



Teamsters Joint Council 32 - Employers Health and Welfare Fund

Administered by Wilson-McShane Corporation
Fund Office Locations:

Bloomington:
3001 Metro Drive - Suite 500
Bloomington, MN 55425
(952) 854-0795 | (800) 535-6373

Duluth:
2002 London Road - Suite 300
Duluth, MN 55812
(218) 727-0824 | (800) 570-1012

SUMMARY OF MATERIAL MODIFICATION (SMM)

TEAMSTERS JOINT COUNCIL 32-EMPLOYERS HEALTH AND WELFARE FUND

The Board of Trustees has made several changes and clarifications to the Teamsters Joint Council 32 – Employers Health and Welfare Fund. If you have any questions regarding these changes, please contact the Fund Office at 952-854-0795.

Notice of Clarification for Retiree Eligibility Rules

The Trust's current eligibility rules provide that a retiree can, on a one-time basis, opt-out of the Trust retiree coverage and come back at a later date as long as he or she notifies the Trust within 60 days of becoming eligible for retiree coverage and maintains continuous health coverage from the time his or her Trust coverage ends and the retiree coverage begins.

These eligibility rules have been clarified in two respects:

- If a retiree meets all eligibility requirements other than the initial age requirement for retiree coverage, he or she can opt to begin coverage when they meet the applicable age requirement as long as they notify the Trust within 60 days of retirement and maintain continuous health coverage.
- The retiree eligibility rules also have been clarified to provide that health coverage that meets the Affordable Care Act's minimum essential coverage requirements can be used to meet the requirement that the employee maintain continuous health coverage.

The revised retiree eligibility language reads as follows:

However, the Fund will allow a Retiree on a one-time basis to delay initial enrollment or to opt-out of Plan coverage if they are covered under another group health plan or other coverage that constitutes Minimum Essential Coverage under the Affordable Care Act. The Retiree must still apply within the initial 60-day eligibility period for Retiree coverage, notify the Fund in writing and in advance of the intent to delay or opt-out of coverage and inform the Fund in writing and in advance of the intent to delay or opt-out of coverage and inform the Fund within 30 days of when the other health coverage ends. Coverage under this Plan and the other health coverage must be continuous (no gaps in coverage). A Retiree that meets the Plan's eligibility requirements at the time of retirement other than the initial age requirements, may preserve the ability to participate in the Retiree Plan by submitting a request to postpone coverage within 60 days of retirement and maintaining other health coverage as described above until they begin participation in the Retiree Plan.

If You elect to participate, but later opt out of the Plan in circumstances other than described above, You cannot later rejoin the Plan, regardless of evidence of continuous outside coverage. All other retiree eligibility provisions remain the same.

Outpatient Drug Testing

All out-patient drug testing claims will be covered subject to the medical necessity review and criteria of the Trust's Preferred Provider Organization (UMR). Further, the Trust Fund has adopted UMR's out-patient drug testing policy, as may be periodically amended, for making medical necessity determinations.

Limited Opt-Out Provision for New Groups

Please note, this provision only applies to new groups who enter the Plan on or after May 16, 2022. It does not apply to existing participants or groups.

Limited One-Time Opt Out For New Groups

Employees who are eligible for health coverage when a new group first enters the Trust on or after May 16, 2022, will have a limited one-time option to opt out of coverage. To exercise this one-time opt out the Employee must

- Complete a Waiver of Coverage Form and submit it within 30 days of the new group beginning participation in the Trust; and
- Provide documentation that the Employee is covered by other group health coverage (such as through a spouse) or through the Veteran's Administration

Employees who do not opt out during this 30 day period or who become eligible for coverage after the new group's initial participation date are not eligible to opt out and contributions must be made on their behalf. Once an employee has had Plan coverage no opt out is allowed.

Ability of Employees Who Have Opted Out to Enroll in the Trust

Employees of new groups who had utilized the one-time opt out will receive no benefits from the Trust. They will only be allowed to participate in the Trust's benefit plan in the following situations and subject to the following conditions:

- They elect to participate in the Trust during an annual open enrollment period conducted between November 15th and December 10th annually and any required contribution is paid. Employees must notify the Trust Office in writing of their election to participate in the Trust during this period. Once an employee participates in the Trust they cannot opt out in the future; or
- A Qualifying Life Event as defined by 29 U.S.C. 1181(f) occurs and the Employee timely notifies the Trust Office of the event and, if applicable, any necessary contributions is paid.

Pursuant to the statutory provision, Employees who have opted out because they had other health coverage may request enrollment within 30 days of losing that other coverage, the employer ceasing contributing towards the cost of the other coverage, or a loss of dependent status under the other health coverage. Employees will be required to provide proof that they had other health coverage at the time they opted out and submit an enrollment request within 30 days of losing the other coverage.

Additionally, as provided for by statute, employees who have opted out and have a Qualifying Life Event as a result of adding a new dependent through marriage, birth, adoption, or placement for adoption may enroll themselves and their new dependents by providing written notice within 30 days after the Qualifying Life Event occurs.

The Board of Trustees reserves the right to add any lawful conditions or limitation upon the individuals who have opted out of coverage pursuant to these provisions and seek to enroll in the Plan during an open enrollment period, or as a result of a Qualifying Life Event.

Questions? If you have questions about any of these changes, please contact the Fund Office.

Wilson-McShane
3001 Metro Drive, Suite 500
Bloomington, MN 55425
Bloomington Office: 952-854-0795 or 800-535-6373
Duluth Office: 218-728-4231 or 800-570-1012