

CONTINUATION OF COVERAGE BY ACTIVE SUBSIDIZED SELF-PAYMENTS

Only Medical, Prescription Drug, Life and Accidental Death and Dismemberment Benefits (not Dental, Orthodontia or Vision) may be kept in force by making Active Subsidized Self-Payment(s) at a subsidized rate as determined by the Board of Trustees. This amount is subject to change and may increase in the future.

Continuation of coverage through Active Subsidized Self-Payment is available only to a Participant who meets ALL of the following Plan rules:

- 1) The Participant works in a Classification that includes the Active Subsidized Self-Payment Benefit; and
- 2) The Participant is a member in good standing with UA Local 342; and
- 3) The Participant is not (and has not) performed non-covered work in the Pipe Trades Industry; and
- 4) The Participant is either: (a) 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) unemployed, available for work, and on the out of work list; or (c) have returned to work and worked short hours; and
- 5) The Participant has 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-Payments (excluding COBRA coverage); -or- the Participant must have worked a minimum of 1500 hours in a Classification that provides this Benefit during the 24 months immediately preceding the loss of coverage; and
- 6) The Participant and/or current or former Spouse and/or other Dependent does not owe any money to the Northern California Pipe Trades Health and Welfare Plan, The Northern California Pipe Trades Pension Plan, the Northern California Pipe Trades Supplemental 401(k) Retirement Plan or any other entity administered by the Northern California Pipe Trades Trust Fund Office (unless on an approved payment plan); and
- 7) The Participant's monthly payment(s) must be received at the bank by no later than the 20th day of the coverage month; and
- 8) The Participant must meet ALL Plan requirements as outlined in the Summary Plan Description and any subsequent Notifications of Material Modifications to the Plan.

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. After electing Active Subsidized Self-Payments, if a Participant chooses to continue coverage through COBRA, he/she may only elect the COBRA Core option (Medical and Prescription Drug coverage). **EXAMPLE:** A Participant is eligible to make twelve (12) consecutive months of Active Subsidized Self-Payments; he/she may continue to make COBRA payments for Core coverage only for up to an additional six (6) consecutive months after exhausting Active Subsidized Self-Payments.

SPECIAL PLAN RULES FOR RESIDENTIAL / TRADESMAN / SERVICEMAN / SOME SPECIAL CONTRACT EMPLOYEES

If a Participant qualifies for continuation of coverage through Active Subsidized Self-Payments, he/she may be eligible for up to a maximum of **four (4)** consecutive months of Active Subsidized Self-Payments. **Participants may receive up to an overall maximum of 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 COBRA continuation period will be reduced by the number of Active Subsidized Self-Payments made. After electing Active Subsidized Self-Payments, if a Participant chooses to continue coverage through COBRA, he/she may only elect the COBRA Core option (Medical and Prescription Drug coverage). **EXAMPLE:** A Participant is eligible to make four (4) consecutive months of Active Subsidized Self-Payments; he/she may continue to make COBRA payments for Core coverage only for up to an additional fourteen (14) consecutive months after exhausting Active Subsidized Self-Payments.

AMOUNT OF ACTIVE SUBSIDIZED SELF-PAYMENT

If you are eligible to make Active Subsidized Self-Payments, the temporary monthly payment is \$275. This is a Composite Rate, meaning the monthly payment is the same regardless of the number of Dependents enrolled. **This amount is subject to change.**

ADDITIONAL INFORMATION

Once you cease making payments and/or fail to comply with the Payment Plan, you automatically forfeit your right to make Active Subsidized Self-Payments for this period of disability, unemployment, or working of short hours.

During the period of time that your coverage is based on Active Subsidized Self-Payments, Prescription Drug and/or other services may need to be purchased out of pocket. Once your eligibility is reinstated, these out of pocket expenses may be submitted to your selected Health Plan for reimbursement.

Eligibility requirements and other Plan rules are subject to change by agreement of the bargaining parties and/or the Board of Trustees at any time.

If you have any questions, please contact the Eligibility Department at 925/356-8921, ext. 710.

In the event you wish to make an Active Subsidized Self-Payment, please make your check or money order payable to NCPTTF and mail along with your billing statement to: NCPTTF, PO Box 55606, Hayward, CA 94545-0606 by the 20th of the coverage month.

You can log into your account to view your eligibility and benefits through the NCPTTF ISSI System (ISITE) at www.ncpttf.com.