



JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY

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Dear Participant:

The Patient Protection and Affordable Care Act ("PPACA") requires group health plans, such as the Pension, Hospitalization and Benefit Plan ("PHBP") of the Electrical Industry, to furnish participants with a Summary of Benefits and Coverage or "SBC." The SBC is a summary of material provisions of a health plan in a uniform format.

Enclosed please find the SBC for the PHBP for the coverage period beginning on October 1, 2023. This document summarizes the key features of the Plan such as covered benefits, cost-sharing provisions, coverage limitations, and coverage examples and exceptions. We recommend you retain a copy of the SBC with your other PHBP records.

Please note that while such terms as "premiums," "co-insurance" and "deductibles" are required by federal regulations to appear in the SBC, they do not apply to your Plan.


For a more complete explanation of the PHBP's rules, covered and excluded benefits and cost-sharing provisions, please refer to your Summary Plan Description and updating Summaries of Material Modifications, all of which can be found at www.jibei.org.

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

Sincerely,

Joint Industry Board of the
Electrical Industry



 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.** This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to <https://www.jibe.org/health/phbp-medical-and-rx-plan/> or call 1-718-591-2000. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform and www.cciio.cms.gov or call 1-718-591-2000 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Not Applicable.	This plan does not have a deductible .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	Not applicable	This plan does not have an out-of-pocket limit on your expenses.
What is not included in the out-of-pocket limit ?	Not Applicable.	This plan does not have an out-of-pocket limit on your expenses.
Will you pay less if you use a network provider ?	Not Applicable.	This plan does not use a provider network . You can receive covered services from any provider .
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	The plan reimburses the Medicare Part B annual deductible and pays 20% of customary & reasonable charges approved but not paid or reimbursed under Medicare Part B.
	Specialist visit	No charge	30-visit limit for Chiropractor. Acupuncture covered only if provided at JIB Medical, PC. For other specialists , the plan reimburses the Medicare Part B annual deductible and pays 20% of customary & reasonable charges approved but not paid or reimbursed under Medicare Part B.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
	Preventive care/screening/immunization	No charge	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	The <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>customary & reasonable</u> charges approved but not paid or reimbursed under Medicare Part B.
	Imaging (CT/PET scans, MRIs)	No charge	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.express-scripts.com	Generic drugs	2023 \$15 retail (up to 34-day supply) or \$35 (90-day supply)/prescription. Effective January 1, 2024 \$15 retail (up to 34-day supply) or \$35 (90-day supply)/prescription.	<u>Preauthorization</u> is required for some drugs or coverage could be lost. Medicare Part D benefit: Covered Medicare Part D drugs are available at out-of- <u>network</u> pharmacies only in special circumstances, such as illness while traveling outside of the <u>plan's</u> service area where there is no <u>network</u> pharmacy.
	Preferred brand drugs	2023 \$25 retail (up to 34-day supply) or \$65 (90-day supply)/prescription. Effective January 1, 2024 \$30 retail (up to 34-day supply) or \$70 (90-day supply)/prescription.	2023: After total costs (what you and the <u>plan</u> pay) reach \$6,550, you will pay the greater of 5% <u>coinsurance</u> or a \$3.70 <u>copayment</u> for covered generic drugs (including drugs treated as generics), or a \$9.20 <u>copayment</u> for all other covered drugs. Neither <u>copayment</u> will exceed standard that applies before you reach \$6,550 in total costs.
	Non-preferred brand drugs	2023 \$40 retail (up to 34-day supply) or \$110 (90-day supply)/prescription. Effective January 1, 2024 \$60 retail (up to 34-day supply) or \$165 (90-day supply)/prescription.	2024: If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have <u>cost sharing</u> for excluded drugs that may be covered under Part D's enhanced benefit, if the <u>plan</u> covers additional drugs not normally covered by Medicare Part D.
	Specialty drugs	Effective January 1, 2024 \$45 retail (up to 34-day supply) or \$105 (90-day supply)/prescription	If you are not enrolled in the Medicare Part D Program, you pay the difference between the cost of the non-generic and the generic equivalent, if available. 90-day supply available via mail order only. If enrolled in the SaveOn program, the <u>copayment</u> for some <u>specialty drugs</u> may be reduced to \$0. For more information on what Specialty drugs are covered under the SaveOn Program, contact a SaveOn representative at (800) 683-1704. Retirees enrolled in the Medicare Part D benefit are not eligible to enroll in the SaveOn program.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	The <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>customary & reasonable</u> charges approved but not paid or reimbursed under Medicare Part B.
	Physician/surgeon fees	No charge	
If you need immediate medical attention	Emergency room care	No charge	The <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>customary & reasonable</u> charges approved but not paid or reimbursed under Medicare Part B.
	Emergency medical transportation	No charge	
	Urgent care	No charge	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	The <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A.
	Physician/surgeon fees	No charge	The <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>customary & reasonable</u> charges approved but not paid or reimbursed under Medicare Part B
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	The <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>customary & reasonable</u> charges approved but not paid or reimbursed under Medicare Part B
	Inpatient services	No charge	The <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A.
If you are pregnant	Office visits	No charge	The <u>plan</u> reimburses the Medicare Part B annual <u>deductible</u> and pays 20% of <u>customary & reasonable charges</u> approved but not paid or reimbursed under Medicare Part B
	Childbirth/delivery professional services	No charge	
	Childbirth/delivery facility services	No charge	The <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A.
If you need help recovering or have other special health needs	Home health care	No charge	The <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A or the Medicare Part B annual <u>deductible</u> and 20% of <u>customary & reasonable</u> charges approved but not paid or reimbursed under Medicare Part B.
	Rehabilitation services	No charge	
	Habilitation services	Not covered	None
	Skilled nursing care	No charge	Omnipod 5 system insulin pods are covered by the <u>prescription drug plan</u> .
	Durable medical equipment	No charge	
	Hospice services	No charge	The <u>plan</u> reimburses the inpatient hospital <u>deductible</u> not paid by Medicare Part A or Medicare Part B the annual <u>deductible</u> and 20% of <u>customary & reasonable</u> charges approved but not paid or reimbursed under Medicare Part B.

