IBEW LOCAL UNION 400 WELFARE, PENSION, ANNUITY & SUPPLEMENTAL BENEFIT FUNDS

QUICK REFERENCE GUIDE

FOR TIER I EMPLOYEES

EFFECTIVE: APRIL 1, 2019

Important Notice: This is an outline of the principal plan provisions of the I.B.E.W. Local Union 400 Welfare, Pension, Annuity and Supplemental Benefit 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 400 WELFARE FUND

Effective January 1, 2015

INTIAL ELIGIBILITY

You will become eligible for Tier I benefits on the first day of the month that follows an employment period of not more than 3 consecutive months during which you have been credited with 440 hours of service provided your employment has been in a category contributing at the "A" rate for journeymen electricians. If your employment has been in a category contributing at less than the "A" rate for journeymen electricians, you will be eligible for Tier II benefits. Upon satisfying this requirement, you will remain eligible for at least three months.

You Will Become	If You Have
Eligible On:	**440 Hours During the Prior:**
January 1	October through December
February 1	November through January
March 1	December through February
April 1	January through March
May 1	February through April
June 1	March through May
July 1	April through June
August 1	May through July
September 1	June through August
October 1	July through September
November 1	August through October
December 1	September through November

CONTINUED ELIGIBILITY AND TERMINATION

To continue your eligibility after satisfying the initial requirement, you must have at least 320 hours of service each calendar quarter. Your eligibility will terminate on the last day of the second month following the calendar quarter during which you fail to receive credit for at least 320 hours.

Your Eligibility Will	If You Do Not Have 320 Hours
Terminate On:	**During the Preceding:**
February 28	October through December
May 31	January through March
August 31	April through June
November 30	July through September

UPGRADE TO TIER I BENEFITS

As of January 1st of each year, if you are eligible for Tier II benefits but not for Tier I benefits, you may elect to make additional contributions on your own behalf so as to qualify for Tier I benefits for the remainder of that calendar year. The required additional contribution to qualify for Tier I benefits is equal to $21,598.00 less the employer contributions actually made on your behalf for the immediately preceding calendar year. Each year the Fund Office will provide a general notice to each employee covered under Tier II advising them of their right to upgrade to Tier I. If Tier I coverage is desired, you may request an exact calculation of the amount due and the required additional contribution must be paid within 30 days of your being notified by the Fund Office.

DOWNGRADE TO TIER II BENEFITS

If you are covered under Tier I and accept employment in a category contributing less than the "A" rate for journeymen electricians, your coverage will be reduced to Tier II on the first day of the month following three consecutive months of such employment. Coverage will be restored to Tier I on the first day of the month following three consecutive months of employment in a category contributing at the "A" rate for journeymen electricians.

RESERVE HOURS

Hours of service in excess of 400 during a calendar quarter will be placed in a reserve and will accumulate up to a maximum of 1,000 hours. This reserve will be drawn upon to maintain your eligibility if you should fail to receive credit for at least 320 hours of service during a subsequent calendar quarter provided you are available for work under a Local 400 Collective Bargaining Agreement requiring contributions to this Fund.

DISABILITY CREDIT

After having satisfied the eligibility requirements, if you are totally disabled unable to work as an electrician because of illness or injury, your eligibility will be continued for as long as you remain totally disabled but not more than 24 months. To be considered totally disabled, you must be under the care of a legally qualified physician and supply proof that you continue to be totally disabled with such proof required at reasonable intervals by the Plan.

REINSTATEMENT

Should your eligibility terminate, it will be reinstated provided you are credited with at least 320 hours of service during a calendar quarter which ends within 10 months after your eligibility terminated. Hours of service worked during the calendar quarter immediately preceding your termination date, plus any accumulated reserve hours, will be applied towards this 320 hour requirement. Your eligibility will reinstate on the first day of the second month following that calendar quarter during which you meet this 320 hour requirement. If you do not satisfy this reinstatement provision, you will be treated as a new employee and will be subject to the 440 hour requirement for initial eligibility outlined above.

Termination Date:	**Period of Time to Work a Total of 320 Hours (Plus any Remaining Reserve Hours) To Reinstate:**
February 28 (29)	October 1 of the prior year – December 31
May 31	January 1 – March 31 of the next year
August 31	April 1 – June 30 of the next year
November 30	July 1 – September 30 of the next year

Your eligibility will reinstate on the first day of the second month following that calendar quarter during which you meet this 320 hour requirement.

