



## Health & Welfare Plan C

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, with some extending towards the left. The overall aesthetic is clean and modern.

## Initial Eligibility under Plan C

## What happens when you work for a Plan C employer?

When you work in covered employment for a contributing Plan C employer, ALL health contributions received on your behalf go into an account created under your name. This is called a CAPP (Contributions Available for Premium Payments) account.

Only employer contributions can be placed in this account. You cannot contribute to your CAPP account. These contributions can ONLY be used for to pay premiums for coverage under Plan C or can be used for medical reimbursement if you meet certain eligibility requirements.

## How are contributions credited to Plan C?

Contributions are credited to the month they are **received** by the Fund Office.

Plan C eligibility is determined quarterly. It is based solely on the receipt date of employer contributions NOT by the date you worked.

The first \$150 received is applied to an administrative fee.

| Month Employer Contributions Received | Quarter it is credited to |
|---------------------------------------|---------------------------|
| August 1 - October 31                 | January                   |
| November 1- January 31                | April                     |
| February 1 - April 30                 | July                      |
| May 1 - July 31                       | October                   |



## How much do I need to be eligible for coverage?

You need employer contributions that is sufficient to cover the

### If you are new to the Plan:

\$150 Administrative fee + the cost of one month of Plan C2 single premium

### If you are 'returning' to the Plan after a lapse:

\$150 Administrative fee + the cost of one month of Plan C3 single premium

## What happens once you meet the criteria?

An enrollment forms is sent for coverage beginning the 1<sup>st</sup> day of the next applicable quarter provided the Fund Office has your **valid mailing address** on file.

The effective date of coverage is based on the receipt date of the last contribution that met the threshold.

| Employer contributions received from- through | Effective date of enrollment form | When enrollment form is mailed | Due Date |
|---|-----------------------------------|--------------------------------|----------|
| August 1- October 31                          | January 1                         | Mid-November                   | 12/15    |
| November 1- January 31                        | April 1                           | Mid-February                   | 3/15     |
| February 1-April 30                           | July 1                            | Mid-May                        | 6/15     |
| May 1- July 31                                | October 1                         | Mid-August                     | 9/15     |

# Type of enrollment form sent is based on your CAPP balance

## Optional Enrollment

CAPP balance is BELOW the quarterly cost of C2 single

If no election is made, you will have to wait until your CAPP balance is sufficient to cover the quarterly cost of Plan C2 single before another enrollment form is sent.

## Mandatory Enrollment

CAPP balance is ABOVE the quarterly cost of C2 single

If no election is made, you will be automatically enrolled in Plan C2 single. This is referred to as a **default in coverage**.

## Who are eligible dependents?

- ▶ **Current spouse**

copy of marriage certificate and spouse's social security number is mandatory for enrollment.

- ▶ **Natural children, Stepchildren, children recognized under a QMCSCO (Qualified Medical Child Support Order) or Adopted Children**

copy of child's birth certificate and adoption paperwork (If applicable) must be remitted.



## How do I elect coverage ?

► **Online at [www.iatsenbf.org](http://www.iatsenbf.org):**

You can elect coverage option, upload dependent documents and make your copayment or submit proof of other employer or union sponsored group health coverage online by the due date indicated. If you pay online, keep the confirmation number that is provided on our website.

► **Mail:** IATSE National Benefit Funds  
P.O. Box 11945  
Newark, NJ 07101-4945

Completed enrollment form, any applicable dependent documents and/or copayment must be received by the due date. If you choose to mail your election, be sure to obtain proof of mailing (for example, a receipt from UPS or return receipt from the U.S. Postal Service).

# Maintaining Coverage



## How long does coverage last ?

Once enrolled in coverage, you will be covered for three months (one quarter of coverage).

A Plan C Quarterly Statement will be sent 6 weeks in advance of the next coverage quarter. It will indicate how much you received in employer contributions by the cutoff date for that quarter and the amount (if any) you would owe to continue coverage.

| Employer Contributions Received from-through | When Quarterly Statement is mailed | Coverage Quarter   | Due Date for Coverage election/copay |
|--|------------------------------------|--------------------|--------------------------------------|
| 8/1 – 10/31                                  | Mid-November                       | January -March     | 12/15                                |
| 11/1 – 1/31                                  | Mid-February                       | April - June       | 3/15                                 |
| 2/1 -4/30                                    | Mid-May                            | July - September   | 6/15                                 |
| 5/1 -7/31                                    | Mid-August                         | October - December | 9/15                                 |

## How do I maintain coverage or change my coverage?

Your statement will indicate any copayment due to maintain your current coverage and the due date. For the April, July and October quarters, you **ONLY** have the option to downgrade your coverage or enroll in MRP.

Once you downgrade, you CANNOT upgrade until Open Enrollment unless you experience a qualifying event (Ex. Marriage, birth, involuntary loss of your other coverage).

## Downgrade Options for the April, July and October Quarters

| Current Coverage | Other Options Available  |
|------------------|--|
| C1 family        | C2 family, C3 family, C4 family, C2 single, C3 single, C4 single, MRP  |
| C1 single        | C2 single, C3 single, C4 single, MRP   |
| C2 family        | C3 family, C4 family, C2 single, C3 single, C4 single, MRP   |
| C2 single        | C3 single, C4 single, MRP  |
| C3 family        | C4 family, C3 single, C4 single, MRP   |
| C3 single        | C4 single, MRP   |
| C4 family        | C4 single, MRP   |
| C4 single        | MRP  |
| MRP              | No other coverage options are available during the calendar year unless you experience an involuntary loss of coverage |

What happens if I  
do NOT make the  
required  
copayment?

