

I.B.E.W. LOCAL No. 25 HEALTH & BENEFIT FUND

372 Vanderbilt Motor Parkway

Hauppauge, NY 11788-5133



TELEPHONE
(631) 434-3344
FACSIMILE
(631) 434-3397
WEBSITE
www.eibofli.com

January 8, 2025

**Re: I.B.E.W. LOCAL 25 HEALTH AND BENEFIT PLAN,
SUPPLEMENTAL UNEMPLOYMENT BENEFIT (SUB)
NOTICE OF CHANGE TO YOUR PLAN OF BENEFITS**

Dear Eligible Plan Participant:

The IBEW Local 25 Health & Benefit Fund Trustees are pleased to announce that effective for the January 2025 benefit month and forward, the SUB benefit amount shall be increased from two hundred forty-nine dollars (\$249) per eligible week to three hundred dollars (\$300.00) per eligible week and shall reduce the credit balance by one and one-half (1 ½) credits.

The maximum credits an eligible Plan Participant may accrue is 104 credits. The maximum individual balance will increase to \$20,800.00 from the previous maximum of \$17,264.00. Effective January 1, 2025, each credit value will be increased from \$166.00 per credit to \$200.00 per credit. As stated above, during the period that state unemployment benefits (including any waiting period) are received, the SUB benefit amount shall be three hundred dollars (\$300.00) per eligible week.

In the event state unemployment benefits are exhausted while the Plan Participant is still otherwise "eligible" then the benefit amount will increase out of "available" funds to five hundred dollars (\$500.00) per week and shall reduce the credit balance by two and one half (2 ½) credits. Benefit payments are made monthly after the claim has been received. For additional information see the Summary Plan Description available at www.eibofli.com.

Sincerely,

IBEW LOCAL 25 HEALTH & BENEFIT FUND

Management Trustees

Kristian Ingebrigtsen
James Kennedy
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Clifford Seaman

Labor Trustees

Jason Alvarez
Kevin Casey
Ryan Casey
Dennis Shay

Fund Manager

Rosa Arreaga-Negron

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November 2021

Dear Medicare Participants:

The Board of Trustees of the I.B.E.W. Local 25 Health & Benefit Fund have approved a revision to the cost-sharing way in which out-of-pocket claims are adjudicated by the Fund's Medicare Advantage Plan through Aetna.

Effective January 1, 2022, the new plan design will allow participants to pay doctor bills in smaller increments (20% rather than 100% of the fee) until the \$400 out-of-pocket maximum is reached. Below are some additional changes taking effect on January 1, 2022:

- Deductible changing from \$400 to \$0;
- There will now be a \$200 per day cost share for IP hospital (until \$400 in total out-of-pocket expenses have been met);
- There will now be a \$120 emergency room copay (until \$400 in total out-of-pocket expenses have been met);
- There will now be a \$50 urgent care copay (until \$400 in total out-of-pocket expenses have been met);

Additional information and details from Aetna will follow shortly. Please be sure to read the information carefully.

Lastly, we wish to remind you that due to a recent change in computer systems in the Fund office, we **must** receive your continuation of coverage payment in our office prior to the due date of **December 31, 2021**. Eligibility information is automatically sent to Aetna. What this means to you is that if you do not pay your continuation of coverage bill by the due date, you will be automatically terminated the first of the month following the due date (January 1st or July 1st). If the payment comes in after the due date, it can take up to 60 days to update the systems with Aetna and the Centers for Medicare and Medicaid Services, which would mean that you would **not have coverage** during that time.

If you have any questions, or concerns, please feel free to call.

Very truly yours,

IBEW LOCAL 25 HEALTH & BENEFIT FUND



Rosa Arreaga-Negron
Fund Manager

RAN/aek

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OFFICE HOURS:
9 a.m. to 5 p.m.

SUMMARY OF MATERIAL MODIFICATION PLAN A & PLAN B

DECEMBER 2019

To: All Eligible Members (and their eligible Dependents, where applicable)

This notice, called a "Summary of Material Modifications" ("SMM"), is being provided to advise you of certain changes that the Board of Trustees has made to the I.B.E.W. Local 25 Health and Benefit Fund, Plan A and Plan B (the "Plans"). After you read this SMM, please keep it with your Summary Plan Description ("SPD") booklet, so that when you refer to the SPD you will be reminded of the changes described in this SMM.

