



North Atlantic States Carpenters Health Benefits Fund

Massachusetts Office
350 Fordham Road
Wilmington, MA 01887
www.carpentersfund.org
Phone: 800-344-1515
Fax: 978-752-1148

Rhode Island Office
14 Jefferson Park Road
Warwick, RI 02888
www.RICBF.org
Phone: 401-467-6813
Fax: 401-467-6816

Connecticut Office
10 Broadway
Hamden, CT 06518
www.ctcarpentersfunds.org
Phone: 800-922-6026
Fax: 203-288-3235

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Dear Participant:

On behalf of the North Atlantic States Carpenters Health Benefits Fund, you are receiving this notice to inform you of changes to your Health Plan's benefit.

Paid Family Medical Leave Act

Beginning on January 1, 2021, participants who are eligible to receive Paid Family Medical Leave benefits or paid Temporary Disability/Caregiver Insurance from the state in which they work or the Health Benefits Fund's Accident & Sickness Disability Benefit, will be eligible to be credited with up to 40 hours per week for the period of leave or disability. Crediting these leave and disability hours will allow participants the ability to achieve health coverage for future Insured Periods for which they may not have been eligible had the leave and disability hours not been credited. These leave and disability hours will be treated as if they were actual hours worked and will be applied towards the 12-Month Lookback and Short Hour Buy-in provisions of the Plan.

Participants who have the Shop Health Monthly Premium will also be granted coverage on a month-to-month basis, provided the employer was not obligated to pay the monthly premium in accordance with their Collective Bargaining Agreement or Participation Agreement.

Participants have up until 30 days after the start of the next Insured Period to apply for the hours credited due to the Paid Family Medical Leave.

To be eligible you must provide the Plan with a copy of the determination letter from the state program reflecting the period of disability. For participants receiving the Health Benefit Fund's Accident & Sickness Disability Benefit, the Plan will credit hours based on the form provided for this benefit.

Accident & Sickness Disability Benefit

In addition to the previous requirements for the Accident & Sickness Disability Benefit, Massachusetts exempts from the Paid Family Medical Leave benefit program employers that have their own employer sponsored private plan that provides equivalent benefits. Accordingly, the Fund will deny eligibility for the Fund's Accident & Sickness benefit to participants who are eligible for a private equivalent plan. Participants will still be credited with hours as described above even if they are on an employer's private plan.

Claims and Appeals

Blue Cross Blue Shield of Massachusetts is now administering appeals from the denial of medical/hospital benefits -- both first level appeals and, where applicable, second level appeals. This includes Pre-Service, Urgent Care, Concurrent Care, and Post-Service appeals. When the Fund denies a claim for medical/hospital benefits, BCBSMA will notify you of the applicable appeals procedures. For Non-Urgent Care Appeals you should call 1-800-241-0803. For Urgent Care Appeals, please call 800-472-2689.

For those who are unsatisfied with the final decision of BCBSMA on their appeals concerning denials that do not involve medical judgments or determinations (for example, questions of medical necessity, appropriateness, health care setting, level of care, effectiveness of a covered benefit, or whether a treatment is experimental or investigational), there is another, entirely voluntary, level of appeal to the Board of Trustees. Voluntary appeals to the Board of Trustees must be made in writing and submitted to the Fund Office within **60 days** of the date of the final decision of BCBSMA.

Reimbursement and Subrogation

The rules governing Reimbursement and Subrogation starting on page 58 of the SPD have been clarified to make it clear, consistent with the Fund's practice, that the amount of reimbursement due to the Fund is based on the Total Recovery you receive from any third parties with respect to the injury, as well as the amount of medical expenses the Fund has paid. The term "Total Recovery" refers to the sum of all funds or proceeds received, before the deduction of attorneys' fees, expenses, or any other amounts. The specific amount of the Fund's share of recovery is determined based on the reimbursement schedule listed on page 58 of the SPD. The Fund's lien and reimbursement rights are mandatory and will not be reduced by the common-fund doctrine, attorneys fees or expenses incurred in pursuit of claims against third parties, or otherwise, except as expressly provided in the SPD.

This is a Summary of Material Modifications regarding the above-named plan ("Plan"). This Summary of Material Modifications supplements the Summary Plan Description ("SPD") previously provided to you. You should retain this document with your copy of the SPD.

If you have any questions concerning this notice or any other matter, please contact the Fund Office at 1-800-344-1515 or 1-800-922-6026.

Sincerely,

Board of Trustees