WELCOME

Dear Electrical Workers' HRA participant:

Welcome! You are now a participant in the Electrical Workers' HRA (Plan). Please carefully review this Summary Plan Description regarding your HRA account and keep it in a safe place for future reference.

The third-party administration (TPA) service provider is Rehn & Associates. You will receive a semi-annual statement detailing your account activity. If you have questions, you can contact the TPA service provider via email or at the toll-free number on the front of this brochure. The TPA service provider maintains plan records and accounts.

You can change your investment selection up to once each calendar month among any one or more of the funds offered through the Plan. If no investment selection is received by the TPA service provider, contributions received on your behalf will be invested in the default investment, Vanguard LifeStrategy Income Fund.

In the event of a discrepancy between this Summary Plan Description and the Plan and Trust documents, the Plan and Trust documents control. This Summary Plan Description supersedes any previously published Plan informational materials. The Plan is not to be construed as giving you any rights against the Plan except those expressly described in this document.

Electrical Workers' HRA

Summary Plan Description

January 2015

Third-party Administration Service Provider
Rehn & Associates
P.O. Box 5433
Spokane, WA 99205-0433
1-800-VEBA101 (832-2101)
or (509) 534-0600
Fax: (509) 535-7883
ewhra@rehnonline.com

Plan Consultant
Gallagher VEBA
Arthur J. Gallagher & Co.
906 West 2nd Avenue, Suite 400
Spokane, WA 99201
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Corporate Trustee & Custodian
Washington Trust Bank
Spokane, WA

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PART I

Questions & Answers

What is an HRA?

A health reimbursement arrangement (HRA) is an account-based health plan that reimburses qualified out-of-pocket health care costs and premiums for yourself, your spouse, and your qualified children and dependents. All contributions, investment earnings, and withdrawals (claims) are tax-free.

Your employer makes tax-free contributions to the Electrical Workers' HRA Plan on your behalf. The funds are held in a non-profit, tax-exempt voluntary employees' beneficiary association (VEBA) trust.

HRA contributions are not required to be reported on your Form W-2. You do not report HRA contributions, earnings or benefit payments on your individual 1040 federal income tax form.

Your Electrical Workers' HRA Plan has been amended and restated to be "integrated" with any qualified group health plan (including your employer's group medical plan).

What is a qualified group health plan?

A qualified group health plan must meet the following criteria:

1. **The plan must be a group health plan as defined by the Patient Protection and Affordable Care Act (PPACA) and related regulations.** Individual medical plans, including those purchased through the Health Insurance Marketplace (exchange), are not considered group health plans.
2. **The plan must meet minimum value requirements set forth under PPACA.** This information can typically be found in the plan's Summary of Benefits and Coverage available from the plan's insurance carrier.

Based upon current regulatory guidance, the following types of plans can generally be considered qualified group health plans, assuming they meet the minimum value requirements: medical plans sponsored by an employer or group of employers (including your employer's plan), employee groups, labor unions, or associations; coverage through a former employer, including state-sponsored retiree coverage; Taft-Hartley plans; and group plans available to small businesses through the SHOP Marketplace.

The following types of plans are likely <u>not</u> qualified group health plans based upon current regulatory guidance: individual medical plans (purchased through the Health Insurance Marketplace (exchange) or otherwise); Medicare; Medicaid; VA coverage; CHIP; TRICARE; Indian Health Services coverage; and indemnity coverage.

When and how can I take money out of my account?

Withdrawals (claims) submitted for you, your spouse, and your qualified dependents must be for eligible out-of-pocket health care expenses and premiums you have after your account is opened. **Before submitting claims, a completed and signed Enrollment Form must be on file with the TPA service provider.** Qualified expenses may include medical, dental, or vision expenses. Claims payment is efficient and hassle-free, and we recommend you choose direct deposit for your reimbursements. Funds availability is subject to your banking institution's policies and procedures.

You can file claims for expenses and be reimbursed for amounts up to your account balance. You can also have monthly insurance premiums reimbursed automatically by using the Systematic Premium Reimbursement Form. If your spouse or qualified dependents are covered by different medical plans, their insurance premiums may also be reimbursed from this account.

Electrical Workers' HRA claim forms can be obtained online at www.ewhra.rehnonline.com, or by request from the TPA service provider.

What expenses are eligible for reimbursement?

Eligible expenses include qualified medical, dental, and vision expenses not covered by your insurance plans, or medical, dental, vision, Medicare Part B and Part D, Medicare supplement, and tax-qualified long-term care insurance premiums. Purchases made prior to January 1, 2011 of certain over-the-counter drugs, if properly substantiated, qualify for reimbursement. After January 1, 2011, the law permits expenses for over-the-counter drugs (other than insulin) to be reimbursed only if documentation is provided that the drug was prescribed. Eligible expenses are defined in Internal Revenue Code § 213(d). A list of qualified expenses is available at www.ewhra.rehnonline.com.

Insurance premiums paid by an employer, or premiums that are deducted pre-tax under your employer's Section 125 cafeteria plan (if any), are not eligible for reimbursement. Premiums deducted from your spouse's paycheck after tax may be eligible for reimbursement. In addition, if you purchase insurance through a state or federal marketplace exchange and you are claiming or receiving the Premium Tax Credit to subsidize your premiums, then your premiums may not be reimbursed from your Electrical Workers' HRA account. IRS rules do not permit you to receive two tax advantages on the same expense. If you are not claiming or receiving the Premium Tax Credit for insurance purchased through a marketplace exchange, this limitation will not apply to you.

NOTE: Participants who voluntarily elect limited purpose Electrical Workers' HRA coverage or pre-Medicare limited-scope coverage are subject to restrictions on claims reimbursements that are described in more detail below.

Whose expenses are eligible for reimbursement?
The Plan covers you, your legal spouse, and any qualified children and dependents. Qualified dependents are defined in Internal Revenue Code Section § 105(b) and described in IRS Publication 502. Additional information is available from the TPA service provider.

Are there any withdrawal limits or restrictions?
Withdrawals (claims) may never exceed your account balance at the time of the claim.

