

# Industrial Carpenters Trust Funds

## Summary of Benefits

### 1. Medical & Prescription Benefits – See Benefits Summary

- Kaiser: Group #8821

### 2. Dental Benefits – See Benefits Summary

- Delta Dental Plan: Group #8139-0001
- Safeguard: Group #KM05752346

### 3. Vision Benefits – See Benefits Summary

- Vision Service Plan (VSP): Group #12127483

### 4. Life Insurance Benefits

- \$10,000 underwritten by Prudential
- \$10,000 AD&D

**Open Enrollment:** The Health Plan offers a “rolling twelve (12)” open enrollment. If you would like to change your dental selection, you may do so if you have been enrolled in your current dental plan for at least twelve months. You must complete a new enrollment form and submit it to the Trust Fund Office. The change will be effective the first month after receipt of your enrollment form.

**Initial Eligibility:** Initial eligibility for coverage under the Plan begins on the first day of the month following the month during which contributions are required to be paid on your behalf for 87 hours or more worked in the previous month.

*For example, if you begin your employment in February and work 87 hours or more, and your employer makes the required contributions in March for February hours, your coverage will begin April 1<sup>st</sup>.*

**Continuing Eligibility:** If you continue to work 87 hours or more in a month and your employer makes the required contributions on your behalf in a timely manner the following month, you will continue to be eligible for coverage under the Plan.

**Termination of Eligibility:** If you work less than 87 hours in any given month when your employment ends, your coverage will cease on the last day of that month. However, if you work 87 hours or more in any given month when your employment ends, and your employer makes the required contributions on your behalf in a timely manner the following month, your coverage will end on the last day of the following month.

*For example, if your employment ends in April, but you worked 87 hours or more in that month, your coverage will end on the last day of May, provided your employer makes the required contributions in May for your April hours. However, if your employment ends in April, but you worked less than 87 hours in that month, your coverage will end on the last day of April.*

Physical Address: 7180 Koll Center Parkway, Suite 200 Pleasanton, CA 94566 ■

Mailing address P.O. Box 237 San Ramon, CA 94583 ■

Phone (925) 208-9997 ■ Fax (925) 362-8564

E-mail: Staff@IndCarpBenefits.org ■ Website: www.IndCarpBenefits.org

**Self-Payments to Continue Coverage:** The Trustees understand that there are instances where you have worked 87 hours or more in a month to maintain eligibility, but your employer is delinquent in remitting contributions on your behalf, resulting in lost coverage. Effective March 1, 2009, the Plan will allow you to self-pay for up to three (3) consecutive months to maintain your coverage. Self-payments are based on the cost of coverage as determined by the Trustees and must be paid continuously. If you fail to make your self-payment in a timely manner, or choose not to make self-payments, your coverage will terminate on the last day of the month for which coverage is lost due to delinquent employer contributions. If the Trust subsequently collects the delinquent employer's contributions, you will receive a refund of the self-payments that you have made. The Trust Fund Office will notify you in advance if your employer is delinquent in remitting contributions on your behalf and will advise you of your options at that time.

**What if I do not work at least 87 hours?** Contact the Trust Fund Office for COBRA and self-payment information.

**Dependents:** To add or change your eligible dependents, you must complete an enrollment form and provide the proper documentation. For example: to add a spouse, submit a copy of the marriage certificate; to remove an ex-spouse, submit a copy of the final judgment of dissolution; to add dependent children, submit a copy of the birth certificate or a copy of the legal guardianship or court-ordered adoption documents. Dependent children that are not eligible for other employer-sponsored health plans will have eligibility through the age of 26.