

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

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Summary of Material Modifications

July 2022

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

Re: Updates to the Plan's **Mental Health and Substance Use Disorder** Benefits and the Plan's **Member Assistance Program (MAP)**

Dear Participant:

This Summary of Material Modifications (SMM) describes the following important changes to the Plan's **Mental Health and Substance Use Disorder Treatment Benefits** (collectively, **Behavioral Health Benefits**) and the Plan's **Member Assistance Program (MAP)**:

- Effective **July 1, 2022**, the Plan will move to **Blue Cross Blue Shield's BlueCard PPO provider network** for Behavioral Health Benefits.
- Effective **July 1, 2022**, **Lyra** will administer the Plan's **MAP**.
- Effective **July 1, 2022**, the Plan's **Benefits Office** will replace **Beacon Health** as the Plan's claims administrator for Behavioral Health benefit claims.
- Effective **July 1, 2022**, the Plan will engage **Kepro** for **Care Navigation** services relating to the Plan's Behavioral Health Benefits. **Kepro** also will replace **Beacon Health** as the Plan's provider of precertification, utilization review, and case management services for Behavioral Health Benefits.

Enclosed with this SMM is an important brochure, **Things Are Looking Up! (A guide to your mental health benefits as a participant in the National Elevator Industry Health Benefit Plan)**. This brochure includes highlights of these changes, other valuable information about Lyra's improved MAP, and a helpful users' guide on how to effectively access the Plan's Behavioral Health Benefits.

**SUMMARY OF MODIFICATIONS TO THE PLAN'S
BEHAVIORAL HEALTH BENEFITS AND THE PLAN'S "MAP"
(Effective July 1, 2022)**

▪ **The Plan contracts with Lyra to provide a Member Assistance Program (MAP) as a supplement to the Plan.**

Active Members, covered retirees, eligible dependents ages 2 and older, and individuals covered under COBRA are eligible for personalized education, coaching, and therapy through a mental health professional, with up to 16 sessions per person per calendar year at no cost to you. Lyra offers a variety of enhancements including new programs and online resources, which are highlighted in the enclosed booklet.

▪ **Blue Cross Blue Shield's BlueCard PPO provider network will replace Beacon Health's Behavioral Health network.**

The extensive national provider network expands access to quality care, including online outpatient visits, Centers of Blue Distinction (centers of excellence) for mental health and substance use disorder treatment. Because most Beacon Health providers are also part of the Blue Cross Blue Shield BlueCard PPO network, and access is expanding nationwide, more services will be covered as in-network, and most members will not experience a significant change in coverage.

▪ **The Plan's Benefits Office, which is currently the claims administrator for medical or surgical treatment, will replace Beacon Health as the claims administrator for mental health and substance use disorder treatment.**

If you use an out-of-network Behavioral Health provider, your provider may require that you pay at the time of service. If that's the case, **effective July 1, 2022**, you will submit claims to the Benefits Office through your local Blue Cross Blue Shield plan.

▪ **The Plan will engage Kepro to provide Care Navigation services related to the Plan's Behavioral Health Benefits.**

Plan Participants can work with a Kepro Care Navigator to discuss questions about Behavioral Health treatment options, help find a qualified Behavioral Health provider, and to help coordinate care to ensure a seamless transition from different levels of care.

▪ **Kepro will replace Beacon Health as the Plan's provider of Precertification, Utilization Management, and Case Management services related to mental health and substance use disorder treatment benefits.**

Kepro, will replace Beacon Health as the Plan's provider of Precertification, Utilization Management, and Case Management services related to the Plan's Behavioral Health Benefits. Kepro currently provides the Plan with Precertification, Utilization Management, and Case Management services for Medical and Surgical Benefits.

NEW ID CARDS COMING SOON

Members will receive new Blue Cross Blue Shield ID cards mailed to their homes with updated Behavioral Health contact numbers, and network and precertification information. If you have any questions, please call the NEI Benefits Office at 800-252-4611.

**Summary of Material Modifications to the
National Elevator Industry Health Benefit Plan Summary Plan Description (SPD)
Behavioral Health Benefits**

(The following modifications to the SPD are effective July 1, 2022, unless noted otherwise.)

