

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		United HealthCare Medicare Advantage PPO Plan: Covers Hospital, Medical, Rx drugs, Vision, Hearing Aids, Dental & Death Benefits. For families with one or more non-Medicare members, the non-Medicare member(s) will be enrolled in the OE (Anthem) 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	\$160.00
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	\$320.00
If one has Medicare	\$306.00	\$612.00	\$306.00	\$555.00
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	\$282.00
If two have Medicare	\$317.00	\$633.00	\$317.00	\$517.00
If one has Medicare	\$405.00	\$810.00	\$405.00	\$752.00
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 (Kasier, 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	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		Operating Engineers M Plan	
	Non-Medicare & Medicare		Medicare Only	
	<p>With this plan, the Fund will only cover Rx Drugs, Vision, Hearing Aids, Dental & Death Benefits.</p> <p>You MUST obtain your primary medical and hospital coverage elsewhere (e.g., your spouse's health plan, individual policy, other group insurance, etc.)</p>		<p>With this plan, the Fund will only cover Hearing Aids, Chiropractic Care, Dental & Death Benefits.</p> <p>You MUST obtain your primary medical, hospital and Rx drug coverage from your individual Medicare HMO plan.</p> <p>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.</p>	
	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