



Laborers' Metropolitan Detroit Health Care Fund

Local #1076 and #1191

6525 Centurion Drive • Lansing, MI 48917-9275
(517) 321-7502 • FAX (517) 321-7508
Toll Free in Michigan • (800) 228-0048
www.metrodetroitlaborers.org

August 2018

To: ALL PLAN PARTICIPANTS OF THE LABORERS' METROPOLITAN
DETROIT HEALTH CARE FUND

Re: **2017 SUMMARY ANNUAL REPORT AND MISCELLANEOUS ANNUAL NOTICES**

Dear Plan Participants:

We are pleased to provide you with the following Annual Report and Important Notices:

- 2017 Summary Annual Report for the Health Care Fund Pages 2 – 3
- Important Notice Regarding Motor Vehicle Accident
Coordination of Benefits Page 4
- Notice of Privacy Practices Page 5 - 9
- Medicare Part D – Prescription Drug Coverage Pages 10- 12
- Women's Health and Cancer Rights Pages 13
- Newborns' and Mothers' Health Protection Act Page 14
- Summary of Material Modification to the Health Care Fund Page 15
- Premium Assistance Under Medicaid and the Children's Health Insurance
Program (CHIP) Pages 16-20

If you have any questions regarding any of these notices, please contact the Fund Office to have those questions answered.

Sincerely,

Board of Trustees
Laborers' Metropolitan Detroit Health Care Fund

TO: PLAN PARTICIPANTS OF THE
LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND

RE: **SUMMARY ANNUAL REPORT FOR 2017**

Dear Plan Participant:

This is a summary of the Annual Report of the Laborers' Metropolitan Detroit Health Care Fund, Employer Identification Number 38-2026006, Plan No. 501, for the period of October 1, 2016 through September 30, 2017. The Annual Report has been filed with the Employee Benefits Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees has committed itself to pay certain medical, surgical and other health care claims incurred under the terms of the Plan.

INSURANCE INFORMATION

The Plan has insurance contracts with Blue Cross Blue Shield of Michigan and Blue Cross Blue Shield of Michigan – Medicare Advantage to pay claims incurred under the terms of the Plan. Total premiums paid during the Plan year were \$324,240 and \$1,324,409, respectively.

BASIC FINANCIAL STATEMENT

The value of Plan Assets, after subtracting Liabilities of the Plan, was \$42,584,305 as of September 30, 2017, compared to \$35,404,089 as of October 1, 2016. During the Plan Year, the Plan experienced an increase in its Net Assets of \$7,180,216. This increase 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 Plan's Assets at the beginning of the year or the cost of the Assets acquired during the year. During the Plan Year, the Plan had Total Income of \$30,907,476, including Employer Contributions of \$21,038,889, Employee Contributions of \$5,971,725, realized Gains of \$392,635 from the sale of Assets, Earnings from Investments of \$3,267,765, and other Income of \$236,462.

Plan Expenses were \$23,727,260. These Expenses included \$2,462,704 in administrative expenses (see Schedule A), and \$21,264,556 in benefits paid to Participants and Beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have a 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 Accountant's report;
2. financial information and information on payments to service providers;

3. Assets held for investment;
4. transactions in excess of 5% of 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 the Laborers' Metropolitan Detroit Health Care Fund, 6525 Centurion Drive, Lansing, Michigan 48917-9275, or at Toll free (800) 228-0048, (517) 321-7502 or FAX (517) 321-7508. The charge to cover copying costs will be \$4.50 for the full Annual Report or twenty-five cents (\$0.25) per page for any part thereof.

You also have the right to receive from the Plan Administrative Manager, 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 Administrative Manager, these two Statements and accompanying notes will be included as part of that Report. The charge to cover copying costs given 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 (Laborers' Metropolitan Detroit Health Care Fund, 6525 Centurion Drive, Lansing, MI 48917-9275), at any other location where the report is available for examination, 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, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Sincerely,

Board of Trustees
 Laborers' Metropolitan Detroit Health Care Fund

Schedule A: Administrative and Operating Expenses

| | | | |
|---|-------------|--|--------------------|
| Administrative service contract fees | \$1,296,938 | Trustee and fiduciary liability | |
| Administrative manager's fee* | 385,196 | Insurance and bonding | \$14,980 |
| Investment expenses | 247,541 | ERISA reporting costs | 12,900 |
| Joint delinquency committee | 192,987 | Actuarial fee | 9,000 |
| Legal fees | 116,914 | Consulting fees | 6,020 |
| Laborers' National Health & Safety Dues | 66,751 | Participant Notices | 5,671 |
| Printing and Miscellaneous | 41,835 | Telephone | 5,097 |
| Audit fee | 22,000 | Trustee meetings and education conferences | 2,335 |
| Summary Annual Report Costs | 15,382 | Educational foundation dues and bonding | 1,655 |
| | | Forms 5500 and 990 preparations | <u>1,500</u> |
| | | TOTAL | \$2,462,704 |

*includes rent, equipment, staffing, regular postage, computer services, etc.

