

# NECA/IBEW FAMILY MEDICAL CARE PLAN

APRIL 2011

2011-1



## HEALTH CARE REFORM AND YOUR BENEFITS

Beginning January 1, 2011, your benefits changed to comply with federal health care reform. You should already have received a notice describing these changes. If you did not get a notice, or if you would like another copy, you can log on to the FMCP's website: [www.neca-ibew-healthcare.com](http://www.neca-ibew-healthcare.com), or you can call the Fund Office.



▲ Children under age 26 can be covered as dependents. However, any child who is eligible for group coverage through his employment, or his spouse's employment, will not be covered under the FMCP.

- ▲ The definition of a child no longer includes residency requirements, student status, financial dependency, or the requirement that the child be unmarried.
- ▲ The overall lifetime maximum benefit was removed.
- ▲ Overall annual maximum benefits are no less than \$750,000 and will gradually phase out by 2014.

Plans 1, 3, 14, 15, 16 & S	Plans 2, 4, U & T	Plan 10
\$1,000,000	\$750,000	\$2,000,000

- ▲ The following annual and/or lifetime maximum benefits have been eliminated for:
  - \* Hospital expenses
  - \* Substance abuse
  - \* Speech therapy
  - \* TMJ
  - \* Routine exams
  - \* Rehabilitation therapy
  - \* Hearing aids
- \* *For dependent children under age 19 only*, dental benefits (however, the orthodontia maximum will continue to apply)



▲ Over-the-counter (OTC) drugs will not be reimbursed through the Special Fund unless there is a physician's prescription.

Health care reform can be very confusing—especially since the news media does not always distinguish between changes required of all plans, and changes that are only required once a Plan is no longer “grandfathered.” This means that some of the changes you may have heard about

will not apply until your Plan loses “grandfathered” status.

Right now, Plans 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, S, T and U are considered

“grandfathered” plans. Some of the health care reform changes you have heard about will not take effect just yet. For example, these Plans are not yet required to cover all the wellness/preventive care tests and services recommended by the government.

There will be more changes coming. The Trustees will continue to let you know when changes are made. The Trustees encourage you to call the Fund Office with questions about your and your family's health care coverage.



*Please make sure you continue to read all of the materials you receive from the FMCP.*



**Special wallet stuffer!**  
Cut it out and keep it handy!



### NECA/IBEW Family Medical Care Plan

Fund Office 877-937-9602  
5837 Highway 41 North 877-937-9601 (fax)  
Ringgold, GA 30736 [www.neca-ibew-healthcare.com](http://www.neca-ibew-healthcare.com)  
Medical PPO—Anthem [www.anthem.com](http://www.anthem.com) 877-937-9602  
To find a PPO provider: 800-810-2583  
Utilization Review—Med-Care Management 800-367-1934  
Hospitalizations, home health care and durable medical equipment must be precertified.  
Living Well Health Management Program 866-844-4222  
*This program is for retirees who are not Medicare eligible.*  
Rx Drugs—Sav-Rx [www.sav-rx.com](http://www.sav-rx.com) 866-233-4239  
Dental PPO—MetLife [www.metlife.com](http://www.metlife.com) 800-942-0854  
Vision PPO—VSP [www.vsp.com](http://www.vsp.com) 800-877-7195

April 2010

*Tip—cover the front and back of the wallet stuffer with clear packing tape and cut off the extra tape to give the card more durability.*

## USING THE VSP PROGRAM



*This section applies to Plans 1, 3, 4, 10, 14, 15, 16, 20 & S. However, retirees are not eligible for vision benefits except for retirees covered under Plan 3.*

### What is Covered

Plans 1, 3, 4, 10, 14, 15, 16, 20 and S get vision benefits through an arrangement with VSP. Retirees are not eligible for vision benefits, except for retirees covered under Plan 3.

If you are covered under one of these Plans, you and your covered dependents will be entitled to the following vision care services and supplies each calendar year (don't forget to read the next section which describes what the Plan will pay and what you will pay):

- ▲ 1 vision exam
- ▲ 1 pair of frames
- ▲ 1 pair of lenses
- ▲ 1 pair of contact lenses *instead of the frames and lenses if you so choose*
- ▲ 1 pair of safety glasses (employee only)—in addition to regular glasses



### If You Use a VSP Doctor

The benefits paid on your and your family's behalf depends on the type of provider you choose to use. The Plan will cover more, and you will usually pay less, if you use a VSP doctor.

