



NECA/IBEW FAMILY MEDICAL CARE PLAN

CompuSys, Inc.
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IMPORTANT NOTICE

March 2010

To All NECA/IBEW Family Medical Care Plan Participants in Plans 1, 2, 3, 4, 10, S, T and U:

This notice describes some important changes made to the NECA/IBEW Family Medical Care Plan. Please read the information provided below and keep this notice with your Summary Plan Description (SPD) booklet for future reference.

- **Participants are also required to complete and return the Spouse Employment Information Form included with this notice. See page 2 for more information.**

NEW MEDICAL CLAIMS PROCESSOR

Effective April 1, 2010

Blue Cross Blue Shield of Georgia will no longer provide claims processing services for the Fund's medical claims (hospital and physician) as of April 1, 2010. Instead, claims will be processed by CompuSys of Utah, Inc. CompuSys already provides many other administrative services needed by the Fund, including staffing for the Ringgold, GA Fund Office, determining eligibility, answering your questions, etc.

You will be receiving new medical I.D. cards in the mail, and it is very important that you begin using the new cards as of April 1. The card tells medical providers how to file your claims.

Be sure to use your new I.D. card as of April 1, 2010.

If your providers are not aware of the change in claims procedures, it could result in claim delays.

Because of the change in claims administrators, you may be required to complete claim forms in certain situations, including claims for injuries. CompuSys will send you a claim form and return envelope whenever you submit medical expenses for which a claim form is needed. Claim forms will also be available on the website.

Blue Cross Blue Shield will continue to provide the Fund's medical PPO network, and you should continue using providers in the Blue Card network.

NEW HOSPITALIZATION REVIEW REQUIREMENT

\$250 BENEFIT REDUCTION FOR FAILURE TO PRE-CERTIFY

Effective April 1, 2010

Inpatient utilization review services and case management services were previously provided by Blue Cross Blue Shield of Georgia as part of their claims processing procedures. As of April 1, 2010 this function will be performed by Med-Care Management, Inc.

You and your dependents are required to pre-certify each inpatient hospitalization by calling Med-Care prior to admission. The hospital or physician will usually make the call for you, but it is your responsibility to see that

the call is made. In case of an emergency admission, Med-Care should be contacted within 48 hours of the admission. **Med-Care's toll-free telephone number is 1-800-367-1934.** The pre-certification requirement and Med-Care's telephone number will be on your new I.D. card.

A \$250 benefit reduction will apply to hospitalizations that are not pre-certified. If a reduction applies, \$250 will be subtracted from the covered expenses incurred during the hospitalization before any other applicable deductible or coinsurance is taken. \$250 benefit reductions are in addition to the calendar year deductible and do not apply to your out-of-pocket limit.

Home Health Care and Durable Medical Equipment - You or your doctor should also call Med-Care prior to your receiving home health care or durable medical equipment. Med-Care will pre-certify the medical necessity of the treatment and will often be able to negotiate better rates for the services, equipment and supplies.

WORKING SPOUSE RULE

Effective April 1, 2010

The Trustees understand that many employers are offering financial incentives to spouses to opt out of their group health plan by charging a premium for coverage or offering a bonus for not taking it. This means that those employers are shifting their costs to the FMCP, because most plans in the FMCP do not require the participant to pay for dependent coverage.

Therefore, in order to reduce the cost-shifting onto this Plan, the Trustees have adopted a "working spouse rule" requiring your spouse to enroll in his or her employer's group health plan in order to remain covered under the NECA/IBEW Family Medical Care Plan. This rule is mandatory, not optional.

The working spouse rule applies **EVEN IF:**

- your spouse's employer requires its employees to pay for all or part of the premium;
- your spouse's employer contributes nothing toward the cost of your spouse's coverage;
- the employer does not offer a single-only coverage option;
- the employer only offers medical coverage as an option under a cafeteria plan;
- the employer's plan is an HMO;
- your spouse works part-time;
- the employer offers an incentive to induce employees not to enroll;
- you are a retiree, but your spouse is still actively employed; or
- you are in FMCP Plans S, T or U and are making self-payments to the FMCP for dependent coverage.

It does **NOT** apply if:

- your spouse's employer does not provide medical coverage (for example, if the employer provides only a dental plan);
- your spouse's only other option for group insurance is retiree coverage; or
- your spouse's only other option for group insurance is COBRA coverage.