Can my HRA account automatically reimburse my insurance premiums?
Yes. Simply complete and submit a Systematic Premium Reimbursement Form, available online at www.ewhra.rehnonline.com, and the TPA service provider will begin automatically reimbursing your qualified insurance premium(s). Direct deposit for this reimbursement is available and recommended. (NOTE: Active employees receiving monthly Electrical Workers' HRA contributions must have a minimum account balance of $2,000 to begin or renew a systematic reimbursement.)

How do I qualify for the Premium Tax Credit if I purchase insurance through a state or federal marketplace exchange?
To qualify for the Premium Tax Credit, you may have to first use up or forfeit benefits under your Electrical Workers' HRA account or elect pre-Medicare limited-scope coverage before you can qualify for the Premium Tax Credit. For any month that you are claims-eligible and have a positive account balance in your Electrical Workers' HRA account, you may not qualify for the Premium Tax Credit unless you take certain action. For more information about your Electrical Workers' HRA account and Premium Tax Credit eligibility, read **Part X Facts About Premium Tax Credit Eligibility** in this Summary Plan Description. To learn more about pre-Medicare limited-scope coverage or forfeiture of your account, see the questions below.

How do I use up my account to qualify for the Premium Tax Credit?
You do not have to take the Premium Tax Credit right away. You could first use up your Electrical Workers' HRA account by filing claims for expenses, such as non-subsidized premiums and any other qualified health care expenses. However, keep in mind this option may not be the best option if you are still receiving ongoing, monthly contributions. You are not eligible for the Premium Tax Credit during any month that you have a positive balance in your Electrical Workers' HRA account.

What is Pre-Medicare Limited-Scope Coverage?
Pre-Medicare Limited-Scope Coverage is optional and may be elected to qualify for the Premium Tax Credit through a state or federal marketplace exchange. If you make this election, your account will reimburse only certain dental, vision, and long-term care expenses and premiums (subject to IRS limitations) until you become Medicare-eligible either by age or permanent disability.

This election will remain in force with respect to any expenses you incur after the date you make the election and until you turn age 65 (or earlier upon death or Medicare eligibility due to permanent disability), at which time your account may be converted back to full coverage for all types of qualified medical expenses and premiums.

Why would I want to elect to forfeit future reimbursements?
If you want to qualify for the Premium Tax Credit but do not want to first elect pre-Medicare limited-scope coverage or use up your Electrical Worker's HRA

account balance, you have the right under federal health care reform law to permanently forfeit or give up all future reimbursements from any amounts currently held in your account or that may be contributed in the future in order to qualify for the Premium Tax Credit. This election is permanent and means that you are giving up your account and forfeiting future reimbursements from the Electrical Workers' HRA Plan. Your right to first use up your Electrical Workers HRA account balance or elect pre-Medicare limited-scope coverage may be preferable alternatives to forfeiting all future reimbursements from your account.

What is Limited Purpose Electrical Workers' HRA Plan coverage and why would I elect it?

Limited Purpose Electrical Workers' HRA Plan coverage is optional and you may choose to elect it to become eligible to contribute to a health savings account (HSA) or to not have to use up your account before Medicare pays for benefits. If you elect limited purpose coverage, your account will cover only the following types of expenses: (1) standard dental care services (not related to a medical condition or accident), including dentures; (2) orthodontia; and (3) routine eye exams, contact lenses, and eyeglasses (excluding initial lenses and standard frames after cataract surgery). All other expenses incurred while coverage is limited, including qualified insurance premiums, are not covered.

Limiting your Electrical Workers' HRA Plan coverage is one of the requirements you must meet in order to become eligible to contribute to an HSA. For more information, see "What is a health savings account (HSA) and can I contribute to an HSA?" later in this section.

Also, if you're still working and you elect limited purpose Electrical Workers' HRA coverage, Medicare will provide benefits without requiring that you use up your Electrical Workers' HRA account first. For more information about your Electrical Workers' HRA account and Medicare, read **Part IX Coordination of Benefits with Medicare** in this Summary Plan Description.

Limited purpose Electrical Worker's HRA coverage will constitute minimum essential coverage, as defined under section 5000A of the Internal Revenue Code, and will not cause you to become potentially eligible for the Premium Tax Credit. Read **Part X Facts About Premium Tax Credit Eligibility** for more information.

To elect limited purpose Electrical Workers' HRA Plan coverage, submit a completed Election of Limited Purpose Electrical Workers' HRA Plan Coverage form available online or by request from the TPA service provider. Limited coverage elections are allowed once per calendar year.

What happens if I take a leave of absence, resign, or retire?

You may use your account until funds are exhausted regardless of your employment status.

What happens to my account if I don't complete and return an Enrollment Form?

In the event you fail to submit a completed Enrollment Form to the TPA service provider, any amount in your account shall forfeit to the Plan to pay operating expenses within: 1) six months of the date of the last contribution received to your account if your account balance is less than $250; or 2) within twenty months of the date of the last contribution received to your account if your account balance is more than $250.

What happens if I get divorced?

In the event that you become divorced or legally separated, your account cannot be split as part of a property settlement agreement. Contact the TPA service provider for more information on how a divorce or legal separation affects your account.

What if I die before I use up my Electrical Workers' HRA account?

If you are survived by a spouse or qualified children or other qualified dependents as defined by the Internal Revenue Code, they may submit requests for medical expense reimbursements until your account is exhausted. If you have no surviving spouse or eligible children or dependent(s), the funds remaining in your account will forfeit to the Plan and be used to reduce operating expenses, thus benefiting the remaining participants. Funds may not revert to the employer.

Is my account vested?

Yes. Your account is 100% vested.

How are my funds invested?

You may allocate your account among the investment funds listed on the Enrollment Form. You may have your account invested in any combination of the listed investment funds, and you may change your investment

selection up to once each calendar month. If you do not make an investment selection, your entire account will be allocated to the default investment, Vanguard LifeStrategy Income Fund. An Investment Fund Overview with investment performance history and fund objectives is available at www.ewhra.rehnonline.com. In addition, you can view up-to-date fund fact sheets and prospectuses on each fund's website. Website addresses are provided on the Investment Fund Overview. Please be sure to read your selected fund(s) prospectus.