#### VSP Benefits

Vision exam	Provided in full
Frame	Provided in full, to \$115 allowance
Single vision lenses	Provided in full
Lined bifocal lenses	Provided in full
Lined trifocal lenses	Provided in full
Lined lenticular lenses	Provided in full
Elective contacts	\$120 allowance/pair

There are no copays if you use a VSP doctor. You will only be responsible for any "extra" lens options (such as unlined bifocals, polarizing lenses, etc.) or for contact lenses and frames in excess of the allowance.

Eye doctors who contract with VSP agree to charge certain prices for their services and supplies. If you do not feel the VSP-contracted doctor charged you correctly, or if you have any complaints about the VSP doctor, contact VSP. VSP will work with you to try to resolve the issue.



### If You Use a Non-Network Doctor

If you use a non-VSP doctor, your benefits will be limited to an allowance, which is usually not enough to cover the entire cost of the service or supply. You will be responsible for the difference in cost between the allowance and the actual charge. You will usually pay more out-of-pocket if you choose non-network vision care.

#### Non-Network Benefits

Vision exam	\$35
Frame	\$35
Single vision lenses	\$30
Lined bifocal lenses	\$40
Lined trifocal lenses	\$55
Lined lenticular lenses	\$55
Elective contacts	\$120 allowance/pair

Non-network vision doctors have no arrangements with VSP for either their billing practices or their customer service. Unfortunately, neither VSP nor the Fund Office will be able to assist you if you feel that you have been overcharged by, or if you are not happy with, a non-network vision provider.

### No I.D. Card Needed

You do not need an I.D. card to use a VSP doctor. Simply tell them the FMCP contracts with VSP, and provide the employee's name and other requested information. The vision provider will contact VSP to confirm your and your family's eligibility for benefits.



### To Find a VSP Provider

Find VSP doctors at [www.vsp.com](http://www.vsp.com), or call 800-877-7195.

## MAKING SELF-PAYMENTS?

If you are making a self-payment to continue your and your family's coverage, make sure you:

- ▲ Make the check out to: NECA/IBEW FMCP
- ▲ Include the member's name, address & last 4 digits of the Social Security No.



## WELCOME NEW GROUPS!

The NECA/IBEW Family Medical Care Plan welcomes the following new groups of employees:

- ▲ Local Union 684 from Modesto, CA
- ▲ The office employees of Local 21 from Downer's Grove, IL

## IMPORTANT NOTES FROM THE FUND OFFICE

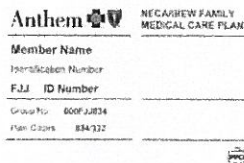
### Make Sure You Use the Right ID Card

Shown below are samples of what your medical, prescription drug and dental ID cards should look like. You do not need a card for vision benefits.

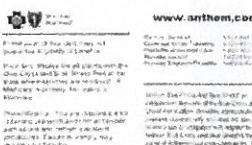
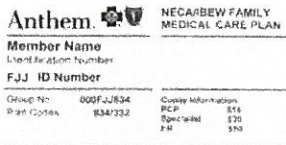
#### Medical Care—Anthem 877-937-9602

The medical ID card that is issued to you and your family will depend on which Plan you participate in, and whether or not you are a Medicare-eligible retiree. The following four pictures illustrate each type of medical ID card—check the title of each picture to make sure you are looking at the right card. *Remember, you will not—and should not—have all 4 types.*

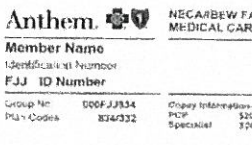
#### Active Employees—Other than Plans 9 or 10



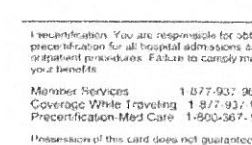
#### Plan 9 (KCP&L)



