I.B.E.W. Local 688 Health & Welfare Plan

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SUMMARY OF MATERIAL MODIFICATIONS FOR THE SUMMARY PLAN DESCRIPTION (SPD) OF THE I.B.E.W. LOCAL 688 HEALTH & WELFARE PLAN

The Trustees have made *changes* to the Plan that will affect various provisions of your SPD. These changes are effective for services rendered on or after **May 1, 2013**. This "Summary of Material Modifications" explains these changes and should be kept with your SPD.

Page(s)	Change		
38, 71, 74	Co-payment for physician's office visit increase from \$25 to \$30		
37, 71	Co-payment for Emergency Hospital Treatment increase from \$100 to \$120. This co-payment will be waived if you are admitted to the hospital subsequent to the emergency treatment.		
39, 67	Calendar Year Deductible increase from \$250 to \$300 per person		
36, 39, 67	Both in-network and out-of-network percentage of payment will be paid on the first \$12,000 of covered charges. This is an increase from \$10,000.		
39	Co-payments for prescription drugs will increase by \$5 and will be as follows:		
	Retail Pharmacy:	Mail Order:	
	\$17.00 co-payment generic \$40.00 co-payment brand name \$60.00 co-payment if brand name purchased when generic is available	1)	45-day supply-controlled substances: \$25.00 co-payment generic \$40.00 co-payment brand name \$80.00 co-payment if brand name is purchased when generic is available
		2)	90-day supply – other medical necessary prescriptions: \$35.00 co-payment generic \$95.00 co-payment brand name \$155.00 co-payment if brand name is purchased when generic is available

As always, if you should have any additional questions, please contact the Fund Office.

BOARD OF TRUSTEES

I.B.E.W. LOCAL 688 H&W PLAN