

MICHIGAN BAC FRINGE BENEFIT FUNDS

Michigan BAC Health Care Fund
Michigan BAC Pension Fund
Michigan BAC Apprenticeship & Training Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

MICHIGAN BAC HEALTH CARE FUND COMMONLY ASKED QUESTIONS

How are my benefits Funded?

The primary source of financing for the benefits provided under the Health Care Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial eligibility requires 275 hours of contributions within three (3) hours or less. There is a one (1) month bookkeeping period in which you are not eligible.

Continuing eligibility requires 275 hours of employer contributions within three (3) months or less. There is a one (1) month bookkeeping period in which you are not eligible.

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

What do I do if I am injured and cannot work?

The Fund provides disability credit which may continue your coverage for health care benefits. The Fund also provides a weekly disability benefit for non-occupational injuries. You should complete a disability form and submit it directly to the Fund Office.

How can I add my dependents to the Plan?

Complete a "Membership and Record Change Form" and submit copies of marriage or birth certificates.

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What do I do when I get divorced?

You must send a copy of your complete divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meets the definition of a dependent, you will be held responsible.

When does coverage stop for my dependent children?

The Health Care and Education Affordability Reconciliation Act of 2010 requires the Fund to extend Adult child coverage up to age 26 effective June 1, 2011. Therefore, if you are eligible for benefits and you have a child that was previously covered in the Plan, and their coverage was terminated, you should complete a "Request for Extension of Dependent Coverage" and return it to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Plan. This requires annual verification.

Can I continue coverage when I retire?

Yes, provided you meet the retiree requirements for maintaining coverage.

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. The rates are:

Participant (single).....	\$327.95
Participant (with spouse).....	\$737.88
Participant (with family).....	\$885.48

What is Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouses' employer.

What Benefits are covered under the Plan?

The Plan provides for hospital, medical-surgical, laboratory, x-rays, office calls, physician services, prescription drugs, dental and vision care through Blue Cross Blue Shield of Michigan.