1. *The list of benefits Plan Benefits on page 1 of the SPD is amended by replacing the bullet "Mental health and substance abuse treatment benefits" with:*
 - Behavioral Health benefits including mental health and substance use disorder benefit treatment benefits;
2. *The first table below the Section "Important Contact Information" on page 6 of the SPD is amended to reflect the changes to administration of the Plan's Behavioral Health Benefits as follows:*

FOR INFORMATION ABOUT	CONTACT	PHONE NUMBER	WEBSITE
Life Insurance or Weekly Income	Benefits Office	800-252-4611	www.neibenefits.org
Medical or Behavioral Health Claims	Benefits Office	800-252-4611	www.neibenefits.org
Dental or Vision Member Services	Benefits Office	800-252-4611	www.neibenefits.org
Hearing Aid or Ear Care	AudioNet America	855-800-7147	www.Audionetamerica.com
Medical or Behavioral Health PPO Network	Blue Cross Blue Shield	800-810-BLUE	www.bcbs.com
Dental Care PPO Network	The Guardian	888-600-9200	www.guardianlife.com
Precertification	Kepro	800-634-4832	www.neibenefits.kepro.com
Prescriptions—Pharmacy	Express Scripts	866-830-3890	www.express-scripts.com
Prescriptions—Home Delivery	Express Scripts	866-830-3890	www.express-scripts.com
Vision Care	EyeMed	877-226-1115	www.eyemedvisioncare.com
Social Security Disability Representation	Allsup, Inc.	800-383-2495	www.allsupinc.com

3. *The first row of the second table (ADDRESSES) below the Section "Important Contact Information" on page 6 of the SPD is amended to indicate that the address for Out-of-Network Medical and Behavioral Health Claims is now the Benefits Office address:*

ADDRESSES	
<ul style="list-style-type: none"> ▪ Out-of-Network Medical and Behavioral Health Claims 	Should be submitted by the provider to their local BCBS office

4. *The second table on page 7 of the SPD is amended as follows:*

ANNUAL DEDUCTIBLE & COINSURANCE (MEDICAL AND BEHAVIORAL HEALTH BENEFITS)	
Your Annual Deductible	\$300 per person; \$600 per family (medical only; annual deductible does not apply to mental health or substance use disorder treatment benefits)
Your Annual Out-of-Pocket Maximum (includes annual deductible but does not include non-covered services or amounts in excess of UCR)	Out-of-Network—\$1,500 per person; \$3,000 per family Out-of-Area—\$300 per person; \$600 per family
Lifetime Maximum Benefit the Plan Will Pay	There is no cap on benefits for most covered expenses; however, limits may apply to certain services.

5. Pages 10–11 of the SPD, under the headings **MENTAL HEALTH TREATMENT BENEFITS** and **SUBSTANCE ABUSE TREATMENT BENEFITS**, are amended as follows:

BEHAVIORAL HEALTH BENEFITS

You and your eligible dependents are eligible for Behavioral Health benefits, including mental health treatment benefits and substance use disorder treatment benefits. The Plan’s network provider for Behavioral Health benefits is Blue Cross Blue Shield BlueCard PPO Program. (See the chart on page 7 “Annual Deductible & Coinsurance (Medical and Behavioral Health Benefits)” for the amount of your coinsurance and after you’ve met your annual deductible.)

If you visit an in-network provider, benefits are paid in full, and you cannot be balance billed for amounts above the contracted rate. If you visit an out-of-network provider, benefits are paid at the UCR Rate, and you must pay any amount your out-of-network provider charges that exceeds the UCR Rate in addition to your coinsurance.

