September 23, 2013

Re: Chicago Regional Council of Carpenters Welfare Fund ("Plan")
IMPORTANT REMINDER Regarding the Employer Exchange Notice ("Notice")

Dear Contributing Employer:

As you may know, the Patient Protection and Affordable Care Act ("ACA" or "Health Care Reform") requires employers to send all employees a Notice of exchange availability. This Notice will provide information about the public insurance exchanges effective in 2014 and information about premium tax credits (also called "subsidies") that may be available to employees through the exchanges. The delay of the employer shared responsibility rules (requirement to offer healthcare coverage or pay a penalty) does not delay this Notice requirement, the exchanges or the premium tax credits.

Employers must provide the Notice to all current employees no later than October 1, 2013. In addition, beginning October 1, 2013, employers must provide the Notice to all new employees at the time of hire or within 14 days of the employees start date. Employers must provide this notice to every employee, regardless of Plan enrollment, part-time or full-time employment status. Employers must provide this Notice in writing, free of charge. The Notice may be provided by first-class mail. The Plan will not provide this notice on your behalf.

The Department of Labor has issued a model notice that employers may use to satisfy this obligation. You can find a copy at http://www.dol.gov/ebsa/pdf/FLSWithPlans.pdf. The model Notice includes sections to describe the coverage you provide to employees. To assist you with this Notice, the Plan has completed its half of “Part B” of the Notice and enclosed a version, with the Plan’s suggested revisions, that you can use to satisfy this obligation with respect to your employees that participate in the Chicago Regional Council of Carpenters Welfare Fund ("Plan"). The information on the attached “Part B” pertains only to employees that are covered under a collective bargaining agreement between Employers and the Chicago Regional Council of Carpenters.
The Chicago Regional Council of Carpenters Welfare Fund Active Plan of Benefits meets the minimum value requirement. You are not obligated to use the Plan’s version of the model Notice but you must send some form of exchange notice by the deadlines noted above. If you choose to use this Notice, you need only fill in your contact information on page 1 and complete questions 3-12 in Part B.

The Department of Labor has also provided a model Notice for employers who do not offer coverage. If some of your employees are not offered health coverage, you may consider another model Notice available at http://dol.gov/ebsa/pdf/FLSAwithoutplans.pdf.

You may also have heard that the exchange application process for individuals includes a document called “Employer Coverage Tool”. Your employees may request you to complete this tool if they apply for coverage through the exchanges (also called the “Health Insurance Marketplace”). The information provided in the exchange Notice Part B is the same as the information requested in the Employer Coverage Tool.

Employers have an obligation to provide the Notice (not the Plan). You should consider reviewing your legal obligations with your legal counsel. Neither this letter, nor its enclosures should be construed as advice or guidance from the Plan. Instead, the Plan is sending these materials to you as general information because the Notice requires Plan-specific information that you may not possess.

Please contact the Fund Office at 312-787-9455, Option #5, between the hours of 8 a.m. and 4:30 p.m., Monday thru Friday, if you have questions regarding the above information.

Sincerely,

The Board of Trustees
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may 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.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact The Chicago Regional Council of Carpenters Welfare Fund Office 69 312-787-9455, option 3 or visit www.crcbenefits.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 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.
The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
   ☐ Yes (Continue)
   ☐ No (STOP and return this form to employee)

   13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? [Based upon the eligibility terms of the Plan] (mm/dd/yyyy) (Continue)

14. Does the employer offer a health plan that meets the minimum value standard*?
   ☑ Yes (Go to question 15) ☐ No (STOP and return this form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
   a. How much would the employee have to pay in premiums for this plan? $0.
   b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return this form to employee.

16. What change will the employer make for the new plan year?
   ☐ Employer won't offer health coverage
   ☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard*. (Premium should reflect the discount for wellness programs. See question 15.)
   a. How much will the employee have to pay in premiums for that plan? $
   b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

   Date of change (mm/dd/yyyy):

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* 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 (Section 36B(c)(2)(C)(iii) of the Internal Revenue Code of 1986)
The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? Based upon the eligibility terms of the Plan (mm/dd/yyyy) (Continue)

☐ No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if they received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $ 0.

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? $

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

Date of change (mm/dd/yyyy):

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* An employer-sponsor 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)