

Electrical Welfare
Trust Fund

Quick Reference Guide



Health Benefits



TO ALL PARTICIPANTS:

The Electrical Welfare Trust Fund Board of Trustees is pleased to provide this Quick Reference Guide, which contains an overview of the broad array of benefits provided under the Plan.

The Quick Reference Guide is designed to complement the Summary Plan Description. In cases of any discrepancy, the Plan provisions listed in the Summary Plan Description prevail.

Sincerely,

BOARD OF TRUSTEES



Have a question? We have your answer!



Website: www.ewtf.org

- Access EWTF Summary Plan Description (SPD) for:
 - Information on what the plan provides and how it operates, including in-network and out-of-network coverage
- Access Health Partner Resources for:
 - Enhanced information on the services of our health partners and their libraries of current health research



Email: info@ewtf.org



Phone: 301-731-1050

Members/Dependents, Option 2

| <u>For Assistance With:</u> | <u>Option</u> |
|---|---------------|
| Mental Health & Substance Use Disorder | 1 |
| Dental Benefits | 2 |
| Medical Benefits | 3 |
| Retirement Plans | 4 |
| Enrollment, Changes to Family Status, Prescription Coverage, and Work History | 5 |
| Healthcare Coverage Qualification or to Pay for Healthcare Coverage | 6 |
| Short Term Disability & Other EWTF Benefits | 7 |



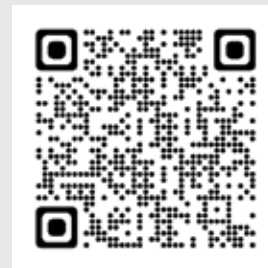
Mail:

10003 Derekwood Lane, Suite 130
Lanham, MD 20706



EWTF Member Portal: www.ewtf.org, click on "My Benefits Center" at top right of homepage

- Access "My Benefits Center" Personal Portal to view/update:
 - Benefit claims
 - Beneficiary and family information
 - Work history report
 - Eligibility





Qualifying for Healthcare Coverage

| | Active Electrical Worker: Active Worker | Active Electrical Worker: Dependent Spouse | Active Electrical Worker: Dependent Child | Non-Bargaining Unit: Office Worker |
|-----------------------|---|---|--|---|
| Qualification | Local 26 members automatically enrolled | Enrollment required under member record | Enrollment required under member record | Employee participation in optional office plan required |
| Eligibility | Employer contributions for 135 work hours/month OR 135 available bank hours | Automatic for enrolled legally married spouse living with eligible members | Automatic for enrolled child – 26 years of age or younger of eligible member | Employer contributions for enrolled workers with 80 work hours/month |
| Coverage waiting time | 3 months Example: January hours give April coverage, etc. | 3 months Example: January hours give April coverage, etc. | 3 months Example: January hours give April coverage, etc. | 2 months Example: January hours give March coverage, etc. |
| | Retiree: Retired Worker | Retiree: Dependent Spouse | Retiree: Dependent Child | Surviving Dependent Spouse/Child |
| Qualification | Local 26 retired member | Automatic qualification for legally married spouse living with eligible retiree | Automatic qualification for dependent child – 26 years of age or younger of eligible retiree | Automatic qualification for dependent widow(er)/child – 26 years of age or younger of deceased member/retiree |
| Eligibility | Member premium payments received | Member premium payments received | Member premium payments received | Active member – remaining member bank hours then additional no cost 12 months Retired member – no cost 3 months then self pay monthly premiums |
| Coverage Waiting Time | No waiting period | No waiting period | No waiting period | No waiting period |

Short Term Disability

If you are an eligible active electrical worker or active non-bargaining unit employee and become disabled due to a non-occupational illness or accidental injury, the Plan pays you a Weekly Accident and Sickness Benefit (Weekly A&S) to help protect your financial security while you're disabled. Retired participants, participants on COBRA, surviving spouses and dependents are not eligible for the Weekly Accident and Sickness Benefit.

