December 2016

Dear Participant,

Enclosed is Open Enrollment information for the Retiree Health & Welfare Plan. Please read this information carefully. If you chose to enroll, you must return the enclosed enrollment form no later than March 12, 2017.

If you decide to enroll in one of our plans at this time, you must pay the monthly fee for January, February and March 2017, but your coverage will not begin until April 1, 2017. Any medical, prescription, vision or dental expenses you incur prior to April 1, 2017 will not be covered.

The available plan options and current monthly fees are on the following page and are subject to change at any time by action of the Board of Trustees of the Health & Welfare Fund.

Please note: If you would like information on the United HealthCare Medicare Advantage (MA) PPO plan or any of our Health Maintenance Organization (HMO) Plans (Kaiser or Health Plan of Nevada (HPN) for medical coverage and Delta PMI or United Concordia for dental coverage), please complete the enclosed Plan Choice Form and return it as soon as possible. **Important: If you choose to enroll in the United HealthCare MA PPO plan or an HMO plan, you must return the enrollment form prior to February 19, 2017 to have an effective date of April 1, 2017.**

If enrolling, please complete and return the enclosed Enrollment Form, and a personal check or money order for your January 2017 premium. You may also pay your February 2017 and March 2017 premiums or you can wait and pay each month separately as they become due. **If you choose to have your monthly premium deducted from your pension benefit, the premium will be automatically deducted from your pension check beginning April 1, 2017, as long as you have submitted the required payments for January, February and March.** If you return the Enrollment Form indicating interest in enrolling in a plan other than the PPO plan, the Fund Office will send you a complete enrollment packet for the plan you selected.

On or about April 1, 2017, you will receive plan information and ID card(s) from the plan you enrolled in.

Please contact our Member Services Department at (866) 400-5200 with any questions you might have.

Sincerely,

Board of Trustees
Operating Engineers Health & Welfare Fund

Operating Engineers Health & Welfare Fund
Open Enrollment Form

Please complete and return by March 12, 2017 to: Operating Engineers Health & Welfare Fund, P.O. Box 7067, Pasadena, CA 91109

Member's Name: _____ SS# or OEID#: _____
Physical Address: _____ City: _____ State: ____ Zip Code: _____
Home Phone #: _____ Cell Phone #: _____ Email: _____

If you are enrolling for eligibility beginning April, 1, 2017 and want the Fund to cover your family members, please list them below.
Include yourself if you wish to be enrolled and if answering Yes to the Medicare Parts A & B coverage question, please include a copy of the Medicare Card for each individual you are enrolling who has Medicare coverage.

First Name	Last Name	Date of Birth	Social Security No.	Medicare Parts A & B Eligible	Health & Welfare Plan Choice (circle your plan choice from the Retiree Plan Options and Fees on the following pages)
				Yes / No	Plan #1, Plan #2, Plan #3, Plan #4, Plan #5 or Plan #6
				Yes / No	Plan #1, Plan #2, Plan #3, Plan #4, Plan #5 or Plan #6
				Yes / No	Plan #1, Plan #2, Plan #3, Plan #4, Plan #5 or Plan #6
				Yes / No	Plan #1, Plan #2, Plan #3, Plan #4, Plan #5 or Plan #6

My monthly fee for the plan I have selected will be $_____ (see plan rate table enclosed)

I prefer: ☐ Monthly payments ☐ Automatic deduction from my Operating Engineers Pension check

If you or a family member you are enrolling is currently working at any job, please provide the following:
Name of Family Member: _____ Phone #: _____
Employer's Name: _____ Phone #: _____
Name of Insurance through Employment: _____ Phone #: _____
Insurance Address: _____ City: _____ State: _____ Zip Code: _____

I understand that I may discontinue payment at any time and I will not be entitled to re-enroll in the plan until the next Open Enrollment period. I further understand that I may withdraw and revoke this authorization by written notice to the Fund Office.

Member's Signature: _____ Date: _____

This form is not a guarantee of eligibility in the Plan. Your eligibility in the Plan will be determined during the processing of your application.

Operating Engineers Health and Welfare
Retiree Plan Options and Fees

Plan Options #1 & #2 Operating Engineers PPO Plan & United HealthCare MA PPO Plan	Operating Engineers PPO Plan (Medical PPO & Dental PPO)		United HealthCare MA PPO Plan (Medical PPO & Dental PPO)	
	Non-Medicare & Medicare		Medicare Only	
	Covers Hospital, Medical, Rx Drugs, Vision, Hearing Aids, Dental & Death Benefits		Covers Hospital, Medical, Rx Drugs, Vision, Hearing Aids, Dental & Death Benefits. For families with one or more non-Medicare member, the non-Medicare member(s) will be enrolled in the OE PPO Plan	
	Disability Pensioners	All Others	Disability Pensioners	All Others
	OE PPO		United HealthCare MA PPO	
	Plan #1		Plan #2	
Single Coverage (No Spouse or Dependents)				
If you have Medicare	$110.00	$218.00	$110.00	$218.00
If you do not have Medicare	$198.00	$395.00	N/A	N/A
Two-Party Coverage (Two family members)				
If both have Medicare	$218.00	$435.00	$218.00	$435.00
If one has Medicare	$306.00	$612.00	$306.00	$612.00
If both do not have Medicare	$395.00	$789.00	N/A	N/A
Family Coverage (Three or more family members)				
If three have Medicare	$228.00	$456.00	$456.00	$456.00
If two have Medicare	$317.00	$633.00	$317.00	$633.00
If one has Medicare	$405.00	$810.00	$405.00	$810.00
If no one has Medicare	$494.00	$987.00	N/A	N/A
Retirees Earning Over $30,000 per year				
Nevada residents	N/A	$1,359.00	N/A	$1,359.00
All other state residents	N/A	$1,344.00	N/A	$1,344.00

