



THE ROAD
TO A *healthier* YOU

health49.org • August 2024



Operating Engineers Local 49 Health & Welfare Fund

Benefits Guide

FOR ACTIVE AND RETIREE MEMBERS

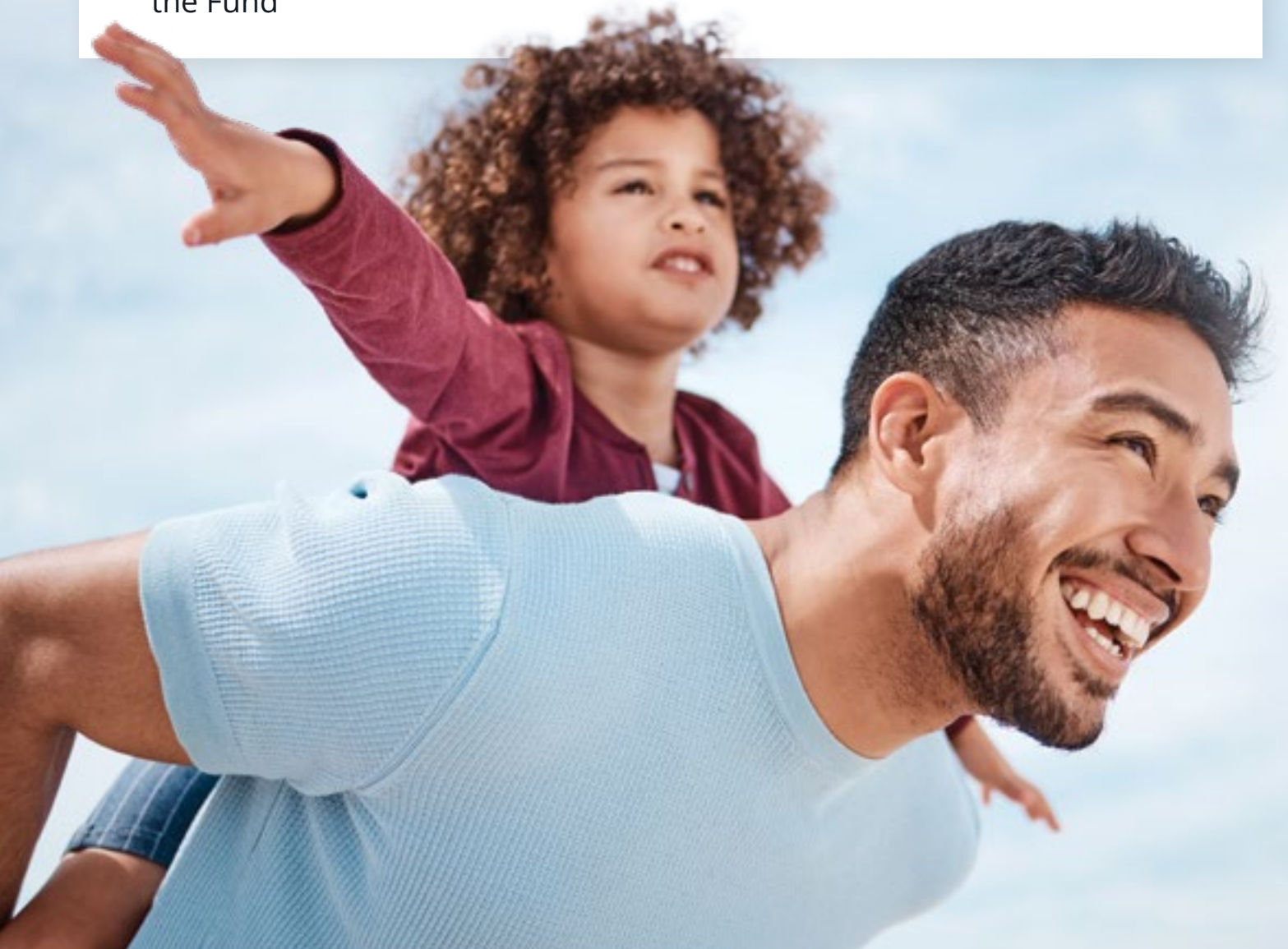
Learn more about your health benefits and resources. [→](#)

Welcome

Your Operating Engineers Local 49 Health & Welfare Fund (“the Fund”) benefits help you and your family live healthy and happy lives.

