



IBEW/NECA
Sound & Communications
Health & Welfare Plan
Workshop
February 22, 2025



Thank you for joining us today,
Please make sure to **mute yourself upon entry.**



Health & Welfare Plan

Agenda Items

- Insurance Benefits
 - Eligibility Rules
- Medical Plan Options
 - Open Enrollment
- Other Benefits
 - Anthem Blue Cross Dental
 - Vision Service Plan
 - Optum
- Short Term Disability
- HRA Information
- Questions and Answers

United Administrative Services

6800 Santa Teresa Blvd. Suite 100

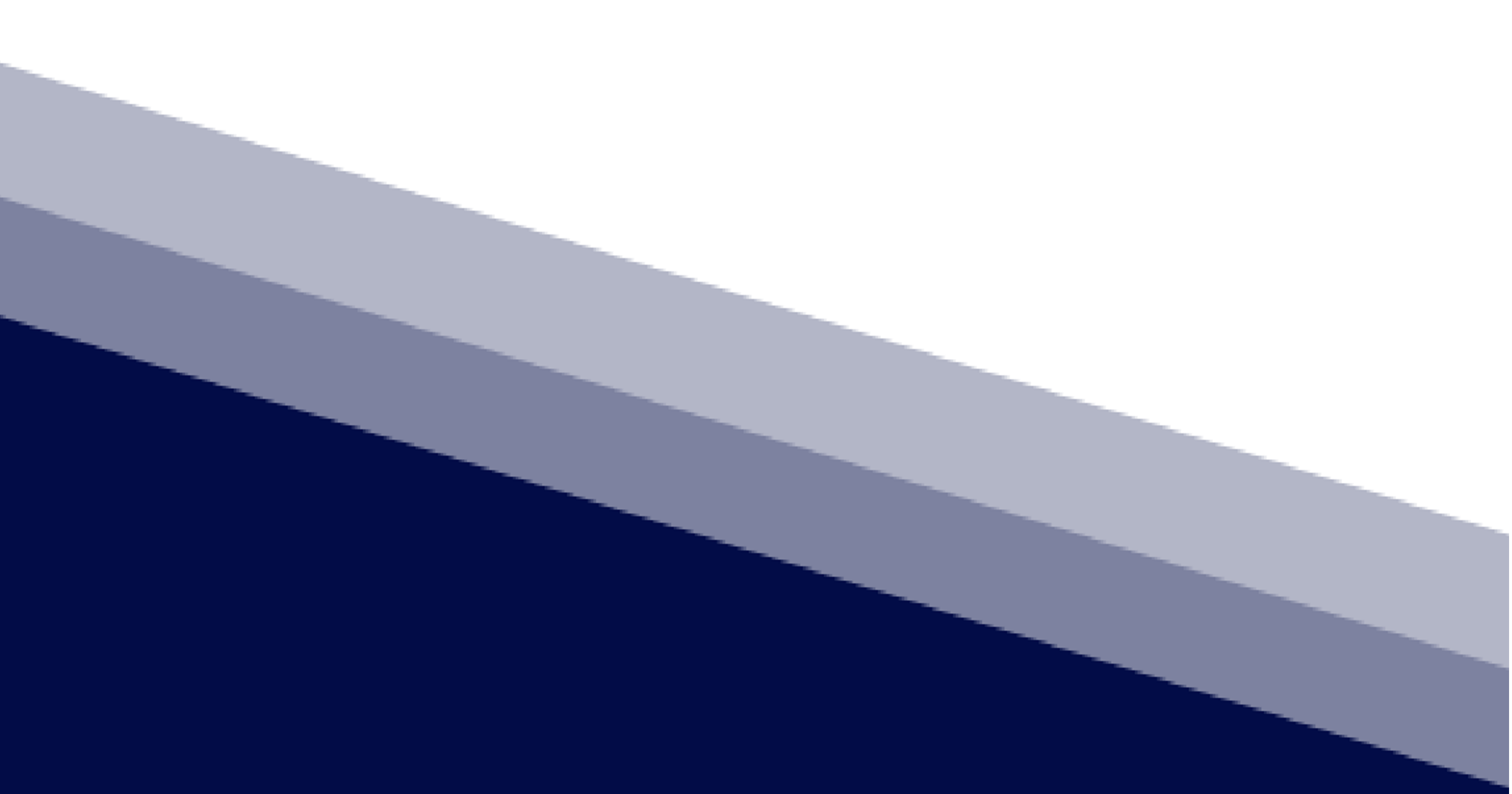
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Website

