

# New York State Teamsters Council Health and Hospital Fund

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118 Rochester, NY

264 Cheektowaga, NY

294 Albany, NY

317 Syracuse, NY

355 Baltimore, MD

445 Newburgh, NY

449 Buffalo, NY

529 Elmira, NY

687 Potsdam, NY

1149 Baldwinsville, NY

TO: New York State Teamsters Council Health & Hospital Fund  
Plan Participants

FROM: Board of Trustees

DATE: April 20, 2020

RE: COVID-19 Testing , Treatment and Continuation of Health Coverage for  
Layoff or Reduction in Hours

The Board of Trustees ("Trustees") of the New York State Teamsters Council Health and Hospital Fund ("Fund") has been closely monitoring the global outbreak of the novel coronavirus ("COVID 19"). In these uncertain times, the Trustees stress the need to follow the requests of our elected and appointed officials -- stay at home, wash your hands and be safe. Each of us doing our part will help to end this crisis so we can return to a sense of normalcy. Protecting the well-being of our participants, their families and the community has always been our top priority. We are here to help and remain fully committed to fulfilling our promise of serving you and your loved ones. We grieve the loss of life and hope for the successful recovery of all who have contracted the virus.

Understanding that these are trying times, the Trustees have approved the following temporary changes to the health plan. First, the Trustees have approved coverage that waives the cost-sharing for both the testing and treatment of COVID-19 through May 31, 2020 as described in the enclosed Summary Material Modification. Second, the Trustees have also approved a temporary health care extension package for participants who may have been laid off or suffered a reduction in hours which could result in a loss of health care coverage. This temporary benefit modification means that your current health care will be extended with no payment from you or your employer if you are eligible for COBRA coverage because of the layoff or reduction in hours as a result of COVID-19.

(Side 1 of 2)

## **Monthly Health Care Participation**

If you participate in the Fund under a monthly participation agreement, this extension of coverage will be available as follows:

- Extension of coverage for **up to two (2) months** for the period of April, May or June of 2020.
- You must have been laid off during this time-period and you must have had active coverage with the Fund in the month preceding your layoff.
- If you retired, were involuntarily terminated, or have permanently left your employment, you are not eligible for this extension of coverage.
- In cases where a collective bargaining agreement, other written agreement or any legal obligation requires the employer to make contributions during layoff periods, the Fund will determine if you are eligible for the extension of coverage. Again, this coverage is available for up to two months between April, May or June 2020.

For this extension of coverage, the Fund will not know who will be impacted by any layoff or reduction of hours until after your employer remits its employer report forms or notifies the Fund of any layoffs or reductions in hours.

Rest assured, the Fund Office is committed to serving you during the COVID 19 crisis and it will diligently work to determine whether any participant is eligible for this extension of coverage.

Regards.