



IBEW Local 18 Benefits Brochure

Open Enrollment is March 31, 2025 - April 11, 2025

Effective July 1, 2025 (7/1/25 - 6/30/26)

Active Members



Open Enrollment Dates

Monday 3/31/25 - Friday 4/11/25 for an effective date of 7/1/25

For Open Enrollment, the effective date is July 1, 2025 for the 2025-2026 plan year (July 1, 2025 to June 30, 2026). However the Health and Dental Plans are based on a calendar year.

For questions regarding Local 18's Anthem Blue Cross Medical or Guardian Dental benefits or for general questions (i.e. enrollment, claims, eligibility or ID cards), please contact:

Local 18 Benefit Service Center

Address:

Local 18 Benefit Service Center
9500 Topanga Canyon Blvd.
Chatsworth, CA 91311

Email Address:

Local18@mybenefitchoices.com

Phone Numbers:

800-842-6635 (toll-free)
818-678-0040 (main)
818-477-1476 (fax)
Monday - Friday, 8:30am - 5:00pm
(closed 12:00pm -12:45pm)

For more information, please visit:

www.mybenefitchoices.com/local18

The IBEW Local 18-sponsored medical and dental plans are available to all eligible IBEW Local 18 members and their eligible dependents.

As an IBEW L18 member, you are eligible for an Anthem Blue Cross medical plan and Guardian dental plan. Although you may be enrolled in a LADWP-sponsored plan, Health Care Reform law and California's Senate Bill 1008 require that we send you information on how to obtain an IBEW Local 18 Summary of Benefits and Coverage (SBC) and Summary of Dental Benefits and Coverage (SDBC) for each plan in order to make an informed choice. The SBCs and SDBCs summarize important information about your health and dental coverage options in a standard format, to help you compare across options. SBCs and SDBCs are available on the web at: www.mybenefitchoices.com/local18. Once on the site, scroll down to "Click here to view additional RESOURCES" Paper copies are also available, free of charge, by calling IBEW Local 18 Benefit Service Center at 1-800-842-6635.

Please note, this is only a brief summary of benefits.



Photo by Armando Arorizo



NEW For IBEW Local 18

Effective 7/1/25

Sharecare Gym Membership Program:



- Starting July 1, 2025, the IBEW Local 18-sponsored Anthem Blue Cross medical plans automatically include access to the Prime Fitness network. This new benefit provides access to over 10,000 gyms nationwide at NO additional cost to members! Gym memberships will be available to all enrolled members, spouses/domestic partners, and adult dependents aged 18 and older.
- There are no annual or enrollment fees and participants may register at multiple gym locations. Some popular gyms include: LA Fitness, Anytime Fitness, and Fitness 19. For a more complete list, please visit <http://www.primemember.com> and select "Locations" to search for an in-network facility.

Body Scan Benefit Enhancements:

- Starting July 1, 2025, the IBEW Local 18-sponsored Anthem Blue Cross medical plans will include coverage for preventive full body MRIs as part of the Body Scan Benefit.

Enhanced Benefits Platform

Starting July 1, 2025, the Local 18 Benefit Service Center platform will include exciting changes such as:

- Securely access your digital ID cards:
 - Anthem Blue Cross Medical
 - Guardian Dental
 - Optum Behavioral Health
 - VSP Vision
 - Sharecare Gym Membership
- Find an in-network gym
- Available to enrolled spouses/DPs and dependents over 18 years old



To get started, IBEW Local 18-sponsored Anthem Blue Cross medical or Guardian dental enrolled members and retirees can register at www.mybenefitchoices.com/local18 or scan the QR code.

Certain benefits may be subject to taxability as determined by the employer and are subject to change.



Photo by Armando Arorizo



Photo by Armando Arorizo

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IBEW Local 18-Sponsored Plans:



- The IBEW Local 18-sponsored medical and dental plans are available to all IBEW Local 18 members and their eligible dependents.
- For more information on dependent eligibility, please refer to LADWP Guides available on our Resource page at http://www.mybenefitchoices.com/Local18/benefit_resources
- You must be enrolled as an active member in an IBEW Local 18 plan prior to retirement in order to participate in the IBEW Local 18 plan(s) as a retiree.

How to enroll online

The Annual Open Enrollment for LADWP and Local 18 is Monday 3/31/25 through Friday 4/11/25, for a July 1, 2025 effective date. You will be able to make open enrollment changes online beginning Monday 3/31/25 until midnight Friday 4/11/25.

To review the benefits, rates, find in-network providers and links to our carriers go to www.mybenefitchoices.com/local18, scroll down and click on “RESOURCES”.

If you would like to enroll/change plans or add/delete dependents, please use Local 18’s online portal www.mybenefitchoices.com/local18

1. You must register (if you haven’t already). You will need:
 - Employee Number (must be 6 digits)
 - Last 4 of your Social Security Number
 - Create a Username: _____
 - Create Password: _____
 - Email: _____ (you will need to have access to it in order to activate your account)
2. Confirm your registration- You will receive a system generated account activation email (to the email that you registered with). Click on the link to confirm your registration. The link will take you back to the “log in” screen.
3. Log in- Enter your user name and password (that you just registered with) and you will be logged into the secure Local 18 benefits web site.
4. You must have your dependent(s) social security number(s) available prior to using the online portal. Documentation will also be required to verify dependent eligibility.
5. Enrollment wizard – “launch open enrollment wizard” to enroll/change plans add/delete dependents. Using the NEXT button, you will need to review each wizard screen.
6. You MUST reach 100% to finish. After going through each wizard screen, you must digitally sign that you agree to the Terms and Conditions and then click FINISH. You will then be emailed your benefit summary showing you have reached 100%.

IMPORTANT NOTE: Once you have completed #6 you will be emailed a benefit summary showing your Local 18 elections. **If you have any “Pending Documents” due it will be noted in red on your benefit summary. Your enrollment/changes are not finalized until we receive and have accepted your Pending Documents.**

REMEMBER: Life event changes during the year must be made within 31 days of the qualifying life event (marriages, newborns, divorce, etc).

PLEASE NOTE: If you are changing from a LADWP plan to a Local 18 plan you MUST cancel the LADWP plan. You MUST submit your completed cancellation (“Active Enrollment/Change Form”), found here <https://eBenefits.ladwp.com>, to LADWP Health Plans office at HealthPlans@LADWP.com. If you are changing from a Local 18 plan to a LADWP plan you MUST “decline” coverage using our online portal www.mybenefitchoices.com/local18 or print, complete and submit a termination form to our office, found at the bottom of the RESOURCES page.

PENDING DOCUMENTS: Documentation is required to verify dependent eligibility, if dependent is not currently on a Local 18 sponsored plan.

Pending Documents: Documentation is required to verify dependent eligibility.

Please provide the required document(s) using one of the following options below:

Scan/email: Local18@mybenefitchoices.com or Upload: instructions below or Fax: (818) 477-1476 or mail to: L18-BSC 9500 Topanga Cyn Blvd Chatsworth, CA 91311



How do I upload my documents through the website?

