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MEMORANDUM

DATE: 12/10/14
TO: Participants of the Joint Welfare Fund of Local 164
FROM: Fabian & Byrn, LLC Third Party Administrator for IBEW Local Union No. 164 Welfare Fund

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, 2015, the Joint Welfare Fund will make the following changes:

Dental

The annual maximum for Plan B members will be increased to \$3500 per family per calendar year. The Plan A maximum will remain the same at \$1000 per family per calendar year.

Vision

The vision benefit will be increased to \$300.00 per year for glasses, contact lens fitting and/or contacts for Plan B members. The vision benefit will be increased to \$300.00 every 24 months for glasses, contact lens fitting and/or contacts for Plan A members. Any Plan A member who has used the vision benefit for glasses, contact lens fitting and/or contacts in calendar year 2014 will not be eligible for the increased benefit until 24 months from the original date of service has passed.

Claims for exams from participating providers may be submitted by the provider directly to their local Blue Cross Blue Shield Plan. All other vision services need to be paid by the patient at the time of service and then the member must submit a claim reimbursement form to:

Fabian & Byrn, LLC
Local 164 Vision Reimbursement
425 Eagle Rock Avenue, Suite 105
Roseland, NJ 07068

Claim forms can be accessed at: http://www.ibew164.org/pdf/JW_medical.pdf

Health Reimbursement Account (HRA)

Individual Health Reimbursement Accounts will be set up for active 164 members. Two percent of each individual member's welfare contribution will be 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. Funds will not be available until the middle of February. Additional details regarding this benefit will be distributed by February 15th, 2015.

Pensioner's Eligibility

Effective January 1, 2015 for any active members eligible for retirement; If the member has met the eligibility requirements for Welfare Fund benefits in the following year and retires in that following year after working 500 hours, that member's active eligibility will continue through the end of that calendar year. If applicable, retiree benefits will begin the first of the year following retirement.

Reduction to the Health and Welfare Premium and Self Pay Premiums

Effective January 1, 2015 the amounts of the monthly premium for retiree health coverage are as follows:

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 **\$200** per month, deducted from the Pension Benefit
- Family Coverage **\$400** 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.

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 **\$50** per month, deducted from the Pension Benefit
- Family Coverage **\$100** 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.

Supplemental Disability Benefits

The supplemental disability benefit is being reinstated at \$100/week up to 26 weeks for all eligible members, effective 1/1/15. Copies of the check from your disability insurer must be faxed to 973-228-4240 or mailed to:

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425 Eagle Rock Avenue, Suite 105
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