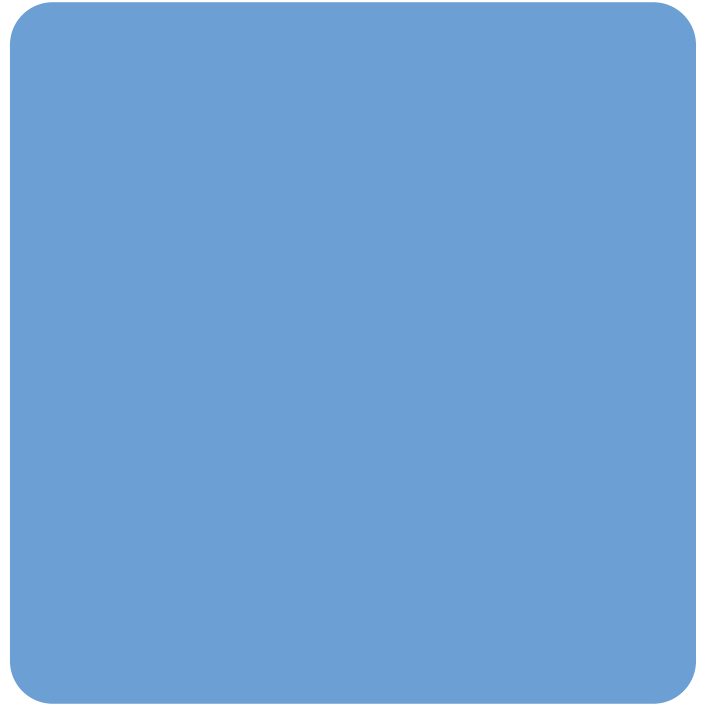
To be eligible to receive the Weekly Accident and Sickness Benefit, you must:

- be under the regular care of a doctor and following the prescribed course of treatment
- obtain a written certification of your disability from your doctor
- contact the Fund Office by calling 301-731-1050 or 1-800-929-3983
- provide written proof to the Fund Office before your benefits can begin

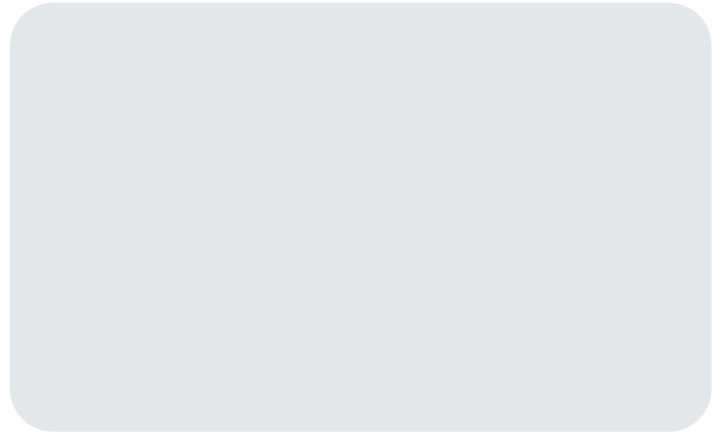
Covered By More Than One Plan?

If you have healthcare coverage through more than one plan, such as a spouse's plan, you must present both ID cards at your healthcare appointment in order for a coordination of benefits to occur. A coordination of benefits between the plans may result in all payments, including any potential out-of-pocket charges, being covered by the two plans. If both ID cards are not presented at the time of service, the healthcare provider will not be able to coordinate benefits and you may have to pay charges that otherwise might have been covered by the two plans working together.





**Get to Know Your
EWTF Benefits Plan Partners**





EWTF Benefits Plan Partners

EWTF Fund Office

- Plan Compliance and Oversight
- Member Advocacy
- Family Enrollment
- Qualifying for Benefits
- Claims/Appeals
- Accident and Sickness Benefit
- Death Benefits
- Subrogation



A UnitedHealthcare Company

- Medical Benefits
- Hospitalization Benefits
- Case Management
- Maternity Management
- Hearing Aids



