FEBRUARY 2015

HealthLine

www.local4funds.org

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 4
HEALTH & WELFARE PLAN

Dear Health & Welfare Participant,

This edition of *HealthLine* features the following topics:

- Understanding the Medical Plan's calendar year out-of-pocket maximum
- Holistic benefits
- Durable medical equipment benefits
- Report of Contributions
- Keeping your information updated

UNDERSTANDING THE MEDICAL PLAN'S CALENDAR YEAR OUT-OF-POCKET MAXIMUM

	In-Network	Out-of-Network
Calendar Year Deductible	$200 per person $400 per family	$300 per person $600 per family
Coinsurance Level	Plan pays 90% You pay 10%	Plan pays 70% You pay 30%
Calendar Year Out-of-Pocket Maximum	$5,000 per person, per family The calendar year out-of-pocket maximum includes the deductible, coinsurance, and copayments (excluding prescription deductible and copayments).	

Your Board of Trustees recently voted to lower the **in-network** deductible from $300/person and $600/family to $200/person and $400/family, effective January 1, 2015. The copayment, deductible, and coinsurance amounts your family pays for services that are covered by the Medical Plan are applied toward the family's out-of-pocket calendar year maximum. Once your family, or any member of your family, reaches the $5,000 calendar year out-of-pocket maximum, all services that are covered by the Medical Plan will be paid at 100 percent. The Medical Plan's calendar year out-of-pocket maximum is combined for both in-network and out-of-network covered services. This means each calendar year, the most your family will be responsible to pay out of pocket for services that are covered by the Medical Plan is $5,000.

QUESTION: WHAT AMOUNTS DO NOT GET APPLIED TOWARD THE MEDICAL PLAN'S CALENDAR YEAR OUT-OF-POCKET MAXIMUM?

ANSWER:

1 The Prescription, Dental, and Vision Plans are separate from the Medical Plan. This means that amounts you pay for services that are covered by those plans are *not* applied toward the Medical Plan's calendar year out-of-pocket maximum. These include prescription copayments, the Supplemental Plan's prescription deductible, and amounts you pay for dental and vision services.

2 Amounts you pay for services that are not covered by the Medical Plan are *not* applied toward the calendar year out-of pocket maximum.

3 Amounts you pay above the limits for services that are subject to a specific limit, such as massage therapy and homeopathic services, are *not* applied toward the calendar year out-of-pocket maximum.

(continued on page 8)

health bits

To prevent dry skin or to keep it from getting worse, the American Academy of Dermatology recommends using a gentle cleanser, because soaps can strip oils from the skin. Stop using deodorant bars, antibacterial soaps, perfumed soaps, and skin care products containing alcohol, such as hand sanitizers. Instead, use either a mild, fragrance-free soap or a soap substitute that moisturizes.

Regularly ask your boss for feedback, but don't just ask, "how am I doing?" Rather, in *Nice Girls Still Don't Get the Corner Office*, Lois P. Frankel, Ph.D., recommends you ask what you can do more of, less of, or continue to do. And remember, asking anyone for feedback—your boss or colleagues—implies you're going to take some action. Make sure to follow up and let the person know what steps you're taking to make improvements.

IUOE Local 4 Health & Welfare Plan
PO Box 660
Medway, MA 02053-0660

www.local4funds.org

GCC/IBT

(continued from page 1)

REPORT OF CONTRIBUTIONS

During the month of February you will receive a Report of Contributions. Your report will contain information regarding the hours you worked and the contributions made to the Funds on your behalf by your employer(s) as of December 31, 2014. You should review the report for errors and missing hours. If you need to report missing hours, please follow the instructions on the Report of Contributions. All missing or incorrectly reported hours/contributions must be provided to the Funds Office in writing.

The Report of Contributions will include your Health Plan eligibility status. If you are eligible for Health Plan coverage as of March 1, 2015, this information will be indicated on your report.

Important note about the hours requirement for coverage under the Basic Plan: The Health Plan year runs from March 1, 2015, through February 29, 2016. The hours you work from January 1, 2014, through December 31, 2014, are for Health Plan coverage beginning on March 1, 2015. If you work the required number of hours (Local 4 = 1,000 hours; Local 4D = 1,500 hours; non-collectively bargained employee covered under a Participation Agreement = 1,800 hours), you will be covered under the Basic Plan as of March 1, 2015.

If your Health Plan coverage terminates as of February 28, 2015, this will also be indicated on your report. If your coverage will terminate, you will receive a COBRA information package that will also include the Plan A Buy-In information.

If you have any questions about enrolling in COBRA or Plan A, please call the Health Fund's Eligibility Department at **888-486-3524**.

The following charts outline the Medical Plan's holistic and durable medical equipment benefits.

HOLISTIC BENEFITS			
	Your Cost **In-Network**	Your Cost **Out-of-Network**	Combined Maximum
Chiropractic	$15 copayment	30%, after $300 calendar year deductible is satisfied	20 visits per person, per calendar year
Acupuncture	$15 copayment	$15 copayment	20 visits per person, per calendar year
Massage therapy, homeopathic services	$15 copayment	$15 copayment	$1,000 per person, per calendar year

DURABLE MEDICAL EQUIPMENT BENEFITS		
	Your Cost **In-Network**	Your Cost **Out-of-Network**
Durable medical equipment	10%, after $200 calendar year deductible is satisfied	30%, after $300 calendar year deductible is satisfied

KEEPING YOUR INFORMATION UPDATED

The Funds Office sends important mailings throughout the year to ensure your contact and dependent information is current. Please submit all address changes for you and your dependents in writing to us. If your marital status has changed or you are adding or deleting a dependent, please be sure to complete a new enrollment card. You must also submit the appropriate legal document with any change.

The Funds Office will be reenrolling all participants in the Health Plan in the months to come in order to ensure we have accurate dependent, beneficiary, and Social Security numbers for all eligible dependents covered by the Health Plan. You may download the change of address form from our website at **www.local4funds.org** to complete and then submit to us. Please submit all changes to IUOE Local 4 Benefit Funds, PO Box 680, Medway, MA 02053.

Sincerely,
Your Board of Trustees
Louis G. Rasetta, Chairman
Nino Catalano
Paul C. DiMinico
David F. Fantini
James Reger
John J. Shaughnessy, Jr.

IUOE Local 4
Louis G. Rasetta, Business Manager

Administrator
Gina M. Alongi