

NATIONAL ELEVATOR INDUSTRY HEALTH BENEFIT PLAN

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Summary of Material Modifications

December 2020

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: (1) Extension of the Special 14-Day Weekly Income Benefit: Quarantine on Account of Coronavirus Disease 2019 (COVID-19); (2) Coverage for COVID-19 Vaccines at no cost to you.

Dear Participant:

This Summary of Material Modifications describes:

- The extension of the Plan's Special 14-Day Weekly Income Benefit: Quarantine on Account of Coronavirus Diseases 2019 (COVID-19).
- Coverage for COVID-19 Vaccines at no cost.

■ Special 14-Day Weekly Income Benefit Coronavirus Disease 2019 (COVID-19) Quarantines and Isolations (NEW! Expanded through May 31, 2021)

Effective immediately and through May 31, 2021, in the event:

- An Active Member is directed to **Quarantine** (as defined below) on account of COVID-19, or
- An Employer directs an Active Member to **Self-Quarantine** (as defined below) on account of COVID-19, or
- An Active Member reasonably believes he or she should **Self-Quarantine** because he or she has been exposed to COVID-19, or
- An Active Member, either voluntarily or as compelled by federal, state, or local public health order, enters into **Isolation** (as defined below) because there is a reasonable belief the Active Member has been infected by COVID-19 (e.g., shows certain symptoms of COVID-19 such as subjective or measured fever, cough, or difficulty breathing),

such Active Member may receive Weekly Income Benefits for the period the Active Member is unable to work due to **Quarantine, Self-Quarantine, or Isolation** (not to exceed 14-days). This Special Weekly Income Benefit will not be subject to any waiting period.

- Only **Quarantines, Self-Quarantines or Isolations** beginning by May 31, 2021 are covered by these rules.
- You are not eligible to receive this Special Weekly Income Benefits if your **Quarantine, Self-Quarantine or Isolation** commences after the date of your termination from covered employment.

Completing the Special 14-Day Weekly Income Benefit Form (COVID-19 Quarantine).

- An Active Member who Quarantines, Self-Quarantines or enters into Isolation on account of COVID-19 may apply for Weekly Income Benefits by submitting a Special 14-Day Weekly Income Benefit Form (COVID-19 Quarantine) (a fillable pdf). You do not need medical certification from your attending physician. The form is now available online at: www.neibenefits.org. Please note that while this form references only "Self-Quarantine;" it applies to Quarantines, Self-Quarantines and Isolations on account of COVID-19.

- After completing the “Plan Member” section of this form, you should submit the form to the National Elevator Industry Health Benefit Plan. To expedite the processing of your application, it is recommended that you submit your completed form and email it to the Benefits Office; the Benefits Office has set up a special email address, weeklyincome@neibenefits.org, to receive these applications. You may also fax your application (1-610-557-4556) or mail it to the National Elevator Industry Health Benefit Plan, P.O. Box 476, Newtown Square, PA 19073-0476. The Benefits Office will follow up with your employer to confirm that you have self-quarantined on account of COVID-19.

If you are diagnosed with COVID-19.

This Special 14-Day Weekly Income Benefit applies solely to Active Members who begin Quarantines, Self-Quarantines or enter into Isolation on account of COVID-19 by May 31, 2021. If you are diagnosed with COVID-19, you may still apply for the Plan’s established Weekly Income Benefits. (See pages 63-64 of the National Elevator Industry Health Benefit Plan Summary Plan Description (“SPD”).) Your attending physician would provide the Health Benefit Plan with such diagnosis by completing the Attending Physician’s section of the applicable Weekly Income Benefit Form (Weekly Income Claim Forms are available online at: www.neibenefits.org.)

Glossary of Terms.

As explained above, only Active Members who **Quarantine** or **Self-Quarantine** due to exposure to COVID-19 or enter into **Isolation** because they are known to be or are reasonably believed to be infected with COVID-19 are eligible for this Special 14-Day Weekly Income Benefit.

Quarantine means the separation of a person or group of people reasonably believed to have been exposed to COVID-19 but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of COVID-19. **Self-Quarantine** occurs when a person or group of people choose to **Quarantine**, though not directed to do so, because they reasonably believe they have been exposed to COVID-19.

Isolation means the separation of a person or group of people known or reasonably believed to be infected with COVID-19 and potentially infectious from those who are not infected to prevent spread of COVID-19. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

▪ **Coverage of COVID-19 Vaccinations**

While the federal government currently pays the ingredient cost of the COVID-19 vaccines, there are administrative costs associated with the vaccine that are charged by providers and facilities. As detailed below, the Plan will cover these administrative costs regardless of whether you obtain a COVID-19 vaccine at a pharmacy, doctor’s office, medical facility or clinic.

At a Pharmacy

Once COVID-19 vaccines are available from local retail pharmacies, the Plan will be able to cover the vaccine under its Prescription Drug benefit. The Plan will cover 100% of the administrative costs for all COVID-19 vaccines administered at pharmacies.

At a Doctor’s Office, Medical Facility or Clinic

The Plan covers vaccines administered at a doctor’s office, medical facility or clinic at 100% of these administrative costs with respect to in-network providers and 100% of reasonable administrative costs with respect to out-of-network providers. The Plan’s payment of these administrative costs is covered under the Plan’s Wellness Benefit and not subject to the Plan’s annual deductible.

COVID-19 Vaccines: Fast Facts
<ul style="list-style-type: none"> ▪ As of the date of this Summary of Material Modifications, the U.S. Food and Drug Administration has issued emergency use authorization for the Pfizer-BioNTech COVID-19 Vaccine and the Moderna COVID-19 Vaccine. ▪ Initially, the federal government will pay the ingredient cost of COVID-19 vaccines and will allocate the initial supply of these vaccines to the states for distribution. ▪ The states will prioritize distribution to health care workers, frontline workers and other high-risk populations.

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 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.

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 www.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 extension 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, D.C. 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 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