

**Health & Benefit Trust Fund  
of the I.U.O.E.  
Local 94-94A-94B  
Commercial Division**

**Retirement Seminar  
May 19, 2026**

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## Commercial Division - Eligibility

**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.



## Retiree Eligibility Requirements for Retiree Benefits Effective January 1, 2020

In order to be eligible for Retiree benefits under the Plan as described under Section 4 of the SPD, Retirees, **regardless of disability status**, must satisfy **all** of the following requirements:

- ❖ Must be at least age 62 on their respective retirement date under the Central Pension Fund,
- ❖ Have at least **twenty-five (25)** years of Total Credited Service (as defined in the Central Pension Plan),
- ❖ Be receiving a pension under the Central Pension Plan,
- ❖ Must have continuous coverage under the Fund for the **fifteen (15)** years immediately preceding their respective retirement date under the Central Pension Plan, and
- ❖ Must pay the required premiums set forth under Section 4 of the SPD, as amended from time to time.

# Extension of Benefits for Total & Permanent Disability (Active Member Only)

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- ❖ If a member who is actively working, becomes totally and permanently disabled and not eligible for Medicare at the time eligibility terminates, the member will remain eligible for the disabling condition for 29 months, or until Medicare eligible, if earlier.
- ❖ This applies only to members with a total and permanent disability and with a Social Security Disability Award as evidence.
- ❖ COBRA – you can elect to participate and purchase COBRA for any of your eligible dependents for 18 months.

# Commercial Retiree Premiums



- ❖ Commercial Retirees that meet the eligibility requirements for coverage are required to pay a premium in order to continue their Retiree health coverage.
- ❖ **Retiree Premiums are subject to change from time to time.**

# Retiree Premiums ~ continued

## Effective December 1, 2025:

- ❖ **Medicare Retirees** over or under age 65, who are eligible for Medicare, will pay \$475 for individual coverage or \$565 for family coverage per month.
- ❖ **PPO Retirees** under age 65, who are ineligible for Medicare and wish to purchase the PPO Retiree Benefits, will have to pay \$1,185 per month for either individual or family coverage.

# Medicare Retirees Over or Under Age 65 & On Medicare

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Medicare Retirees over or under age 65 who are eligible for Medicare will pay a monthly premium of \$475 for individual coverage or \$565 for family coverage.

***Be sure to apply for Medicare as soon as you are eligible — failure to do so may result in a delay being covered.***



## Medicare Retirees Over or Under Age 65 & On Medicare ~ continued

- ❖ The Fund will reimburse you for the annual deductible and the 20% co-insurance amounts applicable to expenses approved under Medicare Part “B”. However, if an expense is not covered by Medicare, the Plan will not reimburse that expense.
- ❖ **If you choose not to enroll in Medicare Part “B,” you will not be entitled to the supplemental benefits described above.**

## Medicare Retirees Over or Under Age 65 & On Medicare ~ continued

- ❖ If you are eligible for Medicare but your spouse or eligible dependents are **not** eligible for Medicare, your spouse and eligible dependents will be eligible for the PPO Retiree benefits.
- ❖ By choosing the PPO Retiree benefits for non-Medicare eligible dependents, you must pay an additional \$620 premium (total of \$1,185 per month).

## Retirees Under Age 65 Who Are Not Medicare Eligible-PPO Retiree Benefits

- ❖ Retirees under age 65 who are ineligible for Medicare and who wish to purchase the PPO Retiree Benefits will have to pay \$1,185 for individual or family coverage per month.
- ❖ This option enables you to continue using the Aetna and CVS Caremark benefits you had while an active member.