www.soundcommbenefits.com



Insurance Benefits

ELIGIBILITY

- The H & W rate per hour that your employer will be sending in is attached. Depending on what classification you are, the rate may vary.
- It takes **\$1954.00** per month for your insurance coverage.
- To be first insured, you must work a minimum of **131 hours** (*depending on your classification*) to have coverage two months later.
 - Example: If you work at least 131.00 hours in January, your H&W benefits will become effective March 1st. Then it will take 131.00 hours (Depending on your classification) per month to keep your benefits going. Any hours over the 131.00 will accumulate in your dollar bank, and if you are short hours, it will be pulled from your dollar bank, assuming there are dollars to pull. You can accumulate a ***maximum of 9 months*** in your reserve bank.
- There are two medical options available to you: Anthem Blue Cross PPO Plan or Kaiser HMO Plan. If you choose the PPO Blue Cross Plan, you will have a prescription plan called MaxorPlus. If you choose Kaiser, you will use Kaiser for your prescriptions.

ELIGIBILITY RULES & CONTRIBUTION RATES

- Skip Month Eligibility (ex: January Hours apply to March Eligibility)
- H & W Contribution \$14.95 per hour – needs 130.75 hours per month to be insured
- H & W Contribution \$14.45 per hour (Local 340) – needs 135.50 hours per month to be insured
- H & W Contribution \$13.55 per hour (332 Material Handlers) – needs 144.50 hours per month to be insured
- H & W Contribution \$14.00 per hour (332 Residentials) – needs 139.75 hours per month to be insured
- H & W Contribution \$15.00 per hour (6 Material Handlers) – needs 130.50 hours per month to be insured
- Monthly Charge Off is \$1,954.00 for all classifications which equates to 131 hours.
- Maximum Reserve Bank is \$17,586.00, which is nine (9) months.

IBEW / NECA SOUND & COMMUNICATIONS HEALTH & WELFARE PLAN

2025 Medical Plan Options

Benefit Summary

Two Medical plan options are offered: 1) The Trust Self-Funded Medical Indemnity Plan (a PPO Plan) and 2) Kaiser Permanente (an HMO Plan). With two options, you are able to select the plan that works best for your needs.

	MEDICAL		
PLAN FEATURES	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN		KAISER HMO PLAN Group #919
	IN-NETWORK	Out-of-Network	
Provider Network	Anthem Blue Cross PPO	Use Any Provider	Kaiser Permanente
Network Service Area	California		California
Who Provides Care / Provider Choice	Any medical provider. To receive the highest level of benefits, use an Anthem Blue Cross PPO network provider. <u>Note:</u> If you are referred to an out-of-network provider by an in-network provider, out-of-network benefits still apply.		Kaiser Permanente doctors and facilities only
Calendar-Year Deductible	\$100 per person, up to \$300 per family	\$100 per person, up to \$300 per family	None
Calendar-Year Out-of-Pocket Maximum for Covered Expenses	\$2,500 per person, up to \$5,000 per family	No out-of-pocket maximum. You are responsible for 20% of <u>ALL</u> expenses.	\$1,500 per person, up to \$3,000 per family
Medical Plan Annual Maximum	Unlimited		Unlimited
Medical Plan Lifetime Maximum	Unlimited		Unlimited
Eligibility Age Limits for Dependent Children	Under age 26.		Same
Preauthorization Requirements	Your physician is responsible for obtaining any required preauthorization through Anthem Blue Cross.	You or your physician must contact Anthem Blue Cross at least seven days before: <ul style="list-style-type: none"> ● Hospital admission ● Use of outpatient facility ● Certain diagnostic procedures ● Outpatient surgery 	All preauthorizations must be coordinated through your Kaiser primary care physician.

	MEDICAL		
PLAN FEATURES	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN		KAISER HMO PLAN Group #919
	IN-NETWORK	Out-of-Network	
Benefits for Most Covered Services	After calendar-year deductible is applied, plan pays:		You pay a \$15 copay per visit. No benefits are payable at non-Kaiser facilities, except in case of emergency.
	80% of Anthem Blue Cross negotiated rate <u>except for inpatient Hospital charges.</u>	80% of usual, customary and reasonable charges.	
	90% of Anthem Blue Cross negotiated rate for inpatient Hospital charges.	No out-of-pocket maximum. You are responsible for 20% of <u>ALL</u> expenses.	
Preventative Care Benefits – Preventative Physical Exams	Plan pays 100% of eligible expenses for annual preventative physical exam in an Anthem Blue Cross network provider doctor’s office. Refer to Summary Plan Description. No deductible applies.	Limited out-of-network benefits.	Plan pays 100%. Annual routine physical examinations for employment, sports, college entrance, etc. not covered.
Well Baby Care	Plan pays 80% of Anthem Blue Cross negotiated rate up to 8 well baby visits. (Infants through age 36 months) No deductible applies.	Limited out-of-network benefits.	Plan pays 100%. (Infants through age 23 months)
Immunizations and Vaccinations	100% of eligible expenses for adults and children for physician recommended immunizations and vaccinations.	Limited out-of-network benefits.	Plan pays 100%. For children under 2 years of age, refer to Well Baby Care.
Diagnostic Test (X-Ray, Blood Work)	Plan pays 100% of Anthem Blue Cross PPO network provider services. Calendar-year deductible is waived.	Plan pays 80% of usual, customary and reasonable charges after calendar-year deductible is applied.	Plan pays 100%.
Imaging (CT / PET scans, MRI’s)	Plan pays 80% of Anthem Blue Cross negotiated rate.	Plan pays 80% of usual, customary and reasonable charges after calendar-year deductible is applied.	Plan pays 100%.
Infertility Treatment	No benefit provided.		Limited benefits. Contact Kaiser for specific coverage.

