

**IMPORTANT NOTICE
ABOUT IMPROVEMENTS TO YOUR BENEFIT PLAN**

May 2014

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

**ELIGIBILITY FOR HOURLY BARGAINING UNIT EMPLOYEES –
SELF-PAYMENT RULES FOR SHORT HOURS**

Please Note: This provision does not apply to employees who work for a single employer where monthly tiered contribution rates are paid.

All Plans are amended to extend the short hours self-payment period from six (6) months to twelve (12) months effective July 1, 2014 through December 31, 2015, with an option for the Plan's Board of Trustees to renew such extension of the short hours self-payment period on an annual basis.

The Self-Payment Rules for Short Hours outlined in your Summary Plan Description are amended to read as follows:

For Eligibility Months prior to July 1, 2014, if you do not have 140 credited hours in an eligibility (work) month even with your banked hours, you may make self-payments for short hours for up to six (6) consecutive months to cover the difference between your credited hours and the number of hours needed to satisfy the 140-hour rule.

For Eligibility Months beginning July 1, 2014 through December 31, 2015, if you do not have 140 credited hours in an eligibility (work) month even with your banked hours, you may make self-payments for short hours for up to twelve (12) consecutive months

to cover the difference between your credited hours and the number of hours needed to satisfy the 140-hour rule.

For Eligibility Months beginning January 1, 2016, you may make self-payments for short hours for up to six (6) consecutive months unless the Board of Trustees extends the twelve-month short hours self-payment period. Any extension by the Board of Trustees of the short hours-self payment period from six (6) to twelve (12) months will be on an annual basis and will terminate on December 31 of the calendar year for which the extension is effective, unless the Board of Trustees renews the extension for the next calendar year.

If the Board of Trustees does not renew the twelve-month short hours self-payment period for the next calendar year, and you began self-paying under the twelve-month short hours self-payment period effective the previous calendar year, you may continue to self-pay until you have exhausted your twelve-month self-payment period.

An additional 6-month self-pay period will be allowed if you return to covered employment and have at least 100 credited hours during an eligibility (work) month that corresponds with, or immediately follows, a benefit month during which you were eligible because of a self-payment for short hours. Additional 6-month self-pay periods will be allowed without limit as long as you continue to meet the 100-hour requirement.

You are only entitled to a self-pay period if you are an active employee who is already covered under the Plan when your hours shortage occurs.

Self-payment amounts will be determined by multiplying the hours you are short of 140 times the current hourly contribution rate. The due date for short hours self-payments is the last day of the benefit month for which the payment is being made.

NEW COVERAGE FOR PREVENTIVE SERVICES

These changes are the result of recent guidance from the U.S. Department of Health & Human Services and Department of Labor relating to provisions of the Patient Protection & Affordable Care Act. Should the federal government issue future guidance that changes what preventive services are required to be covered, the Plan may revise its list of covered preventive services that are provided at 100% of the cost by in-network providers. Any change to these covered services will apply prospectively and the Plan will send a notice to all participants outlining any changes in compliance with provisions of the Patient Protection & Affordable Care Act.

Contraceptive Coverage: Effective June 1, 2014, the Plan is expanding coverage of women's preventive services to include all FDA-approved contraceptive methods for women as prescribed by a physician. This includes both oral and non-oral contraceptive methods, such as IUDs, Depo Provera, tubal ligation, and other barrier methods and implanted devices. It also includes over-the-counter contraceptive methods so long as they are prescribed by a physician.

Coverage for All Women of Reproductive Capacity: Effective June 1, 2014, the Plan will also expand coverage of women's preventive services and supplies to all women of reproductive capacity who are eli-

gible under the Plan, regardless of their age. Please note that other than the services and supplies listed in the chart below, coverage for services and supplies related to maternity and prenatal care under the regular major medical provisions of the Plan are covered for employees, retirees, and their spouses ONLY. There is no maternity or prenatal coverage for dependent children.

PLEASE NOTE: Parents & Guardians of minor dependents eligible for coverage under the Plan – The changes described above allow you to obtain FDA-approved contraceptive prescriptions that are prescribed by a physician for your minor dependent child who is eligible under the Plan. In addition, your minor dependent child may obtain his or her own prescription if they have access to your prescription drug card information. As a parent or guardian of a minor dependent child, you have the right to access to your child's Explanation of Benefits (EOBs) as well as any prescription drugs they have filled through the Plan. If you have any questions about the benefits your minor child has received, please contact the Benefit Office at 1-877-937-9602.

