



MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



FREQUENTLY ASKED QUESTIONS

How are my benefits funded?

The primary source of financing for the benefits provided under the Health Plan and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial eligibility requires 130 hours within one month. There is one bookkeeping month in which the participant is not eligible. For example, 130 hours in April will provide eligible for the month of June.

Continuing eligibility requires 130 hours of employer contributions per month. The participant is then eligible the first day of the second month. For example, 130 hours worked in September make the participant eligible in November.

Different eligibility provisions apply to the Cable Pullers / Residential and Motor Shop Trainees. Please contact the Fund Office for clarification.

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason why the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

How can I add my dependents to the Plan?

Complete a "Participant Data Form" and submit copies of marriage or birth certificates. [Click HERE to download form.](#)

What do I do when I get divorced?

You must send a complete copy of your divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.

When does coverage stop for my dependent children?

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage. [Refer to page 20 of the Summary Plan Description. Click HERE to open.](#)

What do I do if I am injured or ill and cannot work?

The Fund provides disability benefits which may continue your coverage for health care benefits. You should complete a disability form. [Click HERE to download form.](#)

What are the self-payment rates?

The self-payment rates for the Active and CE/CW classifications are based on the contribution rate multiplied by the actual hours short of the 130 hours required for eligibility and then divided by 50% and rounded up to the nearest dollar. Cable Pullers and

Residential and Motor Shop Trainees must pay at 100% of the hours short of the 130 hours required for eligibility rounded up to the nearest dollar.

The currently hourly contribution rate is \$5.30 for Active participants

The currently hourly contribution rate is \$ 3.20 for CE/CW participants

The currently hourly contribution rate is \$1.60 for the Cable Pullers and Residential Motor Shop Trainees.

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. Please contact the Fund Office for the current COBRA rates.

What is Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouses' employer.

What are the Health Plan Benefits?

The Plan has contracted with BCBSM to provide participants and the Fund with discounts on medical services. If a BCBSM participating provider is utilized the participant has a \$500 deductible per person and \$1,000 deductible per family. Benefits are then paid at 80%. The maximum out-of-pocket expense is \$2,000 per person and \$4,000 per family. Preventive services are generally paid at 10%. For further details regarding the medical benefits available, please refer to the Summary Plan Description (SPD). Different benefits apply to the Construction Electricians, Construction Wireman, Cable Pullers/ Residential and Motor Shop; Trainees. Please contact the Fund Office for clarification.

To find a participating doctor, click [HERE](#) to visit that topic on the Blue Cross Blue Shield of Michigan website.

Click the links below to review Benefits at a Glance for:

[Active Employees: Bargaining & Non-Bargaining](#)

[Cable Pullers / Residential & Motor Shop Trainees](#)

[Construction Electricians \(CE\) & Construction Wiremen \(CW\)](#)

[Supplement to Medicare – Medicare Enrollees](#)

What are the prescription drug benefits?

The Plan provides for a \$20 co-payment for Generic prescriptions, a \$35 co-payment for Tier 2 or Preferred Brand Name Drugs and a \$50 co-payment for Tier 3 or Non-Preferred Brand Name Drugs. Different benefits apply to the Construction Electricians, Construction Wireman, Cable Pullers/ Residential and Motor Shop; Trainees. Please contact the Fund Office for clarification.

What vision benefits are available?

The Plan has an agreement with Vision Service Plan (VSP) to provide a 20% discount on selected frames and lenses as well as a 20% discount on eye exams.

To find a participating doctor, click [HERE](#) to visit the VSP® Vision Care website.