

# IBEW Local 26-NECA Family Health Benefits

This is merely an outline of certain Plan provisions. Restrictions can apply. If there is any discrepancy between this document and the Plan document, the Plan document governs. Email the Fund Office at [info@ewtf.org](mailto:info@ewtf.org) if you have any questions about these benefits.

## ELIGIBILITY

Your employer pays the cost of this coverage. It is NOT a deduction from your hourly wage, but a contribution over and above your hourly wage. There are no premium payments made by you or any of your eligible dependents for this coverage while you meet the eligibility requirements. If you fail to meet these requirements, you will be allowed to pay to continue your coverage under certain conditions. It's possible that you will not be eligible for benefits three months from the date that you begin working.

Entitlement to benefits is based on employment. If the Fund Office receives contributions for 135 hours worked during one month, you will be eligible for benefits for one month, but three months ahead. For example, if 135 hours are reported for June, you will be eligible for benefits in September. Below is a table that should better illustrate how eligibility is gained.

If you worked 135 hours in	You will be eligible for benefits in
January	April
February	May
March	June
April	July
May	August
June	September
July	October
August	November
September	December
October	January
November	February
December	March

## AVAILABLE BENEFITS

Prior to the start of your eligibility, you will be sent notification from the Fund Office as well as more detailed information regarding the benefits summarized below. These benefits are available for you and your family when medically necessary and not the result of a work related accident.

## Medical Coverage

After you have met the yearly deductible of \$200 per person or \$400 per family we pay 80% of the plan allowance for:

- doctor visits
- preventive services and wellness benefits for children
- an annual pap smear
- annual mammogram for women age 35 or over
- annual physical exam for members and their spouses
- x-rays
- diagnostic laboratory and pathology tests
- surgeons fees in or out of the hospital
- emergency medical care expenses
- anesthesiologist's charges
- equipment such as splints, braces and crutches
- chiropractic care and physical therapy
- inpatient and outpatient mental health benefits including alcohol/substance abuse with prior approval.

NOTE: Alliance PPO is EWTF's Preferred Provider Organization. Refer to [www.mamsi.com](http://www.mamsi.com) to find out if your doctors participate or call Member Services at 1-800-342-3289.

## Hospitalization

For any hospitalization commencing on or after January 1, 2004, covered expenses up to the first \$7000 will be paid at 90% of the allowance per spell of illness (with no deductible) and the remaining covered expenses paid at 80% of the allowed amount for services such as:

- semi-private room charges
- medication administered during your hospital stay
- use of the intensive care unit and/or operating room
- diagnostic testing

## Prescription Drug Program

When you use your card at a participating pharmacy, you pay \$10 for generic drugs, \$25 for preferred brand, and \$35 for non-preferred for a 34 day supply. Most grocery store pharmacies and drug store pharmacies are participating pharmacies. Purchasing your maintenance medication (medication that you take on an on-going basis, such as blood pressure medicine or insulin) by mail order costs \$20 for generic, \$50 for preferred brand, and \$70 for non-preferred brand for a 90 day supply.

## Employee Assistance Plan (EAP)

8 free confidential counseling sessions to discuss problems regarding:

- Finances
- Legal concerns
- Work
- Family, relationships
- Substance abuse
- Additional psychiatric benefits available with required referral from EAP provider.

## Dental Plan

The Plan pays up to 100% of the allowance for the following preventive services :

- exams & cleanings (once every six months)
- fluoride treatments (once each 12 months)
- panorex (limited once every year)
- bitewings
- x-rays

Effective January 1, 2003, a deductible of \$75 per person and \$150 per family has been implemented for the following basic services: (Benefits will be paid at 80%)

- fillings
- oral surgery
- extractions
- periodontics
- endodontics

Additionally, the Plan pays 50% of the allowance (subject to the \$75 individual deductible and \$150 family deductible) for major services for in or out of network providers such as:

- inlays and crowns
- removable bridges
- dentures

There is a maximum \$1,500 per person per year. Orthodontics are not covered.

## Vision Care

The Plan pays 100% of the allowance for a complete vision service (exam, frames and lenses) once every 12 months if you use a participating provider.

## Hearing Aid

Hearing aid allowance every three years. Audiologist Exam is paid at 80% of allowance, up to \$100 maximum. The Plan pays \$750 for the first Hearing Aid and \$250 for the second.

## Death, Disability and Dismemberment Benefits

These benefits are available only to the employee—not to the dependents. The Plan pays:

- \$25,000 death benefit for active employees
- \$6,000 death benefit for retired employees
- Short term disability benefits are payable for thirteen weeks at the rate of 50% of gross pay to a maximum of \$350 per week. An additional thirteen weeks is also available at 40% of gross pay up to a maximum of \$210 per week.
- Supplemental Worker's Compensation Accident Benefits ensure that you receive the same benefits regardless of where the accident occurs.

