

IBEW LOCAL 22/NECA HEALTH AND WELFARE PLAN

Summary of Material Modifications

The Board of Trustees would like to make you aware of recent improvements in the Plan's coverage effective January 1, 2012. This Notice summarizes these improvements, including increasing the annual benefit maximum, increasing wellness and preventive care benefits and removing certain limits on mental illness, alcoholism and substance abuse benefits.

ANNUAL MAXIMUM

The Annual Benefit Maximum has been increased to \$1,250,000.

MENTAL ILLNESS, ALCOHOLISM AND/OR DRUG ABUSE (MIDA) TREATMENT

The previous 30 day limit for inpatient treatment for Mental Illness, Alcoholism and/or Drug Abuse (MIDA) as well as the 60 unit limit of outpatient treatment for MIDA have been eliminated. All MIDA treatment remains subject to the requirement of Medical Necessity.

TOBACCO CESSATION COVERAGE

The tobacco cessation benefits available through SimplyWell's Tobacco Cessation Program will no longer be limited to once per year and twice per lifetime.

CHANGES TO THE PLAN'S BENEFITS FOR PREVENTIVE SERVICES

As indicated in the "Grandfathered Status" language on page 4 of this Summary of Material Modifications, the Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("PPACA"). This means the Plan is not required by law to provide 100% coverage (i.e. coverage without cost to the Participant) for preventative health services. Although the Plan is not legally required to provide 100% coverage for these in-network preventative health services, the Board of Trustees has decided to go beyond its legal obligations and provide these enhanced benefits. Accordingly, effective January 1, 2012, the Plan's preventive care benefits will be increased to provide 100% Plan coverage (no Participant cost) for the full schedule of preventive services established by PPACA when these services are provided by an in-network provider. **If these services are provided by an out of network provider, they will be subject to the Plan's Participant deductible for an out of network service and the Plan will cover only 70% of the covered services.**

The preventative services are listed on the following pages on the benefit schedule compiled and administered by BlueCross BlueShield of Nebraska.

Covered Preventive Service, As Recommended By U.S. Preventive Services Task Force	Frequency Limit
Abdominal Aortic Aneurysm, Screening	One per lifetime
Alcohol Misuse Screening and Behavioral Counseling Intervention	One per calendar year
Aspirin for the Prevention of Cardiovascular Disease	Subject to plan's retail day supply limit
Asymptomatic Bacteriuria in Adults, Screening	
Breast Cancer, Screening (mammogram)	One per calendar year
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and discussion of BRCA Mutation Testing (based on family risk factors)	
Breastfeeding, Primary Care Interventions to Promote Breastfeeding	
Cervical Cancer, Screening (Pap smear)	One per calendar year
Chlamydial Infection, Screening	
Colorectal Cancer, Screening (Screenings include: colonoscopy, sigmoidoscopy, proctosigmoidoscopy, barium enema, fecal occult blood testing, laboratory tests, and related services)	One every 5 calendar years One per calendar year for fecal occult blood test
Congenital Hypothyroidism Screening (newborn)	
Dental Caries in Preschool Children, Prevention (prescribe oral fluoride if deficient in water)	Subject to plan's retail day supply limit
Depression (Adults) Screening	
Diet, Behavioral Counseling in Primary Care to Promote Healthy Diet (adults with hyperlipidemia and other risk factors)	Up to 9 visits per calendar year
Evaluation and Management Services (E/M) (periodic preventive examination/office visits)	Newborn up to age 6 unlimited; annually thereafter
Gonorrhea, Screening	
Gonorrhea, Prophylactic Eye Medication (newborns)	
Hearing Loss in Newborns, Screening	
Hepatitis B Virus Infection, Screening	
High Blood Pressure, Screening	

Covered Preventive Service, As Recommended By U.S. Preventive Services Task Force	Frequency Limit
HIV, Screening (at risk and all pregnant women)	
Iron Deficiency Anemia, Prevention (at risk 6 to 12 month old babies)	Lab tests are not limited. Drugs are subject to plan's retail day supply limit
Iron Deficiency Anemia, Screening	
Lipid Disorders in Adults, Screening (cholesterol)	One every 5 calendar years
Major Depressive Disorders in Children and Adolescents, Screening	
Obesity in Adults, Screening	
Obesity in Children, Screening	
Osteoporosis in Women, Screening (bone density testing)	One every 2 calendar years
Phenylketonuria (PKU), Screening (newborn)	One per lifetime
Rh (D) Incompatibility, Screening	
Sexually Transmitted Infections, Counseling	
Sickle Cell Disease, Screening (newborns)	
Syphilis Infection, Screening	
Tobacco Use and Tobacco-Caused Disease, Counseling (including tobacco/nicotine cessation drugs and deterrents)	Medical: Up to 8 counseling sessions per calendar year. Drugs and deterrents are subject to plan's retail day supply limit
Type 2 Diabetes Mellitus in Adults, Screening	
Visual Impairment in Children Younger than 5 Years, Screening	One per calendar year
Daily Supplement of Folic Acid	Subject to plan's retail day supply limit
Discuss Chemoprevention when at High Risk for Breast Cancer	
Immunizations	

GRANDFATHERED STATUS

This group health Plan believes this coverage is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (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 your 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, or you may call the Blue Cross and Blue Shield of Nebraska Member Services Department at the telephone number shown on the back of your I.D. card.

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. The EBSA website has a table summarizing which protections do and do not apply to grandfathered health plans.