

ELECTRICAL WELFARE TRUST FUND

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Electrical Welfare Trust Fund (“Fund”) is pleased to announce the following change to the Electrical Welfare Trust Fund’s Plan document. Please keep this document with your Summary Plan Description (“SPD”) and you Summary of Benefits and Coverage (“SBC”).

- 1. Effective January 1, 2023, all references to “CIGNA” are replaced with “United Concordia” throughout your SPD.**
- 2. Effective January 1, 2023, all references to “www.cigna.com” are replaced with “www.unitedconcordia.com” throughout your SPD.**
- 3. Effective January 1, 2023, the “CIGNA Dental Network” line of the “Important Contact Information” chart on page iv of your SPD is amended to read as follows:**

United Concordia Dental Network	Referrals to In-Network Dental Providers	866-851-7568 www.unitedconcordia.com
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- 4. Effective January 1, 2023, the paragraphs under “EWTF Benefit Card” on page 60 of your SPD are amended to read as follows:**

When you and your family first become eligible in the Plan, you will receive information and an EWTF Benefit Card that identifies you as a network member. You will need to use this card to receive network health care services and prescription drugs. Your UHC Group Number is 78-340001. The last six digits of the 12 digit number appearing on your card will be used for filling prescriptions at your local pharmacy.

Always identify yourself as an EWTF participant covered by the UHC network by showing your EWTF Benefit Card to any doctor, pharmacy or other (non-dental) provider you visit. If the provider is a network member, you will start saving money right away.

For dental benefits, you will receive a separate card that identifies you as a member of United Concordia’s dental network. You will need to present this card to your dental provider at the time of service.

- 5. Effective January 1, 2023, the second, third and fourth paragraphs under “Maximum Annual Benefit (Age 18 & Older)” in the Dental Benefits Section on page 83 of your SPD are amended to read as follows:**

For a list of preferred provider dentists convenient to you, please visit the United

Concordia website at www.unitedconcordia.com or contact the Fund Office at 301-731-1050 or at 1-800-929-3983.

Please be sure to show your Dental ID card when you go for your appointment. If you do not show your card, you may be required to pay for the services up front and submit a claim for reimbursement to United Concordia.

When you use a United Concordia PPO provider, your dentist will submit your claims for you. All United Concordia dental claims should be electronically transmitted to EDI# 89070 or mailed directly to:

United Concordia Companies Inc, Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421

6. Effective January 1, 2023, the paragraph under “EWTF Group Number” in the Dental Benefits Section on page 83 of your SPD is amended to read as follows:

The dental group number is 923997.

7. Effective January 1, 2023, the paragraphs under “Non-PPO Dental Coverage” on page 84 of your SPD are amended to read as follows:

You are not required to visit a United Concordia network provider to receive dental care. If you visit a dentist who does not participate in the United Concordia network, you are responsible for payment of the amount the dentist charges above the network discounted rate in addition to your Patient’s Portion.

You may need to pay for services at the time you receive them and submit a claim form to apply for reimbursement. Send the completed claim form to United Concordia at the following address:

United Concordia Companies Inc, Dental Claims
P.O. Box 69421
Harrisburg, PA 17106-9421

8. Effective January 1, 2023, the paragraph under “When a Treatment Plan is Required” on page 84 of your SPD is amended to read as follows:

You are required to submit a “treatment plan” or pre-authorization for Major Services provided by your dentist to United Concordia for prior approval when the cost of the treatment is expected to exceed \$600. By submitting a proposed treatment plan in advance, both you and your dentist know what is covered under the Plan before the work is done. This also allows you to authorize direct payment to the dentist.

9. Effective January 1, 2023, the first paragraph under “VSP Provider” in the Vision Benefits Section on page 87 of your SPD is amended to read as follows:

When you use a VSP provider, you may have a vision exam and, if indicated, a complete vision analysis, once each calendar year, at no cost to you. In addition, if lenses for eyeglasses are prescribed, the Plan pays 100% of the allowance for such lenses once each calendar year.

10. Effective January 1, 2023, the following is added to the end of the subsection titled “VSP Provider” in the Vision Benefits Section on page 87 of your SPD:

In addition to the benefits described above, when you use a VSP provider, each family member can select one of the following lenses upgrades:

- Progressive lenses;
- Light-reactive lenses; or
- Anti-glare lenses.

11. Effective January 1, 2023, the paragraph under “Contact with Your Providers” on page 108 of your SPD is amended to read as follows:

Under the EWTF contract with UHC, your providers of medical services must contact UHC at 1-866-596-8447 if there are any questions about your claims. (NOTE: This rule does not apply to your dental providers or if your provider submits your claims to Medicare as the primary coverage. Your dental providers should contact United Concordia at 866-851-7568. If Medicare is primary for your coverage, your provider may contact the Fund Office directly).

12. Effective January 1, 2023, the paragraph under “Dental Benefits” in the Plan Information Section on page 149 of your SPD is amended to read as follows:

The Plan’s current provider for dental benefits is United Concordia Dental PPO. You can get a copy of a directory by calling United Concordia at 866-851-7568 or reviewing their website at www.unitedconcordia.com.

Notice re Grandfathered Plan Status

The Electrical Welfare Trust Fund believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Electrical Welfare Trust Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at the telephone number listed below. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

If you have any questions, please contact the Fund Office by emailing info@ewtf.org or calling 301-731-1050.