

**SUMMARY OF MATERIAL MODIFICATIONS
AND
NOTICE TO PARTICIPANTS**

**NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND
GENERAL ELIGIBILITY & ERISA RIGHTS INFORMATION**

(Plan No.: 501; I.D. No.: 15-0551885)

July 2, 2021

Dear Participant:

The Board of Trustees of the New York State Teamsters Council Health & Hospital Fund (“Fund”) has recently amended the Fund’s rules related to spousal eligibility for coverage.

As described more fully below, this amendment makes your spouse eligible for dependent coverage under the Fund even if your spouse is eligible under his/her employer’s plan, so long as that coverage is not provided at no premium cost. Previously, your spouse was not eligible under the Fund when the spouse was provided single coverage through his/her employer at a cost of 5% or less of the spouse’s wages.

The following is a Summary of Material Modifications (“SMM”) updating your General Eligibility & ERISA Rights Information booklet in connection with this amendment. It also updates that booklet to incorporate recent U.S. Department of Labor (“DOL”) guidance concerning Fund deadlines that fall during the COVID-19 National Emergency.

I.

Section 3 (I)(1) of the booklet, concerning spousal eligibility for Fund benefits, has been amended effective January 1, 2022, to read as follows:

“1. **Your Legal Spouse.** Your legal spouse. A certified copy of your marriage certificate and your spouse’s birth certificate must be provided to the Fund Office at the time of your spouse’s enrollment.

However, your spouse **will not be eligible** if your spouse is employed and your spouse’s employer offers your spouse single or family coverage under that employer’s group health plan with no premium cost.

This means that your spouse cannot “opt out” of such no cost coverage provided by his or her employer, or decline such coverage due to a buyout or monetary payment from his or her employer not to enroll, 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 no-cost benefit plan, your spouse will not be covered as an eligible dependent under the Plan when this occurs, regardless of the reason.

If your spouse impermissibly “opts out” of family coverage provided at no cost, and the standard Coordination of Benefits rules would cause your spouse’s plan, if elected, to be the primary payer of benefits for your dependent children, such dependent children will not be covered as eligible children under the Plan. Refer to the Coordination of Benefits rules in Section 6 for primary coverage information.”

II.

Section 9 of the booklet, General Information and ERISA Rights, was initially amended effective March 1, 2020, to provide that until 60 days after the announced end of the COVID-19 National Emergency (referred to as the “Outbreak Period”), or such later date that may be announced by the Internal Revenue Service and DOL, the Plan will disregard the Outbreak Period in determining whether you have met the following Plan deadlines:

1. The deadline to request special enrollment in the Plan due to a loss of other coverage, your marriage, or the birth, adoption, or placement for adoption with you of a new dependent.
2. The 60-day deadline to request special enrollment due to the loss of Medicaid or CHIP coverage.
3. The 60-day period to elect COBRA continuation coverage.
4. The deadline to notify the Plan of a qualifying event or determination of disability for COBRA purposes.
5. The deadline for making COBRA premium payments.

6. The deadline to file a benefit claim under the Plan's claims procedures.
7. The deadline to file an appeal of an adverse benefit determination under the Plan's claims procedures.

This rule reflects updated guidance recently issued by the DOL's Employee Benefits Security Administration ("EBSA") in EBSA Disaster Relief Notice 2021-1 (the "Notice") regarding these deadlines. This new guidance clarifies the time that you have to exercise the rights set forth above that fall during the Outbreak Period will be suspended until **the earlier of**: (a) one year from the date on which the right would otherwise have been required to be exercised; or (b) the end of the Outbreak Period. This means that every time a participant has a COBRA, special enrollment, or claim/appeal deadline that occurs on or after March 1, 2020, that deadline will be suspended for up to a year, as long as the Outbreak Period continues. The Notice provides the following examples to help explain this relief:

- **Example 1:** If a participant would have been required to make a COBRA election by March 1, 2020, the Notice delays that requirement until February 28, 2021, which is the earlier of one year from March 1, 2020, or the end of the COVID-19 Outbreak Period (which remains ongoing).
- **Example 2:** If a participant would have been required to make a COBRA election by March 1, 2021, the Notice delays that election requirement until the earlier of one year from that date (March 1, 2022) or the end of the COVID-19 Outbreak Period.

For any insured benefit, please consult with the applicable insurance policy, as the policies control the terms and conditions of the insured benefits.

If you have any questions about this SMM, please contact the Fund Office at 315.455.9790.

Sincerely,

BOARD OF TRUSTEES
NEW YORK STATE TEAMSTERS COUNCIL
HEALTH & HOSPITAL FUND