

Gear Up for Benefit Seminars and Annual *Open Enrollment Events!*

Dear Members and Spouses,

Since the inception of the MOE Health Plan Marketplace, the Fund Office has hosted Health Fairs and Open Enrollment events. Hard to believe, but we are into our fifth year of hosting these events. The prior Health Fairs have been solely focused on updates and enhancements to the Welfare Fund, rightfully so, due to all the enhancements and changes that have been made over the last several years.

This year, we have decided to rename the Health Fairs as **Benefit Seminars** and incorporate important updates and reminders on all the fringe benefits offered by Local 150. Not only do we want you to become informed health care consumers, but also *informed members of Local 150!*

In addition, last year we did not have a big turnout at our **Open Enrollment events**. This could have been a result of the polar vortex and members not wanting to leave the warmth of their homes, members having a better understanding and being accustomed to completing the enrollment process on their own, or the licensed BlueCross BlueShield (BCBS) of Illinois navigators being able to complete the enrollment process on behalf of the members. So, this year we decided to hold some Open Enrollment events on Thursday night prior to the District Office meetings. Our hope is that these event dates will be more convenient for the members. Please note, we are still encouraging spouses to attend both the Benefit Seminars and Open Enrollment events.

WHY ATTEND A BENEFIT SEMINAR?

The purpose of the Benefit Seminars is to

provide important updates and reminders on all the fringe benefits offered by Local 150. The Fund Office will present to members and spouses the following information:

- Updates on the health plan options costs
- Update on the retiree subsidy percentage
- Enhancements to health plan options, where applicable
- Reminder on the importance of registering on My150 and discussion of future My150 enhancements
- Additional information and reminders regarding other Local 150 fringe benefits

Immediately following the presentation, there will be a Q&A session. Flu shots will also be available. When registering (<https://tinyurl.com/MOEBenSeminars2020>) for one of the remaining events, please indicate if you want a FREE flu shot.

Doors will open at 8:15 a.m., and the presentation will begin promptly at 9 a.m. Due to the content of the presentation, please make alternative child-care arrangements, if necessary. The remaining Benefit Seminar dates are as follows:

- November 23, 2019—District 1 Union Hall, 6200 Joliet Road, Countryside, IL 60525
- December 7, 2019—District 5 Union Hall, 740 East Route 6, Utica, IL 61373

Vendors will be available from 8:15 to 9 a.m. and after the presentation to answer any questions that you may have regarding the benefits that they provide for our members.

ANNUAL OPEN ENROLLMENT EVENTS

Annual Open Enrollment will take place from January 13 through February 29, 2020. As you know, during the Open Enrollment period, you are afforded the

opportunity to review all the health plan options and choose an option that best suits your family's needs. This is also the time that you can review your dependents and add or remove dependents, where applicable, and then choose the most appropriate coverage tier (Member Only, Member + 1, or Family). Please note, the Member + 1 coverage tier will allow coverage for you and one additional eligible dependent, such as your child or spouse. Also, during Open Enrollment, if you are an hourly member and age 55 (or older) or will be age 55 as of March 31, 2021, you are eligible to transfer credits from your Credit Bank to your Retiree Medical Savings Plan (RMSP) account. Finally, we will also introduce members to the My150 My Beneficiaries page. This is the landing page that will allow members the opportunity to select a beneficiary for each applicable fringe benefit.

If you are eligible to transfer credits, it is extremely important that you please consider the following questions prior to completing the transaction:

- Am I going to retire during the April 1, 2020–March 31, 2021 Plan Year?
- What are my projected work hours for the April 1, 2020–March 31, 2021 Plan Year?
- If I am currently on short-term disability, what are my chances for complete recovery and returning to work?

Please note, once you complete the transaction to transfer credits, you are unable to move them back to your Credit Bank.

Therefore, if you are contemplating retirement and need assistance in choosing

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Carbs Count

WHEN CONTROLLING DIABETES



MANAGING DIABETES REQUIRES MAKING SMART CHOICES about what you eat and drink. Counting carbohydrates (“carbs”) is one way to do that.

