# **IBEW / AECA** FAMILY HEALTH

#### IBEW LOCAL 613 & CONTRIBUTING EMPLOYERS FAMILY HEALTH PLAN

3715 Northside Parkway • Suite 2-495 • Atlanta, Georgia 30327 1.800.922.1613 • www.nebainc.com



DURING ANNUAL ENROLLMENT EACH YEAR, IT IS IMPORTANT THAT YOU:

- ➔ Make sure the Fund has all your up-to-date information, including address, email, phone numbers and marital status.
- → Select the level of coverage that you want for 2020 (Employee Only, Employee & Spouse, Employee & Child(ren) or Employee & Family) and let us know what dependents, if applicable, you want to cover.
- → Select whether you want the Cigna or Kaiser benefit options (only available if you reside in a zip code that is within the Plan's "Kaiser Service Area." See page 2 for more details)

## NEW FOR 2020: YOU <u>MUST</u> COMPLETE ENROLLMENT IN ORDER FOR YOUR DEPENDENTS TO HAVE COVERAGE IN 2020



\*If you would prefer to complete a paper enrollment, contact the Fund Office at 1-800-922-1613.

## ALL PARTICIPANTS MUST COMPLETE THE ENROLLMENT BY NOV 15<sup>th</sup>

2020 OPEN ENROLLMENT Page 2

**ENROLLMENT IS FAST AND EASY** – Much of the information will be pre-populated for you, but please review to make sure it is still correct!



Step-by-step instructions for completing the enrollment process can be found under "Enrollment Documents" at https://www.nebainc.com/OS/ibew613enroll and are also available on IBEW Local 613's website at www.ibew613.org under Recent News.



**GO GREEN!** As part of your enrollment, you can register for "Electronic Consent." By registering, you opt into receiving certain plan disclosures via e-mail. Consenting to electronic delivery not only gives you a more convenient way to receive and save plan materials, but helps us save money in postage and printing, all while saving trees!

## ALL PARTICIPANTS MUST COMPLETE THE ENROLLMENT BY NOV 15<sup>th</sup>

#### 2020 OPEN ENROLLMENT Page 3

**REMEMBER:** The benefit options you choose during Open Enrollment will be permanent for 2020 unless you experience a qualifying life event that triggers a special enrollment period.

- If you select the Kaiser HMO option during Open Enrollment, but then move outside of the Kaiser Service Area, you will be permitted a special enrollment period in order to choose the Cigna option.
- If you decline enrollment for one or more of your dependents because they have access to other health insurance or group health plan coverage, you may be able to enroll your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your dependents' other coverage.) However, you must request enrollment within 30-days after your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents (both the new dependents and any other dependents you had not enrolled). However, you must request enrollment within 30-days after the marriage, birth, adoption, or placement for adoption.
- If you decline coverage for a dependent because that dependent was covered under Medicaid or the State Children's Health Insurance Program ("SCHIP"), you may be able to enroll your dependents in this plan if your dependent is no longer eligible for Medicaid or SCHIP. You may also be able to enroll your dependents in this plan if a dependent becomes eligible for premium assistance under Medicaid or SCHIP. However, you must request enrollment within 60-days of the loss of eligibility for Medicaid or SCHIP or the date the dependent becomes eligible for premium assistance.

#### To request a special enrollment period or to obtain more information, contact the Fund Office at 1-800-922-1613.

**KAISER HMO SERVICE AREA:** Participants who reside in a zip code that is included in the Plan's "Kaiser Service Area" have the choice of participating in the Cigna Open Access Plus or the Kaiser HMO plan of benefits. This choice can only be made during enrollment and will be permanent for the full benefit year – except for those participants who choose the HMO and subsequently move out of the Kaiser Service Area. The Kaiser Service Area includes specific zip codes in the following Georgia counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Heard, Henry, Lamar, Madison, Meriwether, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton. If you have a question about a specific zip code, please contact the Fund Office at 1-800-922-1613. The Kaiser HMO option has a lower deductible and lower copays for certain medical services. However, in order to receive the enhanced benefits, the HMO uses a smaller provider network, with many services being provided only through the Kaiser Medical Centers. We encourage you to research your benefit options to determine which works best for you and your family.

**SUMMARIES OF BENEFITS AND COVERAGE (SBCs):** Included with this notice is a copy of the SBC for the Cigna Open Access Plus benefit ("OAP") option and, if you reside in the Kaiser Service Area, a copy of the SBC for the Kaiser HMO benefit option. These documents provide important information to help you make your benefit decisions for the upcoming year. If you reside in the Kaiser Service Area, we have also included a side-by-side comparison of the basic benefit provisions of both the Cigna and Kaiser options.

If you fail to complete enrollment, you will be defaulted to Employee Only coverage for 2020 – this means your dependents will not be eligible for benefits effective January 1, 2020 unless you complete your enrollment and you select to cover them.

#### ALL PARTICIPANTS MUST COMPLETE THE ENROLLMENT BY NOV 15th