

# 2023-2024 Benefits Guide



Your Life | Your Health | Your Family

**ALL FULL TIME EMPLOYEES**



International Brotherhood  
of Electrical Workers 733



# WELCOME

IBEW Local Union 733 understands the important role benefits play into your overall wellbeing and compensation. We are pleased to offer a valuable benefits to protect your, your family and your way of life. This guide answers some of the basic questions you may have about your benefits.

Please read it carefully, along with any supplemental materials you receive. Refer to the plan document/summary plan description for additional information.

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# Getting Started

## Eligibility

You are eligible for benefits as a Member of IBEW. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

### Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Employees who choose to waive/decline any benefits for themselves or their dependents will not be eligible to enroll until open enrollment for each plan without a Qualifying Life Event. Some benefits are only offered when newly eligible and do not have open enrollment.

## When Coverage Begins

- ▶ **New Employees:** You must complete the enrollment process within 31 days of satisfying the established probation period. If you enroll on time your benefits will be effective on the 1st of the month following your 30th day of employment. If you fail to enroll on time, you will not be able to elect voluntary benefits until the following years Open Enrollment.

Note: When electing benefits, one month advance premiums will be payroll deducted.

- ▶ **Open Enrollment:** This will occur annually. It is at this time changes may be made without requiring a qualified event. Changes made during Open Enrollment will be effective September 1.

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Required Information—***When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year.

### Common Qualified Life Events:

- ▶ Change in marital status
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit of 26
- ▶ Death of a covered dependent
- ▶ Change in child custody
- ▶ Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- ▶ You lose coverage under your spouse's plan
- ▶ Entitlement to Medicare
- ▶ Court order or judgment requiring you to provide coverage for a dependent child



# DENTAL

IBEW Local Union 733 is proud to offer our employees with a dental plan through **SunLife**. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you are responsible**.

PLAN FEATURES: SunLife Dental Network	IN-NETWORK (LIMITED NON-NETWORK BENEFITS)
<b>Calendar Yr. Deductible (Individual/Family)</b>	\$50 / \$150 - waived for preventative
<b>Annual Maximum Benefit</b>	\$1,000
<b>Preventive Services</b> - oral exam, cleaning, bite-wing x-ray,	Covered in full
<b>Basic Services</b> - fillings, root canals, gum disease, extractions	10%
<b>Major Services</b> - crowns, dentures, bridges 12month waiting period	40%
<b>Orthodontia</b> - 12 month waiting period for all enrollees	50% - \$1,000 lifetime benefit per child under the age of 26 (Children Only)

Dependents Eligible for Coverage to 26 Years of Age

DENTAL PREMIUM	WEEKLY
Employee Only	\$5.65
Employee + Spouse	\$11.89
Employee + Child(ren)	\$15.32
Employee + Family	\$21.01

