



IT'S TIME TO ENROLL!

DURING ANNUAL ENROLLMENT EACH YEAR, IT IS IMPORTANT THAT YOU:

- **UPDATE** the Fund with your current information, including address, email, phone numbers and marital status;
- **CHOOSE** between the Cigna or Kaiser benefit options (*only available if you reside in a zip code that is within the Plan's "Kaiser Service Area."* See page 3 for more details); and
- **ENROLL** the dependents that you want to have covered under your benefits for the upcoming year.

**REMEMBER: YOU MUST COMPLETE ENROLLMENT IN ORDER
FOR YOUR DEPENDENTS TO HAVE COVERAGE IN 2024**

WHEN

October 16, 2023 through
December 1, 2023

WHERE

Enroll online* at:
www.nebainc.com

**NEED
HELP?**

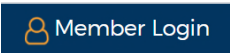

Contact the Fund Office at
1-800-922-1613

*If you would prefer to complete a paper enrollment, contact the Fund Office at 1-800-922-1613.

ALL PARTICIPANTS MUST COMPLETE THE ENROLLMENT BY DEC 1st

YOUR ONLINE ENROLLMENT APPLICATION CAN BE ACCESSED RIGHT INSIDE YOUR MEMBER PORTAL – JUST A SINGLE SIGN ON TO ENROLL AND VIEW INFORMATION ON YOUR BENEFITS, WORK HISTORY AND MORE!

ENROLLMENT IS FAST AND EASY – Much of the information will be pre-populated for you, but please review to make sure it is still correct!

➔ LOG-ON	to www.nebainc.com
➔ CLICK	on the  link at the top of the page.
➔ LOG-IN	to your member portal with your email and password. If you need to create a log-in, click on “Create Account.” To create an account, you will need an email address, your name, social security number, date of birth and home zip code.
➔ CLICK	on the  link in your dashboard and from the Welcome Page, then click on ● January 1, 2024 – December 31, 2024 New! to get started.
➔ VERIFY	that the information we have for you on file is correct - you can also add or remove dependents as needed to confirm who you want to enroll for benefits for 2023.
➔ CHOOSE	your Bundle Election (if you live in a zip code where you can choose between the Cigna or Kaiser plans click on the comparison of coverage options to see which plan is best for you) and your Coverage Type (Employee Only, Employee & Child(ren), Employee & Spouse, or Employee & Family)
➔ UPDATE	your named beneficiaries for your pension and life insurance. If you have updated your beneficiaries since 1/1/22, the portal will show your current beneficiaries.
➔ ANSWER	a question about your spouse’s employment status. A spouse who has access to but is not enrolled in coverage through their own employer will not be eligible for coverage under the Family Health Plan.
➔ GO GREEN	by registering for electronic consent to receive certain plan disclosures via email instead of paper.
➔ REVIEW	your enrollment information – go back and edit as necessary.
➔ SUBMIT	your completed enrollment – you’re done!

Step-by-step instructions for completing the enrollment process can be found under the “Enrollment” Icon **when you log into your member portal** and are also available on IBEW Local 613’s website at www.ibew613.org under “News”.

If you fail to complete enrollment, you will be defaulted to Employee Only coverage for 2024 – this means your dependents will not be eligible for benefits effective January 1, 2024 unless you complete your enrollment and you select to cover them.

ALL PARTICIPANTS MUST COMPLETE THE ENROLLMENT BY DEC 1st

SUMMARIES OF BENEFITS AND COVERAGE (SBCs): Included with this notice is a copy of the SBC for the Cigna Open Access Plus benefit (“OAP”) option and, if you reside in the Kaiser Service Area, a copy of the SBC for the Kaiser HMO benefit option. These documents provide important information to help you make your benefit decisions for the upcoming year. If you reside in the Kaiser Service Area, we have also included a side-by-side comparison of the basic benefit provisions of both the Cigna and Kaiser options.

REMEMBER: The benefit options you choose during Open Enrollment will be permanent for 2024 unless you experience a qualifying life event that triggers a special enrollment period.

- If you select the Kaiser HMO option during Open Enrollment, but then move outside of the Kaiser Service Area, you will be permitted a special enrollment period in order to choose the Cigna option.
- If you decline enrollment for one or more of your dependents because they have access to other health insurance or group health plan coverage, you may be able to enroll your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your dependents’ other coverage.) However, you must request enrollment within 30-days after your dependents’ other coverage ends (or after the employer stops contributing towards the other coverage).
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents (both the new dependents and any other dependents you had not enrolled). However, you must request enrollment within 30-days after the marriage, birth, adoption, or placement for adoption.
- If you decline coverage for a dependent because that dependent was covered under Medicaid or the State Children’s Health Insurance Program (“SCHIP”), you may be able to enroll your dependents in this plan if your dependent is no longer eligible for Medicaid or SCHIP. You may also be able to enroll your dependents in this plan if a dependent becomes eligible for premium assistance under Medicaid or SCHIP. However, you must request enrollment within 60-days of the loss of eligibility for Medicaid or SCHIP or the date the dependent becomes eligible for premium assistance.