All information contained in this benefit summary has been designed to give you a general overview of the Medical plan options and the Medical benefits provided effective January 1, 2025. It does not, however, attempt to explain all the details, provisions, limitations, restrictions and exclusions of the Plan’s Medical benefits. The Board of Trustees reserves the right to change or terminate the Plan or specific provisions of the Plan at any time. If there is any conflict between this benefit summary and the Plan’s Summary Plan Description (SPD), the SPD prevails. For additional information about the Plan’s benefits, please contact the Plan Administrator, United Administrative Services: (408) 288-4452 or toll-free, 1-800-541-8059.

	MEDICAL		
PLAN FEATURES	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN		KAISER HMO PLAN Group #919
	IN-NETWORK	Out-of-Network	
Inpatient Hospital and Outpatient Facility Services	After calendar-year deductible is applied, plan pays:		Inpatient – Plan pays 100% after you pay \$100 copay per admission. Outpatient – Plan pays 100% after you pay \$15 copay per procedure.
	90% of Anthem Blue Cross negotiated rate; calendar-year deductible is waived when admitted to an in-network inpatient facility. See preauthorization requirements.	80% of usual, customary and reasonable charges. No out-of-pocket maximum. You are responsible for 20% of <u>ALL</u> expenses.	
Emergency Room Facility Charges	Plan pays 80% of Anthem Blue Cross negotiated rate. No deductible applies.	Plan pays 80% of usual, customary and reasonable charges after calendar-year deductible is applied.	Plan pays 100% after you pay \$100 copay. Copay is waived if you are admitted to hospital as inpatient.
Urgent Care Center Services	After calendar-year deductible is applied, plan pays:		Plan pays 100% after you pay \$15 copay.
	80% of Anthem Blue Cross negotiated rate.	80% of usual, customary and reasonable charges.	
Ambulance	After calendar-year deductible is applied, plan pays:		Plan pays 100%.
	80% of Anthem Blue Cross negotiated rate.	80% of usual, customary and reasonable charges. No out-of-pocket maximum. You are responsible for 20% of <u>ALL</u> expenses.	
Chiropractic and Acupuncture Services	After calendar-year deductible is applied, plan pays:		You pay a \$15 copay per visit for up to 30 visits per calendar year.
	80% of Anthem Blue Cross negotiated rate up to 20 visits per calendar year.	80% of usual, customary and reasonable charges up to 20 visits per calendar year. No out-of-pocket maximum. You are responsible for 20% of <u>ALL</u> expenses.	
Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	After calendar-year deductible is applied, plan pays:		You pay a \$15 copay per visit.
	80% of Anthem Blue Cross negotiated rates.	80% of usual, customary and reasonable charges. No out-of-pocket maximum. You are responsible for 20% of <u>ALL</u> expenses.	

		MEDICAL		
MENTAL HEALTH BENEFIT				
PLAN FEATURES	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN		KAISER HMO PLAN Group #919	
	IN-NETWORK	Out-of-Network		
Calendar Year Deductible	\$100 per person, up to \$300 per family	\$100 per person, up to \$300 per family	None	
Calendar-Year Out-of-Pocket Maximum	\$2,500 per person, up to \$5,000 per family	No out-of-pocket maximum. You are responsible for 20% of <u>ALL</u> expenses.	\$1,500 per person, up to \$3,000 per family	
Mental / Behavioral Health Inpatient Services	Unlimited days based on medical necessity. Plan pays 90% of Optum Health's negotiated rates after calendar-year deductible is applied.	Unlimited days based on medical necessity. Plan pays 80% of usual, customary and reasonable charges after calendar-year deductible is applied.	You pay \$100 copay per admission at Kaiser facilities.	
Mental / Behavioral Health Outpatient Services	Unlimited visits based on medical necessity. Plan pays 80% of Optum Health's negotiated rates after calendar-year deductible is applied.	Unlimited visits based on medical necessity. Plan pays 80% of usual, customary and reasonable charges after calendar-year deductible is applied.	You pay \$15 copay per visit (individual basis) or \$7 copay per visit (group basis) at Kaiser facilities.	