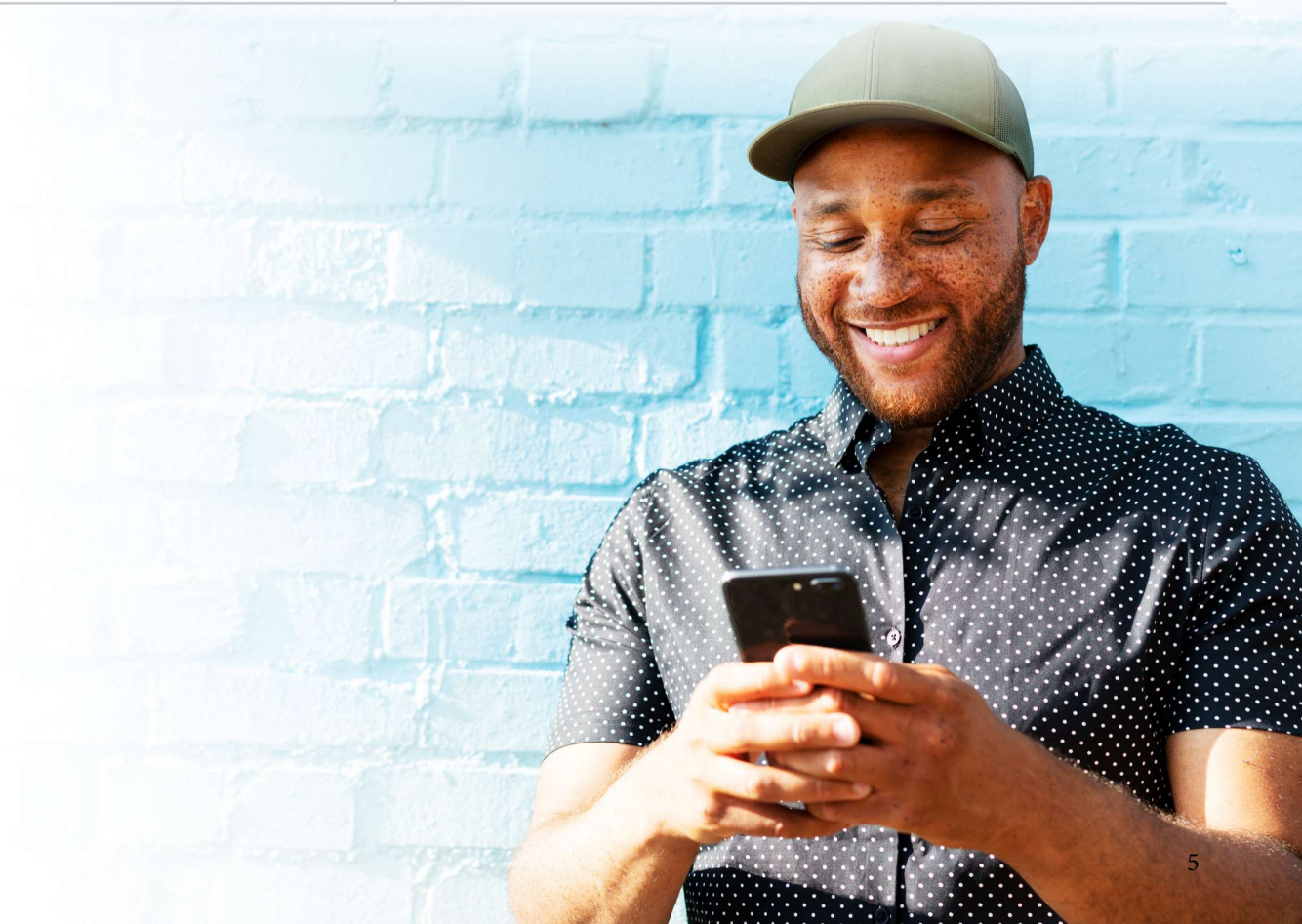
# VISION

IBEW Local Union 733 is proud to offer our employees with a vision plan through **SunLife**. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which **you are responsible**.

PLAN FEATURES: VSP Plus Signature Network	IN-NETWORK (LIMITED NON-NETWORK BENEFITS)
<b>Exam</b> (once every 12 months)	\$10 Copay
<b>Lenses</b> (once every 12 months) <b>Safety Lenses</b> (once every 12 months)	\$10 Copay \$10 Copay
<b>Frames</b> (once every 12 months) <b>Safety Frames</b> (once every 24 months)	\$130 Allowance + 20% off amount over allowance \$130 Allowance + 20% off amount over allowance
<b>Elective Contacts</b>	\$130 Allowance Contact Lenses are in place of lenses and frames

Dependents Eligible for Coverage to 26 Years of Age

VISION PREMIUM	WEEKLY
Employee Only	\$2.08
Employee + Spouse	\$3.50
Employee + Child(ren)	\$3.57
Employee + Family	\$5.65





# LIFE INSURANCE

## VOLUNTARY TERM LIFE

IBEW Local Union 733 provides you with the opportunity to elect Life insurance through Ullico, The Union Labor Life Insurance Company.

