



Powering Healthcare for *All* of Us



Plan 16

Summary Plan Description

Single Employer Groups



January 1, 2025

INTRODUCTORY INFORMATION

About This Summary Plan Description (“SPD”)

This SPD outlines the health and welfare benefits provided to participants by Plan 16 of the NECA/IBEW Family Medical Care Plan (referred to as “the Plan” or “the Fund” in this SPD).

Wherever the term “you” or “your” is used in this SPD, it means an eligible employee or, where applicable, an eligible retiree.

If you are a Plan 16 participant who meets the Plan’s eligibility requirements, you and your family members (who meet the Plan’s definition of a *dependent* on pages 70-71 of this SPD) will be eligible for the benefits described herein.

The following benefits that are discussed in this SPD are considered ancillary benefits, and you are only entitled to these coverages if they are included in your employer’s contract with the Plan:

Dental	Vision
Weekly Disability	Life insurance
AD&D insurance	Individual Special Fund Account

If you are not sure which benefits you are entitled to, call the Benefit Office at 1-877-937-9602 or 1-706-841-7000.

Other Benefit Plans Provided by the Fund

The Fund provides benefit schedules that may differ from the benefit plan described in this SPD. Because the benefits can differ, those plans are described in separate SPDs. Please be sure you are reviewing the benefit SPD that is in your employer’s agreement with the Trustees of this Plan. Please visit www.nifmcp.com to access SPDs and other information.

Be Sure to Carry and Use Your Medical I.D. Cards

You and your adult dependents should carry a medical I.D. card. Show your card whenever you or an eligible family member receives medical care from a provider. Contact the Benefit Office if you need a medical I.D. card.

Does the Benefit Office Have Your Current Address?

Please ensure that the Benefit Office has the current mailing address on file for you and your eligible dependents so all important mailings reach you. For example, when the Benefit Office is informed that coverage for you or your dependent is going to terminate, the Fund is required by law to send you information about your right to continue coverage through self-payments. This is just one example of many important notices you may not receive if your address on file is outdated. To update your address, please contact the Benefit Office, or log in to your Participant Portal account at www.nifmcp.com. If you do not already have a Participant Portal account, you can create one by registering as a “New User” on the Participant Portal login page.

PLAN FEATURES

Major Medical Benefits (Blue Card PPO Network)

The Plan's Major Medical Benefits are provided by the national Blue Card Preferred Provider (PPO) network through Anthem/Blue Cross Blue Shield of Georgia (your "home plan"), an independent licensee of the Blue Cross and Blue Shield Association. The Blue Card network links individual Blue Cross Blue Shield (BCBS) PPO networks to provide you with access to healthcare networks across America.

If you use BCBS PPO network providers, you will receive the PPO (in-network) benefits shown on the *Schedule of Benefits* (see pages 6-8).

**To locate a BCBS PPO provider:
Call 1-800-810-BLUE (2583) or visit www.anthem.com**

The phone number and website address are also on the back of your medical I.D. card.

Your Anthem BCBS Medical I.D. Card

Your Anthem BCBS medical I.D. card gives you access to BCBS network providers throughout the United States. The three-letter alpha prefix that precedes your subscriber number on your medical I.D. card identifies Anthem/Blue Cross and Blue Shield of Georgia (BCBSGA) as your home plan.

Pre-Certification Requirements

Call 1-855-343-4851 for pre-certification.

Many services and treatments require pre-certification to be covered by the Plan. It is your responsibility to ensure that your provider has received pre-certification before you receive services. The number to contact about pre-certification is on your medical I.D. card. If you have questions about pre-certification, please contact the Benefit Office.

Pre-certification is NOT a guarantee of payment.

Services are approved based on medical necessity and appropriateness. Actual payment is dependent upon that person meeting the Plan's eligibility rules and other provisions. See page 34 for more information about the *Utilization Review Program*.

Dental Benefits (if applicable)

The Plan's dental benefits are administered by Delta Dental of Pennsylvania ("Delta Dental"). The same benefit levels are provided for both in-network and out-of-network dental services. However, Delta Dental of Pennsylvania has a broad national network of dentists – called the "Delta Dental PPO plus Premier" – who have agreed to accept Delta Dental maximum allowed charge as payment in full. You DO NOT have to use Delta Dental dentists to receive dental benefits; however, if you use "Delta Dental PPO plus Premier" dentists, you will save money due to lower fees.

