**SUPPLEMENT TO THE PLAN V GUIDE TO YOUR BENEFITS**

*For Plan V-A (NEWS Drivers)*

Some TBT Plans have additional eligibility provisions and Hour Bank rules that affect participation. These details are explained in this Supplement to the Plan V Guide to Your Benefits for Plan V-A (NEWS Drivers). If you are not sure whether your Plan has Hour Bank rules, contact the TBT Plan Administration Office. Also check your Collective Bargaining Agreement for any special eligibility rules or Hour Bank provisions that may affect participation in your TBT Plan.

**“GUIDE” PAGE 2**

The following text replaces the sections on page 2 of the Plan V Guide to Your Benefits (under the headings Plan Participation and When Your Coverage Begins):

**Plan Participation**

To participate in this Plan you must work for one or more Employers who are obligated under a written agreement to make contributions to the Plan on your behalf.

**When Your Coverage Begins**

Eligibility is based on an Hour Bank. Your coverage begins on the first day of the second month after:

1. You work at least 240 hours in a period of four consecutive calendar months or less, and
2. Your Employer actually makes the required Plan contributions. The month between the period that you worked the required hours and the month when you first become eligible is called a **lag month**. The lag month allows sufficient time for Employer contributions to be received and processed by the TBT Plan Administration Office.

If you complete the 240-hour requirement in less than four consecutive calendar months, your coverage begins on the first day of the second calendar month after the month when you complete the 240-hour requirement—as long as your Employer makes the required Plan contributions on your behalf for those hours.

**Example #1.** You start working in April. You work a total of 240 hours during April, May, June and July. Your Employer contributes on your behalf for each of those four months. The lag month is August. Your coverage begins on September 1—as long as all your required enrollment forms are received by the TBT Plan Administration Office.

**Example #2.** You start working in April and work the 240 minimum required hours in April and May. Your coverage begins on July 1 (June would be the lag month)—as long as the required contributions are paid and your enrollment forms are received.

**Note:** Return to the Plan V Guide page 2: Enrollment is not Automatic.

**“GUIDE” PAGE 5**

The following text replaces the section on page 5 of the Plan V Guide to Your Benefits (under the heading How Coverage Continues):

**How Coverage Continues**

Your coverage continues for each month at least 120 hours can be drawn from your Hour Bank.

**Hour Bank**

All hours reported will be credited to your Hour Bank, **up to a maximum balance of 240 hours**. In other words, after the deduction of the 120 hours for coverage in the current month, you can “bank” up to a maximum of 240 hours in your Hour Bank. Therefore, if you have an Hour Bank with a balance of 240 hours and stop working, your Hour Bank will provide two more months of coverage.

Hours will be subtracted from your Hour Bank to make up the difference between hours worked and the 120 hours needed for coverage in the current month. The balance of hours in your Hour Bank is carried over to the next month.

**Example:** You have no existing Hour Bank and your Employer reports 170 hours on your behalf in April. These hours will give you June coverage and leave 50 hours in your Hour Bank available for July coverage. If only 84 hours of Employer contributions are made on your behalf in May, 36 banked hours will be used to give you the 120 required hours for July coverage and 14 hours will remain in your Hour Bank going into the next month.

**Lag Month**

Hours reported by your Employer are always subject to the “lag month”—they can’t be used for eligibility until the second month following the month the hours were worked.
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Loss of Eligibility
Your Employer-paid coverage (and the coverage of any eligible dependents) ends if at the start of any month there are fewer than 120 hours in your Hour Bank (See COBRA Coverage on pages 9-12 of the Guide to Your Benefits for information about continuation coverage if you lose eligibility.) However, you do not lose those hours unless you are out of the Plan for more than a year (see page 2 of this supplement).

Break In Service
If you lose eligibility and remain ineligible for a period in excess of one year, any hours remaining in your Hour Bank will expire and you will need to requalify.

For more information, see When Your Coverage Begins (on page 1 of this Supplement) and When Coverage Ends, Reinstatement of Eligibility and Extension of Benefits While Totally Disabled (on page 2 of this Supplement).

If you have any questions about how the Hour Bank works or about the hours in your Hour Bank, contact the TBT Plan Administration Office.

Note: Return to the Plan V Guide page 5: How to Enroll.

“GUIDE” PAGE 8
The following text replaces the sections on page 8 of the Plan V Guide to Your Benefits (under the headings When Coverage Ends, Reinstatement of Eligibility and Extension of Benefits While Totally Disabled):

When Coverage Ends
Coverage for you and your dependents ends on:

1. The first day of a month when the total of your reported hours and your Hour Bank falls below 120.
2. The first day of a month for which a required self-payment is not received by the 30th day of the same month.
3. The date when you enter full-time military service.
4. The date when you are no longer eligible for benefits.
5. For specific benefits, the date when the maximum benefit is reached for that covered participant or when a specific benefit is discontinued.
6. The date when your TBT Plan ends.

Coverage for your dependents ends at the same time yours ends, or sooner:

1. For your spouse, when you divorce (on the first day of the month after your divorce is final).
2. For your dependent child, the first day of the month after no longer qualifying as an eligible dependent as defined by the Plan (see page 4 of the Guide to Your Benefits).

Reinstatement of Eligibility
If you lose eligibility and return to work with a participating Employer within 12 months, your new eligibility date will be the first day of the second month immediately following a month in which the total hours reported on your behalf and your Hour Bank equals at least 120. Any hours remaining in your Hour Bank at the time when your prior coverage ended will be counted. If you do not return to work with a participating Employer within 12 months, you are subject to the eligibility requirements for a new employee (on page 1 of this Supplement).

Note: If you (1) are enrolled in an HMO; (2) experience a lapse in your coverage of six months or longer and (3) then resume working enough to qualify for coverage and (4) want to re-enroll in the HMO, you must send a new HMO application to the TBT Plan Administration Office.

Extension of Benefits While Totally Disabled
If you are eligible but rendered unable to work because you become totally disabled as a result of an illness or injury (see the definition of Total Disability on page 9 of the Guide to Your Benefits), coverage for you and your covered dependents will continue for up to three months.
Your Hour Bank will be credited as follows during a period of total disability:

One day of disability:
6 hours of credit

Maximum hours credited:
30 per week

Maximum disability period:
3 months

This means that while you are totally disabled, you will continue to be eligible for benefits without having hours deducted from your Hour Bank, up to a maximum of three months.

**Note:** If your disability is work related, your Collective Bargaining Agreement provides for continued Employer contributions. See your Local Union with any questions concerning this obligation.

If you remain totally disabled after the first three-month extension, and after your hour bank falls below 120, you may further extend your coverage as follows:

1. Self-pay for up to six months for full coverage (medical, prescription drug, dental and life insurance) at the Employer contribution rate.

2. Self-pay for up to 18 months (and, if you remain totally disabled, up to 29 months) for COBRA benefits (except if you become eligible for Medicare) at the COBRA rate then in effect (see COBRA Coverage beginning on this page).

If you choose the six-month option, you may elect COBRA for the balance of the COBRA eligibility months remaining. However, if you experience a second disabling condition during your extended coverage, you will not be entitled to a further extension.

If you are enrolled in the Indemnity Medical option (rather than an HMO option) and you or a covered dependent remain totally disabled after your Hour Bank falls below 130 (and you do not elect COBRA continuation coverage), coverage for the disabling condition only will be continued without self-payment for up to 12 months. However, benefits will end as of the earliest date below:

1. The date when the total disability ends.
2. The date when coverage becomes effective without limitation as to the disabling condition, under any other group medical benefit or service plan or under any group insurance policy.
3. The end of the 12-month period following the date when the Employer contributions paid on account of the eligible person stopped.

Proof of disability must be filed with the TBT Plan Administration Office before the end of the third month for which the disability hour credit is requested. You can request a Proof of Disability Claim Form from the TBT Plan Administration Office. You and your doctor each fill out a portion of the form. Send the completed form to the TBT Plan Administration Office.

**Note:** Return to the Plan V Guide page 9: What is Total Disability? and COBRA Coverage.
“GUIDE” PAGE 13

The following text replaces the sections on page 13 of the Plan V Guide to Your Benefits (under the heading Leave for Military Service):

Leave for Military Service

If you go on leave from your covered employment, either voluntarily or involuntarily for active duty or training, Employer-paid coverage continues if your leave is 31 days or less. If your leave continues more than 31 days, you can continue coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

If you elect to continue coverage under USERRA, you will be charged the self-pay rate (a rate which is the same as the COBRA contribution described under COBRA Payments in the Plan V Guide to Your Benefits on page 11).

You may instead apply your Hour Bank to provide coverage at the applicable rate for active employees. The months of coverage so applied would no longer be available to provide coverage for you upon your return to covered employment. If you choose not to apply your reserve account, you may self-pay for coverage and your account balance is automatically preserved until your return to covered employment after termination of your military service.

If you waive USERRA coverage altogether, your Hour Bank will be restored when you return from military service.

Coverage ends on the earlier of:

1. The 24-month period beginning on the date your leave started, or
2. The day after the date your leave ends and you have not applied for or returned to employment, whichever occurs first.

If your coverage terminates by reason of service in the uniformed services, an exclusion or waiting period may not be imposed in connection with the reinstatement of your coverage when you return to work. However, this requirement does not apply to the coverage of any illness or injury determined by the Secretary of Veteran Affairs to have occurred or been aggravated during performance of service in the uniformed services.

When you return from military service, you may either self-pay or use your restored Hour Bank to pay for your coverage until you reestablish your eligibility for coverage as a result of working hours.

You must elect this coverage; it is not automatic. If you do not give advance notice of your military leave, you will not be eligible to elect USERRA coverage unless your failure to provide such notice is excused under USERRA because it was impossible, unreasonable, or precluded by military necessity (in which case your coverage will be restored retroactively upon payment of all unpaid amounts due). If you give advance notice of your leave, you may elect USERRA coverage at any time within the first 60 days after your last day of employment.

Your first self-payment for USERRA coverage is due within 45 days of the date of your election and must be retroactive to the date your Employer-paid coverage ends.

Future payments are due on the first of the month and are delinquent if not received by the 30th day of the month. If your payment is significantly less than the actual payment due (as described under COBRA Payments on page 11 of the Plan V Guide to Your Benefits), your coverage will be terminated immediately. You may elect either core or core plus non-core coverage.

The duration of the leave combined with all your previous periods of military leave under the same Employer must not be more than five years (unless extended by national emergency or similar circumstance).

If your USERRA leave ends, you may be able to continue benefits as described under COBRA in the Plan V Guide to Your Benefits. However, your eligibility to self pay under USERRA will run concurrently with any COBRA self-pay period which begins on or after your military leave begins.

If You Have Eligibility Questions

Call the TBT Plan Administration Office with your questions. When calling, refer to your Plan name—Plan V-A-(NEWS Drivers).

Note: Return to the Plan V Guide page 14: Your TBT Medical Options.