



**PENSION HOSPITALIZATION AND BENEFIT PLAN**  
JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY  
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July 2007

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## Important Changes to Your Medical Plan Coverage

Dear Participant:

The recently negotiated collective bargaining agreement provided for various changes to the Pension, Hospitalization and Benefit Plan of the Electrical Industry. Please note that most benefits are effective for dates of service on or after August 1, 2007. All changes have been approved by the Trustees of the Plan.

### Physical Therapy – effective for services rendered on or after August 1, 2007

Limit of four (4) \$25 co-payments for all approved physical therapy for any illness or injury, per incident. This applies to all in and out-of-network services rendered on or after August 1, 2007.

### **MagnaCare will now be processing all in and out-of-network physical therapy claims.**

This applies to all claims that are submitted as of August 1, 2007, regardless of the date of service. If you are using a MagnaCare physical therapist, the provider should be instructed to submit the claims directly to MagnaCare. If you use a non-MagnaCare provider, you must submit your claims (along with a PHBP claim form) to MagnaCare at 825 East Gate Blvd., Garden City, NY 11530.

For in-network claims, you will be responsible for only 4 co-payments of \$25 (per incident or illness). Out-of-network claims are paid according to the MagnaCare fee schedule and are subject to the same co-payments as in-network claims, as well as all applicable deductibles (through 2007). All remaining balances are the participant's responsibility.

You may locate a MagnaCare participating physical therapist by visiting their website at [www.magnacare.com](http://www.magnacare.com) or by calling them at 1-877-624-6210.

**Effective August 1, 2007, all physical therapy and speech therapy visits must be pre-approved by MagnaCare by calling 1-877-624-6210. Physical therapy claims will not be paid unless prior approval from MagnaCare is obtained.**

**Mental Health Benefits – effective for services rendered on or after August 1, 2007**

Services rendered by a psychologist (“PHD”) or a social worker (“MSW”) are now covered up to a calendar year maximum of 30 visits per family. The Plan’s existing coverage for 20 calendar year visits per family for a psychiatrist still applies. Participants may combine the 20 psychiatrist visits with the psychologist/social worker visits for a total of 30 visits per family.

A four-visit calendar year deductible applies to this benefit. This means that the first four visits are the participant’s responsibility. After that, the Plan will pay for a maximum of 30 visits. All covered visits, both in and out-of-network, are subject to the \$25 co-payment and the 4-visit deductible.

**MagnaCare will now be processing all in and out-of-network mental health claims.** This applies to all claims that are submitted as of August 1, 2007, regardless of the date of service. If you are using a MagnaCare mental health care provider, the provider should be instructed to submit the claims directly to MagnaCare. If you use a non-MagnaCare provider, you must submit your claims (along with a PHBP claim form) to MagnaCare at 825 East Gate Blvd., Garden City, NY 11530.

For in-network claims, you will be responsible for a \$25 co-payment per visit. Out-of-network claims are paid according to the MagnaCare fee schedule and are subject to the same co-payments as in-network claims, as well as all applicable deductibles (through 2007). All remaining balances are the participant’s responsibility.

You may locate a MagnaCare participating mental health care provider by visiting their website at [www.magnacare.com](http://www.magnacare.com) or by calling them at 1-877-624-6210.

Examples of how this benefit works:

- a. Mary visits a MagnaCare psychologist starting August 1, 2007. The provider will submit all of her claims directly to MagnaCare, which will be paid as follows:

Visits 1 – 4:	Mary pays 100% of provider’s charges for all 4 visits.
Visits 5-34	Mary pays a \$25 co-payment for each of the remaining 30 visits.

- b. John visits a non-MagnaCare psychologist starting August 1, 2007. He must submit all of his claims with a PHBP claim form to MagnaCare. These claims will be paid as follows:

Visits 1-4:	John pays 100% of the provider’s charge for all 4 visits.
Visits 5-34:	The Plan will reimburse John the MagnaCare allowance for each visit, minus the \$25 co-payment. John is responsible for all balances.

**Chiropractic Benefits – effective for services rendered on or after August 1, 2007**

**MagnaCare will now be processing all in and out-of-network chiropractic claims.** This applies to all claims that are submitted as of August 1, 2007, regardless of the date of service. If you are using a MagnaCare chiropractor, the provider should be instructed to submit the claims directly to MagnaCare. If you use a non-MagnaCare provider, you must submit your claims (along with a PHBP claim form) to MagnaCare at 825 East Gate Blvd., Garden City, NY 11530.

For in-network claims, you will be responsible for only the co-payment of \$25 for up to a maximum of 30 visits in a calendar year. Out-of-network claims are paid according to the MagnaCare fee schedule and are subject to all applicable co-payments and deductibles (through 2007). All remaining balances are the participant’s responsibility.

You may locate a MagnaCare participating chiropractor by visiting their website at [www.magnacare.com](http://www.magnacare.com) or by calling them at 1-877-624-6210.

**Hearing Aid Benefit increased to \$2,000 – effective for services rendered on or after August 1, 2007**

The hearing aid benefit is increased from \$1,500 to \$2,000. This applies to all services rendered on or after August 1, 2007. This benefit is payable once in a four-year period for active participants and their spouses. Dependent children are not eligible for this benefit. Retirees and their spouses are eligible for this benefit one time in a five-year period.

**Out-of-Network Deductible eliminated for services rendered on or after January 1, 2008**

The \$300/\$500 deductible for all out-of-network claims is eliminated. This applies to all out-of-network services rendered on or after January 1, 2008.

**Extension of Surviving Spouse Free Coverage for those covered under the Pension, Hospitalization and Benefit Plan of the Electrical Industry**

Surviving spouse coverage with no premium cost is now extended from 18 months up to a maximum of 36 months for those spouses and eligible dependents **covered at no cost** through May 2007, as well as for future widows, widowers and their eligible dependents.

**Early Retirement Medical Benefit**

Those participants who retire between ages 58 – 60 on June 1, 2007 or later on an Early Retirement Standard Pension shall be able to work outside the electrical industry and maintain their medical benefits.

If you have any questions concerning your medical plan benefits, please contact the Hospitalization Plan Department at the Joint Industry Board at (718) 591-2000, ext. 1350.

Sincerely,

The Trustees of the Pension, Hospitalization and Benefit Plan of the  
Electrical Industry