To count carbs, add up all the carbs you consume. Work with your diabetes care team to create a target range for meals and snacks. Staying within that goal helps manage your blood sugar levels, which cuts your risk for heart disease, stroke, kidney disease, and circulation and vision problems. If you take insulin, it may also help you decide how much to take.

WHY EVERY CARB COUNTS

When consumed, carbs turn into blood sugar, so carb-rich foods affect your blood sugar levels more than others. Foods and beverages that contain carbs include:

- Breads and rice
- Starchy vegetables
- Fruits
- Legumes
- Dairy products
- Sweets
- Sugary drinks

The amount of carbs you need depends on your weight, activity level, and diabetes medications. A professional can help set your goal.

LOOK AT THE LABEL

To count carbs, read the food label to determine how many servings you’re consuming and how many carbs are in each serving. Adjust your meal if needed.

Although it may take time to learn how to count carbs, the payoff is worth it.



Low
Sugar

(recipe)

Chocolate Peppermint Meringue Cookies

- 2 large egg whites
- ½ tsp. white vinegar
- ¼ tsp. cream of tartar
- 1 tbsp. unsweetened cocoa powder
- 2 tbsp. honey
- ¼ tsp. peppermint extract
- ¼ tsp. vanilla extract
- ½ tsp. decorative white sugar

Line two large cookie sheets with silicone liner or parchment paper and preheat oven to 250 degrees. In a large glass or metal bowl, use an electric mixer fitted with a balloon whisk attachment to whisk egg whites, vinegar, and cream of tartar on high speed for about two minutes or until soft peaks start to form. Add cocoa powder and continue to whisk on high for one minute. Then add honey, peppermint extract, and vanilla extract and continue whisking on high until shiny, hard peaks form. (Hard peaks hold their shape when you turn the mixer attachment upside down.) Scoop mixture into a pastry bag fitted with a star attachment or into a plastic bag in which the corner has been cut off. Hold your hand steady and squeeze mixture onto cookie sheet for one or two seconds, just enough to create stars the size of quarters. Sprinkle decorative sugar onto stars. Bake for 40 to 45 minutes, then let cool for one hour.

Serves nine or 10. A serving is 10 cookies. Each serving provides about 19 calories, 0 g total fat (0 g saturated fat, 0 g trans fat), 0 mg cholesterol, 11 mg sodium, 4 g carbohydrates, 0 g fiber, 4 g sugar, and 1 g protein.

How to Help Someone Having a Seizure

Know what to do if someone you know has a seizure.



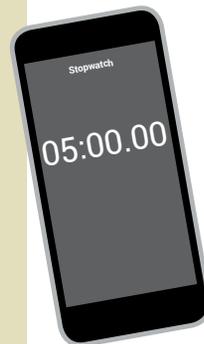
Do:

- ✓ Stay with the person until the seizure is over
- ✓ Remain calm
- ✓ Help them sit or lie down
- ✓ Place a soft object under their head (if they're lying down)
- ✓ Turn them on their side (if they're lying down)
- ✓ Move sharp objects out of the way
- ✓ Time the seizure



Don't:

- ✗ Hold them down or stop their movements
- ✗ Put anything in their mouth
- ✗ Attempt CPR
- ✗ Give them food or water



Call 911 If:

- The seizure lasts more than five minutes
- The person has trouble breathing after the seizure
- The person appears injured
- They ask for medical help

(health bits)

Obesity is a major risk factor for heart disease, but only about half of those at risk consider it a health hazard. That was just one of the eye-opening findings of a study of more than 3,000 patients published in the journal *Obesity*. Another? More than 70 percent of study participants do not discuss weight loss with a doctor because they consider it their responsibility alone. For your heart's sake, if you are overweight, talk with your primary care physician about ways to address the problem.

Depression affects roughly 15.7 million adults in the United States. While medication can help, especially for severe depression, there are other forms of evidence-based treatment you may consider either alone or in combination with medication, like cognitive behavioral therapy (CBT). CBT helps people identify the negative thoughts and behavior patterns that reinforce their depression, then change those beliefs and behaviors in ways that ease their symptoms.