If You Are Credited with Your Required 320th Hour to Reinstate Between:	**Your Eligibility Will Reinstate On:**
January 1 – March 31	May 1
April 1 – June 30	August 1
July 1 – September 30	November 1
October 1 – December 31	February 1

NON-BARGAINING EMPLOYEES

If you are a non-bargaining employee of an eligible participating employer, you will become eligible on the first day of the fourth month following your employment. Your eligibility will terminate on the last day of the month, which follows the month for which your employer last makes required contributions.

RETIREE ELIGIBILITY

Following your retirement, you and your dependent spouse will be eligible for retiree benefits provided all the following requirements are satisfied:

- You are eligible as an active employee at the time of your retirement.
- You have attained age 55 or are totally and permanently disabled.
- You have earned at least 25 years of Credited Service under the IBEW Local Union 400 Pension Plan (15 years if you are receiving a disability retirement pension benefit), with at least 5 years of Credited Service earned during the 10 plan years immediately preceding your retirement (not applicable to non-bargaining employees).
- You will be eligible for Tier I benefits provided you have been eligible for Tier I benefits as an active employee for at least 20 of the 40 quarters immediately preceding your retirement. Otherwise, you will be eligible for Tier II benefits.
- You make the required contributions in the amount established by the Trustees. If you qualify for Tier I benefits and have not attained age 62, the required contribution is $800 per month. Between the age of 62 and 64, the required contribution for Tier I benefits is 15% of your monthly pension, up to a maximum of $300 per month. After attaining age 65, the required contribution for Tier I benefits is equal to 10% of your monthly pension benefit up to a maximum of $200 per month. If you qualify for Tier II benefits and have not attained age 62, the required contribution is $540 per month. Between the age of 62 and 64, the required contribution for Tier II benefits is 15% of your monthly pension, up to a maximum of $300 per month. After attaining age 65, the required contribution for Tier II benefits is equal to 10% of your monthly pension benefit up to a maximum of $200 per month. If you fail to make the required contributions at any time, you will not be able to reinstate your eligibility for benefits on a later date.

COVERAGE FOR DEPENDENT CHILDREN OF RETIREES

Single or married retirees with children must pay an additional $675 per month to cover one or more of their dependent children.

ELIGIBILITY – DEPENDENTS OF DECEASED EMPLOYEES

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

1. The last day of a period of 6 months following your death or to the extent that your reserve hours are sufficient to maintain your eligibility, whichever is longer.
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 contained in the plan of benefits.

WAIVER OF RETIREE COVERAGE

In order to be eligible for coverage through the Welfare fund as a retired participant, you are required to make monthly contributions in amounts established by the Trustees. Some retirees are eligible for other group health insurance coverage through the employment of their spouse or their own employment. Retirees are allowed to temporarily waive their coverage under the IBEW Local 400 Welfare Fund with a one-time opportunity to re-enter the Plan on a subsequent January 1st. During the period of time that coverage is waived, no contributions will be collected.

Please contact the Fund Office for more information regarding this waiver.

CONTINUATION UNDER COBRA:

If you fail to satisfy the above requirements and lose eligibility, you and your dependents may continue coverage under COBRA for up to 18 months (29 months if you are totally disabled). If your dependent loses eligibility due to your death, divorce or legal separation, or your child ceasing to satisfy the definition of an eligible dependent, they may continue coverage under COBRA for up to 36 months. If your spouse loses eligibility due to your death, self-pay continuation of coverage is available for an indefinite period of time at the current COBRA rates. Persons eligible under Tier I may elect to continue coverage under either Tier I or Tier II. The current monthly rates for the Tier I and Tier II plans under COBRA are:

	Tier I	Tier II
Family	$1,350.00	$1,012.50
Parent/Child(ren)	$1,012.50	$ 759.38
Single	$ 675.00	$ 506.25

TYPES OF BENEFIT PLANS OFFERED BY THE WELFARE FUND

- **Life Insurance**
  - Active employees – $10,000
  - Retired employees - $2,000

- **Accidental Death and Dismemberment**
  - Active employees - $10,000
  - Retired employees - $2,000

- **Medical** – See following pages for plan information

- **Prescription** – See following pages for plan information

- **Dental** – See following pages for plan information

- **Vision** – See following pages for plan information

- **Employee Assistance Program** - Pre-certification required for all in-patient treatment associated with mental/nervous and substance abuse treatment

- **Medicare Supplement** – Fund pays as supplement to Medicare at 100% with no deductible and no out-of-pocket maximum.

