

JOURNEYMEN & APPRENTICES OF LOCAL 188 HEALTH & WELFARE FUND

BENEFIT GUIDE

This Benefits Guide is designed to provide select information about the benefit plans and programs offered by the Journeymen & Apprentices of Local 188 Health & Welfare Fund. The booklet does not detail all the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document, the Plan Document, the SPD, and/or the Summary of Benefits and Coverage (SBC), the Plan Document will prevail.





The Board of Trustees of the Journeymen & Apprentices of Local 188 Health & Welfare Fund strives to provide you with a comprehensive benefits program.

This guide was put together to help you understand your benefits and to help you get the most out of them.

If you have questions about your benefits, contact NEBA by calling (888) 396-5899.

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CONTACT INFORMATION



Carrier / Vendor	Phone / Email	Website
Anthem Customer Service	(855) 397-9267	www.anthem.com
Drexi Customer Service	Customer Service: (844) 728-3479	www.Drexi.com
Drexi International & PAP	Advocacy Team: (877) 688-5461	www.Drexi.com
NEBA	(888) 396-5899	www.nebainc.com
AIMM	(877) 269-6877	
The Hartford (Life and AD&D)	(800) 523-2233	www.thehartford.com
AudioNet America (Hearing Aid Benefit)	(586) 840-1360	www.audionetamerica.com
Hinge Health	(855) 902-2777	hinge.health/plumberslocal188-oe

Contact NEBA if you have questions about the benefits prior to enrolling or if you have issues with claims once enrolled.



MEDICAL BENEFITS:



SOME INSURANCE TERMS

Copay – a fixed amount you pay when seeking care for certain services.

Deductible – the amount you pay for certain health care services in a calendar year before the plan begins paying any portion of those services.

Coinsurance – the percentage you pay for certain services after meeting your deductible and before you meet your Out of Pocket Maximum.

Out of Pocket Maximum – the most you will pay in a calendar year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out of Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that calendar year.

	Anthem Blue Cross and Blue Shield
What Provider Network do I use?	Anthem Blue Cross and Blue Shield POS
Do I need to choose a Primary Care Physician (PCP)?	No
Do I need a referral to see a Specialist?	No
Can I go Out-of-Network?	No

MEDICAL & PHARMACY BENEFITS:



Anthem Blue Cross and Blue Shield & Drexi

	Anthem blue cross and blue smell & brexi
In-Network Coverage	
Deductible	Medical: \$1,000 Individual 3,000 Family Prescription Drugs: \$200 Individual \$600 Family
Coinsurance	20% after Deductible
Out of Pocket Maximum	Medical: \$5,500 Individual \$11,200 Family Prescription Drugs: \$1,000 Individual \$2,000 Family
Preventive Care	No Charge
Office Visit	Telemedicine: \$0 Copay, Primary Care \$25 Copay, Specialist \$50 Copay
Diagnostic Testing at an Independent Facility	Bloodwork: Primary Physician: \$25 copay Specialist: \$50 Copay Free Standing Lab: 20% after Deductible X-ray: Primary Physician: \$25 copay Specialist: \$50 Copay Free Standing Lab: 20% after Deductible MRI / CT / PET: 20% after Deductible
Urgent Care Center	\$60 Copay
Emergency Room	\$150 Copay
Inpatient Hospitalization	20% after Deductible
Outpatient Hospital Services	20% after Deductible
Prescription Drug	Pharmacy Deductible for Brand Name Medication: \$200 Generic: \$30 Copay, \$15 if using a preferred pharmacy Brand Name: \$40 Copay after Pharmacy Deductible Specialty Medication: Member must call Drexi, our specialty drug concierge service 844-728-3479 to get approval for coverage.
Out-of-Network Coverage	No Coverage Unless of an Emergency

MEDICAL BENEFITS:

A Note about Anthem Blue Cross and Blue Shield's Provider Networks

Verify that your provider is in-network BEFORE your visit. The Anthem BCBS plan only provides coverage if your provider is in the Anthem BCBS POS Network. There are NO BENEFITS paid for non-network services unless services are the result of an emergency.