***IMPORTANT NOTICE REGARDING
MOTOR VEHICLE ACCIDENT COORDINATION OF BENEFITS***

TO: All Eligible Participants of the Laborers' Metropolitan Detroit Health Care Fund

RE: **LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND**

Dear Plan Participant:

If you or an eligible dependent are involved in a motor vehicle accident, the Fund will not pay for services related to an injury which is a direct or indirect result of an automobile accident. This applies whether or not you have no-fault automobile insurance. It is important that you discuss this with your auto insurance company.

To make certain that you have health care coverage if you have a vehicular accident/incident, you should check with your automobile insurance agent and/or insurance carrier to make sure that you are covered under your automobile policy "first and complete" for any claim arising out of a vehicular related accident or incident. You should make it perfectly clear to your agent or carrier that the Fund excludes such coverage from its Schedule of Benefits. Thus, it is imperative that your policy has the proper coverage to protect you and your dependents.

A. Coverage Prior to this Modification

Under the Comprehensive Health Care Certificate Series CMM ASC (Form Number 452F) with Rider NFAX-2 ASC (form Number 463G), we exclude coverage for any services for injury incurred as the direct or indirect result of an automobile accident.

B. Effect of Adding this Modification

This modification **EXPANDS** the language of Rider N-FAX 2 ASC (Form 463G) to exclude **ALL** coverage for services related to an accident of any motor vehicle accident, including but not limited to motorcycles, buses, trucks.

Sincerely,

Board of Trustees
Laborers' Metropolitan Detroit Health Care Fund

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

**IMPORTANT NOTICE FROM
LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND
ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Laborers' Metropolitan Detroit Health Care Fund and about your option under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

These are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Laborers' Metropolitan Detroit Health Care Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to enroll in a prescription drug plan and drop the Plan's prescription drug coverage, be aware that you will not be able to get this coverage back.

If you do decide to join a Medicare drug plan and drop your current Laborers' Metropolitan Detroit Health Care Fund coverage, be aware that you and your dependents will not be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with the Laborers' Metropolitan Detroit Health Care Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the Fund Office at (800) 228-0048 for further information. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Laborers' Metropolitan Detroit Health Care Fund changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

For more information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Sincerely,

Laborers' Metropolitan Detroit Health Care Fund
Board of Trustees

TO: PLAN PARTICIPANTS OF THE
LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND

RE: **WOMEN'S HEALTH AND CANCER RIGHTS**

Dear Plan Participant:

The Trustees of your Health Care Fund are issuing this annual notice in compliance with the Women's Health and Cancer Rights Act of 1998. Your Health Care Fund already provides the benefits required by this law. You have a right to this notice, and the Trustees are providing the notice for your information so that you may be assured that you are treated in accordance with federal law if the need arises.

The federal law requires that all health care plans that provide medical and surgical benefits for mastectomies provide, participants and beneficiaries receiving mastectomy benefits and who elect mastectomy related breast reconstruction with coverage for the following:

- **Reconstruction of the breast on which the mastectomy has been performed;**
- **Surgery and reconstruction of the other breast to produce a symmetrical appearance; and**
- **Prostheses and treatment of physical complications of all stages of mastectomy including lymph- edemas; in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.**

The Fund has provided coverage for mastectomies for a number of years. As part of this coverage, the Plan also covered the procedures necessary to effect reconstruction of the breast on which the mastectomy was performed, as well as the cost of prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas, as recommended by the attending physician of any patient receiving Plan benefits in connection with the mastectomy and in consultation with the patient. The Plan also covers any surgery and reconstruction of the other breast to achieve a symmetrical appearance.

Please keep this notice with your Summary Plan Description. If you have any questions regarding these federal requirements, please contact the Fund Office.

Sincerely,

Board of Trustees
Laborers' Metropolitan Detroit Health Care Fund

TO: PLAN PARTICIPANTS OF THE
LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND

RE: **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

Dear Plan Participant:

Rights Under the Newborns' and Mothers' Health Protection Act (Newborns' 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, 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).