SUBSTANCE ABUSE BENEFIT				
PLAN FEATURES	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN		KAISER HMO PLAN Group #919	
	IN-NETWORK	Out-of-Network		
Substance Abuse Disorder Outpatient Services	After calendar-year deductible is applied, plan pays: Unlimited visits based on medical necessity. Plan pays 80% of Optum Health's negotiated rates after calendar-year deductible is applied.		You pay \$15 copay per visit (individual basis) or \$5 copay per visit (group basis) at Kaiser facilities.	
Substance Abuse Disorder Inpatient Services	After calendar-year deductible is applied, plan pays: Unlimited days based on medical necessity. Plan pays 90% of Optum Health's negotiated rates after calendar-year deductible is applied.		You pay \$100 copay per admission at Kaiser facilities.	

	MEDICAL		
PLAN FEATURES	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN		KAISER HMO PLAN Group #919
	IN-NETWORK	OUT-OF-NETWORK	
Prescription Drugs	<p>Retail Drugs (up to 30-day supply) – Only at participating pharmacies</p> <ul style="list-style-type: none"> ● Generic – You pay \$10 copay. ● Preferred Brand – You pay 20%; \$15 minimum up to a \$25 maximum copay. ● Non-Preferred Brand – You pay 30%; \$30 minimum up to a \$75 maximum copay. <p>Mail Order Drugs (up to 90-day supply) – Only through Postal Prescription Services (PPS)</p> <ul style="list-style-type: none"> ● Generic – You pay \$20 copay. ● Preferred Brand – You pay 20%; \$40 minimum up to a \$75 maximum copay. ● Non-Preferred Brand – You pay 30%; \$75 minimum up to a \$150 maximum copay. <p>Some drugs require preauthorization.</p> <p>Medical plan deductible and coinsurance amounts do not apply to this benefit feature.</p>	<p>Retail Drugs (up to 30-day supply) – Only at Kaiser pharmacy</p> <ul style="list-style-type: none"> ● Generic – You pay \$10 copay. ● Brand – You pay \$25 copay. <p>Mail Order Drugs refills only (up to 100-day supply) – Only through Kaiser Mail Order Service</p> <ul style="list-style-type: none"> ● Generic – You pay \$20 copay. ● Brand – You pay \$50 copay. ● Not all drugs are available through mail order. <p>Specialty Drugs (up to 30-day supply) –</p> <ul style="list-style-type: none"> ● 20% coinsurance (not to exceed \$150). 	

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PROVIDER CONTACT INFORMATION		
	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN	KAISER HMO PLAN GROUP #919
Member / Customer Service Phone, Email	United Administrative Services (Plan Administrator) (408) 288-4452 1-800-541-8059 www.soundcommbenefits.com Anthem Blue Cross Preferred Provider Organization (PPO) (Refer to Group #170016) (408) 288-4452 1-800-541-8059 www.anthem.com/ca	1-800-464-4000 www.kaiserpermanente.org

VISION SERVICE PLAN	OPTUMHEALTH (Mental Health, Substance Abuse, EAP Provider)	ANTHEM BLUE CROSS DENTAL PPO
1-800-877-7195 www.vsp.com	1-877-225-2267 www.optum.com	(408) 288-4400 1-800-541-8059 www.anthem.com/ca

MAXORPLUS (PHARMACY BENEFIT MANAGER)	MXP Pharmacy (Mail Order Rx)
1-800-687-0707 www.maxorplus.com	1-800-687-8629 www.maxorplus.com

OPEN ENROLLMENT

- Open Enrollment is every November/December for an effective date of January 1st.
- Add eligible dependents such as a Spouse, registered Domestic Partner, or Child(ren).
- To add dependents, a Marriage Certificate or Registered Domestic Partner Certificate is required for adding a Spouse/Domestic Partner. A Birth Certificate is required for adding a child dependent.



Other Benefits

DENTAL

- Anthem Blue Cross Dental PPO
- Pays up to \$1,500.00 per eligible member/dependent per calendar year
- Annual deductible of \$25.00 per person per calendar year
- Recommended to choose a dental provider in the Anthem Blue Cross network. See next slides to choose a dental provider.

