N.E.C.A. LOCAL UNION NO. 313 I.B.E.W.
HEALTH AND WELFARE FUND

Fund Office: Zenith American Solutions, Administrator, Rockwood Office Park, 501 Carr Road, Suite 220, Wilmington, DE 19809
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June 2019

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 and Welfare Fund ("Fund" or "Plan").

1. **Coverage for Vasectomies**

Effective February 1, 2019, the Fund will provide coverage for vasectomies, subject to the normal deductible and co-insurance provisions of the Plan.

2. **PSA Testing**

Effective January 1, 2019, the Fund will provide coverage for PSA (Prostate-Specific Antigen) tests incurred with in-network providers only, under the Outpatient Laboratory, Imaging and Machine Testing benefits, subject to the $35.00 per family annual deductible.

3. **Dental Benefits**

Effective July 1, 2019, the Trustees have approved an improvement to the Fund's dental benefit. For dental services incurred on or after July 1, the flat dollar allowances procedures will no longer apply. Reimbursement will be made based on the following schedule for both in-network and out-of-network providers:

Diagnostic & Preventive Services (exams, cleanings & x-rays) – Reimbursement will be 100% of Delta Dental's allowable amount;

Basic Services (fillings & posterior composites) – Reimbursement will be 80% of Delta Dental's allowable amount;

Endodontics (root canals) – Reimbursement will be 80% of Delta Dental's allowable amount;

Periodontics (gum treatment) – Reimbursement will be 80% of Delta Dental's allowable amount;

(OVER)

Oral Surgery Covered Under Basic Services – Reimbursement will be 80% of Delta Dental's allowable amount;

Major Services (crowns, inlays, onlays and cast restorations) – Reimbursement will be at 50% of Delta Dental's allowable amount;

Prosthodontics (bridges and dentures) – Reimbursement will be 50% of Delta Dental's allowable amount.

There will be no change in the Orthodontic benefits (reimbursement of 80% of Delta Dental's allowance up to a maximum of $1,500).

The advantage of this new arrangement is that Delta Dental is continuously renegotiating with dentists and updating their allowances, as opposed to the fixed dollar allowances that have been in place for many years. By continuously updating the allowances as dental care costs rise, participant out-of-pocket costs through balance billing will reduce. **Please also note that you will generally realize less out-of-pocket costs if you utilize a provider that is in network with Delta Dental.**

4. **National Vision Administrators (NVA) Mobile App**

NVA now has a member mobile app available for download on Google Play for Android users and the App store for iPhone users. Through the app, NVA members can now:

- Find an in-network vision care provider nearby; call the provider to make an appointment and get driving directions;
- Check benefit information on eye exams, eyeglass lenses and frames and contact lenses;
- See the last time the benefit was used and the next time it can be used;
- View ID cards

5. **Self-Payment for Eligibility Reinstatement Provision Extended**

Effective with the March 1, 2018 Benefit Quarter, a terminated participant who is within 24 months following his Plan termination date may self-pay for eligibility reinstatement for a Benefit Quarter in which he falls short of the required 360 hours (now 300 hours) in the corresponding Working Quarter, in an amount determined by multiplying the number of hours short (not to exceed 100 hours) by the Plan's current inside wiremen contribution rate. A participant may make this type of self-payment for only one Benefit Quarter in any 12-month period. This reinstatement self-pay provision was set to expire and be eliminated from the Plan on February 28, 2019; however, this provision has now been extended by the Trustees until February 29, 2020, at which time it will be eliminated from the Plan unless extended by the Trustees beyond that date.

6. **Modified Plan for Residential Classification Participants**

Effective as of the date relevant collective bargaining is completed, a Modified Health Care Plan is being implemented within the Health & Welfare Fund specifically for residential classification participants only. This Modified Plan will provide medical and prescription drug benefits only with the same regular Plan eligibility provisions except there will not be any retiree coverage under this Modified Residential Plan.

As always, if you have any questions regarding your benefit Plans, please don't hesitate to contact the Fund Office (Zenith American Solutions).

Sincerely,

THE BOARD OF TRUSTEES