

**IBEW LOCAL UNION 102**  
**WELFARE, PENSION AND SURETY FUNDS**

**Quick Reference Guide**

**Effective January 1, 2018**

**Important Notice:** This is an outline of the principal plan provisions of the IBEW Local Union 102 Welfare, Pension and Surety Plans and is not intended to completely describe the Plan provisions. In the event of any discrepancy between this outline and the Plans, the Plan Documents shall govern. For further information, please review your Summary Plan Description or contact the office of the Administrator, I. E. Shaffer & Co., at P. O. Box 1028, Trenton, NJ 08628. Telephone 1-800-792-3666.

## **IBEW LOCAL UNION 102 WELFARE FUND**

Effective May 1, 2019

### **Eligibility Rules**

You will become eligible for Plan “A” on the first day of the second calendar month following an employment period of not more than three (3) consecutive months during which you have been credited with 300 hours of service. Once you satisfy this requirement, you will remain eligible for at least 3 consecutive months. All eligibility shall be determined on the basis of gross hours paid.

To maintain your eligibility thereafter, you must be credited with at least 300 hours of service each calendar quarter. Your eligibility will terminate on the last day of the second calendar month which follows that calendar quarter during which you receive credit for less than 300 hours of service.

<b>Your eligibility will terminate on:</b>	<b>If you do not have 300 hours of service during the period of:</b>
February 28	October 1 to December 31
May 31	January 1 to March 31
August 31	April 1 to June 30
November 30	July 1 to September 30

Once you have been enrolled in Plan “A” for a continuous period of two consecutive years, effective on the first day of the twenty-fifth (25<sup>th</sup>) month, your coverage will be increased to Plan “B” which includes Dental, Vision and Hearing benefits. Eligibility via reserve hours and/or COBRA shall be acceptable toward satisfying this 2 year requirement. Once you have achieved Plan “B” status, you will always be eligible for Plan “B” benefits even if you have a break in your eligibility.

### **Reserve Hours**

Your reserve hours are those hours of service which are in excess of the 300 hour eligibility requirement stated above. Your reserve hours will accumulate in your account up to a maximum of 600 hours. This reserve will be drawn upon to maintain your eligibility if you should fail to receive credit for at least 300 hours of service during a subsequent calendar quarter.

### **Reinstatement**

Should your eligibility terminate, it will be reinstated provided you have at least 300 hours of service (and/or reserve hours) in a three (3) consecutive month period which ends within 10 months from the date your eligibility terminated. Reinstatement of eligibility will become effective on the first day of the second month following the three (3) consecutive month period in which you are credited with at least 300 hours of service. If this requirement is not met, you will lose any unused reserve hours and be treated as a new employee. Accordingly, to become eligible for Plan “A” benefits you will be subject to the 300 hours of service requirement stated above.

## **Self-Pay Provision**

A self-pay option is available to employees who terminate coverage and who missed maintaining their eligibility by **100 hours or less**. In this event, you have the opportunity to make contributions on your own behalf to the Welfare Fund for the hours necessary to meet the 300 hour requirement at the journeyman hourly employer contribution rate. For example, if you have 150 hours of service during a calendar quarter, and you have 110 remaining reserve hours, you will have a total of 260 hours towards the requirement of 300 hours leaving you short of the requirement by 40 hours. In this situation, you would be permitted to make a contribution on your own behalf for the 40 hours at the journeyman hourly employer contribution rate, to maintain your eligibility for an additional three (3) months.

## **Disability Credit**

After having satisfied the eligibility requirement, if you are unable to work because of Illness or Injury, you will receive credit for up to 25 hours of service for each week of total disability, up to a maximum of 2,400 hours of service for any one period of continuous disability. **Non-bargaining unit employees and participants on COBRA are not eligible for disability credit.**

## **Non-Bargaining Unit Employees**

If you are a non-bargaining unit employee of an eligible participating employer that has elected to contribute on behalf of all of its non-bargaining employees, you will become eligible for Plan "A" benefits on the first day of the third (3<sup>rd</sup>) calendar month following your employment and for which your employer has made the required contribution. Once you have been enrolled in Plan "A" for a continuous period of two consecutive years, effective on the first day of the twenty-fifth (25<sup>th</sup>) month, your coverage will be increased to Plan "B" which includes Dental, Vision and Hearing benefits. Eligibility via COBRA shall be acceptable toward satisfying this 2 year requirement. **Reserve hours and disability credits are not applicable to non-bargaining unit employees.** Your eligibility will terminate on the last day of the month following the month in which your employment with your contributing employer terminates.

## **Retiree Coverage**

Following your retirement (for both bargaining and non-bargaining employees), you, your dependent spouse and your dependent children, if any (assuming they otherwise satisfy the definition of a dependent child) will be eligible for retiree benefits and permitted to continue your coverage provided you satisfy **one** of the following requirements:

### **If you retire prior to January 1, 2021**

- ◆ You have been eligible for benefits under the Welfare Fund as an active employee for at least 32 of the 40 calendar quarters immediately preceding your date of retirement and you have attained the age of 62 and are currently eligible for benefits.