Use this guide to better understand:

- » How your benefits work
- » Who’s eligible for coverage
- » Who to contact when you have questions
- » How to take advantage of your benefits to save money for yourself and the Fund





What's Inside

4 Eligibility for Coverage

Active Members

Retirees

Dependents

If You Experience a Life Event

6 Health Reimbursement Arrangement (HRA)

7 Employee Assistance and Patient Advocacy Program

8 Medical and Prescription Drug Benefits

Terms to Know

Active Members and Pre-Medicare Retirees

Medicare-Eligible Retirees

Doctor On Demand: For Active Members and Pre-Medicare Retirees

13 Wellness Benefits

RAYUS Radiology Program

Blue Cross Quit For Life Program

Maternity Management Program

Health Gauge Screenings

Hearing Aid Program

Chiropractic Services Program

Acupuncture Services Program

Wellness Discounts: For Active Members and Pre-Medicare Retirees

16 Dental Benefits

18 Vision Benefits

19 In the Event of the Unexpected

Death Benefits

Accidental Death and Dismemberment Benefits

Accident and Sickness Benefit

The Fund's Summary Plan Description (SPD), and the related documents, set forth the terms of benefits including eligibility. If there are inconsistencies between information in this Benefits Guide and the SPD, the SPD terms control. This Benefits Guide is not a statement of eligibility. Visit health49.org to access information about your Plan and to find a copy of the SPD. The benefits outlined in this guide are subject to change.

Eligibility for Coverage

The Fund provides benefits to eligible active members, retirees under age 65 (pre-Medicare retirees), and Medicare-eligible retirees.



Active Members

Active members need \$1,425* per month in their Dollar Bank to be eligible for coverage. Eligibility is determined month to month.

You can accrue up to six months of eligibility (or \$8,550*) in your Dollar Bank. Once you've accrued six months of eligibility (or \$8,550*), employer contributions greater than \$1,425* per month are deposited into your Health Reimbursement Arrangement (HRA) to cover the cost of out-of-pocket expenses like deductibles, coinsurance, and self-payments.



Retirees

You are eligible for retiree benefits if you make the required self-payments, you were eligible for active coverage at the time of your retirement and you:

- » Are age 55 or older, are eligible for a pension from the Central Pension Fund of Operating Engineers, and have been eligible for Fund benefits during the 12 months before you retired; **or**
- » Are age 62 or older and have been covered for at least 10 consecutive years under the Fund before retiring; **or**
- » Are age 65 or older and have been covered for at least 5 consecutive years under the Fund before retiring; **or**
- » Are age 55 or older with 10 or more consecutive years of employment with the same contributing public sector employer; **or**
- » Are age 65 or older with 5 or more consecutive years of employment with the same contributing public sector employer.

For eligibility information about a disability retirement benefit, contact the Fund Office.

Medicare-eligible retirees must be entitled to Medicare Part A and enrolled in Medicare Part B.

* These amounts change periodically.



Dependents

Eligible dependents generally include:

- » Your spouse
- » Your natural children, stepchildren, foster children, adopted children, and children who are younger than age 26 and are placed with you for adoption
- » Your children who are older than age 26 and are unable to care for themselves because of mental or physical reasons

In some situations, you can cover your grandchildren or a sibling. Contact the Fund Office for details.



If You Experience a Life Event

If you experience a life event, it may affect your benefit coverage. Life events include the following:

- » Marriage
- » Divorce
- » Having or adopting a baby
- » A dependent becoming ineligible for coverage
- » Your death
- » Death of a dependent
- » Disability

Contact the Fund Office as soon as possible after a life event occurs, but no later than **90 days** after the event. When you experience a life event, you need to complete and submit the applicable **life changes** form, which is available at health49.org/forms.



Did you move?

Notify the Fund Office if you move. Complete a **Change of Address Form** and mail it back to the Fund Office. You can access the form at health49.org/forms.

Health Reimbursement Arrangement (HRA)

Your employer contributes a set amount on your behalf for each hour you work.