STEP 1: Go to www.anthem.com and click Find Care

For Employers ▾ For Producers ▾ For Providers

Search

Español



Insurance Plans ▾

Member Support ▾

Health & Wellness Resources ▾

Find Care

Log In

 If you've enrolled in an Anthem Individual & Family plan, [pay your premium now](#) to activate your 2025 health plan. 

 Learn how Anthem is providing [help for members impacted by the wildfires in Southern California](#). 



New Members, Welcome to Anthem

It's good to have you.

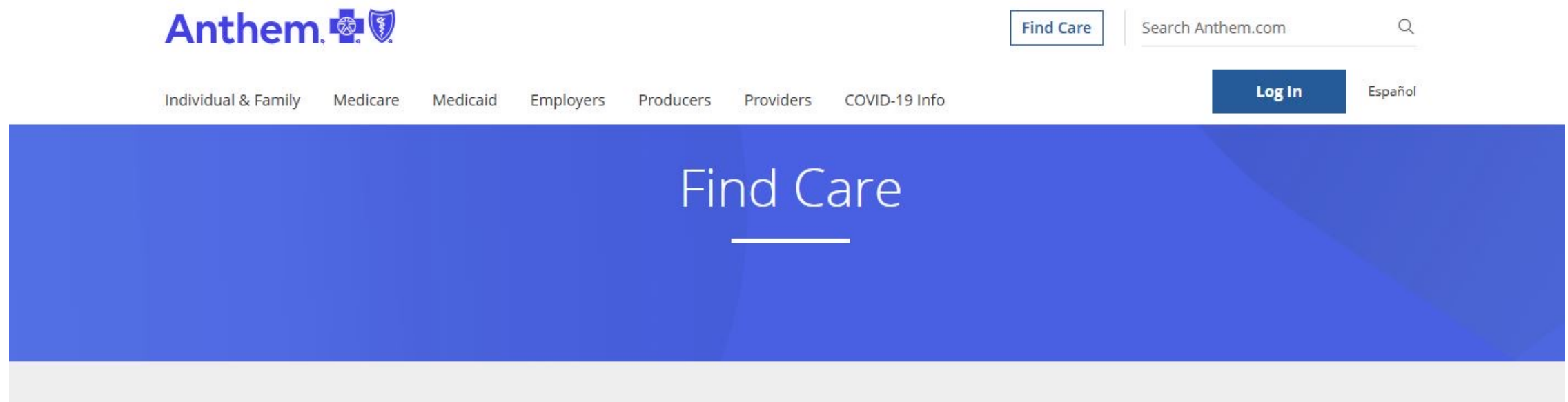
Register today to access your digital ID card, find doctors in your plan, review claims, and more!

Register now

Already registered? [Log in](#)



STEP 2: Click Basic Search as a Guest



Log in for Personalized Search

Find doctors, hospitals, and more in your plan's network. Get detailed estimates for procedures or services (not available with some plans). If you don't have an account, [register now](#).

Log In to Find Care



Use Member ID for Basic Search

Find doctors, hospitals and more near you.

Search your medical plan without logging in. [?](#)

ID number or prefix (first three values)

Continue



Basic search as a guest

Select a plan and find out if a doctor, hospital, or other care provider is in-network.

STEP 3: Fill out the sections as presented below

Individual & Family Medicare Medicaid Employers Producers Provider

Log in for Personalized Search

Find doctors, hospitals, and more in your plan's network. Get detailed estimates for procedures or services (not available with some plans). If you don't have an account, [register now](#).

Log In to Find Care

Basic search as a guest

Select a plan and find out if a doctor, hospital, or other care provider is in

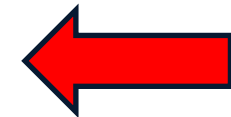
Last Updated 02/19/2025

The dates below are used for Medicare compliance and do not apply to provider data update
Y0114_20_122379_U CMS Accepted 05/08/2020



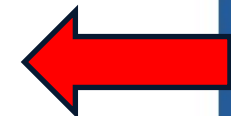
Basic search as a guest

Select the type of plan or network



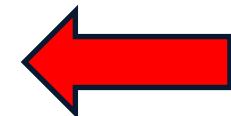
Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered.
(For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

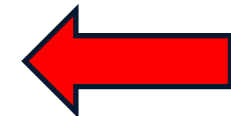


Feedback

Select how you get health insurance



Select a plan or network



Cancel

Continue

STEP 4: Update Location with City/State/or Zip Code and then either use the search bar for your preferred criteria OR use the Search by Care Provider options.