MENTAL HEALTH TREATMENT BENEFITS				
	Precertification Required		You Pay In-Network	You Pay Out-of-Network
	In-Network	Out-of-Network		
Inpatient Hospitalization and Alternative Levels of Care	Yes	Yes	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Inpatient Therapy, Hospital Visits, or Psych Consults	Yes	Yes	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Inpatient Psychological Testing	Yes	Yes	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Outpatient Mental Health Therapy	No	No	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Outpatient Psych Testing	No	No	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate

SUBSTANCE USE DISORDER TREATMENT BENEFITS				
	Precertification Required		You Pay In-Network	You Pay Out-of-Network
	In-Network	Out-of-Network		
Inpatient Hospitalization and Alternative Levels of Care	Yes	Yes	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Inpatient Therapy or Hospital Visits	Yes	Yes	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Inpatient Psychological Testing	Yes	Yes	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Outpatient Mental Health Therapy	No	No	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate
Outpatient Substance Use Disorder Therapy	No	No	\$0	25% of UCR Rate, plus, if applicable, 100% of the charge in excess of the UCR Rate

6. Page 15, amend the paragraph below the heading **Eligibility Upon Termination** as follows:

Eligibility Upon Termination

An Employee who is terminated from employment due to substance abuse and seeks treatment for a related substance use disorder within 30 days after his or her termination of employment will be eligible for continued Behavioral Health Benefits under the Plan, but only through the course of treatment for the Employee's substance use disorder. This continued coverage does not extend to any other benefits under the Plan, nor does it extend coverage to the Employee's dependents.

7. Page 16, amend the call-out box "When You Retire" by replacing the third bullet with the following:

- You may elect to continue your medical coverage only or, at an additional cost, medical plus dental and vision coverage. Note that medical coverage includes coverage for Prescription Drugs, hearing care benefits, and Behavioral Health benefits.

8. Page 36, amend the first sentence below the heading **YOUR OUT-OF-POCKET MAXIMUM** as follows:

The out-of-pocket maximum is the most you'll pay in the calendar year for covered medical and Behavioral Health services.

9. Page 36, amend the first sentence after the third bullet below the heading **YOUR OUT-OF-POCKET MAXIMUM** as follows:

If you reach your out-of-pocket maximum, the Plan will pay 100% of your covered medical and Behavioral Health services expenses for the remainder of the calendar year.

10. Page 37, delete in its entirety the heading **Autism and Applied Behavioral Analysis Benefit** and the description of that benefit set forth below that heading. Please note that treatment for Autism Spectrum Disorders (ASD), as described below, are covered within Behavioral Health benefits under the Plan (see pages below). The following ASD-related services are covered:

- Evaluation
- Therapy
- Medication Management
- Psychological Testing
- Applied Behavioral Analysis (ABA)
- Integrated services coordination including speech, physical, and occupational therapy (Coordination of Therapies)

11. Page 40, amend the paragraph under the heading **Social Worker's Services** as follows:

Social Worker's Services

Benefits are payable for a Social Worker's services when performed by a licensed Social Worker (L.S.W.) who is licensed in the jurisdiction in which services are rendered. Coverage and limitations are described in detail in the Behavioral Health section of this SMM (see below).

12. The Section **Mental Health and Substance Abuse** (pages 46 through 47 of the SPD) is replaced in its entirety with the following:

Behavioral Health Benefits

Issues with Behavioral Health can range from stress, anxiety, and mild depression to substance use and hopelessness. No matter what you're coping with, the Plan's Behavioral Health benefits can assist. You and our eligible dependents are covered for Behavioral Health benefits including inpatient and outpatient treatment for mental illnesses and substance use disorders. The Plan also offers a valuable Member Assistance Program (MAP) through Lyra.

FAST FACTS

- The Plan contracts with Blue Cross Blue Shield BlueCard PPO to administer the provider network for mental health and substance use disorder benefits.
- You do not have to meet an annual deductible before the Plan will pay benefits for mental health or substance use disorder treatment benefits.
- The Plan's Member Assistance Program through Lyra offers confidential support 24/7 at no cost to eligible Covered Individuals to help guide them through life's difficult moments and to care for their mental well-being.

Blue Cross Blue Shield BlueCard PPO Provider Network for Mental Health and Substance Use Care

Blue Cross Blue Shield will administer the provider network for mental health and substance use disorder benefits through the Plan. The Blue Cross Blue Shield provider network is one of the largest national networks in the country—offering access to quality care, including Centers of Blue Distinction (centers of excellence) for mental health and substance use treatment.

