



October 24, 2025

**Annual Reminder Notice
Medical Reimbursement Program (MRP) Enrollees**

Dear Plan C Participant:

As the 2026 Open Enrollment approaches, we want to remind you of important information regarding the Plan C - Medical Reimbursement Program (MRP).

- If you want to participate in the **Medical Reimbursement Program (MRP)** as a stand-alone option for 2026, you must provide proof that you have employer or union sponsored group health insurance that meets the minimum value standards of the Patient Protection and Affordable Care Act (ACA) and will cover you and/or your family in 2026.
- If you want to submit MRP claims for your eligible spouse and/or dependent(s), you must sign and submit a certification affirming that your spouse and/or dependent(s) are also covered by an employer or union sponsored group health plan that meets the ACA minimum value standards.
- To get reimbursed for claims from the MRP, you must submit your claims with a signed claim form each time you submit a claim. You can obtain a claim form on the Fund's website, at www.iatsenbf.org. You must include copies of all relevant Explanation of Benefits (EOBs) from your employer or union sponsored group health insurance that meets the minimum value standards of the Patient Protection and Affordable Care Act (ACA).

To enroll in this option, you must send the required proof of other group coverage to the Fund Office by mid-December even if you have sent the information previously. Please keep reading for more details.

To participate in Plan C - MRP as a stand-alone option for 2026, you must submit to the Fund **EITHER**:

1. A copy of the front and back of your identification card* for your other employer or union sponsored group health insurance that will cover you and/or your family in 2026. The card must clearly state that it is **group** coverage, **OR**
2. If your coverage identification card does not clearly state that it is for a **group** health plan, you need to provide the Fund Office with a statement from the insurance carrier or plan sponsor verifying that the coverage is a **group** health plan through employment, **and**
3. Sign and submit the certification statement affirming that your other coverage meets the minimum value standards of the ACA.

** If your identification card is not available by the Fund's deadline, you can submit a letter from your employer confirming your group health coverage and send copies of your identification card as soon as you receive it.*

DO NOT SEND THIS INFORMATION NOW.
It cannot be processed until the open enrollment period begins.
**YOU MUST WAIT AND SEND THE INFORMATION AFTER YOU RECEIVE
YOUR YEAR END STATEMENT AT THE END OF NOVEMBER**

If you plan to submit MRP claims for your eligible spouse and/or dependent(s) during 2026, you must sign and submit a certification affirming that your spouse and/or dependent(s) are covered by an employer or union sponsored group health plan that meets the ACA minimum value standards.

Background

Due to the requirements of the ACA, in order to participate in the MRP as a stand-alone option you must provide the Fund with satisfactory evidence that you are enrolled in a group health plan (meaning, a health plan sponsored by an **employer** or **union**) that provides minimum value as defined by the ACA. The sponsor of your other group coverage (for example, your or your spouse's employer) should be able to tell you if the coverage provides minimum value. You can also check the Summary of Benefits and Coverage ("SBC") from the other plan, which should indicate if it meets the minimum value standard under the ACA. Coverage through Medicare, Tricare, the Veterans Administration, the ACA Individual Marketplace or another country's nationalized health service is **not** acceptable as other group coverage pursuant to the guidelines of the ACA. Even though individual or government coverage may satisfy your individual obligation under the ACA to obtain health coverage, that coverage is not "group" coverage that allows you to enroll in the MRP stand-alone option per the ACA requirements. **This is not a rule of this Fund; it is a federal requirement of the ACA.**

What happens if you do not provide the necessary documents?

If you do not provide the documents noted above by the open enrollment deadline you will automatically be enrolled in Plan C-2, C-3, or C-4 single coverage (depending on your CAPP balance) effective January 1, 2026. Residents of Puerto Rico will be defaulted into Triple S. If your CAPP balance is less than the quarterly cost of C-4 single coverage (currently \$1,293), you will be terminated from participation in the Plan until your account reaches the required level through employer contributions once again. **Please note** that if you have Medicare coverage, you will receive a separate notice about the Retiree-only MRP available to those who are eligible for, and enrolled in, Medicare Parts A and B.

Please remember:

USE THE FUND'S WEBSITE TO SUBMIT YOUR INFORMATION. You can always use the Fund's website (www.iatsenbf.org) to upload your documents and make your coverage selection (all mobile devices and computers) once statements are generated.

SUBMIT YOUR INFORMATION ONLY ONCE EITHER ON-LINE OR BY MAIL. If you send in your material more than once, and by more than one method, you will slow down the Fund Office processing time.

PLEASE CONTACT US DURING THE OPEN ENROLLMENT PERIOD BY ONLY ONE METHOD – PHONE, EMAIL OR WEBSITE. Open enrollment is an extremely busy time for all Plan participants to submit paperwork, to ask us for assistance and/or to confirm our receipt of their documents or payments. Please be patient and allow us up to a day or two to respond to you. Using multiple methods to contact us for the same issue results in much longer delays to process your paperwork and respond to you and other participants.

THE FUND OFFICE DOES NOT SEND REVISED STATEMENTS if your balance changes for any reason such as a claim reimbursement(s) or balance changes due to contribution corrections. We encourage you to check your balance on-line before finalizing your 2026 coverage choice.

PLEASE NOTE: You will be charged an administrative fee of \$60.00 each quarter that you are enrolled in the Medical Reimbursement Program as a stand-alone option.

FORFEITURE RULES: Please remember that CAPP accounts with no “activity” for 8 consecutive calendar quarters will be forfeited at the end of the eighth calendar quarter. “Activity” in an account means that there has been coverage in an active Plan option (Plan A or Plan C-1, C-2, C-3, C-4 or Triple S), payment of a valid MRP claim, or an employer contribution to the CAPP account. (The quarterly administrative fee mentioned above does not constitute “activity.”) For more information, please review the Summary Plan Description, available on the Fund’s website, www.iatsenbf.org or upon request to the Fund Office (via the phone number or email address below).

Please remember to read all materials sent to you by the Fund Office. There are important messages that can affect your and your family’s benefits. These notices and Plan information (including the Medical Reimbursement Guidebook for Plan C and the Plan R-MRP Guidebook) are on our website at www.iatsenbf.org. As always, if you have any questions, please feel free to contact the Fund Office at 1-800-456-3863 or via email at psc@iatsenbf.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anne J. Zeisler', with a stylized, flowing script.

Anne J. Zeisler
Executive Director