Find Care

Search Anthem.com



Individual & Family Medicare Medicaid Employers Producers Providers COVID-19 Info

Log In

Español

Dental Blue 100/200/300 [Change Plan](#)

Update Location

Search by doctor (name or specialty), hospital, procedure, and more

Find a testing center near you with our COVID-19 Test Site Finder

Search by Care Provider



Dentist



Oral Surgeon



Orthodontist



Periodontist



Pediatric Dentist



Endodontist

Last Updated 02/19/2025

VISION

- Your Vision benefits are with Vision Service Plan (VSP)
- Attached is a summary of benefits for your review.
- Also, the benefits website has all of the benefit information: www.soundcommbenefits.com



Your VSP Vision Benefits Summary

Welcome to VSP® Vision Care. Your VSP vision benefit offers you the best in eyecare and eyewear.

Personalized Care. A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Eyewear. Choose the eyewear that's right for you and your budget. From classic styles to the latest designer frames, you'll find the eyewear that's right for you and your family.

Choice of Providers. With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Using your VSP benefit is easy.

- Find the right eyecare provider for you. To find a VSP doctor, visit vsp.com or call 800.877.7195.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card required.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

For your complete benefit description, visit vsp.com or call 800.877.7195.

IBEW/NECA Sound & Communication
(Effective 1/1/25) and VSP provide you an affordable eyecare plan.

Doctor Network.....VSP Signature

Your Coverage with a VSP Doctor

- WellVision Exam®** focuses on your eye health and overall wellness
- \$10.00 copay every 12 months
- Prescription Glasses**
- \$25.00 copay
- Lenses** every 12 months
- Single vision, lined bifocal, and lined trifocal lenses
 - Polycarbonate lenses for dependent children
- Frame** every 24 months
- \$150.00 allowance for a wide selection of frames
 - 20% off the amount over your allowance
- ~OR~
- Contacts (instead of glasses)** every 12 months
- Up to \$25.00 copay for your contact lens exam (fitting and evaluation)
 - \$150.00 allowance for contacts

Extra Discounts and Savings

- Glasses and Sunglasses**
- Average 35 - 40% savings on all non-covered lens options
 - 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam
- Contacts**
- 15% off cost of contact lens exam (fitting and evaluation)
- Laser Vision Correction**
- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
 - After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam.....	Up to \$50.00
Single vision lenses.....	Up to \$50.00
Lined bifocal lenses.....	Up to \$75.00
Lined trifocal lenses.....	Up to \$100.00
Frame.....	Up to \$70.00
Contacts.....	Up to \$105.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

OPTUM

- The Plan offers a Members Assistance Program for Substance Abuse and Mental Health Benefits which is administered through “Optum”.
- You will need to contact Optum at (877) 225-2267 to get started for any Substance Abuse and/or Mental Health help. You will need to see a provider in the Optum network.

BAYSPORT WELLNESS

- BaySport Wellness Services is a wellness management support service.
- Contact Martha Hagmaier at martha.hagmaier@baysport.com for more information.

When you're not sure where to start, we're here for you

A side-by-side comparison of two important benefits you have access to

MAP

- Benefit provided by your employer, with no need to enroll
- A place to start for in-the-moment support to get you through a challenging life event or everyday concern
- Provides referrals for personal, family or behavioral health concerns that may require clinical care
- Available for all household family members
- No-cost coaching, counseling and therapy visits are available, and the allowed number of visits refreshes for each new issue
- Does not include medication prescription coverage or management

MAP provides assistance for life's challenges:

- Managing stress
- Finding mental health and substance use support
- Navigating family conflicts and relationships
- Finding care and help for children or elders
- Connecting with a financial coach
- Accessing legal services and more

Behavioral Health plan

- Benefit provided if you enroll in your employer's health insurance plan (part of the same plan that pays for your medical care)
- Accessed when there is a specific need for care (such as anxiety, depression, substance use, autism and more)
- Provides coverage for clinical treatment (such as talk therapy, in-patient treatment and more) for behavioral health concerns
- Available for covered employees as well as covered dependents
- Coverage for care (such as therapy or in-patient) is tied to health insurance plan benefits
- Can include medication prescribing and/or management

Your Behavioral Health plan is a health-related benefit that can help you:

- Connect to an extensive network of providers, whether you need short-term emotional support or ongoing treatment
- Access covered care for specific diagnoses such as depression, anxiety or substance use

MAP

MAP benefits include:

- **24/7 availability:** Get direct access to experienced consultants, 24/7, for personalized support.
- **Confidentiality:** The information you share will remain confidential in accordance with the law.
- **No extra cost:** As part of your benefits, MAP is included at no extra cost.
- **Family support:** Your benefit supports you and those in your household.
- **Digital support tools and resources:** Find out what's recommended for you based on your needs at liveandworkwell.com.

- MAP provides up to 3 counseling and coaching sessions either in person or virtually for each issue or problem at no cost to you. After these visits, additional visit could be covered as a Behavioral Health benefit.
- Your benefit renews each year.