IBEW LOCAL UNION 400 WELFARE FUND

TIER I - SCHEDULE OF BENEFITS

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY DIRECT ACCESS NETWORK
EFFECTIVE DATE: APRIL 1, 2019

MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**
ANNUAL DEDUCTIBLE		
(Calendar Year)		
Individual	$0	not covered
Family	$0	not covered
ANNUAL OUT-OF-POCKET MAXIMUM – In Network Only		
(Copays, deductibles, and coinsurance count towards this out-of-pocket limit).		
The annual out-of-pocket maximum for self-only coverage applies to all individuals, including those enrolled in family coverage. An individual's out-of-pocket maximum is embedded in the family's out-of-pocket maximum.		
Individual	$2,500	unlimited
Family	$5,000	unlimited

***Medicare Eligible Plan Participants** – Fund pays as a supplement to Medicare at 100% with no deductible and out-of-pocket maximum. Please note that Medicare eligible participants (with the exception of those that are still either actively employed or the dependents of active employees) must enroll in Medicare Parts A & B. The Welfare Fund will enroll these individuals in its own Medicare Part D plan.

LIFETIME MAXIMUM	unlimited	unlimited
DOCTOR'S OFFICE VISITS		
Primary Care Office Visit	100% after $30 co-pay	not covered
Specialist Office Visit	100% after $30 co-pay	not covered
Maternity Visits	100% after $30 co-pay (applies to 1st visit only)	not covered
PREVENTATIVE CARE (as defined by the Patient Protection and Affordable Care Act)	100% coverage	not covered
DIAGNOSTIC PROCEDURES		
Laboratory	100% coverage	not covered
Radiology	100% coverage	not covered

*Out-of-network tests are not covered except for services rendered by hospital based pathologists and radiologists at in-network hospitals. $20 co-pay if performed in doctor's office

	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL CARE		
Inpatient Admission	100% coverage	not covered
Inpatient Physician Services	100% coverage	not covered
Surgery in Hospital	100% coverage	not covered
Outpatient Hospital Services	100% coverage	not covered
EMERGENCY CARE		
Emergency Room	100% after $200 copay	100% after $200 copay
*This copay is waived if admitted		
Ambulance	100% coverage	100% coverage
*Covers transport from point where stricken to nearest hospital that can provide treatment)		
Urgent Care Center	100% after $30 co-pay	not covered
OUTPATIENT SURGERY		
Hospital Outpatient Surgery	100% coverage	not covered
Surgery in Ambulatory SurgiCenter	100% coverage	not covered
MENTAL HEALTH		
Office Visit	100% after $30 co-pay	not covered
Inpatient	100% coverage	not covered
*Inpatient requires pre-certification and includes intensive outpatient and sub-acute partial hospitalization		
SUBSTANCE/ALCOHOL ABUSE		
Office Visit	100% after $30 co-pay	not covered
Inpatient	100% coverage	not covered
*Inpatient requires pre-certification and includes intensive outpatient and sub-acute partial hospitalization		
OTHER SERVICES		
Chiropractic Care Visit	100% after $30 co-pay	not covered
*Up to 30 visits per person or 40 visits per family per calendar year		
Home Health Care Services	100% coverage	not covered
*Maximum 200 visits per calendar year, 4 hours=1 visit, no custodial care		
Hospice Services	100% coverage	not covered
*For outpatient –maximum 120 visits per calendar year. Excludes respite care, pastoral care and counseling		
Skilled Nursing Care		
Inpatient	100% coverage	not covered
Outpatient (at home)	100% coverage	not covered
Outpatient (at facility)	100% coverage	not covered
*Maximum 120 days per calendar year. Medical treatment only		

	IN-NETWORK	OUT-OF-NETWORK
All Other Covered Medical Services	100% coverage	not covered

Pre-Certification Requirements

All in-patient hospital stays must be pre-certified by **Horizon at 1-800-664-BLUE (2583)**. Emergency admissions must be certified within 72 hours after hospital admission. No benefits will be paid for treatment that is not pre-certified.