### **If you retire on or after January 1, 2021**

- ◆ You have been eligible for benefits under the Welfare Fund as an active employee for at least 64 of the 80 calendar quarters immediately preceding your date of retirement and you have attained the age of 62 and are currently eligible for benefits.

**And all** of these requirements:

- ◆ You have ceased all work in the electrical construction industry for which contributions are required and have terminated your status as an eligible active employee of the Fund.
- ◆ You are eligible to receive a monthly retirement benefit from the IBEW Local 102 Pension Plan, or you have been eligible as a non-bargaining unit employee or under a "small works" agreement and are not otherwise eligible for an IBEW pension.

**Please note that the benefits provided by this Plan are secondary to Medicare for retired members and their dependents who are eligible for Medicare. As this Plan will coordinate with Medicare on the basis that you have both Part A and Part B, you are encouraged to elect Part B coverage as soon as it is available to minimize your out-of-pocket expense.**

**If you retire prior to age 62**, you will be permitted to continue your Plan “B” coverage until you attain age 62 by making the required contributions to the Plan. Currently, the required monthly contribution for participants under the age of 62 is equal to the applicable COBRA rate for Plan B coverage. Upon attaining the age of 62, the requirement that you be eligible for 32 of the preceding 40 calendar quarters or 64 of the preceding 80 calendar quarters will be applied to determine your eligibility for continued retiree coverage. You may not pay for your coverage beyond age 62 for the purpose of satisfying either the 32/40 or 64/80 rule described above. Please note that all required contribution amounts and COBRA rates are reviewed by the Board of Trustees on an annual basis and may be adjusted periodically.

**If you are totally disabled**, you, your dependent spouse and your dependent children, if any (assuming they otherwise satisfy the definition of a dependent child) will be eligible for insurance coverage provided you have been eligible as an active employee for at least 52 calendar quarters during the 60 calendar quarters preceding the latter of your date of disability or date of termination, or you have attained age 60 and have been eligible as an active employee for at least 32 calendar quarters during the 40 calendar quarters preceding your date of disability and you satisfy one of the following two requirements:

- ◆ Your disability shall have continued for six (6) consecutive months and you are receiving Federal Social Security Disability Pension Payments.
- ◆ The totality and permanence of your disability is established to the satisfaction of the Trustees based upon competent medical evidence presented to them.

In addition, you must have ceased all work in the electrical construction industry and have terminated your status as an eligible, active employee of the Fund.

### **Dependent Coverage in the Event of your Death**

Following your death your dependents will remain eligible for health benefits until the earliest of the following dates:

1. The last day of a period of twelve (12) months following your death.
2. The date your spouse remarries.
3. The date your dependent becomes eligible for similar benefits under other group coverage.
4. The date your dependent ceases to be included in the definition of Dependent as stated in this Plan.

Once the 12 month period of “free” coverage expires, your dependents may continue their coverage under COBRA as described below.

Widows(ers) of retirees may continue their coverage for life or until they remarry or become eligible for other group coverage by making the required contributions to the Plan. The required contribution amount will be established by the Board of Trustees and reviewed and adjusted periodically.

## **Definition of Dependent**

Eligible dependent refers to a spouse and each child, including a step child, legally adopted child or foster child up to the age of 26 **excluding**:

1. Any such individual who is covered by this program as an employee;
2. An incapacitated child who became an insured dependent before attaining the applicable limiting age specified above, remained an insured Dependent by reason of mental retardation, physical handicap or any other medically diagnosed permanent mental or physical condition that renders the child incapable of self-sustaining employment. In addition, such child must be chiefly dependent upon the employee for support and maintenance and shall remain an eligible dependent as long as the employee's coverage remains in force and the dependent remains unmarried and incapacitated. Proof of such dependent's incapacity must be submitted within thirty-one (31) days of his/her attainment of the limiting age.
3. A legally divorced spouse;
4. A spouse or child on active duty in any military capacity;
5. A dependent for whom health evidence is required but is either not submitted or not approved;

Normally, coverage for your dependents starts on the date your coverage begins or on the date you acquire an eligible dependent.

## **COBRA**

If you or your dependent loses eligibility, self-pay continuation of coverage is available under COBRA for up to 36 months. Your accumulated reserve hours will be applied before self-pay is required. The current monthly self-pay rates under COBRA are:

<b><u>Plan "A"</u></b>	
Single	\$263.00
Parent/Child(ren)	\$368.00
Family	\$504.00
<b><u>Plan "B"</u></b>	
Single	\$350.00
Parent/Child(ren)	\$490.00
Family	\$672.00

(Please note that these rates are subject to review by the Board of Trustees and may be adjusted periodically. Also, if you are only eligible for Plan "A" benefits at the time your coverage terminates, you may only continue Plan "A" benefits under COBRA. You may not "buy up" to Plan "B".)

If your spouse and eligible dependent children lose eligibility due to your death, a divorce or legal separation or with respect to a dependent child his or her ceasing to satisfy the Plan's definition of an eligible dependent, self-pay continuation of coverage is available for 36 months.

