

NECA-IBEW LOCAL NO. 364 FRINGE BENEFIT FUNDS

NECA-IBEW Local No. 364 Welfare Trust Fund
NECA-IBEW Local No. 364 Defined Contribution Pension Fund
NECA-IBEW Local No. 364 Vacation Fund
NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

ANNOUNCING A CHANGE TO THE PRESCRIPTION PLAN FOR MEDICARE-ELIGIBLE RETIREES EFFECTIVE JANUARY 1, 2020

September 2019

Dear Retiree,

Starting January 1, 2020 the prescription drug benefits for retirees and their spouses who are eligible for Medicare will be provided through a Medicare Part D plan and a supplemental benefit.

This is no ordinary Part D plan. The supplemental benefit together with the Part D plan **will keep your co-pays the same as they are now.**

Your primary plan will be the Part D plan through UnitedHealthcare®, and your supplemental plan will be through Sav-Rx.

There will be no additional cost to you for this program. The NECA-IBEW Local 364 Welfare Fund will pay the cost of both plans. However, you will need to continue making your self-payments to the Fund for your retiree coverage – just as you currently do.

HOW THIS WILL AFFECT YOU

1. Your prescription drug benefits are not changing. However, there are changes regarding how you obtain your prescriptions. **Effective January 1, 2020 you will now use TWO CARDS when filling your prescription(s):**
 - The new UnitedHealthcare® MedicareRxSM for Groups prescription drug plan I.D. card; and
 - A new Sav-Rx I.D. card.
2. You and your Medicare-eligible spouse will each have separate cards. This is a requirement of Medicare.

IF YOUR SPOUSE IS NOT YET ELIGIBLE FOR MEDICARE - The new Medicare Part D + supplement drug coverage will NOT apply to your spouse if she is not yet eligible for Medicare. Her prescription coverage will continue to be provided under the Fund's regular drug plan, and she will be issued her own prescription I.D. card. But when she becomes eligible for Medicare, she will be transferred to the new Medicare Part D + supplement plan.

WHAT WON'T CHANGE

- You don't have to change pharmacies.
- You will NOT have to obtain new written prescriptions from your doctor.

- You can continue using the Sav-Rx mail-service pharmacy for your maintenance medications.
- Your benefits will not be reduced – see “About Your Benefits” on page 2.

MORE INFORMATION ABOUT THE MAILINGS YOU WILL RECEIVE

- **October - Pre-enrollment Kit from UnitedHealthcare®.** *The information in this kit pertains only to your Medicare Part D benefits, which are your primary benefits.*

** IMPORTANT **

The benefits described in the information you receive from UnitedHealthcare (UHC) will be supplemented by the Sav-Rx plan. It is important to understand that *regardless of how the UnitedHealthcare plan is structured*, your co-pays will be the same as they are today: \$10 for 30-day supplies of generic drugs and \$20 for 30-day supplies of brand drugs.

- **December - TWO I.D. Cards for you and TWO for your Medicare-Eligible Spouse** - Your cards will come in two separate mailings: one from United Healthcare and one from Sav-Rx. Medicare requires each person to have their own account and their own card. You will usually only have to show both cards when you fill your first prescription. The pharmacist will keep your information on file for future purchases.
- **Later in December - Welcome Package from UnitedHealthcare.** This package will contain more information pertaining to your Medicare Part D plan. It will not include any information about your Sav-Rx plan. If your spouse is Medicare-eligible, she will receive her own welcome package.

ABOUT YOUR BENEFITS

The UnitedHealthcare® MedicareRx for Groups (PDP) will be your primary prescription drug plan, and Sav-Rx will be your secondary prescription drug plan. The two benefit plans will work together behind the scenes. For example, the UnitedHealthcare plan has an annual deductible, but you won't actually be charged a deductible. Instead, because of the supplemental plan, your co-pays will be the same as they are today: \$10 for 30-day supplies of generic drugs and \$20 for 30-day supplies of brand drugs. You will continue to pay more if you obtain a brand drug that has a generic equivalent.

You will not have to file claims to receive any of your benefits.

When you use both of your I.D. cards, your benefits will be the same as they are today, except as follows:

- If the primary coverage doesn't pay because of the design of that plan, the secondary plan will. The deductible and coverage gap under the UnitedHealthcare plan won't apply to you. You will pay your usual co-pays for the entire year, unless you reach the catastrophic level and your co-pay amounts drop.
- You cannot use coupons for your drug purchases under this new program.
- The secondary plan through Sav-Rx will retain the same rules and exclusions that are currently in place. To avoid out-of-pocket costs, be sure your doctor prescribes generics or authorizes generic substitution whenever generics are available.

IMPORTANT INFORMATION ABOUT THE MAIL-ORDER PROGRAM - You can continue using the Sav-Rx mail-order pharmacy for your maintenance and long-term drugs, and your co-pay amounts should not change.

