

Local 710 Health, Welfare and Pension Funds



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MOKENA, ILLINOIS 60448
TELEPHONE 773/254-2500

GC/IBT-44-L

December 18, 2020

Dear Participant:

Enclosed is the 2021 Enrollment Form for the Teamsters Local 710 Health and Welfare Fund ("Fund"). It is essential that you fill out this form completely with all information that is requested. Under the terms of the Fund, you are required to enroll all your dependents, as the term is defined in the Fund's Summary Plan Description. For your convenience, an abbreviated form of the Fund's definition of a "dependent" is set forth below.

Please return the enclosed Enrollment Form to this office no later than January 30, 2021. If you fail to submit a fully completed form by January 30, 2021 payment for your claims may be delayed or, in some cases, denied.

DEFINITION OF DEPENDENT:

1. **Your spouse.** The Fund defines a "Spouse" as the person to whom you are legally married under the laws of the state or country in which you were married.

IMPORTANT NOTE: If your Spouse is in any military service, the Fund is not responsible for any claims arising from that service. Also, please keep mind that if (a) all of the plans covering the Spouse are high-deductible health plans or the Spouse elects a high-deductible health plan offered by the Spouse's Employer and (b) the Spouse intends to contribute to a "health savings account" as that term is defined in the applicable federal law and regulations, this Plan cannot coordinate Benefits with or provide any reimbursement for the primary high-deductible health plan's deductible.

2. **Your Child.** The Fund defines a "Child" as an individual who is under age 26 and is:

- A. A natural or adopted child of a Participant;
- B. A stepchild, that is, the child of the Participant's Spouse;
- C. A child who has been placed with the Participant for adoption. The term "placed for adoption," means the assumption and retention of a legal obligation for total or partial support of such child in anticipation of adoption of such child. The child's placement with such person terminates upon the termination of such legal obligation. The Participant must provide the Fund with written updates about the progress of the adoption process at least once every six months.
- D. A Disabled Child: For purposes of this Plan, a Disabled Child is a Child who is incapable of independent self-support; the Child is unmarried; the Child's Earned Income does not exceed a yearly maximum of \$12,000; the Child was Eligible for Benefits Coverage before reaching age 26; and the Child was mentally or permanently physically handicapped before reaching age 26.

In addition to the Enrollment Form, we are also providing you with the information described below.

REQUIRED NOTICES:

- Your **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998** Notice appears in your Summary Plan Description, effective February 1, 2018, and can be found on our website at www.710hwp.org. Pursuant to the Women's Health and Cancer Rights Act of 1998, the Plan provides coverage for:
- All stages of reconstruction of the breast on which the mastectomy has been performed;
 - Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending Physician and the patient.

Such coverage may be subject to annual Deductibles and Coinsurance provisions as may be deemed appropriate and are consistent with those established for other Benefits under the plan or coverage.

- **Reminder Notice:** In accordance with the Privacy Rule of the **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**, the Teamsters Local 710 Health & Welfare Fund has adopted and implemented policies and procedures that protect your private health information. These policies and procedures were described in a Notice originally distributed to you in April 2003. This Notice appears in the SPD, effective February 1, 2018, starting on page 79. If you would like another copy of this Notice, you can find it on our website at www.710hwp.org under the Health & Welfare tab. If you would like us to send you a paper copy of the Notice, please contact us. You can reach us by phone at 773-254-2500 or by fax at 773-254-6528.

Plan Update:

Temporary 100% coverage benefit for in network PPO physician, virtual, phone or video visits from 12/1/20 through 3/31/2021.

You can now use coupons with Optum RX mail order for your prescriptions.

BCBS's Wellbeing Management program goes into effect 1/1/2021. More information regarding these enhancements to your medical plan will be mailed to you in the near future from BCBS.

Your 2021 Summary of Benefits and Coverage is also enclosed.

If you have any questions, please contact the Fund office at 773-254-2500.

Sincerely,

The Board of Trustees