

IBEW LOCAL 1392

FRINGE BENEFIT FUNDS

International Brotherhood of Electrical Workers Local No. 1392 Health and Welfare Fund
International Brotherhood of Electrical Workers Local No. 1392 Pension Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

November 2023

To: **ALL PLAN PARTICIPANTS AND ALTERNATE PAYEES OF THE
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO.
1392 HEALTH & WELFARE FUND**

Dear Plan Participant:

We have attached the following Important Notices and Annual Reports for your review. These Notices and Reports are required to be mailed to each Plan Participant annually as provided by the Employee Retirement Income Security Act of 1974 (ERISA):

- | | | |
|--|-------|---------|
| • 2022 Summary Annual Report | Pages | 2 - 3 |
| • Notice of Privacy Practices | Pages | 4 – 8 |
| • Important Information for all Medicare Beneficiaries Who Are Also Participants of the Health Care Plan | Pages | 9 – 11 |
| • Summary of Material Modifications for the Health Care Fund | Page | 12 |
| • Women’s Health and Cancer Rights | Page | 13 |
| • Premium Assistance Under Medicaid and Children’s Health Insurance Program (CHIP) | Pages | 14 – 18 |
| • Notice of Nondiscrimination and Accessibility Services | Pages | 19 - 20 |

If you have any questions, please contact your Local Union office or the Fund Office.

Sincerely,

Board of Trustees

International Brotherhood of Electrical Workers Local #1392 Health & Welfare Fund

**TO: PLAN PARTICIPANTS OF THE INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS LOCAL #1392 HEALTH & WELFARE FUND**

**RE: SUMMARY ANNUAL REPORT FOR PLAN YEAR ENDED SEPTEMBER 30,
2022**

Dear Plan Participant:

This is a summary of the Annual Report for the International Brotherhood of Electrical Workers Local #1392 Health & Welfare Fund, Employer Number 35-6034831, Plan No. 501, for the period of January 1, 2022 through December 31, 2023. The Annual Report has been filed with the Internal Revenue Services, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

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

BASIC FINANCIAL STATEMENT

The value of Plan Assets, after subtracting Liabilities of the Plan was \$(182,791) as of December 31, 2022, compared to \$(35,919) as of January 1, 2022. During the Plan Year, the Plan experienced a decrease in its Net Assets of \$(146,872). This decrease includes unrealized appreciation and 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 current Plan Year, the Plan had Total Income of \$653,226, including Employer contributions of \$542,405, Employee contributions of \$115,802, and earnings from Investments of \$(4,981).

Plan Expenses were \$800,098. These Expenses included \$112,326 in administrative expenses and \$687,772 in benefits paid to 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 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;
5. Insurance information, including sales commissions paid by insurance carriers; and

To obtain a copy of the full Annual Report, or any part thereof, write or call the office of the Board of Trustees, International Brotherhood of Electrical Workers Local #1392 Health & Welfare Fund, 6525 Centurion Drive, Lansing, Michigan 48917-9275, or at toll free (800) 531-2244 or (517) 321-7502. The charge to cover copying costs will be \$5.75 for the full Annual Report or twenty-five cents 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 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 (Board of Trustees, International Brotherhood of Electrical Workers Local #1392 Health & Welfare 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: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, N.W., Room N-1513, Washington, DC 20210.

Sincerely,

Board of Trustees
International Brotherhood of Electrical Workers Local #1392 Health & Welfare 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 INFORMATION FOR ALL
MEDICARE BENEFICIARIES WHO ARE ALSO PARTICIPANTS OF THE
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 1392 HEALTH & WELFARE FUND**

Dear Participant:

As you know, on January 1, 2006, the new Medicare Part D Prescription Drug Coverage became effective for those eligible for Medicare.

This letter briefly explains the Medicare Part D Prescription Drug Coverage and how it may affect you because as a **Supplement to Medicare Retiree** you currently have **NO** prescription drug benefit under the International Brotherhood of Electrical Workers Local No. 1392 Health & Welfare Fund.

