

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

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Summary of Material Modifications

May 2025

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 Trustee

This Summary of Material Modifications describes:

- Important changes to the Plan's Hearing Care benefit, including the Plan's new Hearing Care benefits administrator, **TruHearing** (Effective January 1, 2025).
- The **Lyra Complex Care** program, a new complex care navigation program for Covered Individuals who require higher acuity behavioral health care services and their families via Lyra's specialist team (Effective January 1, 2025).
- An increase in the Emergency Room Copay (Effective January 1, 2025).
- Extended Benefit Rates for Laid-Off and Disabled Participants and Retiree Extended Benefit Rates (Effective July 1, 2025).

- **Effective January 1, 2025, the Plan has improved its Hearing Care benefit program and is introducing TruHearing as the Plan's new Hearing Care Benefits administrator:**

1. *The first table below the Section "Important Contact Information" on page 6 of the SPD is amended to reflect the Plan's Hearing Care Benefits administrator and network provider, TruHearing:*

FOR INFORMATION ABOUT	CONTACT	PHONE NUMBER	WEBSITE
Life Insurance/Weekly Income	Benefits Office	1-800-252-4611	www.neibenefits.org
Medical/Behavioral Health Claims	Benefits Office	1-800-252-4611	www.neibenefits.org
Dental/Vision Member Services	Benefits Office	1-800-252-4611	www.neibenefits.org
Hearing Care Benefits	TruHearing	1-844-547-5326	www.truhearing.com/neihbp/
Medical/Behavioral Health PPO Network	Blue Cross Blue	1-800-810-BLUE	www.bcbs.com
Dental Care PPO Network	The Guardian	1-888-600-9200	www.guardianlife.com
Member Assistance Program	Lyra	1-877-330-6735	www.neibenefits.lyrahealth.com
Precertification	Acentra	1-800-634-4832	N/A
Prescriptions—Pharmacy	Express Scripts	1-866-830-3890	www.express-scripts.com
Prescriptions—Home Delivery	Express Scripts	1-866-830-3890	www.express-scripts.com
Vision Care	EyeMed	1-877-226-1115	www.eyemedvisioncare.com
Social Security Disability Representation	Allsup, Inc.	1-800-383-2495	www.allsupinc.com

2. *Effective January 1, 2025, replace the Plan's Hearing Care Benefit section (pages 61-62) in its entirety with the following:*

Hearing Care

The Plan pays benefits related to hearing care, including hearing exams and hearing aids. Benefits are payable for covered services and supplies if they are prescribed by a duly qualified Physician and if they are needed to restore hearing loss or treat impaired hearing.

FAST FACTS:

- The Plan's Hearing Care Program is administered by TruHearing. You must call TruHearing at 844-547-5326 to access Hearing Care Program benefits under the Plan.
- The Plan covers a comprehensive hearing exam once every 12 months.
- The Plan will pay for a hearing aid for each ear once every 36 months for covered adults and once every 12 months for dependent Children under age 19.
- The Plan covers up to a 3-year supply of batteries on hearing aids (not included with rechargeable hearing aids).
- You do not have to meet a deductible for your Hearing Care Program benefits.
- Generally, you must use a TruHearing provider; however, if you reside more than 25 miles from a TruHearing provider ("out-of-area"), you must contact TruHearing directly for assistance before obtaining services or equipment out-of-network.
- You will not be balance billed for covered services and equipment obtained through a TruHearing provider.

HEARING CARE BENEFITS

The Plan's Hearing Care Benefits are administered exclusively through TruHearing.

What You Need To Do:

- When you or one of your eligible dependents requires hearing care services, you must call TruHearing at 1-844-547-5326. A TruHearing hearing consultant will answer your questions, explain the program and benefits, and review hearing care providers closest to you and help you schedule an appointment.
- After your appointment, the provider will file the claim with TruHearing. You will not be balance billed for covered services.

