



July 22, 2022

**I.A.T.S.E. National Health and Welfare Fund**  
***Please Read: Important Changes to the Fund's Plan C Appeal Rules***

Dear Participant:

We are pleased to inform you of a few important changes to the I.A.T.S.E. National Health and Welfare Fund's Plan C appeal rules adopted by the Fund's Board of Trustees. These changes expand the availability of the Fund's *One Free Pass* and *De Minimis* rules, adding additional flexibility for participants who inadvertently miss a step in the enrollment process that causes an unintended loss of coverage or a "downgrade" to a less extensive and lower cost coverage option.

As a reminder, if you lose Plan C coverage or are downgraded to a lower option, you have the right to appeal the loss or downgrade to the Fund's Board of Trustees. You may also have the right to elect COBRA coverage, in which case the Fund will send you a notice explaining that option.

In some cases of coverage loss or downgrade, you may be eligible for a "**One Free Pass**" or "**De Minimis Rule**," which means that if you appeal, your appeal will be granted. The One Free Pass and De Minimis Rule are explained below. But even if you are not eligible for either of these options, you are still entitled to appeal, in which case your appeal will be considered based on the applicable Plan rules.

**One Free Pass**

If you are eligible, you may use the One Free Pass if you are enrolled in a Plan C option (*C1, C2, C3, C4, Triple S, or MRP*) and recently lost your existing coverage due to a downgrade or lapse. To use the One Free Pass (if eligible), you:

- must appeal to the Fund Office within 90 days of the coverage change.
- may only request reinstatement into the coverage you were in immediately before the change. Except that for coverage starting January 1, you may make any change that is permitted at open enrollment (such as adding a dependent or upgrading your coverage).
- must have lost coverage/been downgraded for one of the following reasons:
  - o you did not receive a Fund invoice or statement,
  - o made an incorrect coverage selection,
  - o forgot to make a payment or paid late (or payment was lost in the mail), or
  - o failed to submit annual proof of other coverage for MRP enrollment.
- You must promptly make any required copayment once you are informed that your One Free Pass is approved.

If you appeal and request to use your One Free Pass, the Fund Office will notify you if your request is approved and when you need to make the required copayment (generally 15 business days from the date of the letter approving your appeal).

**Example:** If you were downgraded from C-2 Family to C-3 Family on October 1, 2022, you must appeal by December 30, 2022 and can be reinstated to C-2 Family, provided you make the required copayment and meet the eligibility rules, described below.

***Changes to One Free Pass Eligibility Effective for Coverage Periods Starting on or after July 1, 2022:*** For coverage quarters beginning July 1, 2022 and later:

- you will be eligible for One Free Pass if you have been enrolled in active coverage for at least 4 of the last 8 consecutive quarters immediately prior to your loss or change in coverage, and
- you may use One Free Pass every 24 months (provided that you meet the additional requirements outlined above).

For previous periods, you must have been covered for 8 consecutive quarters and could only use the One Free Pass every 36 months.

### **De Minimis Rule**

***Increase to De Minimis Rule Dollar Amount Effective for Coverage Periods Starting on or after July 1, 2022:*** For coverage quarters beginning July 1, 2022 or later, an appeal will be granted under the De Minimis rule if you fail to make timely payment and the amount due *is less than \$250*. This change will help some participants avoid having to use their One Free Pass for this type of issue. For prior periods, only amounts below \$100 fell under the De Minimis Rule.

You must still appeal within 90 days of your loss/change of coverage and must still promptly make the required copayment. If you appeal and the appeal is granted, the Fund Office will notify you and let you know when you need to make the required copayment (generally 15 business days from the date of the letter approving your appeal).

### **How to Appeal**

Whether you are eligible for the One Free Pass, the De Minimis Rule, or want to appeal on some other basis, you must submit your appeal in writing to the Fund Office, by email: [appeals@iatsenbf.org](mailto:appeals@iatsenbf.org) or by mail to IATSE National Benefit Funds, 417 Fifth Ave, 3rd Floor, NY, NY 10016, Attention: Appeals.

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If you have any questions about the above rules, please contact the Fund Office at 1-800-456-3863 or via e-mail at [psc@iatsenbf.org](mailto:psc@iatsenbf.org).

Sincerely,



Anne J. Zeisler  
Executive Director