



# Health & Welfare Contract Policies and Procedures

# INTRODUCTIONS

- **Tom Baxa, Director of Employer Services**
- **Karl Lewis, Division Manager, Contracts**



# AGENDA

- H&W Contract Renewals / Language
- H&W Contract Policies
- Retaining H&W Groups – Possible Withdrawals
- New Groups
- Accounts Receivable
- Audit Department
- Questions

# H&W CONTRACT RENEWALS



- Rate Letters
  - Sent 2 to 4 months prior to the expiration.
    - Sent to Principal Officer
  - Participation Agreement (“PA”) will also be sent requiring signatures.
    - Non-Unit Groups
    - Certain Municipalities
- Renewals
  - The Fund requires a signed copy of Renewal ASAP.
  - Increased rates will be billed even if we don’t have renewal.

# H&W CONTRACT LANGUAGE

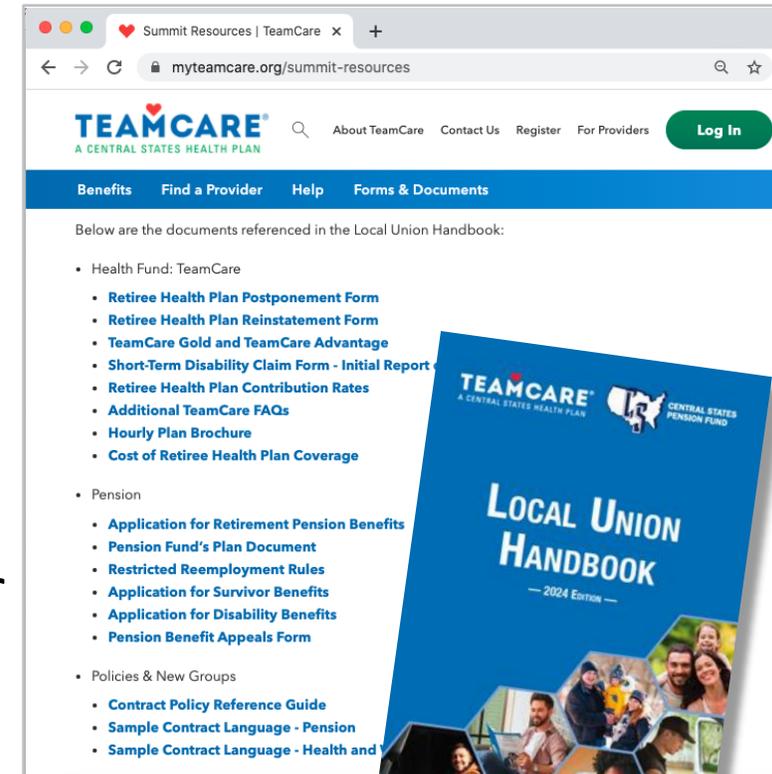


- **H&W Policy Reference Guide**

- Use QR Code in the Local Union Handbook or visit [MyTeamCare.org/Summit-Resources](https://MyTeamCare.org/Summit-Resources)

