



SOUTHERN CALIFORNIA IBEW – NECA TRUST FUNDS

6023 Garfield Avenue, City of Commerce, CA 90040

Phone: (323) 221-5861 or (800) 824-6935

Fax (323) 726-3520

Mailing Address:

P.O. Box 910918

Los Angeles, CA 90091



Website: www.scibew-neca.org

Website: www.scibew-neca.org

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

Important Notice to Participants

May 2017

Continued Grandfather Status. The Board of Trustees of this group health Plan believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, 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 your Plan may not include certain consumer protections of the Affordable Care Act 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 Affordable Care Act, 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 Board of Trustees, c/o The Southern California IBEW-NECA Administrative Corporation at either (323) 221-5861 or toll-free at 1-(800)824-6935. 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.

Positive Enrollment. Effective July 1, 2011, employees of the Plan establishing initial eligibility will be required to complete an enrollment form for health benefits in order to access health benefits. Even if an employee has established initial eligibility for health benefits, the only benefit an employee will have until he or she completes an enrollment form for one of the medical options and one of the dental options will be life insurance. The employee’s failure to take appropriate action in enrolling for benefits will cause a reduction in the employee’s Hour Bank Reserve without providing the employee with benefits of coverage, which would exist if the employee enrolled in the benefit options available to him or her on a timely basis.



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Women's Health and Cancer Rights Act (WHCRA)

A federal law requires group health plans including HMOs and other insurance companies providing coverage for mastectomies to also cover reconstructive surgery after a mastectomy. The purpose of this notice is to remind you and your covered spouse of the following benefits available to you if you undergo a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications in all stages of the mastectomy, including lymphedemas.

Your medical coverage in connection with any treatment involving a mastectomy will be provided in consultation with the attending physician and the patient.

Your coverage for treatment of a mastectomy will be subject to annual deductibles and coinsurance provisions that are consistent with those established for other benefits under the plan or coverage.

If you have any questions, contact your HMO directly or call the Administrative Office for assistance.

NOTICE OF PRIVACY PRACTICES

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. YOUR PROTECTED HEALTH INFORMATION (“PHI”)

The Southern California IBEW-NECA Administrative Trust Funds Office (“Fund Office”) maintains a hands-off policy for managing protected health information (“PHI”). PHI is limited to names, ages, sex, marital status, eligibility and address information provided through the application and enrollment process. The law specifically limits the permissible use of this information absent your authorization. The Fund Office does not receive nor maintain any identifiable medical claims information. All your medical claim information is maintained solely by the covered entities with whom the Fund has entered into contracts with, and the third-party administrators with whom the Fund has entered into contracts.

II. HOW THE FUND OFFICE MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR PERMISSION

The Fund Office shall not create or receive PHI other than specifically described below.

The Southern California IBEW-NECA Health Plan (“Health Plan”) does not create, maintain or receive PHI except for:

- Enrollment/disenrollment information
- Summary health information; and
- Periodic review of status.

Summary health information may be used for two limited purposes, (1) obtaining premium bids for providing health insurance coverage under the Health Plan, and (2) modifying, amending or terminating the Health Plan.

Summary health information is information that summarizes the claims history, expenses, or types of claims by individuals for whom the Health Plan has provided health benefits.

III. PRIVACY POLICIES OF COVERED ENTITIES

Benefits provided to eligible Plan Participants and Dependents by the below listed organizations for the Health Plan are covered entities under HIPAA in their own right. As such, these organizations provide a Notice of Privacy Practices (“NPP”) and will satisfy the other requirements under HIPAA related to the PHI of individuals

covered under this Health Plan. That NPP will notify individuals of the potential disclosure of summary health information.

