

# NECA-IBEW LOCAL NO. 364 FRINGE BENEFIT FUNDS

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NECA-IBEW Local No. 364 Welfare Trust Fund  
NECA-IBEW Local No. 364 Defined Contribution Pension Plan  
NECA-IBEW Local No. 364 Vacation Fund  
NECA-IBEW Local No. 364 Supplemental Unemployment Benefit Plan

Managed for the Trustees by:  
TIC INTERNATIONAL CORPORATION

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April 2019

## IMPORTANT NOTICE ABOUT CHIROPRACTIC BENEFITS

To: All Eligible Fund Participants

RE: Chiropractic Benefits

Dear Participant

In an effort to assure that the Fund Participants have the best, most cost-effective benefits available, the Board of Trustees has elected to increase the Chiropractic Benefits.

Effective January 1, 2019 the Chiropractic Benefit maximum increased to two thousand one hundred dollars (\$2,100) per person, per calendar year. The benefit is payable at eighty percent (80%) after the calendar year deductible has been satisfied. The benefit includes office visits, manipulations, adjustments and diagnostic x-rays or laboratory services. The out-of-network benefits will be paid at seventy percent (70%), after the annual deductible has been satisfied and will have the same benefit maximum.

Sincerely,

IBEW Local No. 364 Welfare Trust Fund  
Board of Trustees

**\*\* REQUIRED NOTICE \*\***

### **Nondiscrimination Statement**

The NECA-IBEW Local No. 364 Health & Welfare Fund (the "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 Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. The Plan provides language assistant services to persons whose primary language is not English, and free aids and services where necessary to people with disabilities to communicate effectively with us. If you need these services, contact the Fund Office.

If you believe that the 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 by contacting the Fund Office by mail, fax or in person at NECA-IBEW Local No. 364 Health & Welfare Fund, telephone 1-877-364-4239. If you need help filing a grievance, Fund Office personnel are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW.,

Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-364-4239.

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 1-877-364-4239

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-364-4239.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-364-4239.

1-877-364-4239 ☐

(رقم 1-877-364-4239 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم-

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-364-4239번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-364-4239 (رقم هاتف الصم والبكم: 1-877-364-4239).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-364-4239.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-364-4239.

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。1-877-364-4239) まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-364-4239.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-364-4239.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-364-4239)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-877-364-4239 'ਤੇ ਕਾਲ ਕਰੋ।

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-364-4239 पर कॉल करें।