

IBEW LOCAL NO. 640 AND ARIZONA CHAPTER
NECA HEALTH & WELFARE TRUST FUND

GUIDE TO YOUR 2022 BENEFITS

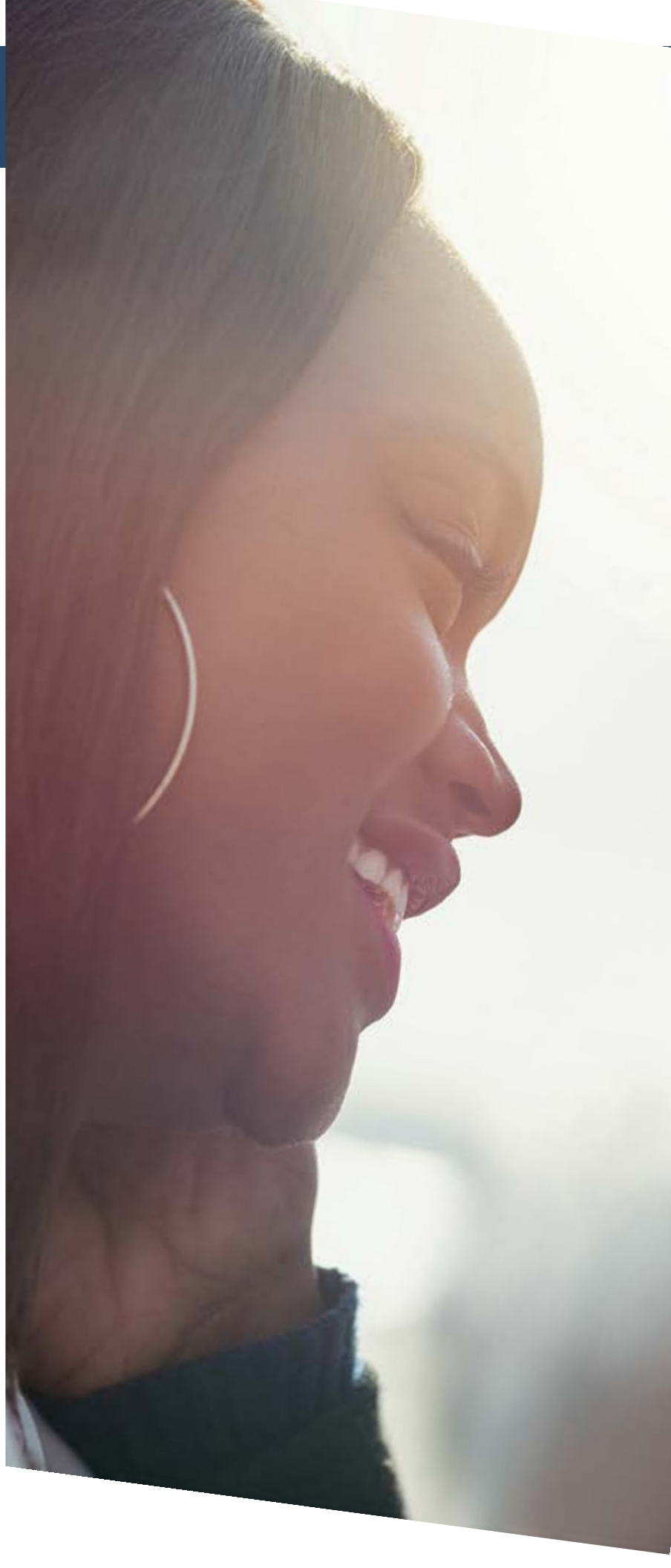


WELCOME TO YOUR BENEFITS!

The Board of Trustees for the IBEW Local No. 640 and Arizona Chapter NECA Health and Welfare Trust Fund is pleased to provide you with a comprehensive benefits program to help you and your family protect your health and financial security. Your benefits are a valuable part of your overall compensation. We encourage you to learn more about the benefits available to you and how they work, so you can get the most out of them.

If you have questions about your benefits, please contact Zenith American Solutions at **602-248-8434** or **800-553-2801**, or visit **zenith-american.com**.

The information in this guide describes only some of the key features of certain benefits plans offered by the IBEW Local No. 640 and Arizona Chapter NECA Health and Welfare Trust Fund. If there is a conflict between this material and information in the plan's Summary Plan Description (SPD) and/or official plan document, the SPD or plan document will govern. The Fund has the right to amend or terminate the plans at any time. In addition, this guide is not an employment contract, and employment is not guaranteed by your participation in any of the plans described in it.





