A Doctor in your house whenever you wish and now it’s FREE!

Beginning Nov. 1, the co-pay for MDLive, Cigna’s Telemedicine benefit, will be eliminated

Through the Health Fund’s MDLIVE benefit, you can have a video consultation with a board certified physician in the comfort of your own home (or hotel room if you are on the road). Or you can have the visit by phone — that’s up to you. And the visit is absolutely free.

The Health Fund first introduced MDLIVE in 2016. Since that time, we have had many positive comments from those of you who have used this service — how easy it was to get needed care, and how much of a help and comfort 24/7 access to a doctor gave you. This was especially true for those on the road, or needing care at odd hours.

As a result of this feedback, the Trustees have decided to provide this pioneering telemedicine service for FREE — by waiving the copay for all MDLIVE visits.

If you already registered with MDLIVE, you don’t need to do anything to take advantage of the zero co-pay.

If you haven’t registered yet, we urge you to do so immediately, so that you too can enjoy this new benefit at no cost to you. To register, you’ll need to answer a few medical questions and provide your credit/debit card information (your card will not be charged — MDLIVE programs with a zero copay are still so rare that their systems are not equipped to handle registrations without the credit card information). Registration only takes a few minutes, and once you are registered you can begin enjoying the service right away. To register, please go to MDLIVEforcigna.com.

Nothing can surpass the convenience of medicine at home. It’s available 24 hours a day, 365 days a year — and now it’s FREE.
Some FAQs regarding MDLIVE

Am I really talking with a doctor when I call MDLIVE?

Yes, only board certified primary care physicians and pediatricians participate in the MDLIVE network. They are selected through a credentialing process that is similar to the one used by Cigna for developing and maintaining its physician networks.

What services are available via MDLIVE?

MDLIVE offers 24/7/365 access to consultations with board-certified primary-care physicians and pediatricians. You can communicate with the doctor via secure online videoconferencing, phone, or secure e-mail. Whether you are home, at work, or traveling — or if you simply want quick and convenient access to a doctor — and all of this is available with no copay.

When should I use MDLIVE, and what can be treated?

If you have an urgent, but non-emergency situation, MDLIVE could save you a visit to an urgent care center or your doctor’s office. But remember: in the event of an emergency, always visit the nearest emergency room or call 911.

MDLIVE services are also ideal if you need advice or treatment for common illnesses and conditions, including (but not limited to): respiratory problems, colds and flu, rashes, nausea, joint pains and much more.

When should I NOT use MDLIVE?

MDLIVE is not meant to replace your primary care physician. There are many situations in which you will want to see your regular doctor, in person, such as your annual physical. MDLIVE simply provides another option for fast, convenient care and for reliable medical advice. Of course, in the event of an emergency, do not attempt to use MDLIVE. Go to the nearest emergency room, or call 911.

There are a few limits on MDLIVE’s availability

There are two states (Idaho and Arkansas) in which MDLIVE has restrictions on the services it can provide when a consultation is conducted by phone. If such limitations apply in your state, you will be informed of them when you call in to use the service. The rules of the state in which you receive your consultation are the ones that apply.

Also, we regret that this service is not available to those who are enrolled in the Fund’s Medicare Supplemental program, or in an HMO.

How do I get started with MDLIVE?

To get started, simply call MDLIVE toll-free at (888) 726-3171 or visit MDLIVEforcigna.com. During registration, you’ll need to answer a few medical questions and provide your credit card information, even though your card will not be charged. Once you are registered, simply request a consultation — online or by phone.

Like other pilot programs, Equity-League’s coverage of telemedicine services is subject to change or cancellation. If you have other questions about telemedicine services, please call MDLive at (888) 726-3171.

Annual Open Enrollment – Only in November

Each November, and only in November, the Equity-League Health Fund holds its Annual Open Enrollment period. This is your once-a-year opportunity to make or change your decisions regarding dependent coverage and/or dental coverage.

Some examples of common changes made are: switching from one of the HMO Plans to the Cigna Plan, or vice versa, adding self-paid dependent coverage and adding self-paid dental coverage.