Contact your insurer directly if you have questions regarding your benefits or the privacy of your health information and to request the *Notice of Privacy Practices* from them. The fully insured health benefit providers include:

--Medical

- Anthem Blue Cross (PPO) (800)543-3037
- UnitedHealthcare (HMO and Retiree Health Plan Out of Area Plans) (800) 624-8822
- Kaiser Permanente (HMO) including the Kaiser vision benefit (800) 464-4000

--Dental

- United Concordia (PPO) (800) 624-8822
- DeltaCare USA (DHMO) (800) 422-4234
- United Concordia (DHMO) (800) 937-6432
- CIGNA Dental (DHMO) (800) 244-6224

--Vision

- Vision Service Plan (VSP) (800) 877-7195

--Life Insurance

- Anthem Blue Cross Life and Health Insurance Company (800) 801-6142

-- Member Assistance Program

- OptumHealth (877) 225-2267

IV. PRIVACY POLICIES OF THIRD-PARTY ADMINISTRATORS

Coast Benefits, Inc. administers the payment of claims for the orthotic benefit, Body Scan International for Kaiser and UnitedHealthcare participants, and the Medicare Supplement Plan. Coast Benefits, Inc. maintains its own privacy policy. If you have questions involving its privacy policy, contact Coast Benefits, Inc. directly at (800) 886-7559.

Citizens Rx administers the processing and payment of claims for the Mandatory Generic Prescription Drug benefit. Citizens Rx maintains its own privacy policy. If you have questions involving its privacy policy, contact Citizens Rx directly at (888) 445-5592.

The Fund Office contracts with an advocacy vendor, MedExpert, to assist eligible Participants and their Dependents with advocacy and other assistance services. MedExpert maintains its own privacy policy. If you have any questions as to the privacy policy, contact MedExpert directly at (800)999-1999.

V. PROHIBITED USES OF PHI WITHOUT YOUR AUTHORIZATION

The following are examples of uses or disclosures of your PHI which cannot occur without your specific authorization:

- a. Marketing. The Fund Office is not permitted to provide your PHI to any other person or company for marketing to you of any products or services. The Fund Office is not permitted to receive payment in exchange for making such marketing communications available to you.
- b. Sale of PHI. The Fund Office is not permitted to sell or receive payment for the sale of your PHI.
- c. All Other Uses. Except as otherwise permitted or required, as described in this Notice, the Fund Office may not use or disclose your PHI without a written authorization from you. Further, the Fund Office is required to use or disclose your PHI consistent with the terms of your authorization.

VI. YOUR RIGHTS WITH RESPECT TO YOUR PHI

Restrictions on Intimidating or Retaliatory Acts. The Fund Office shall refrain from intimidating, threatening, coercing, discriminating against, or taking other retaliatory action against eligible Plan Participants and Dependents for:

- Exercising their HIPAA privacy rights;
- Filing a complaint;
- Participating in an investigation; or
- Opposing any improper practice under HIPAA.

If such an action should occur by one of the Health Plan benefit providers, the action shall not be attributed to the Health Plan or Fund Office.

No Waiver Required. The Fund Office shall not require an eligible Plan Participant or Dependent to waive his or her privacy rights under HIPAA as a condition of treatment, payment, enrollment or eligibility. If such an action should occur by one of the Health Plan's benefit providers, the action shall not be attributed to the Health Plan.

Right to Receive Confidential Communications. The Fund Office maintains a "hands-off" PHI policy and does not create confidential communications.

Right to Inspect and Copy Your PHI. The Fund Office maintains your designated record, which includes enrollment and eligibility data. You have the right of access to inspect and obtain a copy of your limited PHI contained in your records, with the exception of information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. You must submit your request in writing to the Privacy Officer listed in Section VIII of this Notice. The Fund Office may charge you a reasonable fee to cover the expenses associated with your request.

Right to Amend your PHI. You have the right to request the Fund Office to correct, clarify or amend your PHI. To request a correction, clarification or amendment, submit your request to the Privacy Officer listed in Section VIII of this Notice. The Fund Office may require that you submit written requests and provide a reason to

support the requested amendment. The Fund Office has the right to deny your request.