Plan Options #3 & #4 HMO Plans (Kaiser, Anthem HMO & Health Plan of Nevada)	HMO Plan					
	Non-Medicare		Medicare Only			
	Medical: Kaiser, Anthem or Health Plan of Nevada (HPN) **Dental:** Delta Dental PMI or United Concordia. **All care must be obtained from the medical or dental HMO. The Fund will only pay the monthly premiums to the HMO's and Death Benefits**		**Medical:** Kaiser Medicare Advantage HMO Plan or Health Plan of Nevada (HPN - Nevada Residents Only) **Dental:** Delta Dental PMI or United Concordia. **All care must be obtained from the medical or dental HMO. The Fund will only pay the monthly premiums to the HMO's, Hearing Aids and Death Benefits** **Note: The Local 12 member must be enrolled in HPN in order for their family members to enroll in HPN.**			
	Disability Pensioners	**All Others**	**Disability**	**Disability**	**All Others -**	**All Others -**
	Kaiser, Anthem HMO or HPN HMO		**HPN HMO**	**Kaiser**	**HPN HMO**	**Kaiser HMO**
	Plan #3		**Plan #4**		**Plan #5**	
If you have Medicare	N/A	N/A	$110.00	$100.00	$218.00	$100.00
If you do not have Medicare	$141.00	$282.00	N/A	N/A	N/A	N/A
Two-Party Coverage (Two family members)						
If both have Medicare	N/A	N/A	$218.00	$200.00	$435.00	$200.00
If one has Medicare	N/A	N/A	$306.00	$176.00	$612.00	$232.00
If both do not have Medicare	$282.00	$564.00	N/A	N/A	N/A	N/A
Family Coverage (Three or more family members)						
If three have Medicare	N/A	N/A	$317.00	N/A	$633.00	N/A
If two have Medicare	N/A	N/A	$317.00	$138.00	$633.00	$276.00
If one has Medicare	N/A	N/A	$405.00	$246.00	$810.00	$491.00
If no one has Medicare	$353.00	$705.00	N/A	N/A	N/A	N/A
Retirees Earning Over $30,000 per year						
Nevada residents	N/A	$1,359.00	N/A	N/A	$1,359.00	$1,359.00
All other state residents	N/A	$1,344.00	N/A	N/A	$1,344.00	$1,344.00

Plan Options #5 & #6 **Limited Plan & M Plan**	**Operating Engineers Limited Plan** **Non-Medicare & Medicare** **With this plan, the Fund will only cover Rx Drugs, Vision, Hearing Aids, Dental & Death Benefits.** You MUST obtain your primary medical and hospital coverage elsewhere (e.g., your spouse's health plan, individual policy, other group insurance, etc.)		**Operating Engineers M Plan** **Medicare Only** **With this plan, the Fund will only cover Hearing Aids, Chiropractic Care, Dental & Death Benefits.** You MUST obtain your primary medical, hospital and Rx drug coverage from your individual Medicare HMO plan. **Note: Participants cannot enroll in a Medicare HMO if they reside outside the HMO service area, have End-Stage Renal Disease (ESRD), do not have Medicare Part B or are currently receiving Medicare Hospice benefits.**	
	Disability Pensioners	**All Others**	**Disability Pensioners**	**All Others**
	Limited Plan		**M Plan**	
	Plan #6		**Plan #7**	
Single Coverage (No Spouse or Dependents)				
If you have Medicare	$57.00	$114.00	$35.00	$68.00
If you do not have Medicare	$57.00	$114.00	N/A	N/A
Two-Party Coverage (Two family members)				
If both have Medicare	$114.00	$228.00	$68.00	$135.00
If one has Medicare	$114.00	$228.00	$231.00	$462.00
If both do not have Medicare	$114.00	$228.00	N/A	N/A
Family Coverage (Three or more family members)				
If three have Medicare	N/A	N/A	N/A	N/A
If two have Medicare	$143.00	$285.00	$167.00	$333.00
If one has Medicare	$143.00	$285.00	$330.00	$660.00
If no one has Medicare	$143.00	$285.00	N/A	N/A
Retirees Earning Over $30,000 per year				
Nevada residents	N/A	$1,359.00	N/A	N/A
All other state residents	N/A	$1,344.00	N/A	N/A