

**Mid Central Operating Engineers Health and Welfare Fund  
P.O. Box 9605  
Terre Haute, Indiana 47808**

**Notice of Plan Changes**

**June 2018**

Dear Participant,

We are pleased to announce enhancements to your Death Benefit, Accidental Death and Dismemberment (AD&D) Benefits and coverage for medically necessary aquatic therapy. This notice provides details about these enhancements.

***Enhanced Death and AD&D Benefits – Effective May 23, 2018***

We have increased the death benefit for active participants and their dependents as shown in the table below. In addition, the AD&D benefit has been doubled for the employee only. The definition of dependent child will change to be the same as the definition of dependent under eligibility for the medical benefit. **Retiree Death Benefits are not changing.**

<b>Death Benefit</b>		
Employee	\$10,000	At the end of the calendar year each individual and/or designated beneficiary will receive a tax document (1099R) from the Plan Office indicating the amount of Death Benefit and/or Accidental Death and Dismemberment Benefit Received.
Spouse	\$10,000	
Dependent child	\$10,000	
<b>Accidental Death and Dismemberment Benefit</b>		
	<b>Employee Only</b>	
For loss of life, two limbs, sight in both eyes, or one limb and sight of one eye	\$10,000	
For loss of one hand, one foot, or sight in one eye	\$5,000	
For loss of thumb or index finger of one hand	\$2,500	

## ***Medically Necessary Aquatic Therapy – Effective June 1, 2018***

1. Effective June 1, 2018, the following paragraphs are added to the end of the section on Covered Medical Expenses on page 51.
  20. Medically necessary aquatic therapy for restoring the Employee's or Dependent's level of function that was lost or reduced by injury or illness. Aquatic therapy will only be covered if the following criteria have been satisfied:
    - a. The provider must have direct (one-to-one) patient contact. The provider cannot treat multiple patients in a single session. For example, supervising multiple patients in a pool at one time and billing each of the patients for 15 minutes is inappropriate;
    - b. The therapy is for the treatment of rheumatoid arthritis or osteoarthritis, traumatic injuries, or other musculoskeletal conditions; and
    - c. The treatment is performed by a physical therapist or other recognized licensed provider (e.g., doctor of medicine, doctor of osteopathy, podiatrist, and physical therapy assistant).
2. Effective June 1, 2018, the following paragraph #32 under the section Expenses Not Covered Under Medical Benefits on page 53 is deleted:
  32. Services provided primarily for training or educational purposes, including, but not limited to, gait training, therapeutic activities, massage therapy, aquatic therapy, whirlpool therapy, orthotic training, iontophoresis and kinetic therapy

And is replaced by the addition of the following paragraph:

- 32: Services provided primarily for training or educational purposes, including, but not limited to, gait training, therapeutic activities, massage therapy, whirlpool therapy, orthotic training, iontophoresis and kinetic therapy.

**Questions:** If you have any questions about these changes or your benefits in general, please call the Fund Office at (812) 232-4384.

*Benefits under the Mid Central Operating Engineers Health and Welfare Fund are not vested or guaranteed. Full details of the Plan are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or discontinue all or part of the Plan at any time.*

**Notice of Grandfathered Health Plan Status.** The Mid Central Operating Engineers Health and Welfare Fund believes its entire plan of benefits, including the retiree option provided therein, is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage already in effect before the law was enacted. Being a grandfathered health plan means that the Plan may not include certain consumer protections of the Affordable Care Act that apply to non-grandfathered plans (for example, providing preventive health services without any cost sharing). However, the Plan must comply with certain other consumer protections in the Affordable Care Act (for example, eliminating lifetime limits on benefits). You can contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) if you have questions about what it means for a health plan to have grandfathered status and what might cause a plan to lose its grandfathered status. You can reach the EBSA by phone at 1-866-444-3272 or by accessing their website at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), where you can see a chart summarizing the protections that do and do not apply to grandfathered health plans. You may also contact the Plan Administrator with your questions by calling 1-812-232-4384.