Hourly Members of the MOE Health Plan Marketplace

As the season is winding down and the equipment is being stored away, be sure you are keeping an eye on your Credit Bank. Log in to your My150 account (www.My150.com) and click on your My HOURS tab to ensure your hours are being reported correctly and timely. If you notice that your employer has not reported hours, or hours are reported incorrectly, please contact the Accounts Receivable Department at 708-579-6620 to submit your check stubs.

If you are worried about maintaining eligibility, don't forget that you have a one-time self-payment per eligibility period. The self-payment is based on the difference of your monthly credit cost deduction and the remaining credits in your Credit Bank. For example, suppose you are in the Operators' Health Center (OHC) Plan with Family coverage, the monthly credit cost deduction is 1,461 credits. Further suppose, your remaining Credit Bank is only 984 credits. To maintain your eligibility in the Marketplace, you can make a one-time self-payment of 477, which is the difference between the monthly credit cost deduction and your remaining Credit Bank (1,461 - 984).

In addition, you also have a one-time downgrade option per the 2019/2020 Plan Year. The downgrade option allows you to select a lower-costing health plan option to help extend your Credit Bank. However, you must keep the same coverage tier. This option is not applicable for those members who are currently in the Bronze PPO Plan. For example, if you are in the Platinum PPO Plan with Member Only coverage (1,241 credits/month), you could downgrade to one of the following health plan options:

EPO (Modified HMO) with Member Only coverage:	1,224 monthly credit cost deduction
Gold PPO with Member Only coverage:	1,141 monthly credit cost deduction
Silver PPO with Member Only coverage:	1,073 monthly credit cost deduction
Bronze PPO with Member Only coverage:	626 monthly credit cost deduction

If you choose to downgrade for the remainder of the 2019/2020 Plan Year (ending March 31, 2020), don't forget you will have the opportunity to change your health plan option during the Open Enrollment period.

Benefit Seminars and Annual Open Enrollment Events (continued from page 1)

a health plan option and/or transferring credits, please consider making a scheduled appointment and attending one of the Open Enrollment events as noted below:

- Thursday, January 16, 2020, 3 p.m. to 7 p.m. (last appointment taken at 6:30 p.m.)
 - District 5 Union Hall—740 East Route 6, Utica, IL 61373
- Saturday, January 18, 2020, 9 a.m. to 2 p.m. (last appointment taken at 1:30 p.m.)
 - District 1 Union Hall—6200 Joliet Road, Countryside, IL 60525
- Thursday, February 13, 2020, 3 p.m. to 7 p.m. (last appointment taken at 6:30 p.m.)
 - District 7 Union Hall—2193 West 84th Place, Merrillville, IN 46410
 - District 8 Union Hall—3511 78th Ave. West, Rock Island, IL 61201

During your scheduled appointment, you will meet a navigator from the Fund Office staff. They will explain all the different health plan options, use the Health Plan Wizard to narrow down the options, and if you are an hourly member, use the Affordability Calculator to see the impact on your Credit Bank. They can explain how the EPO Plan (modified HMO) and the Operators' Health Center (OHC) Plan work and the **importance of staying in-network**, especially for these two health plan options.

ADDITIONAL RESOURCES DURING OPEN ENROLLMENT

If you are unable to schedule an appointment for one of the Open Enrollment events, you will have the following resources available:

- We will again partner with BCBS of Illinois, and a licensed navigator can assist with enrolling you into a health plan option and/or transferring credits, if eligible.
- You can always make an appointment to come into the Fund Office and meet with a Member Services Representative to assist with selecting a health plan option, and/or a staff member from the Retirement Services Department to assist with transferring credits to your RMSP account, if eligible.
- If you are happy with your health plan option, you can simply log in to your My150 account (www.My150.com) and, on the Home page, click "Keep Current Plan," and the health plan option that you currently have will carry over for the new Plan Year (April 1, 2020, through March 31, 2021).

