

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

19 Campus Boulevard • Suite 200 • Newtown Square, PA 19073-3288
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Summary of Material Modifications

June 2018

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 Modifications describes:

- Improvements the Trustees have made to the Plan's Vision Care Benefit (Effective July 1, 2018),
- Clarifications to March 2018 Summary of Material Modifications pertaining to improvements to the Plan's Dental Benefits (Effective January 1, 2018), and
- Extended Benefit Rates for Laid-Off and Disabled Participants and Retiree Extended Benefit Rates (Effective July 1, 2018).

Vision Care Benefit Improvements – Effective July 1, 2018

- The Trustees have made improvements to the Plan's *In-Network* Vision Benefit. The provision of the SPD under the heading "YOUR IN-NETWORK VISION CARE BENEFITS AT-A-GLANCE" in the Vision Care section (page 56 of the SPD) is revised as follows:

VISION BENEFIT	THE MAXIMUM THE PLAN WILL PAY PER CALENDAR YEAR USING THE EYEMED NETWORK
Routine eye exam	Paid in full; no Copayment
Dilation	Paid in full; no Copayment
Standard Lenses* (pair)	Paid in full; no Copayment
Standard progressive lenses	Paid in full; \$60 Copayment
Premium progressive lenses	\$60; member pays \$60 Copayment and receives discount of 20% on amount over \$120
One pair of eyeglass frames	Up to \$150; no Copayment; discount of 20% on amount over \$150
Conventional contact lenses*	Up to \$105; discount to the member of 15% on the amount over \$105
Disposable contact lenses*	Up to \$105
Medically Necessary contact lenses, prescribed if: <ul style="list-style-type: none"> ▪ Your vision cannot be corrected to 20/70 in the better eye except by the use of contact lenses, or ▪ You are being treated for a medical condition and contact lenses are routinely used as part of the treatment. 	Paid in full; no Copayment

Extended Benefit Rates (Effective July 1, 2018)

Polycarbonate, high index lenses <ul style="list-style-type: none"> ▪ Single ▪ Bifocal ▪ Trifocal ▪ Lenticular 	Paid in full Paid in full Paid in full Paid in full
<ul style="list-style-type: none"> ▪ UV Coating ▪ Tint (Solid and Gradient) ▪ Standard Scratch-Resistance ▪ Standard Polycarbonate ▪ Standard Anti-Reflective Coating 	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.*

The Plan's Dental Benefit Clarified – Effective January 1, 2018

In March 2018, a Summary of Material Modifications described improvements to the Plan's Dental Care Benefit. The Trustees noted that the March 2018 SMM omitted references to implants and are correcting this omission below:

- **The last paragraph below the heading “COVERED DENTAL EXPENSES” in the Dental Care section of the SPD (page 52) is revised as follows:**

Expenses (excluding Orthodontia) are considered incurred as of the date the service is rendered or the supply is furnished, except:

- with respect to fixed bridgework, crowns, implants, inlays, onlays or gold restorations, the service is considered incurred on the first date of preparation of the tooth or teeth involved;
 - with respect to full or partial dentures, the service is considered incurred on the date the impression was taken; and
 - with respect to endodontics, the service is considered incurred on the date the tooth was opened for root canal.
- **The 22nd bullet-point under the What's Not Covered section of the SPD (page 68) is revised as follows:**
 - Care or treatment to the teeth or gums, when not paid under the Plan's Dental Benefits section, except for the following:
 - Cutting procedures on the gums, up to the UCR Rate;
 - Oral surgery to remove an impacted tooth, up to the UCR Rate; or
 - First repair and/or restoration to Sound Dentition as the sole result of a covered injury by an external, unexpected and violent accident. Sound Dentition is defined as a healthy tooth (stable, functional, free from decay and periodontal disease) or one that has been restored to a sound condition or replacement by a fixed or removable partial denture, crown, implant or bridge. Treatment must be provided within twelve months of the accident date. Injury during chewing or biting is not considered accidental.

Disclosure of Grandfather Status

The Board of Trustees of 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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Regarding the Plan’s Notice of Privacy Practices

The privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require health plans, such as the NEI Health Benefit Plan, to protect the confidentiality of your protected health information (PHI). PHI is defined under HIPAA and generally includes individually identifiable health information created or received by the Plan.

The NEI Health Benefit Plan will not use or disclose your PHI except as is necessary for treatment, payment, health plan operations and plan administration, or as permitted or required by law, or as otherwise authorized by you. In addition, the Plan requires business associates that create or receive PHI on behalf of the Plan to observe the privacy rules with respect to such PHI.

You have certain rights under the privacy rules with respect to your PHI, including the right to see and copy the information, to receive an accounting of certain disclosures of the information and to amend the information in certain circumstances. You also have the right to file a complaint with the Plan or with the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Your rights with respect to your PHI are explained in greater detail in the NEI Health Benefit Plan’s Notice of Privacy Practices. The Notice also describes how the Plan uses and discloses PHI.

If you would like to see (or obtain a copy of) the Plan’s Notice of Privacy Practices, please contact Member Services at the Benefits Office or visit our website www.neibenefits.org.

Women’s Health and Cancer Rights Act of 1998

If a participant receiving benefits under the NEI Health Benefit Plan elects breast reconstruction, in connection with a mastectomy, coverage will be provided under the Plan in a manner determined in consultation with the attending physician and the patient for:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, the plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you have any questions regarding this Notice of Rights, please contact Member Services at the Benefits Office or the Plan Administrator.

ACA Nondiscrimination Notice

The National Elevator Industry Health Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The National Elevator Industry Health Benefit Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Medical Benefits provided under this Plan are afforded without regard to an individual's sex assigned at birth, gender identity, or gender.

When necessary, the National Elevator Industry Health Benefit Plan will provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). The National Elevator Industry Health Benefit Plan also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages upon request. If you need these services, contact Robert Betts.

If you believe that the National Elevator Industry Health Benefit Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Robert Betts, Executive Director, National Elevator Industry Health Benefit Plan, 19 Campus Blvd., Suite 200, Newtown Square, PA 19073, 610-325-9100 extension 2200, 610-325-9028 (fax) or civilrightscoordinator@neibenefits.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Robert Betts, Executive Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-610-325-9100 ext. 2200.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-610-325-9100 ext. 2200.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-610-325-9100 ext. 2200.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-610-325-9100 ext. 2200.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-610-325-9100 ext. 2200.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-610-325-9100 ext. 2200. 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-610-325-9100 ext. 2200.

- 1-610-325-9100 ext. 2200. مقرب لصتا. ناجمل اب لكل رفاوتت ةىوغلل ةدعاسملا تامدخ نإف، ةغلل ركذا ثدحتت تنك اذإ: ةظوح لم مكبل او مصلل افتاه.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-610-325-9100 ext. 2200.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-610-325-9100 ext. 2200..

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-610-325-9100 ext. 2200.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-610-325-9100 ext. 2200.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-610-325-9100 ext. 2200 पर कॉल करें।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-610-325-9100 ext. 2200.