To request a special enrollment period or to obtain more information about your special enrollment rights, contact the Fund Office at 1-800-922-1613.

KAISER HMO SERVICE AREA: Participants who reside in a zip code that is included in the Plan’s “Kaiser Service Area” have the choice of participating in the Cigna Open Access Plus or the Kaiser HMO plan of benefits. This choice can only be made during enrollment and will be permanent for the full benefit year – except for those participants who choose the HMO and subsequently move out of the Kaiser Service Area. The Kaiser Service Area includes specific zip codes in the following Georgia counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clarke, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Heard, Henry, Lamar, Madison, Meriwether, Newton, Oconee, Oglethorpe, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton. If you have a question about a specific zip code, please contact the Fund Office at 1-800-922-1613. The Kaiser HMO option has a lower deductible and lower copays for certain medical services. However, in order to receive the enhanced benefits, the HMO uses a smaller provider network, with many services being provided only through the Kaiser Medical Centers. We encourage you to research your benefit options to determine which works best for you and your family. *Please note that completion of enrollment is not a guarantee of eligibility for benefits. For questions regarding eligibility, please refer to your Summary Plan Description or contact the Fund Office at 1-800-922-1613.*

ALL PARTICIPANTS MUST COMPLETE THE ENROLLMENT BY DEC 1st

HIGHLIGHT COMPARISON OF 2024 FAMILY HEALTH PLAN COVERAGE OPTIONS

COVERAGE UNDER BOTH OPTIONS IS FOR IN-NETWORK PROVIDERS ONLY (plus Non-Network Emergency Services)		
	CIGNA OAP	KAISER HMO
NETWORK UTILIZED	CIGNA OPEN ACCESS PLUS	KAISER PERMANENTE HMO
IF YOU NEED TO SEE THE DOCTOR	Calendar Year Deductible does not apply	
Primary Care	You pay \$35	You pay \$20
Specialist	You pay \$45	You pay \$35
Mental Health	You pay \$35	You pay \$20
Virtual Visit/Telemedicine	You pay \$35	You pay \$0
WHEN YOU RECEIVE PREVENTIVE CARE	Calendar Year Deductible does not apply	
ACA Preventive Care Services	You pay \$0	You pay \$0
IF YOU NEED A PRESCRIPTION DRUGS	Calendar Year Deductible does not apply	
ACA PREVENTIVE CARE DRUGS	You pay \$0, no deductible	You pay \$0, no deductible
PRESCRIPTION DEDUCTIBLE	\$25 per individual per calendar year	None
RETAIL (30-day supply)	After deductible:	If filled at Kaiser Facility:
Tier 1: Generic	You pay \$10	You pay \$10
Tier 2: Preferred Brand	You pay greater of \$25 or 25%	You pay \$25
Tier 3: Non-Preferred Brand	You pay greater of \$25 or 25%	Not covered
HOME DELIVERY (90-day supply)		
Tier 1: Generic	You pay \$30	You pay \$20
Tier 2: Preferred Brand	You pay greater of \$75 or 25%	You pay \$50
Tier 3: Non-Preferred Brand	You pay greater of \$75 or 25%	Not covered
SPECIALTY (30-day supply)		
Specialty Medications	You pay greater of \$25 or 25%	You pay \$25
IF YOU NEED OTHER MEDICAL SERVICES		
CALENDAR YEAR DEDUCTIBLE (CYD)		
Individual	\$750	\$250
Family	\$2,500	\$750
MAXIMUM OUT-OF-POCKET		
Individual	\$6,350	\$6,350
Family	\$12,700	\$12,700
EMERGENCY CARE		
Emergency Room	You pay \$100, then 30% after CYD	You pay \$100, then 30% after CYD
Transportation	You pay 30% after CYD	You pay 30% after CYD
Urgent Care	You pay 30% after CYD	You pay 30% after CYD
OTHER SERVICES		
In-Network	You pay 30% after CYD	You pay 30% after CYD
Non-Network	Not covered	Not covered
VISION BENEFITS		
Adult Benefit		
Annual Exam	Reimbursed at 100%, up to \$200	You pay \$0
Hardware	maximum every 24 months	\$200 credit every 2 years
Pediatric Benefit (under age 19)		
Annual Exam	You pay \$0	You pay \$0
Hardware	You pay \$0 for one set of standard lenses (or standard contact lenses per year). Frames are covered in full up to \$100 every 24 months.	\$200 credit every 2 years

CURRENT DENTAL BENEFITS WILL STILL BE PROVIDED THROUGH CIGNA FOR BOTH COVERAGE OPTIONS

The above comparison just highlights basic benefits and is not intended to fully describe all benefit coverages.