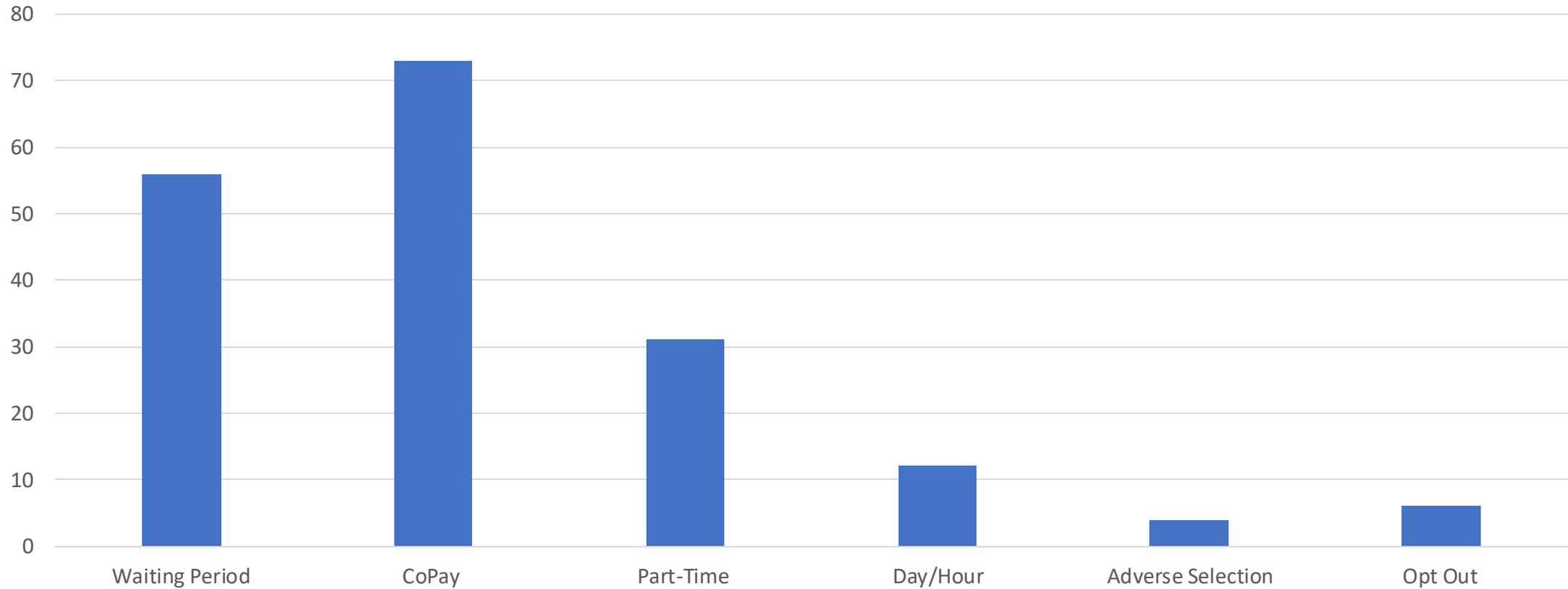
- **Sample H&W Language**

- Use QR Code in the Local Union Handbook or visit [MyTeamCare.org/Summit-Resources](https://MyTeamCare.org/Summit-Resources)
- Or Refer to your Local Union Portal
- If you don't have the handbook, you may contact your Field Service Rep. or the Contract Department for assistance.



# POLICY ISSUES – 2023 TO CURRENT

160 CBAs, 182 Issues



# H&W CONTRACT LANGUAGE

- Waiting Period, who's covered, and rates and dates.
  - Establishing Period
- Contribution Requirement
  - All compensated periods
- Employer Payment Obligations (“EPOs”)
- Employee Cost Sharing



# H&W CONTRACT LANGUAGE

- Split Bargaining and Adverse Selection
- ACA Language -Non-Regular Exclusions
- Leased Employees
- Trustee Restrictions



# CONTRACT DEPARTMENT ASSISTANCE

- If you need a Participation Agreement (“PA”) or Health Rate Letter
- If you need your contract reviewed from compliance.
- If any H&W or pension related changes, have it reviewed **in advance**.
- **Changes to contract provisions may be required to be corrected if not preapproved.**

Call 847-518-9800, ext. 3247

Or Email [contracts@centralstates.org](mailto:contracts@centralstates.org)



# RETAINING H&W GROUPS / POSSIBLE WITHDRAWAL

- What to do when an Employer is considering alternative health coverage?
  - Please contact your Local Union Field Service Rep. to consider:
    - Alternative H&W Plans
    - Alternative options
    - Ramifications for the members



# RETAINING H&W GROUPS / POSSIBLE WITHDRAWALS

- Consequences of bargaining out of TeamCare:
  - Loss of subsidized R4 – Retiree H&W coverage
  - Loss of Family Protection
  - Not eligible for further COBRA



# RETAINING H&W GROUPS / POSSIBLE WITHDRAWALS

- Fund requires dually signed agreement
- With notice at least 30 days prior to the proposed termination.



