

SPECIAL ISSUE: YOUR BENEFITS



Do you need more information or have questions about your IBEW-NECA benefits? You will find answers about your benefits in this issue, which summarizes news we have published recently in the DATA, so you can have all the information handy in one convenient issue. From Mental Health Benefits to Your Retirement Information, check out the info inside to catch up on all the facts and figures, and to learn more about the best way to manage your benefits. You'll find everything from how to use the medical plan nurse help line to how to obtain vision benefits. **Read the latest inside.**

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IBEW/NECA Sound & Communications Health & Welfare Plan

Featured Health and Welfare Plan Benefit - Vision with VSP

The IBEW/NECA Sound and Communications Health and Welfare Plan covers vision exams and pays a portion of the cost for prescription glasses or contact lenses.

Who is covered by VSP?

All participants covered under the Trust's Self-Funded Medical PPO plan and the Kaiser HMO plan.

For new employees, vision benefits for you and your eligible dependents start when you are eligible under the Plan.

How To Obtain VSP Benefits

- To find a VSP network doctor:
 - Call 1-800-877-7195
 - Check the website: www.vsp.com
- Call the VSP network doctor and make an appointment. Identify yourself as a VSP Member.
- Pay the \$10 copayment for the exam and \$25 copayment for the prescription glasses or contacts to the VSP provider. If you order glasses and the cost exceeds the covered amount, you will have to pay the difference.



Non-VSP Provider Benefit

If you receive an eye exam or obtain prescription glasses or contacts from a licensed provider who is not part of the VSP network, you can apply for reimbursement. See the chart below for non-network reimbursement amounts. Call or check the VSP website for the Out-of-Network Reimbursement Claim Form and instructions.

	VSP Provider	Non-Network Reimbursement
WellVision Eye Exam <ul style="list-style-type: none"> 1 every 12 months 	\$10 copay	Up to \$50
Prescription Glasses <ul style="list-style-type: none"> Lenses <ul style="list-style-type: none"> New lenses every 24 months Frame <ul style="list-style-type: none"> New frame every 24 months <p style="text-align: center;">- OR -</p>	\$25 copay (Included in the \$25 copay for lenses) Frame covered up to \$130, plus a 20% discount on the amount over your allowance	Up to \$50 for single vision lenses; \$75 for lined bifocals; \$100 for lined trifocals Up to \$70
Contact Lenses <ul style="list-style-type: none"> 1 set every 24 months instead of glasses (includes fittings) 	Up to \$130 for contact lens exam (fitting and evaluation)	Up to \$105

This summary has been designed to give you a general overview of the Plan's Vision benefits effective January 1, 2015. It does not, however, attempt to explain all the details, provisions, limitations, restrictions, and exclusions of the Plan's Vision benefits.

Your Retirement Information Is Available To You 24 Hours A Day

Do you want access to your pension account value?

Do you want to know how your retirement plan money is invested?

Do you want to learn about investment options under your plan?

I.B.E.W. DISTRICT NO. 9 PENSION PLAN

(A Defined Contribution Pension Plan with Participant Directed Investment Accounts)

To contact your Retirement Service Center via Internet:

The retirement service center website offers updates on your pension. You can view your daily account values, personalized rates of return, investment performance information, and rebalance your investment mix online.

- Go to www.principal.com
- Select Log In and choose Personal
- Enter your username and password

If you are a first-time user, follow the instructions to Create an account.

To contact your Retirement Service Center via Telephone:

You can obtain the same information by telephone. The toll-free, interactive voice response system is available 24 hours a day, 7 days a week.

- Call 1-800-547-7754
- Select the desired option
- Follow the prompts. Have your Social Security Number and PIN number ready
- If you need assistance, please enter "0" to speak to a retirement specialist

To contact a retirement specialist at the center:

If you have questions or need additional information about your investment options, you can speak with a retirement specialist at the center. A retirement specialist can provide information (not advice) about general retirement planning and investment education.

