

IMPORTANT NOTICE ABOUT IMPROVEMENTS TO YOUR BENEFIT PLAN

December 2012

To Participants in Plans 14, 15, 16, 17 and 18:

This notice describes some significant improvements to your NECA/IBEW Family Medical Care Plan benefit 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.

NEW COVERAGE FOR WOMEN'S PREVENTIVE SERVICES

Effective January 1, 2013, the Plan will cover the services and supplies listed in the table below for all women age 18 and older, including dependent female children age 18 and older.

COVERED WOMEN'S PREVENTIVE SERVICES (FEMALES AGE 18 AND OLDER) EFFECTIVE JANUARY 1, 2013		
Professional Services & Supplies	In-Network*	Out-of-Network
Annual well-woman visits.	100%	Excluded
Prenatal care, meaning routine doctor visits. (Delivery, prenatal lab, ultrasounds, and high-risk pregnancy care services are covered under the regular major medical provisions of the Plan for female employees, retirees and spouses ONLY—not for dependent children of any age.)	100%	Excluded
Screening for gestational diabetes - One per pregnancy.	100%	Excluded
HPV DNA testing - Every three years starting at age 30.	100%	Excluded
Sexually transmitted disease counseling, and HIV screening and counseling - One per year.	100%	Excluded
Contraception - FDA-approved contraceptive methods for women (IUDs, Depo Provera, tubal ligation, etc.) provided by a physician or covered facility.	In-network deductible and coinsurance apply	Excluded
Breastfeeding support, supplies (including rental of breast pump), and counseling - One lactation counseling session per pregnancy; other supplies as needed.	100%	Excluded
Screening and counseling for interpersonal and domestic violence - One per year.	100%	Excluded

* All benefits paid by the Plan apply to your annual benefit maximum, which is \$2,000,000 for 2013.

Pharmacy Purchases	100%, No Deductible	Regular Prescription Drug Co-Pays
Contraceptives - FDA-approved drugs and devices prescribed by a physician. (Abortifacient drugs like "plan B" are NOT covered.)	Oral contraceptives (birth control pills). The Plan will only cover generics and brands that do not have generic equivalents.	Non-oral contraceptives (IUDs, Depo Provera, etc.)

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

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