Depending on your CAPP balance, one of the following will occur:

- If CAPP balance is ABOVE the quarterly cost of Plan C4 single, your coverage will be **downgraded** to the Plan you have sufficient funds to cover.
- If your CAPP balance is BELOW the quarterly cost of Plan C4 single, your coverage will terminate. This is known as a **lapse** in coverage.

## What happens when coverage lapses?

Once coverage lapses, you will receive a COBRA notice allowing you to elect COBRA coverage for up to 18 months. To requalify for active coverage, you will need employer contributions sufficient to cover the \$150 administrative fee plus the cost of one month of Plan C3 single.

You would need to write a letter addressed to the Board of Trustees explaining your situation and state exactly what you are appealing and what you would like to happen. You can also submit any supporting documents (such as proof of mailing).

Submit your appeal via email to [appeals@iatsenbf.org](mailto:appeals@iatsenbf.org) or mail to IATSE National Benefit Funds, 417 Fifth Avenue, 3<sup>rd</sup> Floor, New York, NY 10016, attention Appeals.

Upon receipt, you will receive an acknowledgement letter indicating when your appeal will be heard. Once heard, a decision letter will be mailed.



How can I  
submit an  
appeal?



## What is a One Free Pass appeal?

If your coverage is downgraded or it lapses AND you meet the following criteria, you can submit an appeal requesting to use your One Free Pass to make a copayment (if applicable) and have your coverage reinstated.


- ❖ Enrolled in active coverage (including MRP) in the prior 8 consecutive quarters immediately prior to loss.
- ❖ Have not utilized a One Free Pass in the past 3 years
- ❖ Submit your request within 90 days of your coverage change
- ❖ You can submit your appeal via email to [appeals@iatsenbf.org](mailto:appeals@iatsenbf.org) or via mail to IATSE National Benefit Funds, 417 Fifth Avenue, 3<sup>rd</sup> Floor, New York, NY 10016.

# Open Enrollment





## What is Open Enrollment?



Open Enrollment occurs from mid-November to December 15 (or next business day if a weekend).

This is the time of year that you can re-evaluate your coverage needs and upgrade to a different level of coverage effective January 1<sup>st</sup> of the upcoming year.

The only other time you can upgrade your coverage is if you experience a qualifying event such as a new marriage, birth of a child, divorce or loss of other coverage.

## When will Open Enrollment Quarterly Statements be mailed?

Quarterly statements will be mailed in mid-November. They are available immediately, once they are generated (usually between the 15<sup>th</sup> and 17<sup>th</sup> of November), at [www.iatsenbf.org](http://www.iatsenbf.org).



## What do I need to do to maintain enrollment in MRP?

To maintain enrollment in the Medical Reimbursement Program, you will need to submit ALL of the following:

1. Complete and sign Open Enrollment Form attesting that you and your dependents (if applicable) have other employer or union sponsored group health coverage.

AND

1. Submit a copy of the front and back of your other employer or union sponsored group health coverage ID card. The card must state “group”, otherwise a letter from your employer would be needed. Coverage through Medicare, Medicaid, Tricare, or another country’s nationalized health plan is NOT acceptable as proof of other coverage.

The above can either be submitted online at [www.iatsenbf.org](http://www.iatsenbf.org) or mailed to P.O. Box 11945, Newark, NJ 07101-4945.

## How do I change my coverage or enroll in MRP

Go **online** to [www.iatsenbf.org](http://www.iatsenbf.org) to make your coverage election and submit any required copayment (Visa or Mastercard) by December 15<sup>th</sup>. You can also upload any dependent documents or if you chose to enroll in MRP, proof of your other employer or union sponsored group health coverage. Once your election is made, you will receive confirmation.

OR

**Mail** your completed and signed election form, along with any applicable copayment made payable to IATSE National Benefit Fund, copy of your dependents documents and if you elect MRP, proof of other coverage to:

IATSE National Benefit Funds  
P.O. Box 11945  
Newark, NJ 07101-4945

\*It is important that you obtain proof of mailing (such as return receipt requested). Your election must be **received** by December 15.

## How to Contact the Fund Office

You can contact the Fund Office via one of the following methods:

- ❖ **Email:** send an email to [psc@iatsenbf.org](mailto:psc@iatsenbf.org). You will receive a response within 24-48 hours. Be sure to include the participant's name and your participant ID in the email.
- ❖ **Call:** Participant Services at 1-800-456-3863. If you need to leave a message, indicate your name, participant ID# and contact number.
- ❖ **Mail:** send correspondence to IATSE National Benefit Funds, 417 Fifth Avenue, 3<sup>rd</sup> Floor, New York, NY 10016.

## Important things to note:

### **Create an online account at [www.iatsenbf.org](http://www.iatsenbf.org)**

You will be able to update census information, track your contributions, elect coverage and make any applicable copayments.

### **Notify the Fund Office of any address changes**

Just because you update the local or your employer, don't assume we are made aware of the change. You can change your address online or by completing a change of address form (available online) and email it to [psc@iatsenbf.org](mailto:psc@iatsenbf.org)

### **Notify us of any changes in your family status**

If you marry, divorce, have a child, adopt a child, we must receive notification within 60 days of such event. If we receive proof after 60 days, it could affect your ability to make a change in coverage.