Your Mental Health and Substance Use Disorder Treatment Benefits at a Glance

	In-Network Blue Cross Blue Shield BlueCard PPO Provider		Out-of-Network Provider	
	Plan Pays	You Pay	Plan Pays	You Pay
Mental Health Inpatient Care	100% of contracted rate	0%	75% of UCR Rate	25% of the UCR Rate plus amount over UCR Rate
Mental Health Outpatient Care	100% of contracted rate	0%	75% of UCR Rate	25% of the UCR Rate plus amount over UCR Rate
Substance Use Disorder Inpatient and Outpatient Care	100% of contracted rate	0%	75% of UCR Rate	25% of the UCR Rate plus amount over UCR Rate

For a more complete listing of services that are covered under the mental health and substance abuse benefits, see pages 3 and 4 of this SMM.

What's the Difference Between the Contracted Rate and the UCR Rate?

Providers in the Blue Cross Blue Shield network have a contractual agreement to accept the negotiated fee as the total covered amount for services. In-network providers cannot bill you for any difference between their charges and the contracted charges. Out-of-Network providers services will be paid by the Plan based on the UCR Rate.

NEED TO FIND A BLUE CROSS BLUE SHIELD PROVIDER?

Visit the Blue Cross Blue Shield website at www.bcbs.com, or call them at 800-810-2583.

Save Money With Blue Cross Blue Shield Providers

The example below shows how you can save money when you use an in-network provider.

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Example Charge for Outpatient Mental Health Care	\$150 (contracted rate)	\$250
UCR Rate	N/A	\$200
Amount Plan Will Cover	100% of contracted rate Plan pays \$150	75% of the UCR Rate: 75% x \$200 = Plan pays \$150
Amount You Must Pay	You pay \$0	25% of the UCR Rate: 25% x \$200 = \$50 plus charge in excess of UCR Rate: \$50 You pay \$100

Kepro Helps You Navigate and Manage Your Care and Precertifies Treatment

The Plan contracts with Kepro to offer a variety of services to help administer the Plan's Medical and Behavioral Health benefits. These services provide additional value, and some require patient consent.

Care Navigators

Kepro's team of Care Navigators can answer questions about substance use treatment and can help find a provider who is qualified to provide the Behavioral Health services you need. Dedicated Kepro Care Navigators make sure you are getting the most from your coverage and can coordinate care to ensure a seamless transition from different levels of care.

If you are trying to get mental health or substance use disorder treatment and need help finding a qualified provider in your area, speak to a Kepro Care Navigator by calling 800-634-4832 from 8 a.m. to 8 p.m. ET, Monday through Friday.

Prior Authorization

Prior Authorization (or precertification) is required for all medical or surgical and mental health or substance use disorder inpatient admissions and for certain inpatient treatments to ensure the care you receive is consistent with quality-of-care standards. For more information regarding the types of Behavioral Health services that need prior authorization, see the table on page 3 of this SMM (MENTAL HEALTH TREATMENT BENEFITS) and the table on page 4 of this SMM (SUBSTANCE USE DISORDER TREATMENT BENEFITS).

Kepro's precertification phone number is 800-634-4832. If you or a family member is admitted to a treatment facility or hospital, let your provider know that the Kepro precertification information is on your Blue Cross Blue Shield medical ID card. They can work with Kepro to make sure your inpatient treatment is certified.

Case Management

Case Management is a holistic approach to support you with medical and/or behavioral health conditions or needs. Patients may hear from a dedicated Clinical Case Manager when an emerging or acute health care need that requires intervention is identified. This service is voluntary and requires patient or family (for pediatric issues) consent.

Kepro is the Health Benefit Plan's vendor partner responsible for making sure Covered Individuals get the best possible care our coverage can provide. If you hear from Kepro, find out how they can help you through the process so that you can focus on your treatment.