ATTACHED TO THIS NOTICE IS A FORM THAT MUST BE COMPLETED, SIGNED BY YOU AND YOUR SPOUSE, AND RETURNED TO THE FUND OFFICE AS SOON AS POSSIBLE BUT NO LATER THAN APRIL 1, 2010. Claims incurred by your spouse on and after April 1 cannot be processed until the Fund Office receives this form. The Fund Office will send you a new form to complete each year.

This requirement only applies to medical and drug plans. Enrollment in the employer's dental and/or vision plan is not required. (However, if your spouse does enroll in the employer's dental and/or vision programs, this Plan will coordinate benefits and pay secondary to the employer's plan).

This rule will not apply to children who are covered under the FMCP as your dependents, so your spouse is only required to elect single coverage through her employer.

If your spouse declines to enroll in an available employer-provided health plan, he or she will lose ALL coverage under the FMCP, including dental and vision benefits.

It is your responsibility to know these rules and to comply with them. You are required to provide accurate and timely information to the Fund about your spouse's employment status and benefit entitlement, and the Fund Office may require verification of this information from your spouse's employer.

Grandfathering (Transition Rule) - If as of April 1, 2010 your spouse has previously declined employer-provided coverage, then this Plan requires that your spouse enroll during the employer's next open enrollment period. This Plan will continue to pay its normal benefits until then. Newly eligible participants whose spouses have previously declined employer-sponsored coverage will also have until the spouse's next open enrollment period.

Dual Coverage Saves You Money - When your spouse is covered by his or her employer's plan and this Plan at the same time, the two plans together will usually pay 100% of his or her covered claim under the coordination of benefits rules. If your spouse requires a hospitalization or surgery, you will generally come out ahead financially from the dual coverage, even after your spouse's premiums are taken into account.

NEW TRUSTEE

Mr. Darrell McCubbins recently replaced Mr. William M. Long as a Union Trustee on the Board of Trustees of the NECA/IBEW Family Medical Care Plan. Mr McCubbins' address is:

Mr. Darrell L. McCubbins
Business Manager/Financial Secretary
IBEW Local Union 1464
6200 Connecticut Avenue, Suite 105
Kansas City, MO 64120

Spouse Employment Data Form

➔ YOU AND YOUR SPOUSE MUST SIGN WHERE INDICATED BELOW.

1. EMPLOYEE INFORMATION.

1. Full name _____
2. SSN or Individ. ID# _____
3. Address _____
4. Marital status: single married divorced other (explain) _____

2. SPOUSE INFORMATION.

1. Full name of spouse _____
2. Spouse's employment status: not employed employed full-time employed part-time self-employed retired
3. Name and address of spouse's employer _____
4. Contact person and telephone number at spouse's employer _____
5. Date of hire _____
6. Does spouse's employer offer a healthcare plan for its employees? yes no
7. Is spouse eligible to enroll in employer's healthcare plan? yes no
8. Is spouse enrolled? yes no

A condition for spousal coverage under this Plan is that your spouse enroll in his or her employer's healthcare plan. If your spouse's employer offers health coverage but your spouse is not eligible to participate, you must submit a letter from the employer on company letterhead that explains the reason for his or her ineligibility.

9. If not enrolled, when is spouse's next enrollment opportunity? _____ When would coverage begin? _____

Answer the following questions if spouse is enrolled in his or her employer's healthcare plan.

10. Give name and address of insurance company/plan (or attach a photocopy of both sides of medical ID card) _____
11. Plan information: Group No. _____ Indiv. ID No. _____
✓ all that apply: major medical/PPO high deductible HRA HMO other (explain) _____
 single coverage family coverage other (explain) _____
 dental vision

3. SIGNATURES.

EMPLOYEE'S SIGNATURE

I affirm that the information given on this form is true and correct to the best of my ability.

➔ _____
Employee's Signature Date

SPOUSE'S SIGNATURE (AUTHORIZATION TO RELEASE INFORMATION)

I hereby authorize my employer to release information regarding my employer's health plan, and my eligibility for coverage under that plan to the NECA/IBEW Family Medical Care Plan (FMCP). This authorization shall remain in effect as long as I am eligible for benefits under the FMCP. I affirm that the information provided on this form is true and correct to the best of my ability.

➔ _____
Spouse's Signature Date

4. **SUBMIT TO FUND OFFICE.** Mail completed form to the FMCP at 5837 Highway 41 North, Ringgold, GA 30736.