Prescription Benefits



Hypertension & Cholesterol Management



Dental Benefits



Diabetes Reversal/Management



Mental Health Benefits
Substance Use Disorder Benefits
IAP Benefits



Vision Benefits



Telemedicine Benefits



Medical Benefit Plan Overview

Get to Know Your Medical Plan Partners

UMR: A United Healthcare Company

Network: Choice Plus

Website: www.umar.com, click on “log in/register” to access your personal, secure UMR portal

Smartphone/tablet app: UMR/Health found on Apple Store and Google Play

Phone: Through the Fund Office at **301-731-1050, option 3**

UMR can help you:

- Find an in-network provider and/or facility
- Understand your eligibility as well as your medical, hospital and hearing aid benefits
- Obtain/replace your medical ID cards
- Receive case management and maternity management services
- Answer questions regarding claims processing
- Hearing Aid Benefits



Teladoc

Telemedicine health partner for online health care services via a personal computer, smartphone or tablet

Website: www.teladoc.com, click on “register now” to set up your personal, secure Teladoc portal

Smartphone/tablet app: Teladoc Health found on Apple Store and Google Play

Phone: **1-800-TELADOC**

Teladoc services include:

- Primary care
- Pediatrics
- Dermatology
- Mental health



| | Active Electrical Worker: Standard Plan | Active Electrical Worker: “H” Plan | Non-Bargaining Unit: Office Plan |
|---|--|--|--|
| Copay | 0 | 0 | 0 |
| Deductible | \$150 pp/\$300 family | \$150 pp/\$300 family | \$150 pp/\$300 family |
| Coinsurance | 80% EWTF/ 20% member | 80% EWTF/ 20% member | 80% EWTF/ 20% member |
| Annual Exams and Labs | 100% Coverage; No Cost Sharing | 100% Coverage; No Cost Sharing | 100% Coverage; No Cost Sharing |
| Annual Benefit Maximum | No | No | No |
| Out of Pocket Maximum | \$8,000/year | \$8,000/year | \$8,000/year |
| Lifetime Benefit Maximum | <\$1,000,000: No limit >\$1,000,000: 50% Reduced Benefit | <\$1,000,000: No limit >\$1,000,000: 50% Reduced Benefit | <\$1,000,000: No limit >\$1,000,000: 50% Reduced Benefit |
| In Network & Out of Network Coverage | Both | In-Network ONLY | Both |
| Referral Required for Specialist | No | No | No |
| Pre-Authorization Required? | YES – Hospitalization, Surgery; Only After 1st 20 Visits: Chiropractic Care, Physical Therapy, Occu- pational Therapy, and Speech Therapy | YES – Hospitalization, Surgery; Only After 1st 20 Visits: Chiropractic Care, Physical Therapy, Occu- pational Therapy, and Speech Therapy | YES – Hospitalization, Surgery; Only After 1st 20 Visits: Chiropractic Care, Physical Therapy, Occu- pational Therapy, and Speech Therapy |
| Coverage | | | |
| Medical (office visits, doctor charges, etc) | Yes | Yes | Yes |
| Well Woman | Yes | Yes | Yes |
| Routine Physicals | Yes | Yes | Yes |
| Lab & X-rays | Yes | Yes | Yes |
| Chiropractic Care, Physical Therapy, & Speech Therapy | Pre-Authorization Req'd Only After 1st 20 Visits | Pre-Authorization Req'd Only After 1st 20 Visits | Pre-Authorization Req'd Only After 1st 20 Visits |
| Hospitalization & Surgery | Yes – Pre-Authorization Req'd | Yes – Pre-Authorization Req'd | Yes – Pre-Authorization Req'd |
| Maternity & Gynecological Care | YES – Maternity for Member/Spouse Only | YES – Maternity for Member/Spouse Only | YES – Maternity for Member/Spouse Only |
| Emergency Room | Yes | Yes | Yes |
| Hearing Aid | Yes – \$3,000 first hearing aid; \$1,000 second hearing aid | No | Yes – \$3,000 first hearing aid; \$1,000 second hearing aid |



Mental Health/Substance Use Disorder Plan Overview

Get to Know Your Mental Health/Substance Use Disorder Plan Partner

BHS

Employee Assistance Program (EAP) provider; mental health and substance use disorder partner

Website: www.portal.bhsonline.com

Smartphone/tablet app: BHS found on Apple Store and Google Play

Phone: 1-888-784-5665

BHS services are offered 7 days a week, 24 hours a day at no additional cost to plan participants and dependents. Services are online, virtual and in-person. All information and consultations are completely confidential.