Effective March 1, 2020, the Plans are being modified to require preauthorization for the following:

1. Outpatient Hospital Diagnostic Services;
2. Dialysis prior to first visit;
3. Durable Medical Equipment if cost is greater than \$500;
4. Hyperbaric Oxygen therapy;
5. Orthotics if cost is greater than \$500;
6. Any therapy that is provided in the Outpatient Hospital Setting;
7. Prosthetics if cost is greater than \$500;
8. Radiation Therapy;
9. Sleep Disorder Testing in the Outpatient Hospital Setting;
10. Sleep Disorder Treatment if Cost is greater than \$500.

What is Preauthorization?

Preauthorization is defined by www.Healthcare.gov as a decision by your health plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is also called prior authorization, prior approval or precertification. Your health plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise the I.B.E.W. Local 25 Health and Benefit Fund Plan A or Plan B will cover the cost.

For preauthorization, please call MagnaCare at 877-335-4725.

Because of the new Preauthorization requirements, what effect will this have on other benefits under Plan A and Plan B?

Because of the new Preauthorization requirements, the Plans are no longer recognized as Grandfathered Plans according to the Patient Protection and Affordable Care Act. The loss of Grandfathered status means certain

preventive service benefits must be provided to you at no cost. Other services must be provided but enable the Fund to charge some out-of-pocket that you must cover. Below is a sample of coverage. It is recommended that you contact MagnaCare at 877-624-6224 to determine what, if any, limitations on coverage exist, including whether you will be responsible for certain out-of-pocket costs:

Service
Abdominal Aortic Aneurysm Screening
Anemia, Iron Deficiency Screening
Aspirin for the prevention of cardiovascular disease
Bacterium Screening: pregnant women
Behavioral counseling to prevent sexually transmitted infections and other screenings
Cervical cancer screenings, Pap Smear
Chemoprevention of Breast Cancer (Counseling)
Cholesterol Screening (Lipid Disorders Screening)
Colorectal Cancer Screening
Counseling and Interventions to Prevent Tobacco Use (Children Adolescents, Adults, Pregnant Women)
Developmental/Autism Screening (0-2 years of age)
Diabetes Screening
Dyslipidemia Screening (children)
Genetic Counseling and Evaluation for BRCA Risk Assessment; and BRCA Genetic Testing
Hearing Tests (children)
Hepatitis B and C Screening
HIV Screening for Adolescents and Adults
Immunizations (request list of covered immunizations and their limitations)
Lead screening (children)
Screening for Depression in Adolescents
Metabolic Screening Panel (Newborn) and other Newborn Screenings
Osteoporosis Screening
Prevention of Dental Caries in Preschool Children (Counseling) and Fluoride application in primary care
Primary Care interventions to promote breastfeeding
Prevention of falls in community-dwelling older adults
Prostate Cancer Screening
RH Incompatibility Screening (Pregnant Females)
Screening and Behavioral Counseling interventions in primary care to reduce alcohol misuse
Screening for depression in adults (including pregnant and postpartum women)
Screening for high blood pressure
Screening for intimate partner violence
Screening for obesity in adults
Screening for obesity in children and adolescents
Screening for preeclampsia
Screening for visual impairment in children
Screening for developmental/behavioral assessment
Screening Mammography
Screening: Latent tuberculosis adults
Skin cancer behavioral counseling (children, adolescents and young adults ages 10 to 24)
Wellness examinations (well baby, well child, well adult): Children to age 5 – 5 per year; greater than 5 annual or as per AAP
Lung Cancer Screening

Prostate Cancer Screening
Breastfeeding support services – counseling/education, equipment and supplies for pregnant and postpartum women
Contraceptive methods (including sterilizations): Tubal ligations, oviduct occlusion Contractive methods: Diaphragm or cervical cap, implantable devices, IUDs, injections
HPV DNA Testing (Cervical Cancer Screening)
Screening and Counseling for Interpersonal and Domestic Violence
Screening for Gestational Diabetes
Tuberculosis Testing: Ages 0-21 Years Annual

Preventive Medications

(Must Contact the Fund Regarding Limitations)