Any coverage changes you make during November will be effective Jan. 1, 2019. If you do not wish to make changes to your present coverage, you don’t have to do anything during the Annual Open Enrollment period.

It’s easy to make changes during Open Enrollment

If you want to make one or more changes, visit equityleague.org to submit your choices, using the Self-Service Portal, anytime in November. You must also provide any required forms and documentation, as well as pay the premium required for your new coverage, by Nov. 30, to avoid a penalty.

Warning – If you miss November’s Annual Open Enrollment, you will not have another opportunity to make changes until November of 2019 (with coverage changes effective Jan. 1, 2020). However, you may still add or remove a dependent at any time of the year when certain life events occur — for example, if you get married or have a child. Visit our life events pages at equityleague.org for additional information.

continued on next page
Enrolling late with a penalty

If you miss the Nov. 30 deadline, you may still make enrollment choices as late as Jan. 2, 2019 — but you will have to pay a $100 penalty. This penalty is in addition to the cost of the coverage for any Open Enrollment changes made. The Equity-League Fund Office will close early on Friday, Dec. 28, 2018 and won’t reopen until Jan. 2, 2019. No changes in coverage will be permitted if we receive payments, forms, or documentation after Jan. 2, 2019.

Questions, or Need Assistance?

For additional information, visit our Annual Open Enrollment page within the Health section of equityleague.org. For complete information, refer to the Equity-League Health Fund Summary Plan Description (SPD), which is also available at our website.

If you have any questions, encounter any issues with the Self-Service Portal, or if you need other assistance, call the Benefit Services Department at (212) 869-9380 (New York City) or (800) 344-5220 (toll-free nationwide), and a representative will assist you.

John Hancock’s New “My Money Connector” and Cyber Security Guarantee

Our 401(k) recordkeeper, John Hancock, has recently introduced two enhancements to their services. First, they have introduced a program they call “My Money Connector.” This new personal financial management tool enables you to see your entire financial picture in one place (well beyond your 401(k) investments). With My Money Connector, you can quickly link up any other financial account(s) you have to capture your total financial assets, create a budget, track your spending and set savings goals.

To activate this feature, login to your Hancock 401(k) account, connect any of your other financial accounts to it and then see your entire financial picture in one place. Just login to mylife.hrps.com to begin the process and start by adding one account or many.

The second new benefit offered by John Hancock is their new Cybersecurity guarantee. This new protection promises that John Hancock will reimburse you for unauthorized transfers of cash out of your covered accounts, occurring through no fault of your own. You can view the details of the guarantee by accessing the following link:

http://assets.jhnavigator.com/managed_assets/itemFiles/USA/JHRPS_CybersecurityGuaranteeCertificate

Please start planning to get your annual flu shot

Even though summer is just ending, many pharmacies are beginning to advertise the availability of flu shots. Is it too early for that?

The latest advice suggests that for those under the age of 65, getting shots as early as September is a good idea. But those who are over the age of 65 may want to get them later, as their immune systems are generally weaker, so immunity may actually begin to wear off before the flu season is over. Consequently, for folks in this age bracket, scheduling a shot in October might be a better idea. The Centers for Disease Control (CDC) recommends annual flu vaccinations for every person 6 months of age or older.

Flu shots are widely available nationwide — and often for free (this happens on the 14th floor of 165 West 46th Street each year, for AEA members, on several days beginning in the Fall).

You can ask your doctor for a flu shot, of course. But flu shots are also commonly provided by:

continued on next page
Retail pharmacies and national pharmacy chains

Mobile clinics, including those held in stores, malls and other shopping areas

Large employers

City and county health departments

To learn where flu shots are available in your area, visit flu.gov and enter your ZIP code. For additional information, you may also visit cdc.gov/flu/.

