

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

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DECEMBER 2021

TO: ACTIVE PARTICIPANTS (Eligible for Active Subsidized Self-Payment)

**RE: NORTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE TRUST FUND (“PLAN”)
TEMPORARY Reduction in the Active Subsidized Self-Payment Rate for Continuation of Coverage**

In order to assist Participants during the COVID-19 pandemic, the Board of Trustees is pleased to announce that they have extended the following Temporary Reduction in the Active Subsidized Self-Payment rate through June 30, 2022.

	Rate	Temporary Rate Effective May 1, 2020 – June 30, 2022
Subsidized Self-Payment Rate (Family)	\$550	\$275

PLEASE NOTE: This temporary rate reduction only applies to Active Participants who meet Plan rules for Active Subsidized Self-Payment coverage **AND** would not apply to Participants whose only option to continue coverage is through COBRA. (See below for Plan rules) Active Subsidized Self-Payment coverage includes only Medical, Prescription Drug, Life and Accidental Death and Dismemberment Benefits (it does not include Dental, Orthodontia or Vision coverage). As a reminder, Active Subsidized Self-Payments provide family coverage for Plan Participants and their eligible Dependents.

Participants eligible to make Active Subsidized Self-Payments:

1. Must be working in a Classification that provides the Active Subsidized Self-Payment Benefit; **and**
2. Must meet all Plan requirements as outlined in the Summary Plan Description and any subsequent Notifications of Material Modifications to the Plan; **and**
3. Must not have performed non-covered work in the Pipe Trades Industry; **and**
4. Must maintain their good standing status with UA Local 342; **and**
5. Must: (a) be disabled for at least 14 consecutive days in the calendar month prior to his/her loss of coverage and receiving either Workers’ Compensation Benefits, State Disability Insurance Benefits, or Social Security Disability Benefits; (b) be unemployed, available for work, and on the out of work list; or (c) have returned to work and worked short hours; **and**
6. Must meet all Plan hour requirements and have been covered under the Plan for at least twelve (12) consecutive months immediately preceding termination of coverage based on: (a) hours worked in covered employment; and/or (b) Reserve Hour Bank; and/or (c) months of extended coverage due to disability; and/or Active Subsidized Self-Payment (excluding COBRA coverage) **or** worked a minimum of 1500 hours in covered employment during the 24 months immediately preceding the coverage termination date; **and**
7. Participant and/or Spouse and/or Dependent must not owe any money (unless on an approved payment plan) to the Trust Fund; **and**
8. Must have their monthly payment(s) received at the bank by no later than the 20th day of the coverage month.

Depending upon a Participant’s Classification, a Participant may be eligible for up to a maximum of twelve (12) or four (4) consecutive months of Active Subsidized Self-Payments and may receive an overall maximum of eighteen (18) months or six (6) months of Active Subsidized Self-Payments in each month’s previous consecutive thirty-six (36) month period (i.e. rolling 36 months). After exhausting Active Subsidized Self-Payments, the eighteen (18) month Consolidated Omnibus Budget Reconciliation Act (“COBRA”) continuation period will be reduced by the number of Active Subsidized Self-Payments made. For example: If a Participant is eligible to make twelve (12) months of Active Subsidized Self-Payments, he/she may continue to make COBRA payments for up to an additional six (6) months. After electing Active Subsidized Self-Payments, if a Participant chooses to continue coverage through COBRA, he/she may only elect the Core ONLY coverage option (Medical and Prescription Drug coverage) for the remaining six (6) months.

IMPORTANT REMINDERS

1. You can monitor your eligibility on ISITE which can be accessed from the Trust Fund Office’s website (www.ncpttf.com).
2. Payments are due by no later than the 20th of the coverage month.
3. Eligibility and/or benefits cannot be verified until after FULL PAYMENT has been received and processed. Coverage is updated retroactively to the 1st of the coverage month. Please be aware that it may take up to five (5) business days from the date the payment is received at the bank for the Carrier to update eligibility.
4. The Active Subsidized Self-Payment rate is subject to change at any time.

If you have any questions, please contact the Trust Fund Office at 925/356-8921 ext. 710.

Respectfully submitted,

Fund Manager

On Behalf of the Board of Trustees