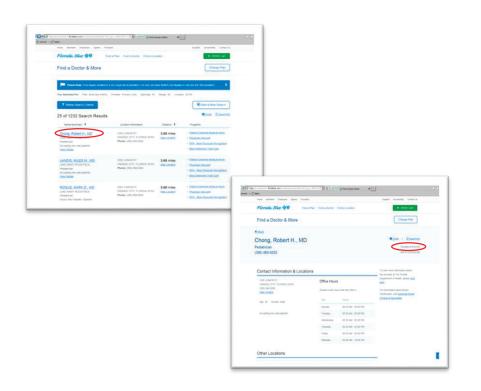
To find an In-Network Provider or Register as a Member

- Go to <u>www.anthem.com</u>
- Click 'Find a Doctor/Find Care' at the top of the scre
- Look for 'Find Care' Select ' Members'
- Log in.
- Follow the prompts.



Tip: When looking for specific providers, less data often returns better results. Start with the location and type of provider. When searching by name, enter only the first few letters of the provider's last name.

• To Register as a Member: click the Login/Register button in the Middle of Anthem find-care page and follow the prompts.



PHARMACY BENEFITS:



Manage your pharmacy benefits through our secure online member portal www.Drexi.com

Your pharmacy benefit manager is Drexi. You will need to present your Drexi ID card to your pharmacist for any prescriptions you need to have filled. If you wish to receive a 90-day supply of maintenance medications, Drexi in partnership with Albertson's/Safeway can help you set up a new mail order medication by contacting their team at (734) 762-6600.

Locate pharmacies:	You have access to a network of over 65,000 pharmacies, Nationwide – choose the one that BEST fits your needs! You also have the flexibility to receive up to 90 days of medication through your local retail pharmacy if you prefer.
Register at Drexi.com	Access prescription pricing comparisons between pharmacies, your prescription history, wellness-related insights for better choice, and on demand, secure access to your member ID card.
Drexi App	Use the Drexi App to review plans and pricing details, switch to cost-effective clinically approved alternatives, and effortlessly locate nearby participating pharmacies.
Update your profile:	Add or change payment information, set your communication preference (email or phone), change contact information, and more.
Specialty Pharmacy	If your doctor prescribes a high-cost specialty medication for you or a covered family member, you must call Drexi at (877) 688-5461 to go through an approval process before you will be able to receive your medication.
International Pharmacy	For high-cost medications exceeding \$1,000, connect with your dedicated Drexi advocacy team member at (877) 688-5461 or email at drexiadvocacy@amps.com for personalized options and guidance.
Generics	When you choose a generic prescription versus a brand name prescription, you can save on your out-of-pocket cost as well as savings to the plan. Think of it like getting the drug store brand of ibuprofen instead of the name brand of Motrin. Same pain relief without the expensive label. You still have the option of a brand name prescription – you must pay the difference in cost.

MEDICAL BENEFITS: TRANSPARENCY TOOL

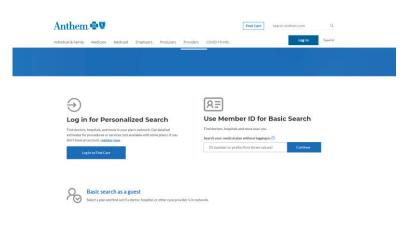
The Find Care & Cost feature in the **Sydney Health app** and at <u>www.anthem.com</u> is available to help you check cost estimates ahead of time. The Find Care and Cost feature will include information for 500 specific services and procedures.

To Find Care & Cost:

- Online: Go to www.anthem.com
- Mobile: Download the Sydney
 Health App from the App Store or
 Google Play.
- Click 'Find Care' at the top of the screen.
- · Click 'Log in to Find Care'.
- Follow the prompts to search for innetwork providers and facilities.







VIRTUAL OFFICE VISIT BENEFIT BY LIVEHEALTH

Using LiveHealth Online, You can connect to a doctor or therapist or psychiatrist through high-definition video. It's an easy and convenient way to get the care you need from the comfort and privacy of home. All you have to do is sign up to use it.

To get started with LiveHealth:

Step 1

Set up your Live Health Account using one of these methods:

- Online: Go to www.livehealthonline.com and click on Sign up.
- By phone: Call (888) 548-3432
- Mobile App: Download the LiveHealth app from the App Store or Google Play

Request a visit with a doctor.

Log into your account

Step 2

- Choose Video or Phone and follow the prompts.
- Sit back and wait for the doctor to contact you. The average response time is 10 minutes.
- · Visits are no charge.

