

Annual Compliance Notices

NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT: Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT: If you have had or are going to have a mastectomy, you 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator (**Kaiser Permanente customer service**) at **(888) 901-4636**.

NOTICE OF PATIENT PROTECTIONS: **Theatrical Stage Employees Health & Welfare Trust** health plan generally does not require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact **Kaiser Permanente at (888) 901-4636**.

You do not need prior authorization from **Theatrical Stage Employees Health & Welfare Trust** health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact **Kaiser Permanente at (888) 901-4636**.

HIPAA SPECIAL ENROLLMENT NOTICE: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, or within 60 days after the birth, adoption, or placement for adoption. The 31-day time limit was suspended under the federal rule but will begin or resume **one year** from the date of the event. For example, if your spouse's other employment-based coverage ended on January 1, 2021, you will have until January 30, 2022 to request special enrollment – one year, plus 30 days – unless the Outbreak Period ends earlier. For additional information regarding the extension guidelines, please refer to the enclosed notice titled "Important Information Relating to COVID-19 and Extension of Deadlines."

To request special enrollment or obtain more information, contact the **Trust Office at (206) 441-7574**.

SUMMARY OF MATERIAL MODIFICATION (SMM): Please note that this benefit summary is intended to serve as a Summary of Material Modification (SMM), as described in the Employee Retirement Income Security Act (ERISA). Please keep this information with your Certificate of Coverage provided from the carrier.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR

HEALTH COVERAGE (EXCHANGE NOTICE): Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace, called Washington Healthplanfinder in Washington state.

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through January 15. After January 15th, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid (Apple Health) or the Children's Health Insurance Program (CHIP).

If the cost of our medical plan to cover yourself (and not any other members of your family) is more than 9.69 percent of your household income for the year, or our coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.) **Theatrical Stage Employees Health & Welfare Trust health plan currently meets the "minimum value standard".**

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by **Theatrical Stage Employees Health & Welfare Trust**, you lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

If you are not eligible for our Plan, you may want to look at the Health Insurance Marketplace as an option. In some cases, you may qualify for a subsidy if you meet certain requirements. You will need to consult with an Insurance Navigator at the Health Insurance Marketplace to understand better your plan options as well as any subsidies which may apply to you.

How Can I Get More Information? Please visit wahealthplanfinder.org or HealthCare.gov for more information.