



2022 Welfare Plan Benefit Guide Plumbers & Pipefitters Local 188 Health & Welfare Fund

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 from January 1, 2022 – December 31, 2022. It 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 shall prevail.

CONTENTS

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

This guide was put together to help you understand your benefits and to help you get the most out of them.

If you have questions about your benefits, contact NEBA by calling 1-888-396-5899.

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CONTACT INFORMATION



Carrier / Vendor	Phone / Email	Website
Anthem Customer Service	855-397-9267	www.anthem.com
NEBA	888-396-5899	www.nebainc.com
VeracityRx	888-388-8228	http://veracity.procarerx.com
Specialty & International Medication Registration	800-699-3542	Veracity-rx.com (Click Enrollment Form)
The Hartford (Life Insurance)	800-523-2233	www.thehartford.com
Your Hearing Network	888-691-3153	Yourhearingpartner.com
Member Portal		www.nebainc.com

Contact NEBA if you have questions about the benefits prior to enrolling or if you have issues with claims once enrolled.



MEDICAL BENEFIT



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.

	Anthem Blue Cross and Blue Shield
What Provider Network do I use?	Anthem Blue Cross and Blue Shield POS
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



Anthem Blue Cross and Blue Shield & Procare Pharmacy

In-Network Coverage	
Deductible	\$1,000 Individual 3,000 Family
Coinsurance	20% after Deductible
Out of Pocket Maximum (Includes Deductible, Copays, and Coinsurance)	\$6,600 Individual \$13,200 Family
Preventive Care	No Charge
Office Visit	Telemedicine: \$0 Copay, Primary Care \$25 Copay, Specialist \$50 Copay
Diagnostic Testing at an Independent Facility	Bloodwork: Primary Physician: \$25 copay Specialist: \$50 Copay Free Standing Lab: 20% after Deductible X-ray: Primary Physician: \$25 copay Specialist: \$50 Copay Free Standing Lab: 20% after Deductible MRI / CT / PET: 20% after Deductible
Urgent Care Center	\$60 Copay
Emergency Room	\$150 Copay per visit (Deductible does not apply)
Inpatient Hospitalization	20% after Deductible
Outpatient Hospital Services	20% after Deductible
Prescription Drug	Pharmacy Deductible for Brand Name and Non-Preferred Medication: \$200 Generic: \$30 Copay, \$15 if using a preferred pharmacy Brand Name Preferred: \$40 Copay after Pharmacy Deductible Brand Name Non-Preferred: \$75 Copay after Pharmacy Deductible Specialty Medication: Member must call ProCare Rx For Approval
Out-of-Network Coverage Note: You also pay the balance over the allowed amount when using an Out-of-Network Provider	
Deductible	No Coverage , Except for Emergency

