NATIONAL AUTOMATIC SPRINKLER INDUSTRY ("NASI") WELFARE FUND

LOCAL 417 HEALTHCARE PLAN TRANSITION QUESTIONS AND ANSWERS

Actives and Pre-Medicare (2023)

Q1) ***What information do I give my provider for the coverage of my new insurance?***

A1) All eligible Active Participants and Pre-Medicare Retirees should have received insurance cards from Blue Cross Blue Shield of Illinois ("BCBS") with the name of the Participant and the ID # of the Participant which starts in the letters "SFI". This card can be used for your Medical, Prescription Drug, Dental, and Vision Coverage. You may have received a separate card from Express Scripts Pharmacy ("ESI"); however, you can choose either that card or your BCBS card when filling your prescriptions at a retail pharmacy.

Q2) ***Is my medical insurance through NASI or through BCBS?***

A2) NASI is your insurance; however, NASI utilizes BCBS' network of providers (through a preferred provider organization ("PPO") agreement) in order to provide the BCBS-contracted discounted rates for those "In-Network" providers for Comprehensive Medical coverage. Your eligibility is determined by NASI. Your claims, though they are initially submitted to BCBS by your provider for repricing, are sent from BCBS to NASI for processing. If you have an issue with the processing of a claim or a claim which may have been rejected, you should contact NASI, not BCBS.

Q3) ***How does my Prescription Drug Coverage work?***

A3) Your prescription drug coverage is provided through Express Scripts. The majority of maintenance drugs will be filled as 90-day supplies (if applicable) through mail order with an allowance of 2 30-day fills at the retail pharmacy. If you choose to use a retail pharmacy after those 2 fills for maintenance drugs which could otherwise be filled through mail order, you will have to pay the full price out of pocket at the pharmacy and submit your claim for reimbursement by ESI. Forms for reimbursement are available on the Fund's website. In that circumstance, you will only be reimbursed for the portion that NASI would have paid had you used mail order.
Acute care medications can be filled at a retail pharmacy with your prescription card or your medical insurance card (which also includes your pharmacy coverage information).
Specialty drugs are filled through the Express Scripts Accredo pharmacy.
Claims for prescription drug coverage do not count toward your deductible. Prescription drug coverage claims will only apply toward your annual Out-of-Pocket Maximum of $3,750.00.

Q4) ***How do I find an "In-Network" provider?***

A4) In-Network providers can be located through the BCBS Provider link available on our website (www.nasifund.org) under NASI Welfare Fund Providers, or toll free at (800-810-BLUE). If you need further assistance, you can reach out to the NASI Welfare Fund's Customer Service Department (800-638-2603) for assistance.

Q5) ***What is my annual deductible, and how is that applied?***

A5) Your annual deductible is an amount you are required to pay for the negotiated cost of your claim (after BCBS has repriced the claim) prior to NASI's cost share of the claim (70% coverage for Comprehensive Medical after deductible up to maximum out-of-pocket).
Your annual deductible for **In- Network Comprehensive Medical is $700.00**, while your Out-of-Network Comprehensive Medical annual deductible (should you choose providers who are not in BCBS' network) is $1,500.00.
Dental has a separate annual deductible of $75.00.
Vision coverage has an annual deductible of $10.00.
There is no annual deductible for prescription drug coverage.

Q6) ***What is my annual out-of-pocket maximum ("MOOP"), and how is it assessed?***

A6) Your annual MOOP is the maximum amount of the cost-sharing portion of your claims that you will have to pay within a calendar year.
Your combined annual MOOP for Prescription Drug coverage and In-Network Comprehensive Medical is $3,750.00. This means that once you have paid your deductible of $700.00 for Comprehensive Medical with In-Network providers for the year, you will only be responsible for a maximum of $3,750.00 for the year for your cost-sharing portion of the combination of your remaining In-Network Comprehensive Medical and your Prescription Drug claims. In the event you reach your annual deductible and MOOP for medical and prescription drug coverage (**totaling $4,450.00: $700.00 deductible and $3,750.00 MOOP**), your claims will then be covered by NASI at 100% for the remainder of the year. In addition, if you reach your annual MOOP, your medical and prescription drug claims for the following year will also be covered at 100% after your deductible of $700.00 is met.
The MOOP for Out-of-Network medical and prescription claims is $6,500.00 prior to deductible. With deductible, the total MOOP cost for Out-of-Network claims totals $8,000.00 ($6,500.00 MOOP and $1,500.00 deductible).
Dental has a separate annual maximum benefit of $4,000.00.

Q7) ***What is the portion of the medical benefits which I have to pay after I have reached my deductible?***

Q7) For **In-Network** providers, you will be responsible for **30%** of the remaining cost of your Comprehensive Medical claims after your deductible, up to your MOOP of $3,750.00 ($4,450.00 including deductible).
If you choose to go to an **Out-of-Network** provider, you will be responsible for **45%** of the remaining cost of your Comprehensive Medical claims after your deductible of **$1,500.00**, up to your MOOP for Out-of-Network claims of $6,500.00 ($8,000.00 including deductible).
Preventative Care claims and Telemedicine (through MDLive) are **covered at 100%** and are not subject to your deductible.
In-Network Urgent Care visits are **covered at 90%** and are also not subject to your deductible.
Prescription drugs are not subject to your deductible and are **covered at 70% for preferred and 65% for non-preferred**.

Q8) ***What happens if my provider is not in the BCBS network?***

A8) If your provider does not participate with the BCBS PPO network, you can still go to that provider. However, your claims will not be processed at the lower-cost In-Network coverage - but will be processed at the Out-of-Network Deductible and MOOP (with a total MOOP with deductible of $8,000.00). If you are having trouble locating an In-Network provider in your area, please reach out to the NASI Fund Office for assistance.

Q9) ***Where does my provider send my claims?***

A9) Medical claims should be submitted to your local BCBS plan for repricing; however, after your claims are repriced, the claims will be sent to NASI for processing and payment. You will receive an explanation of benefits ("EOB") which outlines what was covered and what portion of the benefit is your responsibility as the patient to pay. If you have questions regarding your EOB, please contact NASI.
Eligibility and benefit information can be verified by the Fund Office at 1-800-638-2603.
Dental Claims should be submitted to Delta Dental of Pennsylvania (**not** Delta Dental of Minnesota) (P.O. Box 2105, Mechanicsburg, PA 17055).
Vision claims should be submitted to Vision Service Plan, Inc. (3333 Quality Dr., Rancho Cordova, CA 95670). VSP claims have no Out-of-Network coverage. You must use a provider who participates with VSP.

Q10) ***How can I receive additional information about my NASI coverage?***

Q10) Plan documents and forms, links to NASI providers, etc. can all be located on the Plan's website, www.nasifund.org. Our Customer Service and Eligibility Department representatives are available by phone M-F from 6:00 am to 7:00pm CST at 800-638-2603 for any questions you may have. You may also send your questions by email to mail@nasifund.org.