All in-patient treatment relative to mental/nervous and substance abuse conditions must be pre-certified by the **Employee Assistance Program at 1-800-527-0035** rather than Horizon Blue Cross Blue Shield. No benefits will be paid for treatment that is not pre-certified.

Prior Authorization Requirements

Effective April 1, 2019 all participants will need prior authorization for the following services/procedures:

a. Diagnostic Radiology:
- Advanced Imaging (e.g. CT scan, CTA, CCTA, MRA, MRI, Nuclear Medicine, PET Scans)

b. Musculoskeletal:
- Intervention Pain Management (e.g. Epidural Injections)
- Spine Surgery (e.g. Decompressions and Fusions)

c. Cardiology:
- Advanced Imaging and Diagnostic Services (e.g. Stress Test, Echocardiogram, CT, MRI)
- Implantable Device Services (e.g. Pacemaker, Implantable Defibrillator)

d. Radiation Therapy:
- External Beam Radiation Therapy
- Brachytherapy
- Intensity Modulated Radiation Therapy
- Image Guided Radiation Therapy
- Stereotactic Radiosurgery
- Proton Therapy

- Tomotherapy
- Radiopharmaceuticals

In addition to the pre-certification requirements above performed by Evicore, the following will require pre-certification by **Horizon**:

- Air Ambulance
- Gastric Bypass Procedure(s)

If you have Medicare or other insurance which is primary, pre-certification requirements do not apply. Your doctor's office will work directly with Horizon and Evicore to obtain prior authorizations when applicable. The phone number for Evicore for prior authorizations is (800)496-6200 and will be included on the back of your new Horizon medical ID card.

In-Network Only

The medical coverage provided under the Plan is **in-network only**. The Plan does not provide out-of-network coverage for providers who do not participate in the HORIZON DIRECT ACCESS NETWORK. The only exception is "***emergency***" treatment rendered by an out-of-network provider with "***emergency***" defined as the sudden onset of an illness or injury where the symptoms are of such severity that the absence of immediate medical attention could reasonably result in:

- Placing the covered person's life in jeopardy, or
- Causing other serious medical consequences, or
- Causing serious impairment to bodily functions, or
- Causing serious dysfunction of any bodily organ or part.

How to Find a HORIZON Blue Cross Blue Shield of NJ Healthcare Provider

- Ask your physician, hospital, lab or other provider
- Horizon's website at www.horizonblue.com
- Call Horizon at 1-800-810-BLUE (2583)
- Call I.E. Shaffer & Co. at 1-800-792-3666

PRESCRIPTION DRUG BENEFIT – for Actives and Non-Medicare Eligible Retirees
WELLDYNE RX

Retail Prescriptions*

(Mandatory generic substitution) –up to 30 day supply

Generic Drugs – $3 co-payment
Preferred Brand Name Drugs – 20% co-payment, max. $150
Non-Preferred Brand Name Drugs – 50% co-payment
Specialty Drugs – Preferred – 20% co-payment, max. $200
Non-Preferred – 20% co-payment, max. $250
Annual co-pay limit is $2,500 for specialty medications

Mail Order Prescriptions*

(Mandatory generic substitution) –up to 90 day supply

Generic Drugs – $6 co-payment
Preferred Brand Name Drugs – 20% co-payment, max. $300
Non-Preferred Brand Name Drugs – 50% co-payment

*After $4,100 per person or $8,200 per family of out-of pocket prescription expenses during a calendar year, there will be no co-payments required for the remainder of the year. If a name brand drug with a FDA approved generic is requested, the total co-pay will be the generic co-pay plus the difference in cost between the brand and generic medications. This penalty is not subject to the maximum co-pay limitations. The annual out-of-pocket maximum for self-only coverage applies to all individuals, including those enrolled in family coverage (an individual's out-of-pocket maximum is embedded in the family's out-of-pocket maximum).

