

**OPERATING ENGINEERS LOCAL 139**  
**HEALTH BENEFIT FUND**

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**SUMMARY OF MATERIAL MODIFICATIONS**

Date: April 2021

To: Active and Retired Plan Participants and Their Eligible Dependents Enrolled in the Operating Engineers Local 139 Health Benefit Fund

From: The Board of Trustees

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As the Trustees of the Operating Engineers Local 139 Health Benefit Fund (the “Fund”), we regularly review the Plan and make changes when necessary. By way of this Summary of Material Modifications (SMM), we would like to make you aware of some significant Plan changes. Please read this SMM in its entirety to make sure you understand your health care coverage.

**DURATION OF EXTENSIONS FOR CERTAIN SPECIAL ENROLLMENT, COBRA, AND CLAIMS AND APPEALS DEADLINES**

In 2020, we informed you that the Plan would disregard the period from March 1, 2020 until 60 days after the announced end of the National Emergency Concerning COVID-19 to determine the following COBRA, special enrollment, and claims and appeals deadlines:

- The period to request special enrollment,
- The 60-day election period for COBRA Continuation Coverage,
- The date for making COBRA Continuation Coverage premium payments,
- The date for individuals to notify the Plan of a qualifying event or the determination of disability (Loss of Time), and death and dismemberment claims,
- The date within which individuals may file a benefit claim under the Plan’s claims procedures, and
- The date within which claimants may file an appeal of an adverse benefit determination under the Plan’s claims procedures.

Recent guidance from the Department of Labor clarified the duration of these deadline extensions, which applies on a case-by-case basis. Specifically, an individual’s deadline is **the earlier of**:

- One year from the date the individual was first eligible for relief (i.e., one year from their original deadline); or
- 60 days after the announced end of the National Emergency Concerning COVID-19.

However, under no circumstances will a deadline extension last longer than one year.

For example, if an individual's original deadline for electing COBRA Continuation Coverage was June 1, 2020, the individual will have until June 1, 2021 to make that election. If an individual's original deadline for electing COBRA Continuation Coverage was September 1, 2020, the individual will have until September 1, 2021 to make that election (or 60 days after the National Emergency Concerning COVID-19 ends, if that date occurs before September 1, 2021).

Please contact the Fund Office if you have questions about how the deadline extensions apply to your individual circumstances.

#### **DISCONTINUANCE OF THE 24/7 NURSELINE AND FUTURE MOMS PROGRAMS**

Due to lack of utilization, Anthem BlueCross BlueShield's 24/7 NurseLine and Future Moms program are being discontinued effective March 1, 2021. However, services are available that offer you the support you need. You still have access to the LiveHealth Online program through Anthem, which allows you to talk face-to-face with a doctor through your mobile device or computer (with a webcam). LiveHealth Online doctors can answer medical questions, diagnose your symptoms, and even prescribe medication if you need it (except in certain states). The service is **free** for you to use. Doctors are available 365 days a year, 24 hours a day, 7 days a week (including holidays) and can be reached at (888) 548-3432 and via [livehealthonline.com](https://livehealthonline.com).

If you are a Medicare retiree, you should check with your provider to see if telehealth services are being offered. Similar to other Plan benefits, if Medicare covers telehealth services, the Fund will cover that as well.

#### **REDUCTION IN EMPLOYEE ASSISTANCE PROGRAM VISITS**

Currently, under Anthem's EAP, you and your eligible family members are each entitled to up to five visits per person per incident with a licensed counselor who participates in the EAP network. However, effective March 1, 2021, each of you are entitled to up to **three** visits. Additional counseling services are covered under the medical benefits.

EAP Counselors provide prompt, professional assistance when you or a family member needs help to cope with anything that is causing a negative impact on your personal, private and/or professional life. That includes counseling for stress, addiction, finances, child rearing, family issues and more. The services are **free** to you. There are no out-of-pocket costs for you or your family. Any information you share with a counselor will be kept **confidential**.

To be referred to an EAP counselor, call Anthem BCBS at (800) 865-1044 or go to Anthem's EAP website, [www.anthemEAP.com](https://www.anthemEAP.com). When you log in to the website, select "Member Log In" and enter "OE Local 139" where it asks for your company or program name. Staff members are available 24 hours a day, 7 days a week.

#### **ANCILLARY BENEFIT PREMIUMS FOR RETIREES WHO OPT OUT OF PLAN COVERAGE**

If you are eligible to receive medical coverage through another group plan, such as one offered through your spouse's employer, a Medicare Advantage program (Part C and Part D) or a Medicare Supplement Plan (medical and prescription drug coverage), you and your spouse may postpone or opt out of the Plan's retiree coverage **one time** only and maintain your eligibility to participate in the retiree program at a later date. If you decide to opt out, the Fund will still provide you and your eligible dependents with optional ancillary benefits (dental, vision, death, and accidental death and dismemberment), at a cost.

You are not required to take the optional ancillary benefits, but if you do, you will be required to self-pay the monthly premium amount in order to receive the benefits. Effective June 1, 2021, the monthly opt-out premium for the optional ancillary dental, vision, and accidental death and dismemberment benefits increases from \$95 to \$120. Effective March 1, 2021, the monthly premium for a death benefit is \$35, and your designated beneficiary will be entitled to a benefit that will remain subject to the same terms and conditions as those that apply to retiree coverage.

You cannot use any service credits to either pay for or offset the costs of the optional ancillary benefits. In addition, if you opt out of the retiree plan, you and your eligible dependents will not have access to your Health Reimbursement Account (HRA) balance during the opt-out period. Your HRA balance will be frozen until you return to the Plan at a later date and re-enroll for retiree coverage. The ancillary dental and vision benefits will remain subject to the same terms and conditions as those that apply to active coverage.

To opt out of retiree coverage, request a Retiree In-and-Out Program Participation form from the Fund Office so that you can file a written notice of your decision to delay retiree coverage. Also note that you may opt back into the Plan one time. Refer to your Summary Plan Description for details or contact the Fund Office.

#### **STATEMENT OF THE PLAN'S GRANDFATHERED STATUS**

The Operating Engineers Local 139 Health Benefit Fund believes 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 your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, such as the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, such as 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 Plan Administrator at (262) 549-9190 or (800) 242-7018. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or via <http://www.dol.gov/ebsa/healthreform/>. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

#### **FINAL NOTE**

Please share this SMM with your family members and store it with your Summary Plan Description (SPD)/Plan Document booklet for easy reference.

If you have any questions regarding this SMM or your Plan benefits, do not hesitate to contact the Fund Office at (262) 549-9190 or (800) 242-7018.

This Summary of Material Modifications provides only highlights of recent changes to the Operating Engineers Local 139 Health Benefit Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify or terminate the Plan at any time.

