



# Michigan Electrical Employees' Health Plan

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## IMPORTANT INFORMATION ABOUT YOUR BENEFITS

To All Participants of the Michigan Electrical Employees' Health Plan:

This notice contains information about changes to the benefits provided by your Plan. Please read this notice and keep it with your Summary Plan Description booklet (SPD) for future reference.

### **90-Day Supply of Prescription Drugs through Retail Pharmacies**

Effective June 1, 2007, you can purchase a 90-day supply of your *long-term* medications through the Drug Card Program at retail (local) pharmacies. (A long-term medication is a medication that is taken continuously for treatment of a chronic health condition.) You no longer have to use the mail order program to obtain a 90-day supply. You must have been on the medication for at least 60 of the last 120 days (two 30-day fills of the same strength medication) before buying the medication through a retail pharmacy. Your copays for each 90-day supply or refill will be:

Generic drugs .....	\$40
Preferred/formulary brand name drug .....	\$70
Non-preferred brand name drug .....	\$100

This change will not apply to medications purchased through a retail (local) pharmacy that does not participate with BCBSM. The current drug card co-pays for up to a 34-day supply of drugs will remain the same.

### **Weekly Disability Benefit**

Effective June 4, 2007, the weekly disability benefit will increase from 60% of a 40-hour-per-week wage with a maximum benefit of \$250 per week, to a maximum benefit of \$300 per week. This increase applies only to active employees; it does not apply to CEs/CWs or Residential Trainees. The increase will apply to disabilities beginning after June 4 and includes active employees with existing disabilities.

### **HPV Vaccine (Gardasil® Injections)**

The FDA recently approved a vaccine against several strains of the human papillomavirus, which has been identified as the leading cause of cervical cancer. The vaccine, called Gardasil®, requires three injections over a six-month period. Beginning June 1, 2007, the Plan will pay 100% of the approved amount of one course of Gardasil® vaccination for a female dependent child or a female spouse to age 26, provided the vaccination course is administered by a BCBSM provider. You can obtain more information about Gardasil® by talking to your doctor.



## **Changes to the Prescription Drug Program**

BCBSM has implemented several cost-savings programs that can help lower your prescription drug program costs. BCBSM may contact you about the following:

⇒ ***Waived copay for when a generic drug is substituted for a brand name drug***

BCBSM has targeted some brand name drugs that are substantially more expensive than their generic equivalents. If you are taking a targeted brand name drug with a less expensive generic equivalent, BCBSM may send you a letter showing you the less expensive generic equivalents. If you receive such a letter, and you and your physician agree to switch to a generic equivalent, your first copayment for that generic drug will be waived. You are under no obligation to switch to a generic drug.

⇒ ***Increase over-the-counter drug use***

Some prescribed drugs, such as drugs for heartburn, can be purchased in over-the-counter forms. For example, Nexium, which is a prescription drug, has an over-the-counter competitor, called Prilosec OTC. BCBSM will notify you if you are taking a drug that has a non-prescription, over-the-counter equivalent. You and your doctor can determine whether changing to a non-prescription drug is the right choice for you. However, any requests for refills made 90 days after BCBSM has notified you that an over-the-counter equivalent is available must be made by your physician in order to be filled. No refills will be filled unless your physician requests approval from BCBSM for the drug.

If you receive correspondence from Blue Cross Blue Shield of Michigan, be sure to read it. BCBSM may be offering you an opportunity to save money on your and your family's healthcare.

## **Definition of a Dependent**

Effective September 1, 2007, the Plan's definition of a dependent has been clarified to reflect modifications affected by recent legislation that could possibly result in imputed income to a participant. The following definition replaces the one found on pages 56-57 of your SPD. *Please note that for the purposes of this definition, the term "you" or "employee" shall be construed to include a retiree.*

A ***dependent*** is an individual who is:

1. Your spouse, provided you are not divorced or legally separated under a decree of separate maintenance.
2. Your unmarried child under 19 years of age who: (a) lives with you in a parent-child relationship; (b) maintains a permanent residence in your home for more than one-half of the calendar year except for temporary absences under special circumstances such as education; and (c) is dependent on you for more than half of his or her annual financial support and maintenance.

