



THE ROAD
TO A *healthier* YOU

June 2016

To: West River Participants
Operating Engineers Local #49 Health and Welfare Fund

From: Board of Trustees
Operating Engineers Local #49 Health and Welfare Fund

Re: Clarification Regarding Office Visit Copayment

This notice serves to clarify the Plan's benefits with regard to office visits to **Participating Providers**. All office visits to Participating Providers, regardless of diagnostic category (including mental and nervous disorders, alcoholism, chemical dependency and drug addiction), are subject to a copayment as outlined in the Plan, (\$15.00). The Plan will cover the balance of charges associated with the office visit at 100%. You must make the copayment listed in the Schedule of Benefits even if you have reached the calendar year out-of-pocket maximum.

For Health Care Provider Charges (Applicable to West River Participants in South Dakota Only)

	Plan Copayment	Your Copayment
Office Visits and Lab Charges to Participating Providers	The balance of the participating provider charges after your \$15 copayment.	\$15

Office visits to **Non-Participating Providers** are covered at 70% of allowable charges. You will be responsible for 30% of allowable charges as well as any balance billing associated with the office visit at a Non-Participating Provider.

If you have any questions regarding this notification, contact the Fund office, Wilson-McShane Corporation, at the phone number listed below.