



SOLANO AND NAPA COUNTIES
ELECTRICAL WORKERS BENEFIT FUNDS

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Date December 29, 2010

To: All Active Employees, Retirees and their Dependents, including COBRA beneficiaries, of the Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund
From: Board of Trustees

This Participant Notice will advise you of certain material modifications that have been made to the Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund to comply with the new health care reform law February 1, 2011. This information is **VERY IMPORTANT** to you and your dependents. Please take the time to read it carefully.

**COVERAGE FOR DEPENDENT CHILDREN TO AGE 26
EFFECTIVE FEBRUARY 1, 2011**

Attention Parents - this notice is being transmitted to you on behalf of your children.

The Affordable Care Act, the short-hand name for the health care reform law signed by President Obama on March 23, 2010, allows young adults to be covered by their parents' plan until they reach age 26. The law states that the extension of dependent coverage for children is effective for plan years beginning on or after September 23, 2010.

For our Plan, this law is effective February 1, 2011, and therefore, the Trust Fund is extending coverage for dependent children from the current limiting age of 19 (or up to age 24 if a full-time student) up to the end of the month in which a dependent child turns age 26.

Effective February 1, 2011, dependent children do not have to be unmarried or be full-time students or even reside with the employee in order to qualify for this extended coverage.

ONE-TIME SPECIAL ENROLLMENT

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund group health plan.

Individuals may request enrollment for such children for 30 days from the date of this notice and coverage will be effective on February 1, 2011. The attached enrollment form must be completed and returned to the Fund Office at (866) 544-9880.

If you have a child (son, daughter, stepchild, or adopted child or child placed with you for adoption, or a child of a covered domestic partner) who is under age 26 (whether married or unmarried), including a child that is currently on COBRA continuation coverage, that child may be eligible to enroll in the Plan with coverage effective on February 1, 2011. This special enrollment opportunity applies to:

- children whose coverage under the Plan already ended because they reached the limiting age, were not full-time students or graduated from college;

- children who were previously denied coverage under the Plan for being over the limiting age or not being a full-time student; and
- children who are currently on COBRA continuation coverage because they lost eligibility under the Plan when they reached the limiting age and they did not maintain student status or they have graduated from college.

Any dependent children added during this Special Enrollment opportunity will have all the same benefits that are available to similarly situated individuals.

The Special Enrollment period is the 30-day period from January 1, 2011 through January 31, 2011. To enroll a dependent child you must complete the attached enrollment form and return the card to the Fund Office with a postmark of no later than January 31, 2011. A dependent child enrolled during this period will have coverage effective on February 1, 2011.

Because under this Plan a child may not be enrolled in the Plan unless the employee or retiree is also enrolled, if you, as the employee or retiree, are eligible for coverage but not currently enrolled in the Plan, you also have the opportunity to enroll for coverage and must do so in order for your dependent child to be able to enroll.

This new Special Enrollment opportunity afforded under the Federal law applies to the child who is now eligible to be enrolled and **does not** create any eligibility for coverage for the husband or wife of the child (the employee/retiree's son-in-law or daughter-in-law) or the children of the child (the employee/retiree's grandchild).

The Plan will continue to provide coverage for disabled adult children who are 26 and older in accordance with the eligibility rules set out in the SPD/Plan Rules. These rules extend coverage when the Eligible Employee's unmarried Dependent children who are incapable of self-sustaining employment by reason of a **mental or physical handicap** provided that the Eligible Employee continues Dependent coverage and such incapacity commenced prior to the date the Dependent child's coverage would otherwise have terminated (now age 26), and provided that the child is dependent upon the Eligible Employee for support and maintenance.

**NO RETROACTIVE CANCELLATION OF COVERAGE
EFFECTIVE FEBRUARY 1, 2011**

In accordance with the requirements in the Affordable Care Act, effective February 1, 2011, the Plan will not retroactively cancel coverage except as allowed by law (for example, when participant contributions are not timely paid, or in cases of fraud or intentional misrepresentation of material fact).

NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-

payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

You or your Dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact the Administrative Office.