MORE TO COME

Be on the lookout for your Open Enrollment guide, which will be mailed during January 2020. Information on how to schedule an appointment will be provided in the guide. It is critical that you keep your address and contact information up-to-date. Please log in to your My150 account to confirm and/or edit your current "Profile" information.

We look forward to seeing you and your spouse at these upcoming events! Remember, Open Enrollment is from January 13, 2020, through February 29, 2020, and the health plan option selection will be for coverage extending from April 1, 2020, through March 31, 2021.

NOTE TO RETIREES WHO ARE CURRENTLY RUNNING OUT THEIR ACTIVE CREDIT BANK

If you still have a remaining Credit Bank as of the start of Open Enrollment, you can log in to your My150 account (www.My150.com) and transfer these remaining credits to your RMSP account. If you are eligible for the Retiree Welfare Plan (RWP), this will allow you to transfer to the RWP sooner.

One misconception members have is that if they retire and never transferred credits, they will lose them. This is not the case; you will continue to use your credits on the Active Plan until they run out. If you make it to the next Open Enrollment period (as mentioned in the prior paragraph), you may transfer any remaining credits at that time. The only time a member loses credits is when he goes non-union or if he chooses not to make the one-time active self-payment to remain eligible for coverage under the active Welfare Plan.



Pharmacy Advocate's Corner

OPTUMRX UTILIZATION MANAGEMENT STEP THERAPY PROGRAM EFFECTIVE JANUARY 1, 2020

Our partnership with OptumRx has guaranteed the Local 150 over \$50M in savings over the next three years. With this partnership, we have the opportunity to implement a new Utilization Management Step Therapy program effective January 1, 2020. **This program is not being implemented across all drug classes, only for a few recommended groups of medications.**

WHAT IS STEP THERAPY?

Most medical conditions have many prescription medication treatment options. Although their clinical effectiveness may be the same, the cost can be very different. The Step Therapy program gives you the treatment you need, at the most effective cost. With this program, you must try the recommended Step 1 medication first, before a Step 2 medication can be covered. Most physicians understand this program and generally prescribe the most cost-effective medication to start. As a

result, today very few of our members are utilizing Step 2 medications.

Over the next few months, the Pharmacy Benefit Department will be reviewing individuals who are currently using Step 2 medications. If you are using a Step 2 medication, we will review your prescription history and determine if you have already met the Step Therapy requirements. If you have, then you will continue filling your medication as usual. However, if you have not met Step 1 requirements, we will send you a letter (and fax a copy to your physician) informing you of the Step 1 requirements. Next, we will call you to answer any questions you may have. **Please note** our system only goes back so far, so if you receive a letter and know that you have tried and failed one of the Step 1 medications listed OR if your physician indicates that it is medically necessary for you to continue taking the Step 2 medication, please have your physician submit a Prior Authorization to OptumRx for refills on/after January 1, 2020.

Mail Order Clarification

Under the plan, you can fill two 30-day supplies of a maintenance medication at any in-network pharmacy. When you refill that prescription for a third time, it will reject and will require you to fill a 90-day supply at a CVS store or through the Optum Home Delivery mail system. **It is not mandatory to use Optum Home Delivery; it is just an option you may find is more convenient.** Previously, the rejection message that popped up at the pharmacy at the point of sale was misinterpreted by the pharmacy staff, so we have updated the message to be clear in regard to the Optum Home Delivery option. I apologize if you have been told by your local pharmacy that Optum Home Delivery is mandatory, or if you transitioned to home delivery due to the information that the pharmacy staff gave you. There is no need to stick with home delivery if that is not your preference, so you can ask your physician to send a 90-day prescription to your local CVS going forward. If you are enrolled in automatic refills with Home Delivery and you decide to transition back to your local CVS store, make sure you contact OptumRx Customer Service at **855-697-9150** to have the automatic refill turned off.

As always, if you have any questions regarding the Prescription Drug Program, please call the Pharmacy Benefit Department at **708-387-8331**.

