

AMENDMENT #10
to the Plan Document/Summary Plan Description for the
Teamsters Security Fund for Southern Nevada-Local 14
that was effective May 1, 2019

Effective July 1, 2023, the Plan Document/Summary Plan Description is amended as follows:

The entire Plan Document/Summary Plan Description is amended as follows:

The purpose of this Amendment is to remove all retiree coverage from the Plan Document/Summary Plan Description. To accomplish this, any reference throughout the document to “Employee or Non-Medicare Retiree”, “Employee/Non-Medicare Retiree”, “Employee and Non-Medicare Retiree”, “Employee and Retiree” or “Employee/Retiree” is replaced with “Employee”. In addition, all eligibility language for retirees has been removed.

The Cover Page is amended as follows, with the language in strikethrough removed:

Plan Document/Summary Plan Description

for

Eligible Active Employees ~~and Non-Medicare Retirees~~ and Dependents

describing the self-funded

Medical PPO Plan, Dental PPO Plan, Vision PPO Plan Benefits

The Introduction chapter is amended as follows, with the language in strikethrough removed:

IMPORTANT INFORMATION

Teamsters Security Fund for Southern Nevada - Local 14 is committed to maintaining health care coverage for Employees and their families ~~and Non-Medicare Retirees and their family~~ at an affordable cost, however, because future conditions cannot be predicted, the Plan Administrator (the Board of Trustees) reserves the right to amend or terminate coverages at any time and for any reason.

[...]

This Plan is established under and subject to the federal law, Employee Retirement Income Security Act of 1974, as amended, commonly known as ERISA.

- The Medical PPO plan, Dental PPO plan, and Vision PPO plan benefits are self-funded with contributions from contributing employers, ~~Eligible Non-Medicare Retirees~~ and COBRA Beneficiaries held in a Trust which is used to pay Plan Benefits. Third Party Administrators pay Benefits out of Trust assets.

The Eligibility chapter, Section A, is amended as follows, with the language in strikethrough removed:

Type of Benefit	Active Employees	Dependents of Active Employees	Retirees who are not Medicare-eligible	Dependents of Retirees who are not Medicare-eligible	Retirees who are Medicare eligible	Dependents of Retirees who are Medicare-eligible
Medical Plans (including Outpatient prescription drugs)	Yes	Yes	Yes, covered until eligible for Medicare	Yes, covered until eligible for Medicare	No	No

Type of Benefit	Active Employees	Dependents of Active Employees	Retirees who are not Medicare-eligible	Dependents of Retirees who are not Medicare-eligible	Retirees who are Medicare-eligible	Dependents of Retirees who are Medicare-eligible
Dental Plans	Yes	Yes	Yes, covered until eligible for Medicare	Yes, covered until eligible for Medicare	No	No
Vision Plan	Yes	Yes	Yes, covered until eligible for Medicare	Yes, covered until eligible for Medicare	No	No
Life Insurance	Yes	Yes	Yes, covered until eligible for Medicare	No	No	No
Accidental Death and Dismemberment (AD&D) Insurance	Yes	No	Yes, covered until eligible for Medicare	No	No	No

The Eligibility chapter, Section C, is amended as follows, with the language in strikethrough removed:

Section C. Dependents

1. If an Employee is eligible for coverage and has Dependents, the Employee's Dependents are eligible for coverage. ~~If a Non-Medicare Retiree is eligible for coverage and has Dependents, the Retiree's Dependents' are eligible for coverage only if those Dependents are not also eligible for Medicare.~~

[...]

4. The following Dependents are eligible for Benefits:[...]

- (e) Full-time, active members of the armed forces are not eligible for coverage. Continuation of coverage during military leave is discussed later in this Article.
- (f) A Dependent Child will not lose eligibility if he or she becomes employed and obtains medical coverage through his or her employer. Dependent Children who obtain separate medical coverage through their employers may continue to receive coverage through the Plan; however, coverage under this Plan will always be secondary to the Child's coverage through their employer(s).
- (g) The following **Dependents are not eligible for coverage** under this Plan: foster Children, a Spouse of a Dependent Child (e.g. Employee/~~Retiree's~~ son-in-law or daughter-in-law), and a Child of a Dependent Child (e.g. Employee/~~Retiree's~~ grandchild).

5. Dependent Enrollment:

- (a) **Employees and Retirees must enroll their eligible Dependent (Spouse and Children) in order for those Dependent to be eligible for Benefits under the Plan.** There are three opportunities to enroll Dependents for coverage under this Plan: Initial Enrollment (becoming enrolled at the same time the Employee/~~Retiree~~ is first eligible), New Dependent Enrollment (which includes Special Enrollment), and Open Enrollment.