# NEW GROUP? WE WANT YOUR BUSINESS!

- Send us Demographics of the Group
- For Proposal, TeamCare Will Require:
  - Census File
  - Claims Date or Health Questionnaire
  - Current Plan Benefits
  - COBRA Rates

TEAMCARE		PUBLISHED WEEKLY BASE RATES						TEAMCARE STANDARD PLAN BASE RATES: 07/01/2024 - 06/30/2025 (RH)							
Employee Tier Options	FULL PLAN (MED, RX, DENTAL, VISION, STD, LIFE) WITH FUTURE RETIREE COVERAGE			STANDARD PLAN (MEDICAL, RX, DENTAL & VISION) WITH FUTURE RETIREE COVERAGE			MEDICAL ONLY PLAN (MEDICAL, RX ONLY) WITH FUTURE RETIREE COVERAGE			FULL PLAN (MED, RX, DENTAL, VISION, STD, LIFE) NO RETIREE COVERAGE		STANDARD PLAN (MEDICAL, RX, DENTAL & VISION) NO RETIREE COVERAGE		MEDICAL ONLY PLAN (MEDICAL, RX ONLY) NO RETIREE COVERAGE	
	Composite			Composite			Composite			Composite		Composite		Composite	
2-TIER	Employee Only		Family	Employee Only		Family	Employee Only		Family	Employee Only		Family	Employee Only		Family
100% PLAN	1	\$532.40		\$523.10		\$497.80		\$506.40		\$495.90		\$470.70		\$470.70	
	2	\$532.40		\$523.10		\$497.80		\$506.40		\$495.90		\$470.70		\$470.70	
	3	\$553.70		\$544.00		\$517.70		\$526.70		\$515.70		\$489.50		\$489.50	
C6	1	\$272.60	\$625.80	\$262.40	\$616.10	\$249.80	\$583.80	\$243.50	\$597.00	\$233.40	\$587.00	\$220.90	\$554.70	\$220.90	\$554.70
	2	\$272.60	\$625.80	\$262.40	\$616.10	\$249.80	\$583.80	\$243.50	\$597.00	\$233.40	\$587.00	\$220.90	\$554.70	\$220.90	\$554.70
	3	\$283.50	\$650.80	\$272.90	\$640.70	\$259.80	\$607.20	\$253.20	\$620.90	\$242.70	\$610.50	\$229.70	\$576.90	\$229.70	\$576.90
(8.5%) (PH)	1	\$272.60	\$616.80	\$262.40	\$607.10	\$249.80	\$574.10	\$243.50	\$588.00	\$233.40	\$579.00	\$220.90	\$545.70	\$220.90	\$545.70
(PH)	2	\$272.60	\$616.80	\$262.40	\$607.10	\$249.80	\$574.10	\$243.50	\$588.00	\$233.40	\$579.00	\$220.90	\$545.70	\$220.90	\$545.70
(NTE 4%)	3	\$283.50	\$645.80	\$272.90	\$635.70	\$259.80	\$602.20	\$253.20	\$615.90	\$242.70	\$605.50	\$229.70	\$571.90	\$229.70	\$571.90
90% PLAN	1	\$479.60		\$469.80		\$451.40		\$451.30		\$439.10		\$420.70		\$420.70	
	2	\$479.60		\$469.80		\$451.40		\$451.30		\$439.10		\$420.70		\$420.70	
	3	\$498.80		\$488.60		\$469.50		\$469.40		\$456.70		\$437.50		\$437.50	
NJ TB	1	\$249.40	\$562.90	\$239.10	\$551.90	\$229.90	\$529.60	\$218.00	\$530.90	\$207.40	\$520.40	\$198.70	\$498.00	\$198.70	\$498.00
	2	\$249.40	\$562.90	\$239.10	\$551.90	\$229.90	\$529.60	\$218.00	\$530.90	\$207.40	\$520.40	\$198.70	\$498.00	\$198.70	\$498.00
	3	\$259.40	\$585.40	\$248.70	\$574.00	\$239.10	\$550.80	\$228.70	\$552.10	\$215.70	\$541.20	\$206.60	\$517.90	\$206.60	\$517.90
(8.5%) (PH)	1	\$249.40	\$553.90	\$239.10	\$544.90	\$229.90	\$512.80	\$218.00	\$514.00	\$207.40	\$503.90	\$198.70	\$481.00	\$198.70	\$481.00
(PH)	2	\$249.40	\$553.90	\$239.10	\$544.90	\$229.90	\$512.80	\$218.00	\$514.00	\$207.40	\$503.90	\$198.70	\$481.00	\$198.70	\$481.00
(NTE 4%)	3	\$259.40	\$576.40	\$248.70	\$565.00	\$239.10	\$536.80	\$228.70	\$538.00	\$215.70	\$527.10	\$206.60	\$498.00	\$206.60	\$498.00
90% PLAN	1	\$474.80		\$469.80		\$451.40		\$446.50		\$439.10		\$420.70		\$420.70	
	2	\$474.80		\$469.80		\$451.40		\$446.50		\$439.10		\$420.70		\$420.70	
	3	\$493.80		\$488.60		\$469.50		\$464.40		\$456.70		\$437.50		\$437.50	
MK	1	\$244.00	\$557.00	\$239.10	\$551.90	\$229.90	\$529.60	\$212.40	\$525.50	\$207.40	\$520.40	\$198.70	\$498.00	\$198.70	\$498.00
	2	\$244.00	\$557.00	\$239.10	\$551.90	\$229.90	\$529.60	\$212.40	\$525.50	\$207.40	\$520.40	\$198.70	\$498.00	\$198.70	\$498.00
	3	\$253.80	\$579.30	\$248.70	\$574.00	\$239.10	\$550.80	\$229.90	\$546.50	\$215.70	\$541.20	\$206.60	\$517.90	\$206.60	\$517.90
(8.5%) (PH)	1	\$244.00	\$548.00	\$239.10	\$544.90	\$229.90	\$517.80	\$212.40	\$519.00	\$207.40	\$514.00	\$198.70	\$481.00	\$198.70	\$481.00
(PH)	2	\$244.00	\$548.00	\$239.10	\$544.90	\$229.90	\$517.80	\$212.40	\$519.00	\$207.40	\$514.00	\$198.70	\$481.00	\$198.70	\$481.00
(NTE 4%)	3	\$253.80	\$571.30	\$248.70	\$566.00	\$239.10	\$544.10	\$229.90	\$540.80	\$215.70	\$536.50	\$206.60	\$513.20	\$206.60	\$513.20
90/80% PLAN	1	\$468.90		\$464.10		\$445.80		\$440.70		\$433.60		\$415.00		\$415.00	
	2	\$468.90		\$464.10		\$445.80		\$440.70		\$433.60		\$415.00		\$415.00	
	3	\$487.70		\$482.70		\$463.60		\$458.30		\$450.90		\$431.60		\$431.60	
C4	1	\$241.50	\$550.80	\$236.50	\$545.80	\$227.50	\$523.20	\$209.70	\$519.30	\$204.90	\$514.00	\$195.70	\$491.60	\$195.70	\$491.60
	2	\$241.50	\$550.80	\$236.50	\$545.80	\$227.50	\$523.20	\$209.70	\$519.30	\$204.90	\$514.00	\$195.70	\$491.60	\$195.70	\$491.60
	3	\$251.20	\$572.80	\$246.00	\$567.60	\$236.60	\$544.10	\$218.10	\$540.10	\$213.10	\$534.60	\$203.50	\$511.30	\$203.50	\$511.30
(8.5%) (PH)	1	\$241.50	\$541.80	\$236.50	\$536.80	\$227.50	\$514.20	\$209.70	\$510.30	\$204.90	\$505.00	\$195.70	\$482.60	\$195.70	\$482.60
(PH)	2	\$241.50	\$541.80	\$236.50	\$536.80	\$227.50	\$514.20	\$209.70	\$510.30	\$204.90	\$505.00	\$195.70	\$482.60	\$195.70	\$482.60
(NTE 4%)	3	\$251.20	\$564.80	\$246.00	\$559.60	\$236.60	\$540.10	\$218.10	\$536.10	\$213.10	\$530.60	\$203.50	\$507.30	\$203.50	\$507.30

