



# ELECTRICAL WORKERS FRINGE BENEFIT FUNDS

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## **SUMMARY OF MATERIAL MODIFICATIONS – NO. 1 ELECTRICAL WORKERS HEALTH AND WELFARE FUND**

The Summary Plan Description for the Electrical Workers Health and Welfare Fund dated January 1, 2021 is hereby amended as follows:

### **1. Effective March 1, 2021, pg. 1, Schedule Of Health Benefits is amended as follows:**

#### **I. SHORT TERM AND EXTENDED DISABILITY – LOSS OF TIME BENEFITS**

Available to Group I employees only – not available for dependent coverage.

Weekly Benefit: 50% of Participant's average weekly earnings to a maximum of \$675.00 but not less than \$400.00.

Maximum Period of Disability: 26 weeks

Extended Disability Benefits: Additional 2 years — available only to Group I employees regularly employed in the previous five years (not available to employees working under the Limited Energy Agreement).

#### **II. PARENTAL LEAVE BENEFIT**

Available only to Group I employees who take a leave of absence from work in conjunction with the birth or adoption of a child – not available for dependent coverage.

Weekly Benefit: 50% of participant's average weekly earnings to a maximum of \$675 but not less than \$400.

Maximum Period of Paid Benefit: Two weeks.

#### **III. PREGNANCY LEAVE BENEFIT**

Available only to Group 1 employees who become pregnant – not available for dependent coverage.

Weekly Benefit: 50% of Participant's average weekly earnings to a maximum of \$675 but not less than \$400

Maximum Period of Paid Benefit: 26 weeks.

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**IV. MAJOR MEDICAL BENEFITS**

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**V. PHYSICIAN SERVICES**

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**VI. WELLNESS/PREVENTIVE CARE**

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**VII. PRESCRIPTION DRUGS**

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**VIII. SUPPLEMENTAL BENEFITS**

**Vision Benefits**

Available only to Group I employees and their dependents.

Adult Vision Benefits	\$225 paid for all optical benefits (exams, frames, lenses, contacts, Lasik Surgery) once per calendar year.
Pediatric Vision Benefits	One vision exam per calendar year. One frame and pair of lenses for glasses OR contact lenses every two years. Paid at 100%.

**Dental Benefits**

Available only to Group I, II, III and V employees, retirees, and their dependents.

Annual Maximum per Adult Participant	\$950
Pediatric Dental Benefits	No Annual Maximum
Coverage A – Regular Diagnostic and Preventive Services	100% of the Fund’s usual and customary schedule, with limitations on how frequently the services are provided (See Part I, Section Three, VI.B.)
Coverage B – Regular and Special Restorative Services	70% of the Fund’s usual and customary schedule, after payment of a \$25.00 deductible.
Coverage C – Prosthetics	70% of the Fund’s usual and customary schedule, after payment of a \$25.00 deductible.
Coverage D – Orthodontics	No coverage provided

**IX. MEDICARE ELIGIBLE RETIREE BENEFITS**

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2. **Effective March 1, 2021 Section Two, Eligibility Provisions, II. A. 4, pg. 12, is amended as follows:**

**SECTION TWO  
ELIGIBILITY PROVISIONS**

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**II. Eligibility for Participation and Commencement of Benefit Coverage.**

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4. **Continued Coverage by Self Contribution:** Your Plan coverage is lost when your Employer no longer makes contributions on your behalf to the Fund. You may continue coverage by drawing on your Hours Bank the required number of hours needed to be covered under the Plan, provided your Hours Bank is not exhausted.

Only after your Hours Bank is exhausted may you continue coverage by making self-contributions to the Fund at rates established by the Trustees. It is your responsibility to notify the Fund Office when you are not working and to verify when self-contributions must start. You will lose eligibility if you do not make timely self-contributions; the Fund does not accept retroactive or late contributions to the Fund.

If you are a Group I employee receiving the Pregnancy Leave Benefit, the Fund will pay for health and welfare coverage for you and your dependents for up to thirteen (13) weeks prior to your verified expected due date for delivery, and up to thirteen (13) weeks after your delivery. The maximum number of weeks provided will be twenty-six (26). If after your Pregnancy Leave Benefits end you are eligible to make self-contributions to the Fund you will be charged the self-payment rate that typically applies after six months of self-contributions.

In order to make self-contributions for a duration longer than established by COBRA, you must be signed and available for work as defined by your Local Union rules.

3. Section Three, Provisions Describing Plan Benefits, pg. 26-51, is amended effective March 1, 2021 (except the COVID-19 vaccination benefit which is effective February 1, 2021) as follows:

**SECTION THREE  
PROVISIONS DESCRIBING PLAN BENEFITS**

**I. WEEKLY DISABILITY AND EXTENDED DISABILITY BENEFITS**

**A. Benefit Amount**

Weekly Disability Benefit                      26 weeks at 50% of base wages up to a maximum of \$675, but not less than \$400 per week. Benefits for each day of a partial week is one-seventh of the weekly benefit. (See also exclusions for chiropractic care).

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**II. PARENTAL LEAVE BENEFIT**

**A. Benefit Amount**

Benefit Amount:                                      Two weeks at 50% of base wages up to a maximum of \$675, but not less than \$400 per week. Benefits for each day of a partial week is one-seventh of the weekly benefit.

- Base pay is determined by multiplying the employee's straight time hourly rate in effect under the applicable Collective Bargaining Agreement at the time the benefits commence by 40 hours per week.
- Parental Leave Benefits cease as of the date eligibility is lost or the employee returns to work.
- Parental Leave Benefits are taxable to the participant.