Drug or Drug Class:	Applies To:
Aspirin	OTC Generics Only
Fluoride Supplements	Rx Brands and Generics
Folic Acid (400 mcg and 800 mcg only)	OTC Brands and Rx Generics
Iron Supplements	OTC Brands and Rx Generics
Smoking Deterrents	RX Brands and Generics; OTC Generics
Vitamin D2, D3 Products, and calcium Vitamin D <1,000 IU	OTC Brands and Rx Generics
Bowel Preps (Bisacodyl, Mag Citrate, Milk of Magnesia, PEG 3350-Electrolyte)	RX Brands and Generics
Breast Cancer Prevention	Rx Brands and Generics
Cardiovascular Disease Prevention (Statins)	Generics Only
Contraceptives	Oral, Injectable, Patches, Rings, Diaphragms, female condoms, spermicides, cervical caps, and sponges
Emergency Contraceptives	
IUD/Implant Contraceptives	

Board of Trustees of the I.B.E.W. Local 25 Health and Benefit Fund

MANAGEMENT

Clifford Seaman
Pat Santoro
James Kennedy
Paul Dunn

LABOR

Kevin Casey
Godfrey King, Jr.
James Malley
Edward O'Brien

FUND MANAGER

John W. Gilday

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www.elbofli.com

OFFICE HOURS:
9 a.m. to 5 p.m.

December 2016

RE: I.B.E.W. LOCAL 25 HEALTH AND BENEFIT PLAN

Dear Plan Participant:

In accordance with the right of the Trustees of the I.B.E.W. Local 25 Health and Benefit Fund (the "Fund") to amend, modify, or discontinue all or part of the benefit provisions of the Fund's Plan A and Plan B (collectively, the "Plan"), the Trustees have amended the Plan, effective February 1, 2017, to cover acupuncture service if performed by a licensed physician or licensed acupuncturist. Previously, the Plan only covered this service if performed by a licensed physician.

PRESERVATION OF PLAN AS "GRANDFATHERED PLAN" AS DEFINED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010, AS AMENDED

The Trustees reserve the right to amend, modify or discontinue all or part of the Plan whenever, in their judgment, conditions so warrant. The Fund's Trustees believe that the Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act of 2010, as amended (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at (631) 434-3344. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or

www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Sincerely,

TRUSTEES OF THE IBEW LOCAL 25 HEALTH & BENEFIT FUND

LABOR TRUSTEES

Kevin Casey
Godfrey King, Jr.
James P. Malley
Sean Plant

MANAGEMENT TRUSTEES

Steven Cadieux
Paul Dunn
Pat Santoro
Clifford Seaman

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December 2016

RE: I.B.E.W. LOCAL 25 HEALTH AND BENEFIT PLAN

Dear Plan Participant:

Recently, the Fund Office posted a nondiscrimination statement for your review advising that the I.B.E.W. Local 25 Health and Benefit Fund (the "Fund") complies with applicable Federal Civil Rights laws in connection with the Fund's administration of health benefit coverage. Pursuant to the nondiscrimination provisions of the Patient Protection and Affordable Care Act ("ACA"), the Fund's Plan A and Plan B (collectively, the "Plan") do not contain any provisions that will categorically deny a claim or impose any other limitations on coverage that is available to individuals of one gender, based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different than the one to which health coverage under the Plan is ordinarily or exclusively available. To the extent that a claim denial for Intersex Surgery may violate the nondiscrimination provision of Section 1557 of the ACA, Intersex Surgery will no longer be a "General Exclusion" under the Plan, effective January 1, 2017.

In addition to the foregoing, the Fund's Trustees also advise that the following services are available to you upon request and free of charge:

- Aids and services to people with disabilities to communicate effectively with the Fund, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats);
- Language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact Owen M. Rumelt, the Fund's designated Civil Rights Coordinator. If you believe that the Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability, sex, or gender identity, you can file a grievance with the Fund's Civil Rights Coordinator at the following address:

Owen M. Rumelt, Esq.
Civil Rights Coordinator for the I.B.E.W. Local 25 Health and Benefit Fund
372 Vanderbilt Motor Parkway
Hauppauge, NY 11788-5133

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, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)

- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (631) 434-3344.
- **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 (631) 434-3344.
- **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (631) 434-3344.
- **ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (631) 434-3344.
- **주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (631) 434-3344 번으로 전화해 주십시오.
- **ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (631) 434-3344
- **אויפמערקזאם:** אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. (631) 434-3344 רופט
- **লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ (631) 434-3344
- **UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (631) 434-3344

- (رقم هاتف ملحوظة: إذا كنت تتحدث اذکر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-434-3344 (631) الصم والبكم: 1
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (631) 434-3344
- خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کری (631) 434-3344
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (631) 434-3344
- ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (631) 434-3344
- KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (631) 434-3344

The Fund continues to comply with the applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity.

Sincerely,

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