NOTE: CLICK ON PLAN TO OPEN PLAN BENEFIT PROFILE. THESE RATES ARE BASE RATES FOR NEW GROUPS AND ARE NOT FINAL RATES UNTIL THE NEW GROUP IS REVIEWED BY THE FUND FOR INSURABILITY. **Rates in RED are Not to Exceed Rates**

# NEW GROUP? WE WANT YOUR BUSINESS!

## TeamCare Will...

- Provide a Multi-Year Quote (Trustees approved 3 years)
- Handle ALL Benefit Education
- Communicate with the Employer
- Enroll your Member and their Dependents



# WHAT'S THE NEXT STEP?

## REQUIRED DOCUMENTS

1. PARTICIPATION AGREEMENT
2. NEW GROUP RULES
3. LETTER OF UNDERSTANDING OR REVISED HEALTH COVERAGE ARTICLE
4. COPY OF THE CURRENT CBA
5. EMPLOYEE /MEMBER ENROLLMENT FORM

**TEAMCARE**  
A CENTRAL STATES HEALTH PLAN

**PARTICIPATION AGREEMENT**

CENTRAL STATES HEALTH AND WELFARE FUND

EMPLOYER NAME: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

THIS AGREEMENT sets forth the terms and conditions of participation in the Central States Health and Welfare Fund and any other job classification covered by the Fund.

