

BENEFIT HIGHLIGHTS

2018 LOCAL UNION NO. 126 HEALTH & WELFARE
FUND HEALTHCARE & BENEFITS PACKET



If you meet the eligibility requirement of the Fund, you will be automatically enrolled in the Local Union 126 Health & Welfare Fund. Your eligible dependents will be enrolled as soon as the required documentation is submitted. Eligible dependents include: (1) Your legal spouse; and (2) Your children up to age 26. Only those dependents who meet the eligibility requirements can enroll for coverage. **Please note that if your spouse is offered coverage by her/his employer, your spouse must enroll for that coverage (“Coordination of Benefits” rules will be applied).**

MEDICAL BENEFITS

The medical plan is administered through Independence Administrators and offers both In-Network and Out-of-Network coverage. Highlights are listed below. A full Summary of Plan Description (SPD) can viewed on the IBEW Local Union No. 126 website or if you would prefer a mailed copy, contact the Fund office.

	IN-NETWORK
Calendar Year Deductible	\$0 per person
Coinsurance	20%
Out-of-Pocket Maximum	\$1,750 individual / \$3,500 family
Primary Care Physician Visits	\$10 co-pay
Specialist Visits	\$25 co-pay
Teladoc – see page 4 for more details	\$0
Adult Preventive Care	
Routine Physical Exam, Blood Work, Gynecological Exam, Pap Test, Mammogram, Prostate Specific Antigen (PSA) Test, Colonoscopy, Birth Control Rx, Nutritional Counseling	\$0
Child Preventive Care	
Physical Exam, Immunizations, Birth Control Rx, Nutritional Counseling	\$0
Diagnostic Outpatient Lab & X-ray	20%
Physical Therapy	\$25 co-pay
Occupational Therapy	\$25 co-pay
Inpatient Hospital (other than maternity)	
Facility, Surgeon, Physician Visit	20%
Maternity	\$500 co-pay
Outpatient Surgery	
Facility, Professional	20%
Emergency Room – Accident	
Facility, Professional	\$100 co-pay (waived if admitted)
Emergency Room – Illness	
Facility, Professional	\$100 co-pay (waived if admitted)
Minute Clinic	\$0
Urgent Care Center	\$0

PRESCRIPTION

The prescription plan is administered through Save-Rx and offers both Retail and Mail Order Prescription Drug coverage. Highlights are listed below.

Retail Prescription Drugs (limited to 30 day supply)

Generic	\$10 co-pay
Brand	20% (\$100 max. co-pay per script)
Specialty	20% (\$200 max. co-pay per script) <small>*HIA drugs are not subject to the \$200 maximum</small>
Specialty – Hep C-related Medications	25%

Mail Order Prescription Drugs (limited to 90 day supply)

Generic	\$0
Brand	\$10 co-pay
Specialty	\$10 co-pay

CONTACT INFORMATION

Independence Administrators | www.myibxtpabenefits.com | 1-844-864-4352
Sav Rx | www.savrx.com | 1-866-233-4239



VISION BENEFITS

The vision plan is administered through Vision Benefits of America (VBA) and offers both In-Network and Out-of-Network coverage. Highlights are listed below.

	IN-NETWORK	OUT-OF-NETWORK
Routine/Comprehensive Eye Exam (once every 12 months)	Covered 100%	Up to \$35 reimbursement
Lenses (once every 12 months)		
Single Vision	Covered 100%	Up to \$50 reimbursement
Bifocal or Blended Bifocal	Covered 100%	Up to \$60 reimbursement
Trifocal; Progressives (except digital)	Covered 100%	Up to \$75 reimbursement
Lenticular	Covered 100%	Up to \$100 reimbursement
Polycarbonate; UV 400; Scratch Coat-2 year; Solid or Gradient Tints	Covered 100%	N/A
Frames (once every 24 months)	Covered 100%	Up to \$50 reimbursement
Contact Lenses (in lieu of all eye glass benefits listed above)		
Elective (in lieu of glasses)	Up to \$175 Reimbursement	
Medically Required	Covered in full up to the Usual, Customary, and Reasonable charge	Up to \$350 reimbursement
Low Vision Aids (once every 24 months)	Covered in full up to the Usual, Customary, and Reasonable charge	Up to \$650 reimbursement

CONTACT INFORMATION

Vision Benefits of America (VBA) | www.visionbenefits.com | 1-800-432-4966



DENTAL BENEFITS

The dental plan is administered through Delta Dental. Highlights are listed below. Reimbursement is based on Delta Dental Premier or Delta Dental PPO allowed amounts.

Calendar Year Deductible	\$25 individual / \$50 family
Calendar Year Maximum Benefit per Person	\$1,000 per person
Diagnostic Services (Periodic Exams, Bitewing X-rays, Full-mouth X-ray)	Covered 100% of allowed amount
Preventive Services (Cleaning, Fluoride Treatments, Sealants)	Covered 100% of allowed amount
Basic Restorative Services (Fillings)	Covered 80% of allowed amount
Major Restorative (Single Crowns, Inlays, Onlays)	Covered 50% of allowed amount
Oral Surgery (Extraction, Pre- and Post-operative Care)	Covered 80% of allowed amount
Endodontics (Root Canal, Pulpal Therapy)	Covered 80% of allowed amount
Orthodontics (Deductible Waived) – for eligible dependents to age 19	Covered 50% of allowed amount
Lifetime Orthodontics Benefit	\$3,000 per child

CONTACT INFORMATION

Delta Dental | www.MidAtlanticDeltaDental.com | 1-800-932-0783



ADDITIONAL BENEFITS

TELADOC

Teladoc services are available to you free of charge! Teladoc provides 24/7/365 access to board-certified providers via video, phone or mobile app. Doctors can diagnose, treat and prescribe medications (if necessary) for common health issues such as: sinus problems, pink eye, bronchitis, allergies, the flu, urinary tract infections, etc. Call 1-800-Teladoc (1-800-835-2362) or email at membersupport@teladoc.com.

