N.E.C.A. LOCAL UNION NO. 313 I.B.E.W.
BENEFIT FUNDS

Fund Office: Zenith American Solutions, Administrator, Rockwood Office Park, 501 Carr Road, Suite 220, Wilmington, DE 19809
Phone: (302) 761-1080 / (800) 223-7405 / Fax: (302) 762-3460

August 2021

RE: Summary of Material Modifications Notice - NECA Local 313 IBEW Health & Welfare Fund

Dear Participant:

This notice is to advise you of recent Plan changes adopted by the Trustees with regard to the NECA Local 313 IBEW Health & Welfare Fund ("Fund").

1. **Allergy Testing**

   Effective November 1, 2020, allergy testing became a covered benefit, subject to the existing $35 annual family deductible for diagnostic tests and imaging.

2. **Behavioral Health and Dermatology Services via Teladoc**

   Effective September 1, 2020, behavioral health and dermatology virtual visits are available via telephone or video call. For each virtual visit, a $10 copayment is required. Behavioral health Therapist, Psychologist, and Psychiatrist appointments are available for covered participants age 18 and older.

3. **Medical Reimbursement Allowance (MRA)**

   Effective for MRA claims received by the Plan on or after May 1, 2021, the time limitation for submitting claims is increased from 12 months to 24 months.

4. **Pre-Medicare Retiree Self-Pay Rate**

   Effective December 1, 2021, the rate required to maintain coverage as a retiree for pre-Medicare retiree coverage increased to $1,362.00 per month, consistent with the hourly contribution rate for active members. There is no change in the monthly self-pay required for retirees eligible for Medicare.

Timely Notice of Divorce Reminder – As a reminder, if you divorce from your spouse, notify the Fund Office as soon as possible by a phone call and in writing. Once you are divorced, your spouse's Plan coverage is terminated at the end of the month. He or she may enroll in COBRA Continuation Coverage if the Fund is notified of the divorce in a timely manner. The fund Office will need a copy of your divorce decree.

If you do not notify the Fund Office in a timely manner when you divorce, you and/or your ex-spouse will be required to reimburse the Plan for any expenses paid by the Fund that your ex-spouse incurred during the period he or she was not eligible for coverage and not covered under COBRA.

Please retain this notice with your Summary Plan Description. If you have any questions about these changes, please don't hesitate to contact the Fund Office.

Sincerely,
THE BOARD OF TRUSTEES