

Important Information Regarding Your Fringe Benefit Funds

The information provided in this document is of general nature only and does not replace or alter the official rules and policies contained in the official Plan Documents (including amendments) that legally govern the terms and operations of the Midwest Operating Engineers Welfare Fund. If this publication differs in any way from the official Plan Documents, the official Plan Documents will always govern. The Board of Trustees have the right to modify the Midwest Operating Engineers Welfare Fund at any time. [2021 Edition]

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REMINDERS for all Active and Eligible Retired Members

Temporary Closure of the Fund Office

As a reminder, the Fund Office remains closed to outside visitors and vendors **except for** the following individuals:

- Patients that have in-person appointments with the Countryside Operators' Health Center
- Members that have scheduled an in-person meeting with the Retirement Services Group to seek assistance with completing their retirement application packet
 - No walk-in appointment will be allowed
 - For retirement planning services, **you may only schedule a phone consultation** with the Retirement Services Group. No in-person appointments will be held.

We appreciate your patience during the pandemic as we continue to monitor the safety of our members, the Operators' Health Center staff, and the Fund Office staff.

Your Contact Information

It is incredibly important for you to register on My150 (www.My150.com). By having your correct email information, the allows the Fund Office to send you important information much more effectively and efficiently while saving the fringe benefit funds money on postage and supplies. In addition, you can update your mailing address that will be disseminated to the Fund Office, Dispatch, and the District Offices. The Fund Office receives a lot of returned mail. This time of year, it's extremely important for you to ensure that your contact/profile information is correct (i.e. open enrollment information, Vacation Savings Fund checks, new Prescription Drug Program for Medicare eligible retirees of the Retiree Welfare Plan known as RWP Medicare PDP, etc.).

If you require any assistance with updating your contact information, please call Member Services at 708- 579-6600.

My150 Enhancements

Please take advantage of the following enhancements to your My150 account, where applicable:

- Making your self-payments or COBRA payments
- Updating your Beneficiary designations through your My150 account.
 - The only exceptions are as follows: (1) the Retirement Enhancement Fund (REF). [Refer to the REF section below](#) for more information and(2) if you are a retired member of the Midwest Operating Engineers Pension Plan and met the eligibility requirements for the \$10,000 Post-Retirement Lump Sum Death Benefit, you must contact the Retirement Services Group at 708-579-6600 to request a form to update your beneficiary for this benefit.
- If you need to submit required documents relating to adding or removing dependents, you can now complete this task by uploading them through your My150 account. To select your appropriate coverage tier, the Fund Office must validate your eligible dependents. You can complete this task if you are a newly eligible member, you are re-establishing your eligibility, or if you have a Life Changing Event. If you need assistance, you can contact Member Services at 708-579-6600.
- Be on the lookout for more information regarding the My150 app...Coming Soon!!

Open Enrollment for the Welfare Fund (Hourly Marketplace, Monthly Owner-Operator/Relative Shareholder, 3-tier Municipality)

Open Enrollment Information

The open enrollment period is from January 18 – February 28, 2021. The health plan option selection that you make will be for coverage beginning for the upcoming Plan Year, April 1 - March 31, 2022. During open enrollment, you are able to:

- Select a new health plan option or retain the same health plan option
- Select your coverage tier (Member Only, Member + 1, Family)
- You can dis-enroll dependents from your health plan
- You can add dependents to your health plan
- If you are an hourly member of the MOE Health Plan Marketplace, you can transfer credits from your Credit Bank to your Retiree Medical Saving Plan (RMSP) account, if eligible

If you are eligible for open enrollment, you will be receiving your open enrollment packet in early January 2021. **Please be on the lookout for this information as it is time sensitive.** Included in this packet will be the open enrollment dates, registration information, checklist, open enrollment guide.

Open Enrollment Dates

The Fund Office staff will be visiting select District Offices to meet with members and assist them will enrolling into a health plan option for coverage to begin April 1, 2021.

The **tentative** open enrollment event dates are as follows:

Tentative Open Enrollment Events			
Location	District 1 Union Hall	District 5 Union Hall	District 7 Union Hall
Date	Saturday, 1/23/2021	Saturday, 1/30/2021	Saturday, 2/6/2021
Time	9 a.m. – 2 p.m. (last appointment will be at 1:30 p.m.)		

Please Note: For updated information, continue to review www.moefunds.com.

For first year Apprentices, if you are unable to attend one of the above events, there will be a mandatory open enrollment event tentatively scheduled for Friday, February 5, 2021 from 9 a.m. – Noon and will be held at the training site —Be on the lookout for more information.