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WHAT'S NEW?



The Trustees regularly review the health plan coverage offered to you and your dependents.

Our goal is to ensure we're offering the best coverage and benefits available, at costs that are affordable for you and sustainable for the Fund.

Take a look at what's new for 2022:

- » We are adding an enhanced maternity disability benefit effective July 1, 2021. If you become totally disabled due to pregnancy, you may be eligible for up to \$600 a week for the first six weeks after a vaginal delivery and for the first eight weeks after a cesarean delivery.
- » We've expanded our existing vaccine program through MedImpact to include the COVID vaccine. You will have better access and a reduced cost. For more information, please contact MedImpact's member services at **833-229-3589**, or visit [medimpact.com](https://www.medimpact.com).
- » We continue to offer telehealth services through BCBSAZ BlueCare Anywhere. You have 24/7 access to virtual visits with a doctor and mental health support. For more information or to access this benefit, [visit page 6](#).

If you have questions about your benefits or eligibility, please contact Zenith American Solutions at **602-248-8434** or **800-553-2801**, or visit [zenith-american.com](https://www.zenith-american.com).

WHO IS ELIGIBLE FOR BENEFITS?

Active employee participants

Plan A classification:

- » After you have worked at least 420 hours in three consecutive months, you can participate in the Plan the first day of the second calendar month that follows this period.
- » Your eligibility continues if your Hour Bank contains at least 140 hours. You may have a maximum of 420 hours in your Hour Bank.

Plan B classification:

- » After you have worked at least 120 hours in one month, you can participate in the Plan the first day of the second calendar month that follows this period.
- » Your eligibility continues if your Hour Bank contains at least 120 hours. You may have a maximum of 360 hours in your Hour Bank.
- » If you complete participation in Plan B classification and move to Plan A, any remaining hours in your Hour Bank after your deduction is made for Plan B will be credited to your Plan A Hour Bank.

How the Hour Bank system benefits you:

- » If you work more than 140 hours for Plan A or 120 hours for Plan B in a month, you can bank your hours for periods of slow employment or work stoppage.
- » Hours in your Hour Bank are used to provide coverage in months that you work less than the 140 hours for Plan A or 120 hours for Plan B required for coverage.
- » A full Hour Bank of 420 hours for Plan A or 360 hours for Plan B would allow for three months of coverage when your employment ends or you are transitioning between projects.

Non-bargaining employee participants (Plan A only)

If you are a non-bargaining employee, you don't participate in the Hour Bank system.

Instead, you are eligible on a month-to-month basis if the Trustees have approved a participation agreement with your employer. You become eligible for coverage the first day of the month following the month your participating employer makes contributions to the Plan on your behalf. For example, if you begin working in August and your employer makes contributions to the Plan on your behalf in September, you become eligible for coverage October 1.

You maintain eligibility until the last monthly contribution is received on your behalf.

Eligible dependents

If you are eligible for Plan coverage, you may cover your eligible dependents under the Plan.

Eligible dependents are:

- » Your legal spouse
- » Your biological and/or adopted children, and stepchildren under age 26
- » A child for whom you have legal guardianship
- » A disabled child who became disabled before age 26

Your dependents must be properly enrolled to be considered eligible for benefits. To verify your current list of covered dependents, contact Zenith American Solutions at **602-248-8434** or **800-553-2801**.



Have you gotten married recently? Had a baby? Divorced? Lost other coverage?

If so, you may be able to make changes to your covered dependents. To add or remove dependents from your plan because of a midyear change in status, contact Zenith American Solutions within 90 days of the change.

For more information

about your medical plan, to locate a provider, or to view claims or information regarding precertification, visit azblue.com, or call the dedicated member service team at 800-232-2345.

The Fund offers a medical plan to help keep you and your family healthy and provide important protection in the event of illness or injury. Your Blue Cross Blue Shield of Arizona (BCBSAZ) PPO plan gives you the advantages of a national network with the option to visit an out-of-network provider. However, you'll pay more out of pocket for care received out-of-network. You also don't need to select a primary care provider (PCP) or get referrals to see specialists.