## **All Eligible Retirees Paying a Premium: Hospital, Prescription Drug, Dental & Eye**

- ❖ The monthly premium for Commercial Retiree coverage includes prescription drug coverage, as well as dental and eye care benefits that you received as an eligible active member.
- ❖ The Medicare Retiree prescription vendor is Aetna MedicareRx® offered by SilverScript® Employer PDP (“SilverScript”).
- ❖ The prescription vendor for the PPO Retiree Plan is CVS Caremark.
- ❖ If you are Medicare eligible, the benefits supplement Medicare. Hospital/Medical Benefits under the PPO Retiree Plan are the same as an active member if you are not Medicare Eligible.

## Summary of Eligible Commercial Retirees Benefits & Premiums

Medicare Retirees over or under age 65 who are Medicare Eligible	Medicare Retiree Benefits, Supplemental to Medicare	\$475 per month for individual coverage or \$565 for family coverage
PPO Retirees under age 65 who are not Medicare Eligible	PPO Retiree Benefits	\$1,185 per month for individual or family coverage

## Retiree Premium Payment Requirements & ACH Premium Payment Options

- ❖ The Retiree premium payment is due on the 20<sup>th</sup> of the prior month or the next business day for the 1<sup>st</sup> of the next month of Retiree Coverage whether you **pay by ACH or check**.
- ❖ The Fund can collect your premiums by electronic transfer (ACH) from your bank account. This will eliminate the need to remember to send in monthly premium payment checks.
- ❖ The Fund Office provides the ACH application in the Retiree benefit information sent to you when the Fund is notified of your Retirement.
- ❖ There is a grace period of thirty (30) days to pay the monthly Retiree premium payments whether you pay via ACH or by check.
- ❖ If payment is not made by the end of the applicable thirty (30) day grace period, your health coverage under the Plan will terminate as of the end of the last month for which you timely paid, and thereafter, cannot be reinstated.

## ***Death Benefit***

- ❖ As long as you are eligible for Commercial Retiree Benefits, you are eligible for a \$3,000 death benefit.
- ❖ This is not a life insurance policy; it is a benefit under the Health and Benefit Fund.
- ❖ If you are not eligible for Retiree medical benefits, then you are not eligible for the Death Benefit.

## ***Death Benefit continued ~ Naming Your Beneficiary***

- ❖ Please make sure that you designate your beneficiary for the Health & Benefit Fund Death Benefit.
- ❖ You can designate a primary and contingent beneficiary.
- ❖ It is a good idea to review and update your beneficiary with the Health & Benefit Fund when you retire.
- ❖ Doing so will ensure that the Fund has contact information of your beneficiary that is accurate at the time of your retirement.
- ❖ Please remember to update your beneficiary if the person you named as the beneficiary is deceased.

## Coverage When Member is Deceased

- ❖ An eligible spouse and dependent(s) will continue to be eligible for health coverage for one year after the eligible Retiree member passes away.
- ❖ The Retiree premium required per month must be paid in order to continue coverage for one year.

# COBRA

- ❖ If you do not meet the eligibility requirements for retiree benefits and are not eligible for Medicare, you may elect to participate in COBRA for 18 months.
- ❖ COBRA will provide you with the same coverage that you are receiving as an active member.

# COBRA Premiums

COBRA premium for the Commercial Division effective January 1, 2026

- ❖ \$1,091.23 for an individual
- ❖ \$2,772.94 for family coverage
- ❖ Each January the COBRA rates are reviewed and may be revised. The COBRA participant is notified the prior month of all premium changes.



# Retirement Plan

## Are You Ready to Retire?

### Contact the Health & Benefit Fund Office

We highly recommend that all members contact the Fund Office to discuss exactly what benefits they may be eligible for at retirement and what the related costs will be.



HEALTH INSURANCE

APPROVED

# Questions?

If you have questions regarding your eligibility and/or health care coverage options, please contact the Health & Benefit Fund Office.

Monday - Friday

8:00 AM - 4:00 PM

212 - 331-1800

Local 94 website at [www.local94.com](http://www.local94.com)



## Final Word

This presentation summarizes the Plan's key features. The formal terms are set forth in the official plan documents and are not changed or interpreted by this presentation. The official plan documents will govern in all cases.

