



BRICK MASONS TRUST FUNDS

Bricklayers Local No 4 Southern California

January 2012

Annual Dollar Limits for Fee-For-Service Medical Plan

As you may recall, the Trustees of your Health and Welfare Fund or “Fund” informed you of Healthcare Reform changes impacting your coverage, of which included the elimination of the lifetime dollar limit and increases to the annual dollar limit under the Fee-For-Service Medical Plan. Specifically, the changes announced were the elimination of the \$500,000 lifetime maximum and the increases in the annual maximum from \$100,000 to \$750,000 (higher amounts apply in future years) on essential health benefits effective May 1, 2011.

The Trustees are informing you that the Fund was successful in receiving a waiver of the annual limits imposed by Healthcare Reform, which means that the Fee-For-Service annual dollar limit will remain at \$100,000 effective May 1, 2011 (see attached *Annual Dollar Limits for Coverage of Key Benefits* notice). All other Healthcare Reform changes previously announced, including the elimination of the lifetime dollar limit for the Fee-For-Service Plan, will remain in effect. Please note that the HMO medical plans do not have annual or lifetime dollar limits.

This notice contains important information about changes that are required by Healthcare Reform. It should be kept with your Summary Plan Description for reference. As other changes occur, you will receive additional notices which should also be kept for your reference. Should you have any questions regarding this notice, please contact the Administrative Office at **(626) 646-1080**.

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Annual Dollar Limits for Coverage of Key Benefits
(Effective May 1, 2011)

The Affordable Care Act prohibits health plans from applying dollar limits below a specific amount on coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage under the Fee-For-Service Medical Plan offered by the Brick Masons Health and Welfare Trust Fund does not meet the minimum standards required by the Affordable Care Act described above. Instead, it puts an annual limit of:

\$100,000 on all medical benefits (including doctor visits, surgery, emergency care, physical therapy, etc.) provided under the Fee-For-Service Medical Plan.

In order to apply the lower limits described above, your health plan requested a waiver of the requirement that coverage for key benefits be at least \$750,000 this year. That waiver was granted by the U.S. Department of Health and Human Services based on your health plan's representation that providing \$750,000 in coverage for key benefits this year would result in a significant increase in your premiums or a significant decrease in your access to benefits. This waiver is valid for one year.

If the lower limits are a concern, there may be other options for health care coverage available to you and your family members. For more information, go to: www.HealthCare.gov.

If you have any questions or concerns about this notice, contact the Administrative Office at (626) 646-1080. In addition, you can contact:

**California Department of Managed Health Care Help Center
980 9th Street, Suite 500
Sacramento, CA 95814
(888) 466-2219
<http://www.healthhelp.ca.gov>
helpline@dmhc.ca.gov**

*This document has been uploaded and is available on the participant website at
www.bac4cabenefits.org*