PRIVACY NOTICE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get another copy of this Notice from the Administrative Office.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your Dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your Dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your Dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you

qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your Dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your Dependents to enroll in the plan – as long as you and your Dependents are eligible, but not already enrolled in the Plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of November 3, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http://www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 1-877-764-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237

GEORGIA – Medicaid	MONTANA – Medicaid
<p>Website: http://dch.georgia.gov/</p> <p>Click on Programs, then Medicaid</p> <p>Phone: 1-800-869-1150</p>	<p>Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</p> <p>Telephone: 1-800-694-3084</p>
<p>IDAHO – Medicaid and CHIP</p> <p>Medicaid Website: www.accessstohealthinsurance.idaho.gov</p> <p>Medicaid Phone: 1-800-926-2588</p> <p>CHIP Website: www.medicaid.idaho.gov</p> <p>CHIP Phone: 1-800-926-2588</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.dhhs.ne.gov/med/medindex.htm</p> <p>Phone: 1-877-255-3092</p>
<p>INDIANA – Medicaid</p> <p>Website: http://www.in.gov/fssa/2408.htm</p> <p>Phone: 1-877-438-4479</p>	<p>NEVADA – Medicaid and CHIP</p> <p>Medicaid Website: http://dwss.nv.gov/</p> <p>Medicaid Phone: 1-800-992-0900</p>
<p>IOWA – Medicaid</p> <p>Website: www.dhs.state.ia.us/hipp/</p> <p>Phone: 1-888-346-9562</p>	<p>CHIP Website: http://www.nevadacheckup.nv.org/</p> <p>CHIP Phone: 1-877-543-7669</p>
<p>KANSAS – Medicaid</p> <p>Website: https://www.khpa.ks.gov</p> <p>Phone: 800-766-9012</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm</p> <p>Phone: 1-800-852-3345 x 5254</p>
<p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dmms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 1-800-356-1561</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://www.la.hipp.dhh.louisiana.gov</p> <p>Phone: 1-888-342-6207</p>	<p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/oms/</p> <p>Phone: 1-800-321-5557</p>	<p>NEW MEXICO – Medicaid and CHIP</p> <p>Medicaid Website: http://www.hsd.state.nm.us/mad/index.html</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Medicaid & CHIP Website: http://www.mass.gov/MassHealth</p> <p>Medicaid & CHIP Phone: 1-800-462-1120</p>	<p>Medicaid Phone: 1-888-997-2583</p> <p>CHIP Website: http://www.hsd.state.nm.us/mad/index.html</p> <p>Click on Insure New Mexico</p> <p>CHIP Phone: 1-888-997-2583</p>
<p>MINNESOTA – Medicaid</p>	<p>NEW YORK – Medicaid</p>

<p>Website: http://www.dhs.state.mn.us/</p> <p>Click on Health Care, then Medical Assistance</p> <p>Phone: 800-657-3739</p>	<p>Website: http://www.nyhealth.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
MISSOURI – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/index.htm</p> <p>Phone: 573-751-6944</p>	<p>Website: http://www.nc.gov</p> <p>Phone: 919-855-4100</p>
NORTH DAKOTA – Medicaid	UTAH – Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-800-755-2604</p>	<p>Website: http://health.utah.gov/medicaid/</p> <p>Phone: 1-866-435-7414</p>
OKLAHOMA – Medicaid	VERMONT – Medicaid
<p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>	<p>Website: http://ovha.vermont.gov/</p> <p>Telephone: 1-800-250-8427</p>
OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Medicaid & CHIP Website: http://www.oregonhealthykids.gov</p> <p>Medicaid & CHIP Phone: 1-877-314-5678</p>	<p>Medicaid Website: http://www.dmas.virginia.gov/rep-HIPP.htm</p> <p>Medicaid Phone: 1-800-432-5924</p> <p>CHIP Website: http://www.famis.org/</p> <p>CHIP Phone: 1-866-873-2647</p>
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
<p>Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm</p> <p>Phone: 1-800-644-7730</p>	<p>Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</p> <p>Phone: 1-877-543-7669</p>
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: www.dhs.ri.gov</p> <p>Phone: 401-462-5300</p>	<p>Website: http://www.wvrecovery.com/hipp.htm</p> <p>Phone: 304-342-1604</p>

SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since November 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Because this Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at (866) 544-9880. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Fund Office at (866) 544-9880.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Fund Office.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.