

Joint Welfare Fund “Frequently Asked Questions”

Q) What is the Joint Welfare Fund of Local Union 164 I.B.E.W.?

A) The Joint Welfare Fund is a self-insured & third party administered group health plan for the members of IBEW Local 164.

Q) How does a participant initially become eligible?

A) You will initially be eligible for Plan A benefits after you have had contributions paid on your behalf for a 100 hours of work during a month at the specified Journeyman rate in the current Collective Bargaining Agreement between the Northern NJ Chapter of the National Electrical Contractors Association & Local Union 164 I.B.E.W. Eligibility will commence on the first day of the following month in which you fulfill the above contribution requirement.

Q) When will I be covered for the rest of the year?

A) To become eligible for benefits for the remainder of the year, you must have at least 100 hours of work in Covered Employment each month until you have a total of 500 hours.

Q) What happens if I do not make 100 hours in a month after my initial eligibility?

A) If you are engaged in fewer than 100 hours of work in Covered Employment during a month after you have become eligible, but prior to accumulating a total of 500 hours, you will lose your eligibility and benefit coverage will terminate at end of the month in which you are engaged in fewer than 100 hours of work in Covered Employment.

Q) How do I receive my Insurance & Prescription cards?

A) To make your benefits effective you must complete both sides of the pink enrollment card (enclosed) and send it back to the office using the self-addressed envelope. Medical Insurance and Prescription cards are ordered monthly and will be mailed to you from the fund office.

Q) What is the cost to enroll my dependents?

A) There is no cost. If you are married and/or have dependents they become eligible for benefits the same time you do. However, you must forward a copy of your marriage certificate and copies of birth certificates for any dependents.

Q) What type of plan do we have?

A) You have a preferred provider organization (PPO).

Q) What PPO of Hospitals & Doctors does the Joint Welfare Fund utilize?

A) The Joint Welfare Fund of Local Union#164, I.B.E.W. utilizes Horizon Blue Cross Blue Shield of NJ Hospital Network & Traditional/PPO. Participants who reside in the state of New Jersey should choose providers participating in the Horizon Blue Cross Blue Shield of NJ Hospital Network & PPO network of professionals. This network is comprised of 69 Hospital Facilities and 16,700 professionals. If you live outside NJ you will select providers from Blue Card PPO which is a national Blue Cross/Blue Shield Plan. The website address is: www.horizon-bcbsnj.com.

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Q) Where are claims submitted?

A) All medical and facility claims are submitted to the local Blue Cross/Blue Shield Plan where services were rendered. In New Jersey that address would be:

**Blue Cross/Blue Shield
P.O. Box 1609
Newark, NJ 07101-1609**

***It is extremely important that these claims include the **LBW Prefix**.

ALL DENTAL, ROUTINE VISION (PRIOR TO 10/1/2011) and MEMBER REIMBURSEMENT NON-PARTICIPATING CLAIMS should be submitted to our third party administrator:

Fabian & Byrn, LLC
Local 164 Claims Department
204 Eagle Rock Avenue, Suite 200
Roseland, NJ 07068
Phone #: **877-228-4202**, Fax # 973 228-4240

Q) What is my co-pay for participating providers?

A) The co-pay for office visits is \$25.00. All charges billed by a facility are subject to a \$200.00 co-pay. The co-pay for all hospital, inpatient, outpatient, Emergency room, testing or other services performed in a facility is \$200.00. Participating outpatient surgical centers also have a \$200.00 co-pay. The co-pay is waived for chemo, radiation, dialysis and mammography.

Q) If I obtain a pre-approval on a medical procedure will everything be covered in full?

A) Not necessarily, getting approval means that the procedure will be considered for reimbursement. Benefits will be determined by the plan regulations and by the individual provider or facility status as an In-Network Provider or an Out-of -Network Provider. Sometimes several different providers may bill for a procedure. For example, if a par provider prescribes an x-ray for you then the radiologist who reads the reports is non-participating with our network; benefits would be paid as Out-of-Network. Therefore the claim would be subject to a deductible and you will be billed a member balance for that service. It would be in your best interest to find out what different types of services and providers will be used and try to use all participating providers. You can ask the hospital for a list of available providers to see who is participating, but it **is your responsibility, it is not the responsibility of the facility, the doctor or the Joint Welfare Fund office.**

Q) If I go to a participating hospital, is everything covered as In-Network?

