



Date January 2013

To: Participants and Dependents in the Pensioned Operating Engineers Health and Welfare Trust Fund Enrolled in the Comprehensive Medical Plan

Re: Plan Changes Effective January 1, 2013
– Continuation of Current Prescription Drug Benefit Maximums for PPI Drugs
– Additional Covered Preventive Care Services for Women

This Notice will advise you of material modifications to the Trust Fund’s comprehensive medical and prescription drug benefits effective for covered expenses incurred on and after January 1, 2013.

Prescription Drug Benefit Maximum for PPI Drugs

The Trustees have decided to extend the current benefit maximums for proton pump inhibitor medications (PPI drugs) through December 31, 2013. PPI medications are drugs prescribed to treat stomach acid-related disorders. A prior notice from the Trust Fund indicated that the maximums would reduce on January 1, 2013; however, the current maximums outlined below will remain unchanged for the 2013 calendar year.

Retail Pharmacy	\$50 maximum benefit paid by the Plan for each prescription, up to a 34-day supply
Mail Service	\$150 maximum benefit paid by the Plan for each prescription, up to a 90-day supply

As under the current plan, you are responsible for paying the difference between the cost of the drug and the Plan maximums listed above. Over-the-counter PPI drugs will continue to be covered with a doctor’s written prescription.

Additional Covered Preventive Care Services for Women

Under the Affordable Care Act (ACA), the government has expanded the list of Women’s Preventive Services that must be covered with no cost sharing when received from contract providers. This change includes coverage of contraceptive services for all eligible women. Please note that only **generic** contraceptive products will be covered under the drug plan with no copay (unless your doctor says you cannot take the generic contraceptive).

The following is a brief list of some of the additional women’s preventive services that will be covered at 100% when received from a contract provider. This list does not include all covered services; please see the following website for a complete description of covered preventive services:

Website: <http://www.healthcare.gov/law/about/provisions/services/lists.html>

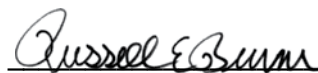
- a. **Well woman visits** for all females. (Annually, although more than one visit may be covered if needed to obtain all recommended preventive services, depending on the woman’s health status and other risk factors.)

- b. **All FDA-approved contraceptive methods, sterilization procedures and patient education and counseling** for all women. Under the prescription drug plan, no copayment will apply to **Generic** contraceptives obtained from a participating CVS Caremark pharmacy. Normal copayments will apply to brand name products unless the prescribing doctor states that the generic will not work for the patient. Prior authorization by CVS Caremark will no longer be required for contraceptives prescribed to dependent daughters. Non-prescription contraceptives, such as condoms and over the counter products are not covered.
- c. **Screening for gestational diabetes** (at least for pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes).
- d. **Human papillomavirus (HPV) DNA testing** beginning at age 30 (payable at least every 3 years). (Screening should begin at 30 years of age and should occur no more frequently than every 3 years.)
- e. **Counseling for sexually transmitted infections (STIs)** for all sexually active women.
- f. **Counseling and screening for human immunodeficiency virus (HIV)** for all sexually active women (at least annually).
- g. **Breastfeeding support, supplies, rental of equipment and counseling.** (In conjunction with birth, comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.)
- h. **Screening and counseling for interpersonal and domestic violence.**

The Fund does not cover pregnancy charges for a dependent daughter. However, in accordance with the ACA, certain prenatal screenings performed during a well woman visit with a PPO provider may be covered. Keep in mind there are no benefits available for the subsequent delivery charges.


If you have any questions, please contact the Trust Fund Office at the numbers listed above. You may also call the Fringe Benefits office at (800) 532-2105.

Sincerely,
Board of Trustees



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Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Trust Fund Office.