Other features of your BCBSAZ PPO plan include:

- » Low plan deductible
- » 20% in-network coinsurance
- » Reduced out-of-pocket maximums
- » Virtual visits through telehealth
- » Access to patient-centered medical home providers with a flat copay and no deductible
- » 20 chiropractic visits per calendar year (coinsurance and deductible apply for in-network visits)

Medical Plan Highlights

Plan Features	In-Network, You Pay	Out-of-Network, You Pay
Annual deductible (per calendar year) – Individual	\$250	\$2,000
Annual deductible (per calendar year) – Family	\$500	\$4,000
Coinsurance	20%	50%
Annual out-of-pocket maximum – Individual	\$4,000 (medical only)	\$10,000 (medical only)
Annual out-of-pocket maximum – Family	\$10,000 (medical only)	Unlimited
Preventive care services	No charge; deductible does not apply	50% after deductible
Office visit, specialist, OB-GYN	PCMH: \$20 copay (no deductible) Others: 20% after deductible	50% after deductible
Telehealth	\$10 copay (no deductible)	N/A
Diagnostic procedures	20% after deductible	50% after deductible
Emergency room services	\$300 copay (no deductible)	\$300 copay (no deductible)
Urgent care	\$100 copay (no deductible)	\$100 copay (no deductible)
Hospital – Inpatient	\$200 access fee, plus 20% after deductible	50% after deductible
Surgical – Outpatient	20% after deductible	50% after deductible

Get the app:

For iOS: apps.apple.com/us/app/myblue-az/id1370079525
For Android: [apps/details?id=com.BCBSAZ.AlphaTeam.MyBlue](https://play.google.com/store/apps/details?id=com.BCBSAZ.AlphaTeam.MyBlue)

Use a patient-centered medical home provider

A new feature of your BCBSAZ medical plan is access to a patient-centered medical home (PCMH) network.

PCMH doctors focus on preventing health issues and managing ongoing conditions. When you see a PCMH doctor, your care is coordinated with other health care providers, because they are looking at your total well-being. There is a flat copay and no deductible when you see a PCMH doctor.

To find a PCMH, visit azblue.com/individualsandfamilies/find-a-doctor, and click on **Find a Doctor**. Then scroll down, click the arrow under **I Am a BCBSAZ Member**, and select the first option. On the right side of the following screen, choose a network, and use the drop-down to select **PPO**. From there, enter the location you want to search, and then choose **Advanced Search**. Scroll to the bottom under **Quality** to see the option for **Patient-Centered Medical Home (PCMH)**. Once clicked, your search results will show PCMH providers in your area.

BCBSAZ no-cost programs

BCBSAZ offers a variety of programs to better help you and your family manage your health. These programs are offered at no cost to you.

- » **Case management** – When you have a complex, chronic, or catastrophic condition, a case manager can help with coordination of care among different providers, suggest community resources, and help you understand your benefits. Case managers are registered nurses who have extensive experience in specialty areas.
- » **Preventive health** – Preventive coverage helps spot minor problems before they become major health issues—at no cost to you. This includes annual wellness visits, colonoscopies, immunizations, mammograms, nutritional counseling, well-baby and well-child checkups, and more!
- » **Nurse On Call** – Registered nurses are available anytime—day or night—to help with your health care questions and concerns. Nurse On Call can assist with symptoms you are experiencing, chronic conditions, preventive care, minor illnesses or injuries, medications, or preparing for a doctor visit. For more information, call **866-422-2729**.
- » **HealthyBlue Beginnings** – If you are thinking of starting a family or are pregnant already, HealthyBlue Beginnings provides the resources to guide you through a healthy pregnancy. The program offers preconception education and counseling, free pregnancy kit, maternity 24/7 nurse support line, a comprehensive guide for all stages of your pregnancy, help with high-risk maternity care, and post-maternity support until the baby is 6 weeks old. Visit azblue.com/healthyblue for more information.
- » **Disease management** – The program offers support to participants who are diagnosed with certain chronic conditions such as asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure, coronary artery disease, and diabetes. Device monitoring of biometrics is available for certain qualified participants. Participants will also receive Care Alerts which provide education and awareness of how to best manage a chronic condition. For more information, please call **866-422-2729**, or visit azblue.com/healthyblue.



To access your telehealth benefits, visit **BlueCareAnywhereAz.com**, or download the BlueCare Anywhere mobile app.

