

## Regional District Council Welfare Trust

c/o William C. Earhart Company, Inc.  
P.O. Box 4148 • Portland, Oregon 97208  
Toll Free (800) 846-0611 • Fax: (503) 257-5997

### Open Enrollment -Dependent Child Coverage November 1, 2018 through December 1, 2018

Dear Participant:

The Board of Trustees for the Regional District Council Welfare Trust ("Fund") is pleased to announce that medical, prescription drug, dental and vision coverage is available to the eligible dependent children of all participants at a cost of only \$80 per month effective January 1, 2019<sup>1</sup>. The Board of Trustees will continue to subsidize a significant portion of the cost of this coverage to ensure dependent child coverage is available at an affordable cost. Similar coverage to what the Fund provides, but obtained in the Marketplace, can cost in excess of \$200 per month for each dependent child, depending on individual circumstances. The Fund's dependent child coverage is only \$80 per month, no matter how many dependent children you enroll.

Eligible dependents will continue to be covered under the Plan as long as you make timely \$80 per monthly payments. Once enrolled, if you lose eligibility you and your dependent child(ren) will be notified of the option to enroll in COBRA coverage.

The enclosed Summary of Benefits and Coverage sets out a brief summary of the benefits that are available to dependent children of eligible participants. Dependent children eligible to be enrolled in this coverage are your biological children, adopted children (including children placed with you for adoption), step-children or eligible foster children who are under 26 years of age. Biological children, adopted children (including children placed with you for adoption), step-children or eligible foster children who are over 26 years of age, but are mentally or physically unable to make a living, are also eligible for dependent coverage. Dependent spouses are not eligible for dependent coverage at this time<sup>2</sup>. **Coverage for your Dependent children is only available during months in which you are eligible for coverage from the Fund.**

**If you wish to enroll your dependent child(ren), you must complete the enclosed enrollment form and return it along with your initial \$80 dependent coverage payment to the Fund Office at P.O. Box 4148, Portland, OR 97208, by no later than December 1, 2018.** If your enrollment form and payment are received in the Fund Office by December 1, 2018, then your eligible dependent child(ren) will have coverage under the Fund effective January 1, 2019. If your enrollment form and payment are not received in the Fund Office by December 1, 2018, then your dependent child(ren) will not be enrolled in coverage under the Fund and may not be

<sup>1</sup> Dependents of General Foremen will still receive their coverage without additional cost so long as the monthly Dependent Contributions are made on the Participant's behalf by his Employer.

<sup>2</sup> Dependent spouses of General Foremen will still receive their coverage without additional cost so long as the monthly Dependent Contributions are made on the Participant's behalf by his Employer.

eligible to enroll again until the Fund's next open enrollment period, which will be November 1, 2019 through December 1, 2019.

**Future monthly premiums will be due by the 20<sup>th</sup> of the month preceding the coverage month.** By way of example, in order for your eligible dependent child(ren) to have coverage in February 2019, you will need to submit your payment of \$80 by January 20, 2019. Your eligible dependent child(ren) are required to maintain continuous coverage, which means they cannot have a gap in their coverage or their coverage will terminate and they may be ineligible to re-enroll until the next open enrollment period (November 1<sup>st</sup> through December 1<sup>st</sup> of each year). To ensure your eligible dependent children do not lose coverage, make sure your payments are made on time every month.

If you have specific questions about your benefits or need a copy of the SPD for the Regional District Council Welfare Trust, contact the Fund Office at (800) 846-0611.

Sincerely,

Board of Trustees

*This announcement and the enclosed Summary of Benefits and Coverage, contain highlights of certain features of the Regional District Council Welfare Trust. Full details are contained in the documents that establish and control the Plan. If there is a discrepancy between the wording here and the documents that establish and control the Plan, the documents that establish and control the Plan will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*

#### Statement of Grandfathered Status

The Board of Trustees believes that this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("PPACA"), which permits the Plan to preserve certain basic health coverage already in effect before the law was passed. As with all grandfathered health plans, the Plan is not required to include certain consumer protections of the PPACA that apply to other non-grandfathered plans (for example, providing preventive health services without any cost sharing). However, the Plan must comply with certain other provisions of the PPACA (for example, eliminating lifetime limits on benefits).

If you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status, contact the U.S. Department of Labor's Employee Benefits Security Administration ("EBSA"). You may reach the EBSA by phone at (866) 444-3272, or via the website at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), which includes a chart summarizing the protections that do and do not apply to grandfathered health plans. You may also contact the Fund Office with your questions.