New Benefit Design and Expansion of the Operators' Health Center (OHC) Plan Network Important Updates – PLEASE READ

Recap of the OHC Plan

When the Trustees first considered providing a Plan of this nature, the goal was to ensure great services which were accessible and cost effective. Therefore, the Plan details were outlined as follows:

- The OHC Plan is a customized network.
- **By using the customized network, members pay nothing!** No deductibles, no co-insurance/co-payments. In other words, you receive all covered services for free, as long as you use the customized network.
- The monthly credit cost deductions are significantly less than Plan A PPO. The OHC Plan cost is approximately 15% less than Plan A PPO.

The current OHC Plan design has steep penalties for those individuals who use out-of-network providers. Some areas do not have adequate coverage for certain specialty services such as dermatology, behavioral health, and certain pediatric services. Members may be forced to travel significant distances and wait several weeks to schedule an available appointment with an in-network provider to receive free services. In many cases, out-of-network providers for these specialty services are closer and may have more availability than in-network providers. Therefore, members decide to seek services with an out-of-network provider but then they are faced with the large out-of-network deductible plus a 50% co-insurance on a negotiated rate referred to as Value-Based Pricing (VBP). ***For all these reasons, the OHC Plan has been re-designed.***

Therefore, effective April 1, 2021, for those eligible active members that can select the Operators' Health Center (OHC) Plan as a health plan option, the Welfare Fund Board of Trustees are pleased to announce a **new plan design**.

Deductible and Out-of-Pocket Limits	Current OHC Plan Design Ends March 31, 2021		New OHC Plan Design Effective April 1, 2021	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$0	\$4,000	\$0	\$300
Family Deductible	\$0	\$10,000	\$0	\$700
Individual Out-of-Pocket Limit	\$2,500	\$8,000	\$2,500	\$2,500
Family Out-of-Pocket Limit	\$6,000	\$16,000	\$6,000	\$6,000
Services Considered At	100%	50% of VBP ⁽¹⁾	100%	70% of VBP ⁽¹⁾

⁽¹⁾ VBP is a transparent way of determining how much a provider or facility will be paid for certain services received outside of the network. It works by reimbursing the provider or facility based on a reference price. Because it is fully transparent and based on costs, the end result is a price that is fair to both the provider or facility and the patient.

The following is an example for illustrative purposes only. If you use an out-of-network provider, the provider may balance bill you for the service rendered. In situations like this, you will need to contact the Patient Advocacy Center (PAC) at 888-837-2237. The PAC will be responsible for negotiating the VBP with the provider.

Example: The VBP is based on the cost Medicare would pay for a service plus a negotiated percentage. In this example, the VBP would be the Medicare allowable expense plus 160%. If you have an out-of-network doctor's visit and Medicare pays \$50 for that visit, the VBP would be \$80 (\$50 x 1.60). Under the current OHC Plan design, you would first be responsible for meeting the out-of-network deductible of \$4,000. Once you met the deductible, you would be responsible for paying 50% of the out-of-network VBP or \$40 (50% x \$80). Your total out-of-pocket expenses would be \$4,040 (\$4,000 out-of-network individual deductible + \$40 copayment).

Under the New OHC Plan design, you would be responsible for meeting the out-of-network deductible of \$300 and then you would be responsible for paying only 30% of the out-of-network VBP or \$24 (30% x \$80). Your total out-of-pocket expenses would be only be \$324 (\$300 out-of-network individual deductible + \$24 copayment). Based on the new OHC Plan design, there is a savings of \$3,716 as a result of the lesser deductible and the increased co-insurance that the plan will pay for services.

Also, effective April 1, 2021, the OHC Plan network will be expanding to include Northwest Indiana by adding both Community Hospital system and Methodist Hospital system. Members who are eligible to enroll into the OHC Plan, for coverage beginning on April 1, 2021, will now have access to in-network providers at:

- Both OHC locations; Countryside and Merrillville. Both locations can also perform DOT physicals and the Merrillville location also provides on-site physical therapy services
- HST Care Connect Network for providers/facilities at:
 - Advocate Healthcare System, including Advocate Clinics at Walgreens
 - Community Hospital system
 - Methodist Hospital system
- Covered services received at the following preferred vendors will be paid at 100%: MinuteClinic's (there are some cash pay services but most services are FREE), ATI Physical Therapy, [Absolute Solutions](#), [Activate Healthcare at a future date to be determined](#)
- Use EyeMed to receive a free eye exam per Plan Year and discounts on vision wear; receive reimbursement under your Family Supplemental Benefit
- Use Delta Dental of IL to receive dental services that will be considered in-network
- The certification program through Valenz, the Fund's Case Manager remains the same

Please Note: The monthly credit cost deductions will be the same for both Illinois and Indiana residents. *More information regarding the details of the new OHC Plan design and expanded network will be outlined in your open enrollment packet.*

Hourly Active Members of the MOE Health Plan Marketplace

Updated Monthly Credit Cost Deductions Effective April 1, 2021 through March 31, 2022

The updated monthly credit cost deductions are shown below. The updated rates are based on a 3.25% increase.