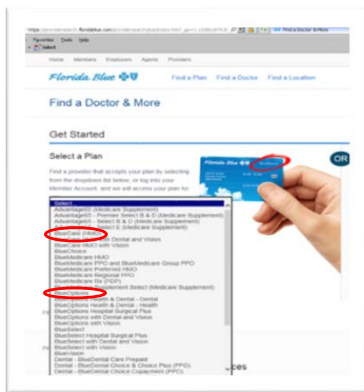
MEDICAL BENEFITS

A Note about Anthem Blue Cross and Blue Shield's Provider Networks

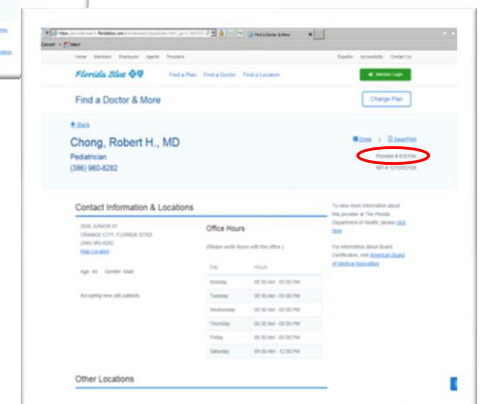
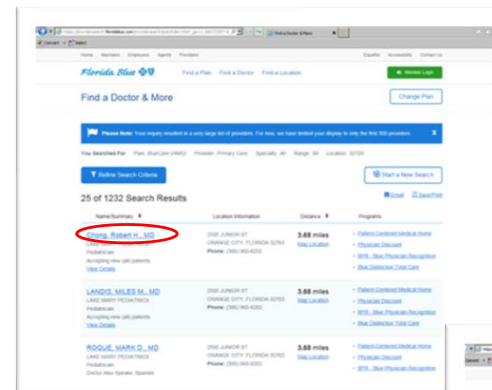
Verify that your provider is In-Network BEFORE your visit. The Anthem BCBS plan only provides coverage if your provider is in the Anthem BCBS POS Network. There are NO BENEFITS paid for non-network services unless services are the result of an emergency.

To find an In-Network Provider or Register as a Member

- Go to www.anthem.com
- Click 'Find a Doctor/Find Care' at the top of the screen
- Look for 'Find Care' Select 'Members'
- Log in.
- Follow the prompts.



Tip: When looking for specific providers, less data often returns better results. Start with the location and type of provider. When searching by name, enter only the first few letters of the provider's last name.



- **To Register as a Member:** click the Login/Register button in the Middle of Anthem find-care page and follow the prompts.

MEDICAL BENEFIT: LIVEHEALTH

Using LiveHealth Online, You can connect to a doctor or therapist or psychiatrist through high-definition video. It's an easy and convenient way to get the care you need from the comfort and privacy of home. All you have to do is sign up to use it.

To get started with LiveHealth:

Step 1	Set up your Live Health Account using one of these methods: <ul style="list-style-type: none">• Online: Go to www.livehealthonline.com and click on Sign up.• By phone: Call 1-888-548-3432• Mobile App: Download the LiveHealth app from the App Store or Google Play
Step 2	Request a visit with a doctor. <ul style="list-style-type: none">• Log into your account• Choose Video or Phone and follow the prompts.• Sit back and wait for the doctor to contact you. The average response time is 10 minutes.• Visits are no charge.

Telemedicine doesn't replace your primary care physician but it is an affordable option for quality care:

- When you need care now.
- If you are considering the Emergency Room or Urgent Care center for a non-emergency issue.
- On Vacation, on a business trip, or away from home.

LiveHealth physicians can treat you for common illnesses such as allergies, bronchitis, earache, pink eye, sinusitis, strep throat, upper respiratory infections, Psychology, Psychiatry and more! If a prescription is required they will send it to the local pharmacy of your choice and you will use your MC-Rx plan and pay the required amount.



PHARMACY BENEFIT



Manage your pharmacy benefits through our secure online member portal, <http://veracity.procarerx.com>

Your pharmacy benefit manager is VeracityRx Powered by Procare Rx. You will need to present your VeracityRx ID card to your pharmacist for any prescriptions you have filled on/after January 1, 2022. You can set up a mail order medication by registering <http://veracity.procarerx.com> or call 1-866-965-3784.

Locate pharmacies:	All major pharmacies in your area are participating in the Procare Rx Network, but you can save money if you DO Not go to Target, CVS, Walgreen's, Walmart, Sam's Club, or Rite-Aid. Go to any other pharmacy – grocery store, neighborhood pharmacy, or Costco – and get your generic medications for free.
Register at http://veracity.procarerx.com	Review your medication history and search your plan for lower cost pharmacies, generic medications substitutes, or over-the-counter (OTC) alternatives.
Update your profile:	Add or change payment information, set your communication preference (email or phone), change contact information, and more.
Specialty Pharmacy Concierge	Specialty drugs are excluded from coverage under the Fund's normal Prescription Drug Benefit schedule. However, if you are taking a specialty drug, or when you are prescribed one, go to www.helpmewithmyrx.com and enter your personal information. A Pharmacy Concierge Advocate will reach out to you to help obtain these drugs at little to no cost, possibly free.
90 - Day Prescriptions	Once you are on the same medication and dosage for 90 days, you can elect to get a 90-day fill at the pharmacy and receive mail order discounts without the wait of receiving it in the mail.
Generics	When you choose a generic prescription versus a brand name prescription, you can save on your out-of-pocket cost as well as savings to the Fund. Think of it like getting the drug store brand of ibuprofen instead of the name brand of Motrin. Same pain relief without the expensive label. You still have the option of a brand name prescription – you just pay the difference in cost.

