



# Joint Plumbing Industry Board Plumbers Local Union No. 1 Trust Funds



Welfare Fund • Vacation and Holiday Fund • Trade Education Fund • Additional Security Benefit Fund • 401(k) Savings Plan  
George W. Reilly, Co-Chairman - Labor                      Walter Saraceni, Administrator                      Vito Giachetti, Co-Chairman - Management

## Important Information Regarding Your Health Fund Benefits

This notice contains important information concerning the benefits provided by the Plumbers Local Union No. 1 Welfare Fund. Please attach this letter to your Summary Plan Description (SPD). It should be read and retained with your SPD for future reference.

**November 19, 2010**

**Re: Patient Protection and Affordable Care Act Information**

Dear Plan Member:

**We are providing you and your family with this Welfare Fund announcement letter to provide you with notices required under the Patient Protection and Affordable Care Act and to inform you of benefit changes effective January 1, 2011.**

### I. Notices

#### A. Special Enrollment for Children Under Age 26

If you have a child who is under age 26 (whether married or unmarried), including a child currently receiving continuation coverage under COBRA, that child may be eligible to enroll in the Plan as of January 1, 2011. This special enrollment opportunity applies to:

- Children between the ages of 18 and 23 that are **currently** enrolled in the Plan;
- Children who were not previously eligible to enroll in the Plan;
- Children who were previously denied coverage under the Plan; and
- Children whose coverage under the Plan already ended.

*Please note: These children will not be eligible for coverage if they are eligible for any employment-based coverage other than the plan of a parent or step-parent. This limitation will be in effect until December 31, 2013.*

The Plan covers natural children, step children, adopted children and children placed for adoption. The Plan will continue to cover disabled children under the current Plan's provisions. Please see your Summary Plan Description (SPD) for information on coverage for disabled children.

You must request special enrollment on behalf of your child and return a completed enrollment form no later than December 20, 2010. If you request special enrollment by that date, coverage will be effective on January 1, 2011.

**If enrollment materials are not received by December 20, 2010, you will not be able to enroll your dependent child except as allowed under the HIPAA Special Enrollment rules. You may still enroll your dependent child late during the 2011 open enrollment period. However, coverage will be effective January 1, 2012.**

If you wish to request special enrollment for your dependent child, please complete the attached enrollment form and return it to the Fund Office by December 20, 2010. For more information, contact the Fund Office Welfare Department at (718) 835-2700.

#### B. Lifetime Limits No Longer Apply

**The \$1 million per person lifetime limit on the dollar value of benefits under Plumbers Local Union No. 1 Welfare Fund no longer applies.**

The \$20,000 lifetime limit per family for fertility drugs no longer applies.

The \$2,500 lifetime limit for covered orthodontic services no longer applies for eligible dependent children up to the age of 18. Please note that there remains a \$2,500 lifetime maximum for covered dental benefits per eligible covered Employee and Dependent aged 19 to 26.

Individuals whose coverage ended by reason of reaching the \$1 million lifetime limit under the Plan are eligible to re-enroll in the Plan. Individuals have 30 days from the date of this notice to request enrollment. For more information, contact the Fund Administrator at (718) 835-2700.

#### C. Notice of Grandfathered Health Plan

The Plumbers Local Union No. 1 Welfare Fund believes this 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 (718) 835-2700. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.**

## II. Plan Changes Effective January 1, 2011

#### A. Definition of Dependent

The Plan covers natural children, step children, adopted children and children placed for adoption up to the end of the month in which the child turns age 26. Children who are eligible for other employment-based coverage other than the plan of a parent or step-parent are not eligible for enrollment. This limitation is in effect until December 31, 2013.

#### B. Removal of Lifetime Limits

The \$1 million per person lifetime limit on the dollar value of benefits under Plumbers Local Union No. 1 Welfare Fund no longer applies. Also, the \$20,000 lifetime limit per family for fertility drugs no longer applies.

### C. Removal of Annual Limit on Certain Essential Benefits

**Dental Benefits including Orthodontia** - The \$3,000 annual maximum for covered dental benefits no longer applies for eligible dependent children up to the age of 18. Please note that there remains a \$3,000 annual maximum for covered dental benefits per eligible covered Employee and Dependent aged 19 to 26.

**Vision Benefits** - The \$100 annual maximum allowance for an eye examination and/or prescription eyeglasses no longer applies for eligible dependent children up to the age of 18. Please note that there remains a \$100 annual maximum allowance for an eye examination and/or prescription eyeglasses for each eligible covered Employee and Dependent aged 19 to 26.

### D. Prescription Drug Benefits

**Change in HRA Reimbursement Rules for Over the Counter Medications** - The Plumbers Local Union No. 1 Welfare Fund's Health Reimbursement Arrangement (HRA) will no longer continue to cover over the counter (OTC) medications without a prescription effective January 1, 2011.

Please note that for purchases made through **December 31, 2010** you will not need to submit a prescription for over the counter (OTC) medication with your claim for reimbursement from your HRA account. However, you must submit these reimbursement claims within 18 months from the date of purchase for the claim to be considered.

**EXAMPLE 1:** On December 16, 2010, you purchase Prilosec OTC. You may submit a claim for reimbursement within 18 months from December 16, 2010 by including the receipt of purchase on your claim form.