Your employer will not be notified if you utilize MAP services.

Call MAP services at 877-225-2267.

Behavioral Health plan

Your Behavioral Health plan benefits include:

- **Quality care:** Choose from an extensive national network of mental health providers.
- **Convenience:** Get support online with Virtual Visits.
- **Personalized support:** Get an individually tailored treatment plan.
- **Family support:** Your coverage supports you and your covered dependents.
- **Digital support tools and resources:** Find out what's recommended for you based on your needs at liveandworkwell.com.

- Treatment is provided under insurance coverage and may have limitations based on policy benefits.
- Services are subject to in-network and out-of-network fees, including deductible.
- In-network services are negotiated for lower costs and fees and are reimbursed through your health plan. For out-of-network services, you may pay out of pocket but can submit for reimbursement.

Behavioral Health plan services are confidential in accordance with federal and state laws.

Contact your Behavioral Health plan by calling the number on the back of your insurance card.

Support for
everyday
life

To learn more about the specific MAP and Behavioral Health plan benefits available to you, scan the QR code or visit liveandworkwell.com.



To find the right support for you, enter your company access code: IBEWNECAsound

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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Short Term Disability

SHORT TERM DISABILITY

- The Plan offers a Short-Term Disability Plan if you become disabled. This benefit is in addition to State Disability. It pays you a weekly benefit, however, it **does not** give you free medical coverage while disabled.
- Once you become disabled, you will contact our office for an STD application. You will complete your part of the application and have your doctor complete their portion. Once completed, you will send it to our office for processing.
- Once approved, the plan will pay:
 - \$100 per week for the first thirteen (13) weeks
 - \$150 per week for the second thirteen (13) weeks if still disabled
- If you are needing to apply for FMLA, that would be done through your contractor that you are working.
- Please note that worker's comp injuries are excluded from the STD Plan.

LIFE INSURANCE BENEFIT

- Life Insurance Benefit of \$15,000.00
- Make sure your beneficiary card is updated and on file with UAS.

VACATION AND DUES

- Employer deducts 6% of your gross earnings from your paycheck weekly
- If there is a dues authorization on file, UAS will pay the working dues to your working local and the local dues if you are a member of Local 332, 340, or 595. (340 members should reach out to their Union about change in the vacation dues).
- The remainder of the 6% after dues are paid will go into your vacation account.
- If there is no dues authorization on file, the entire 6% will go into your vacation account.

- There are three (3) ways to collect your vacation funds. If you do nothing, the default is that you will receive a check one time per year in December.
- If you prefer to receive your vacation check quarterly, you need to notify our office.
- The third option is to receive your vacation funds monthly via ACH.
 - The funds will be electronically deposited into your bank account each month around the 10th of the month. You will need to contact our office to receive an ACH bank form.

HRA Information

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- Your Employer sends in a contribution to your HRA account
- All HRA contributions come in at \$.65 per hour
 - \$.50 per hour for Local 340
 - \$.75 per hour for 332 Material Handlers and Residentials

FAQS

1. What is a Health Reimbursement Account (HRA)?
 - Health Reimbursement Account (HRA), is an IRS approved, employer – funded health plan from which employees are reimbursed tax-free for qualified medical, dental, and vision expenses. It can be used to pay eligible health care costs that are not otherwise covered by the Plan.
2. How is the HRA Plan funded?
 - HRA plans can only be funded by employer contributions. Funds are deposited on a Monthly Basis into your account depending on what classification you are.
3. Who is eligible to use your HRA benefit?
 - The member, spouse / domestic partner, and children / stepchildren as long as they are enrolled as a dependent under the member’s medical plan.
4. What can be paid using the HRA Funds?
 - Qualified medical, dental, and vision expenses including some over the counter items. COBRA premiums (other insurance premiums do not qualify)
5. What are some examples of eligible expenses?
 - Office visit copays / deductibles, prescription drugs, hearing aids, dental services, orthodontia, dentures, eye exams, prescription glasses, contacts, etc.

