



MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



February 2013

TO: ALL ELIGIBLE PARTICIPANTS OF THE MICHIGAN ELECTRICAL EMPLOYEES'
HEALTH PLAN AND THEIR DEPENDENTS

RE: SUMMARY OF MATERIAL MODIFICATIONS –
Weekly Disability Benefits
Death and AD&D Benefits for CEs / CWs and Residential Trainees
Coverage for the Human Papilloma Virus (HPV)
Office Visit Co-payments
Chiropractic Spinal Manipulation Office Visit Co-Payments
Emergency Room Co-Payments
Preventive Health Care Benefits

Dear Participant:

As you may know, the Board of Trustees carefully and routinely reviews the Plans benefits and eligibility to assure that the best affordable benefits are provided. As a result of this review, the following changes will be implemented. Please read this notice carefully and keep it with your Summary Plan Description (SPD) booklet for future reference.

Weekly Disability Benefits for Active Employees

Effective January 1, 2013, the Weekly Disability Benefit amount will increase from 60% of a 40-hour-per-week wage with a maximum benefit of \$300 per week, to a maximum benefit of \$400 per week. The benefit period maximum will remain at 52 weeks. The increase will apply to employees receiving weekly disability benefits on January 1, 2013 as well as those whose disabilities begin on and after January 1, 2013.

Weekly Disability Benefits for CEs / CWs and Residential Trainees, Cable Pullers and Sound and Communication Apprentices

Effective January 1, 2013, the Weekly Disability Benefits for the CEs / CWs or Residential Trainees, Cable Pullers and Sound and Communication Apprentices will increase to 60% of a 40-hour-per-week wage with a maximum benefit of \$400 per week. The benefit period maximum will increase to 52 weeks. The increase will apply to employees receiving weekly disability benefits on January 1, 2013 as well as those whose disabilities begin on and after January 1, 2013.

Death and AD&D Benefits for CEs / CWs and Residential Trainees, Cable Pullers and Sound and Communication Apprentices

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Effective January 1, 2013 the Death Benefit and the Accidental Death and Dismemberment Benefit for CE/CW Employees and Residential Trainees, Cable Pullers and Sound and Communication Specialists will be provided at the same level as all other active participants.

Medical Benefits for CEs / CWs and Residential Trainees, Cable Pullers and Sound and Communications Apprentices

Effective March 1, 2013, the Medical Benefit deductibles and co-payments (including prescription drugs) will be provided at the same level as for all other active Plan participants.

Human Papilloma Virus Vaccine (Gardasil® Injections)

The Plan currently provides coverage of the HPV vaccination for female participants and dependents. Effective March 1, 2013, the Plan will pay 100% of the Blue Cross Blue Shield of Michigan ("BCBSM") Approved Amount of one course of Gardasil® vaccination for male participants and dependents.

Office Visit Co-Payments – In-Network

The Plan currently requires an office visit co-payment of twenty percent (20%) of the BCBSM Approved Amount after the deductible for *in-network* office visits. This current office visit co-payment will change to a flat thirty dollars (\$30) for each *in-network* office visit effective March 1, 2013. The cost of an office visit is the amount the physician receives for services. This will include office visits, chiropractic spinal manipulation and out-patient mental health consultations. Any other services performed at the physician’s office that same day are paid at 80% after the deductible.

Example A (with an in-network provider, deductible not satisfied yet)

Office Visit	\$100	You will pay a \$30 co-payment and BCBSM will pay the remainder of the cost for the office visit
Lab Work	\$50	You will pay 20% and BCBSM will pay 80% of the Approved Amount after the deductible
X-Rays	\$75	You will pay 20% and BCBSM will pay 80% of the Approved Amount after the deductible

In this example, since you have not satisfied any of the deductible, you will pay \$30.00 for the office visit and \$50 for the lab work and \$75 for the x-rays.

Example B (with an in-network provider, \$500 deductible already satisfied)

Office Visit	\$100	You will pay a \$30 co-payment and BCBSM will pay the remainder of the cost of the office visit
Lab Work	\$50	You will pay 20% and BCBSM will pay 80% of the Approved amount
X-Rays	\$75	You will pay 20% and BCBSM will pay 80% of the Approved amount

Since the deductible has already been satisfied, you will owe the \$30 co-payment, \$10 for the lab work and \$15 for the x-rays.

Please note: This thirty dollar (\$30) co-payment for each *in-network* office visits does **not** apply against your individual calendar year deductible (\$500) or out-of-pocket maximum of \$2,000 or family calendar year deductible (\$1,000) or out-of-pocket maximum of \$4,000. In other words, your deductible and out-of-pocket maximum are not reduced by your payment of this new thirty dollar (\$30) co-payment.

Office Visit Co-Payments – Out-of-Network

The Plan currently requires a co-payment amount of thirty percent (30%) after the deductible for all *out-of-network* office visits. Effective March 1, 2013, the office visit co-payment will change to a flat thirty dollars (\$30) for each *out-of-network* office visit **plus** an additional thirty percent (30%) co-payment after the deductible has been met.