Will I receive a statement of my account?

Yes. You will receive a semi-annual statement (in January and July) detailing all activity in your account. You can also call or e-mail the TPA service provider and request additional statements at any time. You can also choose to receive statements electronically (e-statements) rather than have a paper copy mailed to you. If you elect e-statements, your semi-annual statement will be posted online to your account. An email will be sent to you when a new statement is posted with a link you click on to log in to your account. Once logged in, you can click on the statement to view the content. See below for more information about online account access.

Can I view my account information online?

Yes. Log in to your account at www.ewhra.rehnonline.com to view your personal account information (including account balance, detailed account activity, and investment fund allocation), change your fund allocations, and change your address. Initial login instructions are contained in your welcome letter from the TPA service provider, and on your semi-annual statement. You may also contact the TPA service provider for login assistance.

What are the Plan expenses and how are expenses paid?

Expenses of operating the Electrical Workers' HRA are paid by a $1.00/month per account fee, plus an annual asset-based fee of approximately 0.70%. The annual fee is paid by a reduction to investment earnings or, if there are no earnings, charged as a deduction to your account.

Plan operating and administrative expenses include claims processing, account administration, legal fees, consulting, investment, printing, postage, auditing, etc. Fund management expenses vary by fund(s) selected. Please refer to the Investment Fund Overview to review these expenses.

What is a health savings account (HSA) and can I contribute to an HSA?

HSAs are another type of tax-favored medical reimbursement account. Your Electrical Workers' HRA Plan is not an HSA. To become eligible to contribute to a health savings account (HSA), you must first limit your Electrical Workers' HRA Plan coverage. For more information on limited coverage, see "What is limited purpose Electrical Workers' HRA Plan coverage?" earlier in this section.

Keep in mind that limiting your Electrical Workers' HRA Plan coverage is not the only HSA contribution eligibility requirement. You should check with your HSA provider, but generally any adult can contribute to an HSA if they (1) have coverage under an HSA-qualified high deductible health plan (HDHP); (2) have no other first-dollar medical coverage (other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted); (3) are not enrolled in Medicare; and (4) cannot be claimed as a dependent on someone else's tax return.

Who is the third-party administration (TPA) service provider?

Rehn & Associates in Spokane, Washington is the TPA service provider. Founded in 1961, Rehn & Associates is an experienced employee benefits administrator with staff specializing in the administration of health reimbursement plans. The TPA service provider provides all correspondence, accounting, and benefit-payment services. Please immediately notify the TPA service provider of any address, name, or systematic premium reimbursement changes.

Is there a Trustee for the Plan?

Yes. Washington Trust Bank serves as the Corporate Trustee for the Plan.

Is there a custodian or transfer agent for the Plan?

Yes. Washington Trust Bank has been engaged as the custodian/transfer agent for the Plan to hold title to assets on behalf of the Plan, execute investment transfers among funds as requested, and perform periodic valuations of the Plan's assets.

Who is responsible for developing and managing the Plan?

The Plan and Trust were created pursuant to a collective bargaining agreement dated February 1, 2007. The Trust is governed by an eight-member Board of Trustees which serves as the plan administrator; four which represent participating employers of the Northwest Line Constructors Chapter of the National Electrical Contractors Association, and four which represent the International Brotherhood of Electrical Workers Local Union Numbers 77, 125, 483, and 659.

The Board of Trustees has engaged an experienced team of HRA service providers to offer you a program supported by professionals who provide the best in experienced HRA plan administration.

How do I find out more about the Plan?

Please contact your local union representative for Plan information. For specific information regarding your account or about filing a claim, please contact the TPA service provider.

PART II
Other Plan Information

The name of the Trust is: ELECTRICAL WORKERS' VEBA TRUST.

The name of the Plan is: ELECTRICAL WORKERS' VOLUNTARY EMPLOYEES' BENEFICIARY ASSOCIATION HEALTH REIMBURSEMENT ARRANGEMENT. The Plan is commonly referred to as: Electrical Workers' HRA.

Electrical Workers' HRA Board of Trustees:

NW Line Constructor's Chapter of the National Electrical Contractors Association

Gary Tucci
Potelco Inc.
14103 Steward Rd.
Sumner, WA 98390

Paige Richards
Mountain Power Construction
5299 N Pleasant Rd
Post Falls, ID 83854

Tracy Harness
NW Line Constructors Chapter, NECA
6162 NE 80th Avenue
Portland, OR 97218

Joe Ebersbach
Henkels & McCoy
2840 Ficus St.
Pomona, CA 91766

International Brotherhood of Electrical Workers' Local Union Numbers 77, 125, 483, and 659

Travis Eri
IBEW Local 125
17200 NE Sacramento Street
Portland, OR 97230

Alice Phillips
IBEW Local 483
4421 S. Orchard Street
Tacoma, WA 98466

Banjo Reed
IBEW Local 659
4480 Rogue Valley HWY, Suite 3
Central Point, OR 97502

Lou Walter
IBEW Local 77
PO Box 68728
Seattle, WA 98168

Each Trustee shall serve a three year term or until his death, resignation, or removal from office if earlier. A Trustee may be reappointed for additional terms.

The identification number assigned to the Plan by the Internal Revenue Service is 20-8431466. This Plan is a group health plan that is funded using a voluntary employees' beneficiary association under Internal Revenue Code 501(c)(9). The Plan number is 501.

This Plan is provided under collective bargaining agreements, employer policy, or similar agreements. Because the benefits for a participant in the Plan depend solely on the value of employer contributions to the Plan on the participant's behalf, the law does not require this Plan to be insured by the Pension Benefit Guaranty Corporation.

Eligibility for contributions to the Plan is based on criteria as determined through local bargaining or by employer policy. You can obtain copies of applicable agreements or policies by contacting your local union. The Plan does not discriminate regarding participant eligibility.

The Trust's Plan Year is January 1 to December 31. Collective bargaining agreements or other written agreements under which you are eligible for Electrical Workers' HRA contributions may use a different cycle.