WHAT'S COVERED

- **Testing.** The Plan covers one comprehensive hearing exam once every 12 months. The Plan also covers, in full, hearing aid conformity evaluations after dispensing for a period of 12 months. There are no deductibles and you will not be balance billed.
- **Hearing Aids.** The Plan covers, in full, various manufacturer's types and models of hearing aids once every 36 months for adults and once every 12 months for dependent Children under age 19. There are no deductibles and you will not be balance billed. Hearing aids obtained through TruHearing providers also include a 60-day return policy, 3-year warranty for repairs, and 3-year replacement warranty for loss or irreparable damage (manufacturer and reprogramming fees may apply). The 3-year loss and damage coverage allows for a one-time replacement of a lost or irreparably damaged hearing aid.
- **Office Visits.** The Plan covers, in full, follow-up office visits relating to hearing aid maintenance/fittings during the first 12 months after you receive your hearing aid.
- **Batteries.** The Plan covers batteries, up to a 3-year supply, for each prescribed hearing aid (not included with rechargeable hearing aids). Covered Individuals will receive an initial 1-year's supply of 80 batteries per ear at the time they receive their hearing aid. To order additional batteries in years 2 and 3, Covered Individuals must contact TruHearing to receive a supply of 60 batteries per ear.
- **Ear Molds.** The Plan covers the cost of initial earmolds when the selected hearing aid style requires earmolds. the Plan does not cover replacement ear molds for Covered Individuals age 8 or older.

- **Replacement Ear Molds (Children under Age 8 Only).** The Plan will cover, in full, up to 4 replacement ear molds (per ear) per 12-month period for Children up to age 3. The Plan will cover, in full, up to 2 replacement ear molds (per ear) per 12-month period for Children ages 3 to 7.
- **Out-of-Area Hearing Care Benefits.** If you reside more than 25 miles from an in-network provider, you must contact TruHearing directly for assistance before obtaining services or equipment out-of-network. If, after consulting with TruHearing, it is determined that it is unreasonable for you to obtain covered services or equipment through a TruHearing provider, the Plan will cover out-of-network hearing care services and equipment that would otherwise be covered under the Plan's Hearing Care Program if obtained through an TruHearing provider as follows:
 - 100% of the cost of all covered services and/or equipment up to a combined maximum of \$2,000 per ear per 36 months for adults;
 - 100% of the cost of all covered services and/or equipment up to a combined maximum of \$2,000 per ear per 12 months for Children under age 19.

You are responsible for any costs in excess of these maximums.

WHAT'S NOT COVERED

The following services and equipment are not covered under the Plan's Hearing Care Benefit:

- Except as described above in "Out-of-Area Hearing Care Benefits," services and equipment not obtained through a TruHearing provider. If you reside more than 25 miles from an in-network provider you should contact TruHearing directly for assistance.
- Replacement ear molds (except for Children under age 8) or earplugs.
- Any retail items associated with hearing aids including, but not limited to, remotes or beepers to locate your device.
- Audiometric examinations for any condition other than loss of hearing acuity.
- Medical or surgical treatment, drugs or other medications. However, please review other relevant sections of the Summary Plan Description or contact the Benefits Office to determine whether such medical or surgical treatment, drugs or other medications may otherwise be covered under the Plan.
- Hearing aids ordered while covered but delivered more than 60 days after termination of coverage.
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids which are not Medically Necessary and, in the case of an initial hearing aid or any hearing aid for a person under age 19, charges for hearing aid evaluation tests or hearing aids that are not recommended or approved by the audiologist or Physician. (For purposes of the Plan's Hearing Care Program, a "Physician" is a participating otologist or otolaryngologist or otorhinolaryngologist who is board certified or eligible for certification in such specialty in compliance with standards established by the respective professional sanctioning body, who is a licensed doctor of medicine or osteopathy legally qualified to practice medicine and who, within the scope of such license, performs a medical examination of the ear and determines whether the patient has a loss of hearing acuity and whether the loss can be compensated for by a hearing aid.)
- Eyeglass-type hearing aids, to the extent the charge for such hearing aid exceeds the Plan's negotiated maximum rate with TruHearing for one hearing aid.
- Charges for failure to keep a scheduled visit with a provider.
- Charges for hearing care benefits not expressly identified above.