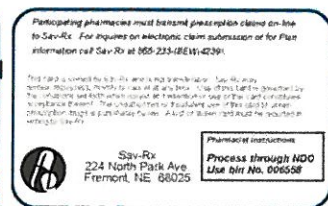
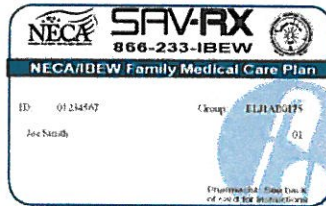
#### Plan 10 (Copay Plan)



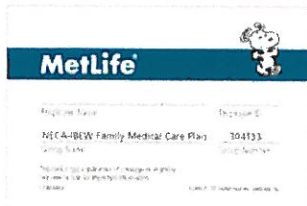
#### Medicare-Eligible Retirees



#### Prescription Drugs—Sav-Rx 866-233-4239



#### Dental Care—MetLife 800-942-0854



**You don't need an ID card to get vision benefits—simply let the eye doctor know you are a VSP participant.**

#### Why Did I Get an Accident Form when My Claim Has Nothing to Do with an Accident?



Any time a claim could be the result of an accident, the Fund Office will send you an accident form. Please fill it out and return it to the Fund Office as soon as possible. Even if your claim was not related to an accident, you will still need to complete the form. Until the Fund Office has the completed accident form, your claim cannot be processed.

In order to ensure that the Fund pays benefits correctly, please complete and return the form—just calling the Fund Office and verbally providing information is not enough. However, please *do* call the Fund Office if you need assistance filling out the form, or have questions about your claim.

#### BOARD OF TRUSTEES

Union Trustees	Employer Trustees
Sam Chilia	Geary Higgins
Bobby Klein	Howard Hughes
Darrell McCubbins	Larry Moter
Johnny Nickles	Jerry Sims
	Kevin Tighe

### IMPORTANT CONTACT INFORMATION

Fund Office  
5837 Highway 41 North  
Ringgold, GA 30736  
877-937-9602

PPO (Anthem)  
www.anthem.com

Customer service:  
877-937-9602

To find a PPO provider:  
800-810-2583

To submit non-PPO claims:  
P.O. Box 105187  
Atlanta, GA 30348-5187

Utilization Review  
(Med-Care Management)  
800-367-1934

*All hospital admissions,  
home health care and  
durable medical equipment  
must be precertified*

Dental (MetLife)  
www.metlife.com/mybenefits

To find a network dentist or  
reach customer service:  
800-942-0854

Rx Drugs (Sav-Rx)  
www.savrx.com  
866-233-4239

Vision (VSP)  
www.vsp.com  
800-877-7195

### NEW DEFINITION OF A DEPENDENT CHILD



*Don't forget to enroll children who now meet the FMCP's definition of a dependent.*

The definition of a "child" changed effective January 1, 2011. Children who meet the new definition, including children who had previously lost eligibility, can be enrolled. Contact the Fund Office for the form. Make sure you include any required documentation (birth certificate, court decree, paternity order, etc.).

- ▲ Your eligible children can remain eligible through age 25.
- ▲ Eligible children are not required to be students.
- ▲ The residence, financial dependence and marital status of a child under age 26 will not affect eligibility.



*However, the FMCP will exclude any child age 19 or older who is eligible for other group coverage through his or her employment or through his or her spouse's employment.*

### WHY HAVE A SPECIAL FUND?

You may have heard about the FMCP's Special Fund. "Special Funds" are accounts you can use to reimburse yourself for certain of your family's health care expenses.



The money in your Special Fund comes from pre-tax employer contributions, which gives you two advantages. First, contributions are not considered income, which keeps more money in your pocket. Second, your health care dollar stretches farther when it is not subject to taxes. If the Collective Bargaining Agreement for your Local Union requires it, your employer will make contributions to the Special Fund on your behalf.

You can use your Special Fund account for a wide range of expenses, including deductibles and certain expenses not otherwise covered by the FMCP. You can also use your account to make active self-payments, and you can save your balance to make retiree self-payments when you retire.



If you want to find out whether you have a Special Fund, or to file a claim for reimbursement, contact the Fund Office. You can also log on to the FMCP's website: [www.neca-ibew-healthcare.com](http://www.neca-ibew-healthcare.com).