### **Types of Plan “A” Benefits**

- ◆ Death Benefit and Accidental Death and Dismemberment
- ◆ Medical
- ◆ Employee Assistance Program - pre-certification required for all treatment associated with mental/nervous treatment

### **Blue Cross Blue Shield Network Benefits**

	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
In-patient Hospital	100% for 120 days per calendar year	80% of UCR for 120 days per calendar year
Out-patient Hospital (Including ER)	100% after \$100 co-pay	80% of UCR after \$100 co-pay
Physician Services:		
In-Hospital	100%	70% of UCR after deductible
Office or Home	100% after \$25 co-pay	70% of UCR after deductible
Diagnostic X-ray and Lab	100%	70% of UCR after deductible

### **How To Find A Provider in the BC/BS Direct Access Managed Care Network**

- ◆ Call Blue Cross Blue Shield at 1-800-810-2583 and ask for providers in the Direct Access network
- ◆ Visit [www.HorizonBlue.com](http://www.HorizonBlue.com) and click Provider Directory. Look for Direct Access. If outside NJ, use “provider outside of NJ” tab, go to BlueCard and click on “Start Search”.
- ◆ Ask your physician, hospital, lab or other provider

**IBEW LOCAL UNION 102 WELFARE FUND**

**Schedule of Plan "A" Benefits**

**Effective May 1, 2019**

**BLUE CROSS BLUE SHIELD BLUE CARD PPO NETWORK**

**Death Benefit** - \$10,000 (active employees only)

**Accidental Death and Dismemberment** - \$10,000 (active employees only)

**Major Medical Benefits**

Deductible - \$500 per person, \$1,000 per family

Out-of-pocket (OOP) Maximum - \$5,000 per individual, \$10,000 per family

Outpatient psychiatric benefits are never counted towards this out-of-pocket annual maximum. (Out-of-pocket maximum is only applicable with respect to covered charges payable at 70%.)

Inpatient Hospital:

In-Network - 100% for 120 days per calendar year, no deductible

Out-of-Network - 80% of UCR for 120 days per calendar year, no deductible. (Does not count toward OOP maximum.)

Outpatient Hospital Services & Ambulatory Surgical Facility:

In-Network - 100% after \$100 co-pay\*

Out-of-Network - 80% of UCR after \$100 co-pay. (Does not count toward OOP maximum.)

(\*co-pay waived for radiation chemotherapy treatments and mammograms)

Emergency Room/Outpatient Hospital Professional Charges:

In-Network - 100% after \$100 co-pay\*

Out-of-Network – 80% after \$100 co-pay. For non-participating professional providers, 1<sup>st</sup> \$500 paid at 100% of UCR; balance paid at 80% if hospital is participating.

Inpatient Hospital Psychiatric: (Must be pre-certified by Intervention Strategies)

In-network – 100% for 120 days per calendar year, no deductible

Out-of-Network – 80% of UCR for 120 days per calendar year, no deductible. (Does not count toward OOP maximum.)

Outpatient Psychiatric: (Must be pre-certified by Intervention Strategies)

In-network – 100% after \$25 co-pay

Out-of-Network – 80% of UCR after \$100 co-pay if at a facility, 70% of UCR after deductible if at a doctor's office.

Hospice (Pre-cert Required):

In-Network - 100%

Out-of-Network – 100% of UCR

Physician Surgical and In-hospital Services:

In-Network - 100%

Out-of-Network - 70% of UCR after deductible

Physician Office or Home Visits:

In-Network - 100% after \$25 co-pay  
Out-of-Network - 70% of UCR after deductible

Home Health Care:

In-Network – 100%  
Out-of-Network – 70% of UCR after deductible

Skilled Nursing Facility:

In-Network Facility:

In-Patient – 100% no deductible applies  
Out-Patient – 100%, no deductible applies

In-Network Professional (Dr.):

In-Patient- 100%, no deductible applies  
Out-Patient– 100%, no deductible applies

Out of Network Facility:

In-Patient – 80% no deductible applies  
Out-Patient – 80%, no deductible applies

Out of Network Professional (Dr.):

In-Patient- 70%, deductible applies  
Out-Patient– 70%, deductible applies

1. MAX 120 days/calendar year combined in-patient physical rehab & skilled nursing
2. Out-patient has \$100 copay for all in-network and out of network facility claims
3. 20% participant co-insurance does not apply to the OOP max
4. Precertification is required

Private Duty Nursing:

In-Network – 100%, no deductible applies  
Out of-Network – 70%, deductible applies  
\$10,000 per benefit period combined with home health care benefit

Laboratory and Radiology Services:

In-Network - 100%  
Out-of-Network - 70% of UCR after deductible

Durable Medical Equipment:

In-Network - 80%  
Out-of-Network - 70% of UCR after deductible

Well Child Care Visits and Immunizations:

In-Network - 100%  
Out-of-Network – not covered

Routine Annual Physical Examinations: (for member and spouse only)

In-Network - 100% after \$25 co-pay  
Out-of-Network – not covered

Professional Claims for Allergy Injections, Allergy Testing, Chiropractic, Cardiac Rehab, Occupational Therapy, Speech Therapy and Physical Therapy:

In-Network - 100% after \$25 co-pay

Out-of-Network - 70% of UCR after deductible

**Prescription Card Program** (Global Pharmaceutical Benefits 1-800-341-2234)

**Retail – Up to 3 month supply**

Generic Drugs - \$10 co-pay

Preferred Brand Drugs - 50% co-pay (\$60 max)

Non-preferred Drugs – 50% co-pay (\$300 max)

**Walgreen/Duane Reade/Target Pharmacy Network – 30 day supply**

Generic Drugs - \$15 co-pay

Preferred Brand Drugs - 55% co-pay (\$150 max)

Non-preferred Drugs – 55% co-pay (\$350 max)

**CVS/Caremark Pharmacy Network – 30 day supply**

Generic Drugs - \$20 co-pay

Preferred Brand Drugs - 60% co-pay (\$150 max)

Non-preferred Drugs – 60% co-pay (\$350 max)

## **Benefit Maximums**

Home Health Care - 120 visits per year

Non-Hospital Nursing - \$10,000 per person per calendar year

Inpatient Days for Treatment of Mental Health – 120 in-patient days per calendar year all services combined (reduces days available for general conditions)

Inpatient Days for Substance Abuse Treatment – Not covered

Out of network drug testing is not covered

Outpatient Psychiatric Treatment – 40 visits per year

Outpatient Substance Abuse Treatment – **Not covered**

Supplemental Speech Therapy – 12 visits per year

Occupational/Physical Therapy – 36 visits per year

Cardiac Rehab – 30 visits per calendar year

Chiropractic/Acupuncture Care Limits:

In-network – 26 visits per person, 80 visits per family per calendar year

Out-of-network – 20 visits per person, 40 visits per family per calendar year

Wigs for Cancer Patients - \$500 per year (maintenance not included)

Surgery for Morbid Obesity - \$15,000 per person per lifetime (all inclusive); must be pre-certified.

Automobile Accident Maximum - \$1,500 per person per accident

Lifetime Major Medical Maximum - Unlimited

## **Pre-Certification Requirements**

All inpatient hospital stays must be pre-certified by **Blue Cross Blue Shield at 1-800-664-2583**.

BCBS must be contacted at least 24 hours prior to admission. Emergency admissions must be certified within 72 hours after hospital admission. Failure to contact BCBS about a hospital admission will result in one of the following:

1. If the admission would have been approved by BCBS as medically necessary, all benefits payable relating to the hospitalization will be subject to a 50% benefit reduction up to a maximum of \$500 or
2. Any admission that would not have been approved as medically necessary by BCBS, will not be a covered expense and the member or his dependent will be responsible for 100% of the non-covered charges.

**All treatment relative to mental/nervous conditions must be pre-certified by Intervention Strategies Employee Assistance Program at 1-800-663-0404. No benefits will be paid for treatment that is not pre-certified.**

### **For Claim or Benefit Information**

In-Network Providers: Please contact BC/BS directly.  
Members and Out-of-Network Providers: Please contact the IBEW Local 102 Claim Office (Fabian & Byrn) at 1-888-423-9102.

### **For Eligibility Information**

Please contact I. E. Shaffer & Co. at 1-800-792-3666.

### **Types of Plan “B” Benefits**

- ◆ Active and Retiree Death Benefits, Accidental Death and Dismemberment
- ◆ Medical
- ◆ Dental
- ◆ Vision
- ◆ Hearing
- ◆ Employee Assistance Program - pre-certification required for all treatment associated with mental/nervous and substance abuse treatment

### **Blue Cross Blue Shield Network Benefits**

	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
In-patient Hospital	100% for 180 days per calendar year	80% of UCR for 180 days per calendar year
Out-patient Hospital (Including ER)	100% after \$100 co-pay	80% of UCR after \$100 co-pay
Physician Services:		
In-Hospital	100%	70% of UCR after deductible
Office or Home	100% after \$25 co-pay	70% of UCR after deductible
Diagnostic X-ray and Lab	100%	70% of UCR after deductible

### **How To Find A Provider in the BC/BS Direct Access Managed Care Network**

- ◆ Call Blue Cross Blue Shield at 1-800-810-2583 and ask for providers in the Direct Access network
- ◆ Visit [www.HorizonBlue.com](http://www.HorizonBlue.com) and click Provider Directory. Look for Direct Access. If outside NJ, use “provider outside of NJ” tab, go to BlueCard and click on “Start Search”.
- ◆ Ask your physician, hospital, lab or other provider

**IBEW LOCAL UNION 102 WELFARE FUND**

**Schedule of Plan "B" Benefits**

**Effective May 1, 2019**

**BLUE CROSS BLUE SHIELD BLUE CARD PPO NETWORK**

**Death Benefits** (employees only)

Active - \$10,000

Retired - \$2,000

**Accidental Death and Dismemberment** - \$10,000 (active employees only)

**Basic Medicare Supplement Benefits** (retired employees only)

Medicare Part A and B deductibles

Medicare Part B Coinsurance

**Major Medical Benefits**

Deductible - \$400 per person, \$800 per family

Out-of-pocket (OOP) maximum - \$2,000 per individual, \$4,000 per family

Outpatient psychiatric and substance abuse benefits are never counted towards this out-of-pocket annual maximum. Out-of-pocket maximum is only applicable with respect to covered charges payable at 70%.