Additional Covered Services: The following services are added to the Plan's preventive services that are covered at 100% of the cost **when the services are rendered by a PPO in-network provider:**

- *Adult Preventive Services:* Hepatitis C virus infection screening – one per lifetime for persons at increased risk of infection and those born between 1945 and 1965.
- *Adult Preventive Services:* HIV Screening is expanded to individuals ages 15 to 65 years old, unless person is at increased risk of infection (one per lifetime).
- *Adult Preventive Services:* Coverage for vitamin D supplements for adults age 65 years and older who are at increased risks for falls.
- *Women's Preventive Services:* Anemia screening for pregnant women.
- *Women's Preventive Services:* Bacteriuria urinary tract or other infection screening for pregnant women.
- *Women's Preventive Services:* Counseling for the BRCA gene now includes testing for the BRCA gene (women with a family history of BRCA 1 or BRCA 2 risk factors) (one per lifetime).
- *Women's Preventive Services:* Hepatitis B screening for pregnant women at their first prenatal visit
- *Women's Preventive Services:* Rh Incompatibility screening for all pregnant women (one per pregnancy, unless follow up testing is required for women at higher risk).
- *Women's Preventive Services:* Syphilis screening is expanded to pregnant women (one per pregnancy) and women at increased risk (one per lifetime).
- *Women's Preventive Services:* Tobacco Use counseling is expanded to pregnant women (one per pregnancy).
- *Children's Preventive Services:* Skin cancer behavioral counseling for children and young adults ages 10 to 24 years old who have fair skin about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer (one per lifetime).
- *Children's Preventive Services:* Tobacco Use counseling to school-aged children and adolescents to prevent initiation of tobacco use (one per lifetime).

Below is a complete list of preventive services and supplies covered by the Plan at 100% of the cost for eligible individuals **when the services are rendered by a PPO in-network provider**. Please keep this list with you Summary Plan Description. This list is subject to change pending future guidance from the federal government.

| COVERED ADULT PREVENTIVE SERVICES EFFECTIVE JUNE 1, 2014 | | | |
|---|--|-------------------|-----------------------|
| Professional Services & Supplies | Frequency | In-Network | Out-of-Network |
| Ultrasound screening for abdominal aortic aneurysm (men age 65-75 who smoke(d)) | One per lifetime | 100% | Excluded |
| Counseling for alcohol misuses | One per lifetime | 100% | Excluded |
| Aspirin to prevent cardiovascular disease (mean age 45-79; women age 55-79) as prescribed by a physician (generic aspirin only) | N/A | 100% | Excluded |
| Screening for high blood pressure (adults age 18+) | One per calendar year | 100% | Excluded |
| Screening for cholesterol abnormalities (men age 35+ or age 20+ if increased risk; women age 45+ or age 20+ if increased risk) | One per calendar year | 100% | Excluded |
| Screening for colorectal cancer (adults age 50-75 at average risk) | Tests and procedures within the age and frequency guidelines established by the American Cancer Society (which recommends that persons at average risk should have an initial colonoscopy at age 50), including colorectal exams, flexible sigmoidoscopies, barium, enemas, and colonoscopies. | 100% | Excluded |
| Screening for depression (adults) | One per lifetime | 100% | Excluded |
| Screening for diabetes (adults with blood pressure greater than 135/80) | One per calendar year | 100% | Excluded |
| Counseling for diet (adults at increased risk for diet-related chronic disease) | One per lifetime | 100% | Excluded |
| Screening and counseling for obesity (adults) | One per lifetime | 100% | Excluded |
| Counseling for sexually transmitted infections (adults at increased risk) | One per lifetime | 100% | Excluded |

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| Hepatitis C virus infection screening for persons at increased risk of infection and those born between 1945 and 1965. | One per lifetime | 100% | Excluded |
| HIV Screening for ages 15 to 65 years old and those at increased risk of infection. | One per lifetime | 100% | Excluded |
| Syphilis screening for persons at increased risk. | One per lifetime | 100% | Excluded |
| Vitamin D supplements for adults age 65 years and older who are at increased risks for falls. | N/A | 100% | Excluded |
| Counseling for Tobacco Use | One per lifetime | 100% | Excluded |

| COVERED WOMEN'S PREVENTIVE SERVICES EFFECTIVE JUNE 1, 2014 | | | |
|---|--|------------|----------------|
| Professional Services & Supplies | Frequency | In-Network | Out-of-Network |
| Annual well-woman visits. | N/A | 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.) | N/A | 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 calendar year | 100% | Excluded |
| Contraception – All FDA-approved contraceptive methods and services related to follow-up and management for women (oral contraceptives, IUDs, Depo Provera, tubal ligation, sponges, spermicides, etc.) prescribed by a physician or covered facility. (Abortifacient drugs NOT covered.) Please Note: The Plan will only cover generics and brands that are medically necessary or do not have generic equivalents, subject to reasonable medical management techniques. | N/A | 100% | Excluded |
| Breastfeeding support, supplies (including rental of breast pump), and counseling. | One lactation counseling session per pregnancy; other supplies as needed | 100% | Excluded |

