

I.A.T.S.E. National Health & Welfare Fund Plan C



Executive Office

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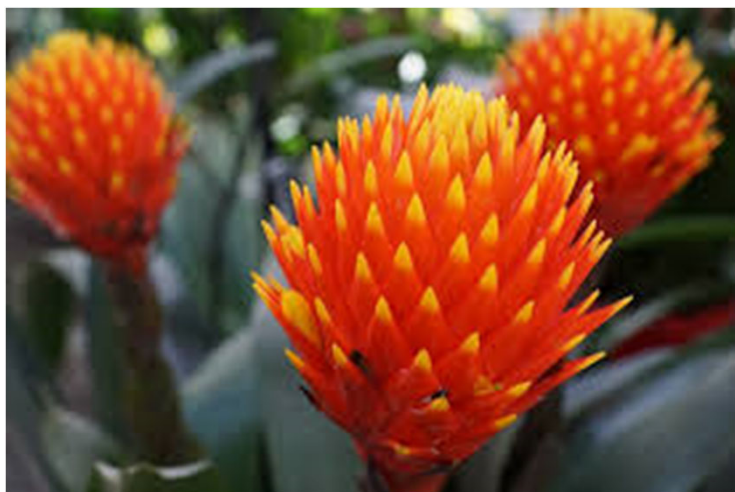
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How participants can contact the Fund Office



Register on the Funds website at www.iatsenbf.org

Main number: 212-580-9092

- Call the Participant Services Center (PSC)- (800)-456-3863 (FUND)
- E-mail the Participant Services Center (PSC) – psc@iatsenbf.org
- Interactive Voice Response system:

Once you call the 800 #, information is available through the IVR system by entering your information after the prompts



How do I begin a CAPP account?

- ❑ The I.A.T.S.E. National Health & Welfare Fund Plan C is an individual account type plan.
- ❑ Once an employer makes a contribution on your behalf, the Fund Office sets up an account in your name. You can use the amounts in your account in your name
- ❑ You can enroll in single or family coverage in C1, C2, C3 or C4 or the stand-alone reimbursement option (MRP).



What is a CAPP account?

Contributions Available for Premium Payments

You may not
contribute
any monies
directly to
your CAPP
account



CAPP accounts are 'notional' accounts maintained for Plan participants. CAPP accounts and CAPP account balances are not vested benefits and cannot be withdrawn as cash. Pre-tax employer contributions can be used for coverage enrollment or for qualified medical reimbursements.

Contributions submitted by your employers are credited to your CAPP account and will accumulate over time.



How do I become eligible for benefits?

You first become eligible for benefits when your employer makes contributions totaling \$150 plus one month's current premium cost (the "CAPP charge") for Plan C-2 single coverage. The first \$150 in employer contributions is used to pay for Fund administrative costs. This \$150 administrative fee will be charged the first time you enter coverage or re-enter the Plan after a loss of coverage. If you are able to enroll in Plan C-MRP, there is an additional administrative fee of \$60 per quarter.

When can I enroll and choose my coverage level ?

Optional Enrollment

□ The earliest you can enroll for Plan C coverage is when you become eligible for “optional enrollment.” If you do not enroll at that time, you will have another opportunity to enroll when you become eligible for “automatic enrollment.”

□ You are entitled to enrollment when your CAPP account balance equals the current **monthly** CAPP charge for Plan C-2 single coverage plus the \$150 administrative fee. When you become eligible for **optional** enrollment, the Fund Office will send you a Plan C CAPP Statement along with an enrollment/payment form.



When can I enroll and choose my coverage level ?

Automatic Enrollment

❑ If you do not enroll when you first become eligible for **optional** enrollment, you cannot enroll until you become eligible for **automatic** enrollment. You are eligible for automatic enrollment when your CAPP account balance equals the current **quarterly** CAPP charge for Plan C-2 single coverage plus the \$150 administrative fee. When you become eligible for **automatic** enrollment, the Fund Office will, once again, send you a Plan C CAPP Statement along with an enrollment/payment form.

❑ You cannot waive coverage once you become eligible for **automatic** enrollment. If you do not elect a Plan option when you become eligible for **automatic** enrollment, you will be enrolled automatically in Plan C-2 single coverage.

❑ The earliest you can enroll for Plan C coverage is when you become eligible for "optional enrollment." If you do not enroll at that time, you will have another opportunity to enroll when you become eligible for "automatic enrollment."

❑ You are entitled to enrollment when your CAPP account balance equals the current **monthly** CAPP charge for Plan C-2 single coverage plus the \$150 administrative fee. When you become eligible for **optional** enrollment, the Fund Office will send you a Plan C CAPP Statement along with an enrollment/payment form.



What coverage options are available and how much does it cost to enroll in coverage?



The premiums for each level of coverage is as follows, effective October 1, 2021:

Plan	Single	Family
C1	\$ 5,415.00	\$ 11,847.00
C2	\$ 2,604.00	\$ 4,446.00
C3	\$ 1,821.00	\$ 2,907.00
C4	\$ 1,019.00	\$ 1,854.00
MRP (Stand-alone option)	You can Enroll in this option provided you have other employer or union sponsored group health coverage.	
	There is a \$ 60 quarterly fee for enrollment in this option	

Who can I enroll in coverage?

