



Teamsters Western Region and New Jersey Health Care Fund

****IMPORTANT NOTICE 2024****

Regarding Retiree Health Benefits

Did you know that you may forfeit your rights to Retiree Health Benefits with this Trust Fund if you do not submit a written application or deferral within 60 days of your retirement?

AS YOU PREPARE FOR YOUR RETIREMENT...

Please contact the Administrative Office at (855) 215-2039 or see the reverse side of this notice for important steps to follow when you are ready to retire.

The Retiree Health Plan includes:

- ❖ Medical Benefits ❖ Prescription Drugs
- ❖ Dental Benefits ❖ Vision Benefits

Please note:

Enrollment is not Automatic!

If you do not apply in a timely manner, you will forfeit participation.

To be eligible you:

- ✓ **MUST APPLY WITHIN 60 DAYS** of your Pension Effective Date or your Notice of Award (whichever is earlier) and you
- ✓ **MUST Enroll in Medicare Part A and Part B.** This applies to individuals aged 65 or older as well to those eligible for Medicare due to a disability, and you
- ✓ **MUST also meet certain Eligibility Rules**

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Retiree Health benefits

Starting January 1, 2025, if you are eligible for Medicare, this Retiree Health Care Plan will not be available until you are enrolled in Medicare Parts A and B.

*Important: There **cannot be a lapse in coverage** between the Active and Retiree Health Plans unless you've requested a One-Time Deferral. Your written Deferral request must include proof of other health coverage and the effective date of such coverage. When you are ready to participate (or re-participate), you must provide proof of other health coverage for the entire deferral period.*

Please note that COBRA continuation of benefits can be used to prevent a lapse in coverage but cannot be used to meet service requirements. This is important if your active plan benefits end due to an extended Disability.

- A) Verify that your dependents will continue to be eligible:
 - a. Newly acquired Spouses cannot be added after your initial enrollment or deferral.
 - b. Coverage for Dependent children terminates at age 19 or up to age 25, if they are a Full Time Student attending college or an accredited school. Full-Time Student Status must be verified each semester to continue coverage.
- B) Go to www.wr177healthcare.com to review the Summary Plan Description for the Retiree Health Plan to familiarize you and your covered dependents with the Retiree Health Plan benefit schedule.
- C) If you or your dependent(s) are eligible for Medicare when you apply for the Retiree Health Plan **You MUST BE ENROLLED in MEDICARE PART A and PART B**, even if you or your dependents are eligible for Medicare Eligible due to a disability.

If Medicare-eligible, you **MUST ENROLL in MEDICARE PART A and PART B**, when you are first offered that opportunity and especially once you retire. If not enrolled in Medicare Part A and Part B when first eligible, a Lifetime Part B Late Enrollment Penalty may be applied by Medicare.

Once enrolled in the Retiree Health Plan and you later become eligible for Medicare, you **must provide proof of Medicare Enrollment in both Medicare Part A and Part B**. If not provided, coverage will be suspended starting the first month after you become Medicare-Eligible.

- D) Go to www.wr177healthcare.com to review the Retiree Self-Pay Rates for the cost of coverage for you and your eligible dependents.

Note: Monthly Self-Pay rates must be received no later than the 15th day of the month prior to the coverage month and the plan will accept (EFT/Direct Payment) from your bank account.

For additional Retiree Health Plan information

Please contact the Administrative Office at (855) 215-2039.

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