PRESCRIPTION DRUG BENEFIT – for Medicare Eligible Retirees

Please call LABOR FIRST at 1-866-302-7770 with any questions about Medicare Part D Prescription Benefits

Retail Prescriptions

Group Medicare Part D Plan from Labor First

Maximum 30 day supply

- Generic Drugs - $3 co-payment
- Preferred Brand Name Drugs – 20% co-payment, max. $150
- Non-Preferred Brand Name Drugs – 50% co-payment
- Specialty Drugs – 20% co-payment, max. $200

Maximum 90 day supply

- Generic Drugs - $6 co-payment
- Preferred Brand Name Drugs – 20% co-payment, max. $300
- Non-Preferred Brand Name Drugs – 50% co-payment

Mail Order Prescriptions

Group Medicare Part D Plan from Labor First

Maximum 90 day supply

- Generic Drugs – $6 co-payment
- Preferred Brand Name Drugs – 20% co-payment, max. $300
- Non-Preferred Brand Name Drugs –50% co-payment

Understanding the Prescription Drug Formulary

The drug formulary utilized by the Welfare Fund is a list of medications published by the Welfare Fund's Pharmacy Benefit Managers. Medications on the list fall into one of the four categories:

Generic Drugs – An FDA approved drug, composed of virtually the same chemical formula as a brand-name drug.

Preferred Brand Name - If a generic medication is not available for your condition, your doctor may prescribe a brand-name medication. Preferred Brand Drugs have been evaluated by physicians and pharmacists at the Pharmacy Benefit Manager and are deemed to be the most cost-effective way to treat a specific condition. These are covered at a slightly higher cost to you than generic drugs but at a lesser cost than the Non-Preferred Brand Drug.

Non-Preferred Brand Drugs - In the event you require a prescription medication that is neither generic nor on the Preferred Brand Drug list, you will pay the highest out-of pocket cost for a Non-Preferred Brand Drug.

Specialty Drugs – Prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

DENTAL BENEFIT

Two options, annual election effective January 1st of each year:

Dental Services Organization (DSO) dental plan under which all treatment is be provided at Eastern Dental offices located in New Jersey. Features of the DSO dental plan include:

- No annual benefit maximum
- No patient paid expenses with the exception of a 24 month maximum for orthodontics of:
    - $500 for children
    - $1,250 for adults
- No need to submit claim forms

OR

In lieu of the DSO dental plan, participants may elect on an annual basis the standard dental plan with benefits payable at 100%, up to an annual maximum of $725/family. Orthodontia counts towards this maximum.

VISION BENEFIT

Maximum benefit payable once every calendar year

Up to $300 per person towards eye exam and glasses/contacts combined

WELFARE FUND BENEFIT PLAN MAXIMUMS

Annual In-Network Medical Maximum Out-of-Pocket Limit-$2,500 person/$5,000 family
(Co-pays, deductibles and co-insurance count towards this out-of-pocket limit)

Annual Prescription Maximum Out-of-Pocket Limit - $4,100 person/$8,200 family
(Prescription co-pays count towards this limit)
For active employees and non-Medicare eligible retired employees only

Motor Vehicle Exclusion – no coverage for medical expenses arising due to an automobile or other motor or recreational vehicle related accident (e.g. automobiles, motorcycles, jet skis, all-terrain vehicles, etc.)

Home Health Care Maximum - 200 visits per calendar year, 4 hours = 1 visit, no custodial care covered

Hospice Care Maximum – 120 visits per calendar year, excludes respite care, pastoral care and counseling

Skilled Nursing Care Maximum – 120 days per year. Medical treatment only

Supplemental Speech Therapy Maximum – 50 visits per person per calendar year, up to $50 per visit

Chiropractic Care Maximum – 30 visits per person or 40 visits per family per year

Annual DSO Dental Maximum - unlimited

Annual Standard Dental Plan Maximum - $725 per family

Standard Orthodontia Maximum - $725 per family (counts towards annual dental maximum)

Annual DSO Dental Plan Maximum – unlimited

Lifetime maximum for surgical procedures performed to correct myopia (near-sightedness) or hyperopia (far-sightedness) - $2,000 per person

Medical Benefit Lifetime Benefit - unlimited

IBEW LOCAL UNION 400 PENSION FUND

Effective April 1, 2017

IMPORTANT TERMS

- Plan Year - April 1st to March 31st
- Credited Service
  - For service after 4/1/69, 1/10th year of credit for each 100 hours of service up to a maximum of 1 year of credit for 1,000 hours.
  - For service from 4/1/61 to 3/31/69, 1 year of credit for each plan year that you were credited with at least 500 hours.
  - For service from 2/1/62 to 3/31/69 under Local 516, 1/10th year of credit for each 100 hours of service up to a maximum of 1 year of credit for 1,000 hours.
  - For service prior to 4/1/61 (or 2/1/62 in the case of Local 516), 1 year of credit for each plan year that you were employed under the Union.
- Vested Service - same as Credited Service.
- Vesting - 100% after 5 years vested service.
- 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 at least ½ year of credited service.

