

IMPORTANT NOTICE CONCERNING CHANGES TO THE 4TH DISTRICT IBEW HEALTH FUND

This Summary of Material Modification (SMM) is being provided to inform you of important changes to the 4th District IBEW Health Fund (the “Plan”) as required by the Patient Protection and Affordable Care Act. Please take the time to read this notice carefully and keep it with your records. If you have any questions regarding these changes, please contact the Fund office.

BENEFIT UPDATES

As required by federal law, effective January 1, 2017, the benefit exclusion for “any operation or treatment in connection with the sex transformation or treatment of sexual dysfunction that is not organic in nature” is removed in its entirety.

Effective January 1, 2017, all preventive benefits listed under the “Covered Preventive Services for Women, Including Pregnant Women” will be included in the “Covered Preventive Services for Adults” category and the “Covered Preventive Services for Women, Including Pregnant Women” category is eliminated.

Effective January 1, 2017, any references to “woman,” “women,” “female,” “females,” “men,” “man,” “male” or “males” shall be replaced with either “individual” or “individuals” throughout the document.

IMPORTANT NOTICE

The 4th District IBEW Health 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 4th District IBEW Health Fund does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The 4th District IBEW Health Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified 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
 - Information written in other languages

If you need these services, contact:

American Benefits Corporation
3150 US Route 60
Ona, WV 25545

304-781-3912 or 888-466-9094
(Press “3” after the greeting)

If you believe that the 4th District IBEW Health Fund has failed to provide these services or discriminated in any other way on the basis of race, color, national origin, disability or sex, you can file a grievance with:

American Benefits Corporation
3150 US Route 60
Ona, WV 25545
304-781-3912 or 888-466-9094
(Press “3” after the greeting)

You can file a grievance in person or by mail, fax or e-mail. If you need help filing a grievance, the Plan Administrator is available to help you.

You can also file a civil rights complaint 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 at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, DC 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 304-781-3192.

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 304-781-3192。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 304-781-3192.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 304-781-3192.

304-781-3192x-1 (رقم هاتف الصم والبكم: 304-781-3192 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-304-781-3192x.)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 304-781-3192.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 304-781-3192 번으로 전화해 주십시오.

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。304-781-3192まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 304-781-3192.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 304-781-3192.

เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 304-781-3192.

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 304-781-3192 ।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 304-781-3192.

Thank you for your participation in the Plan and please feel free to contact the Fund Office with any questions.

Sincerely,

Board of Trustees
4th District IBEW Health Fund