

WELFARE, ANNUITY AND APPRENTICESHIP SKILL IMPROVEMENT & SAFETY FUNDS

of the

International Union of Operating Engineers

Local 15, 15A, 15B, 15C & 15D, A.F.L.-C.I.O.

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March 24, 2021

This notice contains important information regarding your Welfare Fund benefits.

We are providing you and your family with this Welfare Fund announcement letter to inform you of benefit changes adopted by the Board of Trustees to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

ADDITION OF EMPIRE IN-NETWORK BENEFITS FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

The Trustees are pleased to announce that effective as of March 1, 2021, the Plan has expanded its network of facilities and providers to include mental health, alcohol and substance abuse facilities in the Empire EPO Network. As of March 1, 2021, you will be able to receive in-network benefits from any Empire EPO participating provider or facility. Benefits will be provided subject to the following cost-sharing:

BENEFIT	EMPIRE PARTICIPATING (IN-NETWORK) PROVIDER YOU ARE RESPONSIBLE FOR:
Office Visits	\$15 copayment per visit
Outpatient Facility charges Includes partial hospitalization and intensive outpatient programs	\$0 copayment
Inpatient stays Includes Residential Treatment and Rehabilitation <i>Up to 120 days per confinement or treatment/spell of illness not separated by 90 or more days per confinement or treatment/spell of illness</i>	\$100/day to maximum of \$250 per calendar year

You can find an in-network facility by visiting www.empireblue.com or calling Empire at 1-844-243-5566. If you chose to utilize an Empire EPO participating facility, you will need to contact the Medical Management Program at 1-800-626-3643, in order to obtain Prior Authorization. You are required to obtain Prior Authorization within the noted timeframes for the following services for mental health or substance use disorder treatment:

- At least 2 weeks prior to any planned inpatient admission;

- Within 48 hours of an emergency Hospital admission, or as soon as reasonably possible
- Before you are admitted to an Inpatient Rehabilitation or Residential Facility; and
- Before you receive treatment at an outpatient facility including but not limited to Partial Hospital and Intensive Outpatient Programs

CHANGES TO OUT-OF-NETWORK BENEFITS FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Elimination of Coverage for Out-of-Network Facilities/Institutional Claims for Mental Health and Substance Use Disorders

The Plan does not currently cover expenses for non-participating (out-of-network) facilities for any medical expenses. The Plan does not cover any expenses incurred in an inpatient or outpatient facility whether free-standing, hospital-based, acute or sub-acute (e.g., skilled nursing facility) or rehabilitation facilities.

Effective June 1, 2021, the Plan will not pay any claims for mental health, alcohol and substance abuse facilities that are received from a facility that does not participate in the Empire EPO Network. This means that benefits will not be payable for any expenses incurred at a non-participating (out-of-network) facility for any diagnosis or type of treatment including inpatient hospital, rehabilitation, or residential facilities or outpatient facilities (including but not limited outpatient hospital facilities, free-standing, ambulatory outpatient facilities, partial hospitalization and intensive outpatient programs).

Out-of-Network Deductible and Coinsurance will Apply to Office Visits/Professional Services for Mental Health and Substance Use Disorders

Office visits/professional charges incurred from non-participant (out-of-network) providers will continue to be covered under the Plan but will now be subject to the same cost-sharing applicable to non-participating providers covered under the Plan for medical expenses. The cost sharing for non-participating providers for mental health and substance use disorder services and supplies will be 20% of the Fee Schedule (maximum amount the Plan pays) after the out-of-network deductible plus any balances above the Fee Schedule. These claims should continue to be submitted to the Fund Office for processing.

Claims Procedures

Consistent with the Plan's Claims and Appeals procedures, claims will be subject to review for Medical Necessity and other medical management provisions in the same way as medical benefits are under the Plan. Any claims that are not considered Medically Necessary or do not meet other requirements of the Plan, as defined and administered by the Plan or its claims administrators, may be denied or reduced.