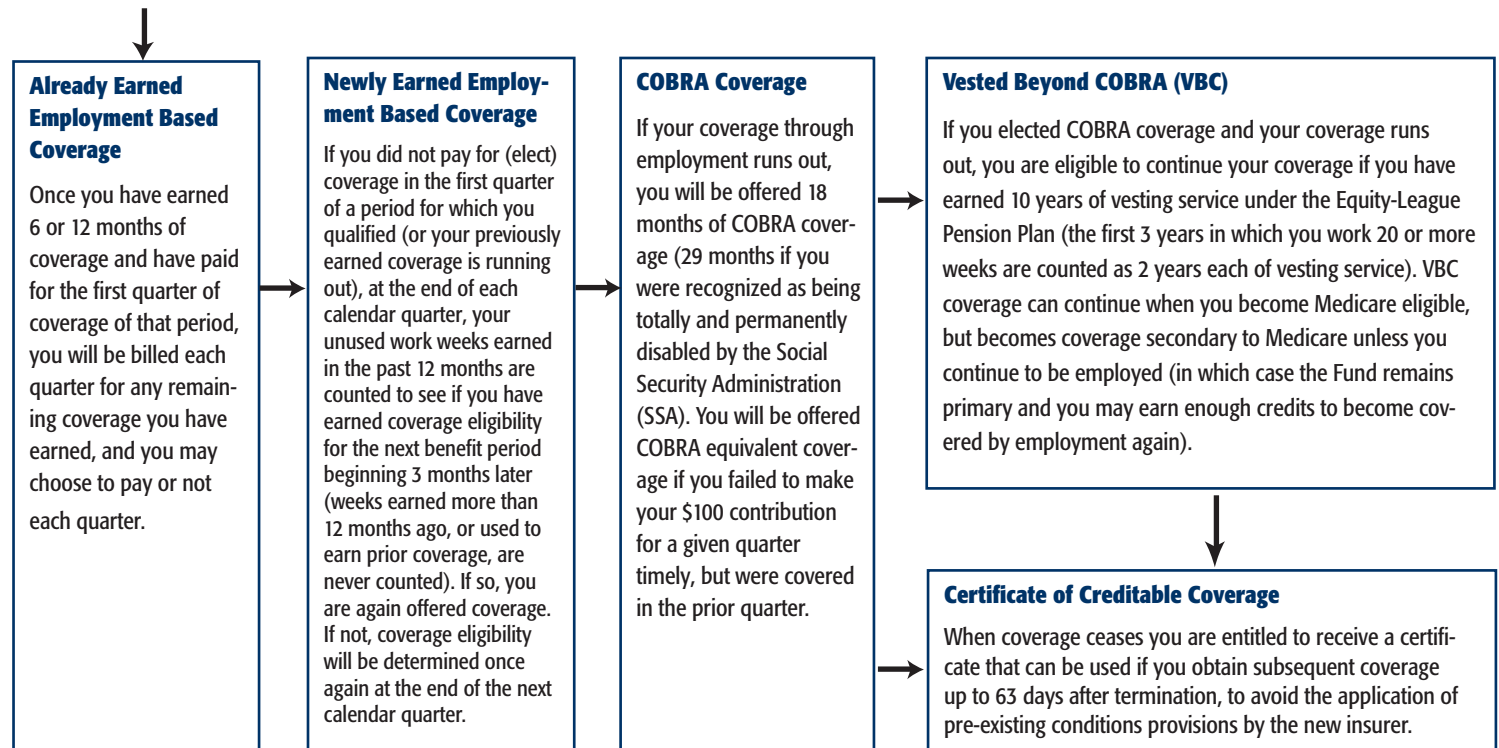


# EQUITY-LEAGUE HEALTH FUND (the "Fund") ELIGIBILITY SUMMARY CHART (AS OF 1/01/10)

**INITIAL MEMBER MEDICAL/VISION COVERAGE** begins **3 months after** you **work at least 12 weeks of covered employment (earn 12 health credits) in a 12 month period ending on the last day of a calendar quarter and pay \$100** (which buys 3 months of coverage) to the Health Fund. You are **eligible for 6 months of coverage if you work 12-19 weeks** in the aforementioned period, **12 months of coverage if you work at least 20 weeks**.

Your opportunities for continuing coverage after that are explained in the boxes presented from left to right below (e.g., if you don't qualify for continued coverage, the Fund will continue to examine your work history after each calendar quarter to see if you newly qualify).

