



# Electricians Health & Welfare Plan

I.B.E.W. LOCAL UNION NO. 995  
8111 TOM DRIVE BATON ROUGE, LOUISIANA 70815  
(225) 927-6340 FAX (225) 927-6344



## IMPORTANT NOTICE TO PARTICIPANTS

October 18, 2024

The Board of Trustees would like to inform you of the following rates and limits effective January 1, 2025 and benefit reminders.

- DEDUCTIBLE:** The calendar year deductible is \$1,500.00 per Participant per calendar year. The Out-of-Pocket limit is \$2,500.00 per Participant per calendar year and \$5,000.00 per family per calendar year.
- COBRA SELF-PAYMENT RATES:** COBRA self-payment rates have been set at \$910.00/month if you elect to continue health coverage without life insurance/AD&D and \$914.00/month if you elect to continue both health coverage and life insurance/AD&D. For COBRA qualified beneficiaries entitled to extend COBRA coverage for an additional 11 months due to total disability, the cost will be \$1,339.00/month for continued health coverage without life insurance/AD&D and \$1,344.00/month for continued health coverage with life insurance/AD&D.
- REQUIRED AMOUNT:** The "Required Amount" means the amount of contributions that must be credited to or accumulated in a Dollar Bank for Collectively-Bargained Employees for work in Covered Employment in order for them to qualify for continued eligibility under the Plan for one month. The Required Amount will be \$861.00/month.
- REQUIRED AMOUNT/CONTRIBUTION RATE FOR APPRENTICES:** The Required Amount for 1st and 2nd period apprentices will be \$861.00/month. The Contribution Rate is the amount an Employer agrees to pay to the Fund under the collective bargaining agreement for each hour of Covered Employment worked; it is \$5.15/hr., but will be credited at \$6.15/hr.
- MONTHLY RETIREE RATES:** The monthly retiree rates for 2024 will remain as follows:

**Single With Medicare\* - \$257**

**Two Party, Both With Medicare\* - \$514**

**Single Without Medicare\* - \$665**

**Two Party, Neither With Medicare\* - \$1,259**

**Married, One With Medicare and One Without Medicare\* - \$923**

\*"With Medicare" means enrolled in both Parts A & B of Medicare; "Without Medicare" means not enrolled in both Parts A & B of Medicare

- DOLLAR BANK:** The maximum excess contributions that may be accumulated in your Dollar Bank, after withdrawal for the current month's eligibility, will be \$5,166.00 (Required Amount x 6).

7. **REMINDER OF NOTICE REQUIREMENT FOR EIGHTEEN (18) MONTHS ADDITIONAL COBRA COVERAGE FOR CERTAIN COLLECTIVELY-BARGAINED EMPLOYEES:** Remember, if you are a collectively-bargained employee and you exhaust your 18 months of COBRA coverage arising due to termination of employment/insufficient hours, you may continue your health coverage on a self-payment basis for up to an additional 18 months, provided you are available for work in Covered Employment during the extended period. However, you must send written notice that you wish to extend your coverage to the Fund Office by the end of the first 18 months of COBRA coverage, or you will forfeit the right to receive it. You must also continue to send the required self-payment in a timely manner. If the Fund Office receives your payment without the written request, your coverage for the additional 18 months will NOT renew, and your payment will be returned to you.
8. **REMINDER OF YOUR NOTICE OBLIGATION UNDER USERRA (UNIFORMED SERVICES EMPLOYMENT AND RE-EMPLOYMENT RIGHTS ACT OF 1994):** You must notify the Fund Office when you are called up for qualified military service to ensure protection of your rights under USERRA, including your right to continue health coverage. You must also notify the Fund Office as soon as possible when you are discharged from your military service and have made yourself available for work.
9. **ANNUAL NOTICE OF BENEFITS UNDER WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998:** As required by the referenced Act, the Plan provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, contact the Fund Office.
10. **MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT:** This act applies to group health plans, such as this Plan, that provide coverage for mental health and substance use disorder benefits (MH/SUD) in addition to medical and surgical benefits. Generally, the financial requirements and treatment limitations on the MH/SUD benefits may not be more restrictive than those on medical and surgical benefits. It is the Plan's intent to comply with this Act. For more information, contact the Fund Office.
11. **REMINDER OF AVAILABILITY OF PRIVACY NOTICE FOR PLAN:** The Plan maintains a Privacy Notice that provides information to participants and beneficiaries whose protected health information (PHI) will be used or maintained by the Plan. It describes how the Plan may use and disclose PHI and its duties under federal law to protect the confidentiality of your PHI, as well as important federal privacy rights that you have. You should have already received a copy.

A copy of the Plan's Privacy Notice is also available at any time upon request by contacting:

Kristine Guillot — Administrative Manager/Privacy Officer  
8111 Tom Drive  
Baton Rouge, Louisiana 70815  
Telephone: (225) 927-6340 / Fax: (225) 927-6344

12. **PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP):** If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility – Alabama, Alaska, Arkansas, California, Colorado, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.**

**The contact information for Louisiana is as follows:**

LOUISIANA — Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

To see if any more States have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.