BHS offers services to address:

- Mental health
- Substance use and abuse
- Relationship challenges
- Life changes such as marriage, divorce, births, death, promotion, retirement
- Life challenges such as stress, conflict, financial concerns, legal matters, parenting and illness



| | Active Electrical Worker: Standard Plan | Active Electrical Worker: "H" Plan | Non-Bargaining Unit: Office Plan |
|--------------------------------------|--|---|---|
| Copay | 0 | 0 | 0 |
| Deductible | \$150 pp/\$300 family | \$150 pp/\$300 family | \$150 pp/\$300 family |
| Coinsurance | EAP: 8 Free Counseling Sessions/Year Inpatient: 100% up to \$7,000; After \$7,000, 80% EWTF / 20% member Outpatient: 80% EWTF/20% member | EAP: 8 Free Counseling Sessions/Year No Inpatient/Outpatient Coverage | EAP: 8 Free Counseling Sessions/Year Inpatient: 100% up to \$7,000; After \$7,000, 80% EWTF / 20% member Outpatient: 80% EWTF/ 20% member |
| Out of Pocket Maximum | \$8,000/year | \$8,000/year | \$8,000/year |
| Lifetime Benefit Maximum | <\$1,000,000: No limit >\$1,000,000: 50% Reduced Benefit | <\$1,000,000: No limit >\$1,000,000: 50% Reduced Benefit | <\$1,000,000: No limit >\$1,000,000: 50% Reduced Benefit |
| In Network & Out of Network Coverage | Both | EAP only | Both |
| Pre-Authorization Required? | BHS - Outpatient UMR - Inpatient | N/A | BHS - Outpatient UMR - Inpatient |
| Coverage | | | |
| Employee Assistance Plan (EAP) | YES - Contact BHS for Benefit | YES - Contact BHS for Benefit | YES - Contact BHS for Benefit |



Dental Plan Overview

Get to Know Your Dental Plan Partner

United Concordia Dental (UCD)

Network: Elite Plus PPO

Website: www.unitedconcordia.com, click “log in/ create an account” to access your personal, secure UCD portal

Smartphone/tablet app: United Concordia Dental app found on Apple Store and Google Play

Phone: Through the Fund Office at **301-731-1050, option 2**

UCD can help you:

- Find an in-network provider
- Understand your eligibility and benefits
- Obtain/replace your medical ID cards
- Answer questions regarding claims processing



| | Active Electrical Worker: Standard Plan | Active Electrical Worker: “H” Plan | Non-Bargaining Unit: Office Plan |
|-----------------------------|---|---------------------------------------|---|
| Annual Benefit Maximum | Non-Ortho Dependents <18 yrs old: \$ 0 Non-Ortho Member/ Spouse: \$3,000 | N/A | Non-Ortho Dependents <18 yrs old: \$ 0 Non-Ortho Member/ Spouse: \$3,000 |
| Pre-Authorization Required? | Treatment Plan > \$600 Only | N/A | Treatment Plan > \$600 Only |
| Coverage | | | |
| Preventive Services | In Network: 100% Out of Network: 80% | N/A | In Network: 100% Out of Network: 80% |
| Basic Dental Services | In Network: 80% Out of Network: 80% | N/A | In Network: 80% Out of Network: 80% |
| Major Dental Services | In Network: 80% Out of Network: 50% | N/A | In Network: 80% Out of Network: 50% |
| Orthodontia | Member, Spouse, & Dependent Children: 50% up to \$3,000 | N/A | Member, Spouse, & Dependent Children: 50% up to \$3,000 |



Prescription Plan Overview

Get to Know Your Prescription Plan Partner

CVS Caremark

Website: www.caremark.com, click "Register" or "Sign In"

