

NECA-IBEW LOCAL 480
HEALTH AND WELFARE FUND
3150 US ROUTE 60
ONA, WV 25545
PHONE: 1 855 445-3927

To: All Eligible Participants of the NECA-IBEW Local 480 Health & Welfare Fund

From: Board of Trustees

NECA

We are pleased to announce, effective March 1, 2018, the NECA-IBEW Local 480 Health & Welfare Fund will be paying your claims under the Anthem Blue Cross Blue Shield network. Additionally, we have partnered with Healthlink to provide pre-certification and Case Management services for you.

We are also pleased to announce, effective March 1, 2018, the NECA-IBEW Local 480 Health & Welfare Fund will be moving to SaveRX for your prescription benefit.

THERE HAVE BEEN NO CHANGES TO YOUR BENEFITS

These changes were made to provide you with a positive pre-certification and behavioral experience, as well as a broader medical network and better healthcare discounts. This helps you, the member, and the Fund.

New Anthem Card

Because of the change in claims payor, the contact information on your cards had to change. There have been no changes in your benefits. There is more information below that will be useful for you. Please read it carefully and call us with any questions you may have.

New SaveRX Card

Because of the change in prescription payor, the contact information on your cards had to change. There have been no changes in your benefits. There is more information below that will be useful for you. Please read it carefully and call us with any questions you may have.

Frequently Asked Questions:

1. Why does the Fund partner with Anthem Blue Cross and Blue Shield and Healthlink?

Anthem offers the Fund access to the BlueCard program. This program electronically links all Blue Cross and Blue Shield Plans and their providers — creating one large, national network. The network includes more than 80 percent of the hospitals and nearly 90 percent



of the physicians in the United States. And the Funds members have access to them all. This broad network provides better healthcare discounts that help keep your expenses down – lowers the amount you are responsible for related to coinsurance – and it helps the Fund control its overall claims costs.

Healthlink services deliver flexible medical management services that fit the needs of the members and Fund. They strive to ensure cost effective, high quality, appropriate care for the members, and their accredited programs and clinical expertise are focused on the member's well-being.

2. When will these changes be effective?

March 1, 2018. Please use your new cards for any services on and after March 1, 2018, which will be mailed out next week and destroy your old cards at that time.

3. Were there any changes made to my benefits?

No. There were no changes made to your benefits.

4. When should I use my new ID card?

Please use it for all services rendered on or after March 1st and destroy your old card.

5. How do I know that my current provider participates in the BlueCard PPO network or how can I locate a provider in the network?

This process has not changed. However, you can easily find a participating provider online at www.anthem.com or call – 1-800-810-BLUE (2583). The Anthem web site address and the phone number are located on the back of your new ID card. You can also call your provider directly and ask if they participate in the BlueCard PPO network. You can call the Fund if additional assistance is required. (

855-445-3927

6. Do I need to notify the Fund before seeking services from a non-participating Blue Cross Blue Shield provider?

It is recommended that you do contact the Fund prior to seeking services from a non-participating provider. We may be able to help you select a participating provider, which would eliminate the need for you to use your out-of-network benefits at a reduced rate.

7. How do I file my claims?

This process has not changed. However, your Blue Cross and Blue Shield provider will file your claims for you to the local Blue Cross and Blue Shield Plan. Many healthcare providers will file your claims with the local Blue Cross and Blue Shield Plan even if they are not participating in the network.

8. How do I file a claim if I elect to use a non-participating Blue Cross and Blue Shield provider?

The Blue Cross and Blue Shield PPO provider network is extensive with more than 80 percent of the hospitals and nearly 90 percent of the physicians in the United States. You are encouraged to use a participating provider so that you aren't required to pay for medical services up front and so that you can take advantage of the Blue Cross and Blue Shield negotiated provider discounts. Claims must be filed to the local Blue Cross Blue Shield Plan regardless of the provider's participation status. If a non-participating provider won't file the claim for you, you will be responsible for filing the claim. Assistance with filing the claim will be provided by the Fund.

- 9. Will the Fund notify me about how my claim was paid?**
Yes, the Fund will provide you with an Explanation of Benefits (EOB) just as you have always received them from Indiana Teamsters Health Benefits Fund.
- 10. Whom do I contact if I have questions regarding my eligibility or benefits?**
This process has not changed. However, you will contact the Fund. The customer service phone number is listed on the back of your member ID card, or you can call toll free at 1-855-445-3927.
- 11. Whom does my provider contact if they have questions regarding my eligibility or benefits?**
Your provider can get eligibility and benefit information by dialing 1-844-876-8487.
- 12. Can the participating providers bill me for the difference between what the Blue Plan reimburses (allows) and what the provider charges for covered services?** No. The participating PPO providers cannot bill you for the difference between what the Blue Plan reimburses and what the provider charges for covered health services. You are only responsible for the plan copayments, deductible and coinsurance just as you are today. Your Explanation of Benefits (EOB) will explain this in detail. If you have questions regarding your EOB, please call the Fund at the toll free number above.
- 13. Are there any changes to my prescription or dental benefits?**
No. All Dental information is included on your Anthem/Blue Cross BlueShield card. As for your Prescription Card, you will be receiving a NEW one with SaveRX which will also be effective March 1, 2018.
- 14. Who do I contact for precertification and Case Management services?**
Healthlink will provide pre-certification and Case Management services for the members. You, or your provider, can contact them at the number provided on the card, 1-877-284-0102. Your benefits for these services have not changed.