



## **NECA-IBEW WELFARE TRUST FUND**

2120 Hubbard Avenue, Decatur, IL 62526-2871
Phone: 217-875-0254 Toll-Free: 800-765-4239
Web: www.neca-ibew.org Email: info@neca-ibew.org

### SUMMARY OF MATERIAL MODIFICATIONS



NECA-IBEW
WELFARE TRUST FUND
WELLNESS AND DISEASE
MANAGEMENT PROGRAM

Effective January 1, 2020, the Fund's wellness and disease management program, Wellness Power, will be administered by a new vendor. The vendor will change from Med-Care Management (MCM) to Telligen starting January 1, 2020.

The Wellness Power website address is: <a href="www.NECAIBEW.totalwellbeinglife.com">www.NECAIBEW.totalwellbeinglife.com</a> You can also link through the Fund's website, <a href="www.NECA-IBEW.org">www.NECA-IBEW.org</a>, to get to the Wellness Power website.

Under the new Wellness Power program, you and your spouse will be eligible to complete a Health Assessment and Biometric Screening. After you complete your Health Assessment, you will be provided a Health Advising Call. On the Health Advising Call, you will be made aware of the Biometric Screening option, if you have not yet completed it. You will also then be eligible for free Lifestyle Management or Disease Management Coaching, depending on your needs. You and your spouse will also be eligible to participate in an Online Health Challenge, which are offered throughout the year.

You and your spouse will each receive reward contributions to your Health Reimbursement Arrangement (HRA) when you participate in and complete the following wellness and disease management programs. Please note that retirees over age 65, their spouses, and all covered dependent children are not eligible for reward contributions but are eligible to participate in the Wellness Power programs.

- **Download the free Telligen App** then register your wellness account and receive a \$25 HRA contribution. Details on downloading the App can be found on the Wellness Power website.
- Complete a Health Assessment and Health Advising Call each year and receive a \$75 HRA contribution. The Health Assessment can be completed through the Wellness Power website or over the telephone.
- Complete a Biometric Screening and receive a \$50 HRA contribution. This can be done at an onsite event in your area, at a local Lab Corp location, or at your physician's office. Printable forms for either Lab Corp or your physician to complete are available on the Wellness Power website. Please note that standard Fund coverage provisions, like deductibles and coinsurance, apply to physicals conducted with claims submitted by your physician.
- Participate in and complete a Lifestyle Management or Disease Management Coaching program and receive a \$100 HRA contribution each year. The Telligen Lifestyle Management and Disease Management Coaching programs will be similar to the ones provided by MCM.

• Complete an **Online Health Challenge** and receive a \$50 HRA contribution. Challenges will be offered four times per year. Details on the challenges are available on the Wellness Power website.

You can earn HRA reward contributions of up to \$300 per participant and \$600 per participant and spouse each year (excluding retirees over age 65, their spouses, and all covered dependent children). The Wellness Power programs are available to all participants, but the rewards do not apply to retirees over age 65 and their spouses, or to any covered dependent children.

Because the HRA contributions for downloading the Telligen App, completing Biometric Screenings and completing Online Health Challenges and will be available, the maximum HRA contributions that you can earn each year is being raised from \$250 per participant and \$500 per participant and spouse to \$300 per participant and \$600 per participant and spouse, starting January 1, 2020.

If you are currently participating in MCM's Disease Management Coaching, you'll receive more information about continuing with the new Telligen Disease Management Coaching programs soon.

Any incentives you or your spouse earned in 2019 will automatically be credited to your HRA (Health Reimbursement Arrangement).

For more information about the 2020 Wellness Power program or to complete the free Health Assessment, contact Telligen toll-free at 833-226-7276 or go to <a href="www.neca-ibew.org/Wellness-Power">www.neca-ibew.org/Wellness-Power</a>. For information about the Health Reimbursement Arrangement awards or your benefits generally, please contact the Fund Office (217-875-0254 or 800-765-4239).

#### **Statement of Grandfathered Status**

The Trustees believe that this Plan is a "grandfathered health plan" under the Affordable Care Act, which permits us to preserve certain basic health coverage already in effect before the law was passed. As with all grandfathered health plans, our Plan does not have to include certain consumer protections of the Affordable Care Act that apply to other plans (for example, providing preventive health services without any cost sharing). However, grandfathered health plans, like our Plan, must comply with other consumer protections in the Affordable Care Act (for example, the extension of coverage for dependent children to age 26).

Contact the Welfare Trust Fund Administrative Office if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You may also contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 866-444-3272 or <a href="https://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a>. The website includes a chart summarizing the protections that do and do not apply to grandfathered health plans.

Please read this Summary of Material Modifications (SMM) carefully and save it with your Summary Plan Description and other benefits documents. This Summary of Material Modifications contains only highlights of certain features of the NECA-IBEW Welfare Trust Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.

#### Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

**Discrimination is against the law.** The NECA-IBEW Welfare Trust Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Oualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - o Information written in other languages.

If you need these services, contact Mr. Kevin Cope, the Civil Rights Coordinator. If you believe that the Fund 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: Mr. Kevin Cope, Civil Rights Coordinator, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871; Phone: 800-765-4239; Fax: 217-875-2084; Email: <a href="mailto:info@neca-ibew.org">info@neca-ibew.org</a>. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Mr. Kevin Cope 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, DC 20201; Phone: 800-368-1019; TDD: 800-537-7697 (TDD).

Complaint forms are available at www.hhs.gov/ocr/filing-with-ocr/index.html.

# Illinois/Indiana Languages

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-765-4239.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-765-4239.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-765-4239.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-765-4239.
Chinese	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 800-765-4239.
Pennsylvania Dutch	Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 800-765-4239.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-765-4239. 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-765-4239.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-765-4239.
Hindi	ध्यान दा: याद आप ाहदी बोलते हातो आपके िलए मुफ्त मा भाषा सहायता सेवाएं उपलब्ध ह।। 800-765-4239. पर कॉल करा।
Panjabi	ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸ□ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ□ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-765-4239. 'ਤੇ ਕਾਲ ਕਰੋ।
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 800-765-4239.
Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 800-765-4239.
Gujarati	ાયુના: જો તમે ાજરાતી બોલતા હો, તો િન:ાલ્કુ ભાષા સહાય સેવાઓ તમારા માટા ઉપલબ્ધ છ. ફોન કરો 800-765-4239.
Japanese	注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 800-765 4239. まで、お電話にてご連絡ください。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-765-4239.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-765-4239.
Urdu	.لاک ـ نیہ بایتسد نیم تفم تامدخ یک ددم یک نابز وک پا وت ،نیہ ےتلوب ودرا پا رگا :رادربخ نیرک 800-765-4239
Arabic	. مقر (800-765-4239 مقرب لصنا ناجملاب كل رفاوتت ةيو غللا ةدعاسملا تامدخ ناف ،ةغللا ركذا تُدحتت تنك اذا :قظوحلم اه