Updated Monthly Credit Cost Deductions for the MOE Health Plan Marketplace Effective April 1, 2021							
Health Plan Option	OHC Plan	Plan A	Platinum	EPO (modified HMO)	Gold	Silver	Bronze
Updated Rates							
Family	1,538	1,810	1,727	1,703	1,585	1,491	1,232
Member + 1	1,353	1,590	1,518	1,495	1,392	1,310	1,083
Member Only	1,166	1,371	1,307	1,289	1,202	1,130	660
Current Rates							
Family	1,490	1,753	1,673	1,649	1,535	1,444	1,193
Member + 1	1,310	1,540	1,470	1,448	1,348	1,269	1,049
Member Only	1,129	1,328	1,266	1,248	1,164	1,094	639

Retiree Subsidy Effective April 1, 2021 through March 31, 2022

We are pleased to announce that the retiree subsidy will remain at 20% for the upcoming Plan Year. This has been the same rate since the 2019/2020 Plan Year.

Example:

If you fall under the Heavy Highway contract, your current hourly Employer contribution rate is \$16.50. Therefore, to determine the cost of a credit, you will need to remove the retiree subsidy.

Employer Contribution Rate:	\$16.50
Less Retiree Subsidy (16.50 x .20):	<u>(3.30)</u>
Credit Cost Per Hour Worked:	13.20/hour

If you would like to remain under the Family Plan A health plan option, to maintain this coverage you would need to work approximately 1,646 hours $[(1,810 \text{ plan cost}/13.20 \text{ credit cost}) \times 12]$ per Plan Year. Any hours worked above 1,646 will add a surplus of credits to your Credit Bank.

If you are required to be in the Bronze PPO plan with Member Only coverage, to maintain this coverage you would need to work approximately 600 hours $[(660/13.20) \times 12]$ per Plan Year. Any hours worked above 600 will add a surplus of credits to your Credit Bank.

Downgrade Option

Recall, earlier this Plan Year, the Welfare Fund Board of Trustees had granted an additional downgrade. Typically, a member is allowed only one downgrade option, for any reason. However, due to the pandemic, the Trustees granted two downgrades through the remainder of the 2020/2021 Plan Year. If you would like to take advantage of this option, you have until February 28, 2021 to downgrade. In addition, if you elect the downgrade option, you must downgrade by the end of the month for it to go into effect on the first of the following month. If you have any questions, please call Member Services at 708-579-6600.

Please Note: By using the downgrade option, you are electing to go from a higher credit costing plan to a lower credit costing plan. The lowest credit costing plan is the Bronze PPO Plan. You are not allowed to change your coverage tier when using the downgrade option. In addition, your deductibles, if applicable, and out-of-pocket maximums will be transferred to the downgrade option.

Example: To use the downgrade option, if you are currently under the Plan A Family health plan option, you can elect any of the other six health plan options but you have to remain under the Family coverage tier. If you have met your individual Plan A deductible of \$300, this amount will be transferred over to the Gold PPO deductible. However, you will still need to meet the remaining amount of the individual Gold PPO deductible of \$700 (\$1,000 individual Gold PPO deductible - \$300 individual Plan A deductible) before the co-insurance is initiated.

If you are currently under the Gold PPO Plan Member Only coverage, then you can downgrade to the OHC Plan, Silver PPO Plan, or the Bronze PPO Plan but you will remain under Member Only coverage tier.

The only time you can change your coverage tier is either during the open enrollment period or when you have a life changing event.

Subsidized Self-Payments

Typically, a member is allowed only one self-payment per eligibility period. However, due to the pandemic, the Trustees granted a total of four self-payments through the remainder of the 2020/2021 Plan Year. In addition, the Trustees granted a subsidy of \$400 to pay toward each of these four self-payments. Certain criteria must be met for you to qualify for the four subsidized self-payments. Please remember, it is important to maintain your Welfare Fund coverage. If you do not maintain your coverage, you will need to re-establish your coverage and you will be automatically enrolled into the Bronze PPO health plan option. Also, if you lose your coverage, this may affect your eligibility for the Retiree Welfare Plan if you are considering retirement in the near future. If you have any questions, please call Member Services at 708-579-6600.

