



SOUTHERN CALIFORNIA IBEW - NECA ADMINISTRATIVE CORPORATION

100 Corson Street, Suite 200, Pasadena, CA 91103

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

Fax: (323) 726-3520

Mailing Address:

P.O. Box 6652

Pasadena, CA 91109



Website: [www.scibew-neca.org](http://www.scibew-neca.org)

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## SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

### PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 (PPACA) - GRANDFATHERED HEALTH PLAN STATUS

#### Important Notice to Participants May 2021

**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 of March 2010). 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](http://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, Participants of the Plan establishing initial eligibility have been required to complete an enrollment form for health benefits in order to access health benefits. Even if a Participant has established initial eligibility for health benefits, the only benefit a Participant 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 Participant's failure to take appropriate action in enrolling for benefits will cause a reduction in the Participant's Hours Bank Reserve without providing the Participant with benefits of coverage, which would exist if the Participant 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 a participant and their covered spouse of the following benefits available 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;
- Prosthesis; 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 questions, contact your Medical Plan directly or call the Administrative Trust Funds Office for assistance.

# NOTICE OF PRIVACY PRACTICES

## SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND (“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, gender, 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 with.

### **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 as specifically described below.

The Southern California IBEW-NECA Health Trust Fund (“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) 332-0366
- DeltaCare USA (DHMO) (800) 422-4234
- United Concordia (DHMO) (866) 357-3304
- CIGNA Dental (DHMO) (800) 244-6224

**Vision**

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

**Life and AD & D 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 Health Reimbursement Arrangement (HRA) benefit, and 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 contracts with an advocacy vendor, MedExpert, to assist eligible Participants and their Dependents with advocacy and other benefit assistance services. MedExpert maintains its own privacy policy. If you have any questions involving its 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 or Fund Office.

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  
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Pasadena, CA 91103  
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Fax: (323) 726-3520

## **IX. EFFECTIVE DATE**

This notice is effective updated May 1, 2021