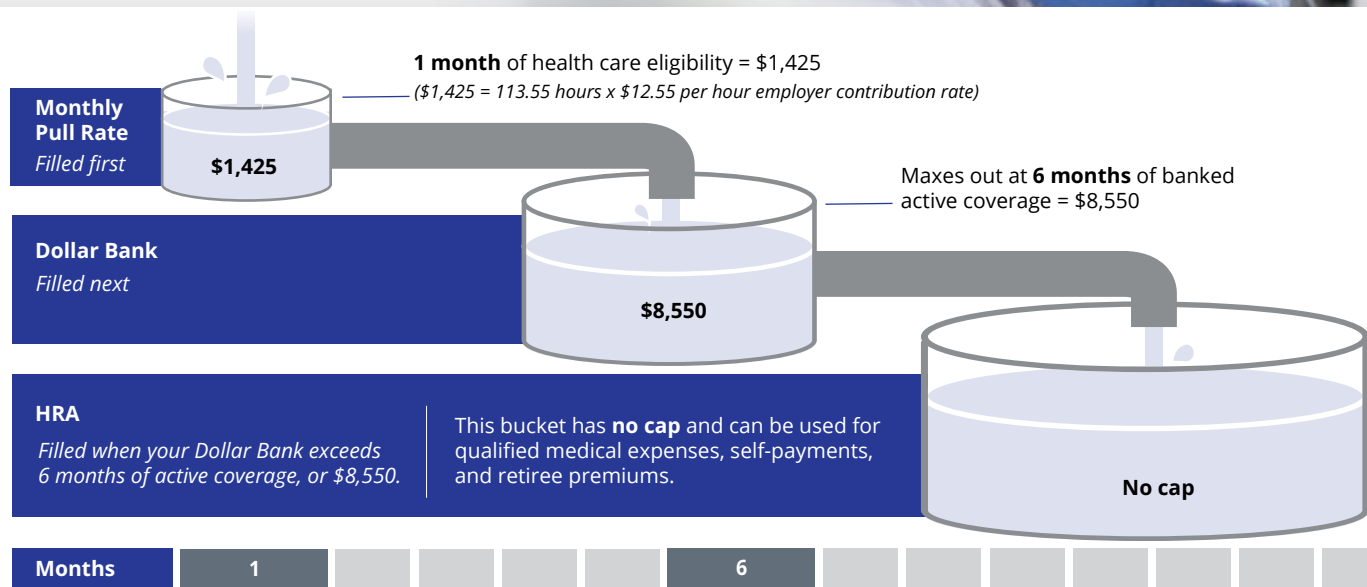
Contributions initially go into your Dollar Bank. Once your Dollar Bank has enough money to provide you with six months of eligibility (currently \$8,550), remaining contributions go into your HRA account.

The money in your HRA account can be used to reimburse you for:

- » Deductibles and coinsurance
- » Eligible medical expenses (visit health49.org/active-participants/hra for a list of eligible expenses)
- » Self-payments
- » Retiree premiums

If you have sufficient funds in your HRA, the Fund Office will automatically use those funds to cover your out-of-pocket expenses, including deductibles and coinsurance that you and your dependents incur, unless you complete an **HRA opt-out form**, which is available at health49.org/active-participants/hra.

You will receive statements detailing HRA deposits and deductions. You also can view your eligibility and HRA balance at health49.org (select the **Log In** button at the top of the page).





To view your eligibility and HRA balance

Visit your individual member portal at health49.org and:

1. Select the **Log In** button at the top of the page.
2. Enter a username and password.

If it's your first time logging in, there's a **New User Registration** link. If you forgot your password, you can reset it on the login page.

Employee Assistance and Patient Advocacy Program

The Fund partners with TEAM to provide all plan participants with patient advocacy support and access to an employee assistance program.