3. *Page 85, replace the chart "Organizations Through Which Plan Benefits are Provided" with the following:*

Organizations through which Plan Benefits Are Provided

- **Medical Care:** Blue Cross Blue Shield BlueCard PPO Program
- **Mental Health and Substance Use Disorder:** Blue Cross Blue Shield BlueCard PPO Program
- **Prescription Drugs:** Express Scripts
- **Vision Care:** EyeMed Vision Care
- **Dental Care:** The Guardian Insurance Company (Optional PPO)
- **Hearing Care:** TruHearing
- **Life Insurance and Accidental Death and Dismemberment Benefit:** Amalgamated Life Insurance Company

- Effective January 1, 2025, the Plan has enhanced Behavior Health Benefits by adding **Lyra's Complex Care Program**.

Amend the Plan's Behavioral Health Benefits Summary of Material Modification (July 2022) at page 8 by adding a new section, "Lyra's Complex Care Program" immediately following the section "More about Medication Management" and amending the table "Contact Information for the Plan's Behavioral Health Benefits" as follows:

Lyra Complex Care Program

Starting January 1, 2025, a Covered Individual can access the **Lyra Complex Care** program, a valuable resource through Lyra that helps Members and their dependents with severe mental health or substance use disorders work towards identifying and accessing the facilities and programs best suited to their unique situation. Working with Lyra's Complex Care Specialists, Covered Individuals and their families will better understand their treatment options, navigate to high-quality in-network programs and facilities, and coordinate care end-to-end until they recover. The **Lyra Complex Care** program is an option available at no cost to Covered Individuals, and any mental health or substance use disorders treatments a Covered Individual receives will be outside of Lyra and subject to the Plan's schedule of Behavioral Health Benefits, including the Plan's prior authorization requirements.

CONTACT INFORMATION FOR THE PLAN'S BEHAVIORAL HEALTH BENEFITS			
FOR INFORMATION ABOUT	CONTACT	PHONE NUMBER	WEBSITE / EMAIL
Member Assistance Program Lyra Complex Care Program	Lyra	877-330-6735 24 hours a day, seven days a week	neibenefits.lyrahealth.com care@lyrahealth.com
PPO network providers	Blue Cross Blue Shield BlueCard PPO	800-810-2583	BCBS.com
Precertification	Acentra	800-634-4832, 8 a.m. to 8 p.m. ET, Monday through Friday	N/A

- Effective January 1, 2025, the Plan's Emergency Room Copay increased from \$50 to \$100:

1. Revise the table on Page 8 of the SPD to reflect the Emergency Room Copay increase:

	You Pay In-Network Paid at the Contracted Rate	You Pay Out-of-Network Paid at the UCR Rate*
Acupuncture Services	\$0 (after deductible) when performed by an M.D. LaC or D.O. only	25% of UCR Rate (after deductible) when performed by an M.D. LaC or D.O., R.N., N.P., R.N.P. or provider certified by the National Certification Commission for Acupuncture and Oriental Medicine
Ambulance Service	\$0 (after deductible)	100% of amount over UCR (after deductible)
Chiropractic Care (visits per calendar year)	Visit 1-12: \$0 (after deductible) Visit 13-24: 25% of Allowed Amount (after deductible) Visit 25-36: 50% of Allowed Amount (after deductible) Visit 37+: 75% of Allowed Amount (after deductible)	Visit 1-12: 25% of UCR Rate (after deductible) Visit 13-24: 50% of UCR Rate (after deductible) Visit 25-36: 75% of UCR Rate (after deductible) Visit 37+: No coverage
Diagnostic: Laboratory or X-Ray	\$0 (after deductible)	25% of UCR Rate (after deductible)
Durable Medical Equipment	\$0 (after deductible)	25% of UCR Rate (after deductible)
Emergency Room	\$100 Copay; \$0 (after deductible)	\$100 Copay ; 100% of amount over UCR Rate (after deductible)
Hearing Aids (benefit limits apply)	\$0	N/A
Hospice Care	\$0 (after deductible)	25% of UCR Rate (after deductible)
Home Health Care	\$0 (after deductible) Up to 80 visits per calendar year	25% of UCR Rate (after deductible) Up to 80 visits per calendar year
Infertility Treatment	\$0 (after deductible)	25% of UCR Rate (after deductible)
Inpatient Rehabilitation Facility	\$0 (after deductible)	25% of UCR Rate (after deductible)
Skilled Nursing Facility	\$0 (after deductible)	25% of UCR Rate (after deductible)
Office Visits (Primary Care Physician)	\$0 (after deductible)	25% of UCR Rate (after deductible)
Office Visits (Specialist)	\$0 (after deductible)	25% of UCR Rate (after deductible)
Organ Transplants	\$0 (after deductible)	25% of UCR Rate (after deductible)
Physical and Occupational Therapy (Outpatient)	\$0 (after deductible)	25% of UCR Rate (after deductible)
Preventive Services (see pages 7 through 9 below)	\$0 (not subject to Plan's deductible)	25% of UCR Rate (after deductible)
Speech Therapy (benefit limits apply)	\$0 (after deductible)	25% of UCR Rate (after deductible)
Surgical Expenses	\$0 (after deductible)	25% of UCR Rate (after deductible)

