

Participant Assistance Program

The PAP benefit is provided through Supportline to all eligible primary participants and their qualifying relatives. Up to 3 no cost PAP sessions per issue, per calendar year. Your benefit includes:

Relationship & Communication
 Managing Anger
 Family Crisis Support
 Substance Abuse Cessation
 Coping with Grief & Loss

For additional information on your PAP benefits and eligibility, or to schedule an appointment, contact Supportline 888-881-LINC (5462).

Vision Care

Every twenty-four (24) months, active and retiree participants are eligible for a routine vision exam, glasses and/or contact lenses through Vision Service Plan. Co-payments are required for in-network providers; a specific dollar allowance is provided for non-network providers.

	In-Network	Out-of-network
Exam	\$10 Co-pay	\$35 allowance
Lens	\$25 Co-pay *	\$25 allowance-Single \$40 allowance-Bifocal \$55 allowance-Trifocal
Frames	\$170 allowance	\$45 allowance
Contacts	\$120 allowance	Exam plus \$105

- Only one \$25 copayment applies per pair
- Every 12 months Children up to age 26 are eligible for Lens/Frames
- Safety Glasses for Employee ONLY every 24 months

VSP provides discounts for services such as tinting, coatings, contact lenses and spare/sun glasses.

*regardless of type



	Phone	Website	
TEWF Benefit Office	419.666.4450	www.electricalfunds.org	Benefits Office
Delta Dental	800.524.0149	www.deltadentaloh.com	Dental In-Network Provider
FrontPath Health Coalition	888.232.5800 Option 5	www.frontpathcoalition.com	PPO Network Provider
Supportline	888.881.5462	www.supportline.com	Participant Assistance Program
American Health Holding	855.248.1858 8 AM—9 PM	www.americahealthholding.com	Pre-Certification, Managed Care Review
Express Scripts	877.797.9688	www.express-scripts.com	Prescription Drug Benefit
Vision Service Plan	800.877.7195	www.vsp.com	In-Network Vision Provider
TruHearing—Through VSP	877.396.7194	vsp.truhearing.com	Hearing Aid Discount Program

Toledo Electrical Welfare Fund

Base Plan

Summary of Benefits
 As of January 1, 2019

I.B.E.W LOCAL No. 8
 NECA—Ohio/Michigan Chapter

Leading the way in providing for
 our members and their families

P.O. Box 60408
 Rossford, Ohio 43460
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 FAX: 419-666-5410

www.electricalfunds.org
Benefits@electricalfunds.org

This document is provided as a summary of the benefits available to eligible members of the Toledo Electrical Welfare Fund. **It is not a complete document, nor does it contain all provisions of the Plan.** Please refer to the Summary Plan Description for important information and complete details. Every effort has been made to accurately reflect the benefits in effect at this time. If there is a conflict between this brochure and Plan documents, the Plan documents will control.

This Plan is governed by the Board of Trustees. You have the right to appeal any benefit determination – contact the Benefit Office to do so. The trustees retain the right to enhance or reduce benefits and/or eligibility.

Eligibility/Continued Coverage

Eligibility for Apprentices and Journeymen is defined by the Collective Bargaining Agreement. Upon establishing eligibility, participants may enroll their legal spouses and dependent children. Dependent children are covered through end of month in which dependent turns age 26 effective 1/1/2011. Enrollment is required.

A loss in eligibility status due to insufficient hours worked, retirement or dependency status does not mean you must lose health insurance coverage. Continued coverage may be available via self-payment provisions or C.O.B.R.A. Retirees are eligible to continue coverage. Contact the Benefit Office for additional information.

Managed Care Provisions—The Rules: Avoid Penalties

FrontPath Health Coalition-PPO

The Toledo Electrical Welfare Fund uses the FrontPath PPO network. Utilizing network providers minimizes BOTH your out-of-pocket costs and the Plan's cost. PLEASE NOTE: the Plan's maximum reimbursement is the in-network fee. To locate a network provider, go to www.Frontpathcoalition.com.

In addition to the applicable co-insurance, Participants are responsible for any charges in excess of the in-network fee if they do not use the FrontPath Health Coalition network.

	In-Network		Out of Network Discounted Providers		Out of Network Non-Discounted Providers	
Deductibles	\$2,500 Single	\$5,000 Family	\$5,000 Single	\$10,000 Family	\$5,000 Single	\$10,000 Family
Coinsurance	70% Plan	30% Member	60% Plan	40% Member	60% Plan	40% Member
Out of Pocket Max	\$1,500 Single	\$3,000 Family	\$2,500 Single	\$5,000 Family	\$2,500 Single	\$5,000 Family
Emergency Room Co-Pay	\$100		\$100		\$100	
Office Visit Co-Pay	\$30		\$20		\$20	
Balance Bill	No Balance Bill		No Balance Bill		Balance Bill May Apply	

COVERED SERVICES INCLUDE:

