,400/visit)
Maternity services	\$50
Diagnostic labs & x-rays	No copayment
Major Imaging (MRI, CAT, PET)	\$250
Medical Facilities (excluding hospitals)	
Emergency room	\$300
Walk-in centers	\$100
Ambulatory surgical centers	\$250
Skilled nursing facility	\$200
Home health care (80 visits)	\$75
Hospice	\$200 one time
Professional Services	
Office visit (non-preventive)	\$50
Outpatient facility	\$250
Diagnostic labs and X-rays	No copayment
Surgery	Covered by “Inpatient” (\$400) or “Outpatient” (\$250)
Radiation therapy`	No copayment
Chemotherapy	No copayment
Dialysis treatment	No copayment
Allergy treatments	\$15
Lasik Surgery	Plan pays 100% up to \$1,000 lifetime max
Orthotics	\$75
Acupuncture	\$75
Nutritional/educational services - diabetes	\$75 (10 visits/year)
Nutritional/educational services - all other	\$75 (2 visits/year)
Naturopath/homeopathic treatment	\$75

New England Electrical Workers Benefits Fund
Plan Design for IBEW Local 7 – Small Works Plan

In-Network Benefits

	Copayment
Prescription baby formula	\$60
Feeding specialist	\$75
Therapies (maximum 30 per year combined)	
Chiropractic Care	\$20
Physical Therapy	\$20
Occupational Therapy	\$20
Speech Therapy	\$20
Massage Therapy	\$20
Maternity Care	
Pre-natal and post-natal	\$50
Delivery	\$400/day
Maximum days (maximum dollars)	3 (max \$1,200/visit)
Family Planning	
Office visit	No copayment
Contraceptive services/devices	No copayment
Vasectomies	Covered by “Inpatient” (\$400) or “Outpatient” (\$250)
Infertility	Covered by “Inpatient” (\$400) or “Outpatient” (\$250)
	Infertility Office visit: \$50; \$20,000 Lifetime Benefit
Additional Benefits	
Durable medical equipment	\$75
Ambulance	\$75
Smoking cessation	\$75
Physician follow-up visits	\$50
Mental Health and Substance Abuse Treatment	
Inpatient	\$200
Office visits	\$50
Dental Expenses - Plan Payments	
Calendar year maximum	\$1,000
Preventative procedures	100% of R&C
Restorative Procedures	80% of R&C
Major Procedures	50% of R&C
Orthodontia (dependent children up to age 26)	\$1,000 lifetime maximum; paid at 50%