



## NECA/IBEW FAMILY MEDICAL CARE PLAN

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### IMPORTANT NOTICE

December 2010

To All Plan Participants:

The Trustees of the NECA/IBEW Family Medical Care Plan (FMCP) have adopted the following Plan improvements that are **effective January 1, 2011**.

#### AGE LIMIT FOR CHILDREN INCREASED

The FMCP's definition of an eligible dependent child is changing as follows effective January 1, 2011:

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

**To Enroll a Child** - Children of eligible employees who lost coverage, or who were never covered, due to their failure to satisfy the Plan's previous definition of a dependent child, and who would meet the new definition as of January 1, 2011, can enroll for coverage using the enclosed enrollment form. Plan coverage for a newly enrolled child will start on the day the child first meets the eligibility requirements but not before January 1, 2011. Return your enrollment form as soon as possible, and no later than December 31, 2010, to avoid claim processing delays.

If the child has not been covered by the Plan in the past, you will be required to submit proof that he or she meets the Plan's new definition of a dependent.

**New Definition of 'Dependent'** - Because of the changes described above, the FMCP's definition of "dependent" has been restated effective January 1, 2011 to read as follows:

**Dependent** - For the purposes of the following definition, "your" means an eligible employee or eligible retiree.

A dependent is one of the following:

1. Your spouse (from whom you are not divorced).
2. Your child who is less than 26 years old, except that the Plan will exclude a child age 19 or older with other coverage available through the child's employment or his or her spouse's employment.
3. Your child who is age 26 or older and who is permanently and totally disabled because of mental retardation, mental incapacity or physical disability as certified by a doctor. The child

must have become disabled before becoming age 26; must remain disabled and be incapable of self-sustaining employment and be dependent upon you for the major portion of his financial support and maintenance, and specifically not provide more than 50% of his own support during any calendar year. Within 31 days after the child's 26th birthday, you must furnish, at your own expense, initial proof of the child's disability and that he became disabled before he became age 26. Subsequent proof of the child's continued disability may be required by the Trustees, but not more often than once a year.

You must submit legal documentation of dependent status before claims can be paid for that person.

Definition of Child - For purposes of this definition, a "child" means any of the following:

- a. A child born of a valid marriage of yours, including a child legally adopted by you or placed in your home for adoption.
- b. A child not born of a valid marriage of yours, of whom you have been determined to be the legal parent.
- c. A stepchild of yours, meaning any child of your spouse who was born to your spouse or who was legally adopted by your spouse before your marriage to your spouse.
- d. A foster child, meaning an individual who is placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.
- e. A child who is determined to be an "alternate recipient" under the terms of a court order which the Trustees determine to be a Qualified Medical Child Support Order (QMCSO). The Trustees, in consultation with the Fund legal Co-Counsel, have adopted procedures for determining whether a particular court order qualifies as a QMCSO. If you would like a copy of the Plan's QMCSO procedures, please call or write the Fund Office. If you are a responsible party in a court action involving a child, you should request a copy of the Plan's procedures BEFORE the final order is entered.

Payment of benefits for any dependent is subject to the terms of the Plan's Coordination of Benefits provisions.

A person covered under the FMCP as an employee or retiree cannot be covered as the dependent of another FMCP employee or retiree.

If both you and your spouse are covered under the FMCP as employees (or retirees), a child will be considered a dependent of both of you.

A child who is eligible for benefits under the FMCP as an employee is not considered a dependent under the FMCP. If a child is a full-time active member of the military or armed forces of any country, the child is not considered a dependent under the FMCP.

**CERTAIN LIFETIME DOLLAR LIMITS REMOVED  
CALENDAR YEAR MAXIMUM ADDED**

The FMCP's lifetime dollar limits (maximums) under the Comprehensive Major Medical Expense Benefit (major medical benefit) are being replaced with the following calendar year dollar limits effective January 1, 2011:

Aggregate Calendar Year Dollar Limits for 2011					
Plan 1 & S	Plan 2 & T	Plan 3	Plan 4	Plan U	Plan 10
\$1,000,000	\$750,000	\$1,000,000	\$750,000	\$750,000	\$2,000,000

The dollar limits applicable to hospital expenses, routine exams, substance abuse, rehabilitation therapy, speech therapy, hearing aids and TMJ are also being removed effective January 1, 2011 for all benefit plans provided by the FMCP. Benefits paid for these services will apply to aggregate dollar limits shown above. In addition, the calendar year maximum under the Dental Benefit will not apply to children under 19. (The existing dollar limits will continue to apply to orthodontia under the plans that provide that benefit.)

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#### 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 Fund 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](http://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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#### Notice Regarding Removal of Lifetime Limit

The lifetime limit on the dollar value of benefits under the NECA/IBEW Family Medical Care Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the Plan are eligible to enroll in the Plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact the FMCP Fund Office. Contact information is shown at the top of page 1 of this notice.

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#### Reminder About Coverage for Breast Reconstruction

The NECA/IBEW Family Medical Care Plan will consider charges for the following services and supplies to be covered medical expenses when the charges are incurred by a covered person who is receiving Plan benefits for a mastectomy, and when the person elects (in consultation with her physician) breast reconstruction in connection with the mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

Plan benefits for these services and supplies are subject to the deductibles, co-payment percentages and maximum benefit limitations applicable to covered services for other covered medical conditions.

## SPECIAL ENROLLMENT FORM FOR CHILD OF A PARTICIPANT

➔ YOU MUST SIGN WHERE INDICATED BELOW.

### **I. INFORMATION ABOUT PARTICIPANT**

1. Full name \_\_\_\_\_
2. SSN or Indiv. ID# \_\_\_\_\_
3. Address \_\_\_\_\_

### **2. INFORMATION ABOUT CHILD**

1. Full name of child \_\_\_\_\_
2. Child's SSN \_\_\_\_\_
3. Child's date of birth including year \_\_\_\_\_
4. Child's relationship to you \_\_\_\_\_ (natural, adopted, etc.)
5. Sex:  M  F
6. Child's address if different than yours \_\_\_\_\_
7. Is child eligible for health care coverage through his or her employment, or through his or her (the child's) spouse's employment?  yes  no

### **3. SIGNATURE**

I wish to add the child listed above to my coverage through the NECA/IBEW Family Medical Care Plan. I affirm that if this child is age 19-25 he or she is not eligible to enroll in any health care coverage offered by the child's employment or the child's spouse's employment, and that if he or she becomes eligible for such coverage in the future, I will inform the Fund within 30 days. I further affirm that the information given on this form is true and correct to the best of my ability.



Employee's Signature

\_\_\_\_\_ Date

### **4. SUBMIT TO FUND OFFICE WITH DOCUMENTATION.** After you have completed and signed this form, mail it to the Fund Office at the address shown at the top of the form.

If this child has never been covered under the Fund, you must include a certified copy of the child's birth certificate. If the child was not born of your current marriage, you must submit copies of all pertinent court orders (divorce decrees, custody awards, paternity orders, etc.). You do NOT have to submit these documents if the child was previously covered under the Fund but lost coverage when he or she reached the age limit.