

SUMMARY OF MATERIAL MODIFICATION
TO THE LOCAL 94, I.B.E.W. HEALTH AND WELFARE FUND
SUMMARY PLAN DESCRIPTION
April 5, 2023

To: Local 94, I.B.E.W., Health and Welfare Fund Participants and enrolled dependents:

The purpose of this announcement is to inform you of the changes made to the Local 94, I.B.E.W. Health and Welfare Plan as a result of the federal government's declaration that the COVID-19 Public Health Emergency was ending on May 11, 2023.

This Summary of Material Modification ("SMM") describes the changes regarding your Plan benefits. Please keep this SMM with your copy of the Summary Plan Description ("SPD") for future reference. If you have lost or misplaced your copy of the SPD, you can contact the Fund Office for another copy.

END OF COVID-19 PUBLIC HEALTH EMERGENCY BENEFIT CHANGES

Effective May 12, 2023, certain benefits changes enacted during the PHE shall return to pre-COVID-19 coverage on **May 12, 2023**:

Vaccines

Members will not have to pay anything out of pocket for the COVID-19 vaccine and boosters when they use an in-network provider. Member cost share is applicable if the vaccine is administered by an out-of-network provider.

COVID-19 Testing and Treatment

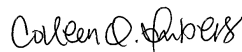
Members will continue to have coverage for lab PCR and Rapid COVID-19 tests and as well as COVID-19 treatment when medically necessary and received in-network. However, members may pay the in-network office copay and/or coinsurance for the office and/or facility visit.

Members who elect to use an out-of-network provider will pay more out of pocket. Out-of-network providers may demand charges at the time of service and the member may be responsible for the difference in provider charges and the Plan's allowance or charges if not deemed medically necessary.

Additionally, effective **May 12, 2023**, members can receive up to 2 at home COVID-19 tests, per family member per month at no cost to the member when your prescription drug card is presented at an in-network only pharmacy.

If you have any questions about these Plan changes, or about the Plan in general, please call I.E. Shaffer at (800) 792-3666.

Sincerely,



Colleen Imbert - Administrator

**SUMMARY OF MATERIAL MODIFICATION
TO THE LOCAL 94, I.B.E.W. HEALTH AND WELFARE FUND
SUMMARY PLAN DESCRIPTION
January 1, 2023**

To: Local 94, I.B.E.W. Health and Welfare Fund Participants and Enrolled Dependents:

The purpose of this announcement is to inform you of the changes made to the Local 94, I.B.E.W. Health and Welfare Plan to enhance eligibility, reserve hours, and self-pay provisions by maintaining and administering eligibility on a quarterly instead of a monthly basis.

This Summary of Material Modification (“SMM”) describes the changes regarding your Plan benefits. Please keep this SMM with your copy of the Summary Plan Description (“SPD”) for future reference. If you have lost or misplaced your copy of the SPD, you can contact the Fund Office for another copy.

**EMPLOYEE(S) EFFECTIVE DATE OF
COVERAGE**

Initial Eligibility

You will become eligible for benefits on the first day of the second month following a period of 3 calendar months during which you work a minimum of 420 hours. Upon satisfying this requirement, you will remain eligible for at least three months.

If You Earn 420 Hours of Service During the Prior:	You Will Become Eligible:	And Will Remain Eligible Until At Least:
September through November	January 1	March 31
October through December	February 1	April 30
November through January	March 1	May 31
December through February	April 1	June 30
January through March	May 1	July 30
February through April	June 1	August 31
March through May	July 1	September 30
April through June	August 1	October 31
May through July	September 1	November 30
June through August	October 1	December 31
July through September	November 1	January 30
August through October	December 1	February 28(29)

Continuing Eligibility and Termination

To remain eligible, you must have at least 420 hours of service each calendar quarter period. Your eligibility will terminate on the last day of the second month following the calendar quarter period during which you fail to receive credit for at least 420 hours.

If You Have Less Than 420 Hours of Service Per Calendar Quarter Period:	Your Eligibility Will Terminate On:
January through March	May 31
April through June	August 31
July through September	November 30
October through December	February 28 (29)

Reserve (Banked) Hours

Hours of service in excess of 420 hours during the calendar quarter will be placed in a reserve (bank) and will accumulate up to a maximum of 420 hours for employees who have established initial eligibility. This reserve will be drawn upon to maintain your eligibility if you should fail to receive credit for at least 420 hours of service during a calendar quarter period, and provided you are available for work under a Local 94 Collective Bargaining Agreement requiring contributions to this Fund. Reserve hours may be used to provide coverage to the full contract (employee and dependents(s) (spouse, child/ren, family)) for that quarter in which the shortage occurred and during which the participant had employer hours reported.

