

**AMENDMENT NUMBER THIRTEEN
TO THE OPERATING ENGINEERS LOCAL 139 HEALTH BENEFIT FUND
SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT, 2020 EDITION**

The Operating Engineers Local 139 Health Benefit Fund has adopted the following changes to the Summary Plan Description/Plan Document, 2020 Edition (“Plan”).

1. Effective June 1, 2022, the in-network Infertility Benefits will be covered at \$10,000 per person per lifetime for medical claims and \$10,000 per person per lifetime for prescription drug benefits, as set forth in the *Summary of Benefits*.
2. Effective January 1, 2023, Heath Dynamics is no longer available, therefore, in-network routine physical examinations will be covered at 100% for participants and spouses as set forth in the *Summary of Benefits*. Routine physical examination includes: health history review, blood chemistry analysis, body composition, resting blood pressure, height and weight measurements, pulmonary function test, strength evaluation, flexibility testing, 12-lead EKG, cardiovascular fitness test, physician directed examination, urinalysis, colorectal cancer screening (does not include colonoscopy), chest x-ray or mammogram, pap smear (upon request), and PSA test.
3. Effective January 1, 2023, the Routine Physical Examination Benefits on page 42 under Covered Expenses is replaced in its entirety with the following.

Routine Physical Examination Benefits

The Plan covers routine physical examinations for you and your eligible Dependents. Refer to the *Summary of Benefits* insert (in the back pocket of this booklet) for services covered and the percent paid by the Plan for these benefits.

Annual Physical HRA Bonus

In order to promote wellness and early detection, the Fund will credit eligible, actively working Participants’ HRA account if you receive an annual physical exam. If you are married, then both you and your spouse must receive annual physicals to qualify for this benefit. You must complete an HRA Bonus Request Form, available from the Fund Office or the Fund’s website, to obtain this benefit. When you and/or your spouse have your routine physical exam, the physical must consist of the following components in order to qualify:

“Annual” means once per Calendar Year.
--

- An office visit (coded by the Physician as either “routine” or “annual physical”)
- Routine lab tests
- A PSA (prostate specific antigen) test for males over age 50
- A pap smear for females over age 21 (at least once every three years)
- A mammogram for females over age 40.

Due to varying guidelines, you are not required to have the PSA, pap, or mammogram if your

personal Physician recommends against it. However, you must submit a written statement from your Physician stating that the test is not required for you or your spouse.

This benefit will generally be processed within 30 days. A letter will be returned to you indicating the date that the bonus was credited to your HRA account or the reason the claim was denied.

For Your Dependent Children

Physicians recommend periodic office visits for well childcare. During the first 24 months of your child's life, these occur at frequent intervals. The Plan covers routine physical examinations for your Dependent children as specified on the *Summary of Benefits* insert (in the back pocket of this booklet).

Note: The Fund allows for one pediatrician visit in the Hospital after birth. Any additional charges for Physician visits while a well newborn is an inpatient are not covered.

Pap Smear and Mammogram Benefits

When you obtain a pap smear and/or mammogram, the Plan covers its coinsurance listed on the *Summary of Benefits* insert (in the back pocket of this booklet) for the office visit and pap smear and coinsurance. You may still obtain a routine physical examination during the same year, but the pap smear and mammogram will not be covered in that examination if you have already obtained the pap smear and mammogram.

Colorectal Cancer Screening Benefits

When you go for a routine annual physical exam, the Plan covers a percentage of the expenses, subject to the Plan deductible and coinsurance listed on the *Summary of Benefits* insert (in the back pocket of this booklet). In some instances, limited types of screenings for colorectal cancer may be included in a Physician's exam, such as fecal occult blood testing (FOBT), which the Physician can perform. However, other types of screening procedures normally cannot be provided by the Physician and therefore you must be referred to a specialist. In these instances, the screenings are not covered.

Once you meet your annual deductible, the Plan covers a percentage of covered colorectal cancer screening procedures.

For average risk individuals age 45 and older, the Plan covers one fecal occult blood test (FOBT) each year and:

- One sigmoidoscopy every five years;
- One double contrast barium enema (DCBE) every five years; or
- One colonoscopy every 10 years.

The Plan also covers:

- Screening with annual FOBT, either alone or in conjunction with sigmoidoscopy, beginning at age 45

- Colorectal cancer screening (tests and frequency as outlined above) beginning at age 40 covered for persons with a single first-degree relative (sibling, Parent, or child) with a history of colorectal cancer or an adenomatous polyp
- Colorectal cancer screening with the Cologuard test kit beginning at age 45, as frequently as every three years, for individuals at average risk for colon cancer
- Screening with sigmoidoscopy, DCBE, or colonoscopy covered as frequently as every two years for individuals with one or more of the following high risk factors for colorectal cancer:
 - » A first-degree relative (sibling, Parent, child) who has had colorectal cancer or an adenomatous polyposis (screening covered beginning at age 40 years);
 - » Family history of familial adenomatous polyposis (screening covered beginning at puberty); and/or
 - » Family history of hereditary nonpolyposis colorectal cancer (HNPCC) (screening covered beginning at age 20 years)
- Colorectal cancer surveillance with colonoscopy, flexible sigmoidoscopy or DCBE covered as frequently as every two years for individuals who meet any of the following criteria:
 - » Patient has inflammatory bowel disease, including ulcerative colitis or Crohn's disease (colorectal cancer surveillance covered as frequently as every two years);
 - » Personal history of adenomatous polyps (surveillance covered as frequently as every two years); and/or
 - » Personal history of colorectal cancer (surveillance covered as frequently as every two years).

Union Trustees



2-14-2023

Dated

Employer Trustees



2-14-2023

Dated