All claims for benefits under the Plan must be made in writing to the TPA service provider in accordance with the claims procedure. Denied claims may be appealed in writing to the TPA service provider. Refer to Part IV of this brochure for more information on the claims appeal procedure.

No benefit payable at any time under the Plan shall be subject in any manner to alienation, sale, transfer, assignment, pledge, attachment or encumbrance of any kind. Notice of legal process may be delivered to the TPA service provider or a Trustee.

In the event three years shall have passed and your account has been unclaimed and your whereabouts or continued existence is not known to the TPA service provider after effort is made by the TPA service provider to locate you, any amount in your account shall forfeit to the Plan to pay operating expenses.

PART III
Statement of ERISA Rights

Your Rights
As a participant in the Electrical Workers' Voluntary Employees' Beneficiary Association Health Reimbursement Arrangement you may be entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA). ERISA provides that all Plan participants shall be entitled to the following.

You can examine, without charge, at the TPA service provider's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Employee Benefits Security Administration.

You can obtain, upon written request to the TPA service provider or plan administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The plan administrator or TPA service provider may make a reasonable charge for the copies.

The plan administrator is required by law to furnish each participant with a copy of the summary of his/her annual financial report.

Continue Group Health Plan Coverage
You can continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries
In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights
If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive it within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials

and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact Rehn & Associates. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator or TPA service provider, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

PART IV
Procedure for Disputed Claims

If your claim is denied in whole or in part, the TPA service provider shall notify you of the denial. Such notice will include the specific reasons for the denial and sufficient information to identify the claim involved, including the date of service, the health care provider, and the claim amount (if applicable). The notice will also include the specific Plan provisions or IRS rules or regulations upon which the denial is based; a description of any material necessary for your claim to be processed; a description of available internal appeals processes, including information regarding how to initiate an appeal; and the availability of and contact information for, an applicable office of health insurance consumer assistance or ombudsman. A statement describing the availability, upon request, of the diagnosis code, the treatment code, and the corresponding meanings of these codes will also be included.

If your claim is denied, you or your authorized representative may appeal the denial in writing to the TPA service provider. You have 180 days from the date you receive the written notification of your denial to make your appeal. You will have the right to review pertinent documents and submit written issues and comments concerning your claim to the TPA service provider.

After the TPA service provider receives an appeal of a denied claim from you or your authorized representative, the TPA service provider shall deliver the complete file to the Administrator, who shall consider your appeal within 30 days from the time that your appeal was received by the TPA service provider.
In special circumstances, the Administrator may exercise a 15-day extension to review the decision prior to the expiration of the initial 30-day period. The Administrator's decision shall be furnished to you and will include the specific reasons for the denial and sufficient information to identify the claim involved, including the date of service, the health care provider, and the claim amount (if applicable). The notice will also include the specific Plan provisions or IRS rules or regulations upon which the denial is based; a description of any material necessary for your claim to be processed; a description of available internal appeals processes, including information regarding how to initiate an appeal; and the availability of, and contact information for, an applicable office of health insurance consumer assistance or ombudsman. A statement describing the availability, upon request, of the diagnosis code, the treatment code, and the corresponding meanings of these codes will also be included.

The Administrator may determine that a hearing is required to properly consider a claim that has been appealed. In that event, such determination shall

constitute special circumstances permitting an extension of time in which to consider the claim that is appealed. After exhausting the above claims procedures in full, if your request for benefits is denied in whole or in part, you or your authorized representative may request an external review of your denied claim. Any such request for review must be delivered to the TPA service provider no later than four months from the date you received written notification of the Administrator's final denial of your request for benefits or from the date the claim was deemed denied. Within five (5) business days of receiving the external review request, the TPA service provider will complete a preliminary review to confirm that you are covered under the Plan, you provided all the information and forms necessary to process the external review, and have exhausted the internal appeals process.

Once the review above is complete, the TPA service provider will notify you in writing of the outcome of its review. If you are not eligible for external review, the notice will inform you of this and include contact information for Employee Benefits Security Administration of the Department of Labor. If your request for external review was incomplete, the notice will describe materials needed to complete the request and you will have the later of 48 hours or the four month filing period to provide the materials needed to complete your filing.

Upon satisfaction of the above requirements, the TPA service provider will assign an independent review organization (IRO) using a method of assignment that assures the independence and impartiality of the assignment process. You may submit to the IRO in writing additional information to consider when conducting the external review, and the IRO must forward any additional information submitted by you to the TPA service provider within one (1) business day of receipt. The decision by the IRO is binding on the Plan, as well as on you, except to the extent other remedies are available under State or Federal law. For standard external review, the IRO must provide written notice to the TPA service provider and to you of its decision to uphold or reverse the benefit denial within no more than forty-five (45) days.

Claims proceedings set forth in this Summary Plan Description and in more detail in the Plan document must be strictly adhered to by each claimant and no judicial or arbitration proceedings with respect to any claim for Plan benefits shall be commenced by any such claimant until the appeal has been exhausted in full.

Overpayments or Errors

If it is later determined that you and/or your spouse or dependents received an overpayment or a payment was made in error, you will be required to refund the overpayment or erroneous reimbursement to the Plan. If you do not refund the overpayment or erroneous payment, the Plan and TPA service provider reserve the right to offset future reimbursement(s) equal to the overpayment or erroneous payment.

PART V
Investment Fund Information

Investment consulting is provided by The Hyas Group, LLC. The fund managers are Vanguard and American Beacon Funds.

Investment risk

Accounts invested in stock or bond funds are not guaranteed and will fluctuate in value on a monthly basis. Benefit withdrawals from these types of funds may be worth more or less than your original deposit.

You should periodically review your selected investment fund choice(s). Should your objectives change, you should reevaluate your fund selection(s) and notify the TPA service provider in writing of any changes. Remember, there have been numerous loss periods in the past in these types of funds and there will be others in the future. Please remember that investment returns, particularly over shorter time horizons, are highly dependent on trends in various investment markets. Thus, stock or bond investments are suitable primarily as longer-term investments and should not be used for short-term time horizons.