Retirees must enroll their eligible Dependents when they start eligibility as a Retiree.

The Eligibility chapter, Section D, is amended as follows, with the language in strikethrough removed:

Section D. Retirees and Medicare. Certain Benefits of the Plan are provided for Non-Medicare Retirees who meet the eligibility requirements established by the Board of Trustees.

1. **Eligibility.** On a self-pay basis, a Non-Medicare Retired Participant ("Retiree") is eligible for the same Benefits, and is subject to the same rules and obligations, as an Employee, except where these rules say otherwise. However, ~~all Plan Benefits coverage under the Fund will end for a Retiree when such Retiree becomes eligible for Medicare, unless the Retiree is under age 65 and has end-stage renal disease ("ESRD").~~ The "full-time" requirement does not apply to a Retired Participant.
 - (a) If a Non-Medicare Retiree resides in the service area covered by the Health Plan of Nevada Plan, the Non-Medicare Retiree and any eligible Dependents must enroll in the HMO plan offered by Health Plan of Nevada.
 - (b) If you choose to decline Non-Medicare Retiree coverage when you initially become eligible, you may delay enrollment for yourself and your eligible Dependents from the date you initially became eligible for Non-Medicare Retiree coverage under the following circumstances:
 - 1) If you are covered under other health insurance coverage through your Spouse (including COBRA continuation coverage, individual insurance, or Medicare) and that coverage terminates due to divorce, death of Spouse, plan termination or residence change resulting in ineligibility for other health insurance coverage, you may enroll yourself and your Dependent(s) in Retiree coverage as long as enrollment occurs no later than 60 days after the termination date of other insurance coverage.
 - 2) If you acquire a new Spouse or a new Dependent, as defined by the Plan, you may enroll yourself and your Dependent(s) in Non-Medicare Retiree coverage, as long as enrollment occurs no later than 60 days after the date you acquire the new Dependent(s).
 - (c) Note that Eligible Participants who retired prior to January 1, 1994 will maintain eligibility for the Employee and Dependent Life Insurance and Employee Accidental Death and Dismemberment Benefits.
2. **"Retired" Defined.**
 - (a) To be Retired under the Plan, for purposes of Non-Medicare Retiree eligibility, a person must be receiving a pension benefit from the Western Conference of Teamsters Pension Plan or from any Pension Plan as negotiated and stated in the Collective Bargaining Agreement. In addition, the Trustees may permit the participation of Retirees in bargaining units who do not receive pension benefits under the applicable Collective Bargaining Agreement, or Retirees from certain Non-bargaining Units as stated in Section E of this Article, on such terms and conditions as the Trustees, in their sole discretion determine.
 - (b) Moreover, to be eligible for Plan Benefits as a Non-Medicare Retiree, the Non-Medicare Retiree must have been eligible as an Active Employee, or through COBRA, for 90 of the 120 months immediately before Retirement.
 - (c) Up to 30 months of service outside the bargaining unit with the same employer will be counted towards satisfying the 90 month requirement. For new groups or collective bargaining units, active service earned prior to entry into the Plan with the same employer will be counted towards satisfying the 90 month requirement.
 - (d) For those with at least 60 consecutive months of eligibility as an Active Employee on or before September 1, 2011, to be eligible for Plan Benefits as a Non-Medicare Retiree, the Non-Medicare Retiree must have been eligible as an Active Employee, or through COBRA, for 60 consecutive months immediately before retirement.
3. **Important Note:** Non-Medicare Retiree Benefits are not vested or accrued. They are subject to change or discontinuance at any time, in the sole discretion of the Board of Trustees.
4. **Medicare.** If you are approaching age 65, you are not automatically enrolled in Medicare unless you have filed an application and established eligibility for a monthly Social Security benefit. If you have not applied for Social Security Benefits you must file a Medicare application form during the three-month period prior to the month in which you become 65 years of age in order for coverage to begin at the start of the month in which you reach age

65. Call or write your nearest Social Security Office 90 days prior to your 65th birthday and ask for an application card.

5. ~~Retirees eligible for Medicare will not be eligible for Benefits provided by the Fund.~~ See also Section K in this Article on termination of coverage. The Fund has partnered with a company to provide benefit options that best suit each Medicare Retiree's needs and budget through a private Medicare Exchange.