Patient Advocacy

TEAM provides patient advocacy services by helping you:

- » Understand your medical conditions
- » Find high-quality health care providers
- » Understand treatment options
- » Coordinate care for medical diagnoses and orthopedic conditions, presurgical and postsurgical
- » Plan nutritious meals and manage weight
- » Schedule second opinions
- » Coordinate referrals

Employee Assistance Program

Through TEAM, you can access short-term phone, video, or in-person counseling sessions that are free to you and eligible dependents to help you solve many personal problems and workplace issues, such as:

- » Alcohol and drug addiction
- » Depression and anxiety
- » Behavioral concerns
- » Relationship challenges
- » Family and parenting issues
- » Grief and loss
- » Stress management
- » Job-related difficulties
- » Legal and financial problems

All TEAM services are sponsored by the Fund, free to you, and completely confidential. Get connected to 24/7 assistance. Call **800-634-7710** or visit startwithteam.com.

Medical and Prescription Drug Benefits

The Fund provides medical and prescription drug coverage to active members, pre-Medicare retirees, and Medicare-eligible retirees.

Terms to Know

Deductible: The amount you pay before the Plan starts sharing costs with you.

Copay: For some in-network services, you pay a small copay and then the Plan pays 100% of the cost of covered expenses.

Coinsurance: Once you satisfy the deductible, you pay a percentage of the cost of covered expenses. You pay less when you use in-network providers.

Out-of-pocket maximum: This is the most you could pay out of pocket each year for covered expenses. It does not include the deductible.

Active Members and Pre-Medicare Retirees

You have access to a preferred provider organization (PPO) administered by Blue Cross and Blue Shield of Minnesota. You can receive care from any provider you choose. However, when you use in-network providers, you pay less, and preventive care services are covered at 100% with no out-of-pocket expenses to you.



Need to find an in-network provider?

Visit [bluecrossmn.com](https://www.bluecrossmn.com) or call 800-810-2583.

Summary of Medical and Prescription Drug Plan Coverage for Active Members and Pre-Medicare Retirees*

	In-Network	Out-of-Network
Deductible for Active Members	\$500 per covered person \$1,000 per family	\$500 per covered person \$1,000 per family
Deductible for Active Non-Bargaining or Bargaining Premium Members	\$750 per covered person \$1,500 per family	\$750 per covered person \$1,500 per family
Deductible for Pre-Medicare Retirees	\$750 per covered person \$1,500 per family	\$750 per covered person \$1,500 per family
Lifetime Maximum Benefit	Unlimited	Unlimited
Annual Out-of-Pocket Maximum	\$2,500 per covered person \$6,000 per family	\$2,500 per covered person \$6,000 per family
Office Visits for Preventive Care	Plan pays 100%	Plan pays 80%
Office Visits (primary care or specialist)	After \$25 copay, Plan pays 100%	Plan pays 70%
Doctor On Demand	Plan pays 100%	Plan pays 100%
Diagnostic Testing and Imaging	Plan pays 80%	Plan pays 70%
Laboratory Services	After \$25 copay, Plan pays 100%	Plan pays 70%
Inpatient Services (services in or billed by hospital)	Plan pays 80%	Not covered except in the case of an emergency, and then Plan pays 80%
Outpatient Services (services in or billed by hospital)	Plan pays 80%	Plan pays 70%
Emergency Services	Plan pays 80%	Plan pays 80%
Ambulance	Plan pays 80%	Plan pays 80%
Chiropractic and Acupuncture Treatment	Plan pays 100%, up to 19 visits combined per year	Plan pays 100%, up to 19 visits combined per year
Prescription Drugs		
Annual Out-of-Pocket Maximum	\$2,500 per person (an additional \$1,800 per person if specialty drugs are prescribed) \$5,900 per family (an additional \$1,800 per family if specialty drugs are prescribed)	
Coinsurance for Most Prescriptions	Plan pays 80%	
Erectile Dysfunction Medication	Plan pays 50% (up to 6 pills per month)	
Birth Control	Plan pays 100% for all FDA-approved contraceptive methods and counseling (includes barrier and hormonal methods and implanted devices)	

* This information is not applicable to West River members in South Dakota. Those participants should refer to the SPD on the Fund's website for information about their coverage.



Prescription Drug Coverage for Active Members and Pre-Medicare Retirees

Retail and mail-order prescription drug coverage is administered by Optum Rx. You can fill prescriptions at any pharmacy. You pay a percentage of the cost of the medication. Since generic medications cost less than brand-name medications, you pay less out of pocket when you use generic medications.

