

NECA/IBEW FAMILY MEDICAL CARE PLAN



OCTOBER 2010

2010-2

HOW DOES HEALTH CARE REFORM AFFECT MY BENEFITS?

As you have no doubt already heard, legislation passed earlier this year will mean dramatic changes to health care benefits. Over the next few years, the rules governing your and your family's benefits will change as the NECA/IBEW Family Medical Care Plan complies with the new law.

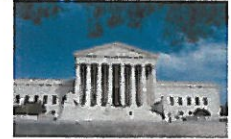


There is a lot of information flying around news media, the internet, and even by word of mouth. While much of this information is accurate, some of it is not. In addition, the new law applies to different groups at different times.

Right now, most of the Fund's Plans (Plans 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, S, T, and U) are considered "grandfathered" plans. This means that some of the health care reform changes you have heard about will not take effect just yet. For example, as long as a plan has grandfather status, it is not mandated to pay preventive care at 100%.

While the federal regulatory bodies (such as the Department of Labor and the Department of Health and Human Services) have not clarified all of the details, the table below summarizes the changes and the date they will take effect. The Trustees are still working out the details of how each change will be implemented. They will keep you informed about benefit and eligibility changes.

The Trustees will continue to ensure the NECA/IBEW Family Medical Care Plan provides the most comprehensive benefits possible while remaining on a sound financial footing.



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

Upcoming Health Care Reform Changes

Change Effective for the FMCP	Change to be Made
January 1, 2011	Children under age 26 can be covered under the FMCP as dependents. (Please be aware that the FMCP may deny coverage if the child has access to health care coverage through an employer.) Children who had previously lost coverage will be given the opportunity to re-enroll.
January 1, 2011	The lifetime maximum benefit on your overall health care claims will be removed.
January 1, 2011	Annual maximum benefits (not all Plans have these) on your overall health care claims cannot be less than \$750,000 per person (the minimum annual maximum will increase over the next few years, and will eventually be completely eliminated).
January 1, 2011	Some other annual and lifetime maximums will be removed, but others may stay. The Trustees are working with legal counsel to ensure that the FMCP is compliant with the new law.
January 1, 2011	OTC drugs will be reimbursed through the Special Fund only if prescribed by a physician.

DON'T FORGET TO FILL OUT AN ACCIDENT FORM

If you are hurt in an accident—whether it is a slip and fall, a car collision, or any other situation in which you are injured—*please fill out an accident form*. The Fund Office asks you to fill out this form to determine whether another insurance company or other source may be responsible for some or all of your claims.



Please help the FMCP—and yourself—save money. Ensuring that the FMCP does not pay claims when another insurance company is responsible helps keep the FMCP's expenses down. That keeps your expenses down, too!

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PROTECT YOURSELF FROM MEDICAL IDENTITY THEFT



What Is Medical Identity Theft?

A lot of information you get from healthcare providers and pharmacies has information that identity thieves could use. Even a pill bottle can lead to medical identity theft.



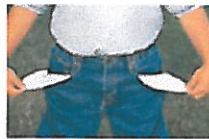
In addition to using your information to steal your identity to access your financial data, identity thieves can use your information to steal your health benefits. Using your personal information, identity thieves can see doctors and other providers by claiming to be you.

What Harm Does Medical Identity Theft Do?

Medical identity theft has several consequences:

▲ It affects your financial records.

If someone steals your identity to get medical care, healthcare providers will expect you to pay the bills—at least until you sort out the identity theft. Meanwhile, the unpaid medical bills in your name could be reported to the credit bureaus, which affects your credit scores, makes it harder to get access to credit, and possibly affects how your existing credit accounts deal with you.



▲ It affects your medical records.

Healthcare providers keep records under your name of the services and supplies provided to the identity thief. Your actual records get mixed up with the fraudulent records. This isn't just an annoyance—false records can pose a threat to your health. For instance, your records could show an incorrect blood type, show that you've had preventive services that you haven't, or show that you have an illness that you really don't.



▲ It increases your medical care costs.

If an identity thief gets medical care under your name, the FMCP pays for healthcare that it does not have to. Generally, medical identity thieves do not steal identities unless

they need medical care—possibly expensive care. This increases the FMCP's cost, which in turn means that you have to pay more for your healthcare.

What are the Signs of Medical Identity Theft?

Signs that your identity may have been stolen include:

- ▲ You get bills or EOBs for medical care you did not receive.
- ▲ Your credit history shows accounts you don't recognize, or delinquent accounts when you pay your bills on time.
- ▲ You receive a notice about a debt or delinquent account for medical care you did not receive.
- ▲ The FMCP denies a claim because you have met a limit—and your records show that you haven't. If this happens, contact the Fund Office to make sure that you actually incurred all the claims they have on file.

What Can I Do to Protect Myself?

Make sure you properly store and dispose of any information that has any personally identifiable information.

- ▲ Carefully review all information you receive from the Fund Office, especially the explanations of benefits (EOBs).
- ▲ Don't give out any personal information unless you know who is asking for the information and why.
- ▲ Take the same precautions you would to protect your financial records.
- ▲ Destroy labels containing personal information on prescription drug bottles or boxes.
- ▲ If you think you have been a victim of medical identity theft, ask the Fund Office (or other insurance) and any providers who send you bills for a copy of your medical records. You have the right to review this information.



