

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

# GUIDE TO YOUR 2024 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 visit our website [poweringarizonabenefits.com](http://poweringarizonabenefits.com) and 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](http://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 that we're offering the best coverage and benefits available, at costs that are affordable for you and sustainable for the Fund.

### The following benefit changes became effective January 1, 2024:

- » The in-network deductible for medical benefits has been reduced to \$200 single and \$400 family (from \$250 single and \$500 family).
- » Copays for PCMH providers have been reduced to \$10 (from \$20). For more information on how to find a PCMH provider, visit [page 5](#).
- » The annual maximum for dental benefits has increased to \$2,500. Preventive and diagnostic services no longer count toward the annual maximum benefit.
- » Frame allowance for vision benefits has increased to \$225. Non-prescription sunglasses and blue-light filtering glasses are now covered .

### Please note:

- » 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](#).
- » The Employee Assistance Program (EAP) is provided by **ComPsych**. For more information on these resources, call **ComPsych** toll-free at **866-365-0801**, or visit their website at [guidanceresources.com](https://www.guidanceresources.com) (web ID: IBEW).

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](http://azblue.com), or call the dedicated member service team at 800-232-2345.

## Get the app

### For iOS:

[apps.apple.com/us/app/bluecare-anywhere/id12717809175](https://apps.apple.com/us/app/bluecare-anywhere/id12717809175)

### For Android:

[play.google.com/store/apps/details?id=com.azblue.android.bcaz.bluecareanywhere](https://play.google.com/store/apps/details?id=com.azblue.android.bcaz.bluecareanywhere)

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	\$200	\$2,000
Annual deductible (per calendar year) – Family	\$400	\$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: \$10 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

## 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.

Services provided by  
PCMH providers are  
available with a \$10 copay.

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:

1. Visit [azblue.com](https://www.azblue.com), and click on **Find Care > Find a Doctor, Provider, or Facility**.
2. **Find a doctor, dentist or facility > Browse the network as a guest > Continue as a guest**
3. **Find a doctor, dentist or facility** form > select the current **Coverage Year**
4. **Type of Coverage > Employer Provided**
5. **Type of Provider > Medical**
6. **Network > Statewide/National PPO > Search**
7. If you haven't done so before, the next screen will require you to click on **Choose a location**.
8. Enter your local address or your zip code, or click on **Use my current location**. Confirm that your desired provider location is correct.
9. Click on **Advanced Search > Quality** > check the box for **Patient-Centered Medical Home (PCMH)** > Get results. These results should reflect PCMH providers in your preferred 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**.

»»**Ovia Health partnered with ShareCare** – Ovia Health provides resources that support women and families throughout the entire parenthood journey. Members can enroll in the fertility program (which includes help with

tracking reproductive cycles, a symptom tracker, articles, health assessments, coaching, and an online community), or the pregnancy or parenting program. When you download the Ovia app, you'll have access to expert content, health insights tailored to your unique needs, and unlimited one-on-one health coaching with a dedicated well-being team of experts. Register at [azblue.sharecare.com](https://www.azblue.sharecare.com), go to the **Achieve** section, then **Programs**. Select the program that is right for you, and **download the Ovia app**.

»»**Health Management Program** – Sharecare is a great resource and support for disease management. Our new Health Management Program (formerly known as Disease Management) is now available for members who have certain chronic conditions. You can participate in the program through several methods: You can self-refer by calling the number on the back of your ID card or email us at [MemberHelp@azblue.com](mailto:MemberHelp@azblue.com). Referrals can be made by a primary care or treating provider, by a family member or caregiver, or through the Human Resources team. Nurses can also contact members directly when a new diagnosis is identified through claims data.



To access your telehealth benefits, visit [BlueCareAnywhereAz.com](https://BlueCareAnywhereAz.com), or download the BlueCare Anywhere mobile app.

## Get the app

### For iOS:

[apps.apple.com/us/app/bluecare-anywhere/id1271780917](https://apps.apple.com/us/app/bluecare-anywhere/id1271780917)

### For Android:

[play.google.com/store/apps/details?id=com.azblue.android.bcaz.bluecareanywhere](https://play.google.com/store/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](https://BlueCareAnywhereAz.com), or download the BlueCare Anywhere mobile app.





# SHOP SMART AND 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 that are out-of-network. Make sure you check whether your doctor and facility are 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.

## 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:

play.google.com/store/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 [www.medimpact.com](http://www.medimpact.com). For more information about your prescription drug benefits, please contact MedImpact's member services at 833-229-3589 or [www.medimpact.com](http://www.medimpact.com).

## Prescription Plan Highlights

Plan Features	Retail or Specialty	Retail-90 or Mail Order	Retail / Retail-90 Mail Order / Specialty (up to 30-day supply)
	<b>In-Network</b>		<b>Out-of-Network</b> (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- to 30-day prescriptions, you will pay the greater of the \$ or %. For 31- to 90-day 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. These services do NOT count toward your annual maximum.
- » Basic Services (deductible applies), including fillings, sealants, stainless steel crowns, root canals, treatment of gum disease, and 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)	\$2,500	\$2,500
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](https://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](https://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 number. If you don't know your member ID number, 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:

[apps.apple.com/us/app/delta-dental-mobile-app/id1585628503](https://apps.apple.com/us/app/delta-dental-mobile-app/id1585628503)

### For Android:

[play.google.com/store/apps/details?id=com.ddpa.mobileapp](https://play.google.com/store/apps/details?id=com.ddpa.mobileapp)

Your vision care benefits are provided through **VSP (Vision Service Plan)**. You'll choose from an extensive list of providers and receive coverage for exams, frames, and contacts as shown in the chart below.

Service	Coverage (in- and out-of-network)
Annual eye exam	\$10 copay, one per year
Essential medical eye care exams	\$20 copay
Prescription glasses	\$10 copay, once per year
Frames	\$225 frame allowance (or \$195 for certain brands), once per year
Single, bifocal, and trifocal lenses	Fully covered, once per year
Contact lenses	Exam and fitting: up to \$60 copay Contacts instead of eyeglasses: \$150 allowance, once per year
LASIK eye surgery	Not covered; discounts available from VSP facilities
LightCare	Offers benefits for non-prescription sunglasses or blue-filtering glasses exclusively for individuals who do not utilize the prescription eyeglasses benefit

To find a VSP provider, please call **800-877-7195** or visit **vsp.com**.



Life can be challenging.  
ComPsych 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 ComPsych anytime—**24 hours a day, seven days a week** at **866-365-0801**. 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 [guidanceresources.com](https://www.guidanceresources.com) or call **866-365-0801**.

### **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**



**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!

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

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

# SHORT-TERM DISABILITY

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	\$450 per week	20 weeks (maximum)

\* Dependents are not eligible for this coverage.

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

If you are an active employee and it is determined that you are totally disabled due to pregnancy or a pregnancy-related condition, you may be eligible for up to \$600 a week for a maximum of 20 weeks from the date that it is determined that you are totally disabled due to pregnancy or a pregnancy-related condition. This means you may be eligible for up to \$600 for a maximum of 20 weeks following the date of delivery or, if your physician determines in writing that it is medically necessary, you may be eligible for up to \$600 for a maximum of 20 weeks prior to the date of delivery if it is determined that you are totally disabled prior to the date of delivery. You shall not be eligible for any additional \$600 a week in excess of the 20-week maximum.

**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 and Plan B participants only.

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
Vision: VSP	vsp.com	800-877-7195
Employee Assistance Program (EAP): ComPsych	guidanceresources.com	866-365-0801
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



Your IBEW 640 Benefits website:  
**poweringarizonabenefits.com**



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