

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

19 Campus Boulevard • Suite 200 • Newtown Square, PA 19073-3288
800-523-4702 • www.neibenefits.org

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	
▪ Single	Paid in full
▪ Bifocal	Paid in full
▪ Trifocal	Paid in full
▪ Lenticular	Paid in full
▪ UV Coating	Paid in full; \$15 Copayment
▪ Tint (Solid and Gradient)	Paid in full; \$15 Copayment
▪ Standard Scratch-Resistance	Paid in full; \$15 Copayment
▪ Standard Polycarbonate	Paid in full; no Copayment
▪ Standard Anti-Reflective Coating	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.

Extended Benefit Rates (Effective July 1, 2018)

EXTENDED BENEFIT RATES IF YOU'VE BEEN LAID-OFF

STAGE	PERIOD	MEDICAL ONLY	MEDICAL DENTAL/VISION
Stage I	Month(s) after layoff	Apply Eligibility Rule*	Apply Eligibility Rule*
Stage II	After earned eligibility a member is eligible for 2 free months once in a twelve-month period	Free	Free
Stage III	Months 1 through 2 of paid coverage	Member Only \$131 Family \$390	Member Only \$175 Family \$536
Stage IV	Months 3 through 10 of paid coverage	Member Only \$197 Family \$585	Member Only \$241 Family \$731
Stage V	Months 11 through 22 of paid coverage	Member Only \$328 Family \$976	Member Only \$372 Family \$1,122
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only \$657 Family \$1,952	Member Only \$701 Family \$2,098

Note: Those with insufficient hours and not on layoff status will not be entitled to purchase this coverage but will be offered the self-pay, unsubsidized coverage under COBRA.

* Verify eligibility with the Benefits Office

EXTENDED BENEFIT RATES IF YOU ARE DISABLED AND HAVE BEEN GRANTED A SOCIAL SECURITY DISABILITY AWARD

STAGE	PERIOD	MEDICAL ONLY	MEDICAL DENTAL/VISION
Stage I	Month(s) after disability	Apply Eligibility Rule*	Apply Eligibility Rule*
Stage II	Next 6 months	Free	Free
Stage III	Months 1 through 6 of paid coverage	Member Only \$200 Family \$617	Member Only \$294 Family \$711
Stage IV	Months 7 and beyond of paid coverage	Member Only \$200 Family \$617	Member Only \$294 Family \$711

* Verify eligibility with the Benefits Office

EXTENDED BENEFIT RATES IF YOU ARE DISABLED AND HAVE NOT BEEN GRANTED A SOCIAL SECURITY DISABILITY AWARD

STAGE	PERIOD	MEDICAL ONLY	MEDICAL DENTAL/VISION
Stage I	Month(s) after disability	Apply Eligibility Rule*	Apply Eligibility Rule*
Stage II	Next 6 months	Free	Free
Stage III	Months 1 through 6 of paid coverage	Member Only \$229 Family \$683	Member Only \$273 Family \$829
Stage IV	Months 7 and beyond of paid coverage	Member Only \$328 Family \$976	Member Only \$372 Family \$1,122

COBRA RATES (Effective July 1, 2018)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$657	\$1,952
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$701	\$2,098

* Verify eligibility with Benefits Office

Retiree Extended Benefit Rates (Effective July 1, 2018)

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WHO ARE ELIGIBLE FOR THE STANDARD RATE