- Call 1-800-547-7754
- Press "0" to speak to a retirement specialist. Have your Social Security Number ready
- The Client Contact Center is open Mon. - Fri. 7 am - 9 pm (Central Time)

Pension Account Member Services:

- 24/7 account access via internet and/or telephone
- View or hear your daily account values
- Obtain investment performance information
- Learn about investment options under the plan
- View or hear the latest investment news
- Transfer funds between investments
- Change where future contributions are invested
- Reinvest maturing funds
- Establish/change your PIN or username &/or password
- Rebalance your investment mix
- Calculate retirement needs



When To Use The Emergency Room

You can often get treated more quickly and pay much less by using an Emergency Room alternative.

When To Use The Alternative

What will you do if you or a loved one needs immediate medical care? Most of us answer, "Go to the nearest emergency room." But ER wait times are at an all-time high. So, unless it's a true emergency, you'll likely get quicker, quality medical care somewhere else, like urgent care centers, medical clinics or walk-in clinics. That's why it's important to know your ER alternatives now, before you need them. You can often get treated more quickly and pay much less than you would for emergency care.

ER Alternatives

Use these options when you need medical care quickly, but can't see your regular doctor. These clinics are usually open nights and weekends, and cost about the same as a doctor visit. Before you go, call and ask about their hours, services and whether they participate in your Anthem Blue Cross PPO network by looking at the on-line provider directory at

www.anthem.com/ca.

See a chart of symptoms to learn about what symptoms can be treated at an ER Alternative at www.anthem.com/ca/eralt.

Remember, if you're a Kaiser HMO member, you should call your primary doctor's office or medical group at Kaiser to find out your Emergency Room alternative options for urgent care.

Retail health clinic - A clinic staffed by health care professionals who give basic health care services to 'walk-in' patients. Most often in a major pharmacy or retail store.

- **Urgent care center without X-ray** - A doctor's office that doesn't require you to be an existing patient or have an appointment. Can handle routine care and common family illnesses.
- **Urgent care center with X-ray** - A group of doctors who treat conditions that should be looked at right away but aren't as severe as emergencies. Can often do X-rays, lab tests and stitches.

Emergency Room Rule Of Thumb:

Call 911 or go to the emergency room if you think you could put your health at serious risk by delaying care.

Want more information on urgent care centers?

1. Call the Anthem Blue Cross 24/7 NurseLine. The number is on the back of your ID card.
2. If you don't have access to the 24/7 NurseLine, you can find a retail health clinic or urgent care center near you by visiting www.anthem.com/ca/eralt.

Healthcare Usage Myths



Often when we need care, we think it won't cost (the plan) too much more to go to the emergency room instead of your doctor or urgent care or get the brand name drug instead of its generic equivalent. These and other **small decisions about using benefits can add up to large costs.**

Another myth we hear is "the plan is paying for it," as though "the plan" is some unknown corporate entity with deep pockets. This is not the case. **We, as IBEW/NECA Sound & Communications Health & Welfare Plan participants, are "the plan"; when we spend more than necessary, it results in higher premiums and reduced benefits for all of us.**

If we all put in a little thought and effort when we use our health and welfare benefits, it will help ensure the long-term health of our health care plan.



The Maximum Accumulation Equals The Cost Of 9 Months Of Your Health And Welfare Elections.

All employer contributions paid to the IBEW/NECA Sound and Communications Health and Welfare Trust are credited (in dollars) to your Reserve Dollar Bank Account up to the maximum amount you are allowed to accumulate (currently, 9 months). You may call the Trust Administrative Office or go to the Health and Welfare Trust's website at www.soundcommbenefits.com under the Log-In tab to view your current and future eligibility.

The Maximum Accumulation In Your Reserve Dollar Bank Account

The maximum amount of money you are allowed to accumulate in your Reserve Dollar Bank Account is set by the Board of Trustees. The Board of Trustees reserve the right to increase or decrease the maximum amount of money you are allowed to accumulate in your Reserve Dollar Bank Account. The maximum amount of money is currently equal to the cost of nine (9) months of health and welfare coverage (medical, dental, vision, time loss and life insurance) you have selected as established by the Board of trustees. You may not elect to receive any portion of the money in your Reserve Dollar Bank Account in cash.