Get the app:

For iOS: apps.
apple.com/us/app/
bluecare-anywhere/
id1271780917

For Android: apps/
details?id=com.
azblue.android.bcaz.
bluecareanywhere

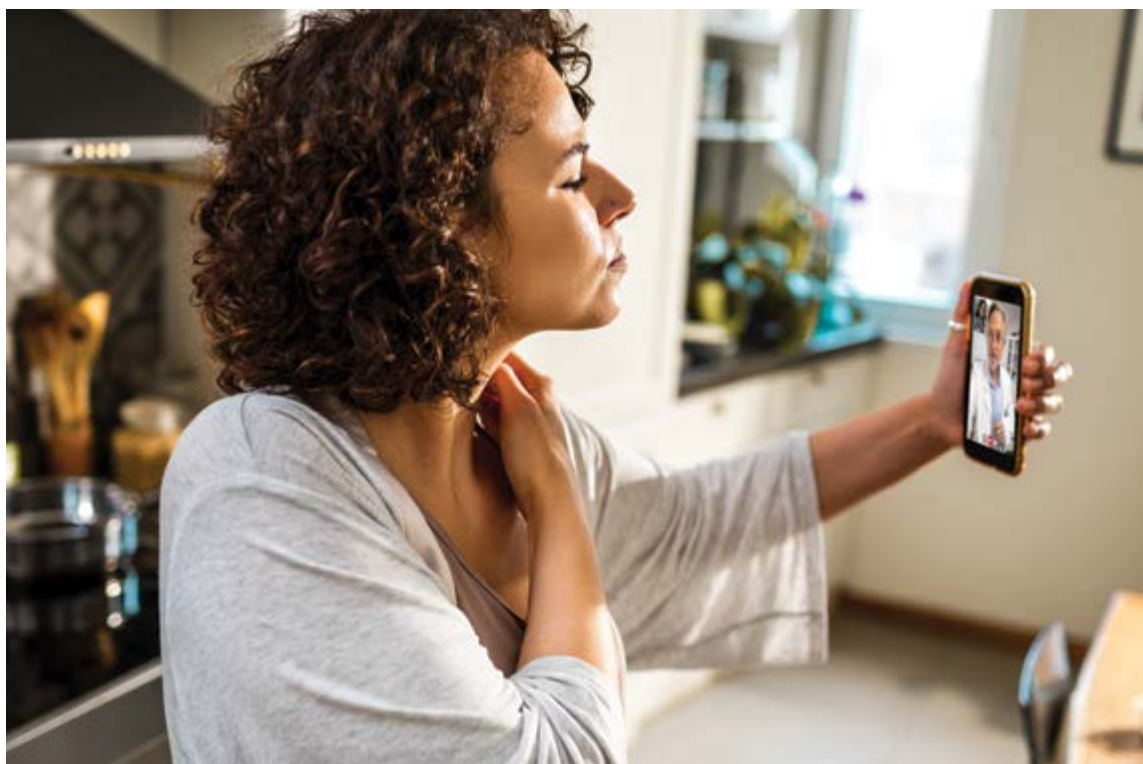
As part of your medical plan, you and your family have access to BCBSAZ BlueCare Anywhere telehealth services.

You can save time and money through virtual visits with a doctor, counselor, or psychiatrist. Virtual visits are available 24/7 and can be done anywhere you have access to the internet, on your computer, tablet, or mobile device. When you access telehealth, there is only a \$10 copay (less than an office visit).

You can make an appointment for nonemergency health concerns. Doctors can diagnose your symptoms and prescribe medication over the phone or video. Telehealth can also be a cost-effective alternative to expensive emergency room or urgent care visits.

In addition, mental health support is available. You have access to psychologists, counselors, and psychiatrists to deal with any issues affecting your emotional well-being.

To access your telehealth benefits, visit **BlueCareAnywhereAz.com**, or download the BlueCare Anywhere mobile app.



SHOP SMART & SAVE MONEY

You can reduce your out-of-pocket costs during the year by following a few simple guidelines:



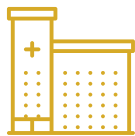
Get preventive care.

Help identify health problems before they become serious and costly. This includes services like annual checkups, immunizations, Pap tests, mammograms, colonoscopies, blood pressure screenings, and more. Plus, in-network preventive care is covered at 100%.



Use the 24/7 nurse line or telehealth.

Phone or video chat with a nurse to help with your health care concerns or directly with a doctor for minor, non-life-threatening conditions (e.g., sore throat, rash, stomach issues). To access the nurse line, call **866-422-2729**. For more information about telehealth, see page 6.