Your Pharmacy Advocate,
Tracy Biela



NEW CASE MANAGER: VALENZ CARE (REPLACING MCM)

Effective November 1, 2019, we have partnered with Valenz Care as the Fund Office's new Case Manager. It is extremely important to contact Valenz Care before receiving any of the below care (please note, this is not a complete list):

- Planned inpatient admissions to a hospital
- Planned inpatient surgery
- Skilled nursing and long-term acute care admissions
- Durable medical equipment
- Home health
- Outpatient surgery in a hospital or surgical facility
- Physical therapy, occupational therapy, and speech therapy
- Managed mental health and substance abuse services

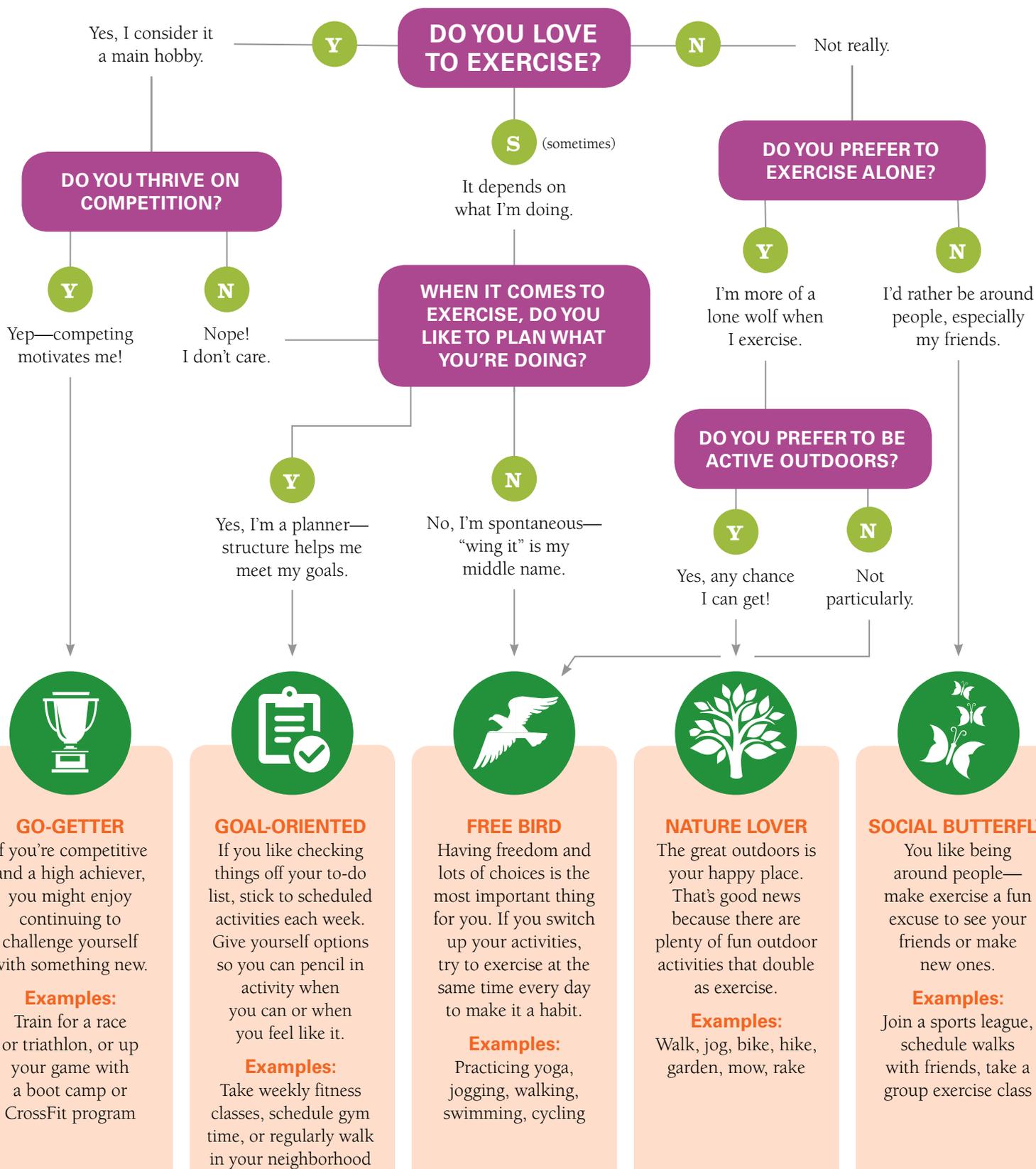
Valenz Care will also provide Case Management services to you and your family. Their specialized Case Management Nurses can assist you and your family with coordination of medical issues related to transplant coordination, oncology, medical rehabilitation, and neonatology, as well as other complex care coordination for you and your family members.