1. The Union and Employer shall jointly determine the contribution rates for the Health & Welfare Fund and any other job classification covered by the Fund.
2. The Employer shall contribute to the Health & Welfare Fund and any other job classification covered by the Fund.
3. Contribution rates change when a new collective bargaining agreement is negotiated. In the absence of a new collective bargaining agreement, the contribution rates shall be the rates in the current collective bargaining agreement. The Trustee reserves the right to reduce the contribution rates for the applicable benefit plan.
4. This Agreement and the termination of a collective bargaining agreement shall be subject to the terms of the Employer's collective bargaining agreement. If the Employer mutually agrees in writing to terminate until a) the Trustee decides to terminate the contract or statute to contribute to the Health & Welfare Fund; b) the Trustee receives a receipt requested which describes the termination; c) the result of an election that terminates through a valid election; or d) relates to only part of the bargaining unit.
5. When a new collective bargaining agreement is negotiated, the Employer shall contribute to the Health & Welfare Fund and any other job classification covered by the Fund.

Effective Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Local Union Representative Signature & Date

**TEAMCARE**  
A CENTRAL STATES HEALTH PLAN

**NEW GROUP PARTICIPATION RULES AND TRANSITION**

Before consideration of a new employer's participation in the Central States Health and Welfare Fund, the following requirements and the document must be provided:

**PARTICIPATION REQUIREMENTS**

- Payment of the weekly contribution rate is the responsibility of the employee. No employee may opt-out of participation in TeamCare.
- Employees cannot be required to remit payment of the weekly contribution rate. The amount, the employee may reimburse the payroll deductions or other means.
- The Fund requires an eight (8) week eligible benefit coverage commences. Please refer to the Fund's open enrollment procedures and rules. Contributions will be remitted for all compensated periods, including paid vacations, paid holidays, and actual time worked at the following rates:
- Employees of a new group who are on a leave of absence (by federal law), lay-off, or otherwise unable to work shall be considered a non-active employee at the time of their return to work. If the employee is confined to a hospital on the effective date of participation, the employee under the Plan.
- The rates quoted in this proposal do not include payments as a result of a COBRA-related group will result in a revision to the contribution rate by the Fund, it is the responsibility of the Local Union to provide the necessary information to TeamCare. COBRA-eligible employees who do not provide the necessary information prior to approval of participation will not be eligible for participation.
- In order to meet the requirements of the Affordable Care Act, the employee's participation must begin no later than thirty (30) calendar days after the effective date of participation. If a probation period has not been completed at the time of participation, the employee shall be subject to the probation period.
- The employer and union hereby certify to the change from the prior health insurer/plan to TeamCare. COBRA-eligible employees who do not provide the necessary information prior to approval of participation will not be eligible for participation.

Local Union Representative Signature & Date

**TEAMCARE® ENROLLMENT FORM**

Healthcare coverage for your family members will not begin until we receive a completed TeamCare Enrollment Form. Please select a Coverage Level, then complete the sections specified. It is your responsibility to sign and return this form to TeamCare along with any applicable documents required by the Documents Required for Enrollment notice.