Using multiple funds

You may have your Electrical Workers' HRA account allocated to a single fund, two funds, three funds, four funds, or to all five funds.

Transfers

You may transfer among the funds up to once per calendar month. Transfers are effective the first business day of each month. The TPA service provider must receive transfer requests in writing by the 25th of

each month to be effective on the first business day of the following month.

Withdrawals
If your account is allocated among multiple funds, withdrawals (claims) will be made pro rata based on your current account balance in each fund, unless you request otherwise.

Investment funds
You may view information regarding the investment fund lineup in the Membership Enrollment Kit and on the quarterly Investment Fund Overview at www.ewhra.rehnonline.com. Fund web addresses are provided in these documents which you can visit to view and print fund fact sheets and prospectuses.

Investment advice
Participants are encouraged to seek advice regarding these investment funds from their personal financial advisor. The Electrical Workers' HRA Plan Sponsor, your employer, your bargaining representative, the Trustee(s), and the agents of each do not give investment advice.

Fund management expenses
Fund management expenses are expressed as a percent of assets on an annualized basis and are deducted from investment earnings or, if there are no earnings, from participant account balances.

PART VI

COBRA Notice, USERRA Rights, and FMLA Notice

COBRA NOTICE

Important information regarding COBRA continuation coverage rights for all participating employees, spouses, and covered children.

Introduction
The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that provides participants and those covered by this Plan the right to continue to make contributions and/or file claims for a specified time period if such rights are lost due to certain qualifying events.

You, your spouse, and covered children should carefully read this notice. It is intended to generally explain your COBRA continuation coverage rights and the responsibilities of you and your employer as described by the law. This notice is a summary only. It is not an exhaustive description.

Questions regarding your COBRA continuation coverage rights and responsibilities should be directed to the Plan's TPA service provider, Rehn & Associates.

General information
A "qualifying event" is an event resulting in the loss of continued employer contributions and/or access to benefits to which you would have otherwise been entitled under the Plan.

Individuals losing coverage due to a qualifying event are known as "qualified beneficiaries." Qualified beneficiaries have a right to elect COBRA continuation coverage; however, either the employer or participant is required to notify the TPA service provider within certain time limits for COBRA continuation coverage rights to apply.

COBRA continuation coverage must begin on the day coverage would otherwise end; no lapse in coverage is permitted. Qualified beneficiaries electing COBRA continuation coverage must pay a monthly premium for such coverage.

Qualifying events
Participating employee. If you are a participating employee, you will become a qualified beneficiary if continued employer contributions to the Plan are lost due to any of the following qualifying events: (1) you are voluntarily or involuntarily terminated (other than for gross misconduct); or (2) you experience a reduction in hours affecting eligibility.
Spouse. If you are the spouse of a participating employee, you will become a qualified beneficiary if continued employer contributions and/or access to benefits to which you would have otherwise been entitled under the Plan are lost due to any of the following qualifying events: (1) employee is voluntarily or involuntarily terminated (other than for gross misconduct); (2) employee experiences a reduction of hours affecting eligibility; (3) you become divorced or legally separated from employee; or (4) employee passes away.

Children. Children of a participating employee will become qualified beneficiaries if continued employer contributions and/or access to benefits to which they would have otherwise been entitled under the Plan are lost due to any of the following qualifying events: (1) employee is voluntarily or involuntarily terminated (other than for gross misconduct); (2) employee experiences a reduction of hours affecting eligibility; (3) employee and spouse become divorced or legally separated; (4) child reaches age limitation or no longer meets the definition of a qualifying child, or (5) employee passes away.

Qualifying event notification

The TPA service provider will offer COBRA continuation coverage to qualified beneficiaries after being notified within allowable time limits.

The TPA service provider will determine if certain qualifying events have occurred, such as a participant no longer being a member of a participating employee group or termination of employment for any reason other than gross misconduct, through tracking of contributions received on behalf of an employee. Should no contributions be received for two consecutive calendar months, the TPA service provider will determine whether a qualifying event has occurred, and will notify eligible individuals of their COBRA rights.

All other qualifying events (divorce or legal separation, or child reaches age limitation or no longer meets the definition of qualifying child) require that the participating employee or qualified beneficiary notify the TPA service provider within 60 days of the occurrence of such event, using the Notice of COBRA Qualifying Event form. The completed Notice must be mailed or hand delivered to the TPA service provider. A divorce decree or decree of legal separation is required if the COBRA qualifying event is due to divorce or legal separation; additional documentation may be required. If the Notice is received late, incomplete, or is not submitted as outlined under Notification of Procedures provided on the reverse side of the aforementioned form, no qualified beneficiary will be offered the opportunity to elect COBRA coverage.

COBRA continuation period

The "COBRA continuation period" is the maximum period of time during which a qualified beneficiary may continue coverage under COBRA.

COBRA continuation coverage can last for up to 18 months when the qualifying event is due to a participating employee's: (1) voluntary or involuntary termination (other than for gross misconduct); or (2) reduction of hours of employment affecting eligibility.

A maximum of up to 36 months is allowed when the qualifying event is due to the participating employee's: (1) legal separation or divorce; (2) death; or (3) when a child reaches age limitation or no longer meets the definition of qualifying child.

18-month COBRA continuation period extension

If you or any other family member covered under the Plan is determined by the Social Security Administration to be disabled within the first 60 days of an 18-month COBRA continuation period, an 11 month extension, for a total of up to 29 months, is allowable for all covered individuals. To receive the extension, you or the qualified beneficiary(ies) must notify the TPA service provider within 60 days of the disability determination and before the end of the original 18-month COBRA continuation period.

Also, if a second qualifying event occurs during an 18-month COBRA continuation period involving the participating employee's legal separation or divorce, or child reaches age limitation (no longer meets the definition of a qualifying child), or death, the covered spouse and/or covered children may continue coverage for up to the number of months totaling a maximum 36-month COBRA continuation period. To be eligible for the extension, the qualified beneficiary(ies) must notify the TPA service provider within 60 days of the occurrence of the second qualifying event.

