

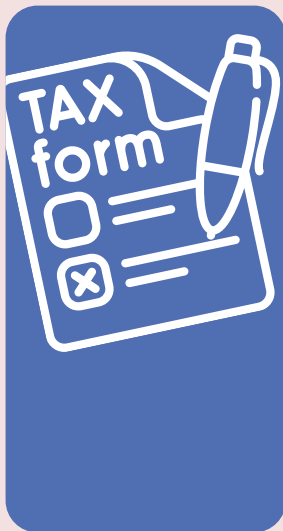


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FEBRUARY 2020

## 2019 Clean Up:

*Make Sure You Keep your Beneficiaries, Address and Important Documents Up to Date!*



**A**s you prepare to file your 2019 tax returns, it's a good time to review any important changes that may have occurred in during the year. Changes may affect your family when it comes to eligibility for coverage and the decisions you make about beneficiaries for health and pension benefits.

? Have you had a baby or adopted a child?

? Have you gotten married or divorced?

? Did you move?

Be sure to tell the Trust Funds Office!

You'll need to enroll any new dependents in the Health & Welfare Fund and terminate your former spouse and your former spouse's dependents who are no longer dependents under the Health & Welfare Fund. Check your beneficiaries in all the plans. Beneficiary Forms for the various Funds are available for download on [www.oefi.org](http://www.oefi.org). Even if Local 12 has your updated information, the Trust Funds Office may not. Please remember to keep the Trust Funds Office updated about any changes to your personal information, so your benefits can be processed correctly and promptly.

## 1099-R Forms

The Fund Office mailed the 1099-R forms on **DATE** as required by law. This form, which is mailed to you and the Internal Revenue Service, shows the total amount of pension you received from the Pension Trust during calendar year 2019. It also shows the amount of federal and state income tax, if any, that was withheld from your pension payments. You will need this form when completing your income tax return.

**Once received, if you have any questions about your 1099-R, please contact the Member Services Call Center at the Trust Fund office toll free at (866) 400-5200.**

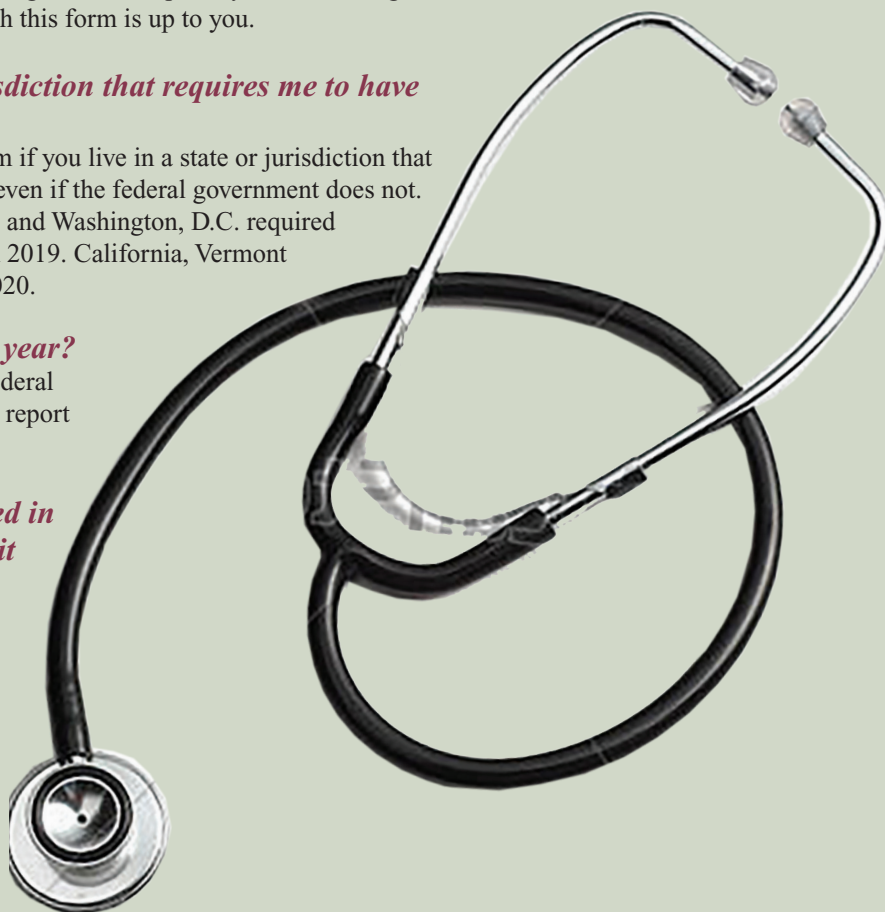
## 5 Questions About the IRS Forms 1095 Under the Affordable Health Care Act (ACA)

Again, this year in March, members who had eligibility for coverage in the Health & Welfare Fund at some point in 2019 will receive an IRS 1095 form from the Fund Office as required by the ACA. Some might be confused this year because the federal penalty for individuals who do not have health coverage was effectively eliminated starting January 1, 2019. However, Federal law still requires these forms to be issued.

These forms are required to be provided by employers, except in the case of collectively bargained Health Plans, like ours, who provides them on the employer's behalf.

Here are some of the most common questions and answers.

