

# Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

June 24, 2014

**To: All Eligible Plan Participants  
Locals 302 and 612 I.U.O.E. Construction Industry Health and Security Fund**

**Re: Summary of Material Modification – Important Information Regarding Your Health Plan**

*Please be sure that you and your family read this notice and keep it with your benefit booklet or insurance information for future reference.*

## **I. Medical Benefits**

Effective **April 1, 2014**, the Locals 302 and 612 I.U.O.E. Construction Industry Health and Security Fund (the Plan) is being amended to reflect changes that are required by the Patient Protection and Affordable Care Act (PPACA), informally known as the Affordable Care Act. The Plan changes are summarized below. This notice should be considered an insert to your 2010 edition Summary Plan Description (Plan Booklet) and Plan Document. Please take time to read it carefully and then keep it with your important plan paperwork.

**Dependent Eligibility** – Coverage for all dependent children who satisfy the requirements as defined by the Plan is now extended to age 26, regardless of other available coverage. This Plan will be secondary to a plan that covers a dependent as an active employee. Coverage is not automatic. You must enroll your children who are not presently enrolled. No claims will be processed until an enrollment form is on file and proper documentation has been received.

**Annual Medical Maximum Benefit** – The Plan’s annual medical maximum benefit of \$2,000,000 is being eliminated. There will no longer be any annual medical benefit maximum. This change was reflected on the Summary of Benefits and Coverage mailed to you in early March, 2014.

**Vision Benefits for Children** – The following services are considered “essential” for eligible dependent children up to the age of 18 only. Annual dollar limits on these vision benefits are removed if provided in network:

- Pediatric Vision Exam
- Contacts
- Frames
- Low Vision Coverage

## **II. Dental Benefits**

**Effective April 1, 2014**, the Trustees made the following changes to the **Active Plan** self-funded dental benefits (these changes do not apply to participants enrolled in Willamette Dental Group):

**Revised Schedule of Dental Benefits** – Enclosed with this Notice is a revised schedule which replaces the benefits schedule listed on pages 68 – 71, of your 2010 Plan booklet. In most cases the allowed amounts have increased. Included with this updated schedule is coverage of dental implant services. Dental implant services include implant surgery (the implant and the crown placed thereon) and like all other dental services are subject to all plan limitations.

This is not a complete list of all dental procedures. If you would like a complete list of scheduled dental benefits, please contact the Administration Office. If you had a claim for dental benefits during April 1, 2014 and May 30, 2014, all dental claims are being reprocessed using the new dental benefits schedule.

## **III. Dollar Bank Eligibility**

The Board of Trustees has also taken action to update certain provisions regarding maintenance of dollar banks.

### **A. Reinstatement of Eligibility/Forfeiture of Contributions – Covered Participants**

The Trustees have extended the length of time that the Plan will carry an employee's dollar bank, when the dollar bank lacks sufficient contributions for a month of coverage. Prior to October 1, 2013, the Plan would carry a dollar bank balance which had less than the current dollar bank deduction rate for one month of coverage, for up to six months after loss of eligibility.

Effective October 1, 2013, if coverage ends because an employee's dollar bank has less than the current dollar bank deduction rate for a month of coverage, the balance of the dollar bank is carried by the Plan for a maximum of fourteen months.

If during the twelve months beginning on the first day of the month in which the Participant first loses coverage, he works and adds sufficient dollars to his account, his eligibility will be reinstated on the first day of the second month after the account has the minimum required for a month of eligibility, i.e., the first day of the fourteenth month after he had lost eligibility.

If eligibility is not reinstated by the first day of the fourteenth month following the date coverage ends, the Participant is required to satisfy the initial eligibility rules to again be covered under the Plan. In addition, beginning the first day of the fourteenth consecutive month in which a Participant does not reinstate eligibility, the oldest month of contributions in his account will be forfeited. Thereafter, on the first day of each consecutive month in which the Participant's account does not have sufficient contributions to reestablish eligibility, he will forfeit the oldest month of contributions in his account.

### **B. Initial Eligibility Rules for Hourly Employees**

For hours worked prior to May 1, 2014, the Plan provided that each employee is assigned a dollar bank into which employer contributions are credited. An employee becomes eligible on the first day of the second month following accumulation of the minimum amount needed to establish initial eligibility as set by the Trustees.

The minimum amount of contributions needed to establish initial eligibility is \$1,460 in Washington and \$1,705 in Alaska, **which must be accumulated in a consecutive three-month period.**

**Effective for hours worked on and after May 1, 2014**, the minimum amount of contributions required to establish initial eligibility must still be accumulated in a consecutive three-month period. However, under the Plan as amended, an employee will have up to twelve months in which to have a three consecutive month period in which to accumulate the contributions required to establish initial eligibility. If by the end of the twelve months in which the Plan has received contributions on behalf of the employee, the employee has not yet accumulated sufficient contributions to achieve initial eligibility, the contributions received in the first month will be forfeited. Thereafter, the oldest month of contributions will be forfeited at the end of each twelve-month period in which the employee does not accumulate sufficient contributions to achieve initial eligibility.

