

# NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

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## Summary of Material Modifications

December 2015

To: All Participants in the National Elevator Industry Health Benefit Plan, I.U.E.C. Locals and Regional Directors

From: Robert O. Betts, Jr.  
Executive Director for the Board of Trustees

This Summary of Material Modification describes modifications the Trustees have made to the Plan's Vision Care Benefit and Nutritional Counseling Benefit. In addition, it describes Beacon Health Options' new program for the treatment of Autism Spectrum Disorders. All of these modifications are effective January 1, 2016.

### Vision Care Benefits

The Plan's In-Network Vision Benefit as described on pages 56 of the Summary Plan Description to read as follows:

VISION BENEFIT	THE MAXIMUM THE PLAN WILL PAY PER CALENDAR YEAR – EYEMED NETWORK*
Routine eye exam	Paid in full; no Copayment
Dilation	Paid in full; no Copayment
Standard Lenses* (pair)	Paid in full; \$5 Copayment
Standard progressive lenses	Paid in full; \$60 Copayment
Premium progressive lenses	\$60; member pays \$60 Copayment and receives discount of 20% of charge
One pair of eyeglass frames	Up to \$140; no Copayment; discount of 20% on amount over \$140
Conventional contact lenses*	Up to \$80; discount to the member of 15% on the amount over \$80
Disposable contact lenses*	Up to \$80
Medically Necessary contact lenses*, prescribed if: <ul style="list-style-type: none"> <li>▪ Your vision cannot be corrected to 20/70 in the better eye except by the use of contact lenses, or</li> <li>▪ You are being treated for a medical condition and contact lenses are routinely used as part of the treatment.</li> </ul>	Up to \$315 retail value; \$5 Copayment
Polycarbonate, high index lenses <ul style="list-style-type: none"> <li>▪ Single</li> <li>▪ Bifocal</li> <li>▪ Trifocal</li> <li>▪ Lenticular</li> </ul>	Paid in full; \$5 Copayment Paid in full; \$5 Copayment Paid in full; \$5 Copayment Paid in full; \$5 Copayment
<ul style="list-style-type: none"> <li>▪ UV Coating</li> <li>▪ Tint (Solid and Gradient)</li> <li>▪ Standard Scratch-Resistance</li> <li>▪ Standard Polycarbonate</li> <li>▪ Standard Anti-Reflective Coating</li> </ul>	Paid in full; \$15 Copayment Paid in full; \$15 Copayment Paid in full; \$15 Copayment Paid in full; no Copayment Paid in full; \$45 Copayment

\* If only one lens is necessary, the maximum benefit is one-half the amount of two lenses.

## Summary of Material Modifications (continued)

### Nutritional Counseling

The Plan's Nutritional Counseling Benefit as described on page 37 of the Summary Plan Description to read as follows:

Benefits are payable for Medically Necessary nutritional counseling when prescribed by a licensed Physician to assist individuals with their nutritional health and dietary needs. Benefits can be used for assistance with weight loss and food choices when diagnosed with diseases such as high blood pressure, cardiac disease, diabetes, high cholesterol, allergies, kidney disease, obesity, etc. Services are payable only when performed by a registered dietitian or licensed or certified nutritionist.

Services of a registered dietitian or licensed or certified nutritionist are payable to a maximum of 8 visits per person per calendar year. This visit limit does not apply to nutritional counseling services that are Medically Necessary for the treatment of an individual diagnosed with a behavioral health or substance use disorder condition.

To be eligible for a Medically Necessary nutritional counseling benefit other than for the treatment of a behavioral health or substance use disorder condition, you must contact the Benefits Office prior to starting nutritional counseling services. The Benefits Office will ask you or your prescribing Physician to submit detailed medical records to corroborate this counseling. The Benefits Office will then submit these records to Carewise Health for a Medical Necessity determination. If approved, participation in the Plan's Case Management program is also required (see page 41).

Nutritional counseling is not covered for chronic fatigue syndrome or attention-deficit hyperactivity disorder or any other condition for which such counseling has not been proven to be of value, nutritionally related and otherwise Medically Necessary.