Use in-network providers and facilities.

BCBSAZ has negotiated pricing with in-network doctors and facilities, and the savings are passed on to you! They will often cost less than non-contracted doctors and facilities out-of-network. Make sure you check whether your doctor and facility is in-network before you go.



Use a PCMH provider.

A new feature of your BCBSAZ medical plan is access to a patient-centered medical home (PCMH) network. There is a flat copay and no deductible when you use a PCMH provider. This is another great way for you to save money and get care. For more information on PCMH network see page 5.



Go to the emergency room for true emergencies.

The ER is the place to go if you need immediate treatment for a critical, life-threatening injury or illness (this can be the most expensive place to receive medical care). Retail clinics, urgent care facilities, and telehealth can save you money for non-urgent health concerns over costly emergency room visits.

PRESCRIPTION DRUG PLAN

MedImpact
833-229-3589
medimpact.com

Save money on prescription drugs.

Prescription drugs can be expensive. The amount you pay for a prescription drug depends on the type of drug and where you buy it. It's possible to spend less by asking for generics. Generics are similar to brand-name drugs at a lower cost. You can also use mail order for maintenance drugs. If you take a long-term medication, using mail-order service or Retail-90 means you pay the equivalent of two copays (or less) for a 90-day supply.

Get the app:

For iOS: apps.
apple.com/us/
app/medimpact/
id1442487898

For Android: apps/
details?id=com.
medimpact.cpp

Prescription drug coverage is included with your medical plan coverage and is offered through MedImpact.

Your options include:

- » **Retail** – You have access to more than 67,000 participating pharmacies, including pharmacy chains (like CVS, Safeway, and Walgreens), regional drugstore chains, and independently owned pharmacies.
- » **Specialty Rx** – MedImpact Direct will provide personalized patient support services for these complex therapies.
- » **Mail Order** – Mail order is available to fill maintenance medications (those taken for a longer period of time—typically 30 to 90 days or more). Medications are sent to your home with no shipping fee. MedImpact can contact your doctor for a new prescription for most common maintenance medications, including medications for managing high blood pressure, high cholesterol, diabetes, and other chronic health conditions.

MedImpact member portal

Through the MedImpact member portal, you have real-time access to your prescription drug information. You can access the portal at medimpact.com. For more information about your prescription drug benefits, please contact MedImpact's member services at 833-229-3589 or at medimpact.com.

Prescription Plan Highlights

Plan Features	Retail/Specialty	Retail-90 or Mail Order	Retail / Retail-90 Mail Order / Specialty (up to 30-day supply)
	In-Network		Out-of-Network (Direct Member Reimbursements)
Tier 1: Generic	\$10 or 10% (greater of)*	\$20	40%
Tier 2: Preferred brand	\$20 or 20% (greater of)*†	\$40	40%
Tier 3: Non-preferred brand	\$50 or 50% (greater of)*†	\$90	40%
Out-of-pocket maximum – Individual	\$1,000 (Rx only)		\$10,000 (Rx only)
Out-of-pocket maximum – Family	\$2,000 (Rx only)	Unlimited	

* For 1–30 day prescriptions, you will pay the greater of the \$ or %. For 31–90 prescriptions, you will pay a flat copay.

† Dispense as Written (DAW) penalties may apply.

Oral health is very closely related to overall health.

Preventive dental visits are an important way to maintain not just a healthy mouth but a healthy body as well. Preventive care visits are covered at 100% and do not apply to your deductible. Your dental benefit includes two teeth cleanings and two exams per benefit year.

The following dental care will be reimbursed under the dental benefit:

- » Preventive Services including exams, cleanings, consultations, fluoride, X-rays, etc.
- » Basic Services (deductible applies) including fillings, sealants, stainless steel crowns, root canals, treatment of gum disease, oral surgery such as simple or surgical extractions
- » Major Services (deductible applies) including prosthodontics, bridge or denture repair, implants, and restorative crowns

Dental Plan Highlights

Plan Features	PPO and Premier Dentist	Out-of-Network Dentist*
Annual maximum benefit (combination of in- and out-of-network)	\$1,000	\$1,000
Annual deductible (Individual/Family) (combination of in- and out-of-network)	\$100/\$300	\$100/\$300
Preventive (deductible does not apply)	100%	100%
Basic	80%	80%
Major	60%	60%

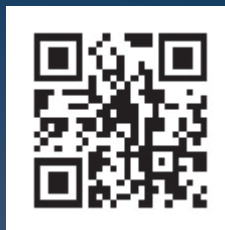
* You may incur higher out-of-pocket costs when seeing an out-of-network dentist.

