



**PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND**

6150 JOLIET ROAD, COUNTRYSIDE, IL 60525-3994 - PHONE (708) 482-7300
CLAIMS FAX (708) 482-7687 - ELIGIBILITY FAX (708) 352-3310 - PENSION FAX (708) 354-7732

JAMES M. SWEENEY, CHAIRMAN / DAVID M. SNELTEN, SECRETARY-TREASURER

**Midwest Operating Engineers Welfare Fund
Annual Notices
October 2019**

The enclosed annual notices are for informational purposes only related to the Midwest Operating Engineers Welfare Fund (the “Fund”).

Specifically, the Fund must provide you with the following information:

- **Annual Breast Reconstruction Notice** – This notice is required under the Women’s Health and Cancer Rights Act (WHCRA) and must be sent to members of group health plans that provide for mastectomy benefits. This notice provides a description of benefits under WHCRA and any deductibles and coinsurance limits applicable to such benefits.
- **Notice of Creditable Coverage** – This notice must be sent to members of group health plans that provide prescription drug coverage to Part D eligible individuals. The plan must provide written notice stating whether a group health plan’s prescription drug coverage is, on average, at least as good as standard prescription drug coverage under Medicare Part D.
- **Notice Under Section 1557 of the Affordable Care Act** - The Department of Health and Human Services (HHS), through the Office of Civil Rights (OCR), recently issued comprehensive final regulations titled Nondiscrimination in Health Programs and Activities. The regulations implement Section 1557 of the Affordable Care Act (ACA) which prohibits exclusion from participation, denial of benefits or discrimination on the basis of race, color, national origin, sex, age or disability, in certain health care programs or activities.

If you have any questions pertaining to the enclosed notices, please contact Member Services at (708) 579-6600.

Sincerely,

The Board of Trustees

Midwest Operating Engineers Welfare Fund



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ANNUAL BREAST RECONSTRUCTION NOTICE

October 2019

This annual notice is required under the federal Women's Health and Cancer Rights Act, first effective October 21, 1998. Please review this information carefully. ***This notice is provided to you for informational purposes only, no action is required on your part. Please keep this information with your other group health plan documents.***

The Plan will consider charges for the following services and supplies to be covered medical expenses when the charges are incurred by an eligible member or an eligible dependent who is receiving Plan benefits for a mastectomy, and when the person elects (in consultation with her physician) breast reconstruction in connection with the mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

Plan benefits payable for these services and supplies are subject to the Plan deductibles, co-payment percentages and maximum benefit limitations applicable to covered services for other covered medical conditions.

If you have any questions regarding this notice, please contact Member Services at (708) 579-6600.

Sincerely,

The Board of Trustees

Midwest Operating Engineers Welfare Fund

Notice of Creditable Coverage Midwest Operating Engineers Health and Welfare Fund

Important Information About Your Prescription Drug Coverage and Medicare Prescription Drug Coverage

This Notice has information about:

- The availability of Medicare Prescription Drug Coverage (Part D).
- How the Midwest Operating Engineers Health and Welfare Fund's existing prescription drug benefits for all Plan participants are, on average, at least as good as standard Medicare Prescription Drug Coverage.
- What your choices are and what happens to your coverage under the Midwest Operating Engineers Health and Welfare Fund if you elect Medicare Prescription Drug Coverage.
- Where to find more information to help you make decisions about your prescription drug coverage.

The Midwest Operating Engineers Health and Welfare Fund will continue to provide prescription drug coverage to Medicare eligible individuals for 2020. The prescription drug coverage provided by the Midwest Operating Engineers Health and Welfare Fund is creditable coverage. You do **not** need to join a Medicare prescription drug plan since you have coverage available through the Midwest Operating Engineers Health and Welfare Fund. You can keep this coverage and not pay a higher premium (penalty) if you later join a Medicare drug plan.

Read this Notice carefully as it explains the options you have under Medicare's Prescription Drug Coverage. Please keep this Notice in a safe place where you can find it.

Medicare Prescription Drug Coverage

Medicare Part D is available to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may offer more coverage for a higher monthly premium.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th through December 7th**. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. In addition, if you lose or decide to leave employer/union sponsored coverage, you will be eligible to join a Medicare drug plan at that time using an Employer Group Special Enrollment Period.

Existing Coverage as Good as Standard Medicare Prescription Drug Coverage

The Midwest Operating Engineers Health and Welfare Fund's existing prescription drug benefits are, on average, "Creditable Coverage," which means the Fund is expected to pay as much in claims for all participants (or more in some cases) as standard Medicare Prescription Drug Coverage pays.