For more information on your prescription drug coverage, visit [optumrx.com](https://www.optumrx.com).



Medicare-Eligible Retirees

Summary of Medical and Prescription Drug Plan Coverage for Medicare-Eligible Retirees

The Fund offers a Medicare Advantage PPO Plan provided by UnitedHealthcare for medical and prescription drug coverage, and additional prescription drug coverage provided by Sav-Rx. These programs cover all the benefits of original Medicare and more, including house calls, fitness programs, and health and wellness programs.

You have access to a network of retail pharmacies and to a mail-order pharmacy for specialty medications and long-term medications you take. You pay the amounts below for your prescription drugs until your drug costs reach the \$1,000 annual out-of-pocket maximum. Then, the Plan pays 100% of your total drug costs.

	In-Network and Out-of-Network	
Deductible	\$0	
Annual Out-of-Pocket Maximum	\$0	
Office Visits (preventive care and any diagnostic category)	Plan pays 100%	
Laboratory Services	Plan pays 100%	
Inpatient Services (services in or billed by hospital)	Plan pays 100%	
Outpatient Services (services in or billed by hospital)	Plan pays 100%	
Emergency Services	Plan pays 100%	
Ambulance	Plan pays 100%	
Chiropractic Treatment	Plan pays 100%	
Prescription Drugs (retail and mail order)	For a 30-day supply, you pay:	For a 90-day supply, you pay:
Tier 1 (generic or preferred generic)	20%	20%
Tier 2 (preferred brand)	25%	25%
Tier 3 (non-preferred drug)	25%	25%
Tier 4 (specialty)	25%	Not applicable
Prescription Drug Annual Out-of-Pocket Maximum	\$1,000	



Important:

You must show both your UnitedHealthcare ID card and your Sav-Rx ID card each time you visit the pharmacy.

For the greatest cost savings, skip the doctor's office and visit your pharmacy for your flu, shingles, Tdap, and hepatitis A vaccines.

Doctor On Demand: For Active Members and Pre-Medicare Retirees

Doctor On Demand is a convenient telehealth service you can use if you're struggling with a common, nonurgent care concern such as:

- » Cold or flu
- » Upper respiratory infections
- » Allergies
- » Children's health issues
- » General aches and pains
- » Behavioral health
- » Lactation complications

Doctor On Demand allows you to see a doctor without leaving the comfort of your home, and it's a great way to get care quickly and easily. The Plan pays 100% of the cost of televisits.



