

**AMENDMENT NUMBER TWENTY-TWO  
TO THE OPERATING ENGINEERS LOCAL 139 HEALTH BENEFIT FUND  
SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT, 2015 EDITION**

The Operating Engineers Local 139 Health Benefit Fund has adopted the following changes to the Summary Plan Description/Plan Document, 2015 Edition.

1. Effective April 1, 2018, the subsection entitled Special rules for coverage of newborn in the section Your Dependents, which is on Page 3 and in Amendment 13, is revised and amended as follows:

**Special rules for coverage of a newborn:** Your newborn Dependent child(ren) **will be covered from the date of birth but only if** you follow the enrollment procedure of this Plan:

- Within 60 days of the child's birth you must notify the Fund Office via letter, call or email of the birth; and
- Within 6 months of the child's birth you must submit a completed enrollment form and documentation proving Dependent status to the Fund office.

Remember that you may not enroll a newborn Dependent child for coverage unless you, the Participant, are also enrolled for coverage.

2. Effective April 1, 2018, the provision entitled Adding A Child, which is on Page 15 and in Amendment 13, is revised and amended as follows:

**Special rules for coverage of a newborn:** Your newborn Dependent child(ren) **will be covered from the date of birth, but only if you:**

- notify the Fund Office of the birth via letter, call or email within 60 days of the child's birth; and
- submit to the Fund Office a completed enrollment form and documentation proving Dependent status within 6 months of the child's birth.

If you fail to notify the Fund Office of the child's birth within 60 day or fail to a submit a completed Enrollment Form and documentation proving Dependent status within 6 months of your child's birth, eligibility is late. Coverage based on late enrollment is the first day of the Eligibility Quarter when the Enrollment Form and any supporting documentation are received by the Fund Office. **No claims incurred prior to late enrollment will be paid.**

3. Effective June 1, 2019, the section entitled *Order of Payment*, which is on page 72, is deleted in its entirety and replaced with the following in order to ensure consistency with the National Association of Insurance Commissioners Model Regulation:

The Plan's Coordination of Benefits provisions determine which plan is primary (pays benefits first) and which plan is secondary.

The Fund pays regular benefits when this Plan is the primary plan. When this Plan is the secondary plan, benefits the Fund pays will be no more than the total percentage of costs that the Fund would have paid had this Plan been the primary plan. Remember that the Fund will not pay an amount that is greater than, when added to other amounts paid or payable, the actual expenses incurred.

*Non-Dependent or Dependent*

The plan that covers the Eligible Person other than as a Dependent, for example as an employee, member, subscriber, policyholder or retiree, is the primary plan and the plan that covers the person as a Dependent is the secondary plan.

*Dependent Child Covered Under More Than One Plan*

(a) Unless there is a court decree stating otherwise, plans covering a Dependent child shall determine the order of benefits as follows:

- For a Dependent child whose Parents are married or are living together, whether or not they have ever been married:
  - The plan of the Parent whose birthday falls earlier in the calendar year is the primary plan; or
  - If both Parents have the same birthday, the plan that has covered the Parent longest is the primary plan.

(b) For a Dependent child whose Parents are divorced or separated or are not living together, whether or not they have ever been married:

- If a court decree states that one of the Parents is responsible for the Dependent child's health care expenses or health care coverage and the plan of that Parent has actual knowledge of those terms, that plan is primary. If the Parent with responsibility has no health care coverage for the Dependent child's health care expenses, but that Parent's spouse does, that Parent's spouse's plan is the primary plan (*i.e.*, the step-parent's plan). This item shall not apply with respect to any plan year during which benefits are paid or provided before the entity has actual knowledge of the court decree provision;
- If a court decree states that both Parents are responsible for the Dependent child's health care expenses or health care coverage, the provisions set forth paragraph (a) shall determine the order of benefits;
- If a court decree states that the Parents have joint custody without specifying that one Parent has responsibility for the health care expenses or health care coverage of the Dependent child, the provisions in paragraph (a) above shall determine the order of benefits; or
- If there is no court decree allocating responsibility for the Dependent child's health care expenses or health care coverage, the order of benefits for the Dependent child are as follows:
  - The plan covering the Custodial Parent;
  - The plan covering the Custodial Parent's spouse;