You can also sign up for Member Connection at deltadentalaz.com/member/ to view benefits, eligibility, and claims status, or to check the average cost of services in your area.

To find a dentist, visit deltadentalaz.com/forms/find-dentist/ or call 800-352-6132, option 1. Members will maximize their benefit savings when visiting an in-network PPO or Premier contracted dental provider.

You do not need an ID card when you visit a dentist.

You just need to provide your name and member ID. If you don't know your member ID, you can pull up an electronic ID card on your smartphone by logging in to the Delta Dental mobile app.



Get the app:

For iOS: <https://apps.apple.com/us/app/delta-dental-mobile/id632244310?ign-mpt=uo%3D4>

For Android: [apps/details?id=com.deltadental.HealthApp](https://play.google.com/store/apps/details?id=com.deltadental.HealthApp)

EMPLOYEE ASSISTANCE PROGRAM

Beacon Health Options
877-219-3971
achievesolutions.net/ibewlocal640



Life can be challenging.
Beacon Health Options can help.

Everyone needs a little extra support from time to time. When you're facing a life challenge, your Employee Assistance Program (EAP) can help.

You can call Beacon Health Options anytime—**24 hours a day, seven days a week** at **877-219-3971**. You have access to brief, solution-focused counseling services with a licensed clinician. EAP counseling sessions and consultations are **FREE** and HIPAA compliant.

You and each member of your family will receive six no-cost sessions per issue, per year. If you require longer-term counseling, the EAP can help you find a licensed counselor.

For a comprehensive list of services, visit achievesolutions.net/ibewlocal640 or call **877-219-3971**.

EAP can help with issues such as:

- » Family counseling
- » Substance abuse or addiction
- » Marital counseling, including domestic violence
- » Stress, anxiety, or depression
- » Grief or loss
- » Personal and emotional challenges
- » Financial or legal problems
- » Work-related issues including work performance problems or coworker conflict

The Fund provides basic life insurance coverage for you, your spouse, and your dependent children. Basic life insurance pays a benefit in the event of the insured's death during a specified term.

The Fund also provides accidental death and dismemberment (AD&D) insurance coverage for you. (Dependents are not eligible for AD&D insurance coverage.) AD&D pays benefits to the beneficiary if the cause of death is an accident.

Life and AD&D Insurance Highlights

	Basic Life Insurance	AD&D Insurance
Employee	\$10,000	\$10,000
Spouse	\$1,000	No coverage
Each child, 15 days to 19 years old (or 23 if student)	\$1,000	No coverage



Is your life and AD&D insurance beneficiary up to date?

Contact Zenith American Solutions at **800-553-2801** to find out and, if needed, to make a change!



SHORT-TERM DISABILITY

Zenith American Solutions

602-248-8434

800-553-2801

zenith-american.com

The loss of income or disability can cause serious financial hardship for your family.

Short-term disability insurance replaces a portion of your income and can help you continue to meet your financial obligations.

The Fund pays the cost of this coverage, and it is available to Plan A participants only.

If an injury or illness leaves you disabled and unable to work, you may be eligible to receive the following benefit:

Short-Term Disability Highlights

	Benefit Amount	Number of Weeks
Employee	\$150/per week	13 weeks (maximum)

* Dependents are not eligible for this coverage.

Please contact Zenith American Solutions if you have questions about the short-term disability benefit.



BENEFIT CONTACTS

Benefit	Website	Phone Number
Benefit Office (eligibility, COBRA, etc.): Zenith American Solutions	zenith-american.com	602-248-8434 or 800-553-2801
Medical: Blue Cross Blue Shield of Arizona	azblue.com	800-232-2345
Telehealth: BlueCare Anywhere	BlueCareAnywhereAz.com	844-606-1612
Prescription drugs: MedImpact	medimpact.com	833-229-3589
Dental: Delta Dental of Arizona	deltadentalaz.com	800-352-6132, option 1
Employee Assistance Program (EAP): Beacon Health Options	achievesolutions.net/ ibewlocal640	877-219-3971
Life and AD&D: Zenith American Solutions	zenith-american.com	800-553-2801
Short-Term Disability: Zenith American Solutions	zenith-american.com	800-553-2801



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