Reserve Hours may not be used if you have zero hours reported by the employer during the calendar quarter period. If no contributions by any employer included in the Local 94 Collective Bargaining Agreement are received within 12 months following your last month worked, you will lose any remaining Reserve Hour balance and such reserve hours shall terminate from your record indefinitely.

In the event a participant: leaves covered employment and has Welfare coverage elsewhere, voluntarily leaves covered employment to take a management position, does a cessation or has other hospital/medical coverage available through a reciprocal agreement, such employee is not permitted to use any banked hours, and all banked hours shall be forfeited.

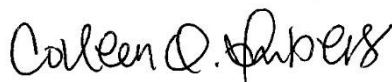
Self-Pay Provision

If a participant does not have 420 hours worked during the calendar quarter period and his employment has been terminated, the participant has the option to self-pay the amount of contributions required to maintain eligibility for a maximum of one calendar quarter period. Coverage will be for the participant and eligible dependents, if applicable. If during the next consecutive calendar quarter period the participant does not have 420 credit hours to maintain eligibility, coverage (including any dependent coverage) will terminate. Self-pay is to be permitted if a participant transfers to another company within the Plan but failed to reach the 420 hours requirement for that quarter.

The Fund will notify the participant in writing, by regular mail sent to the address on file, of the amount of the short fall in contributions. The participant will be given thirty (30) calendar days from the date of notice within which to make payment of the shortfall in order to maintain continuing eligibility without a break. Payment must be received at the Fund Office no later 4:00 p.m. of the last day of the (30) day calendar period. If the "last day" is a Saturday, Sunday or federal legal holiday, the last day shall be extended to the next regular business day.

If you have any questions about these Plan changes, or about the Plan in general, please call 800-792-3666 and ask to speak with the Contributions Department regarding your worked hours.

Sincerely,



Colleen Q. Imbert. Administrator

February 7, 2022

SUMMARY OF MATERIAL MODIFICATION TO THE LOCAL 94 IBEW HEALTH AND WELFARE FUND SUMMARY PLAN DESCRIPTION

To: Local 94 IBEW Health and Welfare Fund Participants and enrolled dependents

The purpose of this announcement is to inform you of the changes made to the Local 94, I.B.E.W. Health and Welfare Plan to comply with the Federal Government's Over the Counter ("OTC") COVID-19 test kit mandate, effective January 15, 2022. The Board of Trustees of the Local 94 IBEW Health and Welfare Fund has chosen to cover FDA-approved COVID-19 OTC test kits.

This Summary of Material Modification ("SMM") describes the changes regarding your Plan benefits. Please keep this SMM with your copy of the Summary Plan Description ("SPD") for future reference. If you have lost or misplaced your copy of the SPD, you can contact the Fund Office for another copy.

OTC COVID-19 TEST KIT MANDATE

Prime Therapeutics prescription benefits will now cover up to eight (8) FDA-approved OTC COVID-19 test kits per 30-day period, per member.

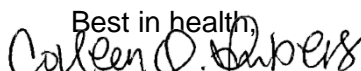
No prescription is required. A participant may visit a Prime in-network pharmacy that has FDA-approved test kits in stock, present pharmacy benefit card, and the cost of the tests will be covered in full by your prescription benefit. A listing of in-network pharmacies can be found at: <https://www.myprime.com/en/find-pharmacy.html>

In the event a participant pays for an FDA-approved test kit out-of-pocket at an in-network pharmacy, the participant may submit for direct member reimbursement through Prime Therapeutics. (<https://www.myprime.com>, under Forms). The reimbursement will be for the full price paid.

A participant may pay out-of-pocket for an FDA-approved test kit at an out-of-network pharmacy or vendor, and submit for direct member reimbursement to Prime Therapeutics. (<https://www.myprime.com>, under Forms). Reimbursement is limited in this circumstance to up to \$12 per test kit.

This benefit will expire upon the termination of the national public health emergency.