**Voluntary Term Life Coverage:** *As a member of the IBEW Local Union 733, you can elect to enroll in \$5,000 of life insurance.*

*ELIGIBILITY: Coverage is offered to New Hires and Annually during Open Enrollment*

*PREMIUM: Flat monthly premium of \$8.35*

*Please request a summary of Benefits for further policy information*

**Beneficiaries:** It is very important to keep your Beneficiary designation up to date at all times. In the event of a claim the carrier will reach out to IBEW to provide this information.

Please see the HR Office at 2510 Market St, Pascagoula, MS 39567 for a beneficiary Designation Form.



## ID Cards are NOT Needed

The following ID card images are for your convenience but not required for services.

**Information Needed by Providers:**  
**Dental:** Sun Life Dental Network Plan #933333  
**Vision:** VSP Network and the Employee's Social

Let Sun Life help you discover the true benefit of benefits anytime, anywhere.

### DENTAL ID CARD



**Group ID Number** Issued to International Brotherhood  
933333 of Electrical Workers Union 733

Member Signature

Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

#### Sunlife Dental Network®

(Includes Aetna Dental® Administrators)

To locate a network dentist- visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Input your Group ID and hit search.

**Dental Coverage:** Benefits are subject to group provisions and limitations including coordination of benefits. This card is NOT a guarantee of payment. Please call to verify benefits. If services are to exceed \$300, please submit a pre-estimate.

**For Benefit and Claim Information:** **Electronic Claims:** Payor 70408  
Sun Life Financial 800.442.7742  
PO BOX 2940  
Clinton, IA 52733

### VISION ID CARD



Visit [vsp.com](http://vsp.com)  
Answers anytime, anywhere

#### Using Your Vision Plan

1. Review your plan information
2. Choose a VSP doctor online or by phone 24 hrs. a day
3. Make an appointment and let the office know you are a VSP member

That's it! Your doctor will take care of the rest

Doctor's Name: \_\_\_\_\_

Office Number: \_\_\_\_\_

To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.

- Choose a VSP Provider
- View your personal eye care coverage
- Find the latest eye health information
- Try our Eyewear Advisor to find lenses that are right for you
- Learn about special discounts and promotions



One Sun Life Executive Park  
Wellesley Hills, MA 02481

[www.sunlife.com/us](http://www.sunlife.com/us)

In the event you have any issues, please don't hesitate to contact or have your provider contact Kristen Rand at Hub International:

Kristen Rand 228-897-6702  
[kristen.rand@hubinternational.com](mailto:kristen.rand@hubinternational.com)



# CONTACT DIRECTORY

Benefit:		Carrier Name	Phone #	Website
Dental	933333	SunLife	(800) 942-0278	www.bcbsms.com
Vision	Social	VSP	(800) 218-4230	www.mybenefits.foxeverett.com

Para asistencia en español llamada 800-247-6875 y pida una interprete.

## COST OF BENEFITS

Your contributions toward the cost of benefits are automatically deducted from your paycheck. When electing benefits, one month advance premiums will be payroll deducted. The amount will depend upon the plans you select and if you choose to cover eligible family members.

**MISSED DEDUCTIONS:** It is your responsibility to maintain the payment of your benefits. Failure to pay premiums when they are not deducted from your check, will result in termination of coverage without the option of COBRA. Please be sure your address and phone number are up to date at all times.

## HUB INTERNATIONAL

Your Benefits are administered by HUB International. HUB will mail an invoice of owed premiums. Please be sure your address and phone number are up to date at all times. In the event you are out for more than 4 weeks and do not receive an invoice please call Kristen Rand

## QUESTIONS?



If you have any questions or issues please feel free to contact us at any time:  
Kristen Rand **(228) 897-6702** | [kristen.rand@hubinternational.com](mailto:kristen.rand@hubinternational.com)

### Continuation of Coverage (COBRA):

Upon termination of employment and if you meet the criteria to be Cobra Eligible, you will receive a Continuation of Benefit Packet at your home address from Fox Everett (a division of Hub International). This packet will include all information and procedures for submission. Please make sure your address is correct or provide an alternative address to have the packet mailed to at termination.

**Note:** Enrollment in Continuation of Coverage is time sensitive and must be submitted within 60 days.

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.