Telemedicine doesn't replace your primary care physician, but it is an affordable option for quality care:

- When you need care now.
- If you are considering the Emergency Room or Urgent Care center for a non-emergency issue
- On Vacation, on a business trip, or away from home.

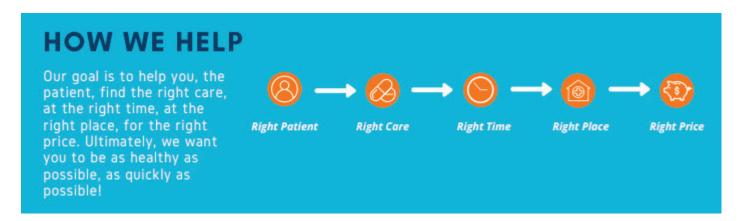
LiveHealth physicians can treat you for common illnesses such as allergies, bronchitis, earache, pink eye, sinusitis, strep throat, upper respiratory infections, Psychology, Psychiatry and more! If a prescription is required, they will send it to the local pharmacy of your choice, and you will use your MC-Rx plan and pay the required amount.



AIMM



With AIMM, you have a team of nurses and doctors to help you with any health or insurance related issues.



How AIMM Helps:

- AIMM provides information to you and your family about diagnosis, treatment options, and possible complications.
- AIMM ensures that you receive timely information about the results of diagnostic assessments.
- AIMM provides information regarding available resources. They
 ensure that you received care in the most cost-effective way
 possible and health you navigate the insurance system to be
 informed on what your financial responsibility could be.



Hinge Health



The Fund is offering Hinge Health to Members and eligible dependents age 18 and older at no cost.

Hinge Health is a physical therapy program you can access virtually to get help with any acute or chronic joint or muscle pain you are experiencing.

Join Hinge Health to get back to the active life you love with:



Guided sessions, real-time feedback



Personalized exercise program



Expert care team with a physical therapist



Educational articles and videos

If you're struggling with joint or muscle pain, Hinge Health can help. The virtual programs combine gentle exercise with 1-on-1 support to improve your condition, reduce your pain, and help you move with confidence.

Whether your goal is to go hiking more, spend time in your garden, or take the stairs (or all three), you can get pain relief with exercises that can be done in as little as 15 minutes — anytime, anywhere you're comfortable.

Questions? Call (855) 902-2777 or email hello@hingehealth.com





Scan the QR code to join or visit:
hinge.health/plumberslocal188-oe
Questions? Call (855) 902-2777

Wellness Program



Every calendar year that you and your spouse (if applicable) are enrolled as a participant in the Fund, you and your spouse will be required to provide proof that both of you have obtained an annual routine checkup to include diagnostic testing based on your age, gender, and health conditions.

Effective January 1st of each year, if you and your spouse (if applicable) have not complied with this requirement, you and your family will be responsible to meet a medical higher Deductible and Out-of-Pocket maximum. The calendar year deductible will increase to \$5,000 Per Person, 3x Family Maximum, and the Out-of-Pocket Maximum will increase to \$7,700 Per Person, with a Family Maximum of \$15,400.

Contact NEBA by calling (888) 396-5899 so request additional copies of the Wellness Form. Remember, it is your responsibility to make sure that the completed Wellness Form is returned to NEBA no later than December 31st of each year. Please do not wait until the last minute.



NOTICE REGARDING THE WELLNESS PROGRAM

The wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You are not required to participate in a blood test or other medical examinations. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting NEBA at (888) 396-5899.

DENTAL BENEFITS: Anthem Dental



Calendar Year Deductible	\$50 Per Person 3X Family Maximum	Deductible Does Not Apply to Class I Preventive Services and Class IV Orthodontic Services
	In Network	Out of Network
Class I: Preventative Services (Oral exams, routine cleanings, bitewing x-rays, Panoramic x-rays, fluoride treatments, sealants, space maintainers)	No Charge	No Charge
Class II: Basic Services (Fillings, oral surgery, endodontic treatments, periodontic treatments)	80%	50%
Class III: Major Services (Crowns, bridges, onlays, partials and dentures)	50%	50%
Class IV: Orthodontic Services (Children to age 19)	50%	50%
Calendar Year Maximum (Per Person)	(\$1,000
Lifetime Orthodontic Maximum (Per Person)	9	\$1,000

To Find an Anthem Contracted Network Dental Provider go to anthem.com. Click on the "Find Care" link. You may log in to your member account or continue as a guest. Select "Dental Plan or Network" and the state where you live. You will need to use the *Dental Complete* Network option.

