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Summary of Material Modifications

Date: March 2020

To: All Eligible Participants and Their Eligible Dependents Participating in the Operating Engineers Local #49 Health and Welfare Fund

From: The Board of Trustees

As your Board of Trustees of the Operating Engineers Local #49 Health and Welfare Fund, we are pleased to announce the following enhancements to your Plan benefits, effective February 20, 2020. Please read this Summary of Material Modifications (SMM) in its entirety to ensure you have a clear understanding of your Plan coverage.

Extension of the Required Notification Period to Add Dependents

The Fund has extended the required notification period that allows you to add an individual as your dependent under the Plan from 30 days to 90 days, effective February 20, 2020.

Adding a Spouse:

You must provide the Fund Office with proof of your marriage and a completed enrollment form **within 90 days** of the date of your marriage in order to cover your new spouse under the Plan. If the required documents are received by the Fund Office within the 90 day enrollment period, your spouse's coverage will begin retroactively to the date of your marriage.

Adding a Child:

In order to enroll a child as your dependent under the Plan, and to have the child's coverage begin retroactively to the date the child became your dependent, you must provide the following to the Fund Office with a completed enrollment form **within 90 days** of the child's birth, adoption, placement for adoption, or the child becoming your stepchild as the result of marriage:

- A copy of the child's birth certificate.
- Copies of the court order, effective date of adoption, or date of placement for adoption (for adopted children or those placed with you for adoption).
- Copies of the marriage certificate or court order, the child's birth certificate, and your spouse's divorce decree to establish if there is other coverage for the child (for stepchildren).
- A copy of your child's other medical insurance information, if he or she is covered under another plan.
- Other information as may be requested by the Fund Office in order to demonstrate eligibility.

To Ensure Retroactive Coverage:

Your dependent's eligibility **will not be retroactive** to the date you acquired the new dependent if the Fund Office does not receive your paperwork within the required 90 day enrollment period. When appropriate documentation and notification is not received by the Fund Office within the 90 day enrollment period, your dependent's coverage

will begin the first day of the month in which the appropriate documentation and notification is received by the Fund Office.

Increased Coverage for Non-Restorative Speech Therapy Services (Does not apply to Medicare-Eligible Retiree Participants)

The Plan currently covers up to 10 visits per year for all children age 5 and under for non-restorative speech therapy services for deficits resulting from congenital anomaly or developmental conditions.

Effective February 20, 2020, non-restorative speech therapy services are covered for up to a maximum of 52 visits per calendar year when such services are medically necessary. In addition, there will no longer be any age restrictions on non-restorative speech therapy benefits.

Note that non-restorative speech therapy services **are not** covered if the services are part of a maintenance program in which the patient is demonstrated to have reached an expected maximum improvement to function, meaning there is no additional progress reasonably anticipated with further treatment.

New Opt-Out / Opt-In Provisions for Medicare-Eligible Retiree Participants

Effective February 20, 2020, the Fund will allow Medicare participants to opt-out of the Fund's Medicare program if they were previously and continue to be confined to a nursing home that does not accept payments from Humana, the Fund's Medicare carrier beginning March 1, 2020.

The Fund will allow nursing-home-confined participants who properly opt-out to later opt back into the Fund's Medicare program if the participant's nursing home begins accepting payment from Humana, or the Fund changes its Medicare carrier.

The nursing-home-confined participant's eligible dependents may continue coverage through the Fund during the opt-out period.

If you wish to opt-out under the circumstances above, please contact the Fund office, Wilson-McShane Corporation, to receive an opt-out application form.

In Closing

Please keep this SMM with your benefit plan booklet so that you will have an up-to-date description of the Fund's benefits. If you have any questions about the enhancements announced in this SMM or your benefits in general, please contact the Fund Office at the address or telephone number shown at the top of this notice.

This Summary of Material Modifications contains only highlights of recent changes to the Operating Engineers Local #49 Health and Welfare Fund. Full details 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 or terminate the Plan at any time.