You can continue using the Sav-Rx mail-order pharmacy.

However, be aware that UnitedHealthcare will send you information about the OptumRx® mail-order program (Optum Rx® handles UnitedHealthcare’s mail-service pharmacy). You may ignore that information, and continue ordering your mail-order drugs through Sav-Rx.

ABOUT YOUR EXISTING PRESCRIPTIONS - If you are using the auto refill option at your retail pharmacy, you must let the pharmacy know about this change before any 2020 refills.

IF MEDICARE CONSIDERS YOU A HIGH-INCOME EARNER - The Social Security Administration requires high-income earners to pay more than the standard premium rate for their Medicare Part B and Part D coverage. Social Security defines a “high-income earner” as a single person with income over \$85,000/year or a joint-filing couple with income over \$170,000/year (2018 income determines 2020 premiums). Since this is a Part D plan, a high-income earner will be required to pay the surcharge for Part D in addition to what he or she is already required to pay for Part B. (The Part D surcharge is deducted from your Social Security check along with the Part B surcharge.) For more information visit <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>.

ENROLLMENT

No action is required of you at this time. All you need to do is watch your mail for your new cards and start using them January 1, 2020.

ENROLLMENT IS AUTOMATIC - You will automatically be enrolled in the new program. Except for using your two new I.D. cards starting January 1, 2020, you do not need to take action in order to continue accessing your prescription drug benefits.

You have the option to NOT participate in the new prescription drug plan. However, if you decline the NECA-IBEW Local 364 Welfare Fund’s prescription program through UnitedHealthcare and Sav-Rx, you will not have any prescription coverage through Local 364. In that case, your self-payment for this Fund’s retiree coverage will NOT be reduced, and you will need to obtain creditable drug coverage elsewhere. If you do not enroll in creditable coverage that starts January 1, 2020 you may be subject to a late enrollment penalty. To disenroll, call TIC at 1-517-321-7502 (toll free 1-877-364-4239) by November 15, 2019. Note that you will, however, be able to keep your Local 364 medical (hospital and doctor) coverage.

YOU CAN ONLY HAVE ONE PART D PLAN AT A TIME - If you are already enrolled in your own Part D prescription plan, please note:

- You will automatically be enrolled in the NECA-IBEW Local 364 Welfare Fund’s new Part D plan.
- Your current Part D plan will receive notification of this new coverage from CMS, the agency that administers Medicare and Medicare Part D plans.
- You will then be dropped from your current Part D plan.

If you do NOT want the Local 364 Fund to enroll you in the new prescription plan, you will need to call TIC at 1-517-321-7502 (toll free 1-877-364-4239) by November 15, 2019.

IF YOUR HOME ADDRESS IS A P.O. BOX - Medicare requires a physical street address for enrollees in Part D plans. If the address on file for you at the Fund Office is a post office box, you will need to provide

the Fund Office with a street address. You can continue using your P.O. box for Fund mailings and mail-order drugs.

**IF YOU HAVE GENERAL QUESTIONS OR QUESTIONS ABOUT YOUR ELIGIBILITY,
I.D. CARDS OR PLAN BENEFITS**

Call Robin Perez the Benefits Coordinator at the Local Union 364 IBEW office in Rockford. Robin's telephone number is 1-815-398-6282, ext. 229.

IF YOU HAVE QUESTIONS ABOUT SPECIFIC DRUGS OR CLAIMS

Sav-Rx will be the final payer on your prescription drug claims and can give you information about your prescription drug costs and co-pays.

Sav-Rx | 1-800-228-3108 | 24/7

You can also call UnitedHealthcare at 1-866-691-8209 directly if you have questions about their part of the plan (although Sav-Rx can also provide you with that information.)

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The Part D plan is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

This information is not a complete description of benefits. Contact the Fund's Benefit Coordinator for more information. Limitations, copayments and restrictions may apply.

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**** REQUIRED NOTICE ****

Nondiscrimination Statement

The NECA-IBEW Local No. 364 Health & Welfare Fund (the "Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Plan provides language assistant services to persons whose primary language is not English, and free aids and services where necessary to people with disabilities to communicate effectively with us. If you need these services, contact the Fund Office.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by contacting the Fund Office by mail, fax or in person at NECA-IBEW Local No. 364 Health & Welfare Fund, telephone 1-877-364-4239. If you need help filing a grievance, Fund Office personnel are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-364-4239.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-364-4239

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-364-4239.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-364-4239.

1-877-364-4239

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(رقم هاتف الصم والبكم-1-877-364-4239 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-364-4239번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-364-4239 (رقم هاتف الصم والبكم: 1-877-364-4239).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-364-4239.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-364-4239.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-364-4239) まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-364-4239.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-364-4239.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-364-4239)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-877-364-4239 'ਤੇ ਕਾਲ ਕਰੋ।

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-364-4239 पर कॉल करें।