Your Reserve Dollar Bank Account may only be used to obtain health and welfare coverage through the IBEW/NECA Sound and Communications Health and Welfare Trust. You may check with the Trust Administrative Office at (408) 288-4400 or toll-free at 1-877-827-4239 to determine the amount of money in your Reserve Dollar Bank Account and the maximum amount of money you may accumulate in your Reserve Dollar Bank Account.



Make Sure You Get Your Fringe Benefit Reciprocity Dollars

When you travel to work outside of the 9th District Sound & Communications Agreement jurisdictional area (**Locals: 6, 100, 180, 234, 302, 332, 340, 551, 595, 617 and 684**) and check in with the outside Local's office to be dispatched, the outside Local's office will use ERTS (IBEW/NECA Electronic Reciprocal Transfer System) to notify both the participating and your home Trust Fund(s) administrative offices that you are to be dispatched in their jurisdiction.

The Local notifies the participating health and welfare and pension funds so they can prepare to transfer reciprocal fringe benefit monies received on your behalf, and alerts your home Trust Fund(s) to expect to receive the money.

That means to ensure your fringe benefit contributions are reciprocated properly, you must register in the ERTS system. Then, when travelling outside the 9th District Sound & Communications Agreement area, be sure to check in at the Local Union office whose jurisdiction you intend to work in to ensure

they notify the relevant Trust Fund administrative offices.

If you are not registered in the ERTS system or have forgotten your personal identification number (PIN), contact your nearest IBEW Local Union office for assistance. You must initially register in person (with photo identification). Once you've registered, you will be able to log in to the ERTS website at <https://erts.ibew.com> using your user ID and PIN.

One of the most important issues addressed by ERTS is the security of the plan participants' personal information. All log-ons to ERTS will be encrypted to ensure the security of the information on ERTS. No personal data will be transmitted over the open Internet.

It is important to note that ERTS is only for the transfer of reciprocal information from fund to fund. No individual personal account information can be accessed on ERTS. Members must contact the administrative office of their individual Trust Fund(s) for any personal account information.

Family Change?

Notify The Health & Welfare Trust's Administrative Office Right Away

30-Day Deadline To Add Family Members

When you have a "qualifying event" such as getting married, having a baby or adopting a child, you have **30 days from the date of the event to add your newly eligible dependent** to your health coverage.

If you miss the 30-day window, you cannot enroll your new family member until the next Open Enrollment Period in November.

Notify The Trust Office By The Last Day Of The Month The Divorce Occurs

Your former spouse (and his or her children who are not your children) can be covered until the **last day of the month in which the divorce occurs**.

If you fail to notify the Health & Welfare Trust's Administrative Office in time, and the Trust pays for a former family member's healthcare services, **you will have to repay the Trust**.

If your divorce decree requires you to cover your former spouse, you will have to purchase coverage elsewhere (for instance, the healthcare exchange or a private policy).

COBRA (for up to 36 months of coverage) will be offered to your former spouse, but only if the Trust Office is notified within 30 days of the divorce.

DON'T MISS OUT ON IMPORTANT UPDATES!

Keep your contact information up-to-date with the Health & Welfare Trust's Administrative Office

Alerting the post office or benefit vendors is not enough – you must update the Trust's Administrative Office when:

- You move and have a new address
- Get a new phone number
- Cancel your land line
- Change email addresses

For Medical Questions, Call Your Medical Plan's Nurse Help Line

IBEW/NECA Sound and Communications Health and Welfare Plan Trust Self-Funded PPO Medical Plan: 1-866-670-1565 - or - Kaiser Permanente HMO Plan: 1-800-464-4000

When you're faced with a medical situation and unsure what to do next or need more information, a registered nurse at the toll-free Nurse Help Line can answer your question 24 hours a day, 7 days a week. Call the Nurse Help Line when:

- You aren't sure how serious a symptom is and whether to go to the Emergency Room or wait for a doctor's office visit.
- You need more details about a specific medical condition.
- You want to know what to expect from a medical test your doctor ordered.
- You have a question you're hesitant to call your doctor about.