(a) Medicare-eligible Retirees will not be required to pay monthly self-payment contributions to the Fund. Instead, they will be fully financially responsible for the plans in which they choose to enroll.

(b) Medicare-eligible Retirees, or Retirees covered under Indian Health Services, that have an eligible Dependent covered under the Fund that is not eligible for Medicare, or that is under age 65 with end-stage renal disease ("ESRD") and eligible for Medicare, can continue coverage for that Dependent under the Fund by paying the appropriate monthly self-payment contribution rate established by the Board of Trustees.

The Eligibility chapter, Section F, is amended as follows, with the language in strikethrough removed:

Section F. Surviving Dependents of a Deceased Non-Medicare Retiree.

1. In the event of the death of a Covered Non-Medicare Retiree, the surviving Spouse, and eligible Dependent Children may continue coverage, except for Dependent Life Insurance, under the Plan by making the necessary self-payments to the Plan on a timely basis.

2. Coverage for the surviving Spouse, or eligible Dependents will terminate on the date of remarriage or death of the surviving Spouse, on the date the surviving Spouse becomes eligible for Medicare, or loss of Dependent eligibility under the Dependent's eligibility rules.

The Eligibility chapter, Section I, paragraph 2, is amended as follows, with the language in strikethrough removed:

Section I. Special Enrollment Rights.

2. Under this Plan, Special Enrollment does pertain to Retirees and their Dependents. For more information about Special Enrollment under this Plan contact the Administrative Office.

The Eligibility chapter, Section J, is amended as follows, with the language in strikethrough removed:

Section J. Termination of Coverage.

See also the COBRA provisions of this Plan for information on temporarily self-paying for Benefits after coverage ends under this Plan.

1. **Employees.** Your coverage will end on the earliest of the:

(a) Termination date of the Plan, or for a particular benefit, the termination date of the benefit;

(b) Date of your death;

(c) End of the period for which the last required contribution was made;

(d) End of the period for which an employer has paid a contribution on your behalf;

(e) The date on which you enter full-time military armed forces of any country; or

(f) End of the month in which your eligibility ends, or

(g) For Employees hired on or after February 1, 2015, or who are re-establishing Eligibility on or after February 1, 2015, the end of the month in which your employment ends.

2. **Dependents of Employees.** Your Dependent's coverage will end on the earliest of the:

(a) Termination date of the Plan; or for a particular Dependent's benefit, the termination date of that benefit;

(b) Termination date of the Dependents' coverage under the Plan;

(c) End of the period for which the last required contribution was made;

- (d) End of the month in which a Dependent is no longer an eligible Dependent;
- (e) End of the month in which a Dependent Spouse enters the full-time military armed forces of any country.

3. ~~Retiree coverage ends on the earliest of:~~

- ~~(a) The last day of the month prior to the month in which the Retiree becomes eligible for Medicare;~~
- ~~(b) End of the period for which the last required contribution was made;~~
- ~~(c) The date of the Retiree's death;~~
- ~~(d) Termination date of the Plan~~
- ~~(e) The date Retiree coverage is discontinued under the Plan;~~
- ~~(f) Date of the Retiree's death.~~

4. ~~Coverage for the eligible Dependent(s) of a Retiree will terminate upon the earliest of:~~

- ~~(a) The first day of the month in which the eligible Dependent becomes eligible for Medicare;~~
- ~~(b) The date the eligible Dependent no longer qualifies as a Dependent under the Fund's eligibility rules;~~
- ~~(c) Termination date of the Plan; or for a particular Dependent's benefit, the termination date of that benefit;~~
- ~~(d) Termination date of the Dependents' coverage under the Plan;~~
- ~~(e) Date a Dependent Spouse enters the full-time military armed forces of any country;~~
- ~~(f) The first day of the month for which the eligible Dependent fails to pay the required self-payment contribution rate.~~

5. ~~Coverage of a surviving Spouse, or surviving Dependent Child of a deceased Retiree will terminate upon the earliest of:~~

- ~~(a) The first day of the month in which the Spouse, or Dependent Child becomes eligible for Medicare;~~
- ~~(b) The date of remarriage of the Spouse;~~
- ~~(c) The date the eligible Dependent Child no longer qualifies as a Dependent under the Fund's eligibility rules;~~
- ~~(d) The date of death of the Spouse, or Dependent Child;~~
- ~~(e) Termination date of the Plan; or for a particular Dependent's benefit, the termination date of that benefit;~~
- ~~(f) Termination date of the Dependents' coverage under the Plan;~~
- ~~(g) Date a Spouse, or Dependent Child enters the full-time military armed forces of any country;~~
- ~~(h) The first day of the month for which the Spouse, or Dependent Child fails to pay the required self-payment contribution rate.~~

The Medical PPO Plan Benefits chapter, Section A, is amended as follows, with the language in strikethrough removed:

Section A. Choice of Medical Plans. The following information discusses the Benefits of the Medical PPO Plan.