### **Example**

A Washington employee accrues total contributions of \$1,250 in his dollar bank in January, February, and March 2013. He earns no contributions in April through November 2013. The employee has not yet established initial eligibility as he has not had sufficient contributions in his account within a consecutive three-month period in the past eleven months.

The employee then accrues total contributions of \$1,600 in December 2013, and January and February 2014, and has sufficient contributions in three consecutive months to establish initial eligibility in April 2014. However, because he did not accumulate sufficient contributions in the twelve-month period of January 2013 through December 2013 to establish initial eligibility by February 2014, the contributions earned in January 2013 are forfeited to the Plan on January 1, 2014. The contributions earned in February 2013 are forfeited on February 1, 2014, because he did not accumulate sufficient contributions in the twelve-month period of February 2013 through January 2014 to establish initial eligibility by March 2014. He does accumulate sufficient contributions in the twelve-month period of March 2013 through February 2014 to establish initial eligibility effective April 2014, so the contributions earned in March 2013 remain in his account provided he maintains eligibility pursuant to Plan provisions.

**Receipt of this notice does not constitute a determination of benefits or your eligibility. If you wish to verify benefits or eligibility, or if you have any questions regarding benefit changes, please contact the Administration Office at (877) 441-1212, option 1 or visit [www.engineerstrust.com](http://www.engineerstrust.com).**

### **Board of Trustees**

### **Locals 302 and 612 of the International Union of Operating Engineers Construction Industry Health and Security Fund**

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This Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan does not include certain consumer protections of the Affordable Care Act that may apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, this Plan must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at 877-441-1212, option 1. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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**Locals 302 and 612 of the International Union of Operating Engineers Health and Security Fund  
Schedule of Dental Benefits Effective April 1, 2014**

<b>Scheduled Dental Plan</b>			
<b>ADA Code</b>	<b>Procedure</b>	<b>Washington &amp; other areas</b>	<b>Alaska</b>
<b>DIAGNOSTIC Examinations</b>			
0120	Periodic oral exam	\$59	\$71
0140	Limited oral exam	\$99	\$119
0150	Comprehensive oral exam	\$104	\$125
<b>Radiographs (X-Rays)</b>			
0210	Intraoral—complete series (including bitewings)	\$132	\$158
0220	Single, first film	\$26	\$31
0230	Each additional film	\$24	\$29
0270	Bitewing—single film	\$27	\$32
0272	Bitewings—two films	\$44	\$53
0274	Bitewings—four films	\$62	\$74
0330	Panoramic film	\$106	\$127
<b>PREVENTIVE Prophylaxis</b>			
1110	Age 13 and over	\$106	\$127
1120	To age 13	\$74	\$89
<b>Fluoride Treatment: To age 18</b>			
1208	Topical application of fluoride	\$41	\$49
<b>Fissure Sealants: ages 6 to 18</b>			
1351	Topical application of fissure sealant (per tooth)	\$52	\$62
<b>Space Maintainers: To age 19</b>			
1510	Fixed—unilateral type	\$341	\$409
1515	Fixed—bilateral type	\$477	\$572

<b>Scheduled Dental Plan</b>			
<b>ADA Code</b>	<b>Procedure</b>	<b>Washington &amp; other areas</b>	<b>Alaska</b>
<b>MINOR RESTORATIONS</b>			
2140	Amalgam—1 surface	\$128	\$154
2150	Amalgam—2 surfaces	\$166	\$199
2160	Amalgam—3 surfaces	\$201	\$241
2161	Amalgam—4 or more surfaces	\$245	\$294
2951	Pin retention—exclusive of amalgam	\$37	\$44
2330	Resin—1 surface anterior	\$116	\$139
2331	Resin—2 surfaces anterior	\$148	\$178
2332	Resin—3 surfaces anterior	\$182	\$218
2335	Resin—4 or more surfaces anterior	\$215	\$258
2391	Resin—1 surface posterior	\$136	\$163
2392	Resin—2 surfaces posterior	\$178	\$214
2393	Resin—3 surfaces posterior	\$221	\$265
2394	Resin—4 or more surfaces posterior	\$271	\$325
<b>MAJOR RESTORATIONS Inlays and Onlays</b>			
2510	Inlay, metallic—1 surface	\$500	\$600
2520	Inlay, metallic—2 surfaces	\$567	\$680
2530	Inlay, metallic—3 surfaces	\$654	\$785
2542	Onlay, metallic—2 surfaces	\$641	\$769
2543	Onlay, metallic—3 surfaces	\$670	\$804
2544	Onlay, metallic—4 or more surfaces	\$697	\$836
2642	Onlay, porcelain—2 surfaces	\$643	\$772
2643	Onlay, porcelain—3 surfaces	\$693	\$832

