

# Open Enrollment Instructions

Following are instructions and materials for this open enrollment. Please read them very carefully. If you have any questions, please contact the Fund Office at [FundOffice@FundOneIATSE.com](mailto:FundOffice@FundOneIATSE.com).

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## Participants with Current Coverage

***If you are currently enrolled for medical coverage and don't need to make any changes to your covered dependents, you do not need to do anything at this time.***

You will soon be receiving an invoice for your self-pay premium, which after being paid, will automatically enroll you for continued coverage beginning July 1, 2023 to December 31, 2023. **Please see the instructions below for making your self-pay premium payment online.**

The deadline for making your self-pay premium payment for Welfare Fund provided health insurance from 7/01/23 to 12/31/23 is **6/30/2023**. Although you will continue to be able to make your payment after the 6/30/23 deadline through 7/31/23, please note that **a late payment may cause an interruption to your medical and pharmacy coverages until your payment is received and processed**. In other words, if your payment is not received and processed by the Fund Office by 6/30/2023, your coverage will be terminated in our system effective 7/01/23 until such time your payment is processed. (Remember that payments received after 7/31/23 will be returned and you will no longer be eligible for coverage for the period 7/01-12/31/23.)

If your payment is received late but on or before 7/31/23, your coverage will be retroactively reinstated effective 7/01/23, but please note that in the meantime, **your prescriptions will be interrupted, and medical providers will be unable to verify that you have current coverage.**

## New Participants (not covered on 6/30/2023) and Participants Who Need to Change Covered Dependents

***Open enrollment elections, changes, and payments can be done online at:***  
**FundOneIATSE.com**

1. Click on the **“MY BENEFITS”** link in the top right corner of the main page to log into your personal account on the Participant Portal.
2. Click on the **“Login”** link in the top right corner of the page.
3. If you have previously registered for the “MY BENEFITS” participant portal, you will then sign-in using your Username and Password. **If you do not already have an account**, hit the **“Register”** button to setup your login credentials. Please note that you can only register using an email address already on file with the Fund Office. If you need to add your email address, please either call (212)247-5225 or email [FundOffice@FundOneIATSE.com](mailto:FundOffice@FundOneIATSE.com).
4. Once you have logged into the Participant Portal, you will see a link for **“Welfare Coverage”** in the top right of the main page.
5. Please follow the online instructions. If you are not making any changes to your current benefits you can proceed directly to the shopping cart to pay your Self-Pay Premium. Otherwise you will have an opportunity to change your covered dependents.

If you have any problems with the Participant Portal or making benefit elections or payments, please call **(212)247-5225** or email **FundOffice@FundOneIATSE.com**.

If you do not wish to use the online Open Enrollment tool, you may also fill out the attached enrollment form. We recommend that you avoid using regular mail and either scan and email your application and supporting documents to **FundOffice@FundOneIATSE.com**, or **fax to (212)247-5227**, and pay by credit/debit card by calling **(212)247-5225**. If you need to send the Fund Office a paper check, please fill out the enclosed election form and attach your check and mail to the Fund Office.

**PLEASE NOTE** that your Open Enrollment Election and Self-Pay Premium Payment must be received by the Fund Office by **June 12, 2023** to ensure that your coverage is in place on July 1, 2023. Election forms received after 6/12/2023 will be processed as quickly as possible and coverage will be retroactive to 7/1/23. Non-payment of your **self-pay premium** will result in automatic termination of coverage retroactive to 6/30/2023.

If you need information about your health coverage, please call **AETNA** at **1-855-281-8858** or go online at **www.aetna.com** for specific information regarding your coverage and directory of In-Network providers. If you need information about your pharmacy benefits, please call **Express Scripts** at **1-800-716-3221** or go online at **www.express-scripts.com**.

### **Hospital Indemnity Insurance Reminder**

Please keep in mind that if you are eligible for Welfare Plan provided benefits, you are also eligible for the Fund's Hospital Indemnity Plan. If you've had a hospitalization since this coverage went into place on 7/01/2020, you may be eligible for cash payments based on the length and nature of your hospitalization.

The Hospital Indemnity Plan (HIP) pays benefits when you have a planned or unplanned stay for illness, injury, surgery or having a baby. The plan pays a lump sum benefit for admission and daily benefits for covered hospital stay. You can use the benefit to pay out of pocket medical costs or personal expenses.

Here are some of the benefits\* you could receive: up to 15 days  
Hospital Admission: \$750 (once per member, per plan year)  
Hospital daily stay: \$50  
ICU daily stay: \$100  
Substance abuse or Mental disorder daily stay: \$50  
Rehabilitation daily stay: \$25  
Nursery admission: \$100

You can find everything you need on Aetna's web sites at **Myaetnasupplemental.com** or **Aetna.com**. You can see your plan documents, submit and track the status of claims and even set up direct deposit.

To fill the claim: Log into your account on the Aetna member website or the other site above. Click "report new claims" and answer a few quick questions. Since you have an Aetna medical plan, they will automatically retrieve any medical information needed to process your claim.

You also have the option to print and mail forms to Aetna Volunteer Plans. If your claim is approved, they will mail or direct deposit your check - your choice.

If you have any questions or need assistance with filing a Hospital Indemnity claim, please contact the Fund Office at (212)247-5225.