ELIGIBILITY
AND
COORDINATION OF BENEFITS
SUMMARY

- Section 6 of the General Eligibility & ERISA Rights Information describes, in detail, the Coordination of Benefits provisions of the Plan.

- Coordination of Benefits applies if you or your dependent spouse is covered under a separate group health plan in addition to being covered by this Plan. Coordination of Benefits applies to Medical Benefits, Prescription Drug Benefits, Dental Benefits and Vision Benefits. The purpose of Coordination of Benefits is to avoid both plans paying benefits for the same services.

- When you are covered by the Fund and another health plan, you have primary and secondary coverage. Primary coverage means the plan that is required to pay benefits first. Secondary coverage means the plan paying second.

- All eligible employees (other than Municipal Participants) covered for benefits through the Fund must enroll for benefits and also must enroll for benefits based on marital/family status. Thus, married employees must enroll for two-person coverage; married employees with a child or children must enroll for family coverage; a single employee must enroll for individual coverage.

- If your spouse is employed and offered single coverage in a group health plan through their employer at a cost of 5% or less of their gross wages, then they are required to enroll with single coverage (at a minimum) under their health plan. The spouse's claims will then be subject to the Coordination of Benefits provisions of the Plan. Only medical and prescription costs are included for this testing purpose.

- If your spouse is only offered a health savings account ("HSA") with a high deductible plan, then the Coordination of Benefits provisions are NOT allowed under Federal law. In this case, the spouse is not required to enroll in the health plan provided through their employer, as long as there are no other health options available. If a spouse chooses to remain covered under an HSA then their coverage will be terminated under the Plan under Federal law.

- If your spouse is provided family coverage through your spouse's employer at no cost and would be primary pursuant to the Coordination of Benefits "Birthday Rule" provisions, then your spouse is required to enroll in the health plan offered through their employer with family coverage. The dependent children's claims would be submitted as primary under the spouse's coverage and balances would be submitted to the Plan as secondary.

- Your spouse cannot "opt out" of coverage provided by their employer, or decline coverage available through their employer due to a buyout or monetary payment not to enroll for coverage and still be eligible for coverage through the Fund.

Should your spouse not follow the Fund rules and "opt out" of his or her employer's health plan, your spouse will not be covered as an eligible dependent under the Plan when this occurs, regardless of the reason.

Should your spouse "opt out" of family coverage where family coverage is provided at no cost, and the standard Coordination of Benefits rules would cause your spouse's health plan, if elected, to be the primary payer of benefits for your dependent children, such dependent children will not be covered as eligible dependents under the Plan.

- If your spouse makes any approved changes to their coverage an updated Coordination of Benefits Form indicating the changes with effective dates must be submitted to the Fund. If the Fund approves the spouse to decline coverage, a copy of their Certificate of Group Health Coverage showing termination dates must be submitted to the Fund. Once received, the files will be updated with these changes.