

UTILITY WORKERS' UNION OF AMERICA NATIONAL HEALTH AND WELFARE FUND

FREQUENTLY ASKED QUESTIONS

How are my benefits funded?

The primary source of financing for the benefits provided under the Health & Welfare Fund – Health Reimbursement Arrangement (HRA) and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Each group has set rules in their Collective Bargaining Agreement (CBA) that stipulate when contributions are to be remitted.

To be eligible for benefits under the Health Reimbursement Arrangements you must have contributions remitted on your behalf.

What do I do if my employer does not remit my contributions?

Call your Local 223 UWUA Benefit Director at 313-216-0788.

How can I add my dependents to the Plan?

Complete a “Health and Welfare Enrollment Form” and submit copies of marriage or birth certificates to the Fund Office.

What do I do if my employment is terminated?

Not all employers have the same termination rules however, generally if your employment ends for any reason, including retirement, your participation in the Plan will not end immediately due to an automatic coverage continuation period.. This automatic three-year continuation period offered free of charge constitutes COBRA continuation coverage as described on pages 6 and 7 Employer contributions to your HRA Plan account will stop, but you can choose to contribute after-tax contributions to your HRA account during the period of continuation coverage.

Before Age 55: If your employment ends before reaching age 55 (retirement age), you will automatically be given a three year coverage continuation period starting on the day your employment ends. During this continuation period, you can spend down the balance in your HRA account.

Participation will end if you exhaust your account balance before the end of the three-year continuation period. Also, participation will end and any remaining balance in your account will be forfeited if you do not retire or become reemployed by a contributing employer before the end of the three-year continuation period. Once participation terminates, no further reimbursements will be permitted.

If you attain age 55 after your employment ends but before your participation terminates, you will be considered to be retired by the Plan. When this happens, participation will be subject to the rules regarding inactive accounts described in the section below, “*On or After Age 55.*”

If you have a Social Security Disability Award application pending with the Social Security Administration on the date that your three-year continuation period would otherwise expire, the continuation period will remain open until a decision is provided by Social Security on your application. Once a Social Security Disability Award becomes effective, you will be treated as if you retired on or after age 55.

Please refer to your groups Summary Plan Description for additional information.

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. The rates are 102% of the actual cost of providing benefits.

What do I do if I get divorced?

You must send a copy of your complete divorce decree to the Fund Office otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.

What benefits are covered under the HRA?

In general, medical care expenses include, but are not limited to, amounts for such things as hospitalization, doctors and dentists bills, and prescription drugs. Such expenses also include amounts you pay for deductibles, co-payments, coinsurance, as well as premiums for group health plan coverage (provided premiums are not paid through salary reduction contributions under the terms of a Code Section 125 plan or any plan that provides for premium payment with pre-tax dollars), COBRA continuation coverage, and Medicare Parts B, C, and D coverage. However, not all medical care expenses will be considered “eligible health care expenses” that qualify for reimbursement under the Plan. Generally, only medical care expenses within the meaning of Section 213 of the Internal Revenue Code are eligible.