MEMBER ASSISTANCE PROGRAM THROUGH LYRA

All Active Members, covered retirees, eligible dependents ages 2 and older, and individuals covered under COBRA are eligible for MAP benefits. Lyra's MAP connects members, retirees, and their dependents to mental and emotional health care that is effective, convenient, and personalized.

Using technology, proven treatments, and a network of therapists and coaches, Lyra matches you to the right care for your needs, from short-term therapy and coaching to mental wellness tools.

Not sure where to begin? Lyra can point you in the right direction:

Call: 877-330-6735, 24 hours a day, seven days a week

Visit: www.neibenefits.lyrahealth.com

Email: care@lyrahealth.com

What's Covered

- Access to up to 16 free sessions for mental health coaching and/or therapy per individual, per calendar year at no cost to you.
- 24/7 access to Lyra Essentials, a dedicated hub for self-care and mindfulness content, also at no cost to you.

Lyra also offers additional work-life services to assist you and your family during challenging times:

- Legal services include a free 30-minute consultation with an attorney or mediator and access to 24-hour emergency support.
- Financial services include a free 30-minute consultation with a financial counselor and a free 30-minute consultation with a CPA.
- Identity Theft services include a free 60-minute consultation with a fraud resolution specialist and a free ID emergency response kit.
- Dependent Care services include resources and referrals for child, elder, and pet care and 24-hour online and phone support.

(Referrals may be available to certified or licensed professionals who have agreed to provide 25% discounted services directly to the Participant if services continue. Such discounted services are provided directly by the professional and are not paid by the Plan.) Legal services against the Plan, the National Elevator Industry Pension Plan, the Elevator Constructors Annuity and 401(k) Retirement Plan, the National Elevator Industry Educational Program, the Elevator Industry Work Preservation Fund, the Trustees or Employees of any of these plans, any service provider to any of these plans, any Contributing Employer, the IUEC, or any IUEC Local are excluded from coverage. Any services related to starting or maintaining a business enterprise are also not covered.)

Getting Started With Lyra

- Call the care team at 877-330-6735 to start the conversation immediately.
- To access the full array of services, use the online platform by visiting www.neibenefits.lyrahealth.com, and create a free account to take a brief online assessment that will tell us about what you're going through.
- Then, Lyra will present how they can help with different care options and mental wellness tools that will fit your needs and preferences and will get you started right away. Throughout your experience with Lyra, they will check in to see how it's going and will be there for you every step of the way.

Need Help Beyond What the MAP Can Provide?

If you or any of your family members are experiencing acute mental health or substance use issues, Lyra can connect you to services through the Plan's mental health and substance use disorder benefits. You can also always seek care by contacting your provider or the Plan directly.

You may also hear from a Clinical Case Manager with Kepro to help you understand treatment options and to coordinate care.

If you exhaust the 16 free sessions for mental health coaching and/or therapy sessions through the MAP benefit, Lyra therapists can provide clinically appropriate outpatient therapy that would be covered as an in-network service through the Plan. Or Lyra can help guide you to best-fit providers and treatment centers, connecting you to inpatient and outpatient services through the Blue Cross Blue Shield BlueCard PPO provider network **starting August 1, 2022. No annual deductible or copay applies for Mental Health or Substance Use Disorder claims.**

Lyra has developed its own specialized Mental Health Medication Management program, providing access to medication management services via a team of physicians for instances in which medication may be an effective part of a treatment plan.

Contact Lyra at 877-330-6735. Counselors are available 24 hours a day, seven days a week to make sure you get the support you need.

More About Medication Management

Starting August 1, 2022, you can participate in Medication Management independently or in tandem with Lyra’s therapy program. Mental Health Medication Management starts with an in-depth medication consultation to discuss your treatment history, concerns, and what medications would be a good fit for you. If you choose to move forward with a treatment plan, you will have access to follow-up sessions with your Physician and additional digital support between sessions.

The MAP’s Mental Health Medication Management services are delivered by board-certified family and internal medicine Physicians who have received special training in mental health medication prescribing. The Physicians exclusively practice evidence-based prescribing. A Lyra expert psychiatrist provides oversight to these Physicians.