Because your current prescription drug benefits with the Midwest Operating Engineers Health and Welfare Fund, on average, are as good as Medicare standard coverage, you can stay covered under the Plan and join a Medicare drug plan later and not be required to pay a higher premium (a penalty).

Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this Notice when you join to show whether or not you have maintained creditable coverage. This Notice verifies that you have Creditable Coverage and that you are not required to pay a higher premium (a penalty).

Your Choices and the Consequences

If you are considering joining a Medicare drug plan, you should compare your current coverage, including which medications are covered, at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Remember that for most people there is a monthly premium for Medicare Prescription Drug Coverage.

See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you **do not enroll** for Medicare Prescription Drug Coverage, you will continue to receive prescription drug benefits under the Midwest Operating Engineers Health and Welfare Fund (as long as you are otherwise eligible to continue Plan coverage). Remember that the Plan also covers medical benefits, in addition to prescription drug benefits. You will continue to be eligible to receive the Plan's medical and prescription drug benefits.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you are entitled to Medicare and drop or lose your coverage with the Midwest Operating Engineers Health and Welfare Fund and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium for Medicare Prescription Drug Coverage may be higher. The increase may be at least 1% of the Medicare base beneficiary premium for every month that you were eligible but did not have coverage. For example, if you go 19 months without creditable coverage, your monthly premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare Prescription Drug Coverage. In addition, you may have to wait until the following October to join.

For More Information about Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. To get more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the *Medicare & You* handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.socialsecurity.gov, or

- Call 1-800-772-1213 (TTY 1-800-325-0778).

For More Information about this Notice or the Fund's Prescription Drug Benefits

If you have any questions about this Notice or would like more information about your prescription drug benefits under the Midwest Operating Engineers Health and Welfare Fund, please call the Fund Office.

You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Midwest Operating Engineers Health and Welfare Fund changes. You also may request a copy of this Notice at any time by contacting the Fund Office.

Date: September 2019

Plan: Midwest Operating Engineers Health and Welfare Fund

Contact: Fund Office

Address: 6150 Joliet Road, Countryside, IL 60525-3994

Telephone Number: 708-482-7300

Benefits under the Midwest Operating Engineers Health and Welfare Fund are not vested or guaranteed. Full details of the Midwest Operating Engineers Health and Welfare Fund are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, reduce, or discontinue all or part of the Plan at any time.

Nondiscrimination Notice Under Section 1557 of the Affordable Care Act

Discrimination Is Against the Law

Midwest Operating Engineers Welfare Fund and the Midwest Operating Engineers Retiree Welfare Plan (the “Plans”) comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Each Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Each Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Mr. Thomas M. Bernstein, the Civil Rights Coordinator.

If you believe either Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Mr. Thomas M. Bernstein, Civil Rights Coordinator
Midwest Operating Engineers Fringe Benefit Funds
6150 Joliet Road
Countryside, Illinois 60525-3994
Telephone: 1-708-482-7300
Fax: 1-708-482-3056

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Mr. Thomas M. Bernstein is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Illinois/Indiana/Iowa Top Languages

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-708-482-7300.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-708-482-7300.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-708-482-7300。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-708-482-7300. 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-708-482-7300.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-708-482-7300.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-708-482-7300.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-708-482-7300.
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-708-482-7300.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-708-482-7300. पर कॉल करें।
Gujarati	વ્યાજ: જો તમે જરાતી બોલતા હો, તો અમારું મુક્ત ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-708-482-7300.
Urdu	رادرېځ: رگاپا ودر اے تلوب هے، وت پا وک نابز کی ددم کی تامدخ تقم میں تسدیبا هے۔ لاک رکی 1-708-482-7300.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-708-482-7300.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-708-482-7300.
Arabic	رکذا غللا، نإف تامدخ ءعاسملا وغللاىة رفاوتت كل ناجملا ب. لصتا مقرب. 1-708-482-7300 (مقر) . ءظوحلم: اذا تنك ءدحتت
Pennsylvania Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetszcht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-708-482-7300.
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-708-482-7300.まで、お電話にてご連絡ください。
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-708-482-7300.
Lao	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີຮັບໃຊ້ທ່ານ. ໂທ 1-708-482-7300.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-708-482-7300.
Karen	ymol.ymo;= erh>uwdRAuND AusdmtCd<AerRM>Ausdmtw>rRpXRvXAwwXmbl.vXmphRAeDwrHRb.ohM.vDRIAud; 1-708-482-7300.
Dutch	AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-708-482-7300.
Panjabi	ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-708-482-7300. 'ਤੇ ਕਾਲ ਕਰੋ।