The thirty dollar (\$30) co-payment for each *out-of-network* office visit does **not** apply against your individual deductible (\$500) or calendar year out-of-pocket maximum of \$2000 or family calendar year deductible (\$1,000) or out-of-pocket maximum of \$4,000 per family.

Chiropractic Spinal Manipulation Visit or Office Visit Co-Payments

The Plan currently requires a chiropractic visit co-payment of twenty percent (20%) of the BCBSM Approved Amount after the deductible for *in-network* chiropractic spinal manipulation. Effective March 1, 2013, the co-payment will change to a flat thirty dollars (\$30) per chiropractic spinal manipulation or office visit. This thirty dollar (\$30) co-payment for each *in-network* spinal manipulation or office visit does **not** apply against your individual deductible or your calendar year out-of-pocket maximum of \$2,000 or family calendar year deductible or family out-of-pocket maximum of \$4,000.

For *out-of-network* services, you must also pay the co-payment of thirty dollars (\$30) per chiropractic spinal manipulation or office visit plus an additional thirty percent (30%) copayment after the deductible has been met. The thirty dollar (\$30) co-payment for each *out-of-network* spinal manipulation or office visit does **not** apply against your individual deductible or your calendar year out-of-pocket maximum of \$2000 or family calendar year deductible or out-of-pocket maximum of \$4,000 per family.

Emergency Room Co-Payments

The emergency room co-payment of twenty percent (20%) of the BCBSM Approved Amount after deductible per visit has been changed to a flat one hundred dollars (\$100) co-payment per visit. However, if you are admitted to the hospital or receive services for an accidental injury, the \$100 co-payment may be waived and any deductible / co-payments will be applied.

The chart below summarizes the changes. All percentages are based on the BCBSM Approved Amount:

Benefit	Current – Participant Pays	March 1, 2013 - Participant Pays
Physician Office Visit		
In-Network - Primary Care or Specialist	20%, after Deductible	\$30 co-pay, no deductible, Plan pays balance (\$30 co-pay does not apply to satisfy deductible or out-of-pocket maximum)
Out-of Network –Primary Care or Specialist	30%, after Deductible + balance billed if provider's charge is more than Approved Amount	\$30 co-pay, plus 30% after deductible + balance billed if out-of-network provider's charge is more than Approved Amount (\$30 co-pay does not apply to satisfy deductible or out-of-pocket maximum)

Benefit	Current – Participant Pays	March 1, 2013 - Participant Pays
Chiropractic Spinal Manipulation Visit or Office Visit		
In-Network	20%, after Deductible	\$30 co-pay, no deductible, Plan pays balance (\$30 co-pay does not apply to satisfy deductible or out-of-pocket maximum)
Out-of-Network	30%, after Deductible + balance billed if provider's charge is more than Approved Amount	\$30 co-pay, plus 30% after deductible + balance billed if out-of-network provider's charge is more than Approved Amount (\$30 co-pay does not apply to satisfy deductible or out-of-pocket maximum)
Hospital Emergency Room Treatment		
In-Network	20%, after Deductible	\$100 co-pay if not admitted to hospital or if services for accidental injury. Otherwise 20% after deductible (\$100 co-pay does not apply to satisfy deductible)
Out-of-Network	20%, after Deductible	\$100 co-pay if not admitted to hospital or if services for accidental injury. Otherwise 20% after deductible. (\$100 co-pay does not apply to satisfy deductible)

Preventive Health Care Benefits

The Trustees of the Michigan Electrical Employees' Health Plan believe that the changes made to the Plan effective March 1, 2013 will cause the Plan to lose its status as a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act").

Due to this change, additional Affordable Care Act provisions and requirements will apply to the Plan beginning March 1, 2013. Adult and childhood preventive services and immunizations as identified and recommended through the Affordable Care Act and well-baby and child care visits are covered with no cost share when rendered by a BCBSM participating (*in-network*) provider or, if provided by an out-of-network provider, at no cost share up to the BCBSM Approved Amount. You are responsible for 100% of the remaining amount billed by the out-of-network provider that exceeds the BCBSM Approved Amount.

Among the changes are the following Women's Preventive Health Benefits:

- Well-Woman Visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immune-deficiency virus (HIV)

- Contraceptive methods and counseling. Generic oral contraceptives are paid without a cost share; a co-pay applies for brand name oral contraceptives.
- Breast feeding support, supplies and counseling
- Screening and counseling for interpersonal and domestic violence

Additional Information

For additional information on recommended preventive care services you can visit: www.healthcare.gov/law/features/rights/preventive-care/index.html.

More information will be coming regarding the loss of grandfathered status. If you have any questions regarding the changes described above, please do not hesitate to contact the Plan Office at 1-855-633-4584.

Sincerely,

Michigan Electrical Employees' Health Plan
Board of Trustees

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Please note that receipt of this description of benefit modifications is not a guarantee of coverage. You will only be eligible for the benefits described herein if contributions are required to be made to the Fund on your behalf. The Trustees reserve the right to amend, modify or terminate the Plan at any time.