



**CARPENTERS DISTRICT COUNCIL OF KANSAS CITY  
WELFARE PLAN**

3100 BROADWAY • SUITE 805 • KANSAS CITY, MISSOURI 64111  
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**Announcing Important Plan Changes  
Effective April 1, 2011**

April 2011

Dear Participant:

As the Trustees of the Carpenters' District Council of Kansas City and Vicinity Welfare Fund, we are pleased to inform you of an enhancement to your welfare benefits. To comply with the Patient Protection and Affordable Care Act ("ACA" or "health care reform"), some provisions of the Carpenters' District Council of Kansas City and Vicinity Welfare Plan are changing. Please note that in light of the current economic times, the Board of Trustees requested a waiver of the health reform changes requiring the Plan to eliminate specific annual limits for certain benefits that may be essential health benefits. Consequently, the Fund recently received a one-year waiver from the U.S. Department of Health and Human Services. In order to maintain the Fund's financial health, the Board of Trustees has decided to accept the waiver.

We will notify you of any future changes made to the health benefits the Fund provides to you and your family. In the meantime, **this letter provides you with information regarding the Plan provisions that are changing effective April 1, 2011.**

**BEGINNING APRIL 1, 2011**

■ **DEPENDENT COVERAGE IS CHANGING**

- **The Plan may cover your children until they reach age 26.** In addition, the Plan's other eligibility requirements, such as a child's residency, marital status, that a non-disabled child must depend on you for support, and that a child between the ages of 19 to 24 must be a full-time student, will no longer apply.

***Important Notes:***

1. If your adult children are employed and eligible to enroll in another health plan sponsored by their employer (or their spouse's employer), they are not eligible for coverage under this Plan.
2. If you've been appointed the guardian of a child, the Plan will cover the child up to age 26 or until your guardianship is terminated or dissolved, whichever occurs first.
3. If you have a child between the age of 19 and 26 who is currently not covered by the plan, and does not have access to another health plan sponsored by their employer (or their spouse's employer), you must complete and submit the enclosed child enrollment form. The form must be received by the Fund Office within 30 days to cover them under this Plan.

## RESCINDING COVERAGE PROVISION IS CHANGING

- The Plan may not rescind your coverage unless you are provided with 30 days advance written notice. Coverage may not be terminated retroactively except for fraud, intentional material misrepresentation, or non-payment of premiums or contributions.

## THE PLAN'S "GRANDFATHERED" STATUS

It is important you understand that while the Plan is undergoing changes in order to comply with health reform, it is considered a "grandfathered health plan" under the ACA, which means that the Plan:

1. ***Is not required to*** include certain consumer protections of the ACA that apply to other plans – *for example, provide preventive health services without any cost sharing.*
2. ***Must comply*** with certain other consumer protections in the ACA – *for example, the elimination of lifetime limits on benefits (other than for those which waiver was received).*

Call the Fund Office at 816-756-3313 if you have questions about what grandfathered health plan status means and what might cause a plan to lose its grandfathered status. You may also contact the Employee Benefits Security Administration (EBSA), U.S. Department of Labor at 1-800-444-3272 or at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). The website has a chart that summarizes which protections do and do not apply to grandfathered health plans.

## FOR MORE INFORMATION

Please review the attachments carefully to ensure you understand the benefits available to you and your family beginning April 1, 2011.

Call the Fund Office at 816-756-3313 or 866-756-3313 if you have any questions about these Plan changes.

Sincerely,

Board of Trustees  
Encl.

*This Summary of Material Modification highlights certain features of the Carpenters' District Council of Kansas City and Vicinity Welfare Fund. You can find full details in the documents (Summary Plan Description, Plan Document, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*

**CARPENTERS DISTRICT COUNCIL OF KANSAS CITY AND VICINITY**  
**WELFARE FUND - WAIVER NOTICE**

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by the Carpenters District Council of Kansas City and Vicinity Welfare Fund, does not meet the minimum standards required by the Affordable Care Act described above. Instead, it puts an annual limit on the following benefits:

- \$300,000 annually for all benefits under Plans A and B
- \$6,000 per person for alcohol and chemical dependency abuse treatment.
- \$4,500 per person for adult restorative speech and occupational therapy benefits for dependents.
- \$500 for child speech therapy.
- \$10,000 per person for durable medical equipment.
- \$500,000 for bone marrow, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, and pancreas transplants.
- \$1,750 per person for dental benefits for children from birth through age 19.
- \$300 on vision care received during two consecutive calendar years for children from birth through age 18.
- \$750 on well child care for children in the first and second years following birth and \$300 during the third and subsequent years for dependents up to age 18.

In order to apply the lower limits listed above, the Carpenters District Council of Kansas City and Vicinity Welfare Fund requested a waiver of the requirement that coverage for key benefits be at least \$750,000. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan's representation that providing \$750,000 in coverage for key benefits in 2011 would result in a significant increase in your premiums or a significant decrease in your access to benefits. The waiver is valid for one year.

**If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to: [www.HealthCare.gov](http://www.HealthCare.gov).**

**If you have any questions or concerns about this notice, contact the Fund Office of the Carpenters District Council of Kansas City and Vicinity Welfare Fund at 816-756-3313 or toll-free at 866-756-3313.**

**CARPENTERS DISTRICT COUNCIL OF KANSAS CITY AND VICINITY WELFARE FUND  
CHILD ENROLLMENT FORM (AGES 19 up to 26<sup>th</sup> BIRTHDAY)**

*To be completed for Enrollment for all those natural, adopted and stepchildren of participant who are age 19 to 26.  
A separate form is required for each child enrollment. Make additional copies of this form if necessary.*

Participant's Name \_\_\_\_\_ Participant's SSN \_\_\_\_\_

Participant's Address \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_ Child's SSN \_\_\_\_\_

Child's Address (if different from Participant's) \_\_\_\_\_  
\_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Telephone Number: \_\_\_\_\_

Your Relationship to Child:  Natural Child  Adopted Child  Step Child  Other: \_\_\_\_\_

**NOTE:** *Unless you have already provided documentation to the Fund Office, you will need to provide the original or a certified copy of the Child's birth certificate and/or a copy of the legal order to provide medical coverage to the Child.*

Is Child Employed?  YES  NO If YES, Name of Employer \_\_\_\_\_

Address of Child's Employer (If employed) \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Child's Employer (If employed) \_\_\_\_\_

Is Child Married?  YES  NO If YES, Name of Child's Spouse \_\_\_\_\_

Is Child's Spouse Employed?  YES  NO If YES, Name of Employer \_\_\_\_\_

Address of Child's Spouse's Employer (If employed) \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Child's Spouse's Employer (If employed) \_\_\_\_\_

I hereby attest that health care coverage is not available to this Child through either his/her direct employer or through his/her spouse's employer. You have our permission to contact the employer(s) listed above, if applicable, for verification of health care coverage availability. I understand that if this information changes, it is our responsibility to notify the Fund Office immediately.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

