



## Michigan Electrical Employees' Health Plan

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### NOTICE ABOUT CHANGES TO YOUR HEALTH PLAN

January 2009

To: *Eligible Active Participants, and Their Dependents, and Retired Participants and Their Dependents Not Covered Under the Supplement to Medicare Plan;*

This notice contains information about changes to your Plan of benefits.

**INBORN ERRORS OF METABOLISM** - The Plan will cover nutritional supplements for metabolic diseases arising out of inborn errors of metabolism. The Plan defines "inborn errors of metabolism" to be disorders of amino acid metabolism, organic acidemias, and metabolic disorders of fatty acid, oxidation and carnitine. The nutritional supplements must be medically necessary and prescribed by a physician. Benefits for covered charges will be paid under the Comprehensive Medical Benefit (major medical), subject to the regular deductible and co-payment percentages. Benefits will not be payable under the Prescription Drug Benefit. This coverage applies to charges incurred on and after October 1, 2008.

**DEATH BENEFIT NOT REDUCED DUE TO AGE** - The reduction in the Death Benefit for employees age 65 or older has been eliminated effective as of the date this self-funded benefit took effect - July 1, 2008. The full benefit amount of \$15,000 will be paid upon the death of any eligible active employee, regardless of age. There will also be no age-based reduction under the \$10,000 Accidental Death and Dismemberment (AD&D) benefit.

**PROCEDURES FOR FILING AND APPEALING DEATH AND AD&D CLAIMS** - Death and AD&D claims must be submitted to the Plan Office within 15 months of the loss. The Plan will process the claim within a reasonable time but in no event later than 90 days after submission of the claim, unless an extension, not to exceed an additional 90 days, is required. If an extension is needed, you will receive a written notice before the expiration of the initial 90-day period. The Plan has the right to secure independent medical advice and to require such other evidence as it may need to decide the claim.

Claimants (participants and beneficiaries) have the right to appeal the denial of Death and AD&D claims. To appeal, a letter must be submitted to the Plan Office within 180 days of the receipt of the denial. The claimant can submit any additional information he or she thinks will help the Trustees make a favorable decision on the claim. The Board of Trustees, or a Committee designated by the Trustees, meets quarterly to review appeals, and any appeal filed within the 30-day period preceding a meeting may be decided at the next following quarterly meeting. If special circumstances require a delay in the decision, the appeal will be decided no later than the third quarterly meeting following receipt of the appeal, and the Plan will notify the claimant of the reasons for the delay prior to the extension period. The Plan will notify the claimant of the decision within five days of the date the decision is made.

**HSA OPT-OUT OPTION FOR SPOUSES OF RETIREES** - The Plan currently allows spouses of active employees to opt out of this Plan if the spouse is covered under a high-deductible health plan offered in conjunction with a Health Savings Account (HSA) through the spouse's employer. Effective January 1, 2009, that same opt-out provision will apply to spouses of retirees when the spouse is covered under the Early and Disability (E&D) Retiree plan. The retiree self-payment amount will remain the same even if the retiree's spouse chooses to opt-out of coverage.

In order to opt out of coverage, your spouse must provide proof of employer-sponsored HSA coverage to the Plan Office and submit a Spousal Coverage Opt-Out Form (available from the Plan Office). Your spouse's coverage under this Plan will terminate at the end of the last day of the month during which the completed and signed Spousal Coverage Opt-Out Form is received by the Plan Office. The opt-out will automatically renew each year. After opting out, your spouse cannot again reinstate coverage unless coverage under the HSA plan terminates. At that time, proof must be submitted to the Plan Office that: (1) coverage under the HSA plan has terminated, and (2) your spouse continues to qualify as a dependent eligible for Plan coverage. Reinstatements become effective on the first day of the month following the date such proof is provided to the Plan Office.

If your spouse opts out of coverage under the Plan, you will no longer be able to file a claim for reimbursement through your Special Fund for expenses incurred on your spouse's behalf. If Plan coverage is reinstated at a later date, your spouse's Special Fund coverage will also be reinstated.

If your spouse opts out of Plan coverage, the Plan will still cover your children who meet the Plan's definition of a dependent.

**SOUND AND COMMUNICATION APPRENTICES** - Effective for hours worked on and after December 1, 2008, new sound and communication apprentices can self-pay under the same early eligibility rules that apply to new cable pullers and residential & motor shop trainees. The benefits provided for eligible sound and communication apprentices will be the same as the benefits provided for cable pullers and residential & motor shop trainees. The eligibility rules and benefits are described in the Plan's Summary Plan Description booklet.

#### **\* REMINDERS \***

**POST-MASTECTOMY BENEFITS** - The Plan will consider charges for the following services and supplies to be covered medical expenses when the charges are incurred by a covered person who is receiving Plan benefits for a mastectomy, and when the person elects (in consultation with their physician) breast reconstruction in connection with the mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

Plan benefits payable for these services and supplies are subject to the deductibles, co-payment percent-ages and maximum benefit limitations applicable to covered services for other covered medical conditions.

**YOUR RIGHT TO RECEIVE A COPY OF THE FUND'S NOTICE OF PRIVACY PRACTICES** - The Michigan Electrical Employees' Health Plan is required by law to maintain the privacy of your health information as described in its Notice of Privacy Practices. You have a right to request and receive a copy of that notice at any time, even if you have received the notice previously. You may obtain a copy by going to the Health Plan's website, [www.meehp.com](http://www.meehp.com), and following the instructions online, or by contacting the Health Plan's Privacy Official at the following address or phone number: Privacy Official, Michigan Electrical Employees' Health Plan, 6011 West St. Joseph, Suite 401, Lansing, MI 48917 (Telephone: (517) 323-9250).

*Call the Plan Office if you have questions about your benefits or eligibility. If you need a copy of your Summary Plan Description, you can obtain one (and notices of any subsequent changes) by calling the Plan Office.*

*Please keep this notice with your Summary Plan Description booklet for future reference.*