HIPAA Privacy Notice

If you would like to see the Health Plan’s HIPAA Notice of Privacy Practices, which was last revised in September 2013, please visit equityleague.org, click on the “Health” tab and select “HIPAA Privacy Notice.” Or, to request your own printed copy of the notice, contact us as directed below:

By email: health@equityleague.org

By mail: Privacy Officer Equity-League Health Benefit Fund 165 West 46th Street, 14th Floor New York, NY, 10036

By phone: Call (212) 869-9380 (New York City area) or (800) 344-5220 (toll free nationwide).

The HIPAA Notice of Privacy Practices describes how the Health Plan uses and discloses protected health information, and it also discusses important federal rights that you have with respect to your protected health information.

Your right to request a pension benefit statement

If you would like to receive a detailed statement of the pension credit you’ve earned under the Equity-League Pension Plan, and whether you are vested, you must make the request in writing. Send your request to Equity-League’s Benefit Services Department as directed below:

By email: pension@equityleague.org

By fax: (212) 869-1824 (Attention: Benefit Services)

By mail: Equity League Benefit Services Department 165 West 46th Street, 14th Floor New York, NY 10036

You are entitled to receive a pension benefit statement, upon request, once every 12-month period. If you have questions, call the Benefit Services Department at (212) 869-9380 (New York City area) or at (800) 344-5220 (toll free nationwide).

The Women’s Health and Cancer Rights Act

The Women’s Health and Cancer Rights Act is a federal law that provides protection for breast cancer patients who choose breast reconstruction in connection with a mastectomy. All group health plans, including HMOs that provide medical and surgical benefits in connection with a mastectomy, must also provide for reconstructive surgery in a manner determined in consultation with the patient and attending physician. If you or an enrolled dependent are a breast cancer patient, you should know that in addition to providing medical and surgical benefits in connection with a mastectomy, the Equity-League Health Plan also includes coverage for the following:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas.

This coverage is subject to applicable copayments, referral requirements, annual deductibles and coinsurance provisions. You should review the applicable provisions of the Health Plan regarding any such restrictions that may apply. If you have any questions about this coverage, please contact the Fund Office at (212) 869-9380 (New York City area) or at (800) 344-5220 (toll free nationwide).

Notice of Grandfathered Status

The Equity-League Health Fund believes the Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime dollar limits on benefits. 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 at (212) 869-9380, or (800) 344-5220 (outside New York City). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

In contrast to the Fund’s self-insured coverage administered by Cigna and ProAct, coverage provided through the Fund by an HMO is not grandfathered and will have to satisfy all the minimum coverage requirements of ACA (which is the HMO’s responsibility).
SUMMARY ANNUAL REPORT
For EQUITY LEAGUE 401K PLAN

This is a summary of the annual report for Equity League 401(k) Plan, EIN 13-4155733, Plan No. 001, for period January 01, 2017 through December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Basic Financial Statement

Benefits under the plan are provided by insurance and a trust fund. Plan expenses were $10,495,659. These expenses included $940,873 in administrative expenses, and $9,554,786 in benefits paid to participants and beneficiaries. A total of 22,768 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $305,691,986 as of December 31, 2017, compared to $249,744,585 as of January 01, 2017. During the plan year, the plan experienced an increase in its net assets of $55,947,401. This increase includes unrealized appreciation and 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. The plan had total income of $66,443,060, including employer contributions of $7,655,981, employee contributions of $11,556,398, other contributions (including rollovers) of $438,386, earnings from investments of $46,188,226, and other income of $604,069.

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:

- an accountant's report;
- financial information;
- information on payments to service providers;
- assets held for investment;
- fiduciary information, including non-exempt transactions between the plan and parties-in-interest (that is, persons who have certain relationships with the plan);
- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees of the Equity League 401(k) Plan at 165 West 46th Street 14th Floor, New York, NY 10036-2501, or by telephone at (212) 869-9380. The charge to cover copying costs will be $0.00 for the full annual report, or $0.00 per page for any part thereof.

You also have the right to receive from the plan administrator, 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 administrator, 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 of The Equity League 401k Plan, 165 West 46th Street 14th Floor, New York, NY 10036-2501) 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, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.