

IRONWORKERS LOCAL 11

BENEFIT FUNDS & TRAINING FACILITY

BUILT ON TRUST, FOUNDED ON SERVICE



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www.ironnj.com

Date: August 31, 2018

To: Iron Workers Local 11 Welfare Fund Active Members and their covered dependents and All COBRA participants

From: The Board of Trustees

Re: Important Annual Notices / Reminders Regarding Your Welfare Fund Benefits

We are providing you and your family with this Welfare Fund notification to provide you with annual notices as required under the Patient Protection and Affordable Care Act. In addition, this letter contains information about enrollment requirements for adult children.

This notice contains important information concerning your Welfare Fund benefits. Please attach this notice to your Summary Plan Description (SPD). It should be read and retained with your Summary Plan Description for future reference.

IMPORTANT ANNUAL NOTICES / REMINDERS

NOTICE OF GRANDFATHERED HEALTH PLAN

This group health plan believes the Iron Workers Local 11 Welfare Fund 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 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 973-376-7230. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

ANNUAL NOTICE OF WOMEN’S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Your group health plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). For more information, call the Fund Office or Horizon at the phone number listed below.

This coverage is subject to any plan copayments, annual deductibles and coinsurance that may be applicable, consistent with those established for other benefits under the plan. These provisions are described in the Plan’s Summary Plan Description (SPD).

If you have any questions about whether your plan covers mastectomies or reconstructive surgery, please contact the Fund Office at the above number or you may also call Horizon Blue Cross Blue Shield of NJ at 800-355-2583.

AVAILABILITY OF A HIPAA PRIVACY NOTICE FOR YOUR GROUP HEALTH PLAN

If you would like to see (or obtain a copy of) the plan's HIPAA Notice of Privacy Practices, please write to the Fund Office of the Iron Workers Local 11 Welfare Fund, 12 Edison Place, Springfield, New Jersey, 07081, or you may call the Fund Office at (973) 376-7230. The Notice describes how the plan uses and discloses protected health information. It also discusses important federal rights that you have with respect to your protected health information.

SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Fund Office at 973-376-7230.

Special Enrollment - Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), for Individuals who lose coverage under Medicaid or a State Children's Health Insurance Program

Effective April 1, 2009, if either of the following two events occur, you will have *60 days* from the date of the event to request enrollment in the Fund:

- *Termination of Medicaid CHIP Coverage* – If you or your dependent is covered under a Medicaid plan or under a State children's health insurance program (CHIP) and coverage under such a plan is terminated as a result of a loss of eligibility for such coverage.
- *Eligibility for Premium Assistance under Medicare or CHIP* – If you or your dependent becomes eligible for premium assistance under Medicaid or CHIP, including under any waiver or demonstration project conducted under or in relations to such a plan. In general, this is a program where the state assists employed individuals with premium payment assistance for a group health plan rather than provide direct enrollment in a state Medicaid program.

If enrollment is permitted in accordance with the above, coverage under the Fund will be effective beginning on the first day of the first calendar month following the month in which a completed request for enrollment is received by the Fund Office. To request special enrollment or obtain more information, contact the Fund Office at 973-376-7230.

This Notice only summarizes certain provisions of the Plan. Please keep it together with your Summary Plan Description (SPD) and refer to them as necessary. Please refer to the SPD for specific details about the Plan. If you would like to request a copy of the SPD, please contact the Fund Office.