LIFE INSURANCE

Life Insurance provides additional financial protection for you and your family in the event of your death. IBEW Local 126 provides \$10,000 of life insurance for each active participant in the Health & Welfare Fund. There is no cost to you for this coverage. All members must complete a beneficiary designation form. Your beneficiary can be changed when necessary by completing a new form.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

The Accidental Death and Dismemberment benefit will be paid to you in the event of accidental dismemberment or to your beneficiary in the event of your death resulting from an accident. The benefit provides \$10,000 of AD&D insurance for each active participant. There is no cost to you for this coverage. All members must complete a beneficiary designation form. Your beneficiary can be changed when necessary by completing a new form.

WEEKLY ACCIDENT & SICKNESS BENEFIT

The Weekly Accident & Sickness benefit is for Active Participants only. When you are absent from work because of a non-occupational accident, or because of sickness so as to be totally disabled, and you are wholly prevented from engaging in any and every business or occupation and from performing any work for compensation or profit not covered by Worker's Compensation, weekly payments will be made to you as described below.

Benefit Begins	First day of disability due to an accident and eighth day of disability due to a sickness
Benefit Ends	After 26 weeks of disability
Benefit	\$400/week

*Note: In order to obtain this benefit, you must be treated by a physician.

VACATION BENEFITS

Vacation benefits provide you with a convenient way to save for special purposes, like your vacation. The money for this benefit is deducted from your wages and deposited into the IBEW Local 126 Vacation Benefit account.

The amount of money an Employer must remit on your behalf is spelled out in the collective bargaining agreement.

AMOUNT OF YOUR VACATION BENEFITS

You will receive the total amount of payments your Employer has made to the Fund Office on your behalf.

The Vacation plan year is April 1 through March 31. Checks are distributed the second week of June.

The Trustees' determination of the amount of benefits payable to you is final, except in cases where clerical errors were made.

The amount your Employer remits on your behalf for vacation benefits is included in your gross salary. Social Security, federal, and state taxes have already been withheld from your vacation pay by the time you receive your vacation benefit.

IMPORTANT INFORMATION

ELIGIBILITY REQUIREMENTS

You must work 350 hours in a Working Quarter at the current contribution rate per hour, in or out of jurisdiction, in order to be eligible for benefits in the corresponding Coverage Quarter. If you are working out of jurisdiction where the rate is less, the minimum contribution in a Working Quarter must equal 350 hours times the current contribution rate of the Local Union No. 126 Health and Welfare Fund. Working Quarters and corresponding Coverage Quarters are defined as:

Working Quarter	Coverage Quarter
January, February, March	June, July, August
April, May, June	September, October, November
July, August, September	December, January, February
October, November, December	March, April, May

CONTRIBUTIONS

Your employer will remit contributions on your behalf to the Local Union No. 126 Health & Welfare Fund.

DOLLAR BANK

All hours in excess of 400 at the current contribution rate per hour per Working Quarter are recorded in a cumulative account known as your "Dollar Bank." You can use the Dollar Bank to maintain your benefits if you do not meet the minimum contribution threshold in a Working Quarter. Your Dollar Bank will be reduced by the amount you use. You can accumulate a maximum of 3,000 hours at the current contribution rate per hour in your Dollar Bank at any given time.

WORKING OUTSIDE THE LOCAL UNION NO. 126 JURISDICTION

You must be registered with the Electronic Reciprocal Transfer System (ERTS) in order to have your contributions transferred to the Local Union 126 Health & Welfare Fund. You must also notify the Local Union in the jurisdiction you are working in that you are signed up for ERTS so that they can code their system to reciprocate your hours back to the Local Union No. 126 Health & Welfare Fund.

WE ARE AT YOUR SERVICE

We have great news for all employees who have chosen to enroll in our healthcare & benefits program. As our benefits consultants, Lacher & Associates, can help you get the most from your healthcare and benefits program.

WE WILL HELP YOU OR A MEMBER OF YOUR FAMILY WITH

- Any claims that you believe haven't been properly paid
- Further clarification on any insurance matters
- Questions regarding a bill sent by a doctor, dentist, lab or hospital
- Questions about your healthcare benefits

DEDICATED EMPLOYEE ADVOCATE

We have a dedicated Participant Advocate who is ready to help you deal with any situation in a discreet, confidential manner.

Our Participant Advocate is:

Cathy Annis

215-723-4378 | cathya@lacherinsurance.com | Fax: 215-723-8604



LACHER &
ASSOCIATES

This Benefit Highlights describes the highlights of our healthcare & benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this Benefits Highlights. If there is any discrepancy between the description of the benefits as contained in the materials and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by the Trustees of the IBEW Local 126 Health and Welfare Fund.

This Benefit Highlights may not be redistributed in any form or by any means without express, prior permission in writing.

v. 2018

NOTE: The International Brotherhood of Electrical Workers Local Union No. 126 Health & Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: For language other than English, language assistance services are available to you free of charge by calling 610-489-1185.