TYPES OF PENSION BENEFITS

- Normal Retirement – payable at age 65 and 5 years of participation
- Early Retirement – payable at age 55 and 10 years of credited service.
- Disability Retirement – payable at any age with Social Security Disability, and 5 years of credited service including 5 years in the last 10.

NORMAL RETIREMENT BENEFITS

A lifetime monthly benefit payable for life starting at normal retirement age equal to $92.50 per month for each year of credited service ($30 per month for teledata, sign employees, BA maintenance and fixture maintenance employees).

EARLY RETIREMENT BENEFITS

Same as Normal Retirement amount reduced by 1/6% for each month that you retire prior to age 65. For example, at age 60 your benefit would be reduced by 10%. At age 58 your benefit would be reduced by 14%. At age 55 your benefit would be reduced by 20%.

Plus, a monthly supplement of $1,700, payable between the ages of 55 and 62, provided you have been credited with at least 25 years of credited service (including 5 years in the last 10) as an inside or outside wireman; or $793 per month if you have 20 to 24 years of credited service (including 5 years in the last 10); or $567 per month if you have 10 to 19 years of credited service (including 5 years in the last 10).

DISABILITY RETIREMENT BENEFITS

Same as Normal Retirement amount with a minimum monthly benefit of $800 ($257.50 for sign employees and $140.00 for maintenance employees) with no reduction for early retirement and no supplemental benefit between the ages 55 and 62.

FORMS OF PAYMENT Note: All forms are not available for disability retirement

- Life Annuity with 60 payments guaranteed
- Full Annuity with 120 payments guaranteed
- Full Annuity with 180 payments guaranteed
- Full Annuity with 240 payments guaranteed
- Spouse's Joint and 50% to Survivor with pop-up
- Spouse's Joint and 75% to Survivor with pop-up
- Spouses' Joint and 100% to Survivor with pop-up

PRE-RETIREMENT DEATH BENEFITS

Non Vested Employee With 5 Years of Credited Service With at Least 3 Earned in Last 5 Years

- ◊ $2,500 times your years of credited service, max. $87,500, payable in a lump sum.

Vested Employee Under Age 55

- ◊ Lifetime benefit payable to your spouse, beginning when you would have reached age 55, equal to 50% of the amount you would have received had you retired at age 55 and elected the spouse's joint and 50% to survivor option, or
- ◊ $2,500 times your years of credited service, max. $87,500, payable in a lump sum.

Vested Employee Over Age 55

- ◊ Lifetime benefit payable to your spouse, equal to 50% of the amount you would have received had you retired and elected the spouse's joint and 50% to survivor option, or
- ◊ 60 monthly payments equal to the pension benefit you would have received had you retired.

POST RETIREMENT DEATH BENEFITS

- ♦ Continuation of monthly benefit based upon form of payment elected at retirement.

IBEW LOCAL UNION 400 ANNUITY FUND

Effective January 1, 2017

YOUR ACCOUNT BALANCE IS EQUAL TO:

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

TYPES OF ANNUITY BENEFITS

- Retirement – payable if age 55 and retired from the Industry.

- Disability Retirement– payable if totally and permanently disabled for at least 6 months.

- Partial Termination – 50% of your account balance payable if no covered employment over 15 consecutive days, but not more than two times in a calendar year.

- Full Termination –100% of your account balance payable if no covered employment over 24 consecutive months.

- Death - payable upon death.

- Participant Loans - available provided you have had an account balance for at least 3 years and is limited to 50% of your account balance or $50,000, whichever is less. Loans are available for the following purposes:

    - Medical expenses of at least $500 incurred by you, your spouse, or dependent child that have not been reimbursed by insurance.
    - Tuition and/or room and board expenses for you, your spouse or dependent child to attend and educational institution above the high school level or a school for handicapped children.
    - Purchase of a home, cooperative or condominium apartment for your principal residence for which you have incurred down payment, contract or title expenses.
    - Funeral expenses incurred due to the death of your spouse, child or parent or spouse's parent.
    - Unpaid mortgage payments for a primary residence due to financial hardship.
    - Expenses due to being disabled for at least 14 consecutive days (not to exceed the New Jersey State disability benefit amount).