**B. Eligibility:**

A covered, active employee is entitled to Parental Leave Benefits provided the employee:

- Is a biological or adoptive parent who is taking a leave of absence from work in conjunction with the birth, adoption, or placement for adoption of a child, and

- The leave begins within 3 months of the birth, adoption or placement for adoption of the child.

Only Group I employees are eligible for Parental Leave Benefits, this benefit is not available for office employees, retirees and dependents.

**C. Miscellaneous:**

- Eligible employees will receive a maximum of two weeks of Parental Leave Benefits per birth, adoption or placement for adoption of a child. The occurrence of multiple births, adoptions or placements (e.g., birth of twins, adoption of siblings) does not increase the two-week maximum benefit.
- The Parental Leave Benefits cannot be taken concurrently with weekly or extended disability benefits or Pregnancy Leave Benefits. Participants who are receiving weekly or extended disability benefits or Pregnancy Leave Benefits will be eligible for paid Parental Leave Benefits at the conclusion of the weekly or extended disability benefit or Pregnancy Leave Benefits, if their leave begins within three months of the birth, adoption or placement for adoption of the child.
- The Parental Leave Benefit ends the earlier of the date the employee returns to work or the date the two-week benefit is exhausted.
- The Trustees may require written proof of the birth, adoption, or placement for adoption of the child.

**III. PREGNANCY LEAVE BENEFIT**

**A. Benefit Amount**

Benefit Amount: Twenty-six (26) weeks at 50% of base wages up to a maximum of \$675, but not less than \$400 per week. Benefits for each day of a partial week is one-seventh of the weekly benefit.

- Base pay is determined by multiplying the employee's straight time hourly rate in effect under the applicable collective bargaining agreement at the time the benefits commence by 40 hours per week.
- Pregnancy Leave Benefits cease as of the date eligibility is lost or the employee returns to work.
- Pregnancy Leave Benefits are taxable to the participant.

**B. Eligibility:**

- A covered, active employee is entitled to Pregnancy Leave Benefits provided the employee is pregnant.
- Only group 1 employees are eligible for Pregnancy Leave Benefits. This benefit is not available for office employees, retirees and dependents.

**C. Miscellaneous:**

- Benefits begin thirteen (13) weeks prior to your verified expected due date for delivery and continue for up to thirteen (13) weeks after your delivery.
- The maximum number of weeks provided under this benefit is twenty-six (26).
- The Pregnancy Leave Benefits are in lieu of the weekly disability benefit if you qualify for both benefits, but if the total disability continues after the Pregnancy Leave Benefit ends, you are eligible for the weekly disability benefit or the extended disability benefit subject to the eligibility provisions of those separate benefits.
- The Pregnancy Leave Benefit ends the earlier of the date the employee returns to work or the date the benefit is exhausted.
- The Trustees may require written proof of the expected due date for delivery and the birth of the child.

**IV. MAJOR MEDICAL BENEFITS**

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**V. PHYSICIAN SERVICES BENEFITS**

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**VI. WELLNESS/PREVENTION CARE BENEFITS**

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**B. 5. Covered Preventive Immunizations**

Immunization vaccines, according to the recommended schedule:	Adults	Children
• Diphtheria, Tetanus, Pertussis (Whooping cough)	X	X
• Haemophiles Influenza Type B		X
• Hepatitis A	X	X
• Hepatitis B	X	X
• Herpes Zoster (Shingles)	X	
• Human Papillomavirus (HPV)	X	X
• Inactivated Poliovirus		X
• Influenza (Flu shot)	X	X
• Measles, Mumps, Rubella	X	X
• Meningococcal	X	X
• Pneumococcal	X	X
• Rotavirus		X
• Varicella (Chickenpox)	X	X
• COVID-19	X	X

**VII. PRESCRIPTION DRUGS**

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**G. Covered Preventive Immunizations:** The Fund will pay 100% of the cost of Covered Preventive Immunizations and their administration (including the COVID-19 vaccine through both participating and non-participating pharmacy providers.

**H. Exclusions:** The Fund will not pay for the following charges under the Prescription Drug Benefit:

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**VIII. SUPPLEMENTAL BENEFITS**

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**B. Dental Benefits**

Dental benefits are available only to Group I, II, III, and V employees, retirees, and their dependents.

**1. In General:** The Fund covers dental benefits for the usual and customary charges incurred by the eligible Participant or dependent subject to the following schedule:

Annual Calendar Year Maximum per Adult Participant for all covered services:	\$950
Pediatric Dental Benefits:	No annual max
Coverage A – Diagnostic and Preventive Services:	100%
Coverage B – Regular and Special Restorative Services:	70%
Coverage C – Prosthetics (removable and fixed):	70%
Deductible per Participant per Calendar Year: (Deductible does not apply to Coverage A)	\$25
Maximum Family Deductible per Calendar Year:  (Deductible does not apply to Coverage A)	\$75
Benefit Time periods for Coverage A:	
Routine Periodic Examination:	Twice in a calendar year
Prophylaxis:	Twice in a calendar year
Four Bitewing X-Rays:	Once in a calendar year
Topical Fluoride Applications (up to 18 years of age):	Once in a calendar year
Oral Hygiene Instruction:	Once in a calendar year
Full Mouth X-Rays:	Once every 3 years

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**IX. MEDICARE ELIGIBLE RETIREMENT BENEFITS**

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**X. POST-RETIREMENT PERSONAL CARE ACCOUNTS**

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