

November 2021

**TO: AFL Hotel and Restaurant Workers Health and Welfare Trust Fund  
Actives and Retirees <65**

**FROM: Board of Trustees**

**SUBJECT: OPEN ENROLLMENT FOR 2022 – POSTPONED  
APPEAL OF A POST-SERVICE CLAIM  
CHIROPRACTIC BENEFIT**

#### **OPEN ENROLLMENT POSTPONED**

The Annual Open Enrollment for Plan Year 2022 is postponed due to the pandemic and administrative needs of the Plan and its Participants. You will be notified should there be a Special Open Enrollment Period in the near future.

If you have any questions or concerns, please contact your Plan Administrator, BRMS, at 808-523-0199, neighbor islands call 1-866-772-8989; or email: [hiaflinfo@brmsonline.com](mailto:hiaflinfo@brmsonline.com)

#### **APPEAL OF A POST-SERVICE CLAIM**

The Board of Trustees have adopted the following timeline regarding an appeal of a Post-Service Claim effective immediately:

If you are appealing a denial that is considered a post-service claim, you must submit a written request for review of the initial denial. The Benefits and Appeals Committee must issue its decision no later than the date of the next regularly scheduled Trustee meeting that immediately follows the Plan's receipt of the request of review. However, if the request for review is filed within 30 days of the date of such meeting, a benefit determination may be made no later than the date of the second meeting after the Plan's receipt of the request for review. If special circumstances require a further extension for processing, a benefit determination must be made no later than the third regularly scheduled Trustee meeting after the Plan receives request for review.

Key factors when filing an appeal of a post-service claim:

- Filing Deadline → 180 days following receipt of a Notice of Denial
- Requirement for Filing an Appeal → Participant or Authorized Representative\* (such as your physician) must be submitted in writing and addressed to:

Board of Trustees  
Benefits & Appeals Committee  
AFL Hotel & Restaurant Workers Health & Welfare Trust Fund  
560 N. Nimitz Hwy., Suite 209  
Honolulu, Hawaii 96817

OR

Fax: 808 537 1074 / Email: [hiaflinfo@brmsonline.com](mailto:hiaflinfo@brmsonline.com)

\*You must submit a form approved by the Plan in order to appoint your medical provider as your Authorized Representative for the appeal. An Authorized Representative Form may be found on the Plan's Website or by contacting the Plan or Claims Administrator.

#### **CHIROPRACTIC BENEFIT FOR RETIREES NOT ELIGIBLE FOR MEDICARE**

Chiropractic benefits are available to Retirees not Eligible for Medicare and their dependents covered under the Comprehensive Medical Plan. The following chiropractic services are covered when provided by a ChiroPlan Hawaii network provider:

##### Services

Office Visits (includes evaluation, exam, manipulations, and therapy modalities);  
Up to 18 visits per calendar year

- Initial Office Visit (First Visit) 100% after  
\$15.00 copayment per visit
- Follow Up Office Visit 100% after  
\$15.00 copayment per visit

X-rays – limited to one (1) series of film Up to \$125  
Per body region per calendar year per calendar year

Benefits are available only if services are received from a ChiroPlan Hawaii network provider. Chiropractic services must be therapeutically necessary, as determined by ChiroPlan Hawaii, in order to be covered. Preventive or maintenance care is not covered under the Plan.

Should you have any questions, visit the Trust Fund's website at [www.unitehere5trustbenefits.com](http://www.unitehere5trustbenefits.com) or contact the Trust Fund Office (BRMS) at 808-523-0199; neighbor islands 1-866-772-8989; or email: [hiaflinfo@brmsonline.com](mailto:hiaflinfo@brmsonline.com)

*Disclosure of Grandfathered Status*

*The Trust Fund believes its group health plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.*

*Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Benefit & Risk Management Services, Inc., at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817-5315 or 1-(808) 523-0199. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.*

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions.*