Nurses answer the phone themselves, listening to your questions and working through the details with you until you get the advice you need. They can also send you health care information from their health education library.

IN CASE OF EMERGENCY!

If you think you have a life-threatening emergency, forego the Nurse Help Line and call 911 or go to the Emergency Room immediately.



Don't Forget The Member Assistance Program (MAP), A Valuable Resource

At some point in life, everyone confronts a difficult issue. Counseling sessions through the Member Assistance Program under the IBEW/NECA Sound & Communications Health & Welfare Plan can offer much-appreciated support in the midst of stressful life circumstances like:

- Personal pressure, stress or depression
- Substance or alcohol abuse
- Family and relationship concerns or conflict
- Financial and legal concerns
- Life crises such as divorce or the death of a loved one
- Parenting and elder care
- Job performance or work-related issues

The MAP provides up to three counseling sessions per incident per household member per calendar year with a professional counselor at no cost. (If you need further sessions, check with your health plan to see if it covers at least a portion of the cost.) You and your covered dependents are eligible to use the program, as long as you are enrolled in the Trust Self-Funded Medical Indemnity PPO Plan or the Kaiser Permanente HMO Plan.

Anything discussed with the MAP counselor is strictly confidential (except as required by law). If you have any questions about confidentiality, discuss them with your counselor.

To make an appointment with a MAP counselor, call Optum Health 24/7 toll-free at: 1-877-225-2267.

Your Health And Welfare Trust Fund Important Phone Numbers

Questions about eligibility for coverage, premiums, reserve accounts, and info booklets, call:

Plan Administrator - United Administrative Services
408.288.4400
Toll-Free 877.827.4239

Trust Self-Funded Medical And Dental Plan

Questions about claim payment, claim forms and benefit info:
408.288.4400
Toll-Free 877.827.4239

Anthem Blue Cross Medical PPO
www.anthem.com/ca
To locate a participating preferred provider physician, clinic, or hospital:
408.288.4400 or 877.827.4239
Refer to Group # 170016M001

Anthem Blue Cross Dental PPO
www.anthem.com/ca
To locate a participating preferred provider dentist:
408.288.4400 or 877.827.4239
Refer to Group # 170016M001

Kaiser Permanente
www.kaiserpermanente.org
Questions about benefit info and ID Cards:
Toll-Free 800.464.4000
Refer to Group # 919

Optum Health
www.OptumHealth.com
Questions about mental health and substance abuse benefits or the member assistance program: 1-877-225-2267
Group # 10000824-0001, 0002

Vision Service Plan
www.vsp.com
Questions about vision benefits and vision claims or to request a Vision Plan Provider Directory:
Toll-Free 800.877.7195

To order additional copies of The DATA contact jfordley@hillzoog.com



Mental Health Benefits

As you work to manage your lives due to the Coronavirus (COVID-19) pandemic, taking care of your mental health and emotional well-being is more important than ever.

Whether you are coping with stress and anxiety, feelings of isolation, or struggling to meet everyday obligations, your Health and Welfare Plan provides benefits to help you.

- If you are a Kaiser Permanente enrolled member, you can obtain services from a counselor or psychologist by contacting Kaiser directly at the phone number listed on your Identification Card.
- If you are enrolled in the Health and Welfare Plan's Self-Funded Medical PPO Plan, you can obtain services for counseling or therapy through Optum Health 24/7 toll-free at: 1-877-225-2267.

Should you have any questions, please contact the Health and Welfare Plan's Administrative Office (United Administrative Services) at (408) 288-4438 or toll-free at 1-877-827-4239.

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