

**SECTION SEVENTEEN: Important Information About Your Plan**

**A. Administration**

The Plan is administered by a joint Board of Trustees, consisting of three (3) Union representatives and three (3) Employer representatives who serve without pay. Together they manage the overall direction of the Fund. At their sole discretion, they decide how to interpret and apply the Plan and whether to change, add or delete benefits.

The Fund Office staff carries out the day-to-day operations of the Plan. These benefit professionals check member and dependent eligibility, monitor Employer contributions, answer questions about Plan benefits, and refer benefit-related issues to the Trustees to be resolved.

**B. Basic Plan Information**

Name of Plan	Teamsters Local 251 Health Services and Insurance Plan
Type of Plan	Health and Welfare Plan
Name of Plan Sponsor	Board of Trustees of the Teamsters Local 251 Health Services and Insurance Plan
Agent for Legal Process	The Board of Trustees
Plan Administrator	The Board of Trustees
Type of Administration	Collectively Bargained, jointly Trusteed Labor Management Trust
Plan Number	501
IRS Employer Identification Number	05-0367950
Plan Year	July 1 to June 30
Sources of Plan Financing	All contributions to the Plan are made by employers in accordance with collective bargaining agreements between Local Union 251 of the International Brotherhood of Teamsters and contributing employers. Participants may make contributions as provided by applicable collective bargaining agreements or COBRA, the federal law, for a limited period of time. Benefits are provided from the Fund's assets that are accumulated under the provisions of the collective bargaining agreement and Trust Agreement and held in a Trust Fund for the purpose of providing benefits to covered participants and defraying reasonable administrative expense. Some of the benefits are provided through insurance policies (i.e. Life Insurance and Accidental Death and Personal Loss coverage). The Fund Office will provide, upon written request, the information as to whether a particular employer is contributing to the Plan on behalf of participants working under a collective bargaining agreement.

### **C. Trustees' Right to Information**

The Plan may require you to submit additional information that they believe is important for them to interpret and apply the terms of this Plan. Any participant who fails to comply with the Plan's request for information may have their benefits suspended or terminated at the Trustees' discretion.

### **D. Your ERISA Rights**

As a participant in the Teamsters Local 251 Health Services and Insurance Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

- 1. Receive Information About Your Plan and Benefits** as a participant, you are entitled to:
  - a.** Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
  - b.** Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Administrator may make a reasonable charge for the copies.
  - c.** Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

#### **2. Prudent Actions By Plan Fiduciaries**

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

### 3. Continued Group Health Plan Coverage

You have the right to continued health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage.

Review this Summary Plan Description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

### 4. Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights as a participant. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. If you file suit, the court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

#### **E. The Affordable Care Act**

This group health plan believes it is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## **F. Rights of Appeal**

You have the right to appeal to the Board of Trustees any adverse benefit determination including the loss of your eligibility status under the Plan. The Board of Trustees has full and absolute discretion, authority and power to interpret and apply the terms of the Plan and SPD. All determinations made by the Board of Trustees with respect to any matters arising under the Plan, Trust Agreement and any other Plan documents shall be final and binding on all affected Plan Participants and their beneficiaries.

Generally, except for questions of eligibility to participate in the Plan and the determination of eligibility for Weekly Accident and Sickness Benefits, the Board of Trustees does not examine benefit determinations made by other providers (such as UnitedHealthcare) or insurance carriers. Claims for benefits under such arrangements must first be pursued using the claims and appeals procedures provided by the provider or insurance carrier. However, the Trustees have final discretionary authority over all claims paid out of plan assets. *See Section Sixteen for additional information regarding claims and appeal procedures.*

**IMPORTANT NOTE:** In all cases, provisions under the various claims procedures require that claims for benefits or reimbursement for medical services and appeals from the denial of claims must be submitted within a specific period of time. A failure to meet these time limits may bar the claim or appeal.

## **G. Assistance with Your Questions**

If you have any questions about your Plan, you should call the appropriate phone number listed in the “Important Phone Numbers” chart or contact the Fund Office. If you have any questions about this SPD or about your rights under ERISA, or if you need assistance in obtaining documents from the Fund Office, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210, or visit the U.S. Department of Labor Employee Benefits Security Administration customer assistance website at <https://www.dol.gov/ebsa/contactEBSA/consumerassistance.html>. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.