



FABIAN & BYRN, LLC

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MEMORANDUM

DATE: 12/01/15

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

Dental Benefits

The Plan A annual maximum will be increased to \$2000 per family, per calendar year.

The Plan B annual maximum will be increased to \$5000 per family, per calendar year.

There will be a separate orthodontic benefit for Plan B dependents aged 19 and under of \$2000 per eligible dependent, per calendar year.

There will be a separate implant benefit for Plan B members and dependents of \$2500 per person, per calendar year.

All major treatment should be pre-determined.

Prescription Benefits

Coverage for lifestyle prescriptions has been reinstated. Viagra, Levitra, Cialis and other comparable drugs will be covered up to 12 pills for every 30 days.

Medical Benefits

There will be no 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. Coverage for pain management services will be available only through in-network providers. In order to be covered, all associated claims for outpatient services must also be from participating providers. All pain management claims from non-participating providers will be denied on the basis that they are not covered expenses, including office visits and testing.

All in-network outpatient pain management procedures require pre-authorization by the provider. Pre-authorization is done through Fabian & Byrn, LLC. The provider should call (877) 228-4202 for additional information regarding pre-authorization.

Finding a participating provider:

Participants who reside in New Jersey may choose providers participating in the Horizon Direct Access network of hospitals and professionals. Participants who reside outside New Jersey may choose providers participating with Blue Card PPO. Benefit coverage is the same for each network. The network for all providers and facilities outside of New Jersey is Blue Card PPO.

Members can locate providers online at: www.horizonblue.com and click on Find a Doctor tab on the top of the page.

Members can also call the Horizon Provider Locator phone line at (800) 810-2583.

Reduction to the Health and Welfare Premium and Self Pay Premiums

Effective January 1, 2016 the amounts of the monthly premium for retiree health coverage are as follows:

For retirees not enrolled in Medicare Part A or B or another primary insurance, that are eligible for Welfare Fund benefits the premium will now be:

- Single Coverage **\$175** per month, deducted from the Pension Benefit
- Family Coverage **\$350** per month, deducted from the Pension Benefit

Retirees under age 59 that do not have Welfare banked hours will pay the self pay rate in effect, in addition to the monthly premium.

For retirees enrolled in Medicare Part A & B or another primary insurance, that are eligible for Welfare Fund benefits the premium will now be:

- Single Coverage **\$25** per month, deducted from the Pension Benefit
- Family Coverage **\$50** per month, deducted from the Pension Benefit

If a Retiree is eligible for Medicare Part A & B or another primary insurance and the spouse and/or dependent(s) is not, the monthly welfare premium will be a combination of the single rates listed above. The same will hold true if the retiree is ineligible for Medicare but the spouse and/or dependent(s) is enrolled in Medicare Part A & B or another primary insurance.

Sincerely,

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