



October 10, 2024

We are sending you this notice because you are either enrolled in Medicare Parts A & B, nearing age 65, or applying for Social Security Disability, thereby making you eligible for Medicare coverage, and we wanted to remind you about the Retiree-Only Medical Reimbursement Program (R-MRP) Plan.

1. How do I become eligible for the Retiree-Only MRP Plan?

You are eligible for the R-MRP Plan when you **retire** and have a balance remaining in your active Plan C CAPP account. **Retired** means that you are age 65 or you have a Social Security Disability Award (and thus are enrolled in Medicare) and are not “active” as defined by the IATSE National Health & Welfare Fund.

‘Active’ means that the Health and Welfare Fund Plan C has received employer contributions on your behalf during an eligibility period (e.g., August – October for the coverage quarter beginning January) and your *active* CAPP account balance is equal to or greater than a certain balance. Right now, that balance is equal to or greater than the cost of one quarter of **Plan C-4 single coverage. That amount is currently \$1,094, increasing to \$1,244 effective April 1, 2025.**

You are no longer ‘active’ if your CAPP account balance is less than the current cost of one quarter of **Plan C-4** single coverage in any eligibility quarter or if you do not have any contributions made into your CAPP account during the eligibility quarter.

2. How do I enroll in the Retiree-Only MRP Plan?

To enroll, you must submit a copy of your Medicare ID card to the Fund Office indicating you are enrolled in Medicare Parts A & B and, if you are not yet age 65, a copy of your Social Security Disability Award. If you wish to enroll your eligible dependents (your spouse and/or child) in the R-MRP Plan, you must provide the Fund Office with proof of dependent status (e.g., marriage certificate for your spouse or birth certificate(s) for any dependent children you wish to enroll). Once you submit your Medicare card (and/or Disability Award, if applicable), you will be automatically enrolled in the R-MRP Plan unless you have been deemed ‘active’ as described above. Note that if you are newly enrolled in Medicare and have not yet received your Medicare

card, you can submit to the Fund other evidence of enrollment in both Parts A & B, such as a letter from Medicare confirming your coverage. If you are eligible for the R-MRP Plan but wish to remain in active Plan C-1, C-2, C-3, or C-4 *instead of participating in the R-MRP Plan*, please contact the Fund Office by the enrollment deadline for that quarter, generally the 15th of the month prior to the start of the coverage quarter. For example, December 15 is the deadline for enrollment in the January 1 coverage quarter.

3. What happens if I am deemed to be "Active"?

If you are deemed 'active'(under the above definition), you will be *automatically* enrolled in the lowest cost single coverage option under Plan C (currently Plan C-4 single or Triple S single Plan if you are a resident of Puerto Rico) *unless* you elect a different coverage option and make any co-pay necessary to pay the difference as shown on your quarterly Plan C statement received from the Fund. ***Alternatively, you may waive your active CAPP balance by the enrollment deadline for that quarter (for example, December 15 for January 1 coverage) so that you are not "active" and can enroll in R-MRP.***

4. What expenses can I have reimbursed?

The R-MRP Plan reimburses IRS-approved medical expenses. Please refer to the MRP Guidebook that is available on our website or contact the Fund Office to receive a copy. You can also refer to the Internal Revenue Service (IRS) Publication 502 for a list of reimbursable expenses.

You will be reimbursed for qualified medical expenses up to the amount of your available R-MRP account balance as long as your claim is filed with the Fund Office timely. All necessary documentation must accompany your submission along with a completed claim form and a signed certification (on the claim form).

You must be enrolled in the R-MRP Plan both at the time you incur the expense and at the time you submit your claim to the Fund. Similarly, to be reimbursed for your spouse's or dependent child's expenses, such spouse or dependent child must have been enrolled in the R-MRP Plan both at the time he or she incurred the expense and at the time you submit the claim for reimbursement to the Fund.

You may not use your R-MRP balance to purchase active Plan C coverage (C-1, C-2, C-3, or C-4). Your R-MRP balance may never be transferred to an active Plan C CAPP account.

5. How do I submit my claims?

You should submit your claims by either:

Mailing them to:

IATSE National Health & Welfare Fund
417 Fifth Avenue, Third Floor
New York, New York 10016
Attention: MRP Claims Unit

OR

Submitting them on-line using the Funds website, www.iatsenbf.org.

6. What is the deadline for filing my claims for reimbursement?

You must submit your claims for reimbursement within twelve (12) months from the date of service. Any claims received more than twelve (12) months after the date of service will not be reimbursed.

Important Reminders

There is a quarterly administrative fee of \$25 for each quarter that you are enrolled in the R-MRP Plan. This fee is automatically deducted from your R-MRP account balance during each quarter.

Your R-MRP balance is a notional account and has no cash value.

This notice summarizes some of the general rules for the R-MRP Plan. For more information, please consult the Summary Plan Description (“SPD”), available on the Fund’s website, www.iatsenbf.org, or contact the Fund Office.

If you have questions, please call or email the Participant Services Center, 1-800-456-3863, email: PSC@iatsenbf.org or write to us at: IATSE National Benefit Funds, 417 Fifth Avenue, 3d Floor, New York, NY 10016. Information is also available on the Fund’s website, www.iatsenbf.org.

Sincerely,



Anne J. Zeisler
Executive Director