A) Again, you have to realize that when you go to an In-Network hospital, there are going to be bills from several providers in addition to the hospital bill. Our plan pays individual providers according to their status with our network. If any of the providers do not participate with the network, their claims we will not be paid in full. They will be paid under the out of network portion of the plan and there will be a member balance. For planned admissions or tests, try to get a list of providers who will be used and verify that the providers are participating with the Horizon PPO.

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- Q) Are we covered for automobile accidents?**
A) No, the plan does not cover any medical bills incurred from auto accidents where state Personal Injury Protection (PIP) insurance is available.
- Q) Are we covered for motorcycle accidents?**
A) No, there is no coverage for motorcycle accidents.
- Q) What happens when I become eligible for Medicare?**
A) Retired members and their spouses must send in a copy of their Medicare card, showing Part A and Part B coverage. Retired members and their spouses become primary under Medicare upon reaching the age of 65. The Joint Welfare Fund then becomes the secondary insurer. Members or their spouses who become eligible for Medicare because of a disability must also notify the Joint Welfare Fund of their effective date with Medicare. Copies of the card must be sent in to the Fund office. A determination will be made upon notification as to which Plan is primary for the disabled person.
- Q) For my vision exam can I use an ophthalmologist from the Horizon Provider Directory?
(Temporarily discontinued as of 10/01/2011).**
- A) For routine vision exams and glasses and/or contacts, our only network is Vision Associates and we would pay the provider directly. For information about a participating provider you may call 888 213-4040. All other providers, including PPO would still be considered **out of network** for routine examinations (Plan A every two years). The plan reimburses members up to \$85.00 for the vision exam and up to \$250.00 for glasses and/or contacts. You must pay the provider in full at time of service. To be reimbursed, attach the receipt to a vision claim form and submit to the third party administrator:

Fabian & Byrn LLC
Local 164 Claims Department
204 Eagle Rock Avenue, Suite 200
Roseland, NJ 07068

- Q) Do I have a separate dental card? (Temporarily discontinued as of 10/01/2011).**
- A) No, we do not have a dental card. Most members show their health card to dental offices, but please let the office know that for dental we do not participate with Blue Cross/Blue Shield. We do not have any dental network. The dental office should call the Claims Department at **877-228-4202** for benefits and eligibility information. Claims get submitted to:

Fabian & Byrn LLC
Local 164 Claims Department
204 Eagle Rock Avenue, Suite 200
Roseland, NJ 07068

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Q) How can I view and print Explanation of Benefits?

A) The 164 website has a link that will allow you to view and print your medical/dental claims history. Your website user name will be your unique ID number from your Horizon BCBS card but without the 74 after the LBW. For example: LBW741234567 will be a website user ID name of LBW1234567. Here is how it works:

Local 164 website: www.ibew.org (click on links)

Click on: e-benefit (check your claims)

Your website user name: You're unique ID (Horizon BCBS ID# without the 74)

Your website password: Call **877-228-4202** to be mailed a password letter)

Review all the options on the site. Once you add your email information to the site the system will automatically notify you whenever a new claim is processed.

Q) Can I use a Chiropractor/Acupuncture from the book?

A) The chiropractic/acupuncture benefits are not included under the major medical plan. It is a separate benefit that pays \$50.00 per visit for up to 40 visits per year. A chiropractor will only be paid participating rates for any x-rays taken. If the chiropractor is participating we will pay x-rays only, at 100%. The initial exam and adjustments are paid under the chiropractic/acupuncture benefit. We only pay \$50.00 per visit regardless of what the chiropractor/acupuncturist charges. The \$25.00 co-pay does not apply.

Q) Do I still need to pay union dues if I am on disability?

A) Yes, union dues must be paid while you are disabled.

***For more in-depth answers be sure to read your
Summary Plan Description Book***