1. When logged in, click on the 'My Documents' tab on the top of the screen.
2. If you have any missing documents to submit, there will be a 'Pending/Missing Documents' section listing what you are missing.
3. In the 'Upload Document' section, click the dropdown menu and select which document you wish to submit.
 - If your document is not listed, select 'Unlisted Document'.
4. Select the file you are uploading from your computer.
 - Allowed files extensions: PDF, BMP, GIF, PNG, JPG.
 - File size limit: 20MB.
5. Click 'Upload' to submit the file.
6. If there are no problems, you will get a message saying the file was uploaded successfully and the document will be marked pending.
7. It may take at least 2 business days for a Benefit Specialist to review your submitted documents and accept/deny them.
8. If the document is denied, the pending status will go away and the file will remain in the 'Pending/Missing Documents' section. If the file is accepted, it will move to the 'Received Documents' section.

For any questions or help with the online enrollment portal, please call the Local 18 Benefit Service Center at (800) 842-6635



Photo by Armando Arorizo

Rate and Subsidy Information

IBEW Local 18 - Health & Welfare Medical & Dental Rates



Active Members

Effective July 1, 2025

DWP Monthly Medical Subsidy \$2,663.26

Anthem Blue Cross HMO Medical	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$2,025.16	\$0.00
Two Party	\$2,361.49	\$0.00
Family	\$2,663.26	\$0.00

Anthem Blue Cross PPO Medical	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$2,264.96	\$0.00
Two Party	\$2,628.33	\$0.00
Family	\$3,247.17	\$583.91

DWP Monthly Dental Subsidy \$144.18

Guardian DHMO Dental	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$112.97	\$0.00
Two Party	\$112.97	\$0.00
Family	\$112.97	\$0.00

Guardian PPO Dental	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$135.86	\$0.00
Two Party	\$135.86	\$0.00
Family	\$135.86	\$0.00

The LADWP Active Benefits Guide can also be found online on the IBEW Local 18 Benefit Service Center RESOURCE webpage in the following link: http://www.mybenefitchoices.com/Local18/benefit_resources

Certain benefits may be subject to taxability as determined by the employer and are subject to change.

IBEW Local 18-Sponsored Plans Overview

Your Coverage Options

The IBEW Local 18-sponsored medical and dental plans are available to all IBEW Local 18 members and their eligible dependents

IBEW Local 18-sponsored medical plans

- Anthem Blue Cross HMO (member must live in California)
- Anthem Blue Cross PPO



IBEW Local 18-sponsored dental plans

- Guardian DHMO (California only)
- Guardian PPO



Photo by Armando Arorizo

Exclusive Benefit Enhancements

This is a great opportunity to enroll in an IBEW Local 18-sponsored medical and dental plan! IBEW Local 18-sponsored medical and dental plans offer exclusive benefit enhancements, such as:



Medical

NEW Sharecare Gym Membership Program

Sharecare gym membership available to members and their dependents 18 and older, enrolled in an Anthem plan

NEW Preventive Full Body CT or MRI Body Scan

Up to \$2,495 maximum reimbursement for enrolled members and their enrolled spouse/domestic partner

Fertility Coverage

Up to \$5,000 lifetime benefit for infertility treatment

Vision Benefits Through VSP

Benefits for exams, lenses, frames, and contact lenses

Use the frame allowance for non-prescription sunglasses or prescription sunglasses

Access to a Doctor- Anytime, Anywhere!

Online doctor visits available 24/7/365 with LiveHealth Online

Behavioral Health Through Optum

Tailored and specialized behavioral health and substance use disorder treatment for IBEW Local 18 members and their families

Includes Employee Assistance Program (EAP)!

Dental

Includes comprehensive orthodontia coverage for adults and children

- PPO includes teeth whitening up to \$500 separate annual maximum every 24 months per arch*
- PPO offers highest annual maximum to members at \$3,000 per individual
 - PPO includes implant coverage

**Treated separately from existing deductibles, annual benefit maximums, and coinsurance*

Benefit Support Specialists

NEW Enhanced Benefit Platform

The Local 18 Benefit Service Center will be providing enrolled plan participants, spouses/domestic partners, and adult dependents with even greater access to their benefit information.

Dedicated for Local 18 Members, simply call (800) 842-6635. The Benefit Service Center is there to assist you in the event you need enrollment assistance, experience claim issues and any other benefit related needs. Enroll online at: www.mybenefitchoices.com/local18

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Photo by Armando Arorizo

IBEW Local 18-Sponsored Plans

Important Resources

Instructions to Find a Provider

To locate an in-network Anthem Blue Cross medical, Guardian dental, Optum behavioral health, or VSP vision provider please navigate online to the IBEW Local 18 Benefit Service Center [RESOURCE](#) webpage listed below. Scroll down to the “Provider Search” drop-down menu and select the appropriate “Find a Provider” instructions to locate an in-network provider.

If you are enrolling in an IBEW Local 18-sponsored plan, making plan or provider changes, or have questions on eligibility please refer to the resources on this page.

Qualifying Life Event Changes

Certain Qualifying Life Event (QLE) changes, such as the birth or adoption of a new child, marriage, divorce, and others may permit you to add your new dependent, enroll in or make changes to your IBEW Local 18-sponsored plan. You have a 31-day window (from the date the QLE took place) to add your new dependent, enroll in or make changes to your coverage. For more information, please refer to the LADWP Active Benefits Guide.

Covering Your Eligible Dependents

You will be required to provide additional documentation in order to enroll your eligible dependents in an IBEW Local 18-sponsored plan. For more information, please refer to the LADWP Active Benefits Guide.

When Coverage Ends for Your Dependent

Please refer to the LADWP Active Benefits Guide.

Accessing Anthem Blue Cross Services While Traveling

Depending on the medical plan elected (HMO or PPO) you and your dependents may have access to benefits and services while traveling outside California or out of the country. For more information, please navigate online to IBEW Local 18 Benefit Service Center [RESOURCE](#) webpage listed below. Scroll down to Health Benefits, Medical and select Anthem Blue Cross traveling resource most appropriate for your situation (e.g. Anthem Blue Cross HMO Guest Membership).

All of the information above can be found online on the IBEW Local 18 Benefit Service Center [RESOURCE](#) webpage in the following link: http://www.mybenefitchoices.com/Local18/benefit_resources



IBEW Local 18 Anthem Blue Cross Medical Plans



HMO vs. PPO

	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Coverage	<p>Provides comprehensive coverage based on the type of plan you elect, may include (but not limited to):</p> <ul style="list-style-type: none"> • Preventive care • Routine medical • Major medical 	
Seeking Care	<ul style="list-style-type: none"> • You must choose a primary care physician (PCP), or one will be assigned, who oversees your care and refers you to HMO specialists • You have a network of HMO providers in California to choose from • You must be treated by your PCP or receive a referral from your Medical Group (within their network) to receive benefits, except for emergency care. 	<ul style="list-style-type: none"> • You can see any licensed doctor or specialist and are not required to designate a primary care physician (PCP) • Your out-of-pocket expenses will be lower when you use in-network PPO providers
Determining Costs for Services	<ul style="list-style-type: none"> • There are no deductibles • You pay a copay, if applicable, for services • Without the cost of a deductible and with generally lower copays, HMOs typically cost less than PPO plans 	<ul style="list-style-type: none"> • You must meet the deductible before the plan pays benefits for most services • The plan pays 100% of preventive care when you use in-network PPO providers • Out-of-pocket expenses are lower when you use in-network PPO providers



Health and Wellness Programs Support You Along the Way



Your plan goes way beyond covering doctor visits

Building Healthy Families — Building Healthy Families (BHF) is Anthem's next-generation maternal health program, replacing the long-standing and successful Future Moms program. It offers a complete end-to-end family creation program that recognizes every individual's and/or family's unique path to parenthood and supports them throughout each phase (pre-conception, maternity, parenthood) of their journey

- **Anthem Blue Cross will send a \$25 gift card for enrolling in the program.**

Condition Care Program — If you or a covered family member is suffering from diabetes or CAD, you can call 866-329-7229 to enroll. You will receive counseling and coaching on healthy lifestyles to meet your goals.