Information resources

Questions concerning your COBRA continuation coverage under this Plan (including the cost of such coverage and when payments are due) should be directed to Rehn & Associates, or you may visit www.dol.gov/ebsa to view more information or locate a U.S. Department of Labor Employee Benefits Security Administration (EBSA) office near you.

USERRA RIGHTS

If you are on military leave that is governed by the Uniformed Services Employment and Re-employment Rights Act (USERRA), you may continue to file claims for

qualified expenses for you and your qualified dependents.

If you were entitled to receive a future contribution, but will not receive the contribution due to the military leave, you or your covered qualified dependents may elect to continue contributions to the Plan for the lesser of 24 months or the period ending on the date in which you could, but fail to, apply for or return to a position of employment with your participating employer. If you make this election, you will generally be required to pay 102% of the contributions to which you were entitled.

Should you have any questions regarding USERRA rights, please contact the TPA service provider.

FMLA NOTICE

The Electrical Workers' HRA Plan qualifies as a group health plan under the Family and Medical Leave Act (FMLA). If you are receiving monthly or other recurring contributions to your HRA account, you may be entitled to continued contributions paid by your employer should you go out on FMLA leave.

For additional information regarding FMLA, contact your benefits/payroll office or the Wage and Hour Division of the U.S. Department of Labor at 1-866-4US-WAGE (1-866-487-9243) or visit www.wagehour.dol.gov.

PART VII

Privacy Notice

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

This Privacy Notice (the "Notice") describes the legal obligations of Electrical Workers' HRA (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information" or "PHI." Generally, PHI is health information, including demographic information, collected from you or created or received by the Plan from which it is possible to individually identify you and relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you.

Questions about this Notice or our privacy practices should be directed to the Plan's TPA service provider, Rehn & Associates, Inc., at **1-800-832-2101** or ewhra@rehnonline.com.

Who will follow this Notice

The Plan is structured so that your PHI is administered and maintained solely by the Plan's TPA service provider, and neither the Plan, the Trustees, nor your Employer will create or receive PHI except for PHI for specified Plan administration functions, summary health information for limited purposes and enrollment/disenrollment information. The TPA service provider and any other third party that assists in the administration of Plan claims are required by law and by contract with the Plan to follow this Notice. A record of your health care claims reimbursed under the Plan is kept for administration purposes only. This Notice applies to all medical records we maintain.

Effective date

This Notice is effective September 23, 2013.

Privacy pledge – our responsibility

We are required by law to: (1) make sure PHI identifying you is kept private; (2) give you certain rights with respect to your PHI; (3) provide this Notice of our legal duties and privacy/security practices concerning PHI about you; and (4) follow the terms of the Notice currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make a material change to the Notice, we will provide you with

a copy of our revised Privacy Notice by posting the updated Notice on the Plan website, and include information about the revised Notice and how you can obtain it in your next eligible participant account statement delivery.

How we may use and disclose PHI about you

The following categories describe various ways we use and disclose PHI. Explanations and examples are provided for each category of uses or disclosures. Not every use or disclosure is listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

- ***For payment*** (as described in applicable regulations). We may use and disclose PHI about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is medically necessary, or to determine whether the Plan will cover the treatment. We may also share PHI with another entity to assist with the adjudication or subrogation of health claims, or with another health plan to coordinate benefit payments.
- ***For health care operations*** (as described in applicable regulations). We may use and disclose PHI about you for other Plan operations necessary to run the Plan. For example, we may use PHI in connection with conducting quality assessment and improvement activities; other activities relating to Plan coverage; conducting or arranging for legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.
- ***To Business Associates.*** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.
- ***As required by law.*** We will disclose PHI about you when required to do so by federal, state, or local law. For example, we may disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.
- ***To avert a serious threat to health or safety.*** We may use and disclose PHI about you, when necessary, to prevent a serious threat to your health and safety, or the health and safety of the public or another person, but only to someone able to help prevent the threat. For example, we may disclose PHI about you in a proceeding regarding the licensure of a physician.
- ***To Employers or Plan Sponsors*****.** For the purpose of administering the Plan, we may disclose PHI to certain employees of your Employer. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise permitted by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

Special situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI without your specific authorization.

- ***Military and veterans***. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- ***Workers' compensation.*** We may release PHI about you for workers' compensation or similar programs providing benefits for work-related injuries or illness.
- ***Public health risks.*** We may disclose PHI about you for public health activities such as to: (1) prevent or control disease, injury, or disability; (2) report births and deaths; (3) report child abuse or neglect; (4) report reactions to medications or problems with products; (5)

notify people of recalls of products they might be using; (6) notify a person who might have been exposed to a disease or might be at risk for contracting or spreading a disease or condition; or (7) notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (we will only make this disclosure if you agree or when required or authorized by law).

- ***Health oversight activities.*** We may disclose PHI to a health oversight agency for activities authorized by law. For example: audits, investigations, inspections, and licensure necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ***Lawsuits and disputes.*** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request, or to obtain an order protecting the information requested.
- ***Law enforcement.*** We may release PHI if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct at the hospital; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.
- ***National security and intelligence activities.*** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ***Inmates.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

- ***Government audits*****.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- ***Disclosures to you*****.** When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Other Disclosures

- ***Personal representatives*****.** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that: (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or (2) treating such person as your personal representative could endanger you; and (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

- ***Spouses and other family members*.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your rights regarding PHI about you"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.
- ***Authorizations*.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your rights regarding PHI about you
You have the following rights regarding PHI we maintain about you.