You do not need any authorization from Delta Dental or the Benefit Office to choose a dentist. Please provide the member's Social Security number to the dental provider to identify your dental benefits – no dental card is needed. See pages 45-47 for more information about your dental benefits.

**For customer service or to find a Delta Dental provider:
Call Delta Dental at 1-855-277-4526 or visit www.deltadentalins.com or www1.deltadentalins.com/fmcp**

Vision Benefits (if applicable)

The Plan's vision benefits are administered by VSP Vision Care (VSP). VSP includes a network of providers who will provide basic vision services.

Please provide the member's Social Security number to the vision provider to identify your vision benefits – no vision card is needed. See pages 48-50 for more information about your vision benefits.

**For customer service or to find a VSP provider:
Call VSP at 1-800-877-7195 or visit www.vsp.com**

Medicare Advantage Plan (if applicable)

The Plan's Medicare Advantage Plan for Medicare eligible retirees and their Medicare eligible dependents is provided by United Healthcare (UHC) and administered by Retiree First. For a summary of benefits provided by UHC, please review your UHC Medicare Advantage Plan information packet.

For assistance with your Medicare Advantage Plan, contact Retiree First at 1-706-229-8769 or toll free at 1-855-220-9437 (TTY 711) or by visiting www.retireefirst.com/fmcp. Retiree First Advocates can help with your UHC Medicare Advantage Plan on things like:

- Personal information changes
- I.D. Card replacements
- Co-payment assistance programs
- Inbound/outbound three-way calls to Medicare vendors, providers and pharmacies
- Claims, billing and payment support
- Low-Income Subsidy (LIS) filing support

Prescription Drug Program

The Plan's prescription drug benefit program is administered by Sav-Rx. You can use your medical I.D. card to purchase prescription drugs from any participating retail pharmacy. Please note that Walmart and Sam's Club are NOT participating pharmacies. There is also a mail-order feature that allows you to save even more money on your long-term and maintenance prescription drugs. See pages 42-44 for more information about your prescription drug program.

If you are on the UHC Medicare Advantage Plan, your prescription drug coverage is administered jointly by UHC and Sav-Rx. UHC is the primary prescription drug plan and Sav-Rx is secondary, but your benefits will not change if both prescription drug cards are presented to the pharmacy.

**For customer service at Sav-Rx:
Call Sav-Rx at 1-866-233-IBEW (4239) or visit www.savrx.com
Group #: NIFMCP and BIN #: 006558**

Note: If your spouse has coverage under another health plan, they must follow the rules of their prescription drug plan first and then file a claim with Sav-Rx for consideration of the remaining charge. The same applies to prescription drugs for any children for whom your spouse's plan pays primary benefits.

**Remember! Walmart and Sam's Club are NOT part of your prescription drug network.
The Plan will not cover prescription drugs purchased from their pharmacies.**

LiveHealth Online

LiveHealth Online uses two-way video to connect you with board-certified physicians that can help diagnose minor illnesses or injuries. Physicians, using LiveHealth Online, can answer your questions, assess your condition and even provide certain prescriptions if needed.

You can utilize this service with your smartphone, tablet, or computer with a webcam. To begin using this program, visit www.livehealthonline.com or download the free LiveHealth Online app to your mobile device and sign up for an account using your Plan information. Once your account is set up and your insurance information is entered correctly, you can begin connecting with physicians immediately.

LiveHealth Online is a great tool to use in non-emergent cases when you don't have time to get to your primary care provider, urgent care, or to avoid an unnecessary trip to the emergency room.

For more information, please contact the Benefit Office, visit www.livehealthonline.com, or download the free LiveHealth Online app to your mobile device.

Teladoc

Teladoc helps ensure you are receiving the best medical care from all of your providers.

At your request, Teladoc's "Teladoc Medical Experts" can review your medical records and provide helpful information and advice from a world-renowned medical expert in the appropriate field when you or your dependent are facing a critical medical decision that involves a serious diagnosis like cancer or undergoing surgery. It's a great tool to ensure that your physician is treating whatever illness or injury you have using the best possible treatments available. Teladoc services include:

- General Medicine: 24/7 care for non-emergency conditions
- Blood sugar management
- Expert medical opinions
- Specialists: Dermatology

Teladoc also includes a Diabetes Management Program for members living with Type 1 or Type 2 diabetes. This program is provided at no cost to you and will provide you with a free cellular-connected blood glucose monitor, unlimited test strips, personalized insights, and expert coaching.

