Special eligibility rules for Fort Benning employees
Effective January 1, 2022

Your Summary Plan Description (SPD) includes information about your eligibility rules. However, some of the information in the SPD does not apply to food service employees working at Fort Benning Army Base (Fort Benning employees). This SMM describes some special eligibility rules that apply only to Fort Benning employees. Unless this SMM explains different rules, all of the eligibility rules in your SPD still apply to you.

This SMM only applies to Fort Benning employees. If you are not a Fort Benning employee, the information in this SMM does not apply to you.
Definition of a dependent for Fort Benning employees

Your spouse is not considered a dependent. No coverage is offered to spouses of Fort Benning employees.

However, your children will be your dependents if they meet the definition of a dependent starting on page H-3 in your SPD, and you make any required payments for your share of the cost of dependent coverage.

Initial eligibility rules for Fort Benning employees

This section replaces the section titled “When your coverage begins (initial eligibility)” starting on page H-6 of your SPD.

When your coverage begins (initial eligibility)

Your coverage begins at 12:01 a.m. on the first day of the coverage period corresponding to the first work period for which you meet the eligibility requirements. For purposes of establishing initial eligibility:

- **Work period** means the calendar month for which your employer must make contributions to UNITE HERE HEALTH on your behalf, including any amount you are required to contribute under the terms of your Collective Bargaining Agreement or Participation Agreement, and for which you are credited with:
  - Non-Union employees (management): 160 hours.
  - Union employees: at least 80 hours.
- **December rule for Union employees:** If you work at least one hour in December, UNITE HERE HEALTH will credit you with 40 hours for that work month. Your employer must still make contributions on your behalf for at least 40 more hours during the December work month for you to meet the initial eligibility rules.

- **Lag period** means the 2-calendar-month period between the end of a work period and the beginning of the corresponding coverage period.

- **Coverage period** means the calendar month for which coverage is in force as determined by the corresponding work period.
Example: Establishing Initial Eligibility

<table>
<thead>
<tr>
<th>Work Period</th>
<th>Lag Period</th>
<th>Coverage Period</th>
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</thead>
<tbody>
<tr>
<td>January</td>
<td>February - March</td>
<td>April</td>
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<td>February</td>
<td>March - April</td>
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<td>March</td>
<td>April - May</td>
<td>June</td>
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Non-Union employees (management):
Suppose your employer contributes 160 hours on your behalf for January. Your coverage will begin on April 1 and will continue for the rest of that month.

Union employees:
Suppose your employer contributes at least 80 hours on your behalf for your work in January. Your coverage will begin on April 1 and will continue for the rest of that month.

Transition eligibility rules
Special eligibility rules will transition Fort Benning employees into UNITE HERE HEALTH. If you meet the eligibility rules under the UniteHERE Union and Employers Health and Welfare Plan for the November or December 2021 coverage period or the January 2022 coverage period, you will be eligible under UNITE HERE HEALTH for the January 2022, February 2022, and March 2022 coverage periods. You must meet the UNITE HERE HEALTH continuing eligibility rules (see the next section) during the January 2022 work period to continue your eligibility during the April 2022 coverage period, and so on.
Continuing eligibility rules for Fort Benning employees

This section replaces the section titled “Continuing eligibility” starting on page H-6 of your SPD.

Once you establish eligibility, you continue to be eligible as long as you meet the eligibility requirements.

For purposes of continuing eligibility:

- **Work period** means the calendar month for which your employer must make contributions to UNITE HERE HEALTH on your behalf, including any amount you are required to contribute under the terms of your Collective Bargaining Agreement or Participation Agreement, and for which you are credited with:
  - **Non-Union employees (management):** 160 hours.
  - **Union employees:** at least 80 hours.

  **December rule for Union employees:** If you work at least one hour in December, UNITE HERE HEALTH will credit you with 40 hours for that work month. Your employer must still make contributions on your behalf for at least 40 more hours during the December work month for you to meet the continuing eligibility rules.

- **Lag period** means the 2-calendar-month period between the end of a work period and the beginning of the corresponding coverage period.

- **Coverage period** means the calendar month for which coverage is in force as determined by the corresponding work period.

### Example: Continuing Eligibility

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<td>July</td>
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Non-Union employees (management):
Suppose you became covered April 1 because your employer contributed 160 hours for January. If your employer contributes 160 hours for February, your coverage continues during May. An employer contribution of 160 hours for March continues your coverage during June, and so on.

Union employees:
Suppose you became covered April 1 because your employer contributed at least 80 hours on your behalf during January. If your employer contributes at least 80 hours for February, your coverage continues during May. At least 80 hours of employer contribution for March continues your coverage during June, and so on.

Self-payments to continue eligibility for Fort Benning employees

Fort Benning union employees can make self-payments to continue their coverage in certain situations. These rules described below are in addition to the rules described in the section of your SPD titled “Self-payments during remodeling or restoration.”

The following self-pay rules apply only to union employees. Non-Union employees (management) may not make self-payments to continue eligibility.

If your employer does not contribute at least 80 hours on your behalf during a work period, you can make a self-payment to continue your coverage during the corresponding coverage period.

You can only make an initial self-payment for a work period that immediately follows a work period for which you were credited with at least 80 hours. For example, you can only make self-payments for the May work month if you were credited with at least 80 hours for the April work month.

Your self-payment is 90 hours, minus the number of hours you were credited with for that work period. For example, if your employer contributes 60 hours on your behalf for January, your self-payment amount is 30 hours. Contact the Fund when you need help calculating your self-payment amount.
ELIGIBILITY (continued)

All self-payments must be postmarked (or made electronically) no later than the 15th day of the month immediately preceding the coverage period for which continued coverage is intended. For example, your self-payment for the April coverage month is due March 15.

Self-payments can only be made for up to 12 consecutive months. Once you reach the maximum of 12 months of self-payments, you cannot make another self-payment until you re-establish eligibility.

Self-payments cannot be made after your employment terminates.

Termination of eligibility – when employee coverage ends for Fort Benning employees

This section replaces the section titled “When employee coverage ends” starting on page H-12 of your SPD. Your dependent child’s coverage ends as explained in your SPD.

Your (the employee’s) coverage ends on the earliest of any of the following dates:

- The date the Plan is terminated.
- The last day of the coverage period corresponding to the work period for which your employer was required to make a contribution on your behalf, and, if applicable, you were credited with the minimum number of hours required to maintain eligibility during the corresponding work period.
- The last day of the coverage period for which you last make any applicable payment.
- The last day of the coverage period for which you last made a timely self-payment, if allowed to do so.

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If you’ve moved or changed your phone number, update your information in the member portal: www.uhh.org/member

You can also visit the member portal to:

- Make self-payments
- Review your benefits
- Check your claims
- Request an ID card

Is your contact info up to date?