Inpatient Hospital:

In-Network - 100% for 180 days per calendar year, no deductible

Out-of-Network - 80% of UCR for 180 days per calendar year, no deductible. (Does not count toward OOP maximum.)

Outpatient Hospital Services & Ambulatory Surgical Facility:

In-Network - 100% after \$100 co-pay\*

Out-of-Network - 80% of UCR after \$100 co-pay. (Does not count toward OOP maximum.)

(\*co-pay waived for radiation chemotherapy treatments and mammograms)

Emergency Room/Outpatient Hospital Professional Charges:

In-Network - 100% after \$100 co-pay

Out-of-Network – 80% after \$100 co-pay. For non-participating professional providers, 1<sup>st</sup> \$500 paid at 100% of UCR; balance paid at 80% if hospital is participating.

Inpatient Hospital Psychiatric/Substance Abuse: (Must be pre-certified by Intervention Strategies)

In-network – 100% for 180 days per calendar year, no deductible

Out-of-Network – 80% of UCR for 180 days per calendar year, no deductible. (Does not count toward OOP maximum.)

Outpatient Psychiatric/Substance Abuse: (Must be pre-certified by Intervention Strategies)

In-network – 100% after \$25 co-pay

Out-of-Network – 80% of UCR after \$100 co-pay if at a facility, 70% of UCR after deductible if at a doctor's office.

Hospice (Pre-cert Required):

In-Network - 100%  
Out-of-Network – 100% of UCR

Physician Surgical and In-hospital Services:

In-Network - 100%  
Out-of-Network - 70% of UCR after deductible

Physician Office or Home Visits:

In-Network - 100% after \$25 co-pay  
Out-of-Network - 70% of UCR after deductible

Home Health Care:

In-Network – 100%  
Out-of-Network – 70% of UCR after deductible

Skilled Nursing Facility:

In-Network Facility:

In-Patient – 100% no deductible applies  
Out-Patient – 100%, no deductible applies

In-Network Professional (Dr.):

In-Patient- 100%, no deductible applies  
Out-Patient– 100%, no deductible applies

Out of Network Facility:

In-Patient – 80% no deductible applies  
Out-Patient – 80%, no deductible applies

Out of Network Professional (Dr.):

In-Patient- 70%, deductible applies  
Out-Patient– 70%, deductible applies

1. MAX 120 days/calendar year combined in-patient physical rehab & skilled nursing
2. Out-patient has \$100 copay for all in-network and out of network facility claims
3. 20% participant co-insurance does not apply to the OOP max
4. Precertification is required

Private Duty Nursing:

In-Network – 100%, no deductible applies  
Out of-Network – 70%, deductible applies  
\$10,000 per benefit period combined with home health care benefit

Laboratory and Radiology Services:

In-Network - 100%  
Out-of-Network - 70% of UCR after deductible

Durable Medical Equipment:

In-Network - 80%  
Out-of-Network - 70% of UCR after deductible

Well Child Care Visits and Immunizations:

In-Network - 100%

Out-of-Network – not covered

Routine Annual Physical Examinations: (for member and spouse only)

In-Network - 100% after \$25 co-pay

Out-of-Network – not covered

Professional Claims for Allergy Injections, Allergy Testing, Chiropractic, Cardiac Rehab, Occupational Therapy, Speech Therapy and Physical Therapy:

In-Network - 100% after \$25 co-pay

Out-of-Network - 70% of UCR after deductible

**Prescription Card Program** (Global Pharmaceutical Benefits 1-800-341-2234)

**Retail – Up to 3 month supply**

Generic Drugs - \$10 co-pay

Preferred Brand Drugs - 50% co-pay (\$60 max)

Non-preferred Drugs – 50% co-pay (\$300 max)

**Walgreen/Duane Reade/Target Pharmacy Network – 30 day supply**

Generic Drugs - \$15 co-pay

Preferred Brand Drugs - 55% co-pay (\$150 max)

Non-preferred Drugs – 55% co-pay (\$350 max)

**CVS/Caremark Pharmacy Network – 30 day supply**

Generic Drugs - \$20 co-pay

Preferred Brand Drugs - 60% co-pay (\$150 max)

Non-preferred Drugs – 60% co-pay (\$350 max)

**Vision Benefit**

Maximum payment is \$400 per person, \$1,000 per family per calendar year for expenses incurred for exams, lenses, frames, contacts and surgical procedures to correct nearsightedness and farsightedness.

**Hearing Benefit**

Hearing Aid and Exam - \$3,000 per person every 3 calendar years; no deductible or co-insurance.