• Inpatient hospital/medical care	• Orthotics and Prosthetics	• Ambulance
• Outpatient hospital expenses	• Oral Surgery and Oral Accidents	• Inpatient Mental Health and Inpatient/Outpatient Substance Abuse Treatment as pre-approved by American Health Holding (AHH)
• Office and other outpatient visits	• Home Health Care, Hospice	
• Chemotherapy, Radiation Therapy	• Durable Medical Equipment & certain Medical Supplies	
• Diagnostic X-ray, laboratory, pathology and medical services	• Chiropractic Care—18 visits per calendar year	• Annual physical and or Preventative Services the Plan pays (with 0% out of pocket if in Network). These services include:
• Assistant Surgeon (when indicated) and Anesthesia fees	• Acupuncture Care—18 visits per calendar year	Routine physical/Preventive Services for member, spouse, & dependent
• Physical, occupational, speech, and respiratory therapy	• Smoking Cessation	Immunizations
	• Biopsy	
• Whole Blood-3 pint deductible	• Surgical Care	
• Out Patient Mental Health-NO Authorization required	• Allergy Tests and Treatment	Routine Gynecological exam, Pap Smear and mammogram

Managed Care Review

All services listed below require pre-certification. Contact American Health Holding (AHH) at 855-248-1858 as soon as your doctor recommends any of the services listed below. Pre-approval is required even if you use a FrontPath Provider.

Note: Penalties and Non-payable benefits Do Not count towards Out-of-pocket maximum of \$2,500.

Services Listed Below Maybe Subject to a Penalty for No Pre-Approval:

Failure to obtain prior approval may result in a penalty for medically necessary services, plus the Plan's usual 20% coinsurance.

• Inpatient Admissions	• Diagnostic Services: Angiography C.A.T. Scans M.R.I. and M.R.A
• Human Organ Transplants	
• Durable Medical Equipment over \$1,500	
• Therapy Services: Chemotherapy Radiation Hyperbaric Therapy Dialysis Insulin Therapy Vision Therapy Respiratory Therapy	Chiropractor (After 18 visits) Acupuncture (After 18 visits) Occupational Therapy (After 18 visits) Physical Therapy (After 18 visits) Speech Therapy (After 18 visits) Pulmonary Therapy
Benefits listed below are NOT Payable or Covered without Pre-approval	
• Skilled Nursing/Rehabilitation Admission	• Home Infusion Therapy
• Hospice and Home Health Care	• Chiropractic/Acupuncture beyond the 18th visit per calendar year

Flu Shots

Once yearly, active and retiree members, spouses and dependents can receive a flu shot with no co-pay or co-insurance when you use the Kroger Pharmacy. If you receive the flu shot from your doctor's office, you will be charged a \$20 co-pay for an office visit.

Prescription Drugs—New Rx Provider, moving from AmWins Rx to Express Scripts effective 1/1/2019

The co-payment for each covered prescription, received from a local pharmacy or through the mail-order pharmacy, will be applied for each 30 day supply received (moving from 34 day supply to 30 day supply effective 1/1/2019). After reaching an annual out-of-pocket threshold of \$1,000 per family, co-pays are discounted. Prescription out-of-pocket maximum is separate from medical.

Non-Preferred Brand & Specialty Drug	\$50 (before out of pocket threshold)	\$25 (after out of pocket threshold)
Preferred Brand	\$30 (before out of pocket threshold)	\$10 (after out of pocket threshold)
Generic	\$10 (before out of pocket threshold)	\$0 (after out of pocket threshold)

All prescription drugs that cost more than \$1,500 per fill, all Specialty Drugs and all Injectables require APPROVAL THRU Express Scripts. If the patient elects a brand name drug over a generic, he is responsible for the brand name co-pay plus the cost differential. Kroger pharmacy will discount all co-pays by \$1. You can receive a 90-day drug supply at any network retail pharmacy effective 1/15/2014. Prescription birth control is covered for members, spouses and dependents.

Dental Care (To Age 19)

Dental benefits are available for dependent children up to age 19. We are members of the Delta Dental PPO network. Using a Delta Dental PPO dentist will significantly reduce the participant's out-of-pocket costs. Non-network dentists are covered under our traditional fee schedule and will bill the patient for excess charges.

Dependent children are eligible for two (2) cleanings/exams paid at 100% of the fee schedule, not subject to the deductible, per calendar year.

Calendar Year Deductible	\$0 per person
Calendar Year Maximum	Unlimited
Preventive Care (Exams and Cleanings)	100% of Fee Sch Amt.

Hearing Exams / Hearing Aids

Every thirty-six (36) months, participants can receive a routine hearing exam and hearing aid(s) through the FrontPath Network. Benefit maximums are:

Hearing Aid (s) - Up To \$800 Per Ear (In/Out of Network)
AND

TruHearing—Hearing Aid Discount Program through VSP

- Savings of up to \$1,300 per hearing aid purchase