

International Brotherhood of Electrical Workers Local Union 683

IBEW Local 683 Health and Welfare Trust
 IBEW Local 683 Pension Fund Pension Plan Trust Fund
 IBEW Local 683 Profit Sharing Annuity Plan
 IBEW Local 683 Educational Trust Fund



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 TIC INTERNATIONAL CORPORATION

November 2019

To: IBEW Local No. 683 Active and Early Retiree Welfare Fund Participants

Re: Summary of Material Modification

Dear Participant:

At a recent IBEW Local 683 Welfare Fund Trustees' meeting, the Trustees made changes to the Vision, Chiropractic, Speech Therapy, and Dental Benefits provided under our Welfare Fund. The changes listed below are effective January 1, 2020.

Vision care benefits will still be provided through Medical Mutual of Ohio (MMO) but MMO will utilize the EyeMed Insight Network to administer the Plans vision care benefit. **Please note- this is a SUMMARY of benefits only. This is not an exhaustive list.** For a complete list of Vision Care Network Providers near you, refer to Medical Mutual's Provider Locator at MedicalMutual.com or contact Medical Mutual toll free at (877) 226-1115. Listed below is a summary of the new benefits:

EYEMED PLAN

Benefit Highlights	In-Network	Out-of-Network
Exam Coverage: Exam Copay	\$0	\$30
Frequency	Once every 12 months from the date of service	Once every 12 months from the date of service
Lens Coverage Copay: Single Vision Bifocal Trifocal Lenticular Standard Progressive	\$0 \$0 \$0 \$0 \$65	\$30 \$45 \$60 \$60 \$45
Frequency (in lieu of contacts)	Once every 12 months from the date of service	Once every 12 months from the date of service

Frame Coverage: Frame(s) Allowance	\$150	\$75
Frequency	Once every 12 months from the date of service	Once every 12 months from the date of service
Contact Lens Coverage: Conventional Allowance Disposable Allowance Medically Necessary	\$150 \$150 \$0 Copay	\$120 \$120 \$210
Frequency (in lieu of lenses)	Once every 12 months from the date of service	Once every 12 months from the date of service
LASIK or PRK from United States Laser Network	85% of Retail Price	N/A

In addition to the above vision benefit changes, the Trustees have increased the following benefits listed below effective January 1, 2020:

Coverage		
	Before January 1, 2020	After January 1, 2020
Chiropractic	12 Visits per calendar year	24 Visits per calendar year (6 acupuncture limit)
Out Patient Speech Therapy	20 Visits per calendar year	30 Visits per calendar year

Coverage		
	Before January 1, 2020	After January 1, 2020
Dental Yearly Benefit Amount	\$1,500 per person per calendar year	\$2,500 per person per calendar year
Lifetime Orthodontic Services	\$1,500 per lifetime. For eligible dependents under the age of 19	\$2,500 per lifetime. For eligible dependents under the age of 19

For a complete list of covered benefits, please contact Medical Mutual, at the number listed above, or contact the Fund Office at 844-683-0683.

The Plan currently self-funds the Basic Life and Accidental Death & Dismemberment Benefits. The chart below reflects the current benefit and the new benefit effective January 1, 2020:

Coverage	BASIC LIFE AND AD&D BENEFITS	
	Before January 1, 2020	After January 1, 2020
Active Members	\$2,500	\$10,000
Non-Medicare Retiree	\$2,000	\$5,000
Medicare Retiree	\$1,000	\$5,000

Previously, FDA approved Gene Therapies and related services would have been covered under the Plans. However, due to the extreme costs of these treatments, which could affect the overall funding of the Plan, gene therapies and related services are being excluded from coverage going forward. Accordingly, effective September 19, 2019, charges for Gene Therapy treatment and related services will be excluded. This includes therapies related to Kymriah, Yescarta, Luxturna, and Zolgensma.

A “Coordination of Benefits” form allows the Plan to determine if participants have another insurance policy. This allows the Plan to coordinate benefits with the other insurance company, which ultimately reduces out of pocket expenses to the Plan. If you are sent a Coordination of Benefits form and you do not respond, effective January 1, 2020, the Plan may reject payment of any amount due for your claim. Once you respond to the Coordination of Benefits request, the Plan will pay your claim accordingly. Once a covered individual has received and returned a

Coordination of Benefits form, another Coordination of Benefits form will not be required of that individual for a period of at least two years.

The Trustees are having the plan's Summary Plan Descriptions (SPDs) being updated to include the latest plan changes for each of our groups (Inside wiremen & Apprentices, Teledata Technicians & Apprentices, and Office & Salary. The appropriate SPD will be distributed once the updating process is complete.

Sincerely,
IBEW Local No. 683 Welfare Fund
Board of Trustees