3. Effective January 1, 2025, revise the section "Emergency Services" (page 38 of the SPD) to reflect the Emergency Room Copay Increase:

Emergency Services

Benefits are payable within 72 hours of onset. Treatment for acute conditions such as but not limited to, burns, fractures, bleeding, difficult breathing, loss of consciousness, heart attack, stroke, severe high fever, etc. are covered. Treatment for non-emergency conditions such as colds, headache, back pain, chronic pain, etc. are not covered. A \$100 Copayment is applicable to the facility fee each time you visit a Hospital emergency room. The Plan waives this Copayment if you are immediately admitted to the Hospital as an inpatient.

Extended Benefit Rates (Effective July 1, 2025)

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	\$180	Member Only	\$226
		Family	\$559	Family	\$728
Stage IV	Months 3 through 10 of paid coverage	Member Only	\$270	Member Only	\$316
		Family	\$838	Family	\$1,007
Stage V	Months 11 through 22 of paid coverage	Member Only	\$451	Member Only	\$497
		Family	\$1,397	Family	\$1,566
Stage VI	Months 23 and beyond of paid coverage (COBRA rates)	Member Only	\$903	Member Only	\$949
		Family	\$2,795	Family	\$2,964

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	\$220	Member Only	\$329
		Family	\$787	Family	\$896
Stage IV	Months 7 and beyond of paid coverage	Member Only	\$220	Member Only	\$329
		Family	\$787	Family	\$896

* 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	\$316	Member Only	\$362
		Family	\$978	Family	\$1,147
Stage IV	Months 7 and beyond of paid coverage	Member Only	\$451	Member Only	\$497
		Family	\$1,397	Family	\$1,566

COBRA RATES (Effective July 1, 2025)

	Individual	Family
COBRA Core Coverage (Medical Only)	\$903	\$2,795
COBRA Core Plus Non-Core Coverage (Medical, Dental & Vision)	\$949	\$2,964

* Verify eligibility with Benefits Office

Retiree Extended Benefit Rates (Effective July 1, 2025)