**SUPPLEMENTAL WORKERS' COMPENSATION (SWC)** - eligibility begins as soon as you commence covered employment.



## DEPENDENT AND DENTAL COVERAGE ELIGIBILITY

You will be offered self-pay dental coverage for you and your dependents, and medical coverage for your dependents, when:

- you first become eligible for health coverage,
- you become eligible for health coverage again after a gap in coverage,
- you inform us within 31 days of the acquisition of a dependent through birth, adoption, a Qualified Medical Child Support Order (QMCSO), marriage, creating a domestic partnership - or within 30 days of having a dependent in one of these categories lose coverage they previously had (your dependent(s) will only be offered dental if you elected it),
- you elect dependent and/or dental coverage during the Fund's annual open enrollment period in November of each year (offered to members who will be eligible for coverage in January of the following year). Whatever choices you make at this time (when you newly enroll) will last until the next annual open enrollment.

Once you have dental coverage, you can continue it for as long as you continuously pay the premium, regardless of your continuing medical eligibility.

## SPECIAL ELIGIBILITY RULES FOR DEPENDENTS

In almost all cases, dependent eligibility is tied to employee eligibility - if the employee is not eligible, neither is the dependent. For instance, if the member is not qualified for health coverage through employment, or Vested Beyond COBRA (VBC) coverage, neither is the dependent. In addition, if the employee does not elect dependent coverage for a dependent when it is offered, the dependent will generally not become eligible for coverage again unless the member becomes newly eligible for coverage through employment, or there is an open enrollment opportunity.

Eligibility for dependent coverage is based on the dependent's relationship to the member. In the case of a spouse or domestic partner, the dissolution of the relationship dissolves coverage eligibility for the dependent spouse or domestic partner (children may be protected from the loss of coverage by QMCSOs, which require continued coverage of dependent children in the event of divorce or separation). Generally, in the case of children, the relationship that qualifies the child is being a dependent of the member. Children under the age of 19 are automatically considered dependents, as are children who are under 25 and are full time students, or permanently disabled children of any age.

The exception to the above rules relates to COBRA coverage. Under the COBRA rules, if the member dies, divorces, legally separates from a spouse or dissolves a domestic partnership; if dependent children no longer qualify as dependents; if the member becomes entitled to Medicare coverage less than 18 months prior to a qualifying event, the dependent is eligible for 36 months of COBRA coverage. Dependents or employees who lose coverage because of employment termination or a reduction of hours are entitled to 18 months of COBRA coverage (dependents who become disabled before the 60th day of COBRA coverage and were eligible for 18 months of coverage become eligible for an additional 11 months of COBRA coverage - if you notify the Fund Office before the end of the initial 18 months and within 60 days of the latest of : a) SSA disability determination, b) initial qualifying event, or c) date of loss of coverage from the initial qualifying event.

# EQUITY-LEAGUE HEALTH FUND (the "Fund") ELIGIBILITY SUMMARY CHART (AS OF 1/01/10)

## **IMPORTANT REMINDER - ELIGIBILITY IS ALWAYS LINKED TO TIMELY PREMIUM PAYMENTS**

**Regardless of your eligibility** work weeks earned, COBRA eligibility, QMCSO, etc., **if you fail to pay premiums on a timely basis, coverage ends** (and no further coverage may be available). The **2 deadlines to remember are the end of the quarter and end of the month:**

1. **For the \$100 quarterly contribution** that is required in order **for you to be covered as an employee** under the medical/vision plan, you should pay one month before the beginning of the quarter (December 1 for the quarter beginning on January 1, March 1, June 1 and September 1 for subsequent quarters) but **absolutely must pay by the day before the quarter begins (by March 31, June 30, September 30 and December 31)**. If you pay less than 15 days before the end of a quarter, your records may not show you as being covered on the first day of the following quarter (though your records will eventually reflect coverage accurately). If you fail to make your \$100 quarterly payment, you will generally not have coverage (unless you had coverage on the last day of the quarter, in which case you will be offered the much more expensive COBRA equivalent coverage).
2. **For all self-pay coverages (Dental, Dependent Coverage, COBRA and Vested Beyond COBRA & Medicare Supplemental ), you must pay within 31 days of the day your premium is due** (e.g., by January 31 for coverage in the month of January) **or you will lose your coverage without a Fund replacement option at any price**. However, if you don't pay 15 days before the beginning of the month (e.g. by December 16 for January coverage) our records may not reflect coverage as of January 1, and if you pay on January 31, it may take until February 15 for your January coverage to be reflected in our records).

**IF YOU DO NOT MEET THE PAYMENT DEADLINES OUTLINED IN 1 AND 2 ABOVE YOU WILL LOSE YOUR COVERAGE!**

**VERY IMPORTANT NOTICE:** We've summarized many important plan rules in the above chart, but we don't intend for this Chart to replace or amend the official plan document. We will follow the rules of the official plan document if those rules differ from this chart in any way. The Summary Plan Description is available on the website [www.equityleague.org](http://www.equityleague.org) or from the Fund Office.