

Marketplace Open Enrollment Checklist

Open Enrollment is January 15 – February 29, 2024!

Open Enrollment (OE) Material

- ☐ Visit <https://local150.org/moe/about/benefit-seminar-open-enrollment-information/>, tap on the Marketplace tile, and click the Open Enrollment Material dropdown to view the 2024 OE documents. Please review this information in its entirety and share with your spouse, if applicable.

Enhanced My150 Platform – My150.com

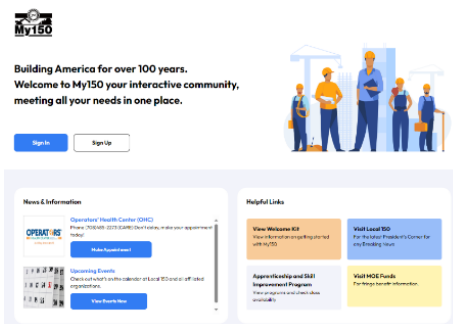
Are you registered on My150?

- ☐ **No. We encourage you to register as soon as possible.** Through My150, you can pay your dues, update your profile, review your work hours, update your beneficiaries for each applicable fringe benefit, update your Communication Preferences, and select your health plan option during Open Enrollment.

- ☐ Yes. Great!

PLEASE NOTE:

- 1) Adult dependents are encouraged to register; however, they must use a different email address from the member's email address.
- 2) If you run in to any issues with your My150 account, contact Technical Support at 888-220-3599.



Participating in Open Enrollment

Newly eligible Marketplace members –

- **If you are newly eligible or re-establishing eligibility on January 1, 2024 or February 1, 2024**, you will be automatically enrolled in the Bronze PPO Plan through March 31, 2024
 - ☐ You can participate in this year's Open Enrollment and are able to select from any of the Marketplace health plan options for the upcoming Plan Year beginning April 1, 2024.
 - ☐ **It is very important to actively select a health plan option during Open Enrollment. Failure to do so will result in you defaulting to the Bronze PPO Plan for another Plan Year.**
- **If you are newly eligible or re-establishing eligibility on March 1, 2024**, you are unable to participate in Open Enrollment this year. You will remain in the Bronze PPO Plan for 13 months; through March 31, 2025. You will be able participate in the next Open Enrollment taking place in 2025.

Marketplace members currently enrolled in a Marketplace plan –

- Beginning January 15, 2024, you can log in to your My150 account to start the enrollment process:
 - If you are not sure about your health plan selection that you would like to select, you can select **Start New Plan**. The Health Plan Wizard will assist you in assessing and comparing three options to determine which health plan option best meets you and your family's needs. **Please use the space on the next page to compare your top three options, if needed.** Each year, you can change your coverage tier (Member Only, Member + 1, Family).
 - Once you have selected a health plan option and coverage tier, you will be prompted to verify your spouse's coordination of benefits information, if you have an eligible spouse.
 - If everything looks good, add your signature, and select confirm!
 - You will see Success, confirming that you have successfully selected your health plan option for the upcoming Plan Year.



Marