

I.A.F.F. LOCAL 22

THE PHILADELPHIA FIRE FIGHTERS and PARAMEDICS UNION

RETIREE MEDICAL FUND

SUMMARY PLAN DESCRIPTION

July 2020

INTRODUCTION

The Board of Trustees of the I.A.F.F. Local 22 Philadelphia Fire Fighters and Paramedics Union Retiree Medical Fund (called “the Fund”) is pleased to present you with this Summary Plan Description (“SPD”). This SPD contains the current rules on eligibility and benefits. However, these rules may change and, if so, you will be notified of those changes. The Fund is maintained through payments made to the Fund as required by the collective bargaining agreement between I.A.F.F. Local 22 (“Union”) and the City of Philadelphia (“City.”)

The Board of Trustees manages the Fund and makes all final decisions regarding changes to the benefits provided under the Fund’s plan of benefits. The Board of Trustees expects to continue this Fund indefinitely. However, the Board of Trustees reserves the right to amend, change, modify, suspend or terminate the Fund or any plan of benefits provided, in whole or in part.

This Summary Plan Description (“SPD”) provides information about the benefits available from the Fund. Please make sure to read it carefully and to keep it in a safe place for future reference. And, as always, you should contact the Union Office directly at 215-440-4400 if you have any questions regarding your benefits.

PURPOSE OF THE BENEFIT

This benefit is intended to help pay your unreimbursed medical expenses, including medical premiums, copayments, prescription drug costs, etc. Because the payment is subject to federal taxes, the Fund is required to issue a Form 1099 at the end of each calendar year. *(See IRS Publication 502 for a complete list of all medical expenses that you may be able to use to offset the taxable benefit.)*

ELIGIBILITY FOR COVERAGE

Who is Eligible

I. Retiree

The Retiree Medical Benefit is intended for retired members of the Local 22 bargaining unit once they have been in pension status and receiving a pension benefit from the City of Philadelphia for a minimum of 5 years. Your benefits from the Fund begin with the first Fiscal Year after that initial 5 year pension period. For example, if you began receiving pension benefits on September 1, 2014, your first 5 years would end on August 1, 2019. This means you would qualify for the Fund benefit for FY20, which is the 12-month period July 1, 2019 - June 30, 2020, and you would be eligible for the RMF check sent after July 1, 2020.

II. Spouse of Retiree

The Fund benefit is a retired member-only benefit; however, there is one exception. For the Fiscal Year in which you die, assuming you were in pension status for at least 5 years, your spouse will receive the benefit that was payable to you. For example, if you die in May 2020, your spouse will receive the benefit that is payable in FY21 (July 1, 2020 – June 30, 2021). But the payment will be limited to that one-time only. Note that if no spouse survives you, this one-time payment can be paid to your Estate.

BENEFIT AMOUNT

The benefit is paid annually and the reimbursement to each retiree varies depending on the total amount bargained between the Union and the City and depending on the number of retirees eligible for the benefit. The Board, with a recommendation by the Fund's accountant, retains a small percentage of the funds for operational expenses. The remainder of the annual amount available is divided equally among all retirees eligible for the benefit for the Fiscal Year.

RETROACTIVE PAYMENTS

It is your responsibility to update the Fund:

- ✓ If you move and have a new address
- ✓ If you deferred pension and have entered pension status with the City

In the event you fail to notify the Fund of these occurrences and, as a result, payments are not received for a Fiscal Year to which you would otherwise have been entitled to a benefit, the Fund will provide reimbursement for:

1. the year in which you notify the Fund that you did not receive a benefit;
and, assuming you were eligible,
2. benefit payments for the two (2) immediately preceding benefit years

FILING AN APPEAL

If your claim for benefits under the Fund is denied, in whole or in part, you have the right to appeal that decision. You should address your appeal to the Board of Trustees within sixty days of receipt of the denial. Your request must include a brief description of why you disagree with the Fund's denial. You can also submit additional documentation that supports your claim for benefits.

A Committee of three members of the Board will review your appeal and make recommendation to the full Board for a final and binding decision. You will be notified of the Board's decision as soon as administratively possible but, unless additional information is requested, generally within 120 days of receipt of your written appeal.