

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

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REQUIRED NOTICE OF HEALTH INSURANCE EXCHANGE COVERAGE OPTIONS (No Action is Required on your Part)

OCTOBER 2024

TO: EMPLOYERS FOR THEIR CURRENT AND NEW EMPLOYEES

PART A: GENERAL INFORMATION

Under the Patient Protection and Affordable Care Act (“Affordable Care Act”), you and your family may have the option to purchase health insurance through the California Health Insurance Exchange (also known as the Marketplace). This Notice, which is required to be provided to you by your Employer upon your employment pursuant to the Affordable Care Act, provides basic information about the Exchange and to assist you and your family regarding your health care options. **Note: BECAUSE YOU HAVE COVERAGE WITH THE NORTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE PLAN (“PLAN”), NO ACTION IS REQUIRED ON YOUR PART. THE PLAN HAS SUFFICIENT BENEFIT LEVELS AND COVERAGE TO MEET THE AFFORDABLE CARE ACT’S MINIMUM COVERAGE REQUIREMENTS.** If you accept health coverage through the Plan you will not have to take any action concerning the Exchange. **Thus, no action is required on your part.**

I. Exchange Information

As a California resident, you and your family may be eligible to buy health coverage through California’s Exchange called “Covered California”. The Exchange is designed primarily to help individuals that do not have health coverage or have recently lost coverage to find health insurance that meets their needs and fits their budget. The Exchange offers one-stop shopping to find and compare private health insurance options. Open enrollment through Covered California is from November 1, 2024, through January 31, 2025, for 2025 coverage. Generally, other than through open enrollment, you can enroll in Covered California only if you have experienced a qualifying life event (such as a loss of job, loss of coverage through former Employer or Medi-Cal or aging out of your parent’s plan, marriage, divorce or registered domestic partnership, birth, or adoption of a child, recently moved to or within California, or if you’ve been affected by the wildfires that resulted in declaration of a state of emergency in California) through a Special Enrollment. If you qualify for a Special Enrollment, you will have 60 days from the time you lose coverage due to a qualifying event to enroll in Covered California. Please further note other insurance options do not limit enrollment to an open enrollment such as Medi-Cal (if your income is below 150% of the federal poverty level) (See link for federal poverty level chart: <https://www.coveredca.com/pdfs/FPL-chart.pdf>) or the Children’s Health Insurance Program which is generally open year-round for enrollment. For these life events (e.g., losing Medi-Cal or job-based coverage or marriage/registered domestic partnership) coverage will start on the first day of the month following enrollment. For birth or adoption of a child or acceptance of a child into foster care, coverage starts on the first day of the month following the birth, adoption, or placement in foster care. For most other qualifying events, the start date of coverage depends on the date of enrollment.

Depending upon your family income, if you decide to enroll in an exchange, you could be eligible for a tax credit that lowers your monthly premium or cost-sharing reductions, **but that applies only if you do not have coverage through your Employer or the Northern California Pipe Trades Health and Welfare Plan (“Plan”), or the Plan does not provide affordable coverage (if the cost of coverage that would cover you (self-only coverage) and not any other members of your family is more than 8.39% of your household income for the 2024 tax year) or does not meet minimum value standard (an Employer sponsored plan meets the minimum value standard if the Plan’s share of the total allowed benefits costs covered by the plan is no less than 60% of such costs).** **Because this Plan offers**

affordable health coverage and provides more than the minimum value standard set by the Affordable Care Act, no further action is required on your part.

If you were to purchase a health plan through the Exchange instead of accepting health coverage through the Plan, you will not receive health benefits with the Plan. However, your Employer will remain obligated to continue making all required Employer contributions based on your work under an applicable Collective Bargaining Agreement. Moreover, Employer contributions to a qualified health plan such as the Northern California Pipe Trades Health and Welfare Plan are excluded from an Employee’s income for Federal and State income tax purposes. If, however, you were to choose to obtain coverage through the Exchange, your payments for such coverage would be made on an after-tax basis.

II. For More Information

For more information, review the Plan’s Summary Plan Description on our website at www.ncpttf.com or contact the Trust Fund Office at 925/356-8921, ext. 713. If you decide to shop for coverage in the California Exchange, you may visit www.CoveredCa.com or call 800/300-1506 (TTY 888/889-4500) for information on the coverage options and costs, including an online application for health insurance coverage. For exchange information in other states, please visit www.healthcare.gov.

PART B: INFORMATION ABOUT THE NORTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE PLAN

This section contains information about the Plan’s health coverage offered by the Board of Trustees of the Northern California Pipe Trades Health and Welfare Plan. **If you complete an application for coverage in the Exchange, you will have to provide this information.** www.CoveredCa.com will guide you through the process. The Plan’s information that you will enter when you visit www.CoveredCa.com to find out if you may be eligible for a tax credit to lower your monthly premiums is:

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| Plan Name: | Northern California Pipe Trades Health and Welfare Plan |
| Employer Identification Number: | 94-3183274 |
| Employer Address: | 935 Detroit Avenue, Suite 242A |
| City: | Concord |
| State: | California |
| Zip code: | 94518-2501 |
| Employer Phone Number: | 925/356-8921 ext. 713 |
| Who can I contact about Employee health coverage at this job? | Contact the Trust Fund Office at the phone number indicated above |
| Email Address: | tfo@ncpttf.com |
| Plan Website Address | www.ncpttf.com |

| Basic Information about health coverage offered by your Employer through the Plan. | |
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| ✓ | This Plan offers health coverage to <u>All Employees</u>. This includes Bargaining Unit Employees and certain Non-Bargaining Unit Employees. |
| ✓ | This Plan offers health coverage to <u>Eligible Dependents</u>. This includes the Employee’s Lawful Spouse, Domestic Partner (for Active Participants only), Natural Children under age 26, and Disabled Natural Children. |
| ✓ | This Plan’s coverage meets the <u>minimum value standard</u> and the cost of this coverage to you is intended to be <u>affordable</u>, based on Employee wages. Generally, no Employee contributions are required for coverage under the Plan. |