



SPRING/SUMMER 2022

Extended Health & Welfare Eligibility for Disability

If an active employee is prevented from maintaining eligibility because he/she is unable to perform their regular and customary duties due to an illness or injury, the active employee and their qualified dependents may be entitled to an extension of eligibility. This extension is at no cost to the employee and the employee's Reserve Hours Account is not affected.

For active employees with quarterly eligibility, the extension is for a period of three consecutive Eligibility Quarters, provided the employee remains disabled during this period and that the number of hours for which contributions were made on behalf of the active employee during the Work Quarter in which the active employee was disabled when added to the number of hours in the active employee's Hours Account totals at least 200 hours. The extension starts with the first Eligibility Quarter following the Work Quarter in which the employee becomes disabled.

For active employees with monthly eligibility, the extension is for the month following the month in which he/she becomes disabled or, if greater, the number of months of eligibility in his/her Reserve Hours Account, provided the employee remains disabled during this period.

Examples:

1. Mr. Smith has eligibility from February 1 through April 30 and becomes totally disabled on March 5. Because he was eligible at the time the disability occurred, he qualifies for a disability extension. Because his disability occurred during the Qualifying Work Quarter of January through March, the disability extension would be granted for the period of three Eligibility Quarters from May through January.
2. Ms. Jones' employer makes contributions on a monthly basis. She worked in February and March which provided active eligibility for April and May and becomes totally disabled on April 5. Since she was eligible at the time the disability occurred, she qualifies for a disability extension for June. If she had hours in her Reserve Hours Account, she may be entitled to additional months of disability extension.

Extension of Medical Benefits due to Disability

After the Extended Eligibility for Disability extension is exhausted, any eligible individual (employee or dependent) who lost eligibility due to total disability will be eligible for reimbursement of covered expenses related to the disabling injury or illness until the earliest of: 1) the date the total disability ends, 2) the end of the 12-consecutive month period from the date eligibility was lost, or 3) the date the active employee becomes covered as a retired employee.

If this extension applies to a dependent child, stepchild, legally adopted child, or child placed

with the active employee for adoption, benefits will be payable until the earlier of the date on which the total disability ends, or the 36-consecutive month period from the date eligibility was lost.


Benefits on account of pregnancy are limited to the benefit that would have been payable if eligibility had not been lost and will not be payable for any covered expenses incurred more than 90 days after the pregnancy terminates.

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OTC COVID Tests are Now Covered for Members Enrolled in the Fund's PPO Plan.

Here's How to Get Them at Little or No Cost to You.

- 1. Pay \$0 at a preferred network pharmacy using OptumRx:** Visit the pharmacy counter at a **Rite Aid (including Bartell Drugs)** or **Walgreens** and present your OptumRx ID card and ask to have your OTC at-home COVID-19 test kits submitted to your plan for coverage.
- 2. Order at-home COVID-19 tests online with \$0 copay through the Optum Store:**
Get free shipping on orders of \$45+. Requires sign-in to optumrx.com

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| <p>Sign in to optumrx.com and go to <Get at-home COVID-19 tests with \$0 copay> Click the order now link Smartphone users will need to scroll down to find the link.</p> |  <p>Get at-home COVID-19 tests with \$0 copay* through the Optum Store</p> <p>Order Now</p> | <p>Each covered household can receive up to 8 at home COVID-19 tests every month at the Optum Store. Simply place an order through the Optum Store. Get free shipping on orders of \$45+</p> |
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- 3. Purchase your kit(s) and then submit an online form for reimbursement:** You can also purchase an OTC at-home COVID-19 test kit at other stores or online retailers. Keep your purchase receipt(s) to submit for reimbursement. Your plan will reimburse up to \$12 per test. You can start your online request form by visiting <https://covidtest.optumrx.com/>
- 4. Purchase your kit(s) and mail in paperwork to the Trust Fund office:** You can submit your proof of purchase to the Fund Office. The plan will reimburse up to \$12 per test. Please note you will receive reimbursement more quickly if you submit an online claim form.

Which COVID-19 Tests are Covered?

Coverage includes OTC at-home COVID-19 test kits authorized by the Food and Drug Administration (FDA). The most common test kit brands are BinaxNOW™, CLINITEST®, Flowflex™, i-Health®, IntelliSwab™, On/Go™, QuickVue® and At-home test kits (Roche).

Is There a Limit to How Many Tests Will be Covered?

Yes. Covered members can get up to 8 individual tests per month. (e.g., a family of 4 would be eligible for 32 tests a month). Members are limited to 8 tests (4 kits that include 2 tests) per household per calendar month at the Optum Store.

What if I'm Not Enrolled in the Fund's Anthem PPO Plan?

For those enrolled in one of the Fund's HMO plans or United Healthcare, please contact the plan directly for information on Over-the-Counter COVID test coverage.

PPO Plan Skilled Nursing Facility Benefit

Effective with dates of service on or after January 1, 2022, the Operating Engineers Health & Welfare PPO plan's Skilled Nursing Facility benefit maximum covered days has been increased from 60 days to 100 days.

For non-Medicare primary individuals, the 100 covered days count begins on the date of admission to the Skilled Nursing Facility.

For Medicare primary individuals, the 100 covered days begins on the first day of Medicare coinsurance, usually the 21st day of inpatient care.

