

What are the details of the Bronze PPO plan?

- This health plan option includes major medical and pharmacy benefit coverage. Refer to the enclosed Bronze PPO Plan Benefit Summary for details. This health plan option **does not** provide the following ancillary benefits:
 - Dental benefits
 - Accidental death and dismemberment (ADD)
 - Weekly disability benefits
 - Basic death benefit

- As a member of the Bronze PPO plan, you are eligible to receive FREE services at the Operators' Health Center located on the Countryside Campus directly across from the District 1 Union Hall and at the soon-to-open OHC in Merrillville just minutes from the District 7 Hall. ***All services covered under this health plan and performed at the OHC are FREE!***
- You may also utilize the MinuteClinics™ located in many CVS or Target retail stores. Most of the services offered at the MinuteClinics™ are free. Please note, there are some cash pay services that you will need to pay for up front which may be eligible for reimbursement under your Family Supplemental Benefit. For more information on the cash pay services, visit: <http://moefunds.com/pharmacy/>.
- The Family Supplemental Benefit (FSB) under this option is \$250.00 per Plan Year. The Family Supplemental Benefit can be used for medically necessary expenses not covered by the Bronze PPO plan (i.e. eyeglasses or hearing aids). We have partnered with a new vision vendor, EyeMed that can provide these items with deeper discounts to extend your FSB limit. You will receive a new member packet directly from EyeMed which will include your member ID card and a list of the EyeMed Advantage Network providers that are near your home.
- You will also be eligible to utilize the new Member Assistance Program through Employee Resource Systems, Inc. (ERS). ERS offers up to five free confidential counseling sessions per episode. ERS also provides a host of work/life services including but not limited to drug addition, grief, relationships, etc.

What coverage tier is available to newly eligible members?

You will be able to select Member Only, Member + 1, or Family coverage under the Bronze PPO plan. If you are selecting Member + 1 or the Family coverage tier, it is extremely important that you submit your required documents to the Fund Office to validate your dependent(s). **You have 90 days from your eligibility date to submit the required documentation to the Fund Office; on or before June 29, 2018** (see page 4 for the list of the required documents). If you fail to submit these documents timely, your dependent(s) cannot be added until next year's open enrollment period.

What is the monthly credit cost deduction for the Bronze PPO plan?

The monthly credit cost deduction from your Credit Bank will be as follows depending on the coverage tier you select:

Member Only:	584 credits
Member +1:	959 credits
Family:	1,091 credits

How does a member become eligible under the MOE Health Plan Marketplace?

The eligibility requirements under the MOE Health Plan Marketplace is the same for all active hourly members. Hourly eligible members must work 300 hours within a rolling consecutive 12-month period to be eligible for coverage under the MOE Health Plan Marketplace.

When can I start participating in the Bronze PPO plan?

If you're a new hourly member, you will become eligible the first of the month, two months after you have met the 300-hour requirement stated above.

The timing of when you can start using your credits is based on the following process:

- Your Employer reports your hours to the Fund Office during the month following the month your hours are worked.
- This is followed by a one-month Administrative Period
- You can start using your credits and your coverage under the Bronze PPO plan will begin on the first of the month after the Administrative Period.

Example 1:	Example 2:	Example 3:
May Work Hours: 100	May Work Hours: 100	May Work Hours: 50
June Work Hours: 200	June Work Hours: 100	June Work Hours: 100
July Work Hours: 0	July Work Hours: 100	July Work Hours: 100
300 Hours Received: July	300 Hours Received: August	250 Hours Received: August
Administrative Period: August	Administrative Period: September	NOT YET Eligible since total hours worked are not at least 300
Coverage Begins under the Bronze PPO: September 1	Coverage Begins under the Bronze PPO: October 1	

If you never reach 300 hours in a rolling consecutive 12-month period, you will not become eligible under the Bronze PPO plan and will not be able to use the credits deposited on your behalf.

The Fund Office will notify you when your coverage under the Bronze PPO plan will commence.

How do I enroll into the Bronze PPO plan?

Once you meet the eligibility requirements, you will be enrolled in the Bronze PPO plan but you will need to select your coverage tier (Member Only, Member + 1, Family). If you do not select a coverage tier or you do not submit your dependent's required documents within the 90 days, you will default to Member Only coverage. You will not be able to add your dependents until the next year's open enrollment period, unless you have a Life Changing Event during the current Plan Year. To add your dependents, log in to your My150 account (www.My150.com), click My PROFILE tab and then click My FAMILY.

What is My150 and why should I register?

My150 is a platform built to provide you with convenient access to important information regarding Local 150 and your fringe benefits. All members should register on My150 (www.My150.com). Once you have

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registered, you will be able to view your work hours and monitor your accumulated Credit Bank, update your profile information (i.e. add your dependents, address, email, cell phone), and pay your dues on line. **Please note:** Permit members are required to pay dues at your home district office. Enclosed is an Electronic Consent Form for you to return in the self-addressed envelope. By completing this form, you are consenting for the Fund Office to send you annual notices and disclosures to your email address in lieu of mailing to your home address.

During next year's open enrollment, you will be able to log into My150, use the Health Plan Wizard and Affordability Calculator which will be able to assist you in selecting a health plan option and/or coverage tier that is affordable and meets your family's needs. You will receive more information on the enrollment process as open enrollment for the April 1, 2019 Plan Year approaches.