Transferring Credits to Your Retiree Medical Savings Plan (RMSP) Account

For those members that are already age 55 or will turn age 55 by March 31, 2022, you will receive a detailed letter in mid-December regarding the transfer of credits from your Credit Bank to your RMSP account. The Welfare Fund Board of Trustees recently approved that the maximum amount of credits to transfer will only withhold a maximum of two months of credits (February/March). Previously, as an additional safety net, credits for April coverage was also withheld.

Example:

Suppose John Dozer is set to retire April 1, 2021 and is currently enrolled in Family Plan A at a cost of 1,753 credits per month. John has a total of 35,000 credits in his Credit Bank. Recall, a member can only transfer credits during the open enrollment period prior to his retirement date. In this example, John should transfer as many credits as possible during January 18 – February 28, 2021. If on January 18th, John logs in to his My150 account he would be able to transfer 31,494 credits (35,000 total Credit Bank – 1,753 February 2021 coverage – 1,753 March coverage). If John waits to transfer credits until February, then only 1,753 credits for March coverage will be withheld from his total Credit Bank. The transfer will take place in your RMSP account on March 31, 2021.

Please Note: It's imperative that you are certain about the number of credits you would like to transfer to your RMSP account. Once the transfer is completed, you will not be able to move the credits back to your Credit Bank. If you have any problems transferring credits during open enrollment, please contact the Fund Office at 708-579-6675.

Eligible Active Members of the Bronze PPO Plan (Hourly Marketplace and Monthly Owner-Operator/Relative Shareholder)

If you first become eligible in the Bronze PPO Plan on March 1, 2021, you will remain in this health plan option until March 31, 2022. Therefore, it is incredibly important for you take advantage of the numerous FREE services that are available to you.

These services include:

- Utilize either OHC location – The OHC also can provide DOT physicals and the Merrillville OHC provide physical therapy. Visit www.operatorshealthcenter.com for each location's information.
- Utilize the MinuteClinic – Most services are FREE but there are some cash pay services. Visit www.moefunds.com/minuteclinic-partnership/ and click on MinuteClinic Services List.
- ATI Physical Therapy – ATI Physical Therapy will coordinate your care with the Case Manager, Valenz. Once approved, all physical therapy visits will be FREE. Visit www.atipt.com/moe for more information or a location near you.
- Absolute Solutions – Effective January 1, 2021, we will partner with Absolute Solutions, to provide FREE MRI, CT, or PET scans. [Read below for more information on this NEW partnership.](#)
- Utilize ERS for up to five free counseling sessions per episode with master's level clinicians.
- Use in-network providers to receive FREE ACA mandated preventive services.
- Activate Healthcare will also be available at a future date to be determines...stay tuned. [More information noted below on this NEW partnership.](#)

Please Note: As a reminder, the Bronze PPO health plan option **does not** include dental coverage or vision coverage but you have the Family Supplemental Benefit (FSB) of \$2,000 per Plan Year to use towards medically necessary benefits that are not covered under your health plan option. For more information regarding this benefit, please contact Member Services at 708-579-6600.

All Eligible Active Members and Eligible Retirees of the Welfare Fund

Regardless of the health plan option you have coverage under, outlined below are additional services available to all eligible active members, eligible retirees, and eligible dependents.

New Imaging Network Vendor, Absolute Solutions

Effective January 1, 2021, the Welfare Fund is partnering with Absolute Solutions to provide FREE MRI, CT, or PET scans. This partnership will be available to all eligible members, eligible dependents, and eligible retirees of the Retiree Welfare Plan.

Absolute Solutions has a nationwide network consisting of 3,600 facilities. By using one of these facilities, you will not have to pay any monies toward a deductible, a co-payment or toward co-insurance; regardless of which health plan option you are covered under.

Scheduling is easy! If your provider orders a MRI, CT, or PET scan all you must do is first call Absolute Solutions at 1-800-321-5040. Absolute Solutions will handle the rest. By calling the toll-free number, Absolute Solutions will locate a convenient location, coordinate the patient pre-screening/test preparation, and provide details to the patient. Your prescribing provider will receive a medical report within 4-5 days.

This partnership will provide valuable cost savings for the members of Local 150 and the Welfare Fund! For more information, visit www.absolutedx.com.

Telehealth Services

Recall, earlier this Plan Year, the Welfare Fund Board of Trustees had granted telehealth services until further notice. Due to the pandemic, this will remain in force. Therefore, if your provider is able to accommodate telehealth services, you will be able to use these services until further notice. Telehealth services, if approved by the provider or physical therapist, are also available at either OHC location, MinuteClinic's – until further notice, and ATI Physical Therapy. Telehealth services are covered at the same benefit level as a regular office visit (subject to the health plan option's deductible and applicable copayment or coinsurance).