If you have any questions regarding these Plan changes or the Plan in general, please refer to the SPD or call the Third Party Administrator, I.E. Shaffer & Co. at 800-792-3666 ext. 6001 to speak with the claims service team.

Best in health,

Colleen Q. Imbert
Administrator

To: Active Participants in the IBEW Local 94 Health and Welfare Plan

Re: Effective January 1, 2022 – IBEW Local 94 Medical Claims, Enrollment, Customer Service, Plan Changes, Auto Insurance Action Required and Dental Plan Changes

Dear Participants:

On behalf of the Trustees of the IBEW Local 94 Health and Welfare Plan, I would like to inform you of the following plan program changes effective **January 1, 2022**:

I. Medical Claims, Enrollment & Customer Service:

I.E. Shaffer will begin to pay your Medical claims and provide Medical claims customer service to all participants of the IBEW Local 94 Health and Welfare Plan (“The Plan”). If you need assistance with anything related to your Horizon BCBSNJ medical claims, please call **(800) 792-3666**. This number is located on the back of your new medical ID card.

Enclosed is a member benefits enrollment form. Please complete the form in its entirety and return to our office in the self-addressed envelope we are providing to you. It is very important you provide all the documentation requested along with your enrollment form.

IMPORTANT MEMBER PHONE NUMBERS	
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Horizon Medical Service (I.E. Shaffer)	(800) 792-3666
Prime Prescription Drug Service (Prime Therapeutics/ Horizon)	(800)-370-5088
Horizon Dental Service	(800)-433-6825
Horizon Vision Service	(800)-278-7753
Horizon Care Navigator (R.N.)	(888)-621-5894 option 2, followed by option 3

II. New ID Cards:

All eligible IBEW Local 94 Welfare participants will receive three new ID cards from Horizon BCBSNJ for medical, prescription and dental benefits. Please be sure to use the correct ID card for each service you receive:

MEDICAL	GROUP # 76335
PRESCRIPTION	GROUP # 76336
DENTAL	GROUP # 76337

You must use your new ID cards for these services on and after January 1, 2022 or your claims may be denied.

If you are enrolling in the Horizon Vision plan for the first time, you will receive a new ID card. If you are already enrolled in the Horizon Vision plan, you will not receive a new ID card and may continue to use your existing ID card before and after January 1, 2022.

III. Horizon Care Navigator:

All eligible participants and dependents will be offered the Horizon Care Navigator program. You will have access to a Registered Nurse (RN) dedicated to IBEW Local 94 members and will serve as your Care Navigator. Your Care Navigator understands your benefits, will work with your doctors, and help manage your needs and help answer your questions. If you or an eligible dependent have an acute or chronic condition or need help understanding a new diagnosis, please call (888)-621-5894, option 2, followed by option 3.

IV. Injury involving a Motor Vehicle:

IT IS VERY IMPORTANT THAT YOU READ, UNDERSTAND, AND TAKE ACTION WITH YOUR AUTOMOBILE INSURANCE TO COMPLY WITH THIS NEW PROVISION:

Services or treatment for injuries resulting from a motor vehicle accident or involving a motor vehicle will only be paid by the Local 94 IBEW Welfare Fund on a secondary basis, whether or not coverage exists under Personal Injury Protection coverages, Medical Payment Benefits, or

Basic Reparation Benefit coverages. This exclusion of primary coverage applies whether or not a proper and timely claim for payment for these services is made under the motor vehicle insurance policy.

Each State has established its own specific requirements, and you need to examine the coverages that are either mandated or provided on a voluntary purchase basis: (Below are explanations for the local area States)

For New Jersey: Personal Injury Protection (PIP) coverage in the State of New Jersey is State required. There are various dollar amount levels of coverage offered, and with various deductibles. **You are required** by the Local 94 Welfare Fund to purchase and maintain “Standard” PIP Medical Expense Benefit coverage at a minimum level of \$50,000.00. You have the option to select a higher benefit limit as well as to select what amount of deductible for which you will be responsible. Your New Jersey Standard PIP policy also provides you with a limited income continuation benefit if your injury prevents you from attending work.

