



JOURNEYMEN & APPRENTICES OF LOCAL 188 HEALTH & WELFARE FUND

RETIREE BENEFIT GUIDE

This Employee 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 Retirees with a comprehensive benefits program.

If you have questions about your benefits, contact My Benefits Administrator at (912)503-9008.

Table of Contents	Page #
Contact Information	3
Medical Benefit Summary	4-5
Dental Benefit	6
Vision Benefit	7
Basic Life Benefit	8
AudioNet Hearing Aid Benefit	9



CONTACT INFORMATION



Carrier / Vendor	Phone / Email	Website
Retiree First Advocate	(855) 347-0939	www.retireefirst.com
Anthem	(912) 330-4370 (TTY 711)	
My Benefits Administrator	(912) 503-9008	www.myballc.com
Hartford	Life Insurance: (800) 523-2233	www.thehartford.com
AudioNet America	(586) 840-1360	www.audionetamerica.com

Contact My BA with benefit question when enrolling and if you have claims issues once you are enrolled.



MEDICAL BENEFIT: DISABLED AND AGE 65 AND OLDER



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.

Who is the Network Provider?

Anthem Medicare Advantage Plan

What Provider Network do I use?

Anthem

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 BENEFIT



Anthem Medicare

In & Out of Network Coverage

Deductible \$0

Coinsurance None

Preventive Care \$0 Copayment

Office Visit \$0 Copayment

Diagnostic Testing at an Independent Facility

Bloodwork: Primary Physician: \$0 Copayment
 Specialist: \$0 Copayment
 Free Standing Lab: \$0 Copayment
 X-ray: Primary Physician: \$0 Copayment
 Specialist: \$0 Copayment
 Free Standing Lab: \$0 Copayment
 MRI / CT / PET: \$0 Copayment

Urgent Care Center \$0 Copayment

Emergency Room \$0 Copayment

Foreign Travel Emergency \$100 Deductible, then 20%. Plan Pays up to \$25,000 Maximum Annually or 60 days consecutively

Inpatient Hospitalization \$0 Copayment For 1-100 Days, Plan Pays Nothing after 100 days

Outpatient Hospital Services \$0 Copayment

Silver Sneaker Fitness Benefit Included

Prescription Drug Coverage

Tier 1 Generic/Preferred Generic: \$10 Copayment Retail, \$0 For Mail Order 90 Day Supply
 Tier 2 Preferred Brand: \$30 Copayment Retail, \$60 For Mail Order 90 Day Supply
 Tier 3 Non-Preferred Brand: \$60 Copayment Retail, \$120 For Mail Order 90 Day Supply
 Tier 4 Specialty: \$80 Copay Retail, N/A on 90 Day retail and Mail Order up to 90 days Supply

 90 Day Retail is available for 3X Copay

Catastrophic Coverage

\$0 Copayment

DENTAL BENEFIT: 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)		\$1,000

To Find an Anthem Contracted Network Dental Provider go to [anthem.com](https://www.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 BENEFIT



Your Medicare Advantage Plan allows for one routine vision exam, for a maximum allowance of \$70 every calendar year, and \$100 allowance for eyewear every two calendar years. Once you have exhausted your Medicare Advantage benefits you may submit an itemized receipt to NEBA for reimbursement of up to \$350 per year.

If you use an In-Network Anthem provider, you will be eligible for discounts on your exam and eyewear. To find In-Network providers go to [anthem.com](https://www.anthem.com), and set up an account. You may also call the Retiree First advocate line at (855) 347-0939.

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.

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

LIFE BENEFIT

The Fund provides you with Life Insurance. Coverage is fully-insured through The Hartford.

Life Coverage

Retiree Life Benefit	\$2,000
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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.

Contact My BA for more information.



HEARING AID BENEFIT

The Board of Trustees 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	Mid Level	Advanced Level	Flagship Level	Premium Level
<ul style="list-style-type: none">• \$50 monaural• \$1,050 binaural	<ul style="list-style-type: none">• \$330 monaural• \$1,610 binaural	<ul style="list-style-type: none">• \$610 monaural• \$2,170 binaural	<ul style="list-style-type: none">• \$880 monaural• \$2,710 binaural	<ul style="list-style-type: none">• \$1,230 monaural• \$3,410 binaural

Your Medicare Advantage Plan also offers a \$70 Maximum Benefit toward the cost of a hearing exam once every calendar year. If you need a hearing aid, they offer a \$500 allowance per ear every three calendar years. This benefit can be combined with the AudioNet plan, but you must have the services performed from an in-network AudioNet provider.

Call AudioNet Customer Service for assistance

 **(586) 840-1360**

or

Visit the website for a participating provider today!



www.audionetamerica.com