The benefit amount the Fund will pay remains unchanged for both in-network and out-of-network services; only the maximum covered days has changed.

Please call the Fund's Member Services Department at (866) 400-5200 with any questions.

California State Skilled and Trained Workforce (STW) Requirement

To assist you and your employer with compliance of the California STW requirement, the Fund Office has created a Work History report that you may request and use as needed with your I.U.O.E. Local 12 signatory employer.

To request your Work History Report you can go to the Fund's website at www.oefi.org, click on the blue bar entitled 'Work History Report Request' in the middle of the home page. (highlighted below)

This web-tool will allow you to receive your Work History Report by email, U.S. mail or both email and U.S. mail, usually by the next business day.

You can also call the Fund's Member Services Department at (866) 400-5200 and request your Work History Report. Your report will usually be mailed to you the same day as your request, but depending on the time of your request, your report may be mailed the next business day.

OPERATING ENGINEERS TRUST FUNDS

VIEWING AS: ACTIVE MEMBER SWITCH VIEW

COVID-19 SEARCH CONTACT MEMBER SIGN IN MENU

MEMBER SIGN IN PAY MY ACTIVE PREMIUM FIND A PROVIDER CHECK MY VACATION

ABOUT OEFI.ORG
Operating Engineers Funds Inc. is a non-profit corporation that administers the employee benefit programs for over 20,000 members of the International Union of Operating Engineers (I.U.O.E.) Local 12, and their dependents and beneficiaries. The Operating Engineers (Local 12) Funds are multi-employer funds that have been established through collective bargaining agreements between the employers and Local 12. The funding for the benefits provided by the Funds is set by the bargaining parties. The Funds are governed by Board of Trustees equally comprised of Union and Employer appointed representatives.
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QUICK LINKS
The Scoop, Fall 2021
[Life Events Guide](#)
[Health and Welfare](#)
[Pension Plan](#)
[Defined Contribution Plan](#)
[Vacation Holiday Plan](#)
[Work History Report Request](#)
[Contact](#)

CURRENT NEWS
[Over-The-Counter COVID-19 Tests](#)
[Beacon Health Options - New MAP and MH/SA Network](#)
[Notice of Pension Plan Change - Early Pension Age](#)
[John Hancock DCP Go-Live Notice](#)
[OptumRx January 2022](#)
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Adding a New Spouse or Dependent To Your Health & Welfare Coverage

When you add a new spouse or dependent to your Operating Engineers Health & Welfare coverage the Fund Office requires the following documents be submitted:

Enrolling a New Spouse:

- Operating Engineers Health & Welfare Fund Health Plan Enrollment Form
- Operating Engineers Health & Welfare Fund Group Insurance Questionnaire
- Certified Copy of Marriage Certificate

Enrolling a New Dependent:

- Operating Engineers Health & Welfare Fund Health Plan Enrollment Form
- Operating Engineers Health & Welfare Fund Group Insurance Questionnaire
- Certified Copy of Birth Certificate
- Adoption or Guardianship Documents Issued by the Court (as applicable)

Both the Health Plan Enrollment form and the Group Insurance Questionnaire are available for download and print from the Health and Welfare section of the Fund's website at: **www.oefi.org**

In-lieu of mailing certified copies of marriage and birth certificates, you may visit the Fund Office with the original marriage or birth certificate(s) and a Fund Office representative will verify the document(s) authenticity, make a copy for our records, and return the original certificate(s) to you.

IMPORTANT: Receipt of the required documents are necessary before the Fund can provide health coverage eligibility and before processing any health claims received for a new spouse or dependent. The Fund Office returns all original documents within 30 days of processing.

Extension of Medical Benefits

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This additional 1-year extension is only for treatment of the disabling illness or injury. Any expenses for unrelated illness or injury or for other family members will not be covered. Work-incurred injuries or illnesses do not qualify for this extension (see following exception).

If the additional 1-year extension is needed for the active employee and their disabling condition is related to a work related injury covered by workers compensation insurance that resulted in the loss of one or more of the employee's hands, feet, limbs, or the loss of sight in one or both eyes, then the employee's eligibility for full Fund benefits, and that of his/her dependents shall be continued during an additional twelve consecutive months without deduction from the employee's Hours Account.

Please contact the Fund's members services department Mon-Fri 8:30 am – 4:30 pm at (866) 400-5200 for more information.



Women's Health & Cancer Rights Act (WHCRA)

Under the Women's Health and Cancer Rights Act of 1998, all plans like the Health & Welfare Plan for I.U.O.E., Local 12, that cover mastectomies are also required to cover related reconstructive surgery. Available reconstructive surgery must include both reconstruction of the breast on which surgery was performed and surgery and reconstruction of the other breast to produce a symmetrical appearance. Coverage must also be available for breast prostheses and for the physical complications of mastectomy, including lymphedemas. These services are elective and are chosen by the patient in consultation with the attending physician. These services are subject to the Plan's usual provisions regarding deductibles, benefit maximums, coinsurance and copayments.



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| BASEBALL | GROW | PLEASANT | SPROUTING |
| BLOOM | HATCH | PUDDLES | SUNSHINE |
| BLOSSOM | HEATWAVE | RAIN | WARM |
| BREEZY | LUSH | RELAXING | WEATHER |
| FLOWERS | NEST | SEASON | |
| GRASS | OUTDOORS | SPRING | |

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