- You can enroll the following family members in coverage (you must elect family coverage)
- Your spouse*
- Your children
 - Natural
 - Step-children
 - Children required to be recognized under a QMCSO (Qualified Medical Child Support Order)
 - Adopted children (including those placed in your home for adoption prior to finalization of the adoption)

(marriage, certificates) must be to enroll each dependent.

**Proof of relationship document(s)
birth and/or adoption
submitted**



* if you get a divorce while your spouse is in coverage, you must notify the Fund Office within 60 days of the divorce and submit the applicable divorce document to terminate your ex-spouse from coverage or you will be required to reimburse the Plan for any expenses incurred and paid for by the Plan.



When can I enroll my dependent(s) in Plan coverage?

You can enroll your dependents in coverage during the following periods of time:

- ☐ Initial enrollment/Re-enrollment
- ☐ Open enrollment (annual starting mid-November through December 15)

You may also enroll qualified dependents if you experience a *Qualifying Event* such as:

- ☐ Birth of a child
- ☐ Marriage
- ☐ Adoption
- ☐ Divorce
- ☐ Involuntary loss of other coverage

If you notify and submit the applicable documents to the Fund Office within 60 days of a qualifying event:

- ☐ Your newborn will be added to the Plan as of the date of birth upon receipt of the birth certificate or hospital discharge papers (if the birth certificate has not yet been issued). The birth certificate must be submitted once you receive it if you initially submitted the hospital discharge papers.
- ☐ Your new spouse will be added to the Plan on the 1st of the month following receipt of the marriage certificate

If you notify and submit the applicable documents to the Fund Office outside of the 60-day of a qualifying event and:

- ☐ You are enrolled in a Family Plan – you can enroll the dependent in coverage as of the 1st of the upcoming month
- ☐ You are enrolled in a Single Plan – then you will need to wait until the Open Enrollment period to enroll that dependent and upgrade your coverage to a family option

What happens once me and my dependents are enrolled in coverage?

CAPP Statements are mailed quarterly.

Each statement will have the necessary information for you to continue in the current coverage option or give you downgrade options and premium costs for enrollment in other Plan C options available to you.

Please look for the statements on or around the following periods:

- ☐ mid-February
- ☐ mid-May
- ☐ mid-August
- ☐ mid-November (Open Enrollment period)

Coverage Period: April 1 - June 30, 2020

Statement Date February 15, 2020
Statement ID 6107818
Current Coverage C3 Single

Your CAPP Account Summary

Opening CAPP Account Balance	13728.71
Employer Contributions Received	4978.00
Medical Reimbursement	-64.26
Current CAPP Account Balance	18642.45

To Continue Your Current C3 Single Coverage

Quarterly cost of C3 Single: \$1581.00

Amount due to continue current coverage: \$0.00

To Downgrade Your Coverage

If you do not want to continue your current coverage, you can downgrade to one of the less costly options shown below.

Option	Premium	You Pay
C4 Single	902.00	0.00
Medical Reimbursement	See Note Below	

No action is required to continue current coverage.

To Downgrade Your Coverage

Online at www.iatsebnf.org

Mail: Complete coupon below and remit any applicable payment and/or documents to: IATSE National Benefit Funds, P.O. Box 11945, Newark, NJ 07101-4945 in the enclosed envelope. If payment is required, make your check or money order payable to IATSE National Health & Welfare Fund.

Due Date for receipt: March 16, 2020

How can I lose my coverage?

“Lapse” or “Downgrade” in coverage

☐ Lapse

If you fail to submit the required co-payment by the assigned deadline date and your CAPP account is not sufficient to auto enroll you in any other lower cost coverage option, then your coverage will “lapse” (terminate) and you will need to meet eligibility requirements for re-enrollment.

☐ Downgrade

If you fail to submit the required co-payment timely and your CAPP account balance is enough to be auto enrolled in a lower cost option, the Fund Office will enroll you in the next available lower cost coverage option. You will not be able to upgrade your coverage again until the Open Enrollment period OR unless you experience a qualifying event (birth, marriage, divorce or loss of other coverage).

In both cases, because your coverage option changed from one Plan to another or terminated completely, you will receive a COBRA notice about a week after the loss or change in coverage



How can I lose my coverage?

“Participation Termination”

If you have been self-paying all or part of the charge for your coverage, you lose your eligibility for continued participation in Plan C when both of the following happen:

- your CAPP account balance for the next coverage quarter is zero

AND

- over the preceding eight (8) coverage quarters, the Fund Office has not received employer contributions on your behalf equal to at least the quarterly charge for Plan C-2 single coverage

This is called **“Participation Termination”**



You will receive a COBRA notice about a week after the loss of coverage

How can I lose my coverage?