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	Not covered	None
	Children's glasses	Not covered	
	Children's dental check-up	Not covered	

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

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|---|--|--|
| <ul style="list-style-type: none"> • Children's dental check-up • Children's eye exam • Children's glasses | <ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult) • Habilitation services | <ul style="list-style-type: none"> • Long-term care • Private duty nursing |
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

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|---|---|---|
| <ul style="list-style-type: none"> • Acupuncture (through JIB Medical, PC only) • Bariatric surgery • Chiropractic care, up to 30 visits | <ul style="list-style-type: none"> • Emergency and Non-emergency care when traveling outside the U.S. • Hearing aids • Infertility treatment | <ul style="list-style-type: none"> • Routine eye care (Adult) through JIB Medical, PC or, for non-New York City resident or Nassau County resident retirees, General Vision Services (non-NYC resident retirees may go to any provider and receive up to a \$56 reimbursement) • Routine foot care • Weight loss programs (through JIB Medical, PC only) |
|---|---|---|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: The [plan](#) at 1-718-591-2000 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Not Applicable

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 718-591-2000.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) cost sharing \$0
- Hospital cost sharing (3-day stay) \$0
- [Prescription Drugs](#) copayment \$15

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$15
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$75

Managing Joe's type 2 Diabetes
(a year of routine care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) cost sharing \$0
- Primary care cost sharing \$0
- [Prescription Drugs](#) copayment \$720

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,500
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$720
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$740

Mia's Simple Fracture
(emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist](#) cost sharing \$0
- Emergency room cost sharing \$0
- Other cost sharing \$0

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$0

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

