



Michigan Electrical Employees' Health Plan
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NOTICE

June 2012

To All Eligible Participants and Their Dependents:

This notice describes updates to the reimbursement procedures and coverage changes for the Special Fund under the Michigan Electrical Employees Health Plan (the "Plan") and information on the elimination of the maximum period for participants covered under the Construction Electrician/Construction Wiremen ("CE/CW") classification. Please read this notice carefully and keep it with your Summary Plan Description (SPD) booklet for future reference.

Special Fund Coverage Reminders and Changes

- Breast pumps and related lactation supplies are covered effective January 1, 2010.
- As noted in prior announcements, the Special Fund cannot reimburse any health plan or insurance premiums that are or could be paid pretax through a Section 125 cafeteria plan offered by your employer or your spouse's employer. **A completed Special Fund Employer Verification Form for Health Insurance Premium Expenses is required before any reimbursement of health plan or insurance premiums. Please contact the Plan Office for Form.**
- Home modifications for accommodating a personal residence for a disability (e.g., wheelchair ramp) up to the amount reimbursable under IRS guidance. A doctor's statement is required.
- Reimbursements for weight loss programs now require a letter of medical necessity from your doctor.
- Expenses incurred for over-the-counter medicines and drugs (except for insulin) cannot be reimbursed by the Special Fund **without a doctor's prescription** on or after January 1, 2011.

Attached to this notice is an updated Special Fund Payment Request Form. On the reverse of the form is a listing of items that can and cannot be reimbursed by the Special Fund. This listing replaces the listing of covered and non-covered expenses on pages 44-45 of your SPD.

Special Fund Reimbursement Procedures

- Special Fund Reimbursements are processed once a week. Requests received by the Plan Office by noon Monday are typically processed on Tuesday and sent to participants on Wednesday. Holiday and month-end schedules may change this format.
- Reimbursement requests must be accompanied with a **completed and signed Special Fund Payment Request Form**. A completed form includes all information requested at the top of the form—date of request, member ss# or id#, local union #, name, phone #, address, amount of each type of expense requested, total amount requested, and signature. Incomplete Special Fund Request Forms will **NOT** be processed.

- When submitting claims for reimbursement from your Special Fund account, the Plan office requires the **provider's itemized bill and/or complete (all pages) Explanation of Benefits (EOB)**. (Note: If you or your dependents have multiple health plans/medical insurances, MEEHP requires EOB's from all plans before a claim for reimbursement can be processed.)
 - An "itemized bill" states the provider's name and address, patient's name, date of service, service(s) provided, the charges for the service(s). **This information is required in order to match medical claims up with the BCBSM information before a reimbursement from the Special Fund can be paid. If the Plan Office cannot verify that the service(s) was submitted to BCBSM (or other applicable plans), EOB(s) would be required to process the Special Fund reimbursement claim. This is to ensure all covered medical expenses were submitted and paid through BCBSM (or other applicable plans).**
 - A "balance forward bill" or a "collection/past due bill" **will not be reimbursed** from the Special Fund unless accompanied by all applicable EOB's.
 - The prescription slip (usually stapled to the pharmacy bag) is required to reimburse prescriptions from the Special Fund.
 - Cash register receipts are **not** acceptable documentation of service, unless it is for over-the-counter medications or drugs that have been prescribed by a physician. No prescription is required for insulin. Cash register receipts submitted for medical supplies, insulin or prescribed over-the-counter medications or drugs must be imprinted by the cash register with the name of the product, date of purchase, and amount. Non-imprinted or hand annotated receipts will **not** be accepted.
- All requests for Special Fund reimbursements must be made no later than two years from the date of service.
- When processing a Special Fund Reimbursement Claim with multiple itemized bills and/or EOBs and there is not enough in the Special Fund account to cover them all, the Plan Office will process the oldest reimbursable items first. The rest will be returned to the member for submission at a later date but no later than two years after the date of service.
- When processing a Special Fund Reimbursement Claim with one large itemized bill or EOB and there is not enough in the Special Fund account to cover the full amount, the Plan Office will reimburse you up to the balance in your account. You can resubmit for the **total** amount of unpaid balance for reimbursement at a later date but no later than two years after the date of service. **To resubmit the remaining balance for reimbursement, you must send a completed and signed Special Fund Payment Request Form. NOTE: You may only resubmit for reimbursement on the remaining balance of the "large claim" one time, so it is in your best interest to wait until your Special Fund balance will cover the remaining balance on the claim without going over two-years date of service.**

Elimination of Four-Year Limit for Employees Classified as Construction Electrician/Construction Wiremen --CE/CW

Effective December 16, 2011, the four-year maximum period of coverage permitted by the Plan for participants in the CE/CW classification has been eliminated.

If you have questions, please feel free to contact the Plan Office.

Notice Regarding Grandfathered Status

The Trustees of the Michigan Electrical Employees' Health Plan believe that the Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement to cover preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Michigan Electrical Employees' Health Plan at 6011 W. St. Joseph, Suite 401, Lansing, MI 48917, telephone 1-517-323-9250. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor, at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

This announcement notice, which serves as a Summary of Material Modifications (SMM), contains only highlights of certain features of the Michigan Electrical Employees' Health Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or discontinue all or part of the Plan at any time.

Summary of Material Modifications • EIN: 38-2106878 • PN: 501 • May 2012 • SMM 2012-2