For convenience, Valenz Care has the same phone number (**855-298-0493**) as our previous Case Management service. For more information, visit their website at www.valenzhealth.com.



What's Your Fitness Personality?

It's important to stay active in ways that appeal to you or you're likely to give up. And the best type of physical activity is the one you'll keep doing. Use this flowchart to help you discover which activities were made for you.



4 Ways to Improve Your Workout and the Environment at the Same Time

THE ENVIRONMENT IS PROBABLY THE LAST THING ON YOUR MIND WHEN HITTING THE TREADMILL. BUT YOU CAN MAKE A DIFFERENCE—even with your workout. Small changes to your exercise routine can help you get a better workout while going green at the same time. It's a win-win.

As if the endorphins weren't enough, these changes will leave you feeling even better after a sweat session.

1. GET OUTSIDE

Take your workout outdoors—and help keep it clean at the same time. Volunteer for park or beach cleanups in your area. You'll get your body moving in ways that may be different from your typical workout routine, spend time outside, and help the environment. You can find park cleanup programs and Adopt-a-Beach programs at:

- www.volunteer.gov
- www.nps.gov (National Park Service)
- Your local parks and recreation department



2. WALK MORE

Walking, running, and biking are great workouts with a small carbon footprint. If you typically drive to the gym, leaving your car at home can increase your activity time while decreasing your impact on the planet. Try walking, running, or riding your bike to the gym.

If you need to drive to the gym, use these tips to make the trip a little greener:

- Carpool with friends
- Complete other errands near your gym instead of making multiple trips
- Take public transportation



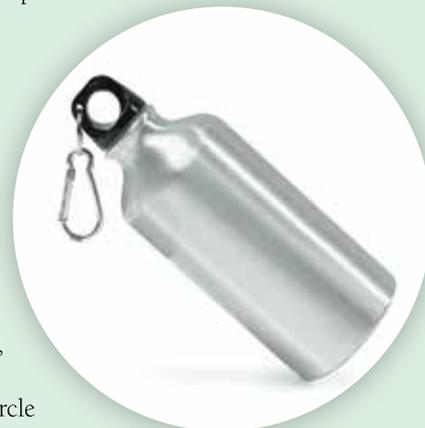
3. RECYCLE YOUR GEAR

Having the right gear can help keep your body safe while exercising. That means replacing running shoes, yoga mats, and other items when they wear out. Getting rid of old gym shoes isn't just good for your feet—it can be good for the earth, too. Instead of tossing old workout products, find programs that resell, donate, or recycle them. For example, www.planetaid.org and www.nike.org tell you where to take old shoes, www.yogafoster.org/mat-drive is a good place to find locations to donate old yoga mats, and www.pickupplease.org collects various sports equipment.



4. REUSE YOUR WATER BOTTLE

Drinking enough water is an important part of any workout. But to stay hydrated and reduce waste at the same time, ditch the plastic bottle. Each week, Americans buy enough plastic water bottles to circle the earth five times. Get into the habit of carrying a reusable water bottle with you. That way, you'll always have water on hand, making it easy to stay hydrated without the extra waste.





