

Health & Welfare 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.

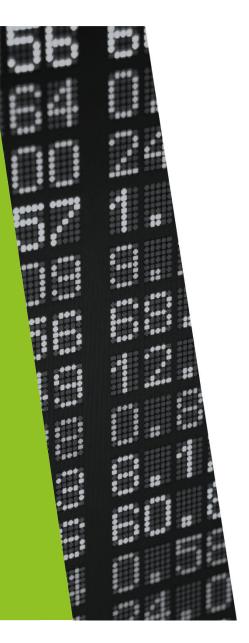
How are contributions credited to Plan C?

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 1st 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		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 <u>www.iatsenbf.org</u>:

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 or mail to IATSE National Benefit Funds, 417 Fifth Avenue, 3rd Floor, New York, NY 10016, attention Appeals.

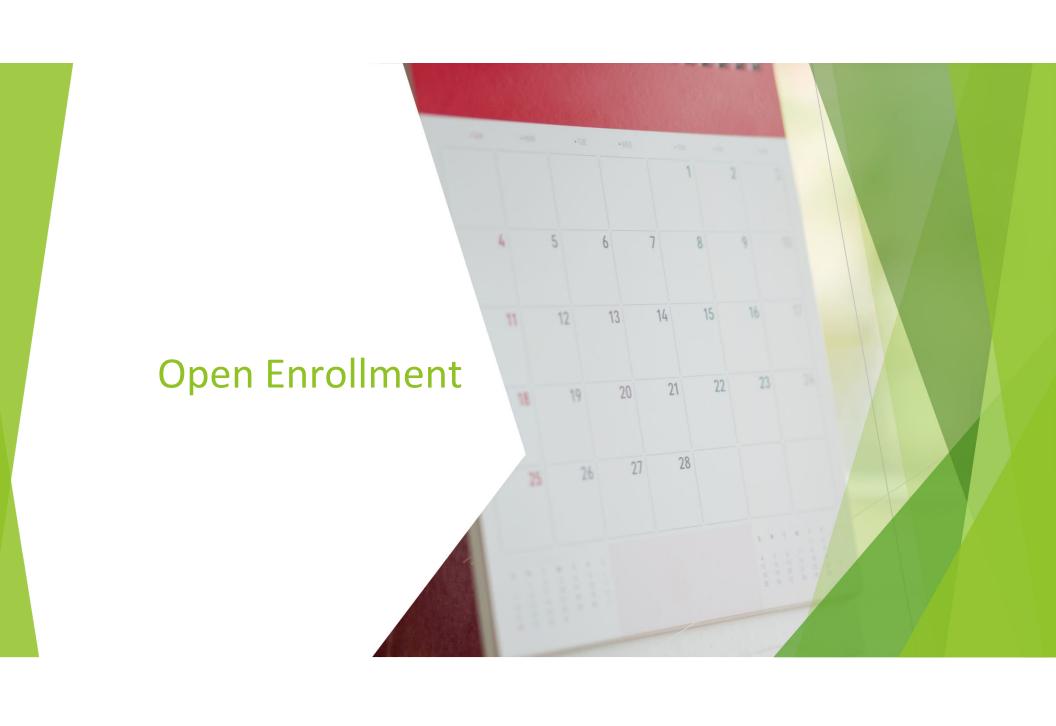
Upon receipt, you will receive an acknowledgement letter indicating when your appeal will be heard. Once heard, a decision letter will be mailed.

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 <u>appeals@iatsenbf.org</u> or via mail to IATSE National Benefit Funds, 417 Fifth Avenue, 3rd Floor, New York, NY 10016.





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 reevaluate your coverage needs and upgrade to a different level of coverage effective January 1st 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 15th and 17th of November), at 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 or mailed to P.O. Box 11945, Newark, NJ 07101-4945.

How do I change my coverage or enroll in MRP

Go **online** to <u>www.iatsenbf.org</u> to make your coverage election and submit any required copayment (Visa or Mastercard) by December 15th. 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 are return receipt requested). Your election must be <u>received</u> 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. 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, 3rd Floor, New York, NY 10016.

Important things to note:

Create an online account at 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

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.