

Health Plan

Eligible Dependents

The following persons are considered to be Eligible Dependents of Plan Participant:

- a. Your Spouse. However, if a spouse is employed outside the home and has an opportunity to obtain medical insurance from the spousal employer, the spouse **must** obtain and maintain coverage through his/her employer. Without limiting the generality of the foregoing, the following rules and interpretations shall apply to the application of the aforesaid rule:
 - Subject to the provisions below as to the Hardship Committee, there will be no exceptions to the spousal obligation to obtain and maintain coverage from the spousal employer.
 - Failure to abide by this rule will disqualify the spouse from any future coverage or benefits under the Fund.
 - The obligation shall be operationally effective **June 1, 2001** or at the date of the first open enrollment in the spousal employer's health plan.
 - The Fund's "Birthday Rule" shall apply to the spousal insurance program for purposes determining whether the children shall be covered "primarily" under the Fund or under the spousal employer's plan.
 - A part-time (as defined below) spouse employed part-time and meets the definition for part time, and their birthday comes first in the year, will not be required to obtain family coverage. Your spouse will only be required to obtain single coverage.
 - Definition of part-time is as follows: The spouse of a Firefighter working outside the home for one thousand two hundred fifty-one (1,251) hours or fewer in the trailing twelve (12) months last preceding a hardship application of the spouse and/or Firefighter submitted to the Committee. It shall be the responsibility of the spouse and/or Firefighter to obtain from the spouse's employer the report of twelve (12) months of trailing hours in a form and with certification reasonably acceptable to the committee.
 - If the cost of the spousal family coverage exceeds \$150 per month the Fund shall reimburse the spouse 75 percent of the amount by which the actual cost to the spouse exceeds \$150 per month.
 - The Trustees, by their administrative staff, shall actively investigate, supervise and enforce these rules, including regular communications with the benefits personnel of all spousal employers, by requiring statements under oath from the firefighter and/or the spouse, requiring production of Federal Income Tax Form 1040, etc.

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- Any firefighter or spouse who violates any aspect of these rules, including, but not limited to, not promptly and accurately filing the annual enrollment form, not keeping the Fund office promptly advised of all changes in family status or employment, not complying with the terms and conditions of the spouse's insurance plan or making false or fraudulent statements to the Fund or others concerning any and all aspects of these rules shall:
 1. not be eligible for future benefits under this plan; and
 2. be obligated to repay to the Fund any monies paid out by the Fund because of the false or fraudulent information provided.
- b. **Dependent Child.** The term *Dependent Child* means a participant's child who meets all of the following conditions:
 1. Is a resident of the same country in which the participant resides.
 2. Is a natural child, stepchild, legally adopted child, who is substantially dependent upon the participant for support and for whom the participant has a legal responsibility to support.
 3. A child will be assumed a dependent if such child is considered a "Dependent" of the Participant for federal income tax exemption purposes under Section 152 of the Internal Revenue Code of 1986, as amended.
 4. Is unmarried.
 5. Is less than 19 years of age; unless the child is enrolled full-time in an institution of higher learning, and said child's age is less than 23; provided that there shall be no age limitation if the child is "Incapacitated" as defined herein.

The requirement of dependency is waived if the Participant is obligated to provide medical care coverage for the child under an order or judgment of a court of competent jurisdiction.

If the participant's stepchild is otherwise covered, but the child becomes eligible for benefits under a plan available to a natural parent, the natural parent must provide coverage and this plan is secondary.

Dependent status for a child will not be approved, and dependent coverage, if previously approved, will cease for any of the following reasons:

1. Upon the date such child is employed full-time for wages, profit, or gain.
2. Upon the date such child becomes eligible for coverage under this plan as an employee.

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If a firefighter has been awarded legal custody of a child, and the firefighter does provide substantial support for the child, the child will be considered for dependency status by the Trustees upon submission to the Trustees of the final legal custody order and proof of support of the child. Any such approvals shall be valid for one year, at which time additional proof of support must be provided to continue eligibility.

Enrollment Date

Pursuant to the Health Insurance Portability and Accountability Act, an individual's "enrollment date" is the first day of coverage or, if there is a waiting period, the first day of the waiting period. In addition, the maximum pre-existing condition exclusion period is 12 months after the individual's "enrollment date." The exclusion period must be offset by an individual's prior creditable coverage.

Enrollment and Eligibility Pre-existing Conditions

A pre-existing condition is a medical condition for which the beneficiary has received treatment within 6 months prior to becoming eligible for Benefits. This 6-month period is called the "Pre-Coverage Period." If the beneficiary received treatment for the condition within the 6-month period prior to eligibility, and during that time did not have "Creditable Coverage," then the Plan will not provide coverage for treatment for the pre-existing condition until 12 months after initial eligibility. This 12-month waiting period is called the "Post-Coverage Waiting Period." If the beneficiary did have Creditable Coverage during the 6 months prior to becoming eligible for coverage under this Plan, and the Beneficiary had creditable coverage within the 63 days prior to enrollment, then the Post-Coverage Period is reduced by the number of days in the Pre-Coverage Period for which the Beneficiary had coverage. "Creditable Coverage" means coverage under a group health plan, insurance policy, Medicaid, Medicare, or any other coverage permitted under 42 USC sec. 300gg(c)(1).

Limitations on Pre-existing Condition Exclusions Required by Federal Law

- A. Anything herein to the contrary notwithstanding, pregnancy shall not be deemed to be a preexisting condition.
- B. Pre-existing conditions shall not be recognized for a newborn or adopted child who was covered under *creditable coverage* on the 30th day after adoption or birth, unless said child has no *creditable coverage* within 63 days prior to the enrollment date.
- C. The Post coverage-waiting period shall be reduced for each day a Beneficiary was covered under *creditable coverage* within 6 months prior to the enrollment date, unless said Beneficiary was not covered under *creditable coverage* during any of the 63 days prior to the enrollment date.
- D. As used herein the term *creditable coverage* means coverage under a group health plan, insurance policy, Medicaid, Medicare, or any other coverage permitted under 42 USC §300gg(c)(1).