Reminder—EOBs are Not Bills

When the FMCP pays a claim for you or a family member, you are sent an Explanation of Benefits (EOB) form. This form shows you what the FMCP pays on your behalf, and what will be your responsibility. This piece of paper is not a bill, and the FMCP is *not* asking you for money.

If there is a balance due, the provider will bill you for it. You will make payment arrangements directly with the provider.

If you have questions about EOBs, contact the Fund Office.

WELCOME NEW GROUPS!

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

- ▲ Western Dental (LU 89) from Everett, WA
- ▲ MeadWestvaco (LU 464) from Covington, VA
- ▲ The new national CE/CW plan

IMPORTANT NOTES FROM THE FUND OFFICE

Working Spouse Rule

*Any reduction in benefits will apply only to your spouse's claims. It will **not** apply to your children's claims.*

Remember, the Fund has a working spouse rule for Plans 1, 2, 3, 4, 10, S, T and U. (The rule does NOT apply to employers who make contributions depending on the number of your dependents.)



If you participate in a Plan that has the working spouse rule, be sure you fill out the spouse employment data form and return it to the Fund Office. This form lets the Fund Office know whether or not your spouse's employer offers health care coverage.

You need to fill out a spouse employment data form annually, regardless of your marital status or your spouse's employment status.

Under the working spouse rule, if your spouse's employer offers health care coverage but your spouse chooses not to enroll in such coverage, the FMCP will pay only 20% of your spouse's covered expenses. In addition, the out-of-pocket limits will not apply to your spouse's claims.

Remember, your spouse does NOT have to enroll in her employer-sponsored dental and/or vision programs—just medical and prescription drug benefit programs.

The working spouse rule will be waived if:

- ▲ Your spouse meets the hardship exemption if her:
 - * Gross annual wages are less than \$20,000.
 - or
 - * Gross annual wages are more than \$20,000 but less than \$30,000 and your spouse pays more than \$150 per month for her employer-sponsored coverage.

To claim the hardship exemption, have your employer submit a letter on company letterhead to the Fund Office attesting to your spouse's wages and cost of coverage.

- ▲ Your spouse is only eligible for COBRA coverage .
- ▲ Your spouse's only coverage option is an HMO, and she lives more than 25 miles outside the HMO service area.

Remember, if the Fund Office does not have a completed spouse employment data form, your spouse's claims may be reduced until any questions about employment-based coverage have been resolved.

If you have any questions about the working spouse rule, call the Fund Office.



What's This Letter About Subrogation?

If you get a letter about subrogation, please provide any requested information.

If you or a family member get injured or sick, and if there is a chance that another insurance company (or some other source) is responsible for all or part of the claims, you will get a letter from legal counsel asking for additional information.

It is important the FMCP does not pay claims if another source is legally responsible for them. If the FMCP pays on these claims, the FMCP's expenses increase, which means there is less money to pay for those claims for which the FMCP is responsible.



If you have questions about subrogation, contact the Fund Office.

Full-Time Student Documentation

If your child is covered under the FMCP because he or she is a full-time student, don't forget to give the Fund Office proof of his or her full-time student status each semester.



MetLife requires its own documentation, so even though the Fund Office has documentation, you will still need to fill out MetLife's required forms.

Call the Fund Office with questions about student documentation.

Don't Forget to Notify the Fund Office If Your Family Situation Changes

Don't forget to make sure the Fund Office has all your information, including:

- ▲ You get married or divorced.
- ▲ A new dependent is added to your family.
- ▲ Your address changes.
- ▲ A dependent no longer meets the definition of a dependent (due to age, divorce, etc.).



Note to Medicare-Eligible Retirees

Don't forget to send a copy of your Medicare Explanation of Benefits form (EOB) or remittance notice to the Fund Office. The Fund will be able to process your claim more quickly with this information!

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

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

IMPORTANT NOTE TO RETIREES AND SPOUSE UNDER AGE 65*Living Well Health Management Program—866-844-4222*

Those with diabetes, cardiovascular disease, or obesity face challenges every day. It is not always easy, but managing these conditions will allow for a long and productive life. The Living Well Health Management Program is a support program that will provide you with the educational material to face everyday challenges and reach your long-term goals. This program is available to retirees and spouses who are NOT eligible for Medicare.

If you would like to enroll in the Living Well Health Management Program, call **1-866-844-4222** and a nurse will enroll you. All information shared with nurses is confidential.



There is no cost to you to enroll or participate in the program.

You can also call if you would like additional information about this valuable new benefit.

Your Trustees hope that this new program helps our early retirees make every day better and healthier.

**MAKE SURE YOU ARE USING THE NEW ID CARDS**

Remember, the Fund's PPO is now Anthem, not BCBSGa. You should have received new ID cards last spring that include the new information providers need to file claims for you. Make sure you destroy ID cards that reference Blue Cross Blue Shield of Georgia (BCBSGA). Your claims will not be processed until they are filed using the Anthem information on your new cards—including your new ID numbers.



If you do not have an Anthem ID card, please contact the Fund Office.

This newsletter is designed to provide participants with general health information and a better understanding of Plan benefits. The information in this newsletter is general and may not apply to all participants. Participants are urged to contact their physician if they have specific medical questions or concerns and to contact the Fund Office concerning Plan benefits. If there is any discrepancy between this newsletter and the provisions of the Plan, the Plan will take precedence.