Right to Receive an Accounting of Disclosure of PHI. You have the right to receive an accounting of the disclosures of your PHI made by the Fund Office, including disclosures made by the Fund Office's Business Associates. You must contact the service providers directly at the numbers listed on Section III to obtain the accounting of their disclosures. Your request for an accounting of disclosures must be in writing and include the time period of the disclosure.

Rights to Receive Notification of Unauthorized Disclosure of PHI (Breach Notification). The Fund Office is required to notify you upon a breach of any unsecured PHI. The notice must be made without unreasonable delay, but no later than 60 days from when the breach is discovered. The Fund Office must notify you in writing by first class mail. However, if the Fund Office has insufficient information to contact you, a reasonable alternative notice method (posting on website, broadcast media, etc.) may be used.

VII. COMPLAINTS

If you believe that the Fund Office may have violated your privacy rights, or you disagree with a decision about your PHI, you may file a complaint with the Fund Office by contacting the Privacy Officer, who is responsible for the development and implementation of the HIPAA Policies and Procedures. The Privacy Officer may be contacted by mail or fax, at the address listed in Section VIII of this Notice.

VIII. CHANGES AND ACCESS TO THIS NOTICE OF PRIVACY PRACTICES

The Fund Office reserves the right to change the terms of this Notice, or replace this Notice, at any time and make the changes effective for all PHI the Fund Office maintains, including PHI existing prior to the date the changes take effect. If the Fund Office changes this Notice, the revised Notice will be posted on the website and available at the Fund Office upon your request. You may receive a copy of the current Notice at any time, without charge, by contacting the Privacy Officer at the contact information listed below. You may be asked to acknowledge that you have received a copy of this Notice.

Joanne M. Keller
Southern California IBEW-NECA Trust Funds
6023 Garfield Avenue
City of Commerce, CA 90040

Tel.: (323) 221-5861 or (800) 824-6935
Fax: (323) 726-3520

IX. EFFECTIVE DATE

This notice is effective May 12, 2017.

SUMMARY ANNUAL REPORT

FOR SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

This is a summary of the annual report of the Southern California IBEW-NECA Health Trust Fund, E.I.N. 95-6140101, Plan No. 501, for the year ended **June 30, 2016**. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contracts with Anthem Blue Cross Life and Health Insurance Company, Cigna Health and Life Insurance Company and Affiliates, Vision Service Plan, Delta Dental of California, United Concordia Dental Plans of California, Kaiser Foundation Health Plans, Inc., U.S. Behavioral Health Plan, California DBA Optum, UnitedHealthcare of California, United Concordia Insurance Company and Blue Cross of California to provide certain benefits incurred under the terms of the plan. The total premiums paid for the plan year ended **June 30, 2016** was **\$75,825,872**.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ended **June 30, 2016**, the premiums paid under such "experience-rated" contracts were **\$4,488,920** and the total of all benefit claims paid under these experience-rated contracts during the plan year was **\$3,427,028**.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was **\$40,541,083** as of **June 30, 2016**, compared to **\$43,201,771** as of **July 1, 2015**. During the plan year, the plan experienced a **decrease** in its net assets of **(\$2,660,688)**. This **decrease** includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of **\$104,891,167** including employer contributions of **\$97,494,077**, participant contributions of **\$3,683,613**, earnings from investments of **\$3,610,209** and other income of **\$103,268**.

Plan expenses were **\$107,551,855**. These expenses included **\$3,294,437** in administrative expenses and **\$104,257,418** in benefits paid to or for participants and beneficiaries.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An independent auditors' report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets; and
5. insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Joanne Keller, who is the CEO/Administrator, 6023 Garfield Ave, Commerce, CA 90040, (323) 221-5861. The charge to cover copying costs will be \$6.75 for the full annual report, or 25 cents per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (6023 Garfield Ave, Commerce, CA 90040) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.