- **Anthem Blue Cross will send a \$25 gift card for enrolling in the program, and \$100 in gift cards for completing the program.**

Staying Healthy Reminders — This yearly reminder is sent to your home or through email to tell you about important preventive health screenings or treatments you may need, based on your age and gender. Once you're a member, you can choose how you'd like to receive this reminder on www.anthem.com/ca.

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Photo by Armando Arorizo

IBEW Local 18 Anthem Blue Cross HMO



Your Summary of Benefits

Your Plan: Anthem Custom Premier HMO 0/100% (RX \$5/\$10)

Your Network: California Care HMO

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA). (Members must live in California).

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$0	Not covered
Out-of-Pocket- Limit ¹	Individual \$500; Two- Party; \$1,000; Family \$1,500	Not covered
Preventive care/screening/immunization	No copay	Not covered
Preventive Care for Chronic Conditions ²	No copay	Not covered
Virtual Care (Telemedicine / Telehealth Visits) ³		
Primary Care (PCP)	No copay	Not covered
Mental Health and Substance Use Disorder care	Carved out to Optum Behavioral Health	Carved out to Optum Behavioral Health
Specialist	No Copay	Not covered
Doctor Home and Office Services		
Primary care visit to treat an injury or illness	No copay	Not covered
Specialist Care Visit	No copay	Not covered
Prenatal and Post-natal Care	No copay	Not covered
Other Practitioner Visits:		
LiveHealth Online Visit	No copay	Not covered

¹ When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.

² Per IRS guidelines.

³ Virtual Visits - Online visits with Doctors who also provide services in person.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chiropractor Services (Self referred, within ASHP network) ¹ Acupuncture (Self referred, within ASHP network) ¹ Chiropractic Appliances (ordered by ASHP provider) ¹	\$10 copay per visit \$10 copay per visit \$50 per calendar year	Not covered Not covered Not covered
Other Services in an Office: Allergy testing Chemo/radiation therapy Hemodialysis Prescription drugs ²	No copay No copay No copay No copay	Not covered Not covered Not covered Not covered
Diagnostic Services Lab: Office Freestanding Lab Outpatient Hospital	No copay No copay No copay	Not covered Not covered Not covered
X-ray: Office Freestanding Radiology Center Outpatient Hospital	No copay No copay No copay	Not covered Not covered Not covered
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): Office ³ Freestanding Radiology Center ³ Outpatient Hospital ³	No copay No copay No copay	Not covered Not covered Not covered

¹ An initial examination by an ASHP chiropractor and/or acupuncturist of disorders is required. Up to 30 visits combined during a calendar year if authorized as medically necessary by ASHP.

² For the drugs itself dispensed in the office through infusion/injection.

³ Costs may vary by site of service.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Emergency Room Facility Services ¹	No copay	Covered as In-Network
Emergency Room Doctor and Other Services	No copay	Covered as In-Network
Ambulance (Air and Ground)	No copay	Covered as In-Network
Urgent Care (Office Setting) ²	No copay	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Use Disorder		
Doctor Office Visit	Carved out to Optum Behavioral Health	Not covered
Facility-visit: Facility Fees	Carved out to Optum Behavioral Health	Not covered
Doctor Services	Carved out to Optum Behavioral Health	Not covered
Outpatient Surgery		
Facility Fees: Hospital	No copay	Not covered
Freestanding Surgical Center	No copay	Not covered
Doctor and Other Services	No copay	Not covered

¹ This is for the hospital/facility charge only. The ER physician charge may be separate.

² Costs may vary by site of service.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Hospital Stay (all inpatient stays including Maternity, Mental/Behavioral Health, and Substance Use Disorder)</p> <p>Facility Fees (for example, room & board) Doctor and Other Services ¹</p>	<p>No copay No copay</p>	<p>Not covered Not covered</p>
<p>Recovery & Rehabilitation</p> <p>Home Health Care ²</p>	<p>No copay</p>	<p>Not covered</p>
<p>Rehabilitation Services (for example, physical/speech/occupational therapy):</p> <p>Office ³ Outpatient Hospital ³ Habilitation Services ⁴</p>	<p>No copay No copay No copay</p>	<p>Not covered Not covered Not covered</p>
<p>Cardiac rehabilitation</p> <p>Office ⁵ Outpatient Hospital ⁵</p>	<p>No copay No copay</p>	<p>Not covered Not covered</p>

¹ Mental / Behavioral health and Substance Use Disorder is carved out to Optum Behavioral Health.

² Coverage for In-Network Provider is limited to 100 visit limit per benefit period.

³ Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Costs may vary by site of service. Chiropractor visits count towards your physical and occupational therapy limit.

⁴ Habilitation and Rehabilitation visits count towards your Rehabilitation limit.

⁵ Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Skilled Nursing Care (in a facility) ¹	No copay	Not covered
Hospice	No copay	Not covered
Durable Medical Equipment	No copay	Not covered
Prosthetic Devices	No copay	Not covered
Refractive Eye Surgeries (LASIK benefit) ²	Plan pays up to \$1500 per eye, lifetime	Not covered

¹ Coverage for In-Network Provider is limited to 100 day limit per benefit period.

² Including astigmatic keratotomy, lamellar keratoplasty and laser procedure for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia), hyperopia (farsightedness) or astigmatism. Limited to a lifetime benefit of up to \$1,500/eye. Costs may vary by site of service.

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	\$0	\$0
Prescription Drug Coverage		
Preventive Pharmacy		
Preventive Immunization	No copay	50% coinsurance (retail only)
Female oral contraceptive ¹	No copay	50% coinsurance (retail only)
Tier1 - Typically Generic ²	\$5 copay per prescription (retail only) and \$10 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)
Tier2 - Typically Preferred / Brand ²	\$10 copay per prescription (retail only) and \$20 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)

¹ Generic and Single Source brand.

² Member pays the retail pharmacy copay plus 50% for out of network. Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program).

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Infertility	50% coinsurance	Not covered
Out-of-Pocket Limit	Infertility services do not apply toward Out-of-Pocket Limit.	
Infertility Benefit Maximum	Anthem payment of \$5,000 per lifetime per Member.	

Additional Covered Services includes artificial insemination, in-vitro fertilization, GIFT (gamete intrafallopian transfer), ZIFT (Zygote intra-fallopian transfer), supplies, appliances, and Drugs administered in a Physician's office. These services are subject to Coinsurance stated above and the \$5,000 lifetime per Member maximum.

Covered services also exist for diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). These services are provided on the same basis, at the same cost shares, as any other medical condition and not subject to the above lifetime maximum.

Not Covered: Reversals of elective sterilizations.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA); except OB/GYN services received within the member's medical group/IPA, and services for mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the EOC.

Notes:

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.

Your plan requires a selection of a Primary Care Physician. Your plan requires a referral from your Primary Care Physician for select covered services.

Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.

Behavioral Health and Substance Use Disorder is covered through Optum Behavioral Health.

