



Health Fund

6281 Youngstown-Warren Rd., Suite 240
Niles, Ohio 44446
330-652-3475 FAX 330-652-3513
Toll Free 1-800-362-9354
www.ohiocarpenters.com

April 6, 2011

**Re: Enrollment of Older (Between Ages 19 and 26) Dependent Children
In Your Health Care Plan and Other Health Care Reform Changes**

Dear Plan Participant:

As you are doubtless aware, Federal health care reform legislation – the Patient Protection and Affordable Care Act (“PPACA”) – was signed into law last year. Some of its provisions first apply to the Ohio Carpenters Health and Welfare Plan on May 1, 2011, the first day of the first plan year starting after September 23, 2010, PPACA’s effective date. A notice entitled “Important Information About Your Plan Benefits”, which describes PPACA’s principle changes and other provisions that apply to the Plan, is enclosed herewith.

Of immediate interest is the extension/renewal of coverage for eligible dependent children between ages 19 and 26. Under PPACA, eligible dependent children under age 26, whose coverage ended or who were previously denied coverage or were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26, are now eligible to enroll in the Plan during a special open enrollment period.

Coverage for eligible dependents will include your natural child, step-child, adopted child or a child placed with you for adoption until his or her 26th birthday. In addition, you may request the continuation or renewal of coverage for an eligible dependent child under the age of 26 even if the child is married and/or not dependent on you for support. However, your dependent child’s spouse and/or children are not eligible dependents under the Plan and, therefore, are not eligible for coverage under the Plan.

Accordingly, you may now obtain coverage under the Plan for your eligible dependents between the ages of 19 and 26, even if that child’s coverage was previously terminated due to attainment of age 19 (or 25, if a full-time student) or termination due to the child no longer qualifying as a full-time student. However, the dependent can only be enrolled in the Plan if the child IS NOT eligible for health coverage through his or her employer, if any, or through the employer of the child’s spouse, if any.

Individuals must request enrollment for such children – including children currently covered as full-time students – within 30 days of the date of this notice. Enrollment will be effective as of May 1, 2011. To enroll your eligible dependent child or children in the Plan, you must complete and submit the attached dependent enrollment form/affidavit to the Plan office within 30 days. You must complete one dependent enrollment form/affidavit for each such eligible dependent you are enrolling. You can make copies of the enclosed form for this purpose. Failure to complete and submit the form within 30 days will result in your eligible dependent being denied enrollment in the Plan.

If you have any questions about (i) the enrollment of any eligible dependent between ages 19 and 26 or (ii) the other PPACA changes to the Plan described in the enclosed notice, please call the Plan administrative office for assistance.

Very truly yours,

Joseph Ivan
Plan Administrator

Ohio Carpenters Health and Welfare Plan

*** Important Information About Your Plan Benefits *** Please Read Carefully

Patient Protection and Affordable Care Act:

The Patient Protection and Affordable Care Act ("PPACA"), generally referred to as "Health Care Reform" was signed into law on March 23, 2010 by President Obama. Under PPACA, health plans must make certain changes to Plan coverage and benefits for the first plan year on or after September 23, 2010. As a result, we are providing you with the following notices and Plan changes that will become effective for the Ohio Carpenters Health and Welfare Plan as of May 1, 2011.

Dependent Children Coverage to Age 26:

Under PPACA, eligible dependent children under age 26, whose coverage ended or who were previously denied coverage or were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26, are now eligible to enroll in the Plan during a special open enrollment period.

Coverage for eligible dependents will include your natural child, step-child, adopted child or a child placed with you for adoption until his or her 26th birthday. In addition, you may request a continuation of coverage for an eligible dependent child under the age 26 even if the child is married and/or not dependent on you for support. However, the child's spouse and/or children are not eligible dependents under the Plan and therefore, are not eligible for coverage under the Plan.

Accordingly, you may obtain coverage under the Plan for your eligible dependents even if that child's coverage was previously terminated due to attainment of age 19 (or 25, if a full-time student), or termination due to the child no longer qualifying as a full-time student. However, the dependent will only be enrolled in the Plan if the child IS NOT eligible for health coverage through his or her employer, if any, or through the employer of the child's spouse, if any.