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| Screening and counseling for interpersonal and domestic violence. | One per calendar year | 100% | Excluded |
| Mammograms (women age 40+). | One per calendar year | 100% | Excluded |
| Counseling and testing for BRCA gene (women with a family history of BRCA 1 or BRCA 2 risk factors). | One per lifetime | 100% | Excluded |
| Screening for cervical cancer. | One per calendar year | 100% | Excluded |
| Folic acid supplements (women capable of pregnancy) (0.4 to 0.8 mg per day) as prescribed by a physician. | N/A | 100% | Excluded |
| Counseling about chemoprevention of breast cancer (women at high risk). | One per lifetime | 100% | Excluded |
| Screening for gonorrhea (women at increased risk). | One per calendar year | 100% | Excluded |
| Screening for chlamydial infection (women age < 25 or at increased risk). | One per calendar year | 100% | Excluded |
| Screening for osteoporosis (women age 65; age 60 if increased risk of osteoporotic fractures). | One per lifetime | 100% | Excluded |
| Anemia screening for pregnant women. | N/A | 100% | Excluded |
| Bacteriuria urinary tract or other infection screening for pregnant women. | N/A | 100% | Excluded |
| Hepatitis B screening for pregnant women at their first prenatal visit. | One per pregnancy | 100% | Excluded |
| Rh Incompatibility screening for pregnant women. | One per pregnancy, unless follow up testing is required for women at higher risk | 100% | Excluded |
| Syphilis screening for pregnant women. | One per pregnancy | 100% | Excluded |

| IMMUNIZATIONS EFFECTIVE JUNE 1, 2014 | | | |
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| Professional Services & Supplies | Frequency | In-Network | Out-of-Network |
| Hepatitis B (HepB) | As recommended by the Advisory Committee on Immunization Practices (ACIP) and that have been adopted by the Director of the Centers for Disease Control and Prevention, including: Recommendation Immun- | 100% | Excluded |
| Rotavirus (RV) | | 100% | Excluded |
| Diphtheria, tetanus, and pertussis (DTaP) | | 100% | Excluded |

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| Influenza type B (Hib) | ization Schedule for Persons Aged 0 through 6 years ; | 100% | Excluded |
| Pneumococcal (PCV/PPSV) | Recommended Immunization Schedule for Persons Aged 7 through 18 years; | 100% | Excluded |
| Polio (IPV) | | 100% | Excluded |
| Influenza (seasonal) | Catch-up Immunization Schedule for Persons Aged 4 months through 18 years who states later or who are more than one month behind; and | 100% | Excluded |
| Measles, mumps & rubella (MMR) | | 100% | Excluded |
| Varicella | | 100% | Excluded |
| Hepatitis A (HepA) | Recommended Adult Immunization Schedule. | 100% | Excluded |
| Meningococcal (MCV) | | 100% | Excluded |
| Human papillomavirus (HPV) | | 100% | Excluded |
| Zoster (shingles) | | 100% | Excluded |

| COVERED CHILDREN'S PREVENTIVE SERVICES | | | |
|--|---|-------------------|-----------------------|
| Newborn - Age 21 years | | | |
| EFFECTIVE JUNE 1, 2014 | | | |
| Professional Services & Supplies | Frequency | In-Network | Out-of-Network |
| Newborn screenings for hemoglobinopathies, hearing loss, hypothyroidism, phenylketonuria (PKU), and heritable disorders (as recommended by the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in newborns and Children that went into effect May 21, 2010) | One per lifetime | 100% | Excluded |
| Prophylactic medication for gonorrhea | One per lifetime | 100% | Excluded |
| Health history | As recommended by the American Academy of | 100% | Excluded |
| Measurements, including weight, heights, BMI, blood pressure, etc. | | 100% | Excluded |
| Sensory (vision and hearing) screening | | 100% | Excluded |
| Developmental screening | | 100% | Excluded |
| Autism screening | | 100% | Excluded |
| Behavioral screening | | 100% | Excluded |
| Alcohol/drug assessment | | 100% | Excluded |

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| Physician examination | Pediatrics and Bright Futures | 100% | Excluded |
| Metabolic screening | | 100% | Excluded |
| Hemoglobin screening | | 100% | Excluded |
| Lead screening | | 100% | Excluded |
| Tuberculin test | | 100% | Excluded |
| Dyslipidemia screening | | 100% | Excluded |
| STI screening | | 100% | Excluded |
| Cervical dysplasia screening | | 100% | Excluded |
| Oral health risk assessment | | 100% | Excluded |
| Anticipatory guidance | | 100% | Excluded |
| Iron supplements (children age 6-12 months at increased risk for anemia) | As prescribed by child's physician* | 100% | Excluded |
| Tobacco Use counseling to school-aged children and adolescents to prevent initiation of tobacco use. | One per lifetime | 100% | Excluded |
| Skin cancer behavioral counseling for children and young adults ages 10 to 24 who have fair skin about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer. | One per lifetime | 100% | Excluded |
| Screening for visual acuity (children <5 years) | One per calendar year | 100% | Excluded |
| Screening and counseling for obesity (children age 6+) | One per lifetime | 100% | Excluded |
| Oral fluoride (children 6 months+ if water source deficient in fluoride) | As prescribed through age 5* | 100% | Excluded |
| Screening for depression (children age 12-18) | One per lifetime | 100% | Excluded |
| Counseling for sexually transmitted infections (Children at increased risk) | One per lifetime | 100% | Excluded |
| Screening for HIV (children age 11-21 at increased risk) | One per lifetime | 100% | Excluded |

**Itemized pharmacy bill required – cash register receipts not accepted.*

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