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MEMORANDUM

DATE: 08/26/16

TO: Participants of the Joint Welfare Fund of Local 164, IBEW
SUMMARY OF MATERIAL MODIFICATION TO THE
JOINT WELFARE FUND OF LOCAL 164, IBEW
EIN: 22-1537766

The following is a modification to the provisions of the Summary Plan Description. Keep it with your copy of the Summary Plan Description for easy reference.

Effective September 1, 2016, the Joint Welfare Fund will make the following changes:

1. The Fund will cover medically necessary treatment of Temporomandibular Joint Dysfunction (TMJ) under the medical Plan. Treatment must be pre-authorized and must follow Horizon's medical policy guidelines for treatment of TMJ. Any treatments that are considered investigational will not be covered. Treatment of Temporomandibular Joint Dysfunction (TMJ) under the dental Plan is still excluded and will not be covered.
2. It is well established pursuant to the Social Security Act, the Center for Medicare/Medicaid Services, as well as throughout the insurance industry that assistant surgeons are reimbursed at 10% to 20% of the primary surgeon's fee schedule allowance. Accordingly, the allowable for assistant surgeons will be 20% of the fee schedule allowance for primary surgeons.
3. The Trustees have added a new service for members and dependents. Members will have access to Horizon Health Center. By utilizing this facility, members will have co-pays waived for office visits and covered prescriptions. Members will also be able to receive a 90 day supply for maintenance medications with a \$0.00 co-pay. It will not be necessary to change health care providers. If members are only interested in having \$0.00 co-pays for prescriptions and/or a 90 day supply they will need to make an appointment once per year at Horizon Health Center to review medications. Members can continue treatment with their own healthcare provider. Please see enclosed letter from Horizon Health Center with further details.

4. Pre-authorization for in-network pain management treatment is no longer required. Effective 1/1/16 all out of network benefits for pain management services, including professional services (the doctor), facility (the surgery center or hospital), anesthesia and/or any other related charges were excluded from coverage under the Plan. Coverage of medically necessary pain management services and procedures is available only if the professional services are rendered by an in-network doctor and all associated claims (such as facility, anesthesia and/or any other related charges) are also from in-network providers.

Example 1: The patient uses an in network doctor for the medically necessary pain management procedure. All related services for that date of service would be covered only if the related providers such as the anesthesiologist and facility were in the network, because no out-of network pain management services are covered.

Example 2: The patient uses an out of network doctor for the pain management procedure. All related services for that date of service would be denied even if the related providers such as the anesthesiologist and facility were in the network, because the procedure is not covered.

5. Effective January 1st, 2015 individual Health Reimbursement Accounts (HRA) were set up for active 164 members. Two percent of the monthly welfare contribution made for each member is put into an individual Health Reimbursement Account to help cover qualified medical expenses not covered by the Welfare Fund for the member and their eligible dependents that were incurred on or after January 1, 2015. A timely filing limit of one year will become effective 1/1/17 for Health Reimbursement Account (HRA) claims. Any claims filed one year after the date of service will not be eligible for reimbursement under the HRA Plan and will be denied for timely filing.

**Sincerely,
Board of Trustees, IBEW Local Union No. 164 Welfare Fund**