



**DISTRICT COUNCIL 16**  
**Northern California Health and Welfare Trust Fund**  
4160 Dublin Boulevard, Suite 400  
Dublin, CA 94568-7756  
Toll Free (800) 922-9902 Fax: (925) 833-7301  
Email: [Dc16info@hsba.com](mailto:Dc16info@hsba.com)  
[www.dci6trustfund.org](http://www.dci6trustfund.org)



**Date June, 2020**

**To:** All Active Employees, Retirees and their Dependents including COBRA beneficiaries of District Council No. 16 Northern California Health & Welfare Trust Fund

**From:** Board of Trustees

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This Participant Notice will advise you of certain changes to your benefits from District Council No. 16 Northern California Health & Welfare Trust Fund. **This information is VERY IMPORTANT to you and your Dependents.** Please take the time to read it carefully.

**IMPROVEMENTS TO ROUTINE HIP AND KNEE REPLACEMENT BENEFITS**  
**Effective January 1, 2020**

The Board of Trustees are pleased to inform you that the Fund is increasing the maximum allowable charge for routine total hip and knee replacement surgery. Effective for surgeries received on or after January 1, 2020, the Fund is increasing the maximum allowable charge for facility fees for routine total hip and routine total knee replacement surgeries performed in the state of California to \$35,000 per surgery.

Please note, you are able to avoid any balance billing for these surgeries by using a Value Based Site or an in-network licensed ambulatory surgery center. To avoid a penalty of a reduction in payment by the Plan, do not forget to have your care preauthorized by Anthem at 1-800-274-7767 if performed at a hospital. Call MedExpert at 1-800-999-1999 if your surgery is to be performed at an ambulatory surgery center or outpatient department of a hospital to have your copayment waived.

**IMPROVEMENTS TO HEARING AID BENEFITS**  
**Effective May 1, 2020**

The Board of Trustees are pleased to inform you that the Fund is improving the benefits available for hearing aids. Effective for hearing aids received on or after May 1, 2020, the Plan is increasing the benefit to a maximum allowance of \$1,500 per device per 48 months. This benefit may renew more frequently than 48 months if medically necessary (for example, if there is an accelerated loss of hearing).

**IMPROVEMENTS TO COCHLEAR IMPLANT BENEFITS**  
**Effective May 1, 2020**

The Board of Trustees are pleased to inform you that the Fund is improving the benefits available for cochlear implants. Effective for services received on or after May 1, 2020, cochlear implants



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will now be covered for participants, spouses and domestic partners, in addition to dependent children. Cochlear implants will be covered for individuals for whom the implant is determined to be medically necessary treatment of bilateral sensorineural (nerve) deafness when certain criteria are met. Preauthorization by Anthem at 1-800-274-7767 is required to avoid a penalty of a reduction in payment by the Plan.

There are no changes to the Plan's current coverage of cochlear implants for dependent children born with a severe congenital hearing deficit.

### **IMPROVEMENTS TO ABORTION COVERAGE**

**Effective April 1, 2020**

The Board of Trustees are pleased to inform you that the Fund is improving the benefits available for abortion. Effective for services received on or after April 1, 2020, abortion (termination of pregnancy) will be covered for participants and dependents when the attending physician certifies it is medically indicated.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administrative Office at **(800) 922-9902**.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.

*In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.*

### **GENERAL STATEMENT OF NONDISCRIMINATION: (DISCRIMINATION IS AGAINST THE LAW)**

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:



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- 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](mailto: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>.

<b>ATTENTION: FREE LANGUAGE ASSISTANCE</b>	
This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.	
<b>Language</b>	<b>Message About Language Assistance</b>
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al <b>1-800-922-9902</b> .
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 <b>1-800-922-9902</b>
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số <b>1-800-922-9902</b> .
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. <b>1-800-922-9902</b> 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa <b>1-800-922-9902</b> .
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните <b>1-800-922-9902</b> .
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم <b>1-800-922-9902</b> .
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele <b>1-800-922-9902</b> .
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer <b>1-800-922-9902</b> .
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le <b>1-800-922-9902</b> .



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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。 <b>1-800-922-9902</b> まで、お電話にてご連絡ください。
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero <b>1-800-922-9902</b> .
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با <b>1-800-922-9902</b> تماس بگیرید.
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ` Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք <b>1-800-922-9902</b> .
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: <b>1-800-922-9902</b> .