

UPS RETIREE COVERAGE REQUIREMENTS

UPS Retiree Health Benefits requirements for Full-Time and for Part-Time Employees are as follows:

- Must have worked at least 20 years under a Collective Bargaining Agreement.
- Must not be eligible for Medicare.
- Must provide an "Award Letter" from your Local Union Pension Fund or IBT/UPS Pension Fund providing your retirement date and total years of service.

The TeamCare Retiree Health **Plan RU** is provided for **Full-time employees** and provides medical, prescription, dental, and vision coverage to you and your family.

Current Monthly Contribution Rates for plan RU are as follows:

- Non-Central region is \$150.00 for Member only coverage and \$300.00 for Family coverage available to qualifying retirees at **age 52** which will increase annually by \$50 for Member only coverage and \$100 for Family coverage until 2017 when the rate will be \$200.00 for member only coverage and \$400.00 for family coverage for the duration of the UPS contract.
- Central region is \$200.00 for Member only coverage and \$400.00 for Family coverage available to qualifying retirees at age 55.

The TeamCare Retiree Health **Plan RV** is available to qualifying **Part Time retirees** at **age 55** with current monthly contribution rates of \$200.00 for Member only coverage and \$400.00 for Family coverage. As of January 1st, 2016, the plan provides medical, prescription, dental, and vision coverage to you and your family.

UPS Retiree Health monthly contribution rates are determined by the Board of Trustees and negotiated in your Collective Bargaining Agreement.

Once we receive notification of your retirement ("**Award letter**" as stated above), you will receive a Summary Plan Description for the Retiree Health Plan which will include your Plan Benefit Profile. To learn more about the benefits of Plan RU and RV, please visit our website, www.MyTeamCare.org. Please note that the Retiree Health Plan RU is different than the health plan you had as an active employee at UPS.

The TeamCare Retiree Health Plan RU and RV will be in effect until age 65 and/or eligibility for Medicare. If applicable, children will be covered under the Retiree Health Plan until their 19th birthday, their 25th birthday if a qualified student. Completed **UPS Student Verification Form** is required. Please be advised that in order to have a child enrolled, at least one parent must also be covered. The coverage for your spouse will remain in effect until age 65, Medicare eligible, or your divorce date (if applicable) –

whichever occurs first. Please submit completed **'UPS Retiree Update Enrollment Form'** to ensure your dependent(s) information is properly updated in our systems.

If you and/or your spouse become eligible for Medicare (even if Part B is declined), you are no longer eligible to participate in the TeamCare Retiree Health Plan. It is your responsibility to notify TeamCare when you or your spouse becomes eligible for Medicare. You will be held responsible for reimbursing TeamCare for any claims paid after the Medicare eligibility date.

If you have other health insurance available at the time of your eligibility/retirement date, you and your dependents will have the opportunity to postpone the TeamCare Retiree Health Plan until a later date. If you elect to postpone coverage with TeamCare, you must return the enclosed Retiree **UPS Insurance Voluntary Suspension Form**. Once you elect to reinstate your TeamCare coverage, you will need to provide documentation that you and your covered dependents had continuous health insurance coverage available during the entire period you postponed coverage with TeamCare.

If you have questions regarding your retiree eligibility you can email us at RetireeHealthBenefits@MyTeamCare.org. On those occasions when you wish to speak with a Benefits Specialist, please call Participant Services at 800-TEAMCARE. Benefits Specialists are available starting at 8:00 am Monday through Friday, Central Standard Time. You may also visit our website at www.MyTeamCare.org. If you wish, you may submit any written requests or documents via **fax to 847-518-9752**.