If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.

Skilled Nursing Facility day limit does not apply to mental health and Substance Use Disorder.

Respite Care limited to 5 consecutive days per admission.

Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.

Infertility services are not included in the out of pocket amount.

Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense.

When using non-network pharmacy; members are responsible for in-network pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.

In Network and Non Network pharmacy deductibles are combined. Satisfying one helps satisfy the other. Pharmacy deductibles are included in the annual out-of-pocket maximums.

Certain drugs require pre-authorization approval to obtain coverage. Supply limits for certain drugs may be different, go to Anthem website or call customer service.

For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to <https://www.anthem.com/ca/ibewlocal18/>.

For additional information on this plan, please visit sbc.anthem.com to obtain a Summary of Benefit Coverage.

Anthem Blue Cross

IBEW Local 18 - HMO

Your Plan: Anthem Custom Premier HMO 0/100% (RX \$5/\$10)

Your Network: California Care HMO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA); except OB/GYN services received within the member's medical group/IPA, and services for mental and nervous disorders and Substance Use Disorder. Benefits are subject to all terms, conditions, limitations, and exclusions of the EOC.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions: (800) 227-3771 or visit <https://www.anthem.com/ca/mcr/ibewlocal18>

Certain benefits may be subject to taxability as determined by the employer and are subject to change.

IBEW Local 18 Anthem Blue Cross PPO



Your Summary of Benefits

Your Plan: Anthem Custom Incentive PPO 250/35/20 (Rx \$5/\$10)

Your Network: Prudent Buyer PPO

Non-Network- When using out-of-network providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible and percentage co-pay.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible ¹	\$250/member; maximum of three separate deductibles/family	\$1,000/member; maximum of three separate deductibles/family
Out-of-Pocket Limit ²	\$2,000 person / \$4,000 family	\$6,000 person / \$12,000 family
Preventive care/screening/immunization ³	No copay	40% coinsurance
Preventive Care for Chronic Conditions ⁴	No copay	40% coinsurance after deductible is met
Virtual Care (Telemedicine / Telehealth Visits) ⁵		
Primary Care (PCP) ⁶	No copay	40% coinsurance after deductible is met
Mental Health and Substance Use Disorder care ⁶	Carved out to Optum Behavioral Health	Carved out to Optum Behavioral Health
Specialist ⁶	\$35 copay per visit	40% coinsurance after deductible is met
Doctor Home and Office Services		
Primary care visit to treat an injury or illness ⁶	No copay	40% coinsurance
Specialist care visit ⁶	\$35/visit	40% coinsurance
Prenatal and Post-natal Care ⁶	No copay	40% coinsurance

¹ See notes section to understand how your deductible works.

² When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of the calendar year. See notes section for additional information regarding your out of pocket maximum.

³ In-network preventive care is not subject to deductible.

⁴ Per IRS guidelines.

⁵ Virtual Visits - Online visits with Doctors who also provide services in person.

⁶ Deductible does not apply to In-Network providers.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Other Practitioner Visits: Retail Health Clinic ¹ LiveHealth Online Visit ¹ Chiropractor Services ² Acupuncture ³	No copay No copay No copay No copay	40% coinsurance Not covered 40% coinsurance 40% coinsurance
Other Services in an Office: Allergy Testing Chemo/Radiation Therapy Hemodialysis Prescription Drugs ⁴	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
Diagnostic Services Lab: Office Freestanding Lab Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
X-ray: Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance

¹ Deductible does not apply to In-Network providers.

² Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period. Deductible does not apply to In- Network providers.

³ Coverage for In-Network Provider and Non-Network Provider combined is limited to 20 visit limit per benefit period. Deductible does not apply to In-Network providers.

⁴ For the drugs itself dispensed in the office thru infusion/injection.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
Emergency and Urgent Care Emergency Room Facility Services ¹ Emergency Room Doctor and Other Services	20% coinsurance (copayment waived if admitted) 20% coinsurance	20% coinsurance (copayment waived if admitted) 20% coinsurance
Ambulance (Air and Ground)	30% coinsurance	30% coinsurance
Urgent Care (Office Setting) ²	\$25/visit (deductible waived)	40% coinsurance
Outpatient Mental/Behavioral Health and Substance Use Disorder Doctor Office Visit ² Facility Visit: Facility Fees	Carved out to Optum Behavioral Health Carved out to Optum Behavioral Health	Carved out to Optum Behavioral Health Carved out to Optum Behavioral Health
Outpatient Surgery Facility Fees: Hospital	20% coinsurance	40% coinsurance

¹ Emergency Room \$100 copayment per visit. This is for the hospital/facility charge only. The ER physician charge may be separate.

² Deductible does not apply to In-Network providers.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Surgical Center ¹	20% coinsurance	40% coinsurance
Doctor and Other Services	20% coinsurance	40% coinsurance
Hospital Stay (all inpatient stays including maternity, Mental/Behavioral Health, and Substance Use Disorder) Mental/Behavioral health and Substance Use Disorder is carved out to Optum Behavioral Health		
Facility fees (for example, room & board) ²	20% coinsurance	40% coinsurance
Doctor and other services	20% coinsurance	40% coinsurance
Recovery & Rehabilitation		
Home Health Care ³	20% coinsurance	40% coinsurance
Rehabilitation Habilitation Services (for example, Physical/Speech/Occupational Therapy):		
Office ⁴	20% coinsurance	40% coinsurance
Outpatient Hospital	20% coinsurance	40% coinsurance
Cardiac rehabilitation		
Office	20% coinsurance	40% coinsurance
Outpatient Hospital	20% coinsurance	40% coinsurance
Skilled Nursing Care (in a facility) ³	20% coinsurance	40% coinsurance
Hospice	20% coinsurance (deductible waived)	30% coinsurance

¹ Coverage for Out-of-Network Provider is limited to \$350 maximum per visit.

² Member is responsible for an additional \$500 copay if prior authorization is not obtained from Anthem for non-emergency Inpatient admissions to non-network providers.

³ Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network.

⁴ Costs may vary by site of service.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Durable Medical Equipment	20% coinsurance	40% coinsurance
Prosthetic Devices	20% coinsurance	40% coinsurance
Refractive Eye Surgeries (LASIK benefit) ¹	Plan pays up to \$1500 per eye, lifetime	

¹ Including astigmatic keratotomy, lamellar keratoplasty and laser procedure for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia), hyperopia (farsightedness) or astigmatism. Limited to a lifetime benefit of up to \$1,500/eye. Costs may vary by site of service.

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	\$0	\$0
Prescription Drug Coverage		
Preventive Pharmacy		
Preventive Immunization Female oral contraceptive ¹	No copay No copay	50% coinsurance (retail only) 50% coinsurance (retail only)
Tier1 - Typically Generic ²	\$5 copay per prescription (retail only) and \$10 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)
Tier2 - Typically Preferred / Brand ²	\$10 copay per prescription (retail only) and \$20 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)

¹ Generic and Single Source brand.

² Member pays the retail pharmacy copay plus 50% for out of network. Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program).

