



IBEW LOCAL UNION NO. 915 HEALTH & WELFARE FUND

NOVEMBER 24, 2014

NEW PREFERRED PROVIDER ORGANIZATION NETWORK

CONTRIBUTION BANK THRESHOLD INCREASED

CW AND CE CONTINUING ELIGIBILITY REQUIREMENTS INCREASED

Dear Participant:

As we have advised you in the past our primary duty as Trustees of the IBEW Local 915 Health and Welfare Fund is to provide the best schedule of health care benefits possible to you and your eligible dependents while doing our part to help contain the cost of those benefits. This means that we must continually examine the adequacy of the Plan's reserves and ensure that the Plan's income and reserves are sufficient to pay for those benefits over time.

Recently we met with the Plan's professional advisors and reviewed the financial experience of the Plan. Following that review we have decided that in the best interest of the Plan and its participants changes were incumbent with regard to the Preferred Provider Organization, the contribution threshold to the Contribution Bank, and CW and CE continuing eligibility requirements.

You should place this newsletter with your permanent records so that you will have it available for future reference. Of course, if you should have any questions concerning the following information, we would ask that you contact the Fund Office for assistance at one of the phone numbers listed on this page of the newsletter.

IBEW LOCAL UNION NO. 915 HEALTH & WELFARE FUND



Fund Administrator:
Southern Benefit Administrators, Incorporated
P.O. Box 1449
Goodlettsville, Tennessee 37070-1449
Phone: (615) 859-0131
Toll-Free: (800) 831-4914
Fax: (615) 859-0201

NEW PREFERRED PROVIDER ORGANIZATION NETWORK EFFECTIVE JANUARY 1, 2015

As you are aware on January 1, 2013 there was a change in your Preferred Provider Organization (PPO) network to the CIGNA HealthCare Shared Administration PPO network. The change to CIGNA was made in view of the fact that the new network provided a significant improvement in provider and facility saturation in the participating areas

of the Fund while improving upon the discounts for your medical services.

In an effort to contain the cost associated with the Health Fund, **effective January 1, 2015** the Fund will transition to CIGNA's Open Access Plus or "OAP" Network. CIGNA's OAP network offers accessibility, choice and medical cost control with deeper discounts. This means additional cost savings to both you and the Health Fund. Under the OAP you will continue to enjoy all of the current CIGNA features such as website access, toll free calling, LifeSource Centers of Excellence and Healthy Rewards along with a broad and seamless national network assuring away from home care. The CIGNA OAP contains most of the same providers that you utilize now, and generally offers a higher level of discounts. Another important feature of this move to CIGNA's OAP is that it does not change how your Fund is administered. Southern Benefit Administrators, Incorporated will continue to handle the day-to-day operations of the Fund and to pay claims on your medical expenses.

As a reminder, you should know that the Plan provides greater benefits when one of the network's providers is utilized. A PPO is a network of hospitals, doctors and other medical providers who have agreed to provide health care services and supplies at reduced cost. Because of the substantial discounts offered through CIGNA's OAP, we would encourage you and your covered dependents to use the services of a PPO provider when possible.

The move to this new product requires issuance of new ID cards which will be provided to you in a separate mailing. **Please begin to use this card on and after January 1, 2015 and remember to verify that your providers are in the OAP network before seeking care.** Providers who do not participate in the OAP network will be considered a "Non-PPO Provider" and benefits incurred with these providers are paid at lower levels. To search for OAP providers, you can log on to: **<http://CIGNA.BENEFITNATION.NET/SAROAP/>**.

CONTRIBUTION BANK THRESHOLD INCREASED EFFECTIVE JANUARY 1, 2015

In an effort to improve the financial experience of the Health Fund, we have decided that **effective January 1, 2015**, to increase the threshold for accumulation to participants' contribution bank. Effective January 1, 2015, the threshold for accumulation to a participant's contribution bank is being increased from \$1,575 in a quarter to \$1,650 for all job classifications with the exception of participants in the CE and CW classifications.

CW AND CE CONTINUING ELIGIBILITY REQUIREMENTS INCREASED

Effective January 1, 2015, which applies to the July 1 through September 30, 2014 Qualifying Period, the continuing eligibility requirement to maintain coverage under the Plan will be increased for Construction Wiremen and Construction Electricians. Construction Wiremen I, II, III and IV must have \$780 remitted in their behalf in a Qualifying Quarter to continue their coverage under the IBEW Local 915 Health and Welfare Fund while Construction Electricians I, II and III must have \$1,200 remitted in their behalf in a Qualifying Quarter to continue their coverage under the Plan.

Dependent coverage continues to be available with the cost remaining \$200 per month.

If you should have any questions regarding the information provided in this newsletter, please feel free to contact the Fund Office.

Best regards,
BOARD OF TRUSTEES

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