New Medical Director for the Merrillville Operators' Health Center

We are excited to announce that Dr. Kavitha Bathala has joined the Merrillville OHC staff as the new Medical Director effective September 20th. Dr. Bathala has 18 years of experience as a Family Physician and was involved in a multidisciplinary group practice at University of Chicago Medicine-Ingalls Memorial. Dr. Bathala's special interests include office procedures and outpatient medicine along with women's health.

With her new role as the Medical Director, she stated, "I would like refocus on outpatient medicine and preventive care. I am dedicated to listening to my patients and helping them understand their medical condition. I believe in educating them so that they are informed and can take active roles and make sound medical decisions. We can then work together to optimize their care and outcomes. My greatest reward comes from seeing great results, having patients feel better and living happier."

On behalf of Midwest Operating Engineers and the Premise Team, we welcome Dr. Bathala to the Local 150 Family!

Please Note: If you are unable to keep you scheduled appointment at either OHC location, please call and reschedule or cancel your appointment. This will allow the OHC staff to schedule another patient for an appointment ---**DON'T BE A NO SHOW!!**

Additional OHC Services

FREE Flu Shots

Please call the OHC today to reserve a FREE flu shot. Supplies are limited so don't delay.

Countryside OHC: 708-485-2273

Merrillville OHC: 219-525-1150

Health Center Partnership with Activate Healthcare

The Welfare Fund Board of Trustees is pleased to announce a new partnership with Activate Healthcare which will provide access to Health Centers for members that reside in Rockford, Illinois and Davenport, Iowa. Just like the Health Centers in Countryside and Merrillville, these state-of-the-art Health Centers will provide members with access to first rate quality care at no cost.

Activate Healthcare currently operates 69 clinics across the Country which our active eligible members/retirees (including Medicare eligible retirees)/dependents will also have access to. Activate Healthcare also provides 24/7 access to virtual care, with NO additional costs.

The effective date for the implementation has not yet been established; however, we anticipate that these healthcare facilities will be available to the membership in early 2021. Please stay tuned for this exciting Welfare Fund enhancement that will be FREE to our membership. You will be provided with a detailed mailer with information.

Prescription Drug Program – Possible Copay Fluctuations

Under the Prescription Drug Program, we utilize a Maximum Allowable Cost (MAC) price list in place through our Pharmacy Benefit Manager (PBM), OptumRx. The MAC prices are the upper limits or maximum amounts that a plan will pay for generic drugs and brand name drugs that have a generic version available. Generic drugs often have a huge range of Average Wholesale Prices (AWPs), and the MAC prices are needed to reconcile the differences between an inflated AWP and the price the pharmacy actually pays. To determine a MAC price for a product, OptumRx must research the prices pharmacies pay for drugs to approximate each drug's acquisition cost.

The MAC price for a product is **subject to change** and is, in fact, constantly changing. This is very transparent to members in our Prescription Drug Program because we utilize the "lesser of logic" in our 4-tier copay structure. The "lesser of logic" means that patients will pay the lesser of the actual drug cost or their copayment. This allows the plan to pass the savings directly to the member. In some situations, the actual cost of the medication for a 30/90-day supply of a generic drug is less than the required copay of \$5/\$15 (all Plans except the Bronze PPO) or \$20/\$50 (Bronze PPO Plan).

For Example:

During 2020, a member of the Bronze PPO Plan fills a 90-day supply of a generic blood pressure medication. Their copay, under the 4-tier structure is supposed to be \$50, but the actual cost for a 90-day supply of the medication is only \$1.58. The patient will only pay \$1.58 instead of \$50 for the 90-day supply due to the "lesser of logic".

Suppose this same member, requires this same medication during 2021. MAC pricing has fluctuated so the same 90-day supply of the same generic blood pressure medication increases to \$7.02. The member will notice the increase of \$5.44, but they will still only be responsible for paying the lesser amount of \$7.02 and NOT the \$50.

With the lesser of logic in place, the member only paid a total of \$8.60 for two 90-day supplies of their medication. Without the lesser of logic, this member would have paid \$100 for the same two 90-day supplies of this medication.

It is important to point out that MAC drug pricing exist under all PBMs and is the typical course of business in the pharmacy world. These fluctuations are out of the Trustees and Fund Office's control. Since we currently see these sort of pricing fluctuations occurring under our current Prescription Drug Program, it is not unreasonable to think the same will not happen under the [new Prescription Drug Plan for Medicare eligible members and dependents of the RWP](#) so please **do not be alarmed** if you see your copayment go up or down.

Eligible Members of the Retirement Enhancement Fund (REF)

If you are an eligible member of the REF, and you have monies from another qualified plan, Fidelity Investments will allow you to rollover those monies into your current REF account. Just keep in mind that you will have to follow the REF distribution rules in order to receive a distribution from the rollover account.