- The plan covering the Non-Custodial Parent; and then
- The plan covering the Non-Custodial Parent's spouse.
- The order of benefits determined by court decree in paragraphs (a) and (b) shall apply even after the Dependent child reaches the age of eighteen or the court decree expires;
- (c) For a Dependent child covered under more than one plan of individuals who are not the Parents of the child, the order of benefits shall be determined, as applicable, under paragraph (a) or (b) as if those individuals were Parents of the child.
- (d) For a Dependent child who has coverage under either or both Parents' plans and also has his or her own coverage as a Dependent under a spouse's plan
  - the rule in *Longer or Shorter Length of Coverage* below applies.
  - In the event the Dependent child's coverage under the spouse's plan began on the same date as the Dependent child's coverage under either or both parents' plans, the order of benefits shall be determined by applying the rule in paragraph (a) above to the Dependent child's parent(s) and the Dependent's spouse.

*Active Employee or Retired or Laid-Off Employee*

- (a) The plan that covers an Eligible Person as an active employee that is, an employee who is neither laid off nor retired or as a Dependent of an active employee is the primary plan. The plan covering that same Eligible Person as a retired or laid-off employee or as a Dependent of a retired or laid-off employee is the secondary plan.
- (b) If the other plan does not have this rule, and as a result, the plans do not agree on the order of benefits, this rule is ignored.
- (c) This rule does not apply if the rule in *Non-Dependent of Dependent* above can determine the order of benefits.

*COBRA or State Continuation Coverage*

- (a) If an Eligible Person whose coverage is provided pursuant to COBRA or under a right of continuation pursuant to state or other federal law is covered under another plan, the plan covering the Eligible Person as an employee, member, subscriber or retiree or covering the person as a Dependent of an employee, member, subscriber or retiree is the primary plan and the plan covering that same Eligible Person pursuant to COBRA or under a right of continuation pursuant to state or other federal law is the secondary plan.
- (b) If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.
- (c) This rule does not apply if the rule in *Non-Dependent of Dependent* above can determine the order of benefits

### *Longer or Shorter Length of Coverage*

- (a) If the preceding rules do not determine the order of benefits, the plan that covered the Eligible Person for the longer period of time is the primary plan and the plan that covered the person for the shorter period of time is the secondary plan.
- (b) To determine the length of time an Eligible Person has been covered under a plan, two successive plans shall be treated as one if the Eligible Person was eligible under the second plan within twenty-four (24) hours after coverage under the first plan ended.
- (c) The start of a new plan does not include:
  - o A change in the amount or scope of a plan's benefits;
  - o A change in the entity that pays, provides or administers the plan's benefits; or
  - o A change from one type of plan to another, such as, from a single employer plan to a multiple employer plan.
- (d) The Eligible Person's length of time covered under a plan is measured from the Eligible Person's first date of coverage under that plan. If that date is not readily available for a group plan, the date the Eligible Person first became a member of the group shall be used as the date from which to determine the length of time the person's coverage under the present plan has been in force.

### *No Other Rule Applies*

If none of the preceding rules determines the order of benefits, the allowable expenses shall be shared equally between the plans.

### *Medicaid*

If you or your Dependent is covered by both this Plan and Medicaid or a State Children's Health Insurance Program (CHIP), this Plan pays first and Medicaid or the State Children's Health Insurance Program (CHIP) pays second.

4. Effective June 1, 2019, the section entitled GLOSSARY, which is on page 87, is Amended to include the following definitions:

#### **Custodial Parent means:**


- o The Parent awarded custody of a Dependent child by a court decree; or
- o In the absence of a court decree, the Parent with whom the Dependent child resides more than one half of the calendar year without regard to any temporary visitation.

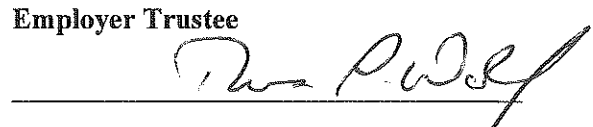
#### **Non-Custodial Parent means**

- o The Parent who was not awarded custody of a Dependent child by a court decree; or
- o In the absence of a court decree, the Parent with whom the Dependent child does not reside more than one half of the calendar year without regard to any temporary visitation.

**Parent** means the biological or legally adopted parent of a child.

This Amendment Number Twenty-Two to the Operating Engineers Local 139 Health Benefit Fund Summary Plan Description/Plan Document, 2015 Edition, was adopted by the Board of Trustees on May 16, 2019.

Union Trustee  
  
Dated: 5-16-19

Employer Trustee  
  
Dated: 5-16-19

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