1. One of the most important Benefits you receive under the Plan is medical benefit coverage which includes prescription drug Benefits. The Plan offers two medical plan options to Employees and Retirees:
 - (a) you can elect the **Medical PPO Plan** (described in this document) or
 - (b) the **Health Maintenance Organization (HMO) Medical Plan** ~~(but only if you live in the HMO service area)~~. The HMO Medical Plan is not described in this document. Contact the Administrative Office if you have questions about whether you reside in the service area for the HMO Medical plan and to obtain a copy of the HMO Medical Plan Benefit description.

2. Both medical plans offer financial security from large medical expenses and cover preventive care in accordance with Health Reform. The Medical PPO Plan offers you the greatest flexibility in choosing your health care providers, while the HMO Medical plan covers many services without a Deductible when in-network providers are used.
3. When an Employee becomes eligible for coverage for the first time, the Employee must designate their choice of medical plan. The selection is made by completing an Enrollment form and submitting it to the Administrative Office.
4. Employees are eligible for the Medical PPO plan or the HMO Medical plan.
5. ~~Non-Medicare Retirees are only eligible for the HMO Medical plan. If a Non-Medicare Retiree resides outside of the HMO service area, the Non-Medicare Retiree may elect the PPO Plan.~~

The Dental Plan Benefits chapter, Section A, is amended as follows, with the language in strikethrough removed:

Section A. Choice Of Dental Plans.

1. An important benefit you receive under the Plan is dental benefit coverage. The Plan offers two dental plan options to Employees ~~and Retirees~~. You can elect the:
 - (a) **Dental PPO Plan** (described in this document) or
 - (b) **Health Maintenance Organization (HMO) Dental Plan** ~~(but only if you live in the HMO service area)~~. The HMO Dental Plan is not described in this document. Contact the Administrative Office if you have questions about whether you reside in the service area for the HMO Dental plan and to obtain a copy of the HMO Medical Plan Benefit description.
2. When an Employee becomes eligible for coverage for the first time, the Employee must designate their choice of dental plan. The selection is made by completing an Enrollment form and submitting it to the Administrative Office.
3. ~~Employees and Non-Medicare Retirees are eligible for the Dental PPO plan or the HMO Dental plan.~~

The Vision Plan Benefits chapter, Section B, is amended as follows, with the language in strikethrough removed:

Section B. Eligibility For Vision PPO Plan Benefits.

1. The following individuals are eligible to participate in the Vision PPO Plan:
 - (a) All Employees and their eligible Dependents.
 - (b) ~~All eligible Non-Medicare Retirees and their eligible Dependents.~~
2. Vision Benefits are effective on the date your medical Plan Benefits are effective unless you opt out of/decline Vision PPO Plan Benefits.

The Coordination of Benefits chapter, Section F, paragraph 2, is amended as follows, with the language in strikethrough removed:

Section F. Coordination Of Benefits With Medicare.

2. **Medicare Beneficiary May Retain or Cancel Coverage Under This Plan:** If an eligible individual under this Plan becomes covered by Medicare, whether because of end-stage renal disease (ESRD), disability or age, that individual may either retain or cancel coverage under this Plan. **Note that coverage for a Retiree terminates when that Retiree becomes eligible for Medicare.**

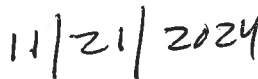
The Definitions chapter is amended as follows, with the language in strikethrough removed:

62. ~~Early Retiree:~~ Individuals who are eligible to participate under the ~~Teamsters Security Fund for Southern Nevada Local 14 Plan as a Retiree but who is not yet eligible for Medicare.~~ Early Retiree is also referred to as Non-Medicare Retiree.
171. ~~Retiree:~~ Eligibility for Retirees is addressed in Article III. ~~Only early Retirees (Non-Medicare Retirees) are permitted to enroll in this Plan, not Medicare-eligible Retirees.~~

The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund for Southern Nevada-Local 14** do hereby certify that the foregoing Amendment #10 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on November 21, 2024.



Chairman



Date



[Sally Moore \(Nov 22, 2024 21:23 CST\)](#)

Co-Chairman

11/22/2024

Date