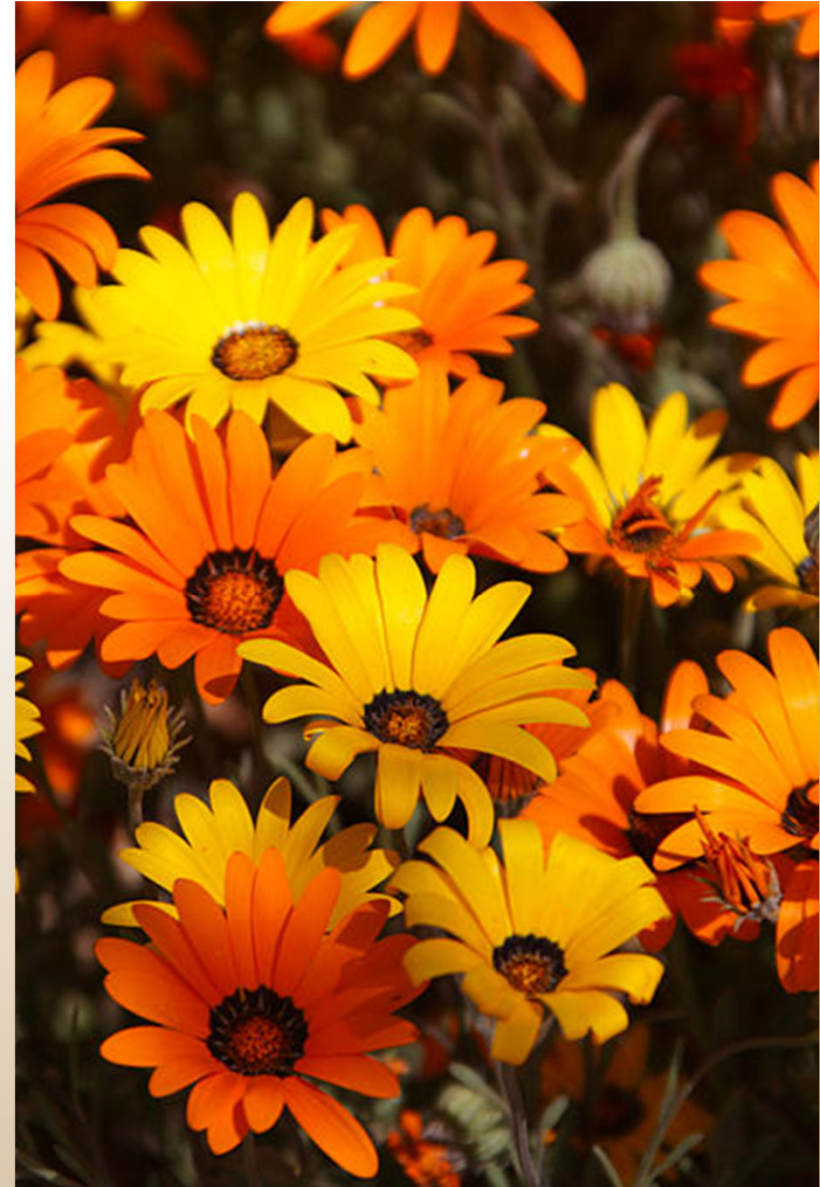
“Forfeiture”

CAPP accounts are intended for Plan participants who are working in covered employment in various segments of the entertainment industry. If there has been no activity in a CAPP account for eight (8) consecutive calendar quarters (2 years), the balance in the account will be forfeited at the end of the eighth calendar quarter to the general assets of the Health & Welfare Fund.

An “inactive account” is one

where

- the participant has not elected coverage under any Plan option (C1, C2, C3 or C4)
- no medical reimbursement claims were paid
- no new employer contributions were received, over eight (8) consecutive calendar quarters



What is “COBRA”

Up to 18 months of COBRA covered offered to you and/or your spouse/dependents if:

- You experience a termination of Plan coverage
- You experience a change in Plan coverage
- Example
 - You downgrade from C2 to C3 (single or family). You will receive a COBRA notice for the previous coverage.

Up to 36 months of COBRA covered offered to your spouse/dependents if:

- You die
- A dependent no longer meets the definition of a dependent due to:
 - Divorce
 - Age: Children can be covered up to 12/31 in the year in which they turn 26
- Example
 - You downgrade from C2 to C3 (single or family). You will receive a COBRA notice for the previous coverage.

Once you received your COBRA notice:

- You and/or your dependents have 60 days from the date on the notice to submit your COBRA election
- Then you have 45 days from that date, to submit the applicable payment.

Please note: COBRA is not active until payment is received

Refer to the section in the Plan C SPD:

“Continuation of Health Coverage under COBRA”

EAP - Employee Assistance Program

Guidance for a fresh start

Your Employee Assistance Program (EAP) can help you set goals for the new year

2020 has been a challenging year. If you are looking forward to a fresh start in the new year, your Employee Assistance Program (EAP) is here to help you set goals and work toward achieving them.

One way your EAP does this is by bringing you helpful news and articles. Log on to the EAP website this month for guidance for starting the new year, with features including:

- New Year's resolutions for mental health
- How to set meaningful goals
- Achieve your goals by changing habits
- The science of goal setting
- Podcast: Are you ready for change?



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