What is a Life Changing Event (LCE) and how does that affect my coverage?

A life changing event includes any one of the following events:

- Marriage/divorce
- Birth/adoption
- Military service
- Disability
- Becoming eligible for Medicare
- Death
- Your eligible dependent gains/loses employment-based coverage, including state premium assistance, Medicaid or Children's Health Insurance Program (CHIP) subsidies

If you undergo a LCE, you will remain in the Bronze PPO plan but you will be able to change your coverage tier when you add or delete your dependents. You must submit the required documents outlined below within the 90 days from the date of the event.

Dependent Type	Required Documentation
Spouse	County Marriage Certificate New spouse's Social Security Card New spouse's County Birth Certificate New spouse's Employment Information, if applicable New spouse's other group Insurance Card, if applicable
Child	County Birth Certificate Social Security Card
Step-child	County Birth Certificate Social Security Card
Adopted child	Adoption letter or record showing date of adoption signed and dated by a court official Government-issued or legal document showing legal guardianship was established County Birth Certificate Social Security Card

What information will I receive regarding the Bronze PPO plan?

Enclosed with this letter is a copy of:

- MOE Health Plan Marketplace Checklist
- PPO Plan Summary Plan Description, Bronze PPO Plan Benefit Summary, CVS/caremark information
- Bronze PPO Plan Summary of Benefits and Coverage
- Important Contact Information
- My150 Welcome Kit and Instructions/Electronic Consent form
- Active Employee Death Benefit Beneficiary Designation form

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It's important to register on My150.com and to also become familiar with the Midwest Operating Engineers Fringe Benefit Funds' website (www.moefunds.com).

In separate mailings, you will receive your BlueCross Blue Shield medical ID card and a vendor ID card.

How Do I Lose Eligibility Under the Bronze PPO plan?

Your eligibility will end if you:

- Have a lapse in coverage and you use up your Credit Bank, which can happen if you do not work enough hours to cover the cost of this option
- Decide to buy coverage through the Public Health Exchange
- Die
- Start working for a non-signatory contractor (i.e., non-union)

What are my continuing coverage options when my Credit Bank is too low to continue eligibility under the Bronze PPO plan?

- If you don't work enough hours and your Credit Bank becomes too low for you to continue to be eligible, you have four options:
- **Self-Pay:** You must pay the difference between the Bronze PPO plan credit cost and the number of credits in your Credit Bank. Consecutive monthly self-payments are not allowed in the Marketplace.
- *Example*

	584	Monthly Credit Cost for Bronze PPO Member Only Coverage
-	200	Credits Remaining in Credit Bank
=	\$384	Self-Payment Amount

- **COBRA:** You can elect COBRA coverage through the Fund Office, either right away or, after making a self-payment, for coverage in subsequent months during which you do not have a sufficient Credit Bank balance. Under the COBRA program, you have the option to elect to continue coverage in the Bronze PPO plan. Note that you cannot use credits from your Credit Bank to pay for COBRA coverage.
- **Other Group Plan:** If you do not make a self-payment or elect COBRA, you may be able to obtain coverage under your spouse's employer's plan or a private insurance policy.
- **Public Health Exchange:** If you do not elect any of the options above, you can buy coverage under the Public Health Exchange. If you do so, you will forfeit any remaining credits in your Credit Bank. If you lose Fund coverage, you will have a special enrollment opportunity under the Public Health Exchange, so you will not have to wait until the Exchange's annual enrollment period. If you are eligible, you may be able to obtain a premium assistance tax credit that can be used toward the cost of the Public Health Exchange coverage.

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If I lose coverage, can I re-establish eligibility in the MOE Health Plan Marketplace?

Yes. You can re-establish eligibility by meeting the eligibility requirement of working 300 hours in a rolling consecutive 12-month period. You will again be enrolled into the Bronze PPO plan based on the appropriate coverage tier.

When will I be able to select a different health plan option and/or coverage tier?

If you do not lose coverage and continue as an active hourly member then during next year's open enrollment period (January 14, 2019 – February 28, 2019), you will have the ability to choose a different health plan option and/or coverage tier (Member Only, Member + 1, Family) that best fits your needs. If you do not actively enroll into the Marketplace during the open enrollment period, you will default back into the Bronze PPO plan based on the appropriate coverage tier.

Suppose during next year's open enrollment, I elect the Platinum PPO with Member + 1 coverage tier but my hours decrease, what are my options to continue coverage in the Marketplace?

You will be allowed a one-time "downgrade" per Plan Year to a lower credit health plan option, you can make a one-time self-payment, select COBRA either under the same plan or go to a lower-cost plan option based on the same coverage tier or move down a tier level. For this example, you could move to Member Only coverage.

By making the self-payment and/or COBRA, you will continue your eligibility under the MOE Health Plan Marketplace.

If you regain eligibility and you start coverage again in the Marketplace, you will again be enrolled into the Bronze PPO plan based on the appropriate coverage tier.

We welcome you to the Midwest Operating Engineers Local 150 family! If you have any questions pertaining to this letter and the information enclosed, please contact Kerry McMahan, Member Advocate, at (708) 579-6672.

Sincerely,

*The Board of Trustees
Midwest Operating Engineers Welfare Fund*

Enclosures