Also, as an eligible member of the REF, if you would like to establish a Traditional IRA or Roth IRA, outside of the REF Plan, Fidelity Investments will allow you to do so with no additional fees.

As a reminder, it is imperative that you create an account with Fidelity. By creating an account, you will be able to change your asset allocations, name your beneficiaries, and have access to numerous investment resources. Visit www.NetBenefits.com/atwork.

If you need to speak to a Fidelity Retirement Services Representative to seek assistance, call Monday – Friday 7:00am – 11:00pm CST at **1-866-84-UNION (1-866-848-6466)**. For faster service, hit **0#** after connecting and have your plan number ready (**73964**). Keep in mind that on your initial call you will need to provide your social security number. Once verified, you may establish a User ID for future verification purposes.

Eligible Active Members of the Vacations Savings Fund

Due to the pandemic, there are modified rules for picking up your Vacation Savings Fund check. In accordance with the Fund Trust Agreement, contributions received for the work months of **December 2019 through November 2020**, will be paid on January 25, 2021.

There are three ways to receive your Vacation Savings Fund check:

1. By mail – Checks are sent automatically. You do not need to do anything. If you move, please make sure that the Fund Office has your current address before December 11th. You can verify and update your address on My150 (www.My150.com).
2. Direct deposit – You may have your Vacation Savings Benefit deposited directly into your Credit Union savings account. Direct deposits will be credited on **January 25, 2021**. Contact the Midwest Coalition of Labor Credit Union for more information on direct deposit at 708-482-9606.
3. **Pick up in person** – In light of the current circumstances due to COVID-19, the process for picking up your vacation savings check has been modified. If you wish to pick up your check, you **must** submit a request to the Fund Office no later than January 4, 2021. Your check will be available for pick up by **appointment only** beginning on Wednesday January 27, 2021 through Friday January 29, 2021 between the hours of 3:00 p.m. until 5:00 p.m. If your check is not picked up by the end of business day on Friday January 29th, **it will be mailed to you on February 1st**. You must wear a mask and provide a valid photo ID with an address matching the Fund Office's records. When you arrive to pick up your check, come to the front entrance and call 708-482-7300 to notify the Vacation Representative that you have arrived. They will meet you at the door to verify your identity. You will need to sign an acknowledgment letter for receipt of your check. Please note the member is the only person who may pick up a vacation savings check.

Your current Vacation Savings Fund balance and contribution details may be found on your My150 account (www.My150.com) under the 'My HOURS' tab. If you have any questions regarding your Vacation Savings Fund, please call the Fund Office at 708-482-7300 and ask for the Vacation Savings Fund department.

Each Year the Vacation Savings Fund department receives numerous Vacation Savings Fund checks that are either returned due to old mailing addresses or the department is unable to mail because of incomplete addresses on file. To change your address, please visit My150 (www.My150.com) and click on 'My PROFILE'.

Eligible Members and Dependents of the Retiree Welfare Plan

Clarification of the 800-hour Rule Requirement for the RWP Eligibility Rules

As previously communicated, the Welfare Fund Board of Trustees amended the eligibility requirements for the RWP effective April 1, 2019. Early this year, the Trustees expanded these requirements retroactive to April 1, 2019. Specifically, in the case of members not meeting the 800-hour rule requirement. Recall, the original rule included that a member must meet the at-work requirement of completing 800-hours, during which contributions were required to be made, each year for the five Active Plan Years immediately preceding the Active Plan Year containing your effective date of retirement (with 40 hours allocated each week during any periods of continuous disability, for periods while caring for an immediate family member [parent, spouse, or child] with a serious health condition, or for periods of active military service. **Please note:** If you are caring for an immediate family member, you must be primarily responsible for this family member and his or her well-being).

If you are unable to meet the 800-hour rule requirement for each Plan Year but you have accumulated a total of 5,000 hours in the five Active Plan Years immediately preceding the Active Plan Year in which you retire, then you will have satisfied this requirement. However, you must be available to work and actively seeking Covered Employment for periods on or after April 1, 2019. The Retirement Services Department verifies this information with Dispatch. The 5,000-hour rule is effective from April 1, 2019 through March 31, 2024, at which time, the Trustees may consider extending the provision.

Please note: You must still meet all the other eligibility rules as outlined in the RWP. Refer to www.moefunds.com/retiree-welfare-plan/ for additional information regarding the RWP eligibility rules.

Example: Jane Operator is retiring from active employment as of age 60, effective April 1, 2022. Jane has 10 Vesting Service Years under the MOE Pension Plan and is a member in good standing. She has been continuously eligible under the Welfare Fund since April 1, 2016 and since April 1, 2019, she was on the out of work list available for work.

