

Eligibility

To become Eligible to receive Local 190 Health benefits, you must follow the below set of guidelines:

Initial Eligibility- You will become initially eligible on the first day of the month following completion of **520** hours of covered employment within a 12 month period.

Continuation of Eligibility- To continue eligibility you must work 80 hours per month or, if applicable, make a self-payment in the amount set by the trustees. See below for more information on making self payments.

Reinstate Eligibility- If your coverage is terminated, you must therefore complete **520** hours of employment within the 12 months after termination.

Length of Coverage, and termination- As a self-pay Participant subject to the eligibility periods above set forth, you can continue your coverage under a Self-Payment Program until one of the following occurs:

1. You fail to remit your self-payments on time or in the proper amount
2. You fail to remain a member in good standing with Local 190
3. You attain age 65 or otherwise become eligible for Medicare benefits (in which case you may be eligible for Supplemental Coverage)
4. The termination of the Self-Payment Program in which you are participating

Self Payments

In order to make a self payment, you must follow the below guidelines

Eligibility Group	Period Eligible	Coverage	Monthly Premium*
Bargaining unit Employee	12 months beyond expiration of contributions, if on out of work list	Full Medical per plan, Life insurance, Misc. Benefits, loss of time	\$78.00 per month
Bargaining unit Employee	After Eligibility under (1) expires maximum of 12 months	Full Medical per plan, Misc. Benefits	\$340.00 per month
Non-bargaining employee	Ineligible for self-pay except under COBRA continuation. See COBRA Eligibility Group Below.		
a)Widow(widower) with family **	Indefinite	Full Medical per plan, Misc. Benefits	\$310.00 Per Month
b)Widow(widower) without family **	Indefinite	Full Medical per plan, Misc. Benefits	\$225.00 per month
Retired on or before 12/31/91	Indefinite	Full Medical per plan, Misc. Benefits	\$60.00 per month
Retired on or before 12/31/91	Indefinite	Full Medical per plan, Misc. Benefits	\$60.00 per month

Retired after 12/31/91***

Eligibility Group	Period Eligible	Coverage	Monthly Premium*
a) Retiree before age 60	To age 60	Full Medical per plan, Misc. Benefits	\$310.00 per month
a2) Retiree, before age 60 with Spouse on Medicare retired after 12/31/1991	To age 60	Full Medical per plan, Misc. Benefits	\$255.00 per month
b) Retiree age 60-65	To age 65	Full Medical per plan, Misc. Benefits	\$285.00 per month
b2) Retiree age 60-65, with spouse on Medicare retired after 12/31/91	To age 65	Full Medical per plan, Misc. Benefits	\$230.00 per month
c) Retiree(65) with spouse not on medicare	Indefinite	Full Medical per plan, Misc. Benefits	\$230.00 per month
Retiree(65) with family not on medicare	Indefinite	Full Medical per plan, Misc. Benefits	\$285.00 per month
Retiree, spouse or widow on Medicare	Indefinite	Full Medical per plan, Misc. Benefits	\$60.00 per month
Employee on Workers' comp.	Until Termination of Workers Compensation Payments	Full Medical per plan, Misc. Benefits	\$78.00 per month
COBRA - Full Benefits			
a) Single Person	18 or 36 months	Full medical per plan, Misc. Benefits	\$342.00 per month
b) 2 persons	18 or 36 months	Full Medical per plan, Misc. Benefits	\$752.00 per month
c) 3 or more persons	18 or 36 months	Full Medical per plan, Misc Benefits	\$958.00 per month
COBRA - Basic Benefits****			
a)Single Person	18 or 36 months	Basic Medical per plan, Misc. Benefits	\$318.00 per month
b) 2 persons	18 or 36 months	Basic Medical per plan, Misc. Benefits	\$700.00 per month
c) 3 or more persons	18 or 36 months	Basic Medical per plan, Misc Benefits	\$891.00 per month

- * - Subject to periodic review and change by Trustees
- ** - Widow(widower), means a surviving spouse of either a member or a non-bargaining unit employee
- *** - Participant on pension plan disability is same as a "Retiree" retiring at age 65
- **** - Basic COBRA does not include Delta Dental