

## **IMPORTANT NOTICE ABOUT YOUR BENEFIT PLAN**

May 2020

To Participants in Plan:

This notice summarizes important changes to the NECA/IBEW Family Medical Care Plan. If you have any questions regarding the changes summarized in this Summary of Material Modifications (“SMM”), you should contact the Benefits Office. Please keep a copy of this SMM with your Summary Plan Description for future reference.

### **NEW COVERAGE OF PREVENTIVE SERVICES**

Effective June 1, 2020, the Plan covers preventive and routine services as mandated by the Affordable Care Act at 100% of the allowable charge when prescribed or performed by in-network **and** out-of-network providers. The Plan may revise its list of covered preventive services pending future guidance from the federal government, but any change will apply prospectively. For a list of preventive and routine services covered by the Plan with no cost-sharing to you, please consult your Summary Plan Description or contact the Benefit Office for more information.

\* \* \*

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

\* \* \*