For more information or to utilize Teladoc's available services, call 1-800-835-2362 or visit www.teladochealth.com/fmcp or download the free Teladoc Health app to your mobile device.

SWORD Virtual Physical Therapy Services

The Plan offers coverage of virtual physical therapy services through its vendor, SWORD. There are no deductibles or co-payments for this service. Using innovative technology, SWORD offers digital physical therapy services provided by US-based licensed professionals.

For more information, call 1-888-492-1860 or visit meet.swordhealth.com/thrive/fmcp

Magellan Healthcare

Magellan Healthcare will assist in managing the Plan's coverage of Applied Behavioral Analysis ("ABA") Therapy for individuals with confirmed diagnoses of Autism Spectrum Disorder ("ASD"). Once you receive an ASD diagnosis, you must contact Magellan to receive prior authorization before your ABA Therapy services are covered by the Plan. Magellan will also

adjudicate claims and provide utilization management as treatment progresses. Magellan ABA Care Managers work with your provider and anyone else involved in your treatment to develop a custom care plan tailored to your child that optimizes medically necessary treatment and services and ensures the best outcomes.

For more information or to contact Magellan Healthcare for coverage of ABA Therapy, call 1-800-424-1602 or visit www.magellanhealth.com

TalkSpace

The Plan provides virtual behavioral health services with licensed therapists for Plan participants ages 13 years and older through TalkSpace. TalkSpace is a convenient and affordable way to connect with a licensed therapist from the privacy of your mobile device. Through TalkSpace, you can send your therapist texts, audio, picture, and video messages at any time, and they will respond daily, up to five days per week. TalkSpace also offers live video sessions so you can utilize the “face-to-face” therapy experience. These benefits are provided with no cost-sharing to you. Limitations may apply.

To get started on TalkSpace, visit www.talkspace.com/fmcp or download the free TalkSpace Therapy and Support app to your mobile device.

Progyny

The Plan provides a variety of fertility services for members and their dependent spouses (dependent children excluded) through Progyny. The benefit will include up to two (2) Smart Cycles per lifetime. A Smart Cycle bundles individual services, tests, and treatments together to create a comprehensive family building benefit that is flexible and allows a provider to customize the most appropriate treatment plan for each participant, which may include:

- Artificial Insemination (IUI)
- FDA Bloodwork and Testing
- Fresh In Vitro Fertilization (IVF) Cycle
- Frozen Embryo Transfer (FET)
- Patient Care Advocate (PCA) Concierge Support
- Fertility Medications (via Progyny Rx)
- Pre-implantation Genetic Screening
- Pre-implantation Genetic Diagnosis
- Tissue Transportation
- Donor Tissue Purchase

Benefits through Progyny are subject to other Plan limitations and exclusions provisions, including but not limited to eligibility and medical necessity. Discuss this benefit with Progyny’s Patient Care Advocates by calling 1-833-233-0981, or visit www.Progyny.com/FMCP for more information.

Norton LifeLock

The Plan provides family identity protection coverage to all eligible participants. To enroll in this benefit, please visit members.excelsiorenroll.com/fmcp, or visit www.nifmcp.com to review the LifeLock information document. Please note that the LifeLock coverage will be active only for the months in which you are enrolled as an active participant or retiree in the Plan.

PLAN 16 SCHEDULE OF BENEFITS

Below is a summary of the benefits offered by the Plan. Some of these benefits may not be available to you because they are not included in your employer's agreement with the Plan. Please contact the Benefit Office for more information.

Major Medical Benefits: Anthem Blue Cross Blue Shield – Blue Card PPO Network		
To locate a provider, visit www.anthem.com or call 1-800-810-BLUE (2583).		
Benefit Period = Calendar Year		
Deductibles		
	PPO	Non-PPO
Per Person	\$200	\$400
Per Family	\$400	\$800
Out-Of-Pocket Limits		
	PPO	Non-PPO
Per Person	\$1,400	\$1,400
Per Family	\$2,800	\$2,800
Plan Payment Percentage/Member Co-Insurance		
	PPO	Non-PPO
Plan	100%	80%
Member	0	20%
	Your Cost If Using An In-Network Provider	Your Cost If Using An Out-Of-Network Provider
Office Visit	\$20 co-pay	20% co-insurance
Preventive Care	No charge	
Emergency Room Services	\$100 co-pay (<i>waived if admitted</i>), then No charge	
Urgent Care Facility	\$20 co-pay	20% co-insurance
Inpatient Facility Fee (<i>hospital room</i>)	No charge	20% co-insurance
Outpatient Facility Fee (<i>ambulatory surgery center</i>)	No charge	Not covered
Home Healthcare	No charge (120 visits/yr)	20% co-insurance (120 visits/yr)
Skilled Nursing Facility	No charge (60 days/yr)	20% co-insurance (60 days/yr)
Hospice Services	No charge	20% co-insurance
Chiropractic Services	No charge (30 visits/yr)	20% co-insurance (30 visits/yr)
Mental/Behavioral Health & Substance Use Inpatient and Outpatient	No charge	20% co-insurance
Rehabilitation/ Habilitation Services (<i>PT*</i> , <i>OT*</i> , and <i>Cardiac</i>)	No charge	20% co-insurance
Durable Medical Equipment	No charge	20% co-insurance
Speech Therapy	No charge	20% co-insurance