Sincerely,

Board of Trustees
Laborers' Metropolitan Detroit Health Care Fund

SUMMARY OF MATERIAL MODIFICATION

LABORERS' METROPOLITAN DETROIT HEALTH CARE FUND

This is to inform you that the Trustees of the Laborers' Metropolitan Detroit Health Care Fund (the "Plan") have amended the Summary Plan Description ("SPD"). This Notice, known as a Summary of Material Modification ("SMM") is an amendment to the SPD you received previously. You should keep this SMM with the SPD for future reference.

The members of the Board of Trustees as of July 11, 2018 are as follows:

Employer Trustees:

Robert Coppersmith
Secretary
Michigan Infrastructure &
Transportation Association
PO Box 1640
Okemos, MI 48864

David Kruse
Kruse Construction Company
PO Box 9
St. Clair Shores, MI 48080

William Litz
Aristeo Construction Company
12811 Farmington Road
Livonia, MI 48150-1607

Michael Smith
AGC of Michigan
26001 Five Mile Road
Redford, MI 48239

Charles Wilson
Monte Costello Construction
PO Box 7119
Novi, MI 48376

Jeremy Zeller
Walbridge Concrete Services
777 Woodward Avenue #300
Detroit, MI 48226

Employee Trustees:

Bill Bass
Chairman
Laborers' Local 1076
760 Joslyn Avenue
Pontiac, MI 48340

Michael Aaron
Laborers' Local 1191
2161 West Grand Boulevard
Detroit, MI 48208

Jason Chwalek
Laborer's Local 1076
760 Joslyn Avenue
Pontiac, MI 48340

Paul Gassel
Laborers' Local 1076
760 Joslyn Avenue
Pontiac, MI 48340

Mark Pulice
Laborers' Local 1191
2161 West Grand Boulevard
Detroit, MI 48208

Alex Zurek
Michigan Laborers' District Council
1118 Centennial Way, Suite 100
Lansing, MI 48917

**Premium Assistance Under Medicaid and the
Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility

| | |
|---|---|
| ALABAMA – Medicaid | FLORIDA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – Medicaid | GEORGIA – Medicaid |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ARKANSAS – Medicaid | INDIANA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864 |

| | |
|--|--|
| <p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> | <p>IOWA – Medicaid</p> |
| <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> | <p>Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563</p> |
| <p>KANSAS – Medicaid</p> | <p>NEW HAMPSHIRE – Medicaid</p> |
| <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p> | <p>Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p> |
| <p>KENTUCKY – Medicaid</p> | <p>NEW JERSEY – Medicaid and CHIP</p> |
| <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p> | <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> |
| <p>LOUISIANA – Medicaid</p> | <p>NEW YORK – Medicaid</p> |
| <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p> | <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> |
| <p>MAINE – Medicaid</p> | <p>NORTH CAROLINA – Medicaid</p> |
| <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p> | <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p> |
| <p>MASSACHUSETTS – Medicaid and CHIP</p> | <p>NORTH DAKOTA – Medicaid</p> |
| <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p> | <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p> |
| <p>MINNESOTA – Medicaid</p> | <p>OKLAHOMA – Medicaid and CHIP</p> |
| <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs-programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p> | <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p> |
| <p>MISSOURI – Medicaid</p> | <p>OREGON – Medicaid</p> |
| <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> | <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p> |

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| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm Phone: 1-800-692-7462 |
| NEBRASKA – Medicaid | RHODE ISLAND – Medicaid |
| Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 | Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 |
| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
| Medicaid Website: https://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |

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| SOUTH DAKOTA - Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT– Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531 |
| VIRGINIA – Medicaid and CHIP | |
| Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 | |

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210 – 0137 (expires December 31, 2019)

Notice of Nondiscrimination and Accessibility Services

The Laborers' Metropolitan Detroit Health Care Fund (the "Fund") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Fund provides the following services free of charge to qualifying individuals:

- Aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Fund Office.

If you believe that the Fund 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 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
1-800-368-1019, 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 1-517-321-7502.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-517-321-7502.

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 1-517-321-7502。

يُرجى ملاحظة: إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-517-321-7502.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-517-321-7502.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-517-321-7502.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-517-321-7502 번으로 전화해 주십시오.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৫১৭-৩২১-৭৫০২

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UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-517-321-7502.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-517-321-7502.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-517-321-7502.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-517-321-7502 まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-517-321-7502.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-517-321-7502.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-517-321-7502.