Doctor On Demand Hours and Appointments

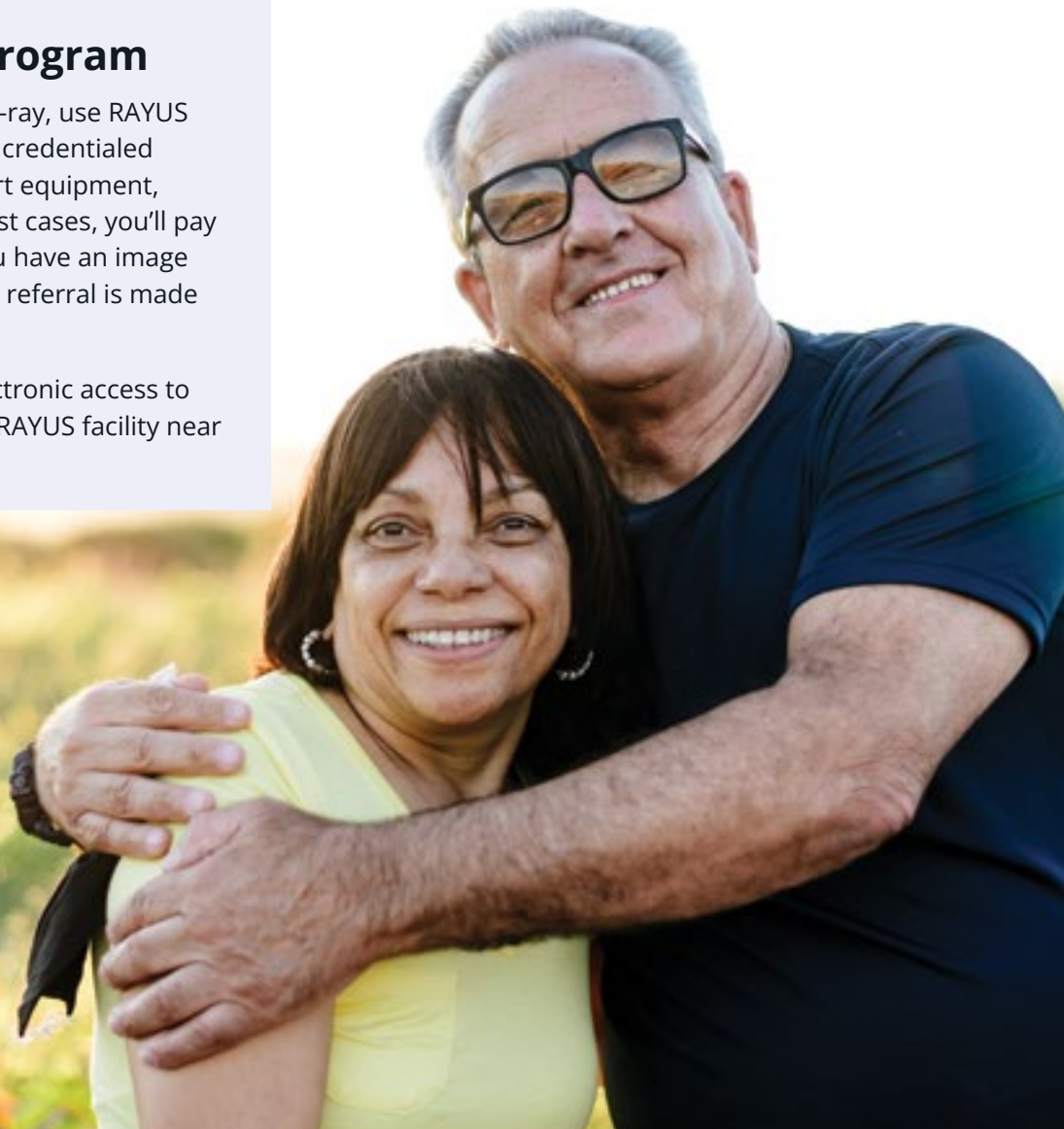
To get started, visit doctorondemand.com/bcbsmn. You must enter your identification number and member number from your ID card to ensure that the visit is billed to the Fund. You can download the Doctor On Demand app from the **App Store** or **Google Play**.

Wellness Benefits

RAYUS Radiology Program

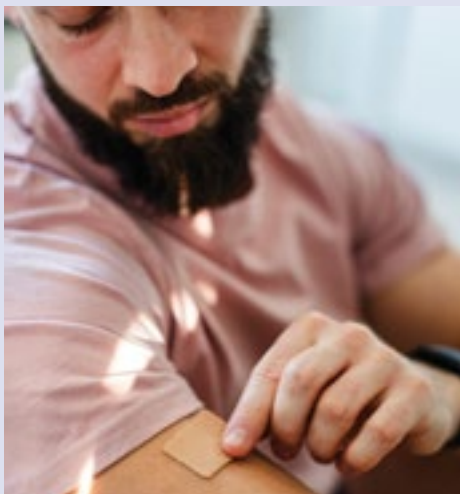
If you need an MRI, a CT, or an X-ray, use RAYUS Radiology. RAYUS has nationally credentialed technologists and state-of-the-art equipment, ensuring the best images. In most cases, you'll pay nothing for the service when you have an image taken at a RAYUS facility and the referral is made by your doctor.

All RAYUS patients are given electronic access to their medical imaging. To find a RAYUS facility near you, call **866-765-7138**.



You can schedule an appointment at a RAYUS facility:

- » **By phone:** Call the RAYUS Labor Appointment Line at **952-541-1840**.
- » **Through your doctor:** Ask your doctor to send a written prescription for the scan.
- » **Online (only after your first visit):** Preregister for an exam on the RAYUS patient portal at myexamanswers.com. A secure login is required. Request access when RAYUS sets up your appointment.