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Infertility ¹	50% coinsurance	50% coinsurance
Out-of-Pocket Limit	Infertility services do not apply toward Out-of-Pocket Limit.	
Infertility Benefit Maximum	Anthem payment of \$5,000 per lifetime per Member.	
<p>Additional Covered Services includes artificial insemination, in-vitro fertilization, GIFT (gamete intrafallopian transfer), ZIFT (Zygote intra-fallopian transfer), supplies, appliances, and Drugs administered in a Physician's office. These services are subject to Coinsurance stated above and the \$5,000 lifetime per Member maximum.</p> <p>Covered services also exist for diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). These services are provided on the same basis, at the same cost shares, as any other medical condition and not subject to the above lifetime maximum.</p> <p>Not Covered: Reversals of elective sterilizations.</p>		

¹ Deductible does not apply to In-Network and Non-Network providers.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Notes:

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.

The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.

All medical services subject to a coinsurance are also subject to the annual medical deductible.

Annual Out-of-Pocket Maximums includes deductible, copays, coinsurance and prescription drug.

In network and out of network deductible and out of pocket maximum are exclusive of each other.

For plans with an office visit copay, the copay applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible.

Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.

Behavioral Health and Substance Use Disorder is covered by Optum Behavioral Health.

If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.

If your plan includes out of network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.

Non-emergency, out-of-network air ambulance services are limited to Anthem maximum payment of \$50,000 per trip.

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense.

Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.

If your plan includes out of network benefits, all services with calendar/year limits are combined both in and out of network.

Transplants covered only when performed at Centers of Medical Excellence or Blue Distinction Centers.

Bariatric Surgery covered only when performed at Blue Distinction Center for Specialty Care for Bariatric Surgery.

Skilled Nursing Facility day limit does not apply to mental health and Substance Use Disorder.

Respite Care limited to 5 consecutive days per admission.

Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.

Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense.

When using non-network pharmacy; members are responsible for 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.

Supply limits for certain drugs may be different, go to Anthem website or call customer service.

Certain drugs require pre-authorization approval to obtain coverage.

For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to <https://www.anthem.com/ca/ibewlocal18/>.

For additional information on this plan, please visit sbc.anthem.com to obtain a Summary of Benefit Coverage.

Anthem Blue Cross
IBEW Local 18-PPO
Your Plan: Anthem Custom Incentive PPO 250/35/20 (Rx \$5/\$10)
Your Network: Prudent Buyer PPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Questions: (800) 227-3771 or visit <https://www.anthem.com/ca/mcr/ibewlocal18>

Anthem Blue Cross

LiveHealth Online



When you or your family are facing an immediate medical situation, the emergency room may be the first choice that comes to mind for treatment. Although emergency rooms are equipped for nearly any type of medical emergency, and most are open 24/7/365, LiveHealth Online may prove to be a more convenient option.

LiveHealth Online is available to all IBEW Local 18 members and dependents enrolled in an Anthem Blue Cross Medical Plan. LiveHealth Online allows you to have a face-to-face consultation with a board-certified doctor, **which now includes dermatologists**, via smartphone, tablet, or computer webcam. Doctors are available 24/7/365 and are available even if you are traveling out-of-state. You may want to consider using LiveHealth Online for some of the following common illnesses: **Flu and cold, Pink eye, Sinus infections, Skin rash/infections, and Mild allergies.**

Best of all a visit to a LiveHealth Online doctor is available at \$0 copay for all IBEW Local 18 members and dependents enrolled in an Anthem Blue Cross Medical Plan!

Please note, you will be required to enter a credit card upon registration due to system requirements. However, members and dependents enrolled in an IBEW Local 18-sponsored Anthem Blue Cross medical plan will not be required to pay.

You can register for LiveHealth Online on your computer or mobile device via the LiveHealth Online app or on the web at <https://www.livehealthonline.com/>. Alternatively, you can access LiveHealth Online on the IBEW Local 18 Sydney Health app; simply tap the Care button and navigate to Video Visit.

If you have any questions you can email, support@americanwell.com or call toll free at 1-855-603-7985. In your email please be sure to include: your name, your email address, and a phone number where you can be contacted. This is not medical advice, in the event of a life-threatening emergency, please visit an Emergency Room or call 911.

This is not medical advice, in the event of a life-threatening emergency, please visit an Emergency Room or call 911.

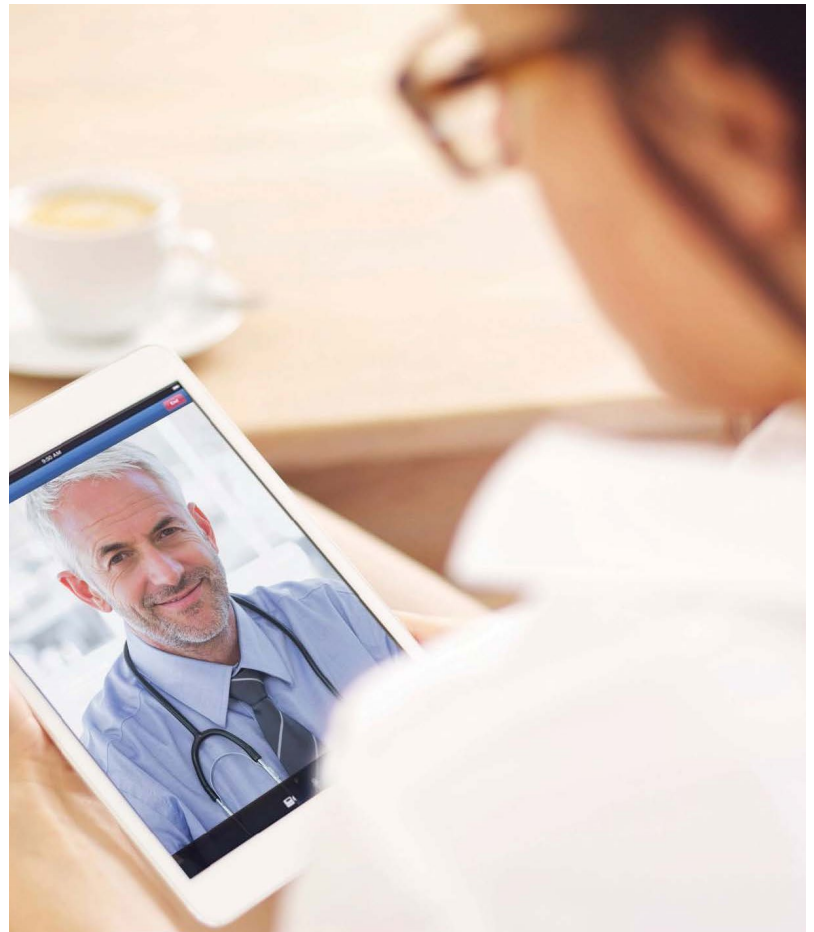
Sign up for LiveHealth Online today!

It's quick and easy to sign up just go to [livehealthonline.com](https://www.livehealthonline.com) or download the mobile app.

apple.com



play.google.com/store



Certain benefits may be subject to taxability as determined by the employer and are subject to change.

IBEW Local 18-Sponsored Anthem Blue Cross LASIK Benefits



What is LASIK?

Covered services for refractive eye surgeries (LASIK) can be used to correct vision defects like nearsightedness, farsightedness and astigmatism.

What is Covered?

- Lifetime benefit of up to \$1,500 per eye for refractive eye surgeries
- Covered refractive eye surgeries include: LASIK, LASEK, LTK, PRK, PARK OR PRK-A
- No referral required from your Primary Care Provider (PCP)
- HMO members must visit an Anthem contracted provider (HMO or PPO) in order for services to be covered
- PPO members have both in-network and out-of-network coverage

How to Find an In-Network Provider?

