



JOURNEYMEN & APPRENTICES OF LOCAL 188 HEALTH & WELFARE FUND

RETIREE BENEFIT GUIDE

This Employee Benefits Guide is designed to provide select information about the benefit plans and programs offered by the Journeymen & Apprentices of Local 188 Health & Welfare Fund. The booklet does not detail all the provisions, restrictions and exclusions of the various benefit programs described herein. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). If there is a conflict between this document, the Plan Document, the SPD, and/or the Summary of Benefits and Coverage (SBC), the Plan Document will prevail.





The Board of Trustees of the Journeymen & Apprentices of Local 188 Health & Welfare Fund strives to provide Retirees with a comprehensive benefits program.

If you have questions about your benefits, contact NEBA by calling (888) 396-5899.

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CONTACT INFORMATION



Carrier / Vendor	Phone / Email	Website
Retiree First Advocate for Humana	(855) 347-0939	www.humana.com www.retireefirst.com
Humana Human Drug Formulary	(866) 396-8810	www.humana.com www.humana.com/medicaredruglist
NEBA	(888) 396-5899	www.nebainc.com
The Hartford (Life Insurance)	(800) 523-2233	www.thehartford.com
AudioNet America	(586) 840-1360	www.audionetamerica.com

Contact NEBA with benefit question when enrolling and if you have claims issues once you are enrolled.



MEDICAL BENEFIT: DISABLED AND AGE 65 AND OLDER



SOME INSURANCE TERMS

Copay – a fixed amount you pay when seeking care for certain services.

Deductible – the amount you pay for certain health care services in a calendar year before the plan begins paying any portion of those services.

Coinsurance – the percentage you pay for certain services after meeting your deductible and before you meet your Out-of-Pocket Maximum.

Out of Pocket Maximum – the most you will pay in a calendar year for covered services. This includes copays, deductibles, coinsurance, and prescriptions. Once the Out-of-Pocket Maximum has been met, the plan will pay 100% of covered services for the remainder of that calendar year.

Who is the Network Provider?	Humana Medicare Employer LPPO Plan 079
What Provider Network do I use?	Humana
Do I need to choose a Primary Care Physician (PCP)?	No
Do I need a referral to see a Specialist?	No
Can I go Out-of-Network?	No

MEDICAL & PHARMACY BENEFIT



Humana Medicare Employer LPPO Plan 079

In & Out of Network Coverage	
Deductible	\$0
Coinsurance	None
Preventive Care	\$0 Copayment
Office Visit	\$0 Copayment
Diagnostic Testing at an Independent Facility	Bloodwork: Primary Physician: \$0 Copayment Specialist: \$0 Copayment Free Standing Lab: \$0 Copayment X-ray: Primary Physician: \$0 Copayment Specialist: \$0 Copayment Free Standing Lab: \$0 Copayment MRI / CT / PET: \$0 Copayment
Urgent Care Center	\$0 Copayment
Emergency Room	\$0 Copayment
Foreign Travel Emergency	\$100 Deductible, then 20%. Plan Pays up to \$25,000 Maximum Annually or 60 days consecutively
Inpatient Hospitalization	\$0 Copayment For 1-100 Days, Plan Pays Nothing after 100 days
Outpatient Hospital Services	\$0 Copayment
Silver Sneaker Fitness Benefit	Included
Prescription Drug Coverage	Tier 1 Generic/Preferred Generic: \$10 Copayment Retail, \$0 For Mail Order 90 Day Supply Tier 2 Preferred Brand: \$30 Copayment Retail, \$60 For Mail Order 90 Day Supply Tier 3 Non-Preferred Brand: \$60 Copayment Retail, \$120 For Mail Order 90 Day Supply Tier 4 Specialty: \$80 Copay Retail, N/A on 90 Day retail and Mail Order up to 90 days Supply 90 Day Retail is available for 3X Copay

Catastrophic Coverage

\$0 Copayment

VISION BENEFIT



The Fund provides a vision care benefit subject to a maximum benefit payable per 12-month period per Covered Person of \$250.

This vision care benefit is self-insured by the Fund.

Covered Services

Examinations

Clear single, bifocal or trifocal lenses

Frames Including Fittings and Adjustments

Contact Lenses

Safety Glasses

Repair of frames and replacement of lenses

No Vision Care Benefits will be paid for cosmetic glasses or lenses, tinted lenses, sunglasses, glasses without lenses, or glasses which are not designed to correct a vision abnormality of the patient.

LIFE BENEFIT

The Fund provides you with Life Insurance. Coverage is fully-insured through The Hartford.

Life Coverage	
Retiree Life Benefit	\$2,000



Primary Beneficiary - The person or people that will receive the benefit upon your death. You name the beneficiary at the time of enrollment. You may also change your beneficiary at any time.

Secondary Beneficiary or Contingent Beneficiary - The person or people that will receive the benefit upon your death ONLY if there is no living Primary Beneficiary at the time of your death.

Contact NEBA for more information.



HEARING AID BENEFIT


The Board of Trustees has partnered with AudioNet America to offer a Hearing Aid Program with fixed out-of-pocket costs.

FIXED OUT OF POCKET COST:

Member pays a maximum of: one (monaural / two (binaural) ears

Essential Level	Mid Level	Advanced Level	Flagship Level	Premium Level
<ul style="list-style-type: none">• \$50 monaural• \$1,050 binaural	<ul style="list-style-type: none">• \$330 monaural• \$1,610 binaural	<ul style="list-style-type: none">• \$610 monaural• \$2,170 binaural	<ul style="list-style-type: none">• \$880 monaural• \$2,710 binaural	<ul style="list-style-type: none">• \$1,230 monaural• \$3,410 binaural

Call AudioNet Customer Service for assistance

 (586) 840-1360

or

Visit the website for a participating provider today!

 www.audionetamerica.com