**Benefit Maximums**

Home Health Care - 180 visits per year

Non-Hospital Nursing - \$10,000 per person per calendar year

Inpatient Days for Treatment of Mental Health and Substance Abuse – 180 in-patient days per calendar year for all services combined (reduces days available for general conditions). Out of network drug testing is not covered.

Inpatient Days for Substance Abuse Treatment - 30 days per calendar year, two times per lifetime

Outpatient Psychiatric and Substance Abuse Treatment – 40 visits per calendar year

Supplemental Speech Therapy – 12 visits per year

Occupational/Physical Therapy – 36 visits per year

Cardiac Rehab – 30 visits per calendar year

Chiropractic/Acupuncture Care Limits:

In-network – 40 visits per person, 120 visits per family per calendar year

Out-of-network – 26 visits per person, 80 visits per family per calendar year

Wigs for Cancer Patients - \$500 per year (maintenance not included)

Surgery for Morbid Obesity - \$15,000 per person per lifetime (all inclusive); must be pre-certified.

Automobile Accident Maximum - \$1,500 per person per accident

Lifetime Major Medical Maximum - Unlimited

### **Pre-Certification Requirements**

All inpatient hospital stays must be pre-certified by **Blue Cross Blue Shield at 1-800-664-2583**. BCBS must be contacted at least 24 hours prior to admission. Emergency admissions must be certified within 72 hours after hospital admission. Failure to contact BCBS about a hospital admission will result in one of the following:

1. If the admission would have been approved by BCBS as medically necessary, all benefits payable relating to the hospitalization will be subject to a 50% benefit reduction up to a maximum of \$500 or
2. Any admission that would not have been approved as medically necessary by BCBS, will not be a covered expense and the member or his dependent will be responsible for 100% of the non-covered charges.

**All treatment relative to mental/nervous and substance abuse conditions must be pre-certified by Intervention Strategies Employee Assistance Program at 1-800-663-0404. No benefits will be paid for treatment that is not pre-certified.**

### **For Claim or Benefit Information**

In-Network Providers:

Please contact BC/BS directly.

Members and Out-of-Network Providers:

Please contact the IBEW Local 102 Claim Office (Fabian & Byrn) at 1-888-423-9102.

### **For Eligibility Information**

Please contact I. E. Shaffer & Co. at 1-800-792-3666.

## DENTAL BENEFITS

### Included With Plan “B” Coverage Only

Provided by Horizon Blue Cross Blue Shield of New Jersey  
IBEW Local Union No. 102  
Group No. 76146

#### **How to lower your costs**

When you are treated by a dentist who participates with the Horizon Dental Option Network, you will save the most money. Participating dentists’ charges are at or below the maximum allowance. For services provided by a participating dentist, there is a 20 percent member responsibility for basic services, and 50 percent member responsibility for major services.

Nonparticipating dentists charge their normal fees, and you may be responsible for higher out-of-pocket costs. Payments to nonparticipating providers will be based on usual, customary and reasonable rates which may exceed the maximum allowance.

All major treatment **must** receive predetermination approval by Horizon Dental.

#### **How to find a participating dentist**

To find a participating dentist, please visit [HorizonBlue.com/directory](http://HorizonBlue.com/directory) and select the *Dentist* tab; or call Horizon Dental at **1-800-433-6825**.

#### **How to file a dental claim**

Please submit all dental claims for services received on or after January 1, 2014 to:

**Horizon Blue Cross Blue Shield of New Jersey**  
**PO Box 1311**  
**Minneapolis, MN 55440-1311**

#### **Questions?**

For Dental Customer Service, please call Horizon Dental at **1-800-433-6825**.

#### **Schedule of Benefits:**

Annual Maximum per Family	Plan B - \$5,000 per family per year
Annual Deductible	No Deductible
Preventive Services Covered at 100%	Cleanings & Periodic Exams – 3 times per year Fluoride – to age 19 years; once every 6 months Sealants – to age 14 years; once every 36 months; sound natural teeth only
Restorative Services Covered at 80%	Amalgam and Composite Extractions Root Canal Therapy Oral Surgery Dentures – 5-year replacement rule applies Fixed Bridgework – 5-year replacement rule applies
Major Services covered at 50%	Crowns/Inlays – 5-year replacement rule applies
Orthodontics covered at 50%	\$2,000 per dependent per lifetime – to age 19
Dental Implants	\$2,000 per person per year (effective 1/1/2017)

## **IBEW LOCAL UNION 102 PENSION FUND**

Effective January 1, 2017

### **Important Terms**

- ◆ Plan Year - Jan 1<sup>st</sup> to Dec 31<sup>st</sup>
- ◆ Pension Credit
  - For service after plan merger date (102 & 581–12/31/1994, 675-12/31/1999), 0.1 year of credit for each 120 hours of service up to a maximum of 1 year of credit for 1,200 hours.
  - For service prior to plan merger date, credit is based upon prior plans 102, 581 and 675.
- ◆ Vesting Service
  - For service after plan merger date (102 & 581–12/31/1994, 675-12/31/1999), 0.1 year of credit for each 120 hours of service up to a maximum of 1 year of credit for 1,000 hours.
  - For service prior to plan merger date, credit is based upon prior plans 102, 581 and 675.
- ◆ Repair Credits
  - Additional pension credit and vesting service can be earned after 12/31/1991 (12/31/1994 for 581 and 12/31/1999 for 675) to repair years after 12/31/1977 (12/31/1994 for 675) during which at least 0.1 but less than 1.0 pension credit and/or vested service was earned in accordance with the following schedule:

Hours of Service	Additional Credit For Plan Year
2,580 or over	0.9
2,460 – 2,579	0.8
2,340 – 2,459	0.7
2,220 – 2,339	0.6
2,100 – 2,219	0.5
1,980 – 2,099	0.4
1,860 – 1,979	0.3
1,740 – 1,859	0.2
1,620 – 1,739	0.1
under 1,620	0.0

- The following rules also apply:
  - additional pension credit and vesting service will not be applied to a participant's first year of employment.
  - additional pension credit and vesting service is only applied to prior plan years.
  - sum of pension credit earned in any plan year and additional credit subsequently earned and applied to that plan year shall not exceed 1.0.
  - sum of vesting service earned in any plan year and additional vesting service subsequently earned and applied to that plan year shall not exceed 1.0.
  - For participants of 262/675, both years in 1995 may be repaired thereby earning up to a maximum of 2 credits for the period 6/1/1994 – 12/31/1995.

- ◆ Vesting - 100% after 5 years vested service provided you worked one or more hours after 12/31/1996.
- ◆ Forfeiture - occurs if prior to becoming vested you incur a period of at least 5 consecutive 1 year breaks in service which in total equal or exceed your vested service.
- ◆ Break in Service - any plan year during which you do not earn any credited service.

**Types of Pension Benefits**

- ◆ Normal Retirement – payable at age 62 and 5 years of participation
- ◆ Early Retirement – payable at age 55 and at least 10 pension credits
- ◆ Disability Retirement – payable at any age with Social Security Disability and at least 10 pension credits provided at least 5 credits were earned in the 10 plan years immediately preceding the year of disability.

**Normal Retirement Benefits**

For employees who last earned pension credit after 1/1/2016 and retire on or after 1/1/2017:

A lifetime monthly benefit payable for life starting at normal retirement age equal to:

- ◆ \$95.00 per month times pension credits earned after 12/31/1999, plus
- ◆ The following benefit rate times pension credits earned before 1/1/2000:

Prior Plan	Monthly Benefit Rate
102	\$95.00
581	95.00
675	81.70

- ◆ In addition, Prior Plan 675 participants will receive an additional \$.75 for each year of voluntary contributory service prior to June 1, 1980 in the former 262 Plan.
- ◆ If employee incurs a 2 year break in service and subsequently earns at least 1 pension credit, pension amount is determined on a pro rata basis as follows:

Pension credits earned before break in service times the benefit rate in effect prior to break, plus pension credits earned after break in service times the benefit rate in effect after break.

**Early Retirement Benefits**

Same as Normal Retirement amount reduced by 3/10% (.003) for each month that you retire prior to age 62. For example, at age 60 your benefit would be reduced by 7.2%. At age 58 your benefit would be reduced by 14.4%. At age 55 your benefit would be reduced by 25.2%.

Plus, a supplemental benefit payable between the ages of 55 and 62 equal to your early retirement benefit determined above (but not more than the lesser of \$1,500 or \$45,000 divided by the number of months the supplemental benefit will be paid) provided you earned pension credit in the plan year prior to or of retirement, and are at least age 55 and have 20 or more pension credits or at least age 60 and have 15 or more pension credits. Former Local 675 participants who elect a lump sum payment for their Local 675 credits are not eligible for the supplemental pension unless they satisfy the service requirements above based on their post-merger credits (credits earned after 12/31/1999). **The supplemental benefit is not payable after your return to work and subsequent retirement.**

## Disability Retirement Benefits

Same as Normal Retirement amount with no reduction for early retirement and no supplemental benefit between the ages of 60 and 62. The minimum disability pension is \$1,900.00 per month for employees who earned pension credit after 1/1/2016 and retire on or after 1/1/2017. 2 year break rule described under Normal Retirement not applicable.

### Forms of Payment (applicable reduction)

- ◆ Life Annuity with 120 payments guaranteed – (no reduction) - available for disability
- ◆ Spouse’s Joint and 50% to Survivor (5% reduction if spouse’s age is within 5 years) - available for disability with 8.5% reduction
- ◆ Spouse’s Joint and 75% to Survivor (10% reduction if spouse is same age) - available for disability with 13.5% reduction
- ◆ Spouses’ Joint and 100% to Survivor (15% reduction if spouse is same age) – **not available for disability**
- ◆ Lump sum – Only available to former 675 participants for service earned prior to 1/1/2000. Value based on your monthly benefit at \$77.00 rate, your age, and current interest rates – **not available for disability**

### Return to Work Rules

- ◆ Permitted to work up to 39 hours per month and still collect a pension. Age 70 ½ - no limit.
- ◆ Hours of service worked during a month in which less than 40 hours of service are worked shall not be used to earn additional pension credit.