To locate an in-network Ophthalmologist for the IBEW Local 18-sponsored Anthem Blue Cross plans:

1. Visit our Resource link: https://www.mybenefitchoices.com/local18/benefit_resources
2. Under the Provider Search section, choose "Find a Medical Provider"
 - **HMO members may visit an Anthem contracted HMO or PPO provider**
 - **PPO members may visit an Anthem contracted PPO or HMO provider**
 - PPO members may also visit non-contracted/out-of-network providers
3. Enter your zip code
4. In the search bar, enter "Ophthalmology"
5. **Call your selected Ophthalmologist to confirm they provide LASIK services**

Included in your Anthem Blue Cross Medical Plan

For assistance with using your benefits, call the Benefit Service Center at (800) 842-6635

How to File a Claim?

- On Anthem's claim form list and describe the services you received (diagnosis, procedure code, and taxpayer ID) claim form is under LASIK benefits at: https://www.mybenefitchoices.com/Local18/benefit_resources
- Include an itemized, coded statement from your provider that also indicates if your procedure was performed on one or both eyes.
- Submit the claim form and itemized statement via email to Elise.Huston@anthem.com within 90 days of the date you received the service
 - If you prefer mailing, please contact the IBEW Local 18 Benefit Service Center for mailing instructions

Certain benefits may be subject to taxability as determined by the employer and are subject to change.



IBEW Local 18 Optum Behavioral Health Benefit



Your Employee Assistance Program (EAP)

Find out what this benefit can do for you. Optum can help you and your family members with day-to-day challenges, major life changes, and anything in between.

Call 1-877-449-6710 to access a wide range of assistance:

- Anxiety and stress
- Coping with grief and loss
- Parenting and family problems
- Alcohol and drug abuse

As part of this benefit, some services are available at no extra cost. This includes referrals, seeing a network clinician and initial consultations.

24-hour online access is also available at liveandworkwell.com

Access to the tools and resources on liveandworkwell.com is always free. For more information, please refer to your benefit information. All records are kept confidential in accordance with federal and state laws.

To Browse with an Access Code use: IBEW18

Losing a job, going through a divorce, getting into a car accident. We expect to be stressed by big, negative events. But sometimes everyday hassles build up to the point that they wear you down. Whether you're constantly worrying about work, relationship or money issues, your EAP and Behavioral Health Benefit offers confidential help and support for managing:

- Stress, anxiety and depression
- Relationship problems
- Parenting and family issues
- Child and eldercare support
- Dealing with domestic violence
- Substance use
- Eating disorders

What's a clinician?

A clinician may be a psychologist, psychiatrist or master's-level specialist trained in social work, nursing, professional counseling, or family and marriage therapy.

How much does this cost?

As part of your benefits, EAP services are available at no extra cost to you. This includes referrals, seeing in-network clinicians, access to liveandworkwell.com and initial consultations with experts. All enrolled members (and their household members too) have eight (8) confidential sessions with a behavioral health counselor available, per incident.

What other resources are available?

You and your family also have 24-hour private access to liveandworkwell.com. This interactive website offers tools and resources to help you enhance your work, health and life. On the site, you can:

- Check your benefit information
- Submit online service requests
- Search the online clinician directory
- Use our virtual help centers to find information and resources for hundreds of everyday work and life issues
- Search our databases for childcare, nursing homes and other local resources
- Participate in interactive, customizable self-improvement programs

Any member of your household can use liveandworkwell.com, even children living away from home.

Is EAP confidential?

Yes. All records are kept confidential in accordance with federal and state laws. Optum never shares your personal records with your employer or anyone else without your permission.

Certain benefits may be subject to taxability as determined by the employer and are subject to change.

Your Behavioral Health Benefit



With so many things to do and plan, day-to-day living can feel challenging. At times, you may even feel overwhelmed. Specialists can provide support, information and resources to help address issues affecting your personal life, work and well-being.

Optum can help

Contact 1-877-449-6710 for assistance with:

- Stress or anxiety
- Substance use concerns
- Counseling support
- Feeling down or depressed
- Medication questions
- Virtual visits

Is my benefit confidential?

Optum will never share your personal information with your employer without your permission. All records, including medical information, referrals and evaluations, are kept strictly confidential in accordance with federal and state laws.

Liveandworkwell.com

At liveandworkwell.com, you can find the resources and tools to help you handle the challenging or stressful situations you may face. The site is available 24/7, from the convenience of your desk or the comfort of your home. You'll find confidential access to professional care, self-help programs and lots of helpful information. You can access this information securely from your desktop, mobile device or smartphone.

Explore how you can:

- Get personalized assistance for the big events in your life.
- Request information, resources and referrals to help balance work and your personal life.
- Find answers to questions about behavioral health, and medical concerns to help you deal with stress, depression, anxiety and other conditions.

Easy online provider search

[Liveandworkwell.com](https://liveandworkwell.com) has many search tools to assist you. The provider search offers a searchable list of our Behavioral Health clinicians, facilities and provider groups. Narrow your selection by clinician name, location, specialty, medical group, ethnicity, language, gender or area of expertise.

Personalized claims and coverage

Free up time spent on the phone. The secure claims and coverage section lets members view eligibility and benefits, track claim status and much more. Self-service options that take the hassle out of managing your claims and updating personal information, notifications and more.

Unique feature

At liveandworkwell.com you can find assessments and tools. You can also participate in a variety of interactive, customizable self-improvement programs.



Easy access 24 hours a day to confidential help. There's no cost to call.

Log on to [Liveandworkwell.com](https://liveandworkwell.com)
Access code: IBEW18

Or call us at: 877- 449 - 6710
Specialists are available 24/7

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change.

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Certain benefits may be subject to taxability as determined by the employer and are subject to change.

Schedule of Benefits



Behavioral Health for IBEW Local 18 Members Enrolled in Anthem's HMO Plan

Effective Date of this Plan July 1, 2025

Covered Services	Member Cost-share for In-Network Providers ¹	Member Cost-share for Non-Network Providers
Overall Deductible	\$0	Not covered
Out-of-Pocket Limit ²	Individual \$500 Two-Party \$1,000 Family \$1,500	Not covered
Routine Outpatient Services ³	No copay	Not covered
Non-Routine Outpatient Services ⁴ Transmagnetic Stimulation, Psychological Testing and Applied Behavior Analysis (ABA) Structured/Intensive outpatient program treatment Partial Hospitalization/Day treatment	No copay No copay No copay	Not covered
Inpatient Treatment ⁵	No copay	Not covered
Residential Treatment	No copay	Not covered
Emergency Services & Care ⁶ Outpatient Hospital Emergency Room Services	No Copay	No Copay
Ambulance	Benefit provided through medical plan	Benefit provided through medical plan

¹ To be covered at the in-network benefit, services must be clinically necessary and provided by an Optum in-network clinician/facility. Covered services other than Routine Outpatient Services and Emergency Services must be preauthorized (see "Preauthorization Requirement and Utilization Review" section in the Certificate for further information) in order to be covered. If treatment requiring preauthorization is not preauthorized, it will not be covered.

² Anthem members may use covered in-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the in-network out-of-pocket maximums.

³ Outpatient includes Routine Outpatient Services including: individual, family, and group counseling sessions and medication management visits with a mental health and Substance Use Disorder professional.

