



DEPENDENT ELIGIBILITY REVIEW AUDIT

A Health and Welfare Fund Dependent Review Audit is a process where TeamCare verifies the eligibility of all dependents ensuring only eligible dependents are covered which can lead to cost savings and compliance with our Plan rules.

While the government does not explicitly mandate “dependent audits” for HW Funds, ERISA does require that only eligible dependents are covered under the Plan.

DEPENDENT ELIGIBILITY REVIEW AUDIT



TEAMCARE HAS PARTNERED WITH THE **PDA VERIFICATION TEAM**

- ASSURE **ALL DEPENDENTS** IN TEAMCARE ARE ELIGIBLE FOR COVERAGE
- FUND HAS FIDUCIARY RESPONSIBILITY TO OPERATE ACCORDING TO THE PLAN.
- ENSURING DEPENDENTS MEET ELIGIBILITY REQUIREMENTS ALLOWS TEAMCARE TO MAINTAIN INDUSTRY LOW HEALTH RATES



WE ADVISE LOCALS TO REFER MEMBERS BACK TO PDA WITH
ANY QUESTIONS ON THE DEPENDENT REVIEW

WHAT'S REQUIRED OF THE MEMBER?

STEP

1

AMNESTY FOR MEMBER'S TO "SELF-REPORT" IMPROPER COVERED DEPENDENTS. TO DATE, WE HAVE REMOVED NEARLY 2,000 DEPENDENTS (MOSTLY UNREPORTED DIVORCES).

STEP

2

WAVES – BECAUSE OF OUR SIZE, FOUR (4) WAVES OF 32K MEMBERS WITH AT LEAST ONE DEPENDENT WILL RECEIVE A LETTER REQUESTING DOCUMENTS TO PROVE ELIGIBILITY STATUS.

STEP ONE: AMNESTY TIMELINE ...

AMNESTY TIMELINE?

- **BEGAN WITH A LETTER SENT BY PDA VERIFICATION (SEPT 19TH)**

- INCLUDED LIST OF THE MEMBER'S CURRENT DEPENDENTS

- MEMBER NEEDED TO REVIEW AND TAKE ACTION IF NECESSARY

- **ENDED OCTOBER 25, 2024**

- MEMBERS NOTIFIED PDA VERIFICATION TEAM OF ANY INELIGIBLE DEPENDENT

NO CONSEQUENCES FOR A MEMBER WHO REMOVES AN INELIGIBLE DEPENDENT DURING THE AMNESTY PERIOD

September 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5

October 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

Around 2,000 Dependents were removed during Amnesty.

TeamCare
c/o PDA - Verification Team
17199 N. Laurel Park Drive Suite 400
Livonia, MI 48152

IMPORTANT INFORMATION ABOUT THE DEPENDENT REVIEW
PLEASE REVIEW CAREFULLY AND TAKE ACTION (if necessary)

TEAMCARE®
A CENTRAL STATES HEALTH PLAN

PDA VERIFICATION TEAM

IMPORTANTE - SU RESPUESTA ES REQUERIDA
SI CUMPLES LOS CRITERIOS DE ELIGIBILIDAD, NO NECESITAS HACER NADA. SI NO CUMPLES, LLAMA AL (833) 273-6244

Dear «Emp_Fin»,

As previously announced, TeamCare is partnering with Part D Advisors (PDA Verification Team), a third-party service provider specializing in dependent reviews. The purpose of this review is to confirm that your dependents currently enrolled in TeamCare meet the eligibility requirements of the Plan. This letter announces the amnesty period, which is the first phase of the review.

What is amnesty? Amnesty is your opportunity to remove any ineligible dependents currently covered by TeamCare without consequences. If any of your dependents currently covered by TeamCare do not meet the eligibility requirements as outlined on the back of this page, now is the time to remove them without penalty. The amnesty period will end on **October 25, 2024**. In future mailings, you will be required to provide legal documents for each of your dependents to prove their eligibility. It is important to review this information carefully. If TeamCare determines you have an ineligible dependent not disclosed during this amnesty period, your dependent will be removed from coverage, and you may be responsible for previous claims paid.

What do you need to do by October 21, 2024? Review the information in this letter and follow the steps explained below. It is your responsibility to contact the PDA Verification Team before the deadline to remove any ineligible dependents from your coverage. If all the dependents listed in this letter meet the eligibility rules of the Plan, there is nothing you need to do until the next phase of this review.