Individuals may request enrollment for such children within 30 days from the date of this notice. Enrollment will be effective retroactively to May 1, 2011. To enroll your dependent child or children in the Plan, you must complete and submit the attached dependent enrollment form/affidavit to the Plan office within 30 days. You must complete one dependent enrollment form/affidavit for each such dependent child that you are enrolling. You can make copies of the enclosed form for this purpose. **Failure to complete and submit the form within 30 days will result in your dependent being denied enrollment in the Plan.**

Grandfathered Health Plan Notice:

The Plan is a "grandfathered health plan" under PPACA. As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect as of March 23, 2010, when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the PPACA 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 PPACA, 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.

Lifetime Maximum Benefit Limit:

The lifetime maximum limit on the amount of benefits under the Plan no longer applies as of April 30, 2011. Individuals whose coverage ended by reason of reaching a lifetime maximum limit under the plan are eligible to re-enroll in the plan effective May 1, 2011. Individuals have 30 days from the date of this notice to request re-enrollment.

Annual Maximum Benefit Limit:

Under PPACA, a Plan that was required to eliminate a lifetime maximum benefit may establish an annual maximum benefit limit equal to or greater than the prior lifetime maximum benefit limit. As a result, effective May 1, 2011, the Plan's annual maximum benefit will be \$1,000,000. This annual maximum applies to all essential medical and prescription drug benefits. Additional provisions of PPACA require this amount to increase in future years as follows:

	<u>Annual Maximum Plan Benefit</u>
May 1, 2011 to April 30, 2012	\$1,000,000
May 1, 2012 to April 30, 2013	\$1,250,000
May 1, 2013 to April 30, 2014	\$2,000,000
May 1, 2014 and after	Unlimited

Pre-Existing Conditions:

Under PPACA, a plan may not impose any pre-existing benefit exclusion on any enrollee (employee or dependent), under the age of 19. As a result, effective May 1, 2011, the Plan will not apply any pre-existing conditions rules for access to Plan benefits or for specific conditions as a result of pre-existing conditions for enrollees under age 19.

Rescissions:

Under PPACA, rescissions (a retroactive cancellation of coverage) are only permitted under cases of fraud or intentional misrepresentation of material fact. Although this regulation is primarily focused on small employer or individual health coverage, all plans must comply with this rule. The rules also state that a rescission may occur for failure to pay any premiums due in a timely manner.

Early Retiree Reinsurance Program:

You are a Plan participant, or are being offered the opportunity to enroll as a Plan participant, in an employment-based health care plan that is certified for participation in the Early Retiree Reimbursement Program ("ERRP"). The ERRP is a Federal program that was established under PPACA. Under the ERRP, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the ERRP program expires on January 1, 2014.

Under the ERRP, the Plan may choose to use any reimbursements it receives from this program to reduce or offset increases in a plan participant's premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the Plan chooses to use the ERRP reimbursements in this way, you, as a Plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as reimbursements under the ERRP program are available and the Plan chooses to use the reimbursements for this purpose. The Plan may also use the ERRP reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

You are responsible for providing a copy of this notice to any family members who are participants in this Plan.

Additional Information Regarding this Notice:

For more information, contact the Plan Administrator at (800) 362-9354.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or search the website <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Ohio Carpenters Health & Welfare Plan

6281 Youngstown-Warren Road, Suite 240, Niles, OH 44446
(330) 652-3475 – Toll Free (800) 362-9354 – Fax (330) 652-3513

Older (Age 19-26) Dependent Health Care Enrollment Form / Affidavit

Employee Name: _____ Employee SSN or MMO ID No: _____
Dependent Name: _____ Dependent Currently Enrolled? Yes or No
Dependent SSN: _____ Dependent Date of Birth: ____/____/____
Dependent Address: _____ Dependent Telephone No. _____

To be completed by the dependent:

1. Are you currently employed Yes or No
2. If yes, list the employer's name, address and telephone number
 - a. Employer Name: _____
 - b. Address: _____
 - c. Telephone Number: _____
3. Does your employer offer employee healthcare coverage? Yes or No
 - a. If yes, are you eligible for the health insurance coverage through your employer? Yes or No

I understand that dependent healthcare coverage is for eligible dependents under age 26. If I am between age 19 and 26, this coverage is only available if I am **NOT** eligible for health care coverage at my place of employment or through the employment of my spouse. I understand I am responsible for notifying the Plan office of changes to my employment or eligibility for employment-based health care coverage within 30 days of such change. I understand that failure to notify the Plan office of a change in my employment or eligibility for my employer's (or spouse's employer's) healthcare coverage as described in this affidavit may result in the denial of health care claims under the Plan or liability for reimbursement for benefits paid.

Signature of Dependent: _____ Date: _____

To be completed by the member:

I understand that dependent healthcare coverage is for eligible dependents under age 26. If my child is between age 19 and 26, coverage is only available if he or she is **NOT** eligible for health care coverage at their place of employment or through the employer of his or her spouse. I understand that my dependent is responsible for notifying the Plan office of changes to his or her employment or eligibility for their employer's healthcare coverage within 30 days of such change. I understand that failure to timely notify the Plan office of a change in his or her employment or eligibility for their employer's healthcare coverage as described in this affidavit may result in the denial of healthcare claims under the Plan or pursuit of reimbursement for benefits paid.

Signature of Member: _____ Date: _____

To be completed by the dependent's employer:

IF the answer to #1 above was "YES", this portion must be completed by the dependents employer.

_____ is an employee with _____
He / she is is not eligible for health care coverage with this organization.

Authorized Representative of Employer (please print) _____

Signature of Representative: _____ Date: _____

THIS FORM MUST BE RECEIVED BY THE PLAN OFFICE ON OR BEFORE APRIL 30, 2011

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Employee Name: _____ Employee SSN or MMO ID No: _____

Dependent Name: _____ Dependent Currently Enrolled? Yes or No

Dependent SSN: _____ Dependent Date of Birth: ____ / ____ / ____

Dependent Address: _____ Dependent Telephone No. _____

To be completed by the dependent:

1. Are you currently employed Yes or No
2. If yes, list the employer's name, address and telephone number
 - a. Employer Name: _____
 - b. Address: _____
 - c. Telephone Number: _____
3. Does your employer offer employee healthcare coverage? Yes or No
 - a. If yes, are you eligible for the health insurance coverage through your employer? Yes or No

I understand that dependent healthcare coverage is for eligible dependents under age 26. If I am between age 19 and 26, this coverage is only available if I am **NOT** eligible for health care coverage at my place of employment or through the employment of my spouse. I understand I am responsible for notifying the Plan office of changes to my employment or eligibility for employment-based health care coverage within 30 days of such change. I understand that failure to notify the Plan office of a change in my employment or eligibility for my employer's (or spouse's employer's) healthcare coverage as described in this affidavit may result in the denial of health care claims under the Plan or liability for reimbursement for benefits paid.

Signature of Dependent: _____ Date: _____

To be completed by the member:

I understand that dependent healthcare coverage is for eligible dependents under age 26. If my child is between age 19 and 26, coverage is only available if he or she is **NOT** eligible for health care coverage at their place of employment or through the employer of his or her spouse. I understand that my dependent is responsible for notifying the Plan office of changes to his or her employment or eligibility for their employer's healthcare coverage within 30 days of such change. I understand that failure to timely notify the Plan office of a change in his or her employment or eligibility for their employer's healthcare coverage as described in this affidavit may result in the denial of healthcare claims under the Plan or pursuit of reimbursement for benefits paid.

Signature of Member: _____ Date: _____

To be completed by the dependent's employer:

IF the answer to #1 above was "YES", this portion must be completed by the dependents employer.

_____ is an employee with _____
He / she is is not eligible for health care coverage with this organization.

Authorized Representative of Employer (please print) _____

Signature of Representative: _____ Date: _____

THIS FORM MUST BE RECEIVED BY THE PLAN OFFICE ON OR BEFORE APRIL 30, 2011