⁴ Outpatient also includes Non-Routine Services including: psychological testing, Transmagnetic Stimulation, behavioral health treatment for pervasive developmental disorders and autism, Structured/Intensive Outpatient Program treatment and Partial Hospitalization/Day treatment. These services require preauthorization in order to be covered.

⁵ Inpatient Treatment includes Hospital/Facility-based treatment such as Acute Inpatient, Detoxification services, Residential treatment, or Recovery Home treatment. These services require preauthorization in order to be covered. The copayment for an Inpatient admission includes any related Inpatient Professional Services.

⁶ Emergency Services and Care are covered regardless of the Provider's contract status with the Optum. The plan will reimburse these covered expenses to ensure the member's liability is limited to the cost-share (e.g. copayment or coinsurance) of the in-network benefit level. Emergency Services and Care is defined as an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a Psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the Psychiatric Emergency Medical Condition, within the capability of the facility. The care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition may include admission or transfer to a psychiatric unit within a general acute care hospital or to an acute psychiatric hospital.

Note

- "No copay" means a covered service is paid in full by the plan, with zero dollar responsibility by the member.
- Mental health/Substance Use Disorder claims for Emergency Services and Care with out-of-network providers should be submitted online at www.liveandworkwell.com; if that is not possible, claims can be submitted on paper to: Optum Claims, P.O. Box 30760, Salt Lake City, UT 84130-0760.

Certain benefits may be subject to taxability as determined by the employer and are subject to change.

Schedule of Benefits



Behavioral Health for IBEW Local 18 Members Enrolled in Anthem's PPO Plan

Effective Date of this Plan July 1, 2025

Covered Services	Member Cost-share for In-Network Providers ¹	Member Cost-share for Non-Network Providers
Overall Deductible ²	Individual \$250 Two-Party \$500 Family \$750	Individual \$1,000 Two-Party \$2,000 Family \$3,000
Out-of-Pocket Limit ³	Individual \$2,000 Family \$4,000	Individual \$6,000 Family \$12,000
Routine Outpatient Services ⁴	No copay	40% coinsurance after deductible ⁸
Non-Routine Outpatient Services ⁵ Psychological Testing and Applied Behavior Analysis (ABA)	No copay	40% coinsurance after deductible ⁸
Partial Hospitalization/Day treatment, Outpatient Electro-Convulsive Treatment	20% coinsurance after deductible	
Structured/Intensive outpatient program treatment	20% coinsurance after deductible	
Inpatient Treatment ⁶	20% coinsurance after deductible	\$500 copay per admit (waived if emergency) and 40% coinsurance after deductible ⁸
Emergency Services & Care ⁷ Outpatient Hospital Emergency Room Services	\$100 copay (waived if admitted), and 20% coinsurance	\$100 copay (waived if admitted), and 20% coinsurance
Ambulance	Benefit provided through medical plan	Benefit provided through medical plan

¹ Other than Routine Outpatient Services and Emergency Services, in-network and out-of-network services must be clinically necessary and preauthorized (see "Preauthorization Requirement and Utilization Review" section in the Certificate for further information) in order to be covered. If treatment requiring preauthorization is not preauthorized, it will not be covered.

² Anthem members may use covered in-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the in-network deductible. Anthem members may use covered out-of-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the out-of-network deductible.

³ Anthem members may use covered in-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the in-network out-of-pocket Maximums. Anthem members may use covered out-of-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the out-of-network out-of-pocket maximums.

⁴ Outpatient includes Routine Outpatient Services including: individual, family, and group counseling sessions and medication management visits with a mental health and substance use disorder professional.

⁵ Outpatient also includes Non-Routine Services including: psychological testing, Transmagnetic Stimulation, behavioral health treatment for pervasive developmental disorders and autism, Structured/Intensive Outpatient Program treatment and Partial Hospitalization/Day treatment. These services require preauthorization in order to be covered.

⁶ Inpatient Treatment includes Hospital/Facility-based treatment such as Acute Inpatient, Detoxification services, Residential treatment, or Recovery Home treatment. These services require preauthorization in order to be covered. The copayment for an Inpatient admission includes any related Inpatient Professional Services.

⁷ Emergency Services and Care are covered regardless of the Provider's contract status with the Optum. The plan will reimburse these covered expenses to ensure the member's liability is limited to the cost-share (e.g. copayment or coinsurance) of the in-network benefit level. Emergency Services and Care is defined as an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a Psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the Psychiatric Emergency Medical Condition, within the capability of the facility. The care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition may include admission or transfer to a psychiatric unit within a general acute care hospital or to an acute psychiatric hospital.

⁸ Services received from an out-of-network provider will be subject to a usual and customary reimbursement rate.

NEW Sharecare Gym Membership Program

Effective July 1, 2025

Starting July 1, 2025, all IBEW Local 18-sponsored Anthem Blue Cross medical plans will automatically include gym memberships at no additional cost! This benefit will be available to enrolled IBEW Local 18 members, spouses/domestic partners, and dependents aged 18 and older. There will be no annual or enrollment fees when accessing negotiated services at in-network locations. **Be sure to keep an eye out for more information regarding the new Sharecare gym membership program, including how-to access your ID cards and register, as we get closer to the July 1, 2025, effective date!**

The new gym membership program will utilize the Prime Fitness network of facilities:

- Includes access to over 10,000 facilities and health clubs nationwide
- Members can register at multiple in-network locations
- Popular fitness centers include
 - LA Fitness
 - Anytime Fitness
 - Fitness 19
 - And more!



To search for gyms near you, please visit <http://www.primemember.com> (or scan the QR code) and select “Locations” to search for an in-network facility or contact Prime Fitness at (877) 238-6240.

Please note, registration and ID cards will not be available until July 1, 2025.

Certain benefits may be subject to taxability as determined by the employer and are subject to change.



Make Eye Health a Priority with VSP!

Your health comes first with VSP and IBEW LOCAL 18 HEALTH & WELFARE TRUST. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$471*

More Ways to Save

Extra **\$20** to spend on **Featured Frame Brands†**

bebe Calvin Klein COLE HAAN
 DRAGON FLEXON LONGCHAMP
 and more

Up to **40%** Savings on **lens enhancements‡**

See all brands and offers at vsp.com/offers.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

VSP gives you thousands of in-network choices, including private practice doctors, regional and national optical retail chains, or online at eyeconic.com®. You'll get the most out of your benefits at a VSP Premier Edge™ location.



Create an account today. Questions?

vsp.com or **800.877.7195**

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



Scan QR code or visit vsp.com to learn more.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

**Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. †Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks and Eyeconic are VSP-affiliated companies.

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Classification: Restricted

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Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through
IBEW LOCAL 18 HEALTH & WELFARE TRUST.