Blue Cross Quit For Life Program

The Quit For Life program is a tobacco cessation program offered through Blue Cross and Blue Shield of Minnesota for active members and pre-Medicare retirees. The program provides participants with comprehensive support to make quitting easier, including offering calls with a Quit Coach, online tools and resources, and a tobacco cessation Quit Guide.

To get started, call **888-662-BLUE** (2583), Monday through Thursday between 8 a.m. and 8 p.m., Friday between 8 a.m. and 6 p.m., and Saturday between 9 a.m. and 1 p.m.



Maternity Management Program

Blue Cross and Blue Shield of Minnesota offers active members and pre-Medicare retirees in-depth educational tools to help you have a happy and healthy pregnancy. You'll begin with an assessment and then get one-on-one support from a coach who will:

- » Provide advice and answer any questions about pregnancy and how to stay healthy
- » Connect you to online resources
- » Help you prepare for the baby's arrival
- » Offer personalized support based on your individual needs
- » Provide tips on how to stay healthy and happy after the birth

Active members, excluding spouses and dependents, who participate in this program may be eligible for a \$3,000 lump-sum benefit. Call **866-489-6948** to enroll or for more information.



Health Gauge Screenings

Active members and retirees and their spouses who are eligible for Fund benefits can receive a free health screening provided through Health Gauge. Screenings include comprehensive blood analysis, body mass index test, diabetes test, carotid artery ultrasound, abdominal aortic aneurysm screening, peripheral arterial disease screening, PSA blood test (for men over age 40), thyroid testing (for women), and A1C test. You can access upcoming screening dates and locations at health49.org.



Hearing Aid Program

For active members and pre-Medicare retirees, the Fund provides a \$2,000 benefit once every five years for hearing aids or repairs (batteries not included).

For dependents under age 16, the Fund provides a \$2,000 calendar-year benefit.

For Medicare-eligible retirees, Medicare covers 100% of the cost of one routine hearing exam each year.

Contact the Fund Office for more information.



Chiropractic Services Program

The Fund covers chiropractic services for all participants (up to a **combined** chiropractic and acupuncture total of 19 visits per year) to help with the detection, treatment, and correction of structural imbalance, subluxation, or misalignment of the vertebral column to alleviate pain or pressure.



Acupuncture Services Program

Acupuncture services are available to all participants (up to a **combined** chiropractic and acupuncture total of 19 visits per year) and are considered medically necessary for the following:

- » Treatment of chronic pain
- » Prevention and treatment of nausea associated with surgery, chemotherapy, and pregnancy
- » Maintenance therapy

For help finding qualified acupuncturists, contact TEAM toll free at **800-634-7710**.



Wellness Discounts: For Active Members and Pre-Medicare Retirees

Take advantage of Blue365, a wellness discount program provided through Blue Cross and Blue Shield of Minnesota, offering up to 20% discounts on products like apparel and footwear, meal programs, gym memberships, and more. Visit blue365deals.com/bcbsmn to sign up and begin saving (have your medical ID card ready).

Dental Benefits

For Active Members

The Fund provides dental coverage through Delta Dental of Minnesota. You can use any dentist you want, but when you use a Delta Dental PPO or Delta Dental Premier network dentist, you pay less because they've agreed to charge lower amounts for their services.

Services	Benefit
Preventive and Diagnostic Services Routine dental exams and cleanings are covered 2 times per calendar year.	Plan pays 100%
Other Services	Plan pays 80%
Annual Maximum Payment for Dental Services This is the most the Fund will pay per calendar year. It does not apply to participants under age 19.	\$2,000
Lifetime Maximum for Orthodontia Dependent children (not available for retirees who purchase the optional dental benefits)	\$1,000
Lifetime Maximum for TMJ	\$800



To find a Delta Dental PPO or Delta Dental Premier network dentist, visit deltadentalmn.org.





Pre-Medicare and Medicare-Eligible Retirees

If you're a pre-Medicare or Medicare-eligible retiree, you have the choice between two Delta Dental plans. You and your spouse have three opportunities to enroll for coverage:

- » When you initially retire; or
- » When you initially become eligible for Medicare; or
- » The first of the month following the loss of dental coverage from your spouse's employer's group dental plan.



