

LOCAL UNION 697

IBEW AND ELECTRICAL INDUSTRY BENEFIT FUNDS

7200 MISSISSIPPI ST., SUITE 300 • MERRILLVILLE, INDIANA 46410 • 219-845-4433

January 29, 2024

Summary of Material Modifications to the Lake County Indiana, NECA – I.B.E.W. Health and Benefit Plan.

This Summary of Material Modification ("SMM") notifies you of two (2) upcoming changes to the Lake County Indiana, NECA – I.B.E.W. Health and Benefit Plan.

Health and Benefit Fund SMM Notice #1

Specifically, for all eligible active participants and non-Medicare eligible participants of the Plan, that which is described below, modifies the entity that you need to contact for telephonic healthcare on or after May 1, 2024.

Note: In the event of any discrepancy between this SMM and the Summary Plan Description Book (SPD), the provision set forth within the SPD will govern.

Modification #1

Important, the following changes to the telephonic healthcare benefit of the Plan will go into effect on May 1, 2024. In particular, the entity in which participants of the Plan can access for telephonic healthcare shall be amended as follows:

Effective, May 1, 2024, the services currently performed by Teladoc will be provided by Included Health.

Consequently, ***effective May 1, 2024***, and future forward, Included Health will be the Funds sole telehealth benefit service provider for:

- Tela-health urgent care needs.
- Second opinion needs. And/or,
- Needs as they relate to the desire to find high quality physicians and surgeons.

You can reach Included Health's electronically, through their app or via phone at 800-929-0926. That number can also be found within the Funds website, SPD and of course, on the reverse side of your Medical Identification card either under Included Health or Grand Rounds.

The reasons for this Fund improvement were described at both the December 2023 and January 2024 membership meeting as well as outlined within the Fund's January 2024 newsletter. The latter of which can be referenced at any time at www.ibew697benefits.org. If you have not read that already, do so now.

What you need to do – In the next few months, you will need to pay attention to, and follow the instructions provided within any and all Fund Office related correspondence on this matter including, but not limited to monthly newsletters, mailings, websites updates and Included Health correspondence.

Health and Benefit Fund SMM Notice #2

This change only affects those non-Medicare eligible participants that retired under either:

1. The early retirement provisions of the Pension Plan, or,
2. Those that retired under the disability provisions of the Pension Plan.

Specifically, that which is described below, modifies the eligibility requirements for coverage under the Plan on or after April 1, 2023.

Note: In the event of any discrepancy between this SMM and the Summary Plan Description Book (SPD), the provision set forth within the SPD will govern.

Modification #2

Effective April 1, 2024, the expense for early retiree coverage and/or retiree disability coverage under the Health and Benefit Plan will increase by \$100.00 a month.

Reminder as to How Your Self-Payment was and will continue to be calculated

If you retired under:

- The early retiree provision of the Plan, your monthly self-payment expense, if any, was previously based upon a cost calculation of \$2,000.00 a month. Effective, April 1, 2024, your monthly self-payment expense will be based on the cost of providing coverage to you and any eligible dependent of \$2,100.00 a month.
- If you retired under the disability provisions of the Plan, your monthly self-payment expense, if any, was previously based upon a cost calculation of \$1,800.00 a month. Effective, April 1, 2024, your monthly self-payment expense will be based on the cost of providing coverage expense to you and any eligible dependent of \$1,900.00.

The additional expense will be automatically deducted each month in the same manner as it is currently.

What you need to do – If you have already retired under either of the aforementioned provisions, be on the lookout for a letter in the next few weeks that explains the specific monthly impact, if any, that this will have on you. Should you have any questions, please contact the Fund Office at 219-940-6181.

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination is against the law. The Lake County Indiana, NECA-IBEW Health and 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. Further, the Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you believe that the Plan has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Mr. Patrick Keenan, Fund Manager of the Lake County Indiana, NECA – IBEW Health and Benefit Plan, 7200 Mississippi Street, Suite 300 Merrillville, IN 46410. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Mr. Patrick Keenan 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

Grandfathered Status Notice

The Board of Trustees believes that the Lake County Indiana, NECA – IBEW Health and Benefit Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (aka, 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 in writing to the plan administrator, Mr. Patrick Keenan at 7200 Mississippi Street, Suite 300, Merrillville, IN 46410. 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.