# 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
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June 2022

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

Dear Participant:

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

1. **Over-The-Counter COVID-19 Test Kits -** Beginning January 15, 2022, and continuing through the national public health emergency, the Plan will cover the full cost of up to eight FDA-approved tests per covered family member each calendar month. Participants should present their Sav-Rx card at the pharmacy to obtain test kits with no out-of-pocket costs. Alternatively, participants and dependents can receive up to eight tests kits per month via the Sav-Rx mail order program. Finally, participants can submit receipts for reimbursement of up to $12 per test, subject to the same limitations and timeframe noted above.

2. **Addition of Member Assistance Program Benefits -** Effective September 1, 2022, a Member Assistance Program will be available for all Plan participants and covered dependents, which is being provided by an outside firm known as Personal Assistance Services (PAS). This program will provide on a 24/7 basis access to counselors dealing with depression, anxiety, addiction and recovery as well as other life issues. You will receive details in a separate mailing. We strongly urge all to take full of advantage of this program that is provided at no out-of-pocket cost to you.

3. **Addition of Wellness Program -** Effective in the near future, a Wellness Program will be available for Plan participants and covered spouses through an outside firm known as Virgin Pulse. More information and details regarding this program will be forthcoming very soon by regular mail. This program, among other things, will provide initiatives that promote wellness including opportunities to earn rewards upon attainment of certain goals. This rewards program is available to participants and spouses who are covered as primary by the Plan. Those covered primary by Medicare and secondary by the Plan will have this program available to them, but they will not participate in the rewards application. Again, the Trustees strongly urge all to take full of advantage of this program that is provided at no out-of-pocket cost to you.

4. **Coverage of Substance Abuse Disorder Services -** Effective for claims incurred on and after September 1, 2022, the Plan will cover services and supplies received for the treatment of alcohol and substance abuse. Additionally, prescription drugs obtained for the treatment of alcohol or substance abuse will also be covered by the Plan as of that same date.

**(OVER)**

5. **Exclusion of Benefits for Out-of-Network Services** - Effective for claims incurred on and after September 1, 2022, the Plan will no longer pay any portion of charges for services provided by out-of-network service providers, including doctors, labs and hospitals, except for Emergency Outpatient Care, as described in the Summary Plan Description (SPD), and out-of-network providers at in- network facilities, such as hospitals and surgery centers. Participants and dependents who are under the care of a provider or facility for certain conditions when that provider or facility leaves the network will have the right to continue to receive such care at in-network Plan terms for up to 90 days. Participants and dependents are encouraged to ensure that a healthcare provider or facility is in the Aetna network before obtaining services.

If you have any questions about these changes, please don't hesitate to contact the Fund Office.

Sincerely,

**THE BOARD OF TRUSTEES**