

IMPORTANT NOTICE ABOUT AN IMPROVEMENT TO YOUR BENEFIT PLAN

December 2012

To Participants in Plans 1, 2, 3, 4, 10, S, T and U:

This notice describes an improvement to the mental health benefits provided by the NECA/IBEW Family Medical Care Plan.

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS

Effective January 1, 2013, benefits for mental health and substance abuse services will be paid the same as medical/surgical services.

- There will be no specific limits on the number of covered outpatient/office visits or inpatient days.
- If your plan has an out-of-pocket limit, your coinsurance will now apply to that limit, and could be paid at 100% if the limit is reached during the year.
- The types of covered providers will remain the same. (The Plan covers services by hospitals, approved substance abuse treatment facilities, clinical psychologists, Masters-level clinical social workers, Masters-level professional counselors, psychoanalysts, and clinical specialist psychiatric nurses. All providers must be licensed.)
- Inpatient treatment should be pre-certified by Med-Care Management. Their telephone number is 1-800-367-1934 (the number is on your medical I.D. card).
- All treatment will be subject to medical necessity. For example, court-ordered treatment will only be covered if it is determined to be medically necessary. A court order in itself does not make the services payable by the Plan.
- If your plan includes Weekly Disability Benefits, those benefits will be payable for substance abuse disabilities during a covered course of inpatient/residential treatment. Disability benefits will not be payable while you are an outpatient.

Notice Regarding Grandfathered Status

The Trustees of the NECA/IBEW Family Medical Care Plan have determined that benefit plans 1, 2, 3, 4, 10, S, T and U provided by the Plan are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement to cover preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the FMCP Benefit Office at 5837 Highway 41 North, Ringgold, GA 30736, telephone 1-877-937-9602. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor, at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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Please keep this notice with your Summary Plan Description booklet for future reference.

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