MIDWEST OPERATING ENGINEERS
FRINGE BENEFIT FUNDS

MIDWEST OPERATING ENGINEERS
6150 JOLIET ROAD
COUNTRYSIDE, IL 60525



6282M

PRSR STD
U.S. POSTAGE
PAID
LONG PRAIRIE, MN
PERMIT NO. 372

Important Information

- > For Valenz Care, Case Manager, call **855-298-0493** or learn more at www.valenzhealth.com.
- > For ATI Physical Therapy, call **833-ATI-0001** or visit www.ATIpt.com/**MOE** to locate a facility near you.
- > To locate a Blue Cross Medical PPO provider, call **800-810-BLUE (2583)** or visit www.bcbsil.com.
- > For mental health and substance abuse, Member Assistance Program (MAP), and work-life services, call ERS at **855-374-1674** or visit www.ers-eap.com (Username: MOE and Password: MAP).
- > To locate a dental provider, call Delta Dental of Illinois at **800-323-1743** or visit www.deltadentalil.com.
- > For OptumRx's Customer Call Center, call **855-697-9150 (855-MYRX150)**.
- > To confirm eligibility, obtain benefit information, or inquire about a claim, call the Fund Office at **708-579-6600**.
- > For questions about your pension benefits or for assistance applying for benefits, call the Retirement Services Group at **708-579-6630**.
- > To make an appointment at the Operators' Health Center, call Countryside, IL (**708-485-2273**) or Merrillville, IN (**219-525-1150**).
- > To locate a provider in the EyeMed Advantage Network, call **866-393-3401** or visit www.eyemed.com. Be sure to select the Advantage Network in the locator search. For discounts on hearing aids, call Amplifon at **888-407-7177**.

Member Advocate's Corner



Dear Members and Families,

Health care is becoming more and more intricate. Patients are expected to actively participate in making treatment decisions, to learn as much as possible about their health, to responsibly take part in managing their chronic health conditions, and to know what their medical benefits cover before they start using them. This is especially important when a patient is going through diagnostic testing, such as laboratory or radiology procedures. Most diagnostic testing is covered under your medical benefits; however, this is not always the case for genetic testing.

You may be asking yourself, "What is genetic testing?" Genetic testing is a type of medical test that looks for changes in chromosomes, genes, or proteins in a patient. The results of genetic testing can either confirm or rule out a suspected genetic condition, help determine a patient's chance of developing or passing on a genetic disorder, or be used to help determine a patient's course of treatment.

Regardless of the plan of benefits that you are covered under (active or retired), the medical benefit specifically excludes the coverage of genetic testing. There are a few exceptions to this exclusion. The active and retiree plan has an exception for coverage of Oncotype DX testing (used to determine chemotherapy treatment of breast cancer) and HLA testing (used to match a transplant recipient with a compatible donor). For these two genetic tests to be considered under the medical benefit, the testing must be determined to be medically necessary by the Fund Office's Case Manager, Valenz Care. Under the Affordable Care Act (ACA), the active plan is also required to cover BRCA

genetic testing for women who meet a certain criterion. BRCA testing must be pre-approved through Valenz Care, and the testing must be completed by an in-network provider to be covered under the medical benefit.

Genetic testing can be expensive, and even though most genetic testing is not covered under your medical benefits, you still might have a coverage option available. If your plan of benefits includes the Family Supplemental Benefit (FSB), you may be able to use these benefits to get reimbursement for your genetic testing services. For the services to be eligible for reimbursement under FSB, Valenz Care must certify the genetic test as medically necessary. To submit genetic testing expenses for reimbursement under FSB, you would need to submit an itemized bill, proof of payment, all medical records from the ordering physician to support the need for the test, the results of the test, and a completed FSB claim form. To avoid any issues or delay in coverage, we recommend you have your physician send in a medical necessity review to Valenz Care *prior* to receiving any genetic testing services. This will let you know up front if the services will be eligible for reimbursement prior to having the test.

As always, if you have any questions or need further assistance, please contact either Valenz Care at **855-298-0493** or the Member Services department at **708-579-6600**.

Respectfully yours,
Kerry McMahon
Member Advocate