- 1** *What is the 1095 form?*  
The IRS 1095 form shows whether your employer (or Union sponsored Health Plan) provided health coverage to you and your family members each month of the past year. Your employer (or Health Plan) sends one copy of the 1095 to the Internal Revenue Service (IRS) and one copy to you.
- 2** *What am I supposed to do with this form?*  
You do not need to do anything with the form. You won't need it for your federal taxes. Starting January 1, 2019, there is no longer a federal penalty for not having health insurance coverage. What you do with this form is up to you.
- 3** *What if I live in a state or jurisdiction that requires me to have health coverage?*  
You might want to hang on to the form if you live in a state or jurisdiction that requires you to have health coverage even if the federal government does not. Currently, New Jersey, Massachusetts and Washington, D.C. required individuals to have health coverage in 2019. California, Vermont and Rhode Island will join them in 2020.
- 4** *Will I get this form again next year?*  
Possibly. It depends on whether the federal government will require employers to report health coverage for 2020.
- 5** *I heard the ACA was overturned in federal court. Does that mean it has gone away?*  
No. Federal court cases determining the fate of the ACA are in progress.



## Retiree Dual HMO Coverage

Are you looking for a lower premium for your medical coverage? You may want to consider combining your HMO medical and dental benefits. Contact the Member Services Call Center at the Trust Fund Office to discuss options. Call Center representatives can be reached, toll free, at (866) 400-5200, Monday through Friday from 8:30 am to 4:30 pm.

<b>Plan Options #3, #4 &amp; #5 HMO Plans (Kaiser, Anthem HMO &amp; Health Plan of Nevada)</b>	HMO Plan					
	Non-Medicare		Medicare Only			
	<b>Medical:</b> Kaiser, Anthem or Health Plan of Nevada (HPN) <b>Dental:</b> Delta Dental PMI or United Concordia. <b>All care must be obtained from the medical or dental HMO. The Fund will only pay the monthly premiums to the HMOs and Death Benefits</b>		<b>Medical:</b> Kaiser Medicare Advantage HMO Plan or Health Plan of Nevada (HPN - Nevada Residents Only) <b>Dental:</b> Delta Dental PMI or United Concordia <b>All care must be obtained from the medical or dental HMO. The Fund will only pay the monthly premiums to the HMOs, Hearing Aids and Death Benefits</b> <b>Note: The Local 12 member must be enrolled in HPN in order for their family members to enroll in HPN.</b>			
	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	
<b>Single Coverage (No Spouse or Dependents)</b>						
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
<b>Two-Party Coverage (Two family members)</b>						
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
<b>Family Coverage (Three or more family members)</b>						
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



## LiveHealth Online: Visit with a Doctor 24/7

LiveHealth Online is a program available to non-Medicare PPO Plan enrollees. This service allows you to visit with a doctor online 24 hours a day, 7 days a week, and 365 days a year with no deductible or co-payment. It is available anywhere you have a computer or mobile device with Internet access. This gives you immediate access to an Anthem Blue Cross network, board-certified doctor via webcam, chat, or voice at no cost to you without having to wait for an appointment or going to an urgent care center or hospital emergency room.

LiveHealth Online is convenient, easy to use, and secure. Simply log onto [www.livehealthonline.com](http://www.livehealthonline.com) and follow the registration instructions. To register, you will need your OEID number. Once registered, you can then choose a doctor and begin your consultation.

LiveHealth Online is available in all states except Arkansas and Texas. Services do not include:

- Reporting normal lab or other test results
- Office visit appointment requests or changes
- Billing, coverage, or payment questions
- Requests for referrals to other physicians or healthcare practitioners
- Benefit precertifications
- Consultations between physicians
- Consultations provided by telephone, electronic mail, or FAX

LiveHealth Online should not be used for emergency care. If you experience a medical emergency, call 911 immediately.

For questions or assistance, contact LiveHealth Online toll-free at (855) 603-7985 or by email at [customersupport@livehealthonline.com](mailto:customersupport@livehealthonline.com).

## VALENTINE'S DAY

They may be horizontal, vertical, diagonal, forward, or backwards.

N	E	S	D	T	N	E	T	T	I	M	S	U	S
O	A	A	E	C	H	O	C	O	L	A	T	E	R
I	T	D	V	E	E	N	D	C	R	U	C	C	D
T	H	M	O	S	T	O	A	V	L	M	U	O	E
A	O	I	T	F	O	I	T	W	N	P	S	E	V
U	L	R	I	O	L	C	E	H	I	U	T	E	O
T	I	E	O	A	A	O	F	D	B	E	N	D	L
A	D	R	N	N	O	E	W	O	F	I	S	I	E
F	A	I	D	T	B	E	U	E	T	A	W	D	B
N	Y	Y	S	R	T	Q	L	N	R	T	E	N	E
I	A	N	U	S	U	S	E	E	R	S	E	P	N
T	M	A	I	E	I	L	E	A	O	W	T	O	S
M	R	O	T	N	A	K	E	A	D	O	S	E	T
Y	O	I	I	V	D	H	T	F	I	G	C	M	G

ADMIRER  
BELOVED  
BOUQUET  
CANDY  
CHOCOLATE

CUPID  
DATE  
DEVOTION  
FEBRUARY  
FLOWERS

GIFT  
HEART  
HOLIDAY  
INFATUATION  
KISS

POEM  
SMITTEN  
SWEETS  
VALENTINE

### Change of Address

It is very important that the Fund Office has, in addition to your mailing address, a record of your current physical address on file. Your physical address is important for Plan enrollment. Changes of address must be received by the 15th of the month in order for your pension check to be sent to your new address the following month. The Fund office will continue to send communications to the mailing address you specify, not the physical address, if they are different. Please complete the form below:

#### Physical Address:

Name \_\_\_\_\_ Reg #, OEID, Last 4 Digits of Member's SS# \_\_\_\_\_

Street (Physical Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### Mailing Address:

Street (Mailing Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

#### Please return signed form to:

Operating Engineers Trust Funds, PO Box 7063, Pasadena, CA 91109 or fax to (626) 356-1047