Monthly Rates Effective 7/1/2018

PENSION EFFECTIVE DATE -->	Age 58 or older at Retirement														
	Prior to 2/88	2/88 to 1/90	2/90 to 1/91	2/91 to 1/94	2/94 to 1/96	2/96 to 1/98	2/98 to 1/00	2/00 to 1/01	2/01 to 7/03	8/03 to 1/06	2/06 to 1/07	2/07 to 6/08	7/08 to 12/10	1/11 to 12/11	1/12 or later
DISABLED RETIREE (w/SSDA)															
Single	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Married, Both under 65	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617	\$617
Married, Spouse over 65	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311	\$311
EARLY RETIREE															
Single under 65	\$444	\$458	\$472	\$485	\$513	\$527	\$534	\$541	\$555	\$569	\$583	\$596	\$638	\$652	\$666
Married, Spouse under 65	\$929	\$958	\$987	\$1,016	\$1,074	\$1,103	\$1,117	\$1,132	\$1,161	\$1,190	\$1,219	\$1,248	\$1,335	\$1,364	\$1,393
Married, Spouse over 65	\$600	\$618	\$637	\$656	\$693	\$712	\$721	\$731	\$750	\$768	\$787	\$806	\$862	\$881	\$900
MEDICARE ELIGIBLE RETIREE															
Single	\$161	\$166	\$171	\$176	\$186	\$191	\$193	\$196	\$201	\$206	\$211	\$216	\$231	\$236	\$241
Married, Both over 65	\$322	\$332	\$342	\$352	\$373	\$383	\$388	\$393	\$403	\$413	\$423	\$433	\$463	\$473	\$483
Married, One over 65	\$651	\$672	\$692	\$712	\$753	\$773	\$783	\$794	\$814	\$834	\$855	\$875	\$936	\$956	\$977
SURVIVING SPOUSE															
Single, under age 65	\$491	\$507	\$522	\$537	\$568	\$583	\$591	\$599	\$614	\$629	\$645	\$660	\$706	\$721	\$737
Single, over age 65	\$162	\$167	\$172	\$177	\$188	\$193	\$195	\$198	\$203	\$208	\$213	\$218	\$233	\$238	\$243
DENTAL AND VISION (ADDITIONAL COST)															
All Retirees	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94	\$94

The Trustees determine the projected cost annually after consultation with the Plan's Consultant.

Retiree Extended Benefit Rates (Effective July 1, 2018)

EXTENDED BENEFIT RATES FOR RETIREES WHO RETIRED PRIOR TO THE AGE OF 58						
Monthly Rates Effective 7/1/2018						
PENSION EFFECTIVE DATE	Early Retiree 8/03 through 12/10 who Retires prior to Age 58		Early Retiree 1/11 through 12/11 who Retires prior to Age 58		Early Retiree 1/12 or later who Retires prior to Age 58	
AGE	Age 55,56 & 57	Upon attaining age 58	Age 55,56 & 57	Upon attaining age 58	Age 55,56 & 57	Upon attaining age 58
EARLY RETIREE						
Single under 65	\$791	\$694	\$804	\$707	\$804	\$735
Married, Spouse under 65	\$1,654	\$1,451	\$1,683	\$1,480	\$1,683	\$1,538
Married, Spouse over 65	\$1,068	\$937	\$1,087	\$956	\$1,087	\$993
MEDICARE ELIGIBLE RETIREE						
Single	n/a	\$251	n/a	\$256	n/a	\$266
Married, Both over 65	n/a	\$504	n/a	\$514	n/a	\$534
Married, One over 65	n/a	\$1,018	n/a	\$1,038	n/a	\$1,079
SURVIVING SPOUSE						
Single, under age 65	\$875	\$768	\$890	\$783	\$890	\$814
Single, over age 65	\$289	\$254	\$294	\$259	\$294	\$269
DENTAL AND VISION (ADDITIONAL COST)						
All Retirees	\$94	\$94	\$94	\$94	\$94	\$94

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK			
Monthly Rates Effective 7/1/2018			
PENSION EFFECTIVE DATE	8/03 to 12/10	1/11 to 12/11	1/12 or After
RETIREE CATEGORY			
EARLY RETIREE			
Single under 65	\$832	\$902	\$971
Married, Spouse under 65	\$1,741	\$1,886	\$2,031
Married, Spouse over 65	\$1,124	\$1,218	\$1,312
MEDICARE ELIGIBLE RETIREE			
Single	\$301	\$326	\$351
Married, Both over 65	\$604	\$655	\$705
Married, One over 65	\$1,221	\$1,323	\$1,425
SURVIVING SPOUSE			
Single, under age 65	\$921	\$998	\$1,075
Single, over age 65	\$304	\$330	\$355
DENTAL AND VISION (ADDITIONAL COST)			
All Retirees	\$94	\$94	\$94

Any former non-retired (from the NEI Pension Fund) participant who returns to covered employment at which time he or she has not been covered by the Health Benefit Plan for at least five consecutive years after 12/31/92, who retires after June 30, 2003 and is eligible to purchase retiree coverage under the Plan, shall pay a retiree rate of not less than 60% of the projected cost of healthcare for his/her respective group- i.e., Early Retiree, Normal Retiree or surviving spouse, during the full period he or she is covered by the Plan. The Trustees shall determine the projected cost annually after consultation with the Plan's Consultant. However, this rule will not apply to a Participant with at least 51,000 hours during his or her lifetime and 3,400 hours in the 60 months prior to retirement.

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.

هاتف الصم والبكم - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 9100-325-610-1 ext. 2200.

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.