- ***Right to inspect and copy.*** You have the right to inspect and copy PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy. To inspect and copy such information, you must submit a written request to the TPA service provider. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances, in which case you may request that the denial be reviewed.
- ***Right to amend.*** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, you must submit a written request to the TPA service provider including a reason that supports your request. Your request may be denied if it is not in writing or does not include a reason to support the request, or if you ask us to amend information that: (1) is not part of the PHI kept by or for the Plan; (2) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is already accurate and complete. If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.
- ***Right to an accounting of disclosures*.** You have the right to request an "accounting" of certain disclosures of your PHI. The accounting will not include: (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

  To request this list or accounting of disclosures, you must submit your request in writing to the TPA service provider. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request

should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ***Right to request restrictions.*** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, health care operations, or to someone who is involved in your care, or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Except as provided later in this paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full. To request restrictions, you must submit a written request to the TPA service provider detailing: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (i.e., your spouse).
- ***Right to request confidential communications.*** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit a written request to the TPA service provider specifying how or where you wish to be contacted. We will not ask the reason and will accommodate all reasonable requests.
- ***Right to be notified of breach.*** You have the right to be notified in the event that we (or a Business Associate) discover a breach of your unsecured PHI.
- ***Right to a paper copy of this notice.*** You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice on our website at www.ewhra.rehnonline.com. To obtain a paper copy of this Notice, contact the TPA service provider.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the TPA service provider's compliance officer at 1-800-832-2101. All complaints must be submitted in writing. You will not be penalized or otherwise retaliated against for filing a complaint.

Other uses of PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. Such permission may be revoked, in writing, at any time and we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the service we provided you.

PART VIII

Medicare Part D Notice of Noncreditable Coverage

To participants, spouses, children and dependents eligible or becoming eligible for Medicare. Important notice regarding your prescription drug coverage under this Plan and Medicare Part D.

Introduction

Please read this notice carefully and keep it where you can find it. This notice contains information about prescription drug coverage provided by this Plan and Medicare Part D prescription drug coverage available for everyone with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Medicare Part D prescription drug coverage became available in 2006.

You may have heard about Medicare's prescription drug coverage and wondered how it will affect you. Medicare prescription drug coverage became available to everyone with Medicare in 2006. All Medicare Part D prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

You might want to consider enrolling in Medicare prescription drug coverage.

Prescription drug coverage provided by this Plan is limited to your available account balance and is considered "non-creditable." In other words, coverage provided by this Plan is, on average for all Plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay. Therefore, you might want to consider enrolling in a Medicare prescription drug plan.

If you don't enroll when first eligible, you may pay more and have to wait to enroll.

Generally, individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. If, after becoming eligible for Medicare, you go 63 days or longer without creditable coverage (prescription drug coverage that is at least as good as Medicare's prescription drug coverage), your premium will go up at least 1% per month for every month that you did not have creditable coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go nineteen months without creditable coverage, your premium will always be at least 19% higher than what many other people pay.

If you, your spouse, children or dependents are currently Medicare eligible, you need to make a decision.

The terms of this Plan will not change if you choose to enroll in a Medicare prescription drug plan. This Plan will continue to reimburse all qualified premiums and expenses, including prescription drug costs not payable under the Medicare prescription drug plan, subject to the terms of the Plan and limited to your available account balance.

When making your decision whether to enroll, you should compare your current coverage, including which drugs are covered, with the coverage offered by the Medicare prescription drug plans in your area.

Information resources

More detailed information about Medicare plans that offer prescription drug coverage is contained in the Medicare & You handbook from Medicare available online at www.medicare.gov. You may also be contacted directly by Medicare-approved prescription drug plans. Obtain additional information by (1) visiting www.medicare.gov for personalized help; (2) calling your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for telephone numbers); or (3) calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Find out more by visiting the Social Security Administration online at www.socialsecurity.gov, or by calling 1-800-772-1213 (TTY 1-800-325-0778).

NOTE: You might receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage and when necessitated by coverage changes. You may also request a copy at any time from the TPA service provider.

PART IX

Coordination of Benefits with Medicare

Coordination of Benefits with Medicare.

If you are entitled to Medicare and are claims eligible under your HRA account, federal law governs whether your HRA account or Medicare pays or reimburses your medical expenses first. The following summarizes the priority of claims payment as between your HRA account and Medicare. To comply with federal law you should file your claims in accordance with these primary and secondary payer rules.

- If you or your spouse are entitled to Medicare benefits due to your age, and you are currently employed and have an active, claims-eligible HRA account through your employer, your HRA account is primary to Medicare. You should file claims against your HRA account prior to submitting expenses or claims to Medicare.

- If you, your spouse, or dependents are entitled to Medicare benefits due to a disability, and you are currently employed and have an active, claims-eligible HRA account through your employer, your HRA account is primary to Medicare. You should file claims against your HRA account prior to submitting expenses or claims to Medicare.
- If you, your spouse, or dependents are entitled to Medicare benefits due to end-stage renal disease (ESRD), and you have an active HRA account (regardless of your employment or retirement status), your account is primary to Medicare for the first 30 months of your Medicare eligibility. During the first 30 months of your Medicare eligibility you should file claims against your HRA account prior to submitting expenses or claims to Medicare.

If you, your spouse, or a dependent are on Medicare, you will be required to use up your Electrical Workers' HRA account before Medicare will provide future benefits unless: (1) you're retired/separated from service from the employer that made, or is making contributions to your Electrical Workers' HRA account; (2) your Electrical Workers' HRA account balance is and stays under $5,000; or (3) you've elected limited purpose Electrical Workers' HRA Plan coverage. Medicare will provide benefits without requiring that you use up your Electrical Workers' HRA account first.

MMSEA Section 111 Reporting.
Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a federal law that became effective for HRA plans for plan years beginning on or after October 1, 2010, requires the TPA service provider for your HRA account to report specific information about Medicare beneficiaries who have other group coverage (such as your HRA coverage). To comply with this federal law, the policies and procedures of the TPA service provider will now require you to provide information necessary to comply with the MMSEA Section 111 reporting requirements in order to file claims in your HRA account. In addition, in submitting claims for reimbursement coverage under your HRA account and Medicare, you should follow the priority of payment rules summarized above. If you have any questions about MMSEA Section 111 reporting or about who should pay first, you should contact the TPA service provider or you can call the Medicare Coordination of Benefits Contractor at 1-800-999-1118. TTY users should call 1-800-318-8782.