Provider Network:
VSP Signature
Effective Date:
07/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$0 \$0	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
FRAME*	<ul style="list-style-type: none"> \$220 Featured Frame Brands allowance \$200 frame allowance 20% savings on the amount over your allowance \$110 Costco frame allowance 	\$0	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	\$0	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Progressive lenses Anti-glare coating Tints/Light-reactive lenses Impact-resistant lenses Scratch-resistant coating UV protection Polarized lenses Average savings of 40% on other lens enhancements 	\$0 \$0 \$0 \$0 \$0 \$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$200 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
RETINAL SCREENING	<ul style="list-style-type: none"> Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease. 	\$0	Every 12 months
VSP LIGHTCARE™*	<ul style="list-style-type: none"> \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	\$0	Every 12 months
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		
COVERAGE WITH AN OUT-OF-NETWORK DOCTOR			
With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor. Your plan provides the following out-of-network reimbursements:			
Exam	up to \$50	Lined Bifocal Lenses	up to \$75
Frame	up to \$70	Lined Trifocal Lenses	up to \$100
Single Vision Lenses	up to \$50	Progressive Lenses	up to \$85
		Contacts	up to \$120
		Tints	up to \$5

Certain benefits may be subject to taxability as determined by the employer and are subject to change.

IBEW LOCAL 18 Body Scan Program



Included in your Anthem Blue Cross Medical Plan

NEW **Body Scan Benefit:** Enrolled members and one adult dependent (Spouse/DP) may receive a preventive full body MRI or CT scan every 12 months, up to a maximum reimbursement of \$2,495.

Where can I get scanned?

1. Freedom to Choose

Members can get a body scan at any licensed preventive full body MRI/CT scan vendor and submit a claim for a maximum reimbursement of \$2,495 every 12 months. Access services from any licensed provider you choose - including those outside the state of California!

Please email the IBEW Local 18 Benefit Service Center at Local18@mybenefitchoices.com for assistance with processing your claim. Please note, members are responsible for the difference if your scan costs more than the maximum reimbursable amount.

2. Body Scan International

Members have the option to get their CT scan with the BSI Mobile Telemedicine Van, which travels to numerous locations (please see "Scan Locations" below), and includes a virtual physician consultation to discuss your scans. Scans with Body Scan International are no cost (every 12 months) to IBEW Local 18 members and spouses/domestic partners enrolled in an Anthem Blue Cross medical plan.

How much does the Body Scan Program cost and who is eligible?

Scans obtained through Body Scan International are no cost to IBEW Local 18 members and spouses/domestic partners enrolled in an IBEW Local 18-sponsored Anthem Blue Cross Medical plan (a \$2,495 value). Scans obtained through another CT/MRI scan vendor are covered up to a maximum of \$2,495; members are responsible for submitting a claim for reimbursement and covering any remaining balances, and any unused amounts do not roll over. Enrolled IBEW Local 18 members and their enrolled spouses/domestic partners have access to one scan every 12 months.

It is available when the primary insured (and/or spouse/domestic partner) has the L18 Anthem plan as their primary insurance (they can be "early retired - before 65 - and have a covered Body Scan, or work past 65 and have the Body scan covered, **as long as they do not have Medicare as their primary insurance**).

What isn't the Body Scan Program?

- A replacement for an annual physical
- A replacement for a mammogram
- A replacement for a PSA test
- A follow-up for individuals with metastatic disease
- A Measurement of Blood Flow
- A visualization of the colon and small intestine
- A visualization of gallstones without calcification
- A visualization of the ovaries (dependent on the individual anatomy of the patient)
- A resource for the detection for very early prostate abnormalities

A scan location calendar is also available on the scheduling page:
www.bodyscanintl.com

How can I make an appointment with Body Scan International?

Simply call (877) BSI-5577 or visit www.bodyscanintl.com to schedule an appointment. Body Scan International provides service at the IBEW Local 18 headquarters routinely. Body Scan International also regularly provides service in other locations, including Monterey Park, Commerce, San Fernando, Newport Beach, with annual visits to Central and Northern California.

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IBEW LOCAL 18 Guardian Dental

Your Dental Benefit Summary

Option 1: With your DHMO plan, you select a primary care dentist, and enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose an in-network dentist. Out-of-network benefits are based on usual, reasonable and customary rates for a procedure code in a given area.

Your Dental Plan	Option 1: DHMO	Option 2: PPO	
Your Network is	Managed DentalGuard	DentalGuard Preferred	
Calendar year deductible Individual Family limit Waived for	No deductible	In-Network \$0	Out-of-Network \$25 3 per family Preventive
Charges covered for you (co-insurance) Preventive Care Basic Care Major Care Orthodontia	Network Only You pay a copay for each covered procedure. See "Plan Details", for more information.	In-Network 100% 90% 60% 80%	Out-of-Network 100% 80% 60% 80%
Annual Maximum Benefit	Unlimited	\$3,000	\$3,000
Lifetime Orthodontia Maximum	Not Applicable	\$2,000	
Office visit copay	\$0	None	
Dependent Age Limits	26	26	

A Sample of Services Covered by Your Plan:		Option 1: DHMO You Pay	Option 2: PPO Plan pays (on average)	
Preventive Care	Cleaning (prophylaxis) Frequency:	\$0 2 times in 12 months [^]	In-Network 100%	Out-of-Network 100%
	Fluoride Treatments Limits:	\$0 No Age Limits	2 Per Calendar Year 100%	100%
	Oral Exams	\$0	2 Per Calendar Year to Age 19 100%	100%
	Periodontal Maintenance Frequency:	\$15 2 times in 12 months [^] (Standard)	100%	100%
	X-rays	\$0	2 Per Calendar Year 100%	100%
	Basic Care	Anesthesia	Restrictions Apply	90%
Fillings [‡]		\$0	90%	80%
Perio Surgery		\$60-155	90%	80%
Root Canal		\$70-140	90%	80%
Scaling & Root Planing (per quadrant)		\$15-25	90%	80%
Sealants (per tooth)		\$0	90%	80%
Simple Extractions		\$10	90%	80%
Surgical Extractions		\$35-85	90%	80%
Major Care	Bridges and Dentures	\$90-140	60%	60%
	Inlays, Onlays, Veneers**	\$40-80	60%	60%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$0	60%	60%
	Single Crowns	\$95	60%	60%
	Implants	Not Covered	60%	60%
Orthodontia	Orthodontia Limits:	\$1,500-2,800 Adults & Child(ren)	80%	80%
Cosmetic Care	Bleaching	\$165 per arch	\$500 annual benefit maximum, covered once every 24 months per arch*	

* Please note, this benefit is part of a Cosmetic Rider and treated separately from existing deductibles, annual benefit maximums, and coinsurance; member cost-shares vary based on Cosmetic Rider plan design.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings. (*Additional cleanings are available for an additional co-pay).

Contact Information

IBEW Local 18-Sponsored Benefits		
	Phone	Website
IBEW Local 18 Benefit Service Center 9500 Topanga Canyon Boulevard Chatsworth, CA 91311	(800) 842-6635 (818) 678-0040 local18@mybenefitchoices.com	www.mybenefitchoices.com/local18 (RESOURCES for all L18-sponsored benefits)
Anthem Blue Cross HMO and PPO	(800) 227-3771	www.anthem.com/ca/ibewlocal18
Optum Behavioral Health and EAP	(877) 449-6710	www.liveandworkwell.com Access Code: IBEW18
Guardian Dental	PPO: (800) 541-7846 DHMO: (800) 273-3330	www.guardianlife.com
Body Scan International	(877) 274-5577	www.bodyscanintl.com
NEW Sharecare Gym Membership Program (Prime Fitness)*	(877) 238-6240	www.primemember.com
Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Live Health Online	(855) 603-7985	www.livehealthonline.com
24/7 Nurseline	(800) 977-0027	N/A
CarelonRx (Anthem Pharmacy)	(833) 261-2466	N/A

*Effective July 1, 2025