Jane Operator's work history is as follows:

Plan Year	Active Hours	Meets 800-Hour Rule?
4/1/2021 – 3/31/2022	720	NO
4/1/2020 – 3/31/2021	801	YES
4/1/2019 – 3/31/2020	1,825	YES
4/1/2018 – 3/31/2019	1,750	YES
4/1/2017 – 3/31/2018	1,675	YES
Total Accumulated Hours	6,771 Hours > 5,000 Hours	

Even though Jane did not work 800-hours in the 2021 Plan Year, she did accumulate over 5,000 hours of work in Covered Employment for the required timeframe. Therefore, Jane is eligible for RWP coverage.

If you have any questions regarding the RWP eligibility rules, please call the Retirement Services Group at 708-937-0327.

Please note: If you are a Municipality member, please call the Retirement Services Group at 708-937-0327 as you may fall under separate rules regarding the RWP eligibility requirements.

Temporary Waiver of Suspension Rules for Eligible Retirees

If you are a retiree working under the current Temporary Waiver of Suspension rules, please be advised, that this temporary waiver will expire at the end of the Calendar Year, December 31, 2020. You will be required by dispatch to complete a new form. In addition, you will also be required to complete a new form regarding your Welfare Fund coverage whereby, you must either elect to remain under the Retiree Welfare Plan and forfeit any credits or elect to be covered under the Active Welfare Fund and re-establish eligibility into the Bronze PPO plan.

Please Note: As a reminder, the hiring hall rules are different than the Pension Fund rules. If you have any questions or concerns regarding the Temporary Waiver of Suspension or Disqualifying Employment, please call the Retirement Services Group at 708-579-6630.

Eligible Retiree Self-Payment Rates

As a reminder, if you fall under the subsidized self-payment rates (i.e. pre-Medicare/post-Medicare), these rates will remain in effect until June 30, 2021. **Please Note:** These rates have remained the same since July 1, 2017. Each July 1st, these rates are reviewed and subject to change based on Trustee approval.

Your monthly self-payment rate is based upon your birth year and the number of Vesting Service Years under the Pension Plan as of your Retirement Effective Date and dependent on whether you have attained Medicare eligibility (typically age 65, unless you qualify for early Medicare).

If your first hours of Covered Employment under the Pension Plan occur on or after January 1, 2011, you will receive the unsubsidized monthly self-payment rates regardless of your birth year and the number of Vesting Service Years. The unsubsidized monthly rates through June 30, 2021 are as follows:

Pre-Medicare:	\$1,190/month per eligible dependent
Post-Medicare:	\$453/month per eligible dependent

Premium Effective Date Change for Eligible Retirees

Please recall earlier this year the Welfare Fund Board of Trustees made changes for those eligible retirees that were accustomed to receiving a 5% increase on each July 1st or a 6% increase on each January 1st.

It was decided that prospectively, the premium rate increases for these two groups would be in accordance with the actual increase of the cost of the Retiree Welfare Plan but not to exceed either 5% or 6% for each respective group. In addition, these premium rate increases will not be effective until July 1st of each year.

Maximum Annual Benefit Under the Prescription Drug Program

The Welfare Fund Board of Trustees is pleased to announce that **effective January 1, 2021**, the \$30,000 Maximum Annual Benefit under the Prescription Drug Program will be removed from the RWP for **all eligible retirees and eligible dependents regardless of age**.

New Prescription Drug Plan for Medicare Eligible Members and Dependents of the RWP

As announced in July, there will be a new prescription drug plan which will cover all Medicare-eligible retired members and their Medicare-eligible spouses and/or children, **effective January 1, 2021**. The new plan is called Midwest Operating Engineers Retiree Welfare Plan Medicare Prescription Drug Plan (RWP Medicare PDP) and is administered by the Midwest Operating Engineers Welfare Fund along with OptumRx®, our current Pharmacy Benefit Manager.

As a reminder, you don't have to do anything. As long as you currently have prescription drug coverage under the RWP, you will be automatically enrolled in the RWP Medicare PDP. However, we may contact you if we need information to process your enrollment, such as your Medicare number.