FAQS CON'T

6. What are some over the counter eligible items?
 - Allergy / sinus medications, cough, cold and flu medications, first aid supplies, pain relievers (Advil, Tylenol, Motrin), Supports / Braces for ankle, knee, wrist, etc.
7. What are some examples of non-eligible expenses?
 - Cosmetic procedures, Massage (unless medically necessary), Weight loss programs (unless medically necessary), Fitness programs, gym memberships, marriage counseling, protection plans, teeth whitening / bleaching, payments to collection agencies, etc.
8. What are some examples of non-eligible over the counter items?
 - Vitamins / supplements, toiletries, electric toothbrush, teeth whitening products, lotions / moisturizers, etc.
9. How do I access my HRA funds?
 - An HRA benefits card is provided to use where accepted or you may file a claim and be reimbursed. You will be required to submit itemized receipts, bills, or invoices for your expenses.
10. Why are itemized receipts, bills, or invoices required?
 - Under IRS Regulations, the Plan is required to determine if an expense is an eligible health care expense.
11. Is there a time limit on filing/paying for expenses?
 - Yes, you have 12 months from the date of service to either use your HRA benefit card to pay the expense or to submit a claim for reimbursement.
12. How do I access my HRA account?
 - Your account information is available online or through a mobile app. You will be provided with your personal login information to access your account when you become eligible for benefits.
13. Who should I contact for more information?
 - Please contact your administrator: Jo-Ann Rashid (408) 288-4493 jrashid@uastpa.com or Teresa Farias (408) 288 -4460 tfarias@uastpa.com

Eligible vs Non-Eligible Items

Eligible Items include:

Medical

- Copays/ Coinsurance
- Alcoholism and Drug Addiction Treatment
- Hearing Exams/ Hearing Aids
- Physical Therapy
- Acupuncture/ Chiropractic
- Office Visits/ Exams
- Medically Necessary Surgery
- Prescription Drugs
- Vaccinations/ Immunizations
- Labs/ X-Rays
- Medical Specialist
- Ambulance Services
- Counseling (marriage counseling excluded)
- Durable Medical Equipment (ex. Crutches, Wheelchair, Hospital Bed, Prosthesis)
- Arches/ Orthopedic Shoes
- Abdominal/ Back Support
- Medical Alert Bracelet/ Necklace

*A full list of eligible and non- eligible items can be found under Tools & Support in your HRA online account

Eligible vs Non-Eligible Items

Eligible Items include:

Dental Services

- Exams/ Teeth Cleaning
- Dental X-Rays
- Dentures
- Extractions
- Fillings
- Orthodontia/ Braces
- Oral Surgery
- Gum Treatment

Vision Services

- Eye Exams
- Eyeglasses
- **Prescription** Sunglasses
- **Prescription** Safety Glasses
- Contact Lenses
- Laser Eye Surgery
- LASIK Surgery/ Radial Keratotomy

Eligible vs Non-Eligible Items

Over the Counter Eligible Items that require itemized receipt:

- Allergy/ Sinus Medications
- Cough, Cold and Flu Medication
- Feminine Hygiene Products
- First Aid Supplies
- Gastrointestinal Aids
- Heating Pads/ Hot Water Bottles
- Heat Wraps/ Ice Packs
- Nasal Sprays for Congestion
- Pain Relievers (ex. Advil, Tylenol, Motrin)
- Pre-natal Vitamins
- Supports/ Braces (ex. Ankle, knee, wrist)
- Health Monitors (ex. Thermometers, blood Pressure Cuff)
- Denture Adhesive
- Contact Lens Solution

*A full list of eligible and non-eligible items can be found under Tools & Support in your HRA online account

Eligible vs Non-Eligible Items

Non-Eligible Items include:

- Baby Diapers/Diaper Service
- Cosmetic Surgery/Procedures
- Cosmetics
- Dancing/Exercise/Fitness Programs
- Deodorants
- Electrolysis
- Face Creams/Lip Balms/Lotions/Moisturizers
- Hair Loss Medication/ Hair Removal Products/ Hair Transplants
- Health Club Diets
- Insect Repellants
- Marriage Counseling
- Maternity Clothes
- Mouthwashes
- Personal Trainers and Exercise Equipment
- Shampoos
- Soaps
- Sport Energy Liquids, Bars, Etc.
- Stay Awake Aids (Toothpaste No Doz)
- Suntan Lotion
- Swimming Lessons
- Teeth Whitening Products/Teeth Whitening or Bleaching
- Toiletries
- Toothbrush/Toothpaste
- Vitamins or Nutritional Supplements
- Wrinkle Reducers

*A full list of eligible and non-eligible items can be found under Tools & Support in your HRA online account

This is just a quick overview of your benefits. Please visit the benefits website at soundcommbenefits.com.

Below is a list of names and numbers at UAS (United Administrative Services) that you can call or email with questions:

General Eligibility or Benefit questions:

Shandy Grace

408 288-4452

sgrace@uastpa.com

HRA questions:

Jo-Ann Rashid

or

Teresa Farias

408 288-4493

408 288-4460

jrashid@uastpa.com

tfarias@uastpa.com

Short Term Disability or Life Insurance questions:

Teresa Dickerson

408 288-4507

tdickerson@uastpa.com

My contact information is:

Sandy Stephenson

408 288-4440

sstephenson@uastpa.com

Q & A