

New York State Teamsters Council

Health and Hospital Fund

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ELIGIBILITY RULES FOR COORDINATION OF BENEFITS

- Under the rules of the Fund, the Teamsters member must enroll in coverage according to the member's marital status.
- **Spouse DOES NOT LOSE coverage under the Teamsters plan and balances can be submitted as secondary.**
- Medical and Prescription cost only for the spouse will be reviewed for testing purposes.
- Under the rules of the Fund, if health insurance is offered by the spouse's employer and is available at no cost then the spouse is **REQUIRED** to enroll in at least a **SINGLE** plan. The spouse's claims would be submitted to their coverage as primary and balances submitted to the Teamster coverage as secondary.
- If the spouse is only offered an **HSA with a High Deductible Plan**, NO Coordination of Benefits is allowed under Federal Rules. The spouse may decline the HSA Plan and have primary coverage under the Teamsters as long as another plan is not available.
- If a spouse chooses to remain covered under an HSA then their coverage will be terminated under the Teamsters plan due to Federal Rules.
- Under the rules of the Fund, if a family plan is offered to the spouse at **NO cost (0%)** and the spouse would be primary per the Birthday Rule, then the spouse is required to enroll in Family coverage. The dependent children's claims would be submitted as primary under the spouse's coverage and balances would be submitted to the Teamsters as secondary according to the Birthday Rule.
- **BIRTHDAY RULE – the parent whose birthday (month and day) is earlier in the year is PRIMARY.**
- Under the rules of the Fund, a spouse cannot "opt out" of their employer sponsored coverage or decline coverage due to a buyout or monetary payment not to enroll in the coverage. Should a spouse not follow the Fund rules, the spouse **WILL NOT** be covered under the Fund.
- If your spouse makes any approved changes to their coverage an updated Spouse Benefits Form indicating the changes with effective dates must be submitted. If the Fund approves the spouse to decline coverage, a copy of their Certificate of Group Health Coverage showing termination dates must be submitted. Once received, the files will be updated with these changes.
- **Step Children and Biological Children's** coverage that was previously determined by a Divorce Decree or Family Court Order to finalize primary / secondary coverage **may not** be changed due to the spouse's Coordination of Benefits testing.