

Health and Benefit Trust Fund of the  
International Union of Operating Engineers Local 94-94A-94B, AFL-CIO  
Notice Informing Individuals About  
Nondiscrimination and Accessibility Requirements

**TO: All Eligible Participants and Beneficiaries in the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**FROM: Fund Administrator of the Health and Benefit Trust Fund of the International Union Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**DATE: October 11, 2016**

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The Health and Benefits Trust Fund of the International Union of Operating Engineers Local 94-94A-94B, AFL-CIO (“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 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); and
- 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 Kathryn Fisler, Fund Administrator.

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 grievance with:

Kathryn Fisler, Fund Administrator
337 West 44th Street, New York, New York, 10036
Telephone: (212) 541-9880
Fax Number: (212) 504-3292

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, Kathryn Fisler, the Fund Administrator 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 at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
or by phone at: (800) 368-1019 or (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 numbers to call for free language assistance services for individuals with limited English proficiency.**

Spanish	<i>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office for all other services 212-541-9880.</i>
Chinese	<i>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 Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office for all other services 212-541-9880.</i>
Russian	<i>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
French Creole	<i>ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
Korean	<i>주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services 번으로 전화해 주십시오.</i>
Italian	<i>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
Yiddish	<i>Empire Blue Cross אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופ. Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
Bengali	<i>লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ - Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
Polish	<i>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
Arabic	<i>ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1- (رقم هاتف الصم والبكم: Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
French	<i>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services. .</i>
Urdu	<i>Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services. خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں</i>
Tagalog	<i>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
Greek	<i>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>
Albanian	<i>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në Empire Blue Cross 1-800-553-9603; CVS/Caremark 1-888-769-9054; Health &amp; Benefit Fund Office 212-541-9880 for all other services.</i>

**IMPORTANT NOTICE REGARDING THE FUND'S GRANDFATHERED PLAN STATUS**

The Board of Trustees believes that the Fund is a "grandfathered plan" as such term is defined under PPACA (more commonly known as Health Care Reform). As permitted by Health Care Reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when Health Care Reform was enacted. Being a grandfathered health plan means that the medical coverage that you have elected under the plan may not include certain consumer protections of Health Care Reform that apply to other group health plans, for example, the requirement for the provision of preventive health services without any cost sharing (i.e., copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in Health Care Reform, for example, the elimination of lifetime limits on benefits and extension of coverage to dependents until age 26. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880. You may also contact the Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered plans.