VeracityRx



Pharmacy Update



HEADS UP!

We're making a slight change. **Starting January 1, 2022**, all pharmacy services will go through **VeracityRx**.
Powered by Procare Rx.

VeracityRx will now handle all claims and customer service functions including Specialty and International pharmacy fulfillment. Please also note our **NEW** phone number and member portal website below. If you have a current username and password for the previous member portal, it will also remain the same for the new one.



NEW PHONE: 888.388.8228 | NEW MEMBER PORTAL: [HTTPS://VERACITY.PROCARERX.COM](https://veracity.procarerx.com)
SPECIALTY & INTERNATIONAL MEDS REGISTRATION: GO TO VERACITY-RX.COM > CLICK ENROLLMENT FORM

2022 Wellness Program



Every calendar year that you and your spouse (if applicable) are enrolled as a participant in the Fund, you and your spouse will be required to provide proof that both of you have obtained an annual routine checkup consistent to include diagnostic testing based on your age, gender, and health conditions.

If you and your spouse (if applicable) do not comply with this requirement annually your annual deductible will be increased to \$5,000 per person with a family maximum of \$15,000. Your out-of-pocket maximum will be increased to \$8,700 per person with a family maximum of \$17,400.

The Wellness Form that your physician must complete is included at the end of this brochure. Remember, it is your responsibility to make sure that the completed Wellness Form is returned to NEBA no later than December 31, of each year. Please do not wait until the last minute.



NOTICE REGARDING THE WELLNESS PROGRAM

The wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You are not required to participate in a blood test or other medical examinations. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting NEBA at (888) 396-5899.

VISION BENEFIT



The Fund provides a vision care benefit outlined below to all Active Participants, subject to a maximum benefit payable per 24-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.

SHORT TERM DISABILITY BENEFIT

The Short Term Disability benefit is intended to provide you with temporary income replacement if you are unable to work due to an accident or illness and you are under the care of a doctor. This is a self-insured plan and you are required to call NEBA to file a claim.

Benefits Begin	On the first day you are disabled due to an accident and on the 8 th day you are disabled due to an illness
Benefit Amount	The plan pays you \$150 per week.
Payment Lasts	The plan will continue to pay you for up to 13 weeks if you remain disabled
Hour Bank	Adds 40 Hours a week to your insurance bank.



Taxable Benefits - Since the premium for this coverage is paid for by the fund, the benefit is subject to income taxes.

Maternity Benefits - Benefits for a normal delivery are limited to a six week benefit period. Benefits for a normal C-Section delivery are limited to an eight-week benefit period.

BASIC LIFE AND AD&D BENEFIT

The Fund provides you with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance. This benefit is fully-insured through The Hartford.

Basic Life and AD&D	
Basic Life Benefit-Active members only	\$15,000
AD&D Benefit-Active members only	\$15,000 Accidental death and dismemberment (AD&D) insurance covers the unintentional death or dismemberment of the insured. Dismemberment includes the loss of use of body parts or functions (e.g. limbs, speech, eyesight, and hearing). This benefit is paid in addition to your basic coverage if you die due to an accidental injury.
Spouse Life Benefit	\$5,000
Child (ren) Life Benefit to age 26	\$2,500
Benefit Reduction if actively at work	The benefit amounts shown above will reduce by 35% of original amount at age 65, by 50% of original amount at age 70, and by 75% of original amount at age 75.
Conversion	Upon termination from the plan this policy may be converted to an individual policy. Please contact Hartford to begin the process. You must apply and pay the required premium to Hartford within 30 days of your termination to exercise the conversion option.

