



# UTILITY WORKERS' UNION OF AMERICA NATIONAL HEALTH & WELFARE FUND

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November 2018

TO: ALL PLAN PARTICIPANTS OF THE UTILITY WORKERS UNION OF AMERICA  
NATIONAL HEALTH & WELFARE FUND

Dear Participants:

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):

- Summary Annual Report Pages 2 - 3
- Women's Health and Cancer Rights Page 4
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) Pages 5 - 11

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

Sincerely,

Board of Trustees,  
Utility Workers' Union of America National Health & Welfare Fund

**Union Trustees**

Steven VanSlooten, Chairman  
Michael Coleman  
Shawn Garvey  
Kevin Parsons  
Mike Sallach

**Management Trustees**

Lee Ellis, Secretary  
Kevin Jenkins  
Rodney LeBeau  
Mike Springer Sr.

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TO: PLAN PARTICIPANTS OF UTILITY WORKERS' UNION OF AMERICA  
NATIONAL HEALTH & WELFARE FUND

RE: SUMMARY ANNUAL REPORT FOR 2017

Dear Plan Participant:

This is a summary of the annual report of the UWUA National Health and Welfare Fund, Employer Number 20-0027580, Plan No. 501, for the period January 1, 2017 through December 31, 2017. The Annual Report has been filed with the Internal Revenue Service as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The plan has a Stop Loss contract with Blue Cross Blue Shield of Michigan to pay medical and prescription claims incurred under terms of the plan.

*BASIC FINANCIAL STATEMENT*

The value of plan assets, after subtracting liabilities of the plan, was \$76,544,414 as of December 31, 2017 compared to \$63,860,183 as of January 1, 2017. During the plan year the plan experienced an increase in its net assets of \$12,684,231. This increase includes unrealized appreciation or 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 plan year, the plan had total income of \$26,811,873. This income included employer contributions of \$20,336,863, employee contributions of \$517,473, realized gains of \$170,700 from the sale of assets and earnings from investments of \$5,786,837. Plan expenses were \$14,127,642. These expenses included \$715,208 in administrative expenses and \$13,412,434 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:

- a. an accountant's report;
- b. assets held for investment;
- c. financial information and information on payments to service providers;
- d. transactions in excess of 5 percent of the plan assets; and
- e. insurance information including sales commissions paid by insurance carriers.

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To obtain a copy of the full Annual Report, or any part thereof, write or call the office of the Board of Trustees, Utility Workers' Union of America National Health & Welfare Fund, 6525 Centurion Drive, Lansing, Michigan 48917 or at Toll Free (800) 920-8116 or (517) 321-7502. The charge to cover copying costs will be \$8.25 for the full Annual Report, or 25¢ 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, Utility Workers' Union of America National Health & Welfare Fund, 6525 Centurion Drive, Lansing, MI 48917), 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: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Sincerely,

Board of Trustees,  
Utility Workers' Union of America National Health & Welfare Fund

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TO: PLAN PARTICIPANTS OF THE UTILITY WORKERS' UNION OF AMERICA NATIONAL HEALTH & WELFARE FUND

RE: WOMEN'S HEALTH AND CANCER RIGHTS

Dear Plan Participant:

The Trustees of your Health & 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 notices 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 provided to 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 lymphedemas; 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 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,  
Utility Workers' Union of America National Health & Welfare Fund

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### 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**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 July 31, 2018. Contact your State for more information on eligibility**

| ALABAMA – Medicaid  | FLORIDA – Medicaid  |
|---|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447 | Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a><br>Phone: 1-877-357-3268 |

| <b>ALASKA – Medicaid</b>   | <b>GEORGIA – Medicaid</b>  |
|--|--|
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</a><br><a href="#">X</a> | Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a><br>- Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507  |
| <b>ARKANSAS – Medicaid</b>   | <b>INDIANA – Medicaid</b>  |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a><br>Phone 1-800-403-0864  |
| <b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>  | <b>IOWA – Medicaid</b>   |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a><br>CHP+ Customer Service: 1-800-359-1991/<br>State Relay 711                        | Website:<br><a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a><br>Phone: 1-800-257-8563   |
| <b>KANSAS – Medicaid</b>   | <b>NEW HAMPSHIRE – Medicaid</b>  |
| Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a><br>Phone: 1-785-296-3512  | Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a><br>Phone: 603-271-5218<br>Hotline: NH Medicaid Service Center at 1-888-901-4999   |
| <b>KENTUCKY – Medicaid</b>   | <b>NEW JERSEY – Medicaid and CHIP</b>  |
| Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a><br>Phone: 1-800-635-2570  | Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website:<br><a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 |
| <b>LOUISIANA – Medicaid</b>  | <b>NEW YORK – Medicaid</b>   |
| Website:<br><a href="http://dbh.louisiana.gov/index.cfm/subhome/1/n/331">http://dbh.louisiana.gov/index.cfm/subhome/1/n/331</a><br>Phone: 1-888-695-2447   | Website:<br><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |

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| <p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a><br/>Phone: 1-800-442-6003<br/>TTY: Maine relay 711</p>  | <p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a><br/>Phone: 919-855-4100</p>   |
| <p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a><br/>Phone: 1-800-862-4840</p>  | <p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br/>Phone: 1-844-854-4825</p>   |
| <p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/>Phone: 1-800-657-3739</p> | <p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/>Phone: 1-888-365-3742</p>  |
| <p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>Phone: 573-751-2005</p>  | <p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br/>Phone: 1-800-699-9075</p>     |
| <p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>Phone: 1-800-694-3084</p>   | <p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a><br/>Phone: 1-800-692-7462</p> |
| <p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/>Phone: (855) 632-7633<br/>Lincoln: (402) 473-7000<br/>Omaha: (402) 595-1178</p>  | <p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br/>Phone: 855-697-4347</p>   |
| <p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a><br/>Medicaid Phone: 1-800-992-0900</p>  | <p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br/>Phone: 1-888-549-0820</p>   |

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| <b>SOUTH DAKOTA - Medicaid</b>   | <b>WASHINGTON – Medicaid</b>   |
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  | Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a><br>Phone: 1-800-562-3022 ext. 15473 |
| <b>TEXAS – Medicaid</b>  | <b>WEST VIRGINIA – Medicaid</b>  |
| Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 1-800-440-0493  | Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)   |
| <b>UTAH – Medicaid and CHIP</b>  | <b>WISCONSIN – Medicaid and CHIP</b>   |
| Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669  | Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a><br>Phone: 1-800-362-3002  |
| <b>VERMONT– Medicaid</b>   | <b>WYOMING – Medicaid</b>  |
| Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 1-800-250-8427  | Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a><br>Phone: 307-777-7531  |
| <b>VIRGINIA – Medicaid and CHIP</b>  |  |
| Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a><br>CHIP Phone: 1-855-242-8282 |  |



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To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Services

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210 – 0137 (expires December 31, 2019)

### **Notice of Nondiscrimination and Accessibility Services**

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The Michigan Laborers' Health Care 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。

සූචනා: ඔබ සිංහල භාෂාවෙන් කතා කරන්නේ නම්, නිකුත් කිරීමේ සේවාවන් නොමිලට ලබාදීමට සූදානම්ව ඇමතුම් දීමට අපට සමත් වෙමු. 1-517-321-7502 ට කථනා කරන්න.

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 করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় 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。

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-517-321-7502.

ОБАВЈЕШТЕНЈЕ: 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.