## Pre-Retirement Death Benefits

### Single Employee With At Least 2 But Less Than 10 Pension Credits

- \$3,000 times your pension credits payable in a lump sum, and
- A lump sum death benefit of \$10,000.

### Single Employee With At Least 10 Pension Credits

- A monthly pension payable for 120 months, beginning on the first of the month following your death, equal to your normal retirement pension reduced for years of pension credit less than 20 by the percentages below:

Total Years of Pension Credit	Benefit Amount as % of Normal Pension
20 to 30	100
19	95
18	90
17	85
16	80
15	75
14	70
13	65
12	60
11	55
10	50

- And, a lump sum death benefit of \$10,000.

**Married Non-Vested Employee With At Least 2 Pension Credits**

- \$3,000 times your pension credits payable in a lump sum, and
- A lump sum death benefit of \$10,000.

**Married Employee With A Non-Forfeitable Right**

- Lifetime monthly benefit payable to your spouse, beginning on the latter of the first of the month in which you would have attained age 55 or the first of the month following your date of death equal to one-half of the amount you would have received had you retired on the first of the month following your date of death and selected the Joint and 50% to Survivor form of payment, or
- \$3,000 times your pension credits payable in a lump sum, or
- A monthly pension payable for 120 months, beginning on the first of the month following your death, equal to your normal retirement pension reduced for years of pension credit less than 20 by the percentages below:

Total Years of Pension Credit	Benefit Amount as % of Normal Pension
20 to 30	100
19	95
18	90
17	85
16	80
15	75
14	70
13	65
12	60
11	55
10	50

- And, a lump sum death benefit of \$10,000.

**Post Retirement Death Benefits**

- ◆ Continuation of monthly benefit based upon form of payment elected at retirement, and
- ◆ A lump sum death benefit of \$2,000.

## **IBEW LOCAL UNION 102 SURETY FUND**

Effective January 1, 2018

### **Your Account Balance is Equal to:**

- ◆ Employer Contributions, plus
- ◆ Investment Earnings, less
- ◆ Withdrawals, less
- ◆ Expenses

### **Types of Surety Benefits**

- ◆ Retirement – payable if age 55 and retired from the Industry.
- ◆ Disability – payable if totally and permanently disabled.
- ◆ Termination – payable if no covered employment over 30 consecutive days.
- ◆ Death - payable upon death.
- ◆ Financial Hardship - If you have an individual account, you may apply for a financial hardship distribution. All distributions will be limited to the amount of money actually required for the purpose indicated below, but not more than the value of your account. No more than one financial hardship distribution is permitted during a 12 month period.
  - Medical expenses of at least \$1,000 incurred by you or your spouse, dependent child, parent or grandchild which have not be reimbursed by benefits payable from the IBEW Local 102 Welfare Fund.
  - Tuition expenses for you, your spouse or dependent child to attend an educational institution above the high school level or a school for handicapped children. A series of payments may be obtained over several years in order to meet ongoing tuition needs.
  - Purchase of a home, cooperative or condominium apartment for your principal residence for which you have incurred down payment, contract and title expenses.
  - To prevent foreclosure or eviction from your principal residence.
  - Funeral expenses incurred due to the death of your spouse, child or parent.
  - Expenses incurred for the purchase of vehicular transportation used principally for employment purposes.
  - Expenses incurred in connection with credit card expenses and/or consumer bank debt.

## **Forms of Payment**

- ◆ Lump Sum
- ◆ Periodic installments over a period not to exceed your life expectancy
- ◆ Combination lump sum and periodic installments
- ◆ Joint and survivor annuity

## **Federal and State Income Taxes**

- ◆ Surety benefits are subject to federal and state income taxes.
- ◆ Mandatory 20% withholding applies to all payments (excluding hardships) made over less than 10 years.
- ◆ 10% IRS penalty applies if you are not 59½ or 55 and separated from service.
- ◆ May qualify for rollover treatment.

## **Investment Choices:**

- ◆ Guaranteed Long-Term Account
- ◆ PGIM Fund (Core Bond Enhanced Index)
- ◆ PGIM Fund (Government Securities)
- ◆ Prudential Fund (High Yield Bond)
- ◆ IBEW Local 102 Balanced Fund (if you make no election your account will be invested here)
- ◆ Wellington Management Fund (Large Cap Value)
- ◆ Dryden S&P 500 Index Fund (Large Cap Blend)
- ◆ MFS Fund (Large Cap Growth)
- ◆ IBEW Local 102 Mid Cap Blend Fund (Mid Cap Stock – Blend)
- ◆ Kennedy Capital Fund (Small Cap Stock - Value)
- ◆ Times Square Fund (Small Cap Stock – Growth)
- ◆ Lazard Fund (International Stock - Blend)

Investment earnings credited daily. Investment elections may be changed daily. Participants may take an asset allocation course provided by Prudential Retirement at [www.prudential.com/signature/th](http://www.prudential.com/signature/th). The password is “102”.

Access to your account with your PIN 24 hours a day, 7 days a week – (877) PRU-2100 (toll-free) or [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).