- ◊ Home improvement to your primary residence of at least $5,000.
- ◊ Wedding expenses of at least $5,000.

FORMS OF PAYMENT

- ♦ Lump Sum (available for retirement, disability, partial termination, or full termination if no covered employment over period of 24 consecutive months or if account balance is less than $10,000)
- ♦ Fixed or variable life annuity
- ♦ Combination lump sum and fixed or variable life annuity
- ♦ Joint and survivor life annuity (50% or 100%) with or without 120 payments guaranteed

FEDERAL AND STATE INCOME TAXES

- ♦ Annuity benefits are subject to federal and state income taxes.
- ♦ Mandatory 20% withholding applies to all payments made over less than 10 years.
- ♦ 10% IRS penalty applies if you are not 59½ or 55 and retired.
- ♦ May qualify for rollover treatment.

INVESTMENT CHOICES

- ♦ Current Interest Rate Account
- ♦ Franklin US Government Securities Fund A
- ♦ Prudential Asset Allocation Fund Z
- ♦ JPMorgan SmartRetirement: Income, 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060 (default choice if you make no election)
- ♦ Federated Strategic Value Dividend Fund
- ♦ Vanguard Value Index Signal
- ♦ Prudential Jennison Equity Opportunity Fund Z
- ♦ Prudential Stock Index Fund
- ♦ Prudential Jennison Growth Fund Z
- ♦ BlackRock Mid-Cap Growth Fund
- ♦ QMA Mid Cap Index Fund
- ♦ MFS Utilities Fund A
- ♦ INVESCO International Growth Fund
- ♦ Vanguard Developed Markets Index Fund
- ♦ Vanguard Growth Index Admiral Fund

Investment earnings credited daily. Investment elections may be changed daily.

Access your Prudential account with your PIN 24 hours a day, 7 days a week – (800) 562-8838 (toll-free) for information or (800) 826-5064 to make fund transfers.

IBEW LOCAL UNION 400 SUPPLEMENTAL BENEFIT FUND

Effective June 1, 2018

YOUR ACCOUNT BALANCE IS EQUAL TO:

- Employer Contributions, plus
- Investment Earnings (credited as of March 31st), less
- Withdrawals, less
- Expenses (applied as of March 31st)

Supplemental Benefit Fund participants are issued debit cards which can be used to pay for eligible Medical Reimbursement Benefit expenses. Supplemental Benefit Fund participants also have the ability to submit paper claims to the Fund Office for Medical Reimbursement Benefits. As of March 31st of each year, your account will be credited with investment earnings, determined by the Trustees, based on your average account balance during the prior 12 month period. In addition, a flat annual expense charge will be applied by the Trustees to all accounts.

TYPES OF SUPPLEMENTAL BENEFITS:

- Medical Reimbursement Benefit - You may apply for a benefit if you or one of your dependents has medical or dental expenses not otherwise paid for by the Welfare Fund or any other form of insurance. Typically, this would include co-pays, deductibles, and coinsurance under the Welfare Plan as well as items not covered by the Welfare Plan. The medical reimbursement benefit is the amount of eligible "out-of-pocket" medical and dental expenses that you have incurred, up to the balance of your account. Your application must be for a total benefit of at least $100 in combined expenses and should be forwarded to I.E. Shaffer & Co. for processing and payment. Claim must be submitted within 24 months of the date of incurred expense or it will be denied.

  The list of eligible medical and dental expenses for which you may seek reimbursement are detailed in IRS Publication 502 "Medical and Dental Expenses" which can be found at www.irs.gov/publications/p502/index.html.

- Retiree Medical Reimbursement Benefit - payable if you qualify for coverage under the IBEW Local 400 Welfare Plan as a retired employee and you have made required contributions to maintain coverage. The benefit equals the required monthly contribution under the Local 400 Welfare Plan, up to the balance of the account. This benefit is only available up to age 65.

- Supplemental Health Benefits – payable if you have qualified under COBRA for continued coverage under the IBEW Local Union 400 Welfare Plan and you have made required

contributions to maintain coverage. Also payable if you have made required payments to upgrade your coverage from Tier II to Tier I under the IBEW Local Union 400 Welfare Plan.

FEDERAL AND STATE INCOME TAXES AND OTHER PAYROLL TAXES

- The Supplemental Benefits that you receive for out-of-pocket medical and dental expenses are not subject to federal or state tax.