However, **effective January 1, 2011**, you must submit a prescription from your doctor for any over the counter (OTC) medications you purchase in order to be eligible for reimbursement from your HRA account. Once again, please remember that any HRA reimbursement claims must be submitted within 18 months of the date of purchase of the medication for the claim to be considered.

**EXAMPLE 2:** You ask your doctor for a prescription for Prilosec OTC and he/she fills out a prescription for you. On January 16, 2011, you purchase Prilosec OTC. You may submit your claim for reimbursement up to 18 months from January 16, 2011, but you must attach the doctor's prescription for the Prilosec OTC and the receipt of purchase on your claim form.

As always, if you have any questions regarding these benefit modifications, please contact the Fund Office.

Sincerely,  
Plumbers Local Union No. 1 Welfare Fund

**THE BOARD OF TRUSTEES**

# PLUMBERS LOCAL UNION No. 1 WELFARE FUND - SPECIAL ENROLLMENT FORM

158-29 George Meany Boulevard, Howard Beach, N.Y. 11414

Tel. (718) 835-2700

Fax. (718) 641-8155

www.ualocal1funds.org

## (A) Participant Information:

Use a ballpoint pen to complete form

(1) Social Security Number

(2) Last  (3) First  (4) Init.

(5) Street  (6) City  (7) State  (8) Zip

(9) Date of Birth

(10) Gender  M  F

(11) Home Phone Number / Cell Number

(12) E-mail Address

(13) Retired  (14) Active  (15) Current or Last Employer

(16) Last date of Employment

## (B) Adult Child Information: Child's relationship to you:

(1) Natural Son/Daughter  (2) Adopted Child  (3) Child placed with you for adoption  (4) Step Child

(5) Social Security Number

(6) Last  (7) First  (8) Init.

(9) Date of Birth

(10) Gender  M  F

(11) Home Phone Number / Cell Number

(12) Is your adult child: Currently enrolled in the Plan?  Yes  No (13) Is your adult child married?  Yes  No

(14) Is your adult child employed?  Yes  No If yes, complete Section C (15) Is adult child's spouse employed?  Yes  No If yes, complete Section C

(16) Is your adult child Eligible for other employer-sponsored coverage through his / her own employer?  Yes  No If yes, complete Section D

(17) Is your adult child Eligible for other employer-sponsored coverage through his / her Spouse's employer?  Yes  No If yes, complete Section D

## (C) Employer Name, Address and Phone Number: If your child is employed, provide employer name, address and phone number. If the child is married and the spouse is employed, provide information about the spouse's employer.

(1) Adult Child's Employer Name:

(2) Adult Child's Employer Address and Phone Number:

(3) Adult Child's Spouse's Employer Name:

(4) Adult Child's Spouse's Employer Address and Phone Number:

## (D) Eligibility for Other Health Coverage: Complete the following section if your adult child is currently eligible for health coverage either through his / her employment or his / her spouse's employment.

(1) Policy Name:

(2) Policy holders relationship to adult child:  Self  Child's spouse (3) Policy holders Date of birth

(4) Group and Policy #:

(5) Insurance Company/Claims Administrator Name:  Phone #:

Address:

## (E) Participant Affidavit :

I acknowledge by signing this form that all the information provided is true and correct to the best of my knowledge. I understand that if I conceal information, provide false information or otherwise mislead the Fund, my child's eligibility for Fund coverage will be terminated retroactively and I will be liable for any claims that were paid erroneously based on the false or misleading information.

Participant Signature  Date

State of:  County of:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me came \_\_\_\_\_, known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public

## SPECIAL ENROLLMENT FORM FOR ELIGIBLE ADULT CHILDREN UNDER AGE 26

### Instructions:

Complete this form for each adult child you wish to enroll in the Plan. If you have more than one adult child, you will need to complete a separate form for each adult child. This Plan defines an adult child as an individual over age 18 and up to age 26 who is a natural child, stepchild, adopted child or child placed for adoption.

This special enrollment opportunity applies to:

- Children between the ages of 18 and 23 that are **currently** enrolled in the Plan;
- Children who were not previously eligible to enroll in the Plan;
- Children who were previously denied coverage under the Plan; and
- Children whose coverage under the Plan already ended.

You must complete this form in its entirety and then sign and date it before a Notary Public. You must return the form to the Fund Office by December 20, 2010. If you mail the form, it must be postmarked by December 16, 2010. If you do so, coverage for your adult child will be effective January 1, 2011.

If the Fund Office does not receive this form within the necessary time frame, you will not be able to enroll a child during this special enrollment opportunity. **No adult child will be covered after January 1, 2011 under the Plan if the Fund Office does not receive the signed and dated enrollment form within the necessary timeframe.**

If your child is not currently enrolled in the Plan, you must provide a copy of the child's birth certificate. For adopted children or those placed for adoption with you, you must provide a copy of the adoption paperwork. For a stepchild, you must provide a copy of your and your spouse's marriage certificate, as well as the child's birth certificate.

### Additional Information:

The Plan will continue to cover disabled children under the current Plan's provisions. Please see your SPD for information on coverage for disabled children.

Mail Completed Form(s) to:

PLUMBERS LOCAL UNION No. 1 WELFARE FUND  
158-29 George Meany Boulevard,  
Howard Beach, New York 11414  
Attn: Enrollment Services

- If you have any questions in completing this Form, please call the Fund Office Welfare Department at (718) 835-2700.