A child who does not satisfy the requirements specified in the previous paragraph can qualify as a dependent if the child is under age 18 and you are required by a domestic relations order or other court order to provide primary health benefits for the child under the following conditions (unless these conditions are otherwise prohibited by law): (1) the child receives over half of his

or her annual financial support from you or the other parent jointly or singly; and (2) the child lives with you and/or the other parent for more than half the calendar year except for temporary absences under special circumstances such as educational reasons. This provision will not be extended beyond the date required by the court order, or, if earlier, the date the child no longer qualifies as a dependent. This provision will not be extended until a copy of the complete court order is received by the Plan Office.

3. Your unmarried child age 19 or older but younger than age 22, provided the child: (a) lives with you in a regular parent-child relationship; (b) maintains a permanent residence in your home for more than one-half of the calendar year except for temporary absences under special circumstances such as educational reasons; (c) is dependent on you for more than half of his or her annual financial support and maintenance; and (d) is not a “qualifying child” of the Employee or another tax payer.
4. Your unmarried child age 22 or older, but younger than age 25, who is a registered regular full-time student in an accredited secondary school, college, university or institution for nurses’ training, residing in the US or Canada, provided the child is dependent on you for more than half of his or her annual financial support and maintains a permanent residence in your home for more than half the calendar year except for temporary absences under special circumstances such as educational reasons. The child must be enrolled for sufficient course credits to maintain full-time status as defined by the school. In their sole discretion, the Trustees may require an Employee to submit verification of the child’s full-time status.
5. Your child age 19 but less than 25 who is attending an IBEW JATC (Joint Apprenticeship Training Committee) sponsored school, provided the child: (a) lives with you in a regular parent-child relationship; (b) maintains a permanent residence in your home for more than half the calendar year except for temporary absences under special circumstances such as educational reasons; (c) is dependent on you for more than half of his or her annual financial support; and (d) is not a “qualifying child” of the employee or another taxpayer.

If the child is married, his spouse will not be covered under the Plan. The child will no longer be considered a Dependent when he meets the Plan’s definition of an “eligible employee.”

6. Your unmarried, disabled child who is age 22 or older and who: (a) is dependent on you for more than half of his or her annual financial support; (b) is incapable of self-support due to mental retardation, mental incapacity or physical handicap; (c) became disabled while covered under the Plan and while a dependent; (d) remains disabled; and (e) has the same principal residence as the employee for more than half the calendar year except for temporary absences under special circumstances such as educational reasons or, alternatively, is not considered to be a “qualifying child” of the employee or another taxpayer.

If a child meets all of these conditions, the child will be covered under the Plan as long as the employee remains eligible.

If you or your spouse apply for Social Security benefits, you should request Medicare coverage for your disabled child. If approved, and after the applicable waiting period for Medicare coverage, this Plan’s benefits for the child would be coordinated with Medicare until you become covered under the Supplement to Medicare. At that time, the child would also be covered under the Supplement to Medicare Benefit, subject to the eligibility rules that apply to the Supplement to Medicare.

7. Notwithstanding the requirements in paragraph 2 above, a dependent is also a child who is determined by the Trustees to be an "alternate recipient" under a Qualified Medical Child Support Order (QMCSO) with which the Plan must comply. If you would like a copy of the Plan's QMCSO procedures, please contact the Plan Office.
8. For the purposes of this Plan, a *child* includes:
  - (a) The employee's natural child.
  - (b) The employee's legally adopted child or a child placed with the employee for the purposes of adoption.
  - (c) The employee's stepchild.
9. A dependent child of an employee must be a citizen or national of the United States or a resident of the United States, Canada or Mexico. This provisions does not exclude an adopted child who does not meet the citizenship criteria if the child has the same principal residence as the employee, is a member of the employee's household and the employee is a citizen or national of the United States.
10. In their sole discretion, the Trustees may require an employee to submit acceptable proof that a child is a dependent before a claim for the child will be processed. Please contact the Plan Office within 30 days of the birth or adoption of the new child.
11. If the child works for a contributing employer and is eligible under this Plan as an employee, the child will not be considered a dependent except as provided in paragraph 5 above.

#### **Early Eligibility for Construction Electricians and Construction Wiremen (CEs/CWs)**

Effective June 1, 2007, the Trustees have approved an early eligibility program for CE/CW participants. This program will allow up to 2 consecutive self-payments at the rate of 130 hours per month times the current base contribution rate. This program is modeled on the one for newly organized employees described on page 20 of the SPD. Contact the Plan Office for further information about the early eligibility program.

Call BCBSM at (800) 722-IBEW with any questions about your prescription drug program. Call the Plan Office at the phone number shown on the front page with any questions about your other benefits.