*Pre-certification may be required

Major Medical Benefits: Anthem Blue Cross Blue Shield – Blue Card PPO Network

To locate a provider, visit www.anthem.com or call 1-800-810-BLUE (2583).

Applied Behavioral Analysis (ABA) Therapy (<i>pre-authorization required</i>)	No charge	20% co-insurance
Bariatric Surgery	Not covered	
Hearing Aids (<i>standard pair</i>)	Limited up to \$4,000 every three (3) years with related services	
Orthotics	One (1) pair of custom molded foot orthotics every two (2) years for adults and a limit of two (2) per plan year for children up to age 18 when prescribed and performed in network ONLY	

Prescription Benefits: Sav-Rx

To locate a provider, visit www.savrx.com or call 1-866-233-IBEW (4239).

Benefit Period = Calendar Year		
Out-Of-Pocket Limits		
Per Person	\$1,000 per calendar year	
Per Family	\$2,000 per calendar year	
Member Co-Pays/Co-Insurance		
Out-Of-Network = Not Covered	Your Cost In-Network	
	Retail	Mail
Generic drugs (mandatory) (Tier 1)	No charge	
Preferred brand drugs (Tier 2)	20% co-insurance	
Non-preferred brand drugs (Tier 3)	30% co-insurance (<i>minimum \$40 co-pay</i>)	30% co-insurance (<i>minimum \$80 co-pay</i>)
Note: Walmart and Sam's Club are NOT part of the Labor-friendly Sav-Rx network, and the Plan will not cover drugs purchased from their pharmacies.		

Dental Benefits: Delta Dental (if applicable)

To locate a provider, visit www.deltadentalins.com or call 1-855-277-4526.

Benefit Period = Calendar Year		
Deductibles		
Per Person	\$0 per calendar year	
Per Family	\$0 per calendar year	
Maximum Payable Benefits		
Per person (<i>Does not Apply to Children Under Age 19</i>)	\$2,500	
Plan Payment Percentage		
	Plan	Member
Preventive	100%	0
Minor Restorative	80%	20%
Major Restorative	60%	40%
Other Benefits		
Orthodontia (children up to age 26)	100% up to \$2,000	

Vision Benefits: VSP Vision Care (if applicable)

To locate a provider, visit www.vsp.com or call 1-800-877-7195.

Benefit Period = Calendar Year

	Amount Paid by Plan If Using An In-Network Provider	Amount Paid by Plan If Using An Out-Of-Network Provider
Vision Exam	Paid in full	\$35
Frames	Provided up to \$180 allowance	\$35
Lenses (per pair):		
• Single Vision	Paid in full	\$30
• Lined bifocal	Paid in full	\$40
• Lined trifocal	Paid in full	\$55
• Lined lenticular	Paid in full	\$55
Contacts	Provided up to \$150 allowance	\$120
Safety Glasses		
• Frames	Provided up to \$65 allowance	\$25
• Lenses (per pair)		
• Single Vision	Paid in full	\$30
• Bifocal	Paid in full	\$35
• Trifocal	Paid in full	\$45
• Lenticular	Paid in full	\$60
Lasik	\$1,500 per eye (lifetime)	

Weekly Disability Benefits (if applicable)

(Employees Only)

Benefits

Benefit Period	26 weeks
Amount per Week	
Occupational	\$300 per week
Non-Occupational	\$600 per week

Life Insurance and Accidental Death & Dismemberment Benefits (if applicable)

(Employees Only)

Benefits

Employee Death	\$20,000
Employee AD&D	\$20,000
Retiree Death	\$15,000