Please select one Coverage Level:

Member (Employee) Only Complete Sections 1 & 4

Family Coverage Complete Sections 1, 2, 3 & 4

Employer: \_\_\_\_\_

**LETTER OF UNDERSTANDING AND AGREEMENT**

Effective January 1, 2020, contributions will be remitted to the Central States Health and Welfare Fund on behalf of any employee covered by the collective bargaining agreement (cba) after the employee has been on the Employer's payroll for thirty (30) calendar days, regardless of probationary or seniority status. No employee covered by the collective bargaining agreement (cba) may opt out of coverage and they will follow the normal Fund's open enrollment procedures and rules. Contributions will be remitted for all compensated periods, including paid vacations, paid holidays, and actual time worked at the following rates:

PLAN KM (90%/10%)		
MEDICAL AND PRESCRIPTION PLAN		
EXCLUDING DENTAL, VISION, SHORT TERM DISABILITY, LIFE INSURANCE, RETIREE COVERAGE		
EFFECTIVE DATE	EMPLOYEE ONLY	FAMILY
January 2021	\$193.50	\$485.50
January 2022 (8% Not to Exceed Increase)	\$209.00	\$524.30

The Employer agrees to bear the responsibility for the full contribution regardless of whether the Employer can collect co-pays from employees, if applicable.

If an employee is absent due to an occupational illness or injury, the required contributions shall be made by the employer until the employee returns to work, up to a maximum of \_\_\_\_\_ weeks.

If an employee is absent due to a non-occupational illness or injury, the required contributions shall be made by the employer until the employee returns to work, up to a maximum of \_\_\_\_\_ weeks.

If an employee is on temporary layoff, the required contributions shall be made by the employer for a maximum of \_\_\_\_\_ weeks.

Employer: \_\_\_\_\_ GCC/IBT LOCAL UNION NO. \_\_\_\_\_

By: \_\_\_\_\_ By: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Local Union Representative Signature & Date

**Required for Enrollment insert \***

DATE OF BIRTH: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_

MALE  FEMALE

**Required for Enrollment insert \***

DATE OF BIRTH: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_

MALE  FEMALE

MARRIAGE DATE: \_\_\_\_\_  
MARRIAGE LOCATION: \_\_\_\_\_  
STATE: \_\_\_\_\_  
MARRIED:  YES  NO

MEDICARE  MEDICAID

**Required for Enrollment insert \***

DATE OF BIRTH: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_

MALE  FEMALE

MARRIAGE DATE: \_\_\_\_\_  
MARRIAGE LOCATION: \_\_\_\_\_  
STATE: \_\_\_\_\_  
MARRIED:  YES  NO

MEDICARE  MEDICAID

7854131

# NEW GROUPS – INITIAL STEPS CONTINUED

- Group Options
  - Composite
  - Two-Tier (Member Only and Family)
    - For Groups of 20 or more
  - Four-Tier (Member, Mbr & Children, Mbr & Spouse, and Family)
    - For Groups of 50 or more
  - Wall-to-Wall Coverage (Non-Unit)



# NEW GROUPS – INITIAL STEPS CONTINUED

- Reporting Options

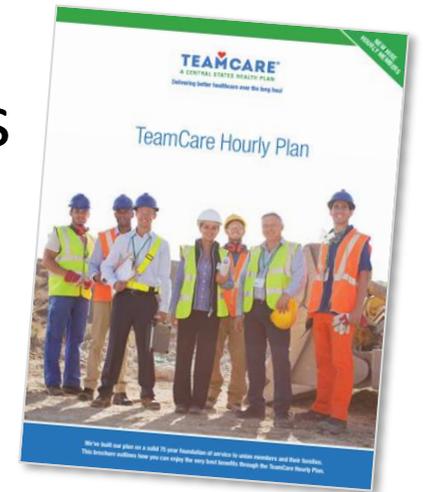
- Weekly – Most common

- Monthly (calendar eligibility)

**Note:** this option is only available for new groups who previously had monthly coverage and must be approved by the Board of Trustees

- Hourly – Mostly for Construction Related Companies

- Future eligibility
- Bases of 120 – 160 hours per month
- 12-month banks



# NEW GROUPS – DOCUMENTS REQUIRED

On-Boarding is fully Automated for:  
Members

PLEASE PROVIDE A LIST OF ALL ACTIVE EMPLOYEES (INCLUDING EMPLOYEES WHO MAY CURRENTLY WAIVE COVERAGE)

