



DISTRICT COUNCIL 16
Northern California Health and Welfare Trust Fund
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www.dci6trustfund.org



Date: September, 2018

To: All Active Employees, Retirees and their Dependents, including COBRA beneficiaries

**From: Board of Trustees
District Council 16 Northern California Health and Welfare Trust Fund**

This Participant Notice will serve to advise you of certain material modifications and clarifications to certain aspects of the District Council 16 Northern California Health and Welfare Plan. In most cases, these do not represent changes in how your benefits will be administered. Rather, the majority of this is a clarification of potentially confusing language in your current SPD. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

ASSIGNMENT RULES EFFECTIVE SEPTEMBER 25, 2018

The District Council 16 Northern California Health and Welfare Plan is established under and subject to the federal law, Employee Retirement Income Security Act of 1974, as amended, commonly known as ERISA. As a participant under the self-funded ERISA Plan, you are guaranteed certain rights to appeal claim decisions that you don't agree with. If you are covered under the Kaiser HMO or one of the Prepaid Dental Plans, you should refer to your EOC for your appeal rights under these benefits (unless your appeal is regarding eligibility for benefits which would be handled by the Fund).

When you go to see a healthcare provider, sometimes a provider may ask you to sign a form stating that any benefit payments for the services will be sent directly to the provider (rather than being paid to you). This is known as an "Assignment of Benefits." Please note that any assignment of benefits or direction to pay a provider does not assign your rights to file an appeal or lawsuit under ERISA to the provider, or in any way make the provider a plan beneficiary for purposes of ERISA. **This means that a provider is not able to file and/or pursue a claim appeal or file a lawsuit on your behalf by virtue of you signing a form instructing this Plan to pay your benefits directly to your provider.**

The Plan prohibits and will not accept in any circumstance any assignment or attempt to assign any benefits claims, right to coverage, or any other type of claims, regardless of the nature of such claims and any attempt to do so will be void and will not apply. Benefits payable shall not

be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge by any person, including the Plan Participant, a Participant's dependent or creditor of the Plan Participant without the express written permission of the Plan; however, a Plan Participant may direct that benefits due him/her, be paid to a healthcare provider in consideration for hospital, medical, dental and/or vision care services rendered, or to be rendered.

The payment of benefits to a healthcare provider shall be done solely as a convenience and does not constitute an assignment of any right under this Plan or under ERISA, is not authority to act on a Participant's behalf in pursuing and appealing a benefit determination under the Plan, is not an assignment of rights respecting anyone's fiduciary duty, is not an assignment of any legal or equitable right to institute any court proceeding against the Plan, and in no way shall be construed or interpreted as a waiver on the Plan's prohibition on assignments. The Plan are not responsible for paying healthcare provider invoices that are balance billed to a Plan Participant.

GENERAL STATEMENT OF NONDISCRIMINATION

The District Council 16 Health and Welfare Trust Fund's health care 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:

- a) Provides free 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)
- b) Provides free 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 Coleen Christophersen.

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 with: Coleen Christophersen, Civil Rights Coordinator, HS&BA, 4160 Dublin Boulevard, Suite 400, Dublin, CA 94568-7756, Phone: (800) 922-9902, Fax: (925) 833-7301, E-mail: dc16info@hsba.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Coleen Christophersen, Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS 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>.

ATTENTION: FREE LANGUAGE ASSISTANCE

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

Language	Message About Language Assistance
1. Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-922-9902 .
2. Chinese	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 1-800-922-9902
3. Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-922-9902 .
4. Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-922-9902 번으로 전화해 주십시오.
5. Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-922-9902 .
6. Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-922-9902 .
7. Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-922-9902 .
8. French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-922-9902 .
9. Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-922-9902 .
10. French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-922-9902 .
11. Japanese	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。 1-800-922-9902 まで、お電話にてご連絡ください。
12. Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-922-9902 .
13. Persian	تروصبی نابز تلای هست دهی نکی م وگتفگ سرافی نابز هب رگا: هجوت دیری بگ تماس 1-800-922-9902 اب. دشابی م مهارف امشی ارب ناگی ار
14. Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-922-9902 .
15. German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-922-9902 .