To learn more about the retiree dental plan options and your cost for coverage, or to get an **enrollment form**, call the Fund Office at **952-854-0795** (Bloomington) or **218-728-4231** (Duluth).

Vision Benefits

Active Members and Pre-Medicare Retirees

Vision benefits are administered by Wilson-McShane Corporation. You and each of your eligible dependents will get an allowance of \$500 every two years to use toward vision care, including:

- » Exams
- » Lenses
- » Frames
- » Contact lenses

The Fund replenishes your allowance on the first day of every *even* year (for example, 2024 and 2026). You forfeit any unspent balances at the end of any two consecutive calendar years. The allowance does not apply to exams for children under age 18.

Medicare Retirees

You are eligible for vision coverage as a part of your Medicare Advantage PPO Plan. The Plan covers Medicare-covered vision services, a diabetic eye exam, eyewear (post-cataract), and routine visits up to one refraction per year at 100%.

UnitedHealthcare may offer prescription eyewear discounts. To access these discounts, show your insurance ID card at provider locations.

The Fund will reimburse your vision expenses up to \$500 per person every two years (replenished every *even* year, for example, 2024 and 2026). To be reimbursed, you must complete and return a **reimbursement form**. The reimbursement form is available at health49.org/forms (look under **Medicare Retirees**). You must exhaust the benefit available under the Plan's Medicare program before you can apply for these benefits.



In the Event of the Unexpected

Death Benefits

The Fund offers death benefits for active and retired members:

- » **Active members:** In the event of your death, your designated beneficiary will receive \$8,000.
- » **Retirees:** In the event of your death, your designated beneficiary will receive \$2,000.

Accidental Death and Dismemberment Benefits

The Fund offers accidental death and dismemberment benefits for active and retired members:

- » **Active members:** If your death occurs due to an accident, your designated beneficiary will receive \$8,000 (principal sum). If the accident results in the loss of a limb, you will receive a percentage of the principal sum.
- » **Retirees:** If your death occurs due to an accident, your designated beneficiary will receive \$2,000 (principal sum). If the accident results in the loss of a limb, you will receive a percentage of the principal sum.

Accident and Sickness Benefit

The Fund offers weekly accident and sickness benefits for active members who incur a nonoccupational injury or sickness. You will receive \$300 per week for up to 26 weeks. This benefit applies only if you are not an owner or officer of the employer and you are not receiving accident or sick pay from your employer.



Resources

If you have a question about:	Contact:	
-------------------------------	----------	--

Patient advocacy Find specialists, second opinions, and mental health and substance misuse treatment

All active and retired members	TEAM	800-634-7710 startwithteam.com
--------------------------------	------	--

Claims, benefits eligibility, or HRA

All active and retired members	Fund Office	952-854-0795 (Bloomington) 218-728-4231 (Duluth) 800-535-6373 (toll free)
Medicare retirees	UnitedHealthcare	844-280-7756 uhcretiree.com

Medical benefits

Active members and pre-Medicare retirees	Blue Cross and Blue Shield of Minnesota	800-810-2583 bluecrossmn.com
	Blue365 (wellness discounts) RAYUS Radiology (MRI, CT, and X-ray)	blue365deals.com/bcbstm 952-541-1840 myexamanswers.com
Medicare retirees	UnitedHealthcare	844-280-7756 uhcretiree.com

Prescription drug benefits

Active members and pre-Medicare retirees	Optum Rx	800-356-3477 optumrx.com
	Specialty prescription drugs	855-427-4682 specialty.optumrx.com
Medicare retirees	UnitedHealthcare Sav-Rx	844-280-7756 uhcretiree.com 800-228-3108 savrx.com

Dental benefits

Active members	Fund Office	952-854-0795 (Bloomington) 218-728-4231 (Duluth) 800-535-6373 (toll free)
Pre-Medicare and Medicare retirees	Delta Dental of Minnesota	800-448-3815 deltadentalmn.org

Vision and hearing benefits

All active members and retirees	Fund Office	952-854-0795 (Bloomington) 218-728-4231 (Duluth) 800-535-6373 (toll free)
---------------------------------	-------------	---