This letter also confirms that because you currently have **NO** prescription drug benefit under the International Brotherhood of Electrical Workers Local No. 1392 Health & Welfare Fund, the Fund's prescription drug coverage is "non-creditable." This means that it is **NOT** as good as the new Medicare Part D Prescription Drug Coverage.

Below is important information related to Medicare Part D. Please read this material carefully and save this letter.

- 1. Q. WHO ACTUALLY PROVIDES THE PRESCRIPTION DRUG BENEFIT UNDER MEDICARE PART D?**

A. Drug benefits under Medicare Part D are provided by private insurers that are approved, subsidized and regulated by Medicare. These private insurers range from national health insurance companies to smaller regional health insurance companies. Many of these private companies will offer several options which will vary considerably in their costs.
- 2. Q. HOW DOES MY CURRENT PLAN PRESCRIPTION DRUG BENEFIT COMPARE TO THE NEW MEDICARE PART D PRESCRIPTION DRUG COVERAGE?**

A. The International Brotherhood of Electrical Workers Local No. 1392 Health & Welfare Fund does **NOT** offer you any prescription drug coverage. So, the Fund's drug coverage is "**non-creditable.**" In other words, the Fund's coverage is **NOT** as good as the standard Medicare Part D coverage.

3. Q. **WHAT DOES “CREDITABLE COVERAGE” AND “NON-CREDITABLE COVERAGE” MEAN?**
- A. “*Creditable Coverage*” means that an insurance Fund is expected to pay for prescription drugs, on average for all of that insurance Fund’s participants, at least as much as a standard Medicare Part D Prescription Drug Coverage will pay. In other words, “Creditable Coverage” means that an insurance Fund’s prescription drug coverage is, on average, at least as good as the standard Medicare Part D Prescription Drug Coverage.
- “*Non-Creditable Coverage*” means that the amount the insurance Fund is expected to pay for prescription drugs is, on average for all Fund participants, *less than* what the Medicare Part D Prescription Drug Coverage is expected to pay on average.
4. Q. **ARE THERE ANY ADVANTAGES IN MY ENROLLING IN THE MEDICARE PART D PRESCRIPTION DRUG COVERAGE PROGRAM?**
- A. There may be because your International Brotherhood of Electrical Workers Local No. 1392 Health & Welfare Fund does *NOT* provide you any prescription drug coverage.
5. Q. **IF I ENROLL IN MEDICARE PART D, CAN I STILL PARTICIPATE IN THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 1392 HEALTH & WELFARE FUND?**
- A. Yes.
6. Q. **WHAT HAPPENS IF I DON’T ENROLL IN THE MEDICARE PART D PRESCRIPTION PROGRAM WHEN I AM ENTITLED TO ENROLL BUT LATER DECIDE TO ENROLL IN THAT PROGRAM?**
- A. In this circumstance, you will be penalized for your late enrollment, because your International Brotherhood of Electrical Workers Local No. 1392 Health & Welfare Fund drug coverage is “non-creditable.” If you don’t enroll during this period, you’ll pay a penalty for your late enrollment.
7. Q. **WHAT IS THE PENALTY?**
- A. The penalty for late enrollment in Medicare Part D is an increase in your monthly premium payment. Specifically, your monthly premium will be higher by one percent (1%) per month for every month that you failed to enroll in Medicare Part D. So, for example, if you are six (6) months late in enrolling in Medicare Part D, your monthly premium will be six percent (6%) higher.
8. Q. **HOW LONG DO THE PENALTIES LAST?**
- A. All penalties last for as long as you participate in Medicare Part D program. So, in the example above, you’ll pay a 6% higher monthly premium for as long as you’re in the Medicare Part D Program.