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.

YOUR HEARING NETWORK



Special offers for Journeymen & Apprentices Local 188 members and their families!

Bonus Offers!

Receive up to a
\$200
mail-in rebate after
purchase of select
hearing aids¹



FREE
3-year supply of
batteries per hearing
aid purchase

Save over
40% on high performance hearing aids²

- FREE annual hearing exam
- FREE 1 year of follow-up care at no additional cost
- FREE 3-year manufacturer's warranty, including loss and damage coverage
- 60-day money back guarantee³
- Interest free financing⁴

Contact *Your Hearing Network* today!

Call (888) 691-3153 to schedule an appointment with a participating provider in your area.

Savings on premium discreet hearing aids, with the latest advanced technology, including Bluetooth® wireless capabilities, and rechargeable models with hands-free connectivity for smartphones.

¹Rebates are valid only on product technology levels 3, 4, 5 and may not be used with any federal or state funded reimbursement programs. Rebates are not valid on returned hearing aids, please allow 60 days for receipt of the mail-in-rebate. ²40% off pricing as referenced in the Consumer Guide to Hearing Aids; details available on request. Discount varies depending on products. ³Trial period for hearing aids is 60 days. If you're not 100% satisfied, simply return your aids for a full refund. ⁴Approval based on credit.

Member Portal

A promotional graphic for the NEBA Member Portal. It features a large wrench on the left side. The background is divided into blue and yellow geometric shapes. Two interlocking gears, one red and one blue, are positioned on the right side. The text is arranged in a clear, hierarchical manner, starting with a large heading, followed by a sub-heading, a paragraph of information, a list of services, and contact information at the bottom.

LOG ON TO

NEBA'S Member Portal

Access Your Benefit
Information 24/7

The Board of Trustees of
Plumbers Local 188 Fringe
Benefit Funds and NEBA are
pleased to provide you
with a mobile-ready
website for you to
access your benefit
plan information on
your computer, tablet or
smartphone,
any time!

- Work History
including
employer name,
hours and total
contributions.
- Health & Welfare
Eligibility &
Benefits
- Vision Claim
Information
- Beneficiary
Information
- Pension Benefit and
Annuity Account
Balance
- And more!

Log on at:
www.nebainc.com

Click on "Member Login" at the top of the web page.

New User? Click on "Create Account" in the top, right-hand corner of the web page. When accessing the site via desktop computer, it's best to use Google Chrome for your browser.

Need Assistance?
Contact NEBA at
1-888-396-5899

NEBA



JOURNEYMEN & APPRENTICES OF LOCAL 188 HEALTH AND WELFARE FUND

C/O National Employee Benefits Administrators, Inc. (NEBA)

8657 Baypine Rd, Building 5 – Suite 200, Jacksonville, FL 32256

Phone (904) 538-0100 * Fax (904) 538-0088 * Toll Free (888) 396-5899

Wellness Initiative

Provide this form to your physician for completion. In order for your Annual Medical Plan Deductible to remain at \$1,000 (single) or \$3,000(family), this form must be completed in its entirety by your treating physician and returned to the Fund Office by fax or secure email (see above for fax number or email address), no later than December 31 of each year. Note, for those participants with family coverage, in order for your Annual Medical Deductible to remain at the \$3,000 (family) level, a wellness form must be completed in its entirety and submitted to the Find Office for both the participant and his/her spouse, if any. Note, the deadline for the Find Office to receive this form is December 31 of each year. Retroactive changes will not be made.

Participant Name: _____

Last Four of SSN: _____ Date of Birth _____

If this form is for the Participant's Spouse, provide the following information:

Spouse's Name: _____

Last Four of SSN: _____ Date of Birth: _____

To Be Completed By Physician

On _____, _____ had an annual routine
Date Name of Patient

examination performed in my office. Based on the results of the examination, I have referred him/her for appropriate diagnostic testing based on his/her age, gender and health conditions (if necessary).

Physician Signature

Print Name

Address