



THE ROAD
TO A *healthier* YOU

Summary of Material Modification

February 2016

Dear Participant:

The Trustees announce the following change to the Health and Welfare plan of benefits:

Effective for in-patient out-of-network stays beginning on or after May 1, 2016: All in-patient expenses incurred at facilities that are not In-Network (not participating in any Blue Cross and Blue Shield Association affiliate or BlueCard network of preferred providers) will be excluded. **Therefore, there will no longer be an in-patient out-of-network benefit available.** The plan continues to cover all Emergency Medical Conditions as defined below:

Emergency Medical Condition - A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- serious impairment to bodily functions, or
- serious dysfunction of any bodily organ or part; or

With respect to a pregnant woman who is having contractions:

- that there is inadequate time to effect a safe transfer to another hospital before delivery, or
- that transfer may pose a threat to the health or safety of the woman or the unborn child.

If you or your dependent will be admitted to a hospital or any other facility for any reason, be sure to ask and confirm that the facility is an **“In-Network participating provider” in the Blue Cross and Blue Shield network of providers.** Understand that confirmation that a provider **“accepts Blue Cross and Blue Shield insurance” does not mean the provider is a Blue Cross and Blue Shield participating provider.** Therefore, in-patient services provided at a facility that states it “accepts” Blue Cross and Blue Shield insurance but does not verify that it is an “In-Network participating provider” will not be covered by the Plan.

Examples of **non-participating** providers that provide in-patient services include *Cancer Treatment Centers of America, Passages Treatment Centers* and many other drug rehabilitation centers as well as Specialized Medical treatment centers. Whenever you or your dependent are going to receive treatment for which an overnight stay is anticipated, it is always a good practice to call the Fund Office at the number listed below, to verify coverage.

No matter where or when you need medical assistance, members and their families should contact **Medical Advocate Program (MAP)** at (866) 573-5745 to get answers to healthcare questions and identify the highest quality in-network doctors and hospitals skilled in treating their specific conditions.

For help and resource strategies at work or at home contact **Total Employee Assistance Management (TEAM)** at (651) 642-0182 or Email team@team-mn.com. TEAM provides assistance in finding help for alcohol and drug problems, behavioral concerns, financial concerns, balancing work and home responsibilities, etc. Call TEAM to help navigate the complicated and sometimes overwhelming behavioral health system and to take full advantage of the benefits offered through the Local 49 Health Plan.

Please keep this Summary of Material Modification 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 this benefit change, please contact the Fund Office at the address or telephone number shown below.

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

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