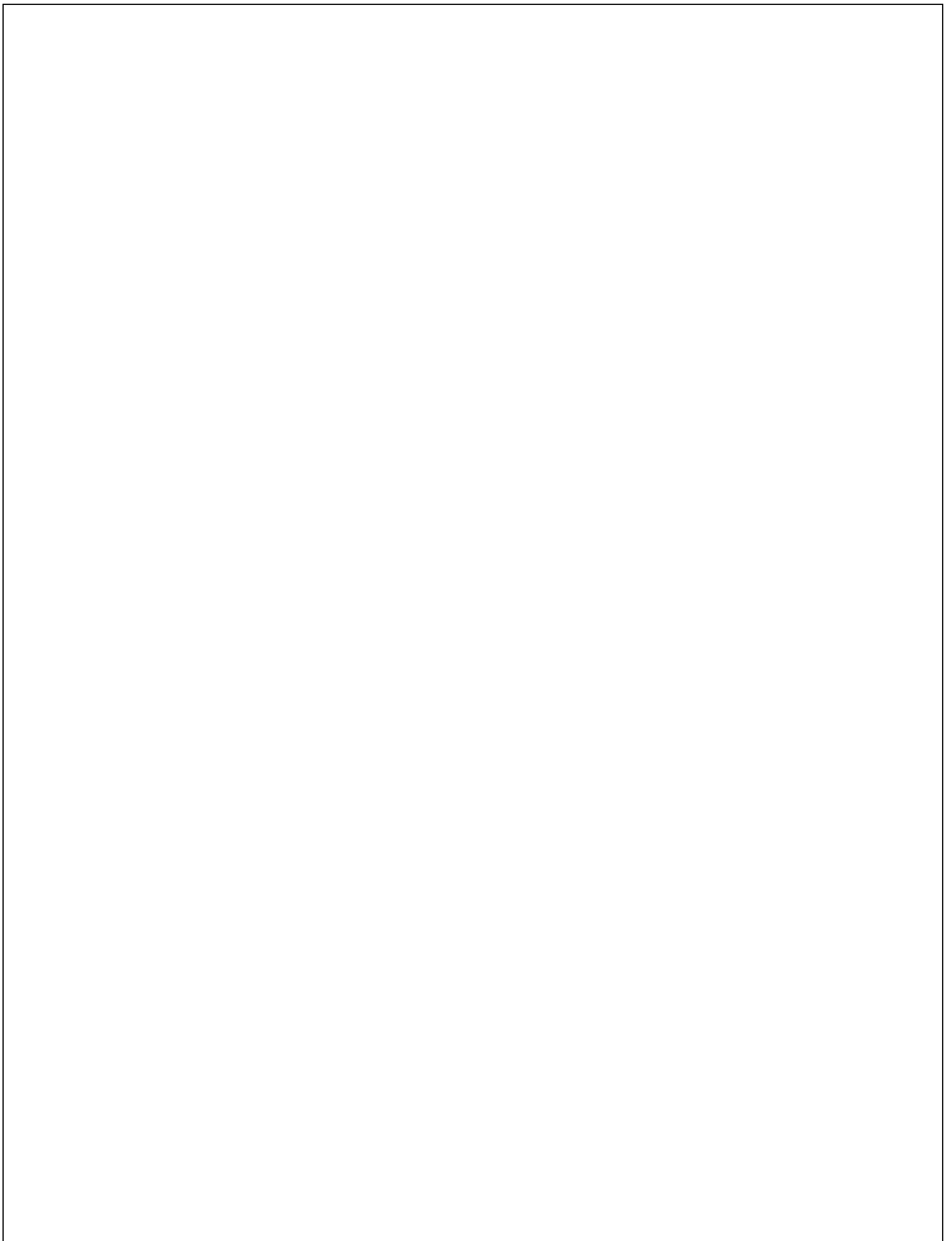
If you are currently covered by an individual Medicare Part D prescription drug plan, and you have not received a call from the Fund Office Pharmacy Benefit Department, please contact them at 708-387-8331.

OptumRx has begun mailing various communication pieces to all Medicare-eligible retired members and their Medicare-eligible spouses and/or children. This includes an Opt out letter, *Summary of Benefits*, a Welcome Kit confirming your enrollment in the RWP Medicare PDP and a Welcome letter containing your new OptumRx MedicareRx ID card. **Do not begin presenting this new ID card, at your pharmacy, until on or after January 1, 2021.**

If your spouse or dependent children are not eligible for Medicare, but are eligible under the RWP, they will continue to be covered under the current Prescription Drug Program currently in place for the RWP. They should continue to use the "Pharmacy" tab of their Midwest Operating Engineers vendor ID card to fill their prescriptions.

In October, the Fund Office mailed a comprehensive RWP Medicare PDP *Frequently Asked Questions* booklet to each Medicare eligible household. To access a copy of this booklet, you can visit www.moefunds.com/pharmacy-benefit-forms/.

If you have general questions about Medicare Part D or the RWP Medicare PDP, you can contact OptumRx Member Services at 1-866-868-2493, 24 hours a day, 7 days a week. If you have any questions about your prescription drug coverage, please contact the Fund Office Pharmacy Benefit Department at 708-387-8331.





**MIDWEST OPERATING ENGINEERS
FRINGE BENEFIT FUNDS**