

# IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND WELFARE, PENSION AND VACATION FUNDS

161 GRANITE AVENUE  
DORCHESTER, MASSACHUSETTS 02124

*Employer Trustees*

Russell J. Anderson  
Daniel Koury  
David Powell

617-265-3757 \* 1-800-637-3736 \* Fax 617-282-3757

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*Fund Administrator*

*Union Trustees*

Shawn Nehiley  
David Langlais  
Michael Hess

Dear Member:

The Iron Workers District Council of New England Health & Welfare Fund is sending you this required notice on the Women's Health and Cancer Rights Act and on the Prescription Drug Coverage information for members or dependents eligible for Medicare.

We are reminding you of your and your respective adult dependent's responsibility to notify the Fund in the event that you and/or any of your dependents become eligible for Medicare. You must also contact the Fund Office or Iron Clad should you become married, divorced, have a child or your dependent child no longer meets the definition of a dependent. Please contact either office if any of these life events occur. The Welfare Fund SPD explains your benefits in more detail; please refer to it for your rights and responsibilities.

### **Women's Health and Cancer Rights Act**

Plan benefits for mastectomy-related services are required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with the mastectomy, then benefits are also provided for:

- Reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

When applicable, Iron Clad can consult with you and your attending physician to determine which services are right for you. Any costs for these services are the same as those for other services in the same category.

## FOR THOSE COVERED UNDER ANY PLAN

You (and any applicable adult dependent) **must** notify the Iron Workers Health & Welfare Fund if you (or any dependent) become eligible for Medicare at any time while covered under the Active plan, the Retiree plan or COBRA.

NOTE: If you (or a dependent) become eligible for Medicare while under COBRA coverage, then that individual's COBRA coverage is terminated. If you (or a dependent) become eligible for Medicare while covered in the Retiree plan, then that individual's Retiree coverage is terminated.

NOTE: You (or an applicable dependent) should enroll in Medicare Part B and in a Medicare prescription drug plan **as soon as** you (or an applicable dependent) lose Active coverage or you (or an applicable dependent) become eligible for Medicare, whichever occurs later. Coverage in a COBRA plan will **not** avoid any penalty for late enrollment in Medicare Part B or in a Medicare prescription drug coverage plan.

## ONLY FOR THOSE WITH ACTIVE COVERAGE

### Important Notice from the Iron Workers District Council of New England Health & Welfare Fund About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage in the Active plan with the Iron Workers Health & Welfare Fund and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

1. **The Iron Workers Health & Welfare Fund has determined that the prescription drug coverage in its Active plan, on average for all plan participants, provides for payment at least as much as through standard Medicare prescription drug coverage and is considered Creditable Coverage.**
2. **Read this notice carefully - it explains the options you have for prescription drug coverage, and this notice can help you decide whether you want to enroll in a Medicare prescription drug plan.**

#### WHAT DO YOU NEED TO DO?

- ❖ **First:** Read this entire notice.
- ❖ **Second:** If you are eligible for Medicare, compare your current Active coverage with the Iron Workers Health & Welfare Plan to the coverage available to you through the Medicare prescription drug plans available in your area.
- ❖ **Third:** Decide whether you want to enroll in a Medicare prescription drug plan.

#### KEEP IN MIND:

- ❖ Individuals can enroll in a Medicare prescription drug plan when they are first eligible and also from November 15 to December 31 of each year (the annual enrollment period).
- ❖ If you do enroll in a Medicare prescription drug plan, you may keep your current Active coverage with the Iron Workers Health & Welfare Plan.
- ❖ If you do not enroll in a Medicare prescription drug plan, your coverage with this plan continues.