VISION BENEFITS:



The Fund provides a vision care benefit outlined below to all Active Participants, subject to a maximum benefit payable per 12-month period per Covered Person of \$250.

This vision care benefit is self-insured by the Fund.

Covered Services

Examinations

Clear single, bifocal or trifocal lenses

Frames Including Fittings and Adjustments

Contact Lenses

Safety Glasses

Repair of frames and replacement of lenses

No Vision Care Benefits will be paid for cosmetic glasses or lenses, tinted lenses, sunglasses, glasses without lenses, or glasses which are not designed to correct a vision abnormality of the patient.

SHORT-TERM DISABILITY BENEFIT

The Short-Term Disability benefit is intended to provide you with temporary income replacement if you are unable to work due to a non work-related accident or illness, and you are under the care of a doctor.

Benefits Begin	On the first day you are disabled due to an accident and on the 8^{th} day you are disabled due to an illness
Benefit Amount	The plan pays you \$150 per week.
Payment Lasts	The plan will continue to pay you for up to 13 weeks if you remain disabled
Hour Bank	Adds 40 Hours a week to your insurance bank.





Taxable Benefits - Since the cost for this coverage is paid for by the fund, the benefit is subject to income taxes.

Maternity Benefits - Benefits for a normal delivery are limited to a six week benefit period. Benefits for a normal C-Section delivery are limited to an eight-week benefit period.

The Short-Term Disability benefit is administered by NEBA. Contact NEBA by calling (888) 396-5899 for questions regarding this benefit or to submit a claim.

LIFE AND AD&D BENEFIT

The Fund provides you with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance. This benefit is fully-insured through The Hartford.

Basic Life and AD&D	
Basic Life Benefit-	\$15,000
AD&D Benefit-Active	\$15,000
Child (ren) Life Benefit to age 26	\$2,500
Benefit Reduction if actively at work	The benefit amounts shown above will reduce by 35% of original amount at age 65, by 50% of original amount at age 70, and by 75% of original amount at age 75.
Conversion	Upon termination from the plan this policy may be converted to an individual policy. Please contact Hartford to begin the process. You must apply and pay the required premium to Hartford within 30 days of your termination to exercise the conversion option.

Primary Beneficiary - The person or people that will receive the benefit upon your death. You name the beneficiary at the time of enrollment. You may also change your beneficiary at any time.

Secondary Beneficiary or Contingent Beneficiary - The person or people that will receive the benefit upon your death ONLY if there is no living Primary Beneficiary at the time of your death.



HEARING AID BENEFIT

Journeymen & Apprentices of Local 188 Health & Welfare Fund has partnered with AudioNet America to offer a Hearing Aid Program with fixed out-of-pocket costs.

FIXED OUT OF POCKET COST:

Member pays a maximum of: one (monaural / two (binaural) ears

Essential Level
• \$50 monaural • \$1,050 binaural

Mid	Level
	nonaural binaural

Advanced Level • \$610 monaural

• \$610 monaural • \$2,170 binaural

Flagship Level

- \$880 monaural
- \$2,710 binaural

Premium Level

- \$1,230 monaural
- \$3,410 binaural

Call AudioNet Customer Service for assistance (586) 840-1360

or

Visit the website for a participating provider today!

www.audionetamerica.com

LOG ON TO

NEBA'S Member Portal

Access Your Benefit Information 24/7

The Board of Trustees of Plumbers Local 188 Fringe Benefit Funds and NEBA are pleased to provide you with a mobile-ready website for you to access your benefit plan information on your computer, tablet or smartphone, any time!

 Work History including employer name, hours and total contributions.



- Vision Claim Information
- Beneficiary Information
- Pension Benefit
- And more!

Log on at:

www.nebainc.com

Click on "Member Login" at the top of the web page.

New User? Click on "Create Account" in the top, right-hand corner of the web page. When accessing the site via desktop computer, it's best to use Google Chrome for your browser.

Need Assistance?

Contact NEBA at 1-888-396-5899