9. Q. **ARE THERE SPECIFIC TIMES WHEN I CAN ENROLL IN MEDICARE PART D AFTER THE INITIAL ENROLLMENT PERIOD?**
- A. Yes. When you first become entitled to Medicare benefits, there is also an *annual* enrollment period for Medicare Part D. This *annual* period will be October 15th through December 7th of each year. But, remember, if you missed the *first* enrollment period, but later enroll during the annual enrollment period, you will still pay a monthly penalty.
10. Q. **WHERE CAN I GET MORE INFORMATION ABOUT THIS NOTICE OR MY CURRENT PLAN PRESCRIPTION DRUG COVERAGE?**
- A. Contact the Fund Office for further information at (833) 336-1392. You may also request a copy of this Notice from the Fund Office at 6525 Centurion Drive, Lansing, MI 48917-9275. You will also receive this Notice in the future, including before the next Medicare Part D enrollment period.
11. Q. **WHERE CAN I GET MORE INFORMATION ABOUT MY OPTIONS UNDER MEDICARE PART D?**
- A. The *Medicare & You 2018* handbook will provide you more detailed information about Medicare-approved plans that offer prescription drug coverage. You will get a copy of it from Medicare in the mail. Or, you may be contacted directly by the Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:
- www.medicare.gov for personalized help in comparing your Plan benefits with Medicare Part D;
 - your State Health Insurance Assistance Program (see your copy of *Medicare & You 2017* handbook for their telephone number);
 - call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
12. Q. **I HAVE EXTREMELY LIMITED INCOME, IS THERE ANY EXTRA HELP AVAILABLE FOR ME?**
- A. Yes, for people with limited income and resources, there is extra help to pay for the Medicare Prescription Drug Plan. Information for this extra help is available from the Social Security Administration office (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call them at 1-800-772-1213. (TTY users should call 1-800-325-0778).

Sincerely,

Board of Trustees
International Brotherhood of Electrical Workers Local No. 1392 Health & Welfare Fund

TO: PLAN PARTICIPANTS OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL
WORKERS LOCAL #1392 HEALTH & WELFARE FUND

RE: SUMMARY OF MATERIAL MODIFICATIONS

Dear Plan Participant:

This Notice, known as a Summary of Material Modifications (“SMM”), describes changes in the Fund’s Plan adopted by the Trustees since the Summary Plan Description (“SPD”) was printed. It is an amendment to the SPD that you received previously. You should keep this SMM with the SPD for future reference.

The Board of Trustees as of August 2023 is as follows:

Union Trustees:

John Lips, *Secretary*
KW Maintenance Service
3801 Voorde Drive, Suite B
South Bend, IN 46628

Charles Harper
Northern Electric
3028 E. Jefferson Blvd.
South Bend, IN 46615

Andrew R. Graeber
IBEW Local No. 1392
56436 Strasser Lane
South Bend, IN 46619

Management Trustees:

Corey Noland, *Chairman*
KW Services
3801 Voorde Drive, Suite B
South Bend, IN 46628

Martin Fransted
Northern Electric Company
116 North Hill Street
South Bend, IN 46617

Rich Siri, Jr.
Enyart Electric Motor Repair
1313 Prairie Avenue
South Bend, IN 46613

To: PLAN PARTICIPANTS OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL #1392 HEALTH & WELFARE FUND

Re: WOMEN'S HEALTH AND CANCER RIGHTS

Dear Plan Participant:

The Trustees of your Health and Welfare Fund are issuing this annual notice in compliance with the Women's Health and Cancer Rights Act of 1998. Your Health and Welfare Plan 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
International Brotherhood of Electrical Workers Local #1392 Health & Welfare Fund

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 January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPPI.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPPI (855-692-7447)	Website: Health Insurance Premium Payment (HIPPI) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra Phone: (678) 564-1162, Press 2	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: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-and services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid

Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Notice of Nondiscrimination and Accessibility Services

The International Brotherhood of Electrical Workers Local #1392 Health & Welfare 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。

අමතර: ඔබ කතා කරන්නේ භාෂාවක් නම්, භාෂා සහාය සේවාවන් නොමිලේ ලබා ගත හැකිය. 1-517-321-7502 දුරකථන අංකයෙන් සම්බන්ධ වන්න.

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

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.