Sessions in Lyra’s Mental Health Medical Management program are conducted virtually using Lyra’s platform.

If you require or prefer in-person care, for example, if you need controlled substances, or for adolescents and children, Lyra will connect you with an in-person provider. These providers are licensed prescribers, such as nurse practitioners and psychiatrists, who have been vetted and credentialed by Lyra. They also offer comprehensive consultation and follow-up sessions.

If you have any questions, contact the Lyra care team at 877-330-6735, or by email at care@lyrahealth.com.

CONTACT INFORMATION FOR THE PLAN’S BEHAVIORAL HEALTH BENEFITS			
FOR INFORMATION ABOUT	CONTACT	PHONE NUMBER	WEBSITE / EMAIL
Member Assistance 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	Kepro	800-634-4832 8 a.m. to 8 p.m. ET, Monday through Friday	neibenefits.kepro.com

13. Page 70, delete the bullet “Services of a psychiatrist or Psychologist unless provided under the Plan’s Substance Abuse/Mental Health Benefits Section.”

14. 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:** AudioNet America
- **Life Insurance and Accidental Death and Dismemberment Benefit:** Amalgamated Life Insurance Company

15. The following changes are made to the Plan’s Claims and Appeals Procedures. See **February 2018 Summary of Material Modification (SMM)** pages 3 through 19:

a. The first paragraph and the table under the heading **FILING YOUR CLAIM** (see page 3 of the February 2018 SMM), are amended as follows:

FILING YOUR CLAIMS

In general, when you use an in-network or out-of-network provider, the provider will file your claims for you. However, if your provider does not file your claim for you, you should submit your claim to your local Blue Cross Blue Shield Plan, the Benefits Office, or Express Scripts as applicable. Refer to chart below for the appropriate address.

In-Network and Out-of-Network Medical, Mental Health, and Substance Use Disorder Claims (Except Medicare primary claims)	Your local BCBS Plan
Medicare Secondary Claims	National Elevator Industry Health Benefit Plan P.O. Box 910 Newtown Square, PA 19073-0901
Dental Claims	National Elevator Industry Health Benefit Plan P.O. Box 475 Newtown Square, PA 19073-0475
Weekly Income Benefit and Non-EyeMed Vision Claims	National Elevator Industry Health Benefit Plan P.O. Box 476 Newtown Square, PA 19073-0476
Life Insurance and Accidental Death and Dismemberment Claims	National Elevator Industry Health Benefit Plan 19 Campus Blvd., Suite 200 Newtown Square, PA 19073 Attn: Eligibility Unit
Prescription Drug Claims	Express Scripts Attn: Benefit Coverage Review Department P.O. Box 66587 St. Louis, MO 63166-6587

b. The text below the heading "Overview" (see page 5 of the February 2018 SMM) is amended as follows:

Overview

This section describes how the Plan makes an initial determination as to whether certain health benefits are covered by the Plan, how you and/or your authorized representative will be notified of such determinations, and how you may appeal the Plan's decision to deny your claim in whole or in part (called an "adverse benefit determination.") This section relates to:

- Most medical, mental health, and substance use disorder claims, wellness, extended care, organ transplant, dental care, vision care, and hearing care claims
- Any claim for *any* benefit under the Plan, to the extent the claim involves a determination of whether an individual is a Covered Individual eligible for benefits under the Plan, unless the eligibility determination relates to a disability

Separate sections found in the Plan's February 2018 SMM describe claims and appeals procedures for:

- Prescription Drug claims
- Claims involving disability determinations, i.e., Weekly Income Benefit claims; eligibility for extended benefits due to disability and eligibility determinations for disabled adult Children
- Life Insurance and Accidental Death and Dismemberment Benefit claims

Disagreements you have with a Plan policy, determination, or action that is *not* an "adverse benefit determination" as defined below.

c. The special claims and appeals procedures for "Mental Health/Substance Abuse Claims" (pages 14–17 of the February 2018 SMM) are deleted in their entirety.

Notices

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 866-444-3272 or 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 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, ext. 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, DC 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at 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 :هاتف الصم والبكم - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-610-325-9100 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