PART X
Facts About Premium Tax Credit Eligibility

You may qualify for the Premium Tax Credit starting in 2014 if you (or a family member) purchase health insurance through a state or federal marketplace exchange. If you are eligible for the Premium Tax Credit, you can choose to take it in advance, which will lower your current out-of-pocket premium amount, or you can wait until you file your tax return. The Premium Tax Credit subsidizes a portion of the premiums you pay for health insurance purchased through a marketplace exchange. Go to www.irs.gov/uac/The-Premium-Tax-Credit for more information.

If you purchase insurance through a marketplace exchange and want to qualify for the Premium Tax Credit, you should know:

1. **Premiums subsidized by the Premium Tax Credit may not be reimbursed from your Electrical Workers' HRA account.** In other words, you cannot use your tax-free Electrical Workers' HRA funds to reimburse premiums that are subsidized by the Premium Tax Credit. IRS rules do not permit you to receive two tax advantages on the same expense.

2. **For any month during which you are claims-eligible and retain a positive account balance in your Electrical Workers' HRA account, you may not qualify for the Premium Tax Credit for that month unless you take certain action.** If you are claims-eligible and retain a positive Electrical Workers' HRA account balance, or receive additional contributions to your account, then it may make sense for you to use up, limit, or forfeit your Electrical Workers' HRA account, as described in more detail below, before taking the Premium Tax Credit.

But first, keep in mind that, depending on your circumstances, you may not need to take any action at all. For example, if any of the following factors are true,

then you are not eligible for the Premium Tax Credit and do not need to use up, limit, or forfeit your Electrical Workers' HRA account:

- You are eligible for coverage in an employer-sponsored group health plan that meets the affordability and minimum value requirements under federal health care reform law. (If you are not sure whether this applies to you, check with your employer.);
- You are eligible for coverage under a governmental plan such as Medicaid, Medicare, CHIP, or TRICARE;
- Your total family income (including income from investments, retirement benefits, and social security) exceeds the maximum amount for eligibility for the Premium Tax Credit (400% of the federal poverty level);
- You are married but do not file a joint tax return; or
- You are claimed as a dependent on someone else's tax return.

What can I do if my Electrical Workers' HRA account is the only thing keeping me from becoming eligible for the Premium Tax Credit?

If you are claims-eligible and your Electrical Workers' HRA coverage is the only reason you cannot qualify for the Premium Tax Credit, you may consider:

1. **Using up your Electrical Workers' HRA account before taking the Premium Tax Credit**. You do not have to take the Premium Tax Credit right away. You could first use up your Electrical Workers' HRA account to reimburse your non-subsidized premiums (and any other qualified healthcare expenses). Then, you could begin taking the Premium Tax Credit in advance or wait and claim it on your tax return, but only for premiums you paid after using up your Electrical Workers' HRA account. Keep in mind that, if you receive any additional Electrical Workers' HRA contributions after using up your account, you will lose eligibility for the Premium Tax Credit again for any months during which you retain a positive balance in your Electrical Workers' HRA account.

2. **Electing Pre-Medicare Limited-Scope Coverage**. If you make this election, your Electrical Workers' HRA account will reimburse only certain dental, vision, and long-term care expenses and premiums (subject to IRS limitations) until you become Medicare-eligible either by age or permanent disability. Electrical Workers' HRA Pre-Medicare Limited-Scope qualifies as an "excepted benefits plan" and is not considered "minimum essential coverage" under federal health care reform law. **This election will remain in force with respect to any expenses you incur after the date you make the election and until you turn age 65 (or earlier upon death or Medicare eligibility due to permanent disability), at which time you may convert your Electrical Workers' HRA account back to full coverage for all types of qualified medical expenses and premiums.**

   The **Pre-Medicare Limited-Scope Coverage Election Form** is available online after logging into your account at **www.ewhra.rehnonline.com** under **Participant Forms** or by request from the TPA service provider, Rehn & Associates, at ewhra@rehnonline.com or 1-800-832-2101.

3. **Electing to Forfeit Future Reimbursements**. In lieu of first using up your Electrical Worker's HRA account or electing Pre-Medicare Limited-Scope Coverage, you have the right under the Electrical Workers' HRA Plan and under federal health care reform law to permanently forfeit or give up all future reimbursements from any amounts currently held in your Electrical Workers' HRA account or that may be contributed into your account prior to or during any period for which you receive the Premium Tax Credit. **This election is permanent and means that you are giving up your account and forfeiting future reimbursements from the Electrical Workers' HRA Plan.**

   The **Waiver of Future Reimbursements Election Form** is available online at **www.ewhra.rehnonline.com** under **Participant Forms** or by request from the TPA service provider, Rehn & Associates, at ewhra@rehnonline.com or 1-800-832-2101.

Consider Your Options Carefully

You should consider your options carefully and seek advice from a tax professional. The best decision may vary depending on your unique circumstances, including the amount of your Electrical Workers' HRA account balance compared to the amount of your Premium Tax Credit.

For example, if you are eligible for a large Premium Tax Credit and have a small Electrical Workers' HRA account balance, you may decide to quickly use up or forfeit your Electrical Workers' HRA account balance in order to take advantage of the Premium Tax Credit. But, if you are only eligible for a small Premium Tax Credit and have a larger Electrical Workers' HRA account balance (or expect to receive future Electrical Workers' HRA contributions), you may decide to either (1) elect Pre-Medicare Limited-Scope Coverage and take the Premium Tax Credit right away or (2) delay taking the Premium Tax Credit and continue to use your Electrical Workers' HRA account for all of your out-of-pocket expenses and unsubsidized premiums until it runs out.

Keep in mind that if you take advance Premium Tax Credit payments without first using up, limiting, or forfeiting your Electrical Workers' HRA account as described above, you will likely be ineligible for the Premium Tax Credit and may be required to pay it back when you file your tax return for the year.

Where Can I Get More Information?

This handout is intended to provide you with general information about the Premium Tax Credit and the options available to you under the Electrical Workers' HRA Plan. **More information can be found online at www.irs.gov/uac/The-Premium-Tax-Credit.**

If you have questions, you should contact the plan consultant, Gallagher VEBA at 1-800-888-8322. A client consultant or service representative is available to assist you. The Electrical Workers' HRA Plan and its agents, including Gallagher VEBA, do not give tax advice.