

Southern California IBEW-NECA: Mandatory Generic Prescription Drug Program

Coverage Period: 1/01/2017-12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual/Family | **Plan Type:** Prescription



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the Summary Plan Description at www.scibew-neca.org or by calling Citizens Rx at 1-888-445-5592.

Common Medical Event	Services You May Need	Your cost if you use an:		Limitations & Exceptions
		In-network provider	Out-of-network	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.scibew-neca.org .	Generic drugs	Retail 30-day supply: \$0 co-payment/prescription Mail Order (Maintenance Only) 100-day supply: \$0 co-payment/prescription	Retail 30-day supply: \$5 co-payment/prescription Mail Order: not covered	In-network If a prescription is filled with a brand-name drug when a generic equivalent is available, the individual will be responsible for paying the difference between the generic equivalent and the brand-name drug, in addition to the co-payment.
	Brand-Name drugs	Retail 30-day supply: \$10 copayment/prescription Mail Order (Maintenance Only) 100-day supply: \$20 copayment/prescription	Retail 30-day supply: \$15 co-payment/prescription Mail Order: not covered.	Out-of-network: Under this Plan you must contact the Administrative Office to request a direct reimbursement form for purchasing prescriptions from non-participating pharmacies. The use of non-participating pharmacies is intended for emergency purposes.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the Plan at 323-221-5861. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Questions: Call 1 -888-445-5592 or visit us at www.citizensrx.com/member

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf call 1-800-278-3296 to request a copy.

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Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Citizens Rx
1144 Lake Street
Oak Park, IL 60301
888-445-5592
<http://www.citizensrx.com/member>

Department of Labor's Employee Benefits Security Administration
1-866-444-EBSA (3272)
www.dol.gov/ebsa/healthreform

MedExpert
1300 Hancock Street
Redwood City, CA 94063
1-800-999-1999

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Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'í, shikáa adoolwoł iínizinigo t'áá diné k'éjígoo, t'áá shoodí ba na'ahníhí ya sidáhí bich'í naabídíłkiid. Eí doo biigha daago ni ba'nija'go ho'aalagú bich'í hodiilní. Hai'daq iini'taago eíya, t'áá shoodí diné ya atáh halne'ígú ní béesh bee hane'í wólta' bi'ki si'núilígú bi'kéhgo bich'í hodiilní.

아직 가입하지 않았거나 한국어로 된 도움말이 필요한 경우 영업 관리자나 그룹 관리자에게 문의하시기 바랍니다. 이미 가입한 경우 ID 카드에 있는 번호를 사용하여 고객 서비스에 문의하시기 바랍니다.

Nếu quý vị chưa phải là một hội viên và cần được giúp đỡ bằng Tiếng Việt, xin liên lạc với đại diện thương mại của quý vị hoặc quản trị viên nhóm. Nếu quý vị đã ghi danh, xin liên lạc với dịch vụ khách hàng qua việc dùng số điện thoại ghi trên thẻ ID của quý vị.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

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