Smartphone/tablet app: CVS Caremark app found on Apple Store and Google Play

Phone: 1-800-386-0329

CVS Caremark offers:

- Pharmacy benefit management service
- Formulary management to provide cost effective medication therapy with the most positive treatment outcomes
- Mail order services



| | Active Electrical Worker: Standard Plan | Active Electrical Worker: "H" Plan | Non-Bargaining Unit: Office Plan |
|---------------------------------------|--|---------------------------------------|--|
| Regular Copay | Generic Drug: \$10 Brand (Formulary); Drug: \$25 Non-Formulary Drug: \$35 | N/A | Generic Drug: \$10 Brand (Formulary); Drug: \$25 Non-Formulary Drug: \$35 |
| Mail Order Maintenance Copay | Generic Drug: \$20; Brand (Formulary) Drug: \$50 Non-Formulary Drug: \$70 | N/A | Generic Drug: \$20; Brand (Formulary) Drug: \$50 Non-Formulary Drug: \$70 |
| Annual Benefit Maximum | No | N/A | No |
| Lifetime Benefit Maximum | Immuno Therapy subject to Medical Lifetime Max | N/A | Immuno Therapy subject to Medical Lifetime Max |
| In Network & Out of Network Coverage? | Both | No | Both |
| Pre-Authorization Required? | Non-Formulary Drugs Only | N/A | Non-Formulary Drugs Only |
| Coverage | | | |
| Prescription Drugs | Yes | No | Yes |



Disease Management Plans Overview

Get to Know Your Diabetes Disease Management Plan Partner

Get to Know Your Hypertension/Cholesterol Disease Management Plan Partner

Virta

Hello Heart

Diabetes reversal, diabetes management, pre-diabetes reversal and obesity treatment program administrator

Cardiovascular digital health program to track, understand and manage blood pressure and cholesterol

Website: www.virtahealth.com, click "get started"

Website: www.helloheart.com, click "sign up here"

Smartphone/tablet app: Virta Health app found on Apple Store and Google Play

Smartphone/tablet app: Hello Heart app found on Apple Store and Google Play

Virta Health participants receive:

Hello Heart offers participants:

- Dedicated health coaching
- A physician-led care team
- A Virta starter kit that includes a testing meter and strips, food scale and more
- A patient community
- Educational resources
- Convenient on-line care and access to resources and healthcare professionals

- An FDA-cleared Bluetooth blood pressure monitor to connect to a smartphone/tablet
- Medication tracking and reminders in the app
- Access to easy, personalized tips for maintaining a healthy heart
- Lab results from clinics with personalized explanations
- The ability to send readings and progress reports to your own doctors





Vision Plan Overview

Get to Know Your Vision Plan Partner

VSP

Network: VSP Premier Program

Website: www.vsp.com, click "log in/create an account" to access your personal, secure VSP portal

Smartphone/tablet app: VSP Vision Care on the

Go app found on Apple Store and Google Play

Phone: 1-800-877-7195

VSP can help you:

- Find an in-network provider
- Understand your eligibility and benefits



| | Active Electrical Worker: Standard Plan | Active Electrical Worker: "H" Plan | Non-Bargaining Unit: Office Plan |
|-----------|--|---------------------------------------|---------------------------------------|
| Allowance | Vision - \$150 glasses/\$100 contacts | N/A | Vision - \$150 glasses/\$100 contacts |
| Vision | Yes | No | Yes |



Other Benefits

| | Active Electrical Worker: Standard Plan | Active Electrical Worker: "H" Plan | Non-Bargaining Unit: Office Plan |
|--|--|---------------------------------------|-------------------------------------|
| Death Benefit | \$25,000 Member Only | 0 | \$25,000 Member Only |
| Accidental Dismemberment & Loss of Sight | Yes | No | Yes |
| Weekly Accident & Sickness Benefit | Yes | No | Yes |
| Supplemental Occupational Benefit | Yes | No | Yes |



Local 26 IBEW-NECA Joint Trust Funds

10003 Derekwood Lane

Suite 130

Lanham, MD 20706

301-731-1050

info@ewtf.org

www.ewtf.org

