



Connecticut Carpenters Health Fund

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Fund Director



IMPORTANT NOTICE – August 2017

To All Active and Retired Plan Participants and their Spouses and other Eligible Dependents,

The Board of Trustees of the Connecticut Carpenters Health Fund (Fund) wants to inform you of the following:

1. **Coverage for certain Naturopathic services.** Effective June 1, 2017, the Fund's Board of Trustees expanded the benefits provided by the Fund to include certain naturopathic services. Subject to all normal rules, including payment of a \$20 co-pay, the Fund now pays 100% of naturopathic office visits only if rendered by a licensed Naturopathic Physician who participates with Anthem, the Fund's Preferred Provider Organization (PPO). Naturopathic services are only covered under the Active and Non-Medicare Retirees Plans. Please remember that those individuals who have Fund coverage under the Medicare Plan will continue to be subject to applicable Medicare rules.
2. **Monthly Retiree Costs Are Staying the Same.** Retiree monthly contribution rates, which are subsidized by the Fund, were \$365 for each Medicare-eligible retiree and spouse, and \$755 for retirees not yet eligible for Medicare (or if one spouse was Medicare-eligible and the other was not), for the twelve month period commencing July 1, 2016. The Trustees reviewed these rates this past May, with assistance from the Fund's actuarial consultant. The Fund and the Trustees are pleased to announce that there will be ***no changes*** to those rates, so the rates noted above will remain in effect for the twelve month period which commenced July 1, 2017.
3. **Member Assistance Program.** The Fund and its Board of Trustees continue to see the devastating effects of the opioid crisis in Connecticut and across the country. **PLEASE remember that the Fund contracts with an independent Member Assistance Plan (MAP) that offers counselors available 24 hours a day.** The MAP can help you or your covered dependents with family problems, anxiety and stress, drugs and alcohol, depression, gambling problems, job conflicts and marital problems. You may be entitled to get up to 6 (six) visits for free. The MAP can be reached at 1-888-373-5073. All consultations are confidential between you (or your covered dependents) and the MAP.
4. **Disease and Case Management Programs – Texting with MHealth Connect!** The Fund continues to use Telligen to provide these programs to our covered members. Telligen provides case management and condition management services, including chronic disease management and maternity management. Telligen recently informed us that they have a new way to communicate with our Fund participants and beneficiaries through their MHealth Connect program. MHealth Connect allows you to receive appointment reminders and support from a "Health Coach" via text messaging. It will also allow you to provide your own important health information by answering some simple questions. Best of all, you get support from your Health Coach wherever you are. MHealth Connect is as simple as texting through your mobile phone. Even though it communicates through your phone, it's not an application that must be downloaded and nothing is stored on your phone. Participation is totally voluntary and each covered member must register for this texting tool (which Telligen has certified is encrypted and HIPAA compliant). Below are a few of the benefits of engaging in these programs:

- One-on-one collaboration with a Health Coach who is experienced in helping people with your specific health needs or condition
- A personalized treatment action plan based on your needs, goals, lifestyles and resources
- Assistance with getting the most out of the medical benefits provided by the Fund, including controlling your costs (such as out-of-pocket costs) to the extent possible
- Reducing claims costs for the Fund
- Guidance and tools to help you live the happiest and healthiest life possible

5. **Grandfathered Status under the Affordable Care Act (ACA)**. We normally remind you that the Fund’s Board of Trustees continues to believe that the Plan is a “grandfathered health plan” under the ACA. As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted (in March of 2010). Being a grandfathered health plan means that the Plan may not include certain consumer protections under the ACA 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 ACA, 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 Health Fund Administrator, Deborah L. Palmieri, at (203) 281-5511 or 1-800-922-6026, in both instances using extension 602. 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.

REMINDERS: * If any important information has changed about you, such as your address, telephone number or your spouse/children, or you wish to name or change your life insurance beneficiary, please write or call the Fund Office. * You should also inform the Fund Office immediately if any information changes about a current dependent (e.g., adult child moving to a different address), or if you add one or more new dependents through a life event such as a marriage, birth or adoption. * The ACA requires our Fund to report various information on covered individuals and their dependents to the IRS on Form 1095-B Form, including Social Security Numbers. If you are a new covered member or haven’t previously contacted the Fund Office to provide a listing of your current covered dependents and their SSNs, please do so that we have all of the necessary information.

This Notice is intended to be a brief description of the topics described. In any situation involving the Fund’s benefits, the documents governing the Fund will control. It constitutes a Summary of Material Modifications to the Health Fund, and we are furnishing it to you in accordance with U.S. Department of Labor regulations §§2520.104b-3 and 2590.715-2715(b). Please keep this Notice with your Summary Plan Description and your Summary of Benefits and Coverage (versions issued for the time frame 4/01/2017 – 3/31/2018) for future reference, and contact the Fund Office with any questions. All benefits are subject to amendment and/or termination as the Trustees may determine to be in the best interests of the Fund’s participants and beneficiaries.

For the Health Fund Board of Trustees, Deborah L. Palmieri, Health Fund Administrator