What's next? Over the next few months, the PDA Verification Team will contact you by mail to collect documentation for each covered dependent. The letter will be sent to all participants who have covered dependents and will provide instructions on what documents are needed and how to submit these documents on-line or through the mail. **Note: It is important that when you receive this letter, you return the required information. If documentation is not provided, your dependents will be removed from coverage.**

Carefully review and complete the following steps:

Step 1: Review the plan eligibility rules on the back of this page.

Step 2: Review the list of your dependents on the back of this page.

- If one or more of your dependents are not eligible, proceed to Step 3 and contact the amnesty line. There is nothing for you to do if all your dependents meet the eligibility criteria, you do not need to call the amnesty line. There is nothing for you to do if all your dependents do not meet the eligibility requirements, you must call the PDA Verification Team at (833) 273-6244 before October 21, 2024 to take advantage of this one-time amnesty period. Dependents removed from coverage during the amnesty period will lose coverage effective immediately. The toll-free amnesty line is open from 7:00 a.m. to 7:00 p.m. CT, Monday through Friday.

Step 3: If any of your dependents do not meet the eligibility requirements, you must call the PDA Verification Team at (833) 273-6244 before October 21, 2024 to take advantage of this one-time amnesty period. Dependents removed from coverage during the amnesty period will lose coverage effective immediately. The toll-free amnesty line is open from 7:00 a.m. to 7:00 p.m. CT, Monday through Friday.

Thank you for your participation in this important process.

Sincerely,
PDA Verification Team

Office Code: «IdnFormLangID»

- Natural children and stepchildren
- Legally adopted children or placed for adoption
- Legal Guardianship

A copy of the Full Health and Welfare Plan Document is available at MyTeamCare.org

Office Code: «IdnFormLangID»



TEAMCARE®

Dependent Review

STEP TWO : WAVES - MEMBERS RECEIVED THEIR DEPENDENT REVIEW LETTERS IN WAVES.

TEAMCARE®
Dependent Review

1ST WAVE JOINT COUNCILS

25 (IL)
26 (OH)
41 (OH)
43 (MI)
69 (IN)
94 (KY, WV)

2ND WAVE JOINT COUNCILS

3 (CO) 46 (NY)
7 (CA) 53 (PA)
10 (MA) 55 (DC)
16 (NY) 58 (TX)
18 (NY) 62 (MD)
28 (WA) 73 (NJ)
37 (OR) 80 (TX)
40 (PA) 83 (VA)
42 (CA)
ALLEGiant AIRLINES
BU AND NBU

3RD WAVE JOINT COUNCILS

9 (NC)
13 (MO)
56 (NE, MO)
75 (FL)

4TH WAVE JOINT COUNCILS

32 (IA, MN, ND, SD, WI)
39 (WI)
87 (MS)

RETIREES UNDER PLAN
RU, RV, R4, R6

Nov 24 – MAY 25

DEC 2024 – JUNE 2025

JAN – JUNE 2025

JAN 2025 – JULY 2025

COMMUNICATIONS AND TIMELINES

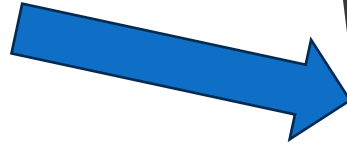
- Six Letters
- 12 E-mail blasts to Locals and Employers
- PDA phone calls and e-mails
- TeamCare texts, e-mails and “alerts”



Waves	TeamCare Announcement Letter	Amnesty Letter	PDA First Wave Letter	PDA Second Wave Letter	PDA Third Wave Letter	TeamCare Final Letter
1	8/28/2024	9/19/2024	11/15/2024	1/10/2025	2/28/2025	4/25/2025
2	8/28/2024	9/19/2024	12/6/2024	1/24/2025	3/7/2025	5/12/2025
3	8/28/2024	9/19/2024	1/3/2025	2/20/2025	4/4/2025	6/9/2025
4	8/28/2024	9/19/2024	1/21/2025	3/10/2025	4/21/2025	6/25/2025

STEP TWO: WAVES (CONTINUED)

Attention Locals



- To get the word out about this Dependent Review
- Stop by the AR/IR Help desk to sign up to get a list of Employers and Members unverified at your Local

QUESTIONS?

*We also have a table in the Registration Room to assist in any questions or concerns.