## INFORMATION ABOUT THE MEDICARE PRESCRIPTION DRUG PROGRAM

Through private Medicare prescription drug plans, prescription drug coverage is available to everyone with Medicare. All Medicare prescription drug plans provide at least the standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

You should compare your current Active coverage with the Iron Workers Health & Welfare Plan to the Medicare prescription drug plans available where you live. As you compare coverage, keep in mind the following:

- You would pay a premium to the Medicare prescription drug plan that you choose. The amount would depend on the type of coverage that you choose. For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available from Medicare.
- Each Medicare prescription drug plan may cover various brand name drugs at different costs to you. Your drugs may not be covered under every plan, so you need to choose carefully. For instance, one plan might cover your current brand name medication, and another might not.
- Each Medicare prescription drug plan may have a different deductible, copayments, and other costs that you will be responsible for paying.
- Each Medicare prescription drug plan will have a different network of retail and mail order pharmacies.

### YOUR CHOICES

If you are eligible for Medicare, you can choose any one of the following options:

1. **You can keep your current medical and prescription drug coverage in the Active plan with the Iron Workers Health & Welfare Fund, and you do not have to enroll in a Medicare prescription drug plan.**
  - » You may in the future enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (November 15 to December 31 of each year). In addition, Medicare beneficiaries leaving or losing employer- or union-sponsored coverage may be eligible for a "special enrollment period" – this may allow enrollment in a Medicare prescription drug plan outside the regular annual enrollment period.
2. **You can keep your current medical and prescription drug coverage in the Active plan with the Iron Workers Health & Welfare Fund and enroll in a Medicare prescription drug plan.**
  - » If you choose to enroll, and you have Active coverage, then the Iron Workers Health & Welfare Plan will pay primary to Medicare.

### WHAT HAPPENS IF YOU LOSE OR DROP ACTIVE COVERAGE WITH THE IRON WORKERS DISTRICT COUNCIL OF NEW ENGLAND HEALTH & WELFARE PLAN AND YOU DO NOT ENROLL IN A MEDICARE DRUG PLAN?

If you drop or lose your Active coverage with the Iron Workers Health & Welfare Fund and do not enroll in Medicare prescription drug coverage after your current Active coverage ends, you may pay more (a penalty in the form of a higher premium) if you enroll in Medicare prescription drug coverage at a later date. You will pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following November to enroll.

**For more information about this notice or your current prescription drug coverage...**

Contact our office for further information (see contact information below).

NOTE: You may receive this notice at other times in the future (such as before the next Medicare annual enrollment period, and if this coverage changes). You also may request a copy.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook that Medicare publishes annually and sends to Medicare beneficiaries. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these sources:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the Medicare & You handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, there is extra help in paying for a Medicare prescription drug plan; information is available from the Social Security Administration (SSA). Visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. When you enroll in a Medicare prescription drug plan, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.**

Date: October 1, 2020

Name of Entity/Sender: Iron Workers District Council of New England Health & Welfare Fund

Contact: Fund Administrator  
Address: 161 Granite Avenue, Dorchester, MA 02124  
Phone Number: 617-265-3757

Contact: Iron Clad Insurance  
Address: 161 Granite Avenue, Dorchester, MA 02124  
Phone: 617-436-3500

As in all cases, the Iron Workers District Council of New England Health & Welfare Plan reserves the right to modify benefits at any time, in accordance with applicable law.

This document is intended to serve as your Notice of Creditable Coverage as required by law.

## **Notice of Grandfathered Status**

The Board of Trustees represents that the group health plan coverage it provides is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("ACA"). A grandfathered health plan may preserve basic health coverage that was already in effect when the law was enacted. The Plan is not required to include certain consumer protections of 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 ACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply or do not apply to a grandfathered health plan can be directed to the Fund Office at **617-265-3757** or toll free at **800-637-3736**. You may also contact the Employee Benefits Security Administration, U. S. Department of Labor at **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.

## **Eligibility for Dependent Coverage**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 may be eligible to enroll in the Plan. Individuals may request enrollment for such children by contacting Iron Clad at 617-436-3500 for an Enrollment Form. Provided the individual is eligible, coverage will be effective on the first day of the month following receipt of a completed Enrollment Form by the Fund office.

For more information, please contact the Fund office at (617) 265-3757  
or toll free at 1-800-637-3736.