For Pennsylvania: Personal Injury Protection, referred to as First Party Benefits (FPB/PIP) coverage in the State of Pennsylvania is State required. There are various dollar amount levels of coverage offered. **You are required** by the Local 94 Welfare Fund to purchase and maintain FPB/PIP medical expense benefit coverage at a minimum level of \$50,000.00. In Pennsylvania, FPB/PIP does not have a deductible and the FPB/PIP will make payment without your being responsible for any first dollar amounts as you would be under the Local 94 Welfare Plan. Your Pennsylvania FPB/PIP policy also provides you with a limited income continuation benefit if your injury prevents you from attending work.

For New York: Personal Injury Protection (PIP) coverage in the State of New York is required. There are various dollar amount levels of coverage offered, with a minimum level of \$50,000.00. **You are required** by the Local 94 Welfare Fund to purchase and maintain PIP coverage at at the State specified minimum amount of \$50,000.00. Your New York PIP benefits also provides you with a limited income continuation benefit if your injury prevent you from attending work.

For Connecticut: Personal Injury Protection (PIP) coverage is **not** available within the State of Connecticut. Connecticut insurance does make available Medical Payment Benefits (MedPay) with limits up to \$10,000.00 as well as a more comprehensive plan of Basic Reparation Benefits (BRB). **You are required** by the Local 94 Welfare Fund to purchase and maintain either MedPay or BRB minimum coverage at \$10,000.00. Income continuation benefit are not automatically provided in the policy and purchase is optional.

Participants are required to purchase and maintain the required automobile medical benefit coverage levels as set forth above. The Local 94 Welfare Fund will exclude payment for all motor vehicle related claims up to the required auto coverage level and there will be no coverage provided by the Local 94 Welfare Fund (Horizon BCBSNJ medical policy) until the auto insurance thresholds have been exhausted.

The Local 94 Trustees recognize these new coverage requirements may be confusing and will likely require a change in your current automobile insurance policy. The coverage thresholds are effective as of January 1, 2022 but will not become effective until the later of January 1, 2022 or the date of the renewal of the participant's automobile insurance policy. If your auto insurance policy renewal is later than January 1, 2022, you will be required to arrange for the required coverage at the time of your auto policy renewal. As an example, if you have an auto policy for the term of June 1, 2022, to May 31, 2022, you will be required to arrange for the additional coverage at the time of your auto policy renewal, to take effect as of June 1, 2022

PLEASE BE SURE TO CONTACT YOUR AUTO INSURANCE CARRIER FOR THE DATES OF YOUR AUTO POLICY, BE SURE YOUR MEDICAL INSURANCE COVERAGE IS NOT LISTED AS PRIMARY ON YOUR AUTO POLICY AND BE SURE YOUR COVERAGE ELECTIONS MEET THE REQUIREMENTS OF THE PLAN. IT IS RECOMMENDED THAT YOU PROVIDE YOUR INSURANCE BROKER OR CARRIER WITH A COPY OF THIS NOTICE.

V. Infertility Benefits:

The Plan will continue to cover FDA approved and medically necessary prescription drugs and diagnostic testing prescribed by your provider for infertility without a dollar maximum. Effective January 1, 2022, medical infertility services will continue but will include a \$20,000 per year maximum, with \$50,000 lifetime maximum, per family. If you are currently undergoing infertility treatment and have questions regarding your coverage, please call our office **(800) 792-3666** so we may assist you.

VI. Over-the-Counter Alternative Milk Formulas

The Plan will no longer cover over-the-counter alternative milk formulas for alternative dietary needs. Children who require enteral nutrition (tube feeding) will continue to have coverage for such products when deemed medically necessary with written prescription from the treating physician and purchased with a durable medical equipment (DME) provider.

VII. Coverage for Wigs

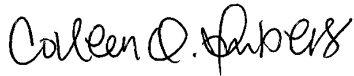
Members and eligible dependents will have coverage for wigs up to \$500 every 24 months for members with a diagnosis of alopecia or hair loss due to radiation or chemotherapy.

VIII. Dental Dependents Over Age 26

If you are an active participant in the IBEW Local 94 Dental Plan and have a dependent child between the age of 19 and 26 enrolled in medical benefits, I.E. Shaffer will add your dependent child to the IBEW Local 94 Dental Plan provided you continue eligibility. Dependents will have coverage until the last day of the calendar year in which the child reaches age 26.

Should you have any questions about your benefits, please contact our office for assistance.

Best in health,



Colleen Q. Imbert
Administrator

Cc: Trustees – Scott Campbell, Carla Wolfe