

NECA-IBEW Welfare Trust Fund (“Fund”) Transition to United Healthcare (“UHC”) January 1, 2026

- **What’s NOT changing –**

- Your medical copays, deductibles, coinsurance, and out-of-pocket maximums will remain the same as the Plan type in which you participate. Your prescription drug, dental, and vision coverage will not be changing.
- The Decatur Fund Office will **STILL** process all medical claims. UHC will **NOT** handle medical policy decisions. Prior Authorization, Medical Necessity determinations, Utilization Review, and case management services will continue to be performed by the Fund’s medical management organization, currently Telligen.

- **New insurance cards will be sent from UHC in December 2025.** On or after January 1, 2026, you should notify your medical provider(s) that your insurance has changed and present them with your new UHC card. Whether your provider is in-network or out-of-network, your provider should file all medical claims with UHC for services incurred on and after January 1, 2026.

- In the unlikely event your provider is in-network with Blue Cross Blue Shield but will be out-of-network with UHC, the Fund Office and UHC can assist you with finding providers who are in-network. The following online search tool can be used to find providers in **UHC’s Choice Plus network**:



Visit www.whyuhc.com/uhss – then click “**Find a doctor or facility**” – then click “**Search the provider network: Choice Plus**” – then click “**Change Location**” if the location you would like to search is not correct – then select the type of medical care, or enter a provider name or service, and click “**Search**”

- Contact the Fund Office customer service department at 1-800-765-4239, Option 6 for assistance with questions and/or finding in-network providers.
- Additionally, if you are currently undergoing a course of treatment for a serious and complex condition from a provider that is in-network with Blue Cross Blue Shield but will be out-of-network with UHC, you may qualify for “Continuity of Care” coverage. Please contact the Fund Office for more information about Continuity of Care.

After careful consideration, the Board of Trustees decided on this change to strengthen the Fund’s long-term stability, maintain Participants’ and Dependents’ access to high-quality providers, and help control healthcare costs. The transition is expected to have minimal, if any, disruption to Participants and Dependents.

ATTENTION
ALL NECA-IBEW WELFARE TRUST FUND
PARTICIPANTS AND DEPENDENTS:
IMPORTANT INFORMATION ABOUT YOUR MEDICAL BENEFITS!



Effective January 1, 2026, the NECA-IBEW Welfare Trust Fund will be switching our in-network medical preferred provider organization “PPO” network from Blue Cross Blue Shield to the United Healthcare “Choice Plus” network. This change is expected to save money for both the Fund and its Participants.

This change affects Participants and Dependents covered by active and pre-65 retiree plans, including the under-65 spouses and dependents of over-65 retirees. This change DOES NOT APPLY TO OVER-65 RETIREES, spouses, and dependents who participate in the Fund's Humana Medicare Advantage Plan through RetireeFirst.

Please read this postcard carefully and save it with your Summary Plan Description and other benefits documents. This postcard contains only highlights of certain features of the NECA-IBEW Welfare Trust Fund. It is intended to be a Summary of Material Modifications. 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 Plan document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.



NECA-IBEW Welfare Trust Fund

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