Health and Benefit Trust Fund of the I.U.O.E. Local 94-94A-94B
School Division Retiree Health Benefits

Active coverage ends the last day of the month following the month in which you terminate covered employment (including retirement) or the date that your contributing Employer stops making contributions to the Plan.

Eligibility Requirements for School Division Retiree Benefits

In order to be eligible as a School Division Retiree for the Death benefit and the Medicare Related Premiums Reimbursement, School Division Retiree Members must meet the following requirements:
1) 15 years of Total Credited Service (as defined in the Central Pension Plan)
2) Be receiving a pension from the Central Pension Plan, and
3) Must have continuous coverage under the Health and Benefit Fund for five (5) years immediately preceding their Central Pension Plan retirement date.

Death Benefit
- The Death benefit as an eligible School Retiree member is $3,000.00
- Naming your beneficiary - Please make sure that you designate your beneficiary for the Health and Benefit Fund death benefit.
- If you have not updated your beneficiary information in a while it is a good idea to complete the form and return it to the Health and Benefit Fund office. This will ensure that your beneficiary information is accurate at the time of your retirement.
- This is not a life insurance policy; it is a benefit under the Health & Benefit Fund.

Medicare Related Premiums Reimbursement Benefit
- The annual calendar year maximum for the reimbursement of the Medicare Related Premiums is $3,000.00 paid by the eligible retiree and/or their spouse.
- The annual calendar year maximum of $3,000.00 is not applied on a per person basis, but instead is a combined annual maximum for Medicare Related premiums paid by the eligible retiree and/or their spouse.
- In order to be reimbursed for the Medicare Related premiums that you (or your spouse) have paid during a calendar year, you (and your spouse) must send the Plan proof of such premium payments within one year following the end of the calendar year. You may view the required forms of proof at www.local94.com or contact the Fund office.
- You will also be required to complete the Medicare Related Premium Reimbursement Form. The form can be downloaded at www.local94.com or contact the Fund office for a form.

Partnership with HealthPlanOne

The Fund has partnered with HealthPlanOne to assist you in exploring the healthcare marketplace in your retirement. If you are Medicare eligible, HealthPlanOne will be able to evaluate the Retiree Health Insurance options available to you. There is a broad selection of designs for Medicare Supplement, Medicare Advantage and Plan D programs offered by a wide array of carriers. The Fund is confident HealthPlanOne will be able to assist you in finding a plan that meets your needs at a competitive price.

When you retire and the Health and Benefit Fund has received notification of your retirement date and verified you meet the eligibility requirements for the School Division Retiree benefits and are eligible for the Medicare Related Premiums Reimbursement benefit as noted above, the Fund will send your contact information to
HealthPlanOne. HealthPlanOne will reach out to you directly. These services are available to you at no cost or obligation on your part. You are not required to use HealthPlanOne’s services.

HealthPlanOne benefits Advisors are available to provide personalized assistance. They are knowledgeable professionals, licensed in Medicare, and they are here to be your advocate, answering all your questions, providing advice, and finally enrolling you in the healthcare plan that best fits your needs and budget. HealthPlanOne can also work directly with a family member or other party that you designate and authorize to assist you with this process.

Each year thereafter if you are eligible as a School Retiree and on Medicare, HealthPlanOne is available to you if you are interested in making a change to your current Medicare coverage during the open enrollment period. HealthPlanOne can assist and guide you thru any enrollment with a new carrier. HealthPlanOne will contact you as an eligible School Retiree participant who is enrolled in Medicare in the middle of September each year leading up to the fourth quarter Annual Open enrollment period for Medicare Plans. You are not required to use HealthPlanOne or make any changes to your current plan if you are satisfied with your plan.

The Fund is confident, with HealthPlanOne by your side, you will be able to identify the best healthcare options to meet your current and future needs.

There are no other benefits available to School Division Retirees.

COBRA:
- Upon your retirement, if you are not Medicare eligible you may elect to participate in COBRA for 18 months.
- This will provide you with the same coverage that you are receiving as an active member.
- The COBRA rates for the School Division are revised September 1 of each year.
- The COBRA participant is notified the prior month of all changes.

The COBRA rates for the School Division effective 9/1/18 are:
- Individual policy: $806.27
- Family Policy: $2,081.65

The Fund highly recommends that all members visit the Fund office when you are considering retirement to review exactly what benefits you are eligible for as a Retiree.

Questions?
If you have questions regarding your eligibility and/or health care coverage, please contact the Health and Benefit Fund Office.
- Monday thru Friday
- 8:00AM – 4:00PM
- 212-331-1800
- Local 94 website at www.local94.com

Please remember that the Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefit provided under the Plan, including (without limitation) retiree benefits, at any time and for any reason. No individual other than the Board of Trustees has any authority to make any promises to you about benefits under the Plan or to change any provision of the Plan.