



NECA/IBEW FAMILY MEDICAL CARE PLAN

CompuSys, Inc.
5837 Highway 41 North
Ringgold, GA 30736
<http://www.neca-ibew-healthcare.com>



Phone (706) 937-9600

Fax (706) 937-9601

Toll Free (877) 937-9602

IMPORTANT NOTICE CHANGES MADE TO YOUR PLAN OF BENEFITS

May 2008

To All Eligible Local 177 and Local 756 Participants (Plans 3, 4 and U):

The following changes were made to the NECA/IBEW Family Medical Care Plan, and are effective July 1, 2008. Please read this notice carefully and keep it with your Summary Plan Description booklet for future reference.

ANNUAL HOSPITAL MAXIMUM INCREASED (PLANS 3 AND 4 ONLY)

The maximum payable by the Plan for hospital expenses incurred during a calendar year was increased as shown below effective July 1, 2008. The maximum is still \$200,000 for expenses incurred before July 1, 2008.

	<u>Old</u>	<u>7/1/08</u>
Hospital benefits per calendar year	\$200,000	\$500,000

ELIGIBILITY REQUIREMENTS CHANGED

The eligibility requirements for active employees were changed as follows effective with the July 2008 work month (September 2008 coverage month):

	<u>Old</u>	<u>7/1/08</u>
Hours needed for one month's eligibility	130	140
Monthly hours in excess of this amount are added to the employee's hour bank	150	140
Maximum hours that can be accumulated in an employee's hour bank	780	840

DEDUCTIBLE INCREASED (PLAN 3 ONLY)

The calendar year deductibles under the major medical plan will increase as of July 1, 2008 as follows:

	<u>Old</u>	<u>7/1/08</u>
Major medical calendar year deductible	\$300	\$350
Family limit (aggregate)	\$900	\$1,050



If your \$300 deductible was met prior to July 1, you will have an additional \$50 deductible for the period July 1 - December 31, 2008.

VSP VISION PROGRAM (PLANS 3 AND 4 ONLY)

A new preferred provider program through VSP (Vision Service Plan) will replace your current vision benefit on July 1, 2008.

VISION BENEFITS EFFECTIVE JULY 1, 2008 - PLANS 3 AND 4			
	<u>Old*</u>	<u>New</u> <i>Vision PPO (VSP)</i>	<u>New</u> <i>Non-Network</i>
Vision Exam	\$ 60	provided in full	\$ 35
Frame	included in lens allowance	provided in full up to \$115 allowance	\$ 35
Single Vision Lenses	\$120	provided in full	\$ 30
Lined Bifocal Lenses	\$135	provided in full	\$ 40
Lined Trifocal Lenses	\$150	provided in full	\$ 55
Lined Lenticular Lenses	\$150	provided in full	\$ 55
Contact Lenses – Elective	\$120	\$120 allowance	\$120
Safety Glasses** (employees only):			
Single Vision Lenses	not covered	provided in full	\$ 30
Lined Bifocal Lenses	not covered	provided in full	\$ 35
Lined Trifocal Lenses	not covered	provided in full	\$ 45
Lined Lenticular Lenses	not covered	provided in full	\$ 60
Safety Frame	not covered	provided in full up to \$65 allowance	\$ 25
Benefit Period	Calendar Year	Calendar Year	Calendar Year

* Only Plan 3 benefits are shown in this column. Plan 4 had lower allowances for these services.

** The Plan will cover one pair of safety glasses each calendar year for eligible employees. This benefit is provided in addition to—not instead of—the benefit for regular glasses.

How It Works

- You Can Use a VSP Doctor** - If you use a VSP doctor, the covered vision services listed in the schedule above are provided at no cost to you. If you select lenses or a frame that costs more than the amount allowed by VSP, you pay an additional discounted charge directly to the VSP doctor.

To Find a VSP Doctor
Call 1-(800)-877-7195 toll free
or go to www.vsp.com

VSP has a large network of private practice doctors—24,000 doctors in 36,000 offices—so most participants will be able to find a VSP doctor in their area.

VSP guarantees your satisfaction when services are provided by a VSP doctor. VSP doctors provide examinations, professional services, lenses, and offer a wide selection of frames to

choose from. The VSP doctor bills VSP directly, so you have no claim forms to complete. You can pay the VSP doctor directly for any additional non-covered services and/or materials. Note that many services, such as progressives, scratch-resistant and anti-reflective coatings, are discounted (on average 30%) for VSP participants.

- 2. You Can Use Your Own Out-of-Network Provider** - You can go to any optometrist, ophthalmologist and/or dispensing optician for your vision care. You must pay the provider in full and then file a claim with VSP for reimbursement. You will be reimbursed according to the Non-Network column on the Schedule of Benefits above.

To File Non-Network Vision Claims

Send the itemized bill, along with a completed HCFA-1500 or generic claim form to VSP, P.O. Box 997105, Sacramento, CA 95899-7105. *Don't send vision claims to the Fund Office or Blue Cross!*

Covered and Non-Covered Vision Services

The types of vision expenses currently covered or excluded by the Plan will remain the same, except that, as explained above, safety glasses will be covered for eligible employees.

NEW TRUSTEE

Mr. Lindell Lee has replaced Mr. Jon Walters as a Union Trustee due to Mr. Walters' retirement. Mr. Lee is International Secretary-Treasurer for the International Brotherhood of Electrical Workers. His business address is 900 Seventh Street, NW, Washington, DC 20001.