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WHO ARE ELIGIBLE FOR THE STANDARD RATE															
Monthly Rates Effective 7/1/2025															
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	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220	\$220
Married, Both under 65	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787	\$787
Married, Spouse over 65	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343	\$343
EARLY RETIREE															
Single under 65	\$553	\$571	\$588	\$605	\$639	\$657	\$655	\$674	\$691	\$709	\$726	\$743	\$795	\$812	\$829
Married, Spouse under 65	\$1,092	\$1,126	\$1,160	\$1,194	\$1,263	\$1,297	\$1,314	\$1,331	\$1,365	\$1,399	\$1,433	\$1,468	\$1,570	\$1,604	\$1,638
Married, Spouse over 65	\$722	\$744	\$767	\$789	\$834	\$857	\$868	\$880	\$902	\$924	\$947	\$970	\$1,037	\$1,060	\$1,082
MEDICARE ELIGIBLE RETIREE															
Single	\$172	\$177	\$182	\$188	\$198	\$203	\$206	\$209	\$215	\$220	\$225	\$230	\$246	\$252	\$257
Married, Both over 65	\$342	\$352	\$363	\$373	\$395	\$406	\$411	\$416	\$427	\$437	\$448	\$459	\$491	\$501	\$512
Married, One over 65	\$723	\$746	\$768	\$791	\$836	\$858	\$869	\$881	\$903	\$926	\$949	\$972	\$1,039	\$1,062	\$1,084
SURVIVING SPOUSE															
Single, under age 65	\$552	\$570	\$586	\$603	\$638	\$655	\$664	\$673	\$690	\$707	\$725	\$741	\$793	\$810	\$828
Single, over age 65	\$171	\$176	\$181	\$187	\$197	\$202	\$205	\$208	\$213	\$219	\$224	\$229	\$245	\$250	\$256
DENTAL AND VISION (ADDITIONAL COST)															
All Retirees	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109	\$109
The Trustees determine the projected cost annually after consultation with the Plan's Consultant.															

Retiree Extended Benefit Rates (Effective July 1, 2025)

Monthly Rates Effective 7/1/2025

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	
RETIRE CATEGORY 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	\$985	\$864	\$1,002	\$881	\$1,002	\$916
Married, Spouse under 65	\$1,945	\$1,706	\$1,979	\$1,740	\$1,979	\$1,808
Married, Spouse over 65	\$1,285	\$1,128	\$1,308	\$1,150	\$1,308	\$1,195
MEDICARE ELIGIBLE RETIREE						
Single	n/a	\$268	n/a	\$273	n/a	\$284
Married, Both over 65	n/a	\$534	n/a	\$544	n/a	\$565
Married, One over 65	n/a	\$1,130	n/a	\$1,152	n/a	\$1,197
SURVIVING SPOUSE						
Single, under age 65	\$983	\$863	\$1,000	\$880	\$1,000	\$914
Single, over age 65	\$304	\$267	\$309	\$272	\$309	\$283
DENTAL AND VISION (ADDITIONAL COST)						
All Retirees	\$109	\$109	\$109	\$109	\$109	\$109

EXTENDED BENEFIT RATES FOR RETIRED EMPLOYEES WITH A 5 YEAR BREAK

Monthly Rates Effective 7/1/2025

PENSION EFFECTIVE DATE RETIREE CATEGORY	8/03 to 12/10	1/11 to 12/11	1/12 or After
EARLY RETIREE			
Single under 65	\$1,037	\$1,123	\$1,210
Married, Spouse under 65	\$2,047	\$2,218	\$2,388
Married, Spouse over 65	\$1,353	\$1,466	\$1,578
MEDICARE ELIGIBLE RETIREE			
Single	\$321	\$348	\$374
Married, Both over 65	\$640	\$694	\$747
Married, One over 65	\$1,355	\$1,468	\$1,581
SURVIVING SPOUSE			
Single, under age 65	\$1,035	\$1,121	\$1,207
Single, over age 65	\$320	\$346	\$373
DENTAL AND VISION (ADDITIONAL COST)			
All Retirees	\$109	\$109	\$109

- Except as provided in 2 below, 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 Plan for at least 5 consecutive years after 12/31/92, who retires after June 30, 2003 and is eligible to purchase Retiree coverage, shall pay a 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 a total of at least 42,500 hours and with at least 3,400 hours in the 60 months prior to retirement.
- Effective July 1, 2020, the cost of coverage for a Retiree described in 1 above shall be the lesser of: (a) the Extended Benefit Rate applicable to Retired Employees with a 5 Year Break posted above, or (b) the rate the Retiree would otherwise pay for Retiree coverage based **solely** on the hours the Participant worked **after** his or her last break in coverage of 5 or more consecutive years.

Notices

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.

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

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