

# 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 4, 2015

**TO: All Active and Non-Medicare Retirees  
Locals 302 and 612 I.U.O.E. Construction Industry Health and Security Fund (“the Trust”)**

**RE: New Preferred Provider Organization (PPO) and Benefit Changes**

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

## ***New Preferred Provider Organization Effective July 1, 2015***

Premera Blue Cross will replace First Choice and MultiPlan as the preferred provider organization (“PPO”) in Washington and Alaska. In all other areas of the United States, the Trust will use the BlueCard nationwide network, which is a network of Blue Cross/Blue Shield (BCBS) providers. The Premera network also replaces the Trust’s PPO contracts with Providence Alaska Medical Center and MatSu Regional Medical Center in Anchorage (both are in the Premera network). The purpose of this change is to improve pricing for medical services for you and for the Trust—*your benefits will not be affected by this transition.*

**To receive the maximum benefit and the lowest out-of-pocket amounts, you must use a hospital, physician, or other healthcare provider that participates in the Premera Blue Cross or BCBS Network.** You may receive care from any provider; **however**, if you use a NON PPO provider, your out-of-pocket expenses will likely be higher because the provider’s charges will not be discounted by Premera and the percentage of covered expenses paid by the Plan will be less.

The allowed amount for non-PPO expenses will be reimbursed at the Usual, Customary and Reasonable (UCR) allowance. Unlike PPO providers, non-PPO providers can balance bill you for the difference between the UCR allowance and their billed charges.

## ***How Do I Find a Preferred Provider?***

If you currently have a provider, it’s likely that they are already participating with the local Blue Cross (Premera) network. The Trust recommends that you confirm this directly with your provider, or search for other preferred providers in your area, before July 1, 2015, in one of the following ways:

- By calling Premera directly at (800) 810-BLUE (2583) between the hours of 8 a.m. and 5 p.m.
- By visiting Premera’s website and following steps 1 through 3, listed below:
  1. Log onto [www.premera.com](http://www.premera.com) and select the **Find a Doctor, Dentist, or More** option.
  2. Under **Search without Logging In**, click on the **Search All Providers** link.
  3. Type the following information into the **I’m Looking For** search bar: the type of provider for which you are looking, your location, and your network. (Note: On the network drop box menu, select the **BlueCard PPO** network.)

To receive the highest level of benefits make sure all providers involved in your medical treatment are PPO providers. For example, if you are expecting to have surgery, inform your physician that other providers involved in your surgery (such as an assistant surgeon or anesthesiologist) must be PPO providers. Also check to see that any freestanding lab or x-ray services used by your physician are covered PPO providers

### ***New Identification (ID) Cards***

New identification (ID) cards that reflect the network change to Premera will be mailed to you during the middle of June. Please be sure to present your new ID card to your providers for services received on or after July 1, 2015. If you do not receive your new ID card by July 1, please contact the Administration Office at the number listed below.

### ***Medicare Retirees***

You are receiving this notice to make you aware of the change. However, this change does not affect your medical services covered as primary by Medicare. Because you have Medicare as your primary coverage, please continue to receive care from medical providers that accept Medicare. Your medical claims should continue to be submitted directly to Medicare. The Trust will continue to pay as your secondary coverage.

**Medicare retirees will NOT receive new ID cards and should continue to use their current ID cards.**

### ***Benefit Changes Effective March 1, 2015***

- **Cochlear Implants** – charges for cochlear implantation are covered for adults with severe to profound hearing loss due to illness or injury and otherwise meet required medical criteria and children (under age 18) who meet required medical criteria. Preauthorization is required for cochlear implantation.
- **Hearing Care Expenses** this benefit is modified to remove the limitation on coverage to Active and Retired employees if a participant has a profound hearing loss and is seeking coverage of cochlear implants–
- **Neurodevelopmental Therapy and Therapy Services** – This section of the Summary Plan Description (plan booklet) is deleted, and replaced with the following:

#### **Therapy Services**

Habilitative therapy services, including occupational therapy, speech therapy, physical therapy and related therapies, to improve a mental health condition or congenital birth defect.

Rehabilitative therapy services on an outpatient basis, including occupational therapy, speech therapy and physical therapy, to the extent that the therapy will significantly restore and improve a lost function(s) following a severe illness, injury or surgery.

Habilitative and rehabilitative services are subject to the following conditions:

- The service must be necessary to improve function or to maintain function where significant deterioration in function would result without the therapy.
- The services must be prescribed by the attending physician and administered by a physician or covered licensed therapist. The Plan may periodically request a review of the services by a physician and the patient must continue under the care of the attending physician during the time the therapy is being provided; and
- The services must not be custodial in nature.

Rehabilitative and habilitative therapy services unrelated to a mental health condition are limited to 20 visits per calendar year. Benefits for rehabilitative and habilitative therapy services will end when the Plan determines that no additional clinical improvement is expected as a result of therapy.

Any questions regarding the information contained in this notice should be directed to the Administration Office at (877) 441-1212, option 1.

### **Board of Trustees**

#### **Locals 302 and 612 I.U.O.E. Construction Industry Health and Security Fund**

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 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.