Record Type	Employee SS Number (no dashes)	Company Employee ID	Local Union# (optional)	Employment Type (FT/PT)	Hire Date	First Name	Middle Initial	Last Name	Suffix	Gender Code (M/F)	Current Medical Product	Current Medical Tier	Address Line 1	Address Line 2	Address Line 3	City	State (2char)	Zip	Phone Number (no dashes)	Email	Marital Status	Date of Birth (MMDDYYYY)
-------------	--------------------------------	---------------------	-------------------------	-------------------------	-----------	------------	----------------	-----------	--------	-------------------	-------------------------	----------------------	----------------	----------------	----------------	------	---------------	-----	--------------------------	-------	----------------	--------------------------

and Dependents

PLEASE PROVIDE A LIST OF ALL DEPENDENTS COVERED BY THE CURRENT CARRIER

Record Type (dependent=2)	Employee SSN (no dashes)	Dependent SSN (no dashes)	Dependent First Name	Dependent Middle Initial	Dependent Last Name	Suffix	Dependent Relation Code [D-daughter, S-son, W-wife, H-husband, O-Other] OR [C-child, SP-spouse, SS-same sex spouse] with gender	Dependent Gender (M or F)	Dependent Birthdate (YYYYMMDD)	Employee Marriage Date (YYYYMMDD)	Disabled (Y/N)	QMSCO (Y/N)
---------------------------	--------------------------	---------------------------	----------------------	--------------------------	---------------------	--------	---	---------------------------	--------------------------------	-----------------------------------	----------------	-------------

*You Don't Need To Be A ...*



TeamCare will provide the Employer with the simple spreadsheet details

# NEW GROUPS – ONE-TIME INITIAL OPT-OUT

- One time opt-out allowed at initial groups participation
  - Must show proof of alternative coverage
- Opt-outs allowed to enroll during a qualifying event (marriage, divorce, birth, etc.) or during open enrollment.
- Once they opt in, they are no longer allowed to opt-out.
- New hires not allowed to Opt Out.



# NEW GROUPS ADDED IN 2024

UPS Specialists (967 new members and growing)

Schnucks – Local 610 (132 new members)

Fervalue USA – BCTGM Local 342 (261 new members)

Safran Seats – Local 767 (506 new members)

ABM – Local 89 (177 new members)

Kerry Ingredients – Local 662 (71 new members)

Allegiant – (83 new members)

**Coming in 2025:**

Air Canada, Omni Airlines, Sysco, UNFI



# ACCOUNTS RECEIVABLE

- Primary Employer Contact within the Fund
  - Enter Work History
  - Collect Contributions
  - Resolve Eligibility Issues
  - Ensure Compliance
  - Resolve Employer Questions
- Great Resource for our Local Union Partners
  - Assist with Eligibility issues or problems
  - Help review past work history



# MEMBER HISTORY LOCAL UNION REPORT (MHLU)



## WORK HISTORY REPORT BY EMPLOYER LOCAL:

Start Date: 01/28/2024 - End Date: 03/27/2024  
Date: 4/2/2025  
Page: 3 of 125

EMPLOYER: (0039800)	EMPLOYEE TYPE: Regular								
Member Name	01/28	02/04	02/11	02/18	02/25	03/03	03/10	03/17	03/24
ANTHIS, ALEXANDER, J	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1
BENSON, JAMES, S	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1
BROOKS, JEFFERY, A	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1

### HOW TO READ THIS REPORT

This report displays member work history as reported by each employer.

It is further grouped by Employee Type to show if a member was reported as a Regular, Part-Time, or Casual Employee. Additionally, if the CBA calls for Tiered Health and Welfare participation, the Employee Type will show the reported level of member coverage: Member, Member and Spouse, or Member and Children.

EMPLOYER: (Employer Name) EMPLOYEE TYPE: Regular

Under each week, you will see the member's status (a complete list is below) and the number of units reported.

<b>WEEK 1</b>	Column 1 – Work Status
ACT 5.00 0	Column 2 – Days or Hours Reported
	Column 3 – Weeks or Months Reported

# FIELD AUDITS

- Purpose: Ensure accurate member credit
- 29 Auditors / 358 Audits in 5 years
- Not feasible to audit every employer
  - Random Audits – Selected by a sampling technique
  - Referral Audits – From Local Unions or internal sources for suspected misreporting



# AUDITS

- Refer an Employer for Audit for concerns with reporting errors or abuse of Temporary or Leased Labor
  - Provide Documents supporting any referral
- Audit Staff Communication
- Contact Megan Griffiths,  
Division Manager of Field Audit
  - 847-232-5730 Or [mgriffit@centralstates.org](mailto:mgriffit@centralstates.org)



# QUESTIONS?

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