### (NEW BENEFIT) Autism and Applied Behavioral Analysis Benefit

The Trustees recognize that the incidence of children diagnosed with Autism Spectrum Disorders (ASD) has increased dramatically in the past decade, and there is general agreement among professionals that early and sustained intervention programs offer the best hope for showing improvements in a number of behaviors associated with ASD. Accordingly, the Trustees have added a new Autism and Applied Behavioral Analysis Benefit to the menu of health benefits available to you and your eligible dependents. This new benefit will be provided through Beacon Health Options, the Plan's provider for mental health and substance abuse treatment.

Beacon Health Options will provide treatment for Autism Spectrum Disorders as described below. Services are covered only by in-network providers, a qualified Beacon Health Options provider must diagnose the patient with one of the Autism Spectrum Disorders and recommend an evaluation for Applied Behavior Analysis treatment. Beacon Health Options must approve the ABA services prior to the beginning of treatment to be covered.

What is covered:

- Evaluation
- Therapy
- Medication Management
- Psychological Testing
- Applied Behavioral Analysis (ABA)
- Integrated services coordination including speech, physical, and occupational therapy ("Coordination of Therapies")

To learn more about the diagnosis, treatment and to initiate the pre-approval process under NEIHBP for coverage of ABA services, you must call Beacon Health Options at 800-331-4824 beginning in January 2016.

## Summary of Material Modifications (continued)

### Disclosure of Grandfather Status

The National Elevator Industry Health Benefit Plan believes the Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (ACA). As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at National Elevator Industry Health Benefit Plan Board of Trustees, c/o Robert O. Betts, Jr., 19 Campus Blvd, Suite 200, Newtown Square, PA 19073-3288, (800) 523-4702, Options 3, 5 then 2. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans

**SUMMARY ANNUAL REPORT  
FOR  
NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN**

This is a summary of the annual report for the National Elevator Industry Health Benefit Plan, EIN 23-2790911, Plan No. 501, for the period January 1, 2014 to December 31, 2014. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

National Elevator Industry Health Benefit Plan Board of Trustees has committed to pay certain health, hospitalization, surgical, dental, vision and hearing claims incurred under the terms of the Plan.

**Insurance Information**

The Plan has contracts with The Union Labor Life Insurance Company, Amalgamated Life Insurance Company, and ValueOptions, Inc. to pay certain life insurance, weekly income, accidental death & dismemberment, and employee assistance program claims incurred under the terms of the Plan. The total premiums paid for the Plan year ending December 31, 2014 were \$3,574,373.

**Basic Financial Statement**

The value of Plan assets, after subtracting liabilities of the Plan, was \$1,125,559,690 as of December 31, 2014 compared to \$1,018,493,715 as of January 1, 2014. During the Plan year the Plan experienced an increase in its net assets of \$107,065,975. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the Plan year, the Plan had total income of \$667,094,594, including employer contributions made on behalf of employees of \$526,979,970, employee contributions of \$61,773,843, gains of \$8,241,533 from the sale of assets, earnings from investments of \$43,282,874 and other income of \$26,816,374.

Plan expenses were \$560,028,619. These expenses included \$15,589,225 in administrative expenses, \$25,623,458 in benefit administration, provider network and related fees, and \$518,815,936 in benefits paid to participants and beneficiaries.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5 percent of the Plan assets;
5. insurance information including sales commissions paid by insurance carriers;
6. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates; and
7. fiduciary information, including non-exempt transactions between the Plan and parties-in-interest (that is, persons who have certain relationships with the Plan).

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Administrator: National Elevator Industry Health Benefit Plan Board of Trustees, c/o Robert O. Betts, Jr., 19 Campus Blvd, Suite 200, Newtown Square, PA 19073, (800) 523-4702 ext. 2200. The charge to cover copying costs will be \$10.00 for the full annual report, or 25 cents per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 19 Campus Blvd, Suite 200, Newtown Square, PA 19073 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.