**Locals 302 and 612 of the International Union of Operating Engineers Health and Security Fund  
Schedule of Dental Benefits Effective April 1, 2014**

Scheduled Dental Plan			
ADA Code	Procedure	Washington & other areas	Alaska
<b>MAJOR RESTORATIONS</b>			
<b>Continued</b>			
2644	Onlay, porcelain—4 or more surfaces	\$735	\$882
2910	Re-cement inlay	\$62	\$74
<b>Crowns</b>			
2720	Resin with high noble	\$674	\$809
2721	Resin with predominantly base metal	\$632	\$758
2722	Resin with noble metal	\$646	\$775
2740	Porcelain/ceramic noble metal	\$692	\$830
2750	Porcelain fused to high noble metal	\$683	\$820
2751	Porcelain fused to predominantly base metal	\$636	\$763
2752	Porcelain fused to noble metal	\$651	\$781
2780	¾ cast high noble metal	\$655	\$786
2781	¾ cast base metal	\$616	\$739
2782	¾ cast noble metal	\$637	\$764
2783	¾ cast porcelain	\$673	\$808
2790	Full cast high noble metal	\$659	\$791
2791	Full cast predominantly base metal	\$624	\$749
2792	Full cast noble metal	\$636	\$763
2930	Stainless steel—primary tooth	\$170	\$204
2970	Temporary crown	\$154	\$185
2950	Crown buildup	\$163	\$196
2920	Re-cement crown	\$63	\$76

Scheduled Dental Plan			
ADA Code	Procedure	Washington & other areas	Alaska
<b>Endodontics</b>			
3110	Pulp cap—direct	\$59	\$71
3120	Pulp cap—indirect	\$47	\$56
3220	Vital pulpotomy	\$121	\$145
<b>Root Canal Therapy</b> (includes treatment plan, clinical procedures, follow-up care; excludes final restoration)			
3310	Single-rooted	\$605	\$726
3320	Bi-rooted	\$742	\$890
3330	Tri-rooted	\$920	\$1,104
3410	Apicoectomy (as a separate surgical procedure)	\$693	\$832
<b>PERIODONTICS</b>			
<b>Non-Surgical Services</b>			
4910	Periodontal maintenance	\$125	\$150
4341	Periodontal scaling and planing (per quadrant)	\$203	\$244
<b>Surgical Services</b>			
4210	Gingivectomy (per quad)	\$637	\$764
4241	Gingival flap procedure (per quad)	\$467	\$560
4260	Osseous surgery (per quad)	\$1,346	\$1,615
<b>PROSTHODONTICS</b>			
<b>Dentures</b> (includes six months post-delivery care)			
5110-20	Complete upper or lower	\$1,034	\$1,241
5130-40	Immediate upper or lower	\$1,128	\$1,354
5211	Partial upper or lower, acrylic base (and conventional clasps/rests)	\$873	\$1,048

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Scheduled Dental Plan			
ADA Code	Procedure	Washington & other areas	Alaska
5213-14	Partial upper or lower, predominantly cast base with acrylic saddles (and conventional clasps/rests)	\$1,143	\$1,372
<b>Related Denture Services</b>			
5410-22	Denture adjustment (complete or partial)	\$57	\$68
5510	Repair denture damage (no teeth)	\$113	\$136
5520	Replace missing or broken teeth in complete denture—per tooth	\$95	\$114
5710	Rebase denture	\$420	\$504
5730-31	Reline denture—office	\$237	\$284
5750-51	Reline denture—lab	\$316	\$379
<b>IMPLANT CROWN</b>			
6065	Implant supported porcelain/ceramic crown	\$921	\$1,105
6066	Implant supported porcelain fused to metal crown	\$709	\$851
6067	Implant supported metal crown	\$997	\$1,196
<b>Bridgework</b>			
6210	Pontic—cast	\$665	\$798
6240	Pontic—porcelain	\$657	\$788
6250	Pontic—resin	\$649	\$779
6930	Re-cement bridge	\$95	\$114

Scheduled Dental Plan			
ADA Code	Procedure	Washington & other areas	Alaska
<b>ORAL SURGERY</b>			
<b>Extractions</b> (includes local anesthesia, routine postoperative care)			
7140	Single tooth	\$120	\$144
7210	Erupted tooth—surgically removed	\$209	\$251
7220	Impacted tooth—soft tissue	\$262	\$314
7230	Impacted tooth—partially bony	\$348	\$418
<b>ORAL SURGERY</b>			
<b>Extractions Continued</b>			
7240	Impacted tooth—completely bony	\$409	\$491
7250	Root recovery—per tooth	\$220	\$264
<b>Related Oral Surgical Procedures</b>			
7310	Alveoloplasty—per quadrant	\$452	\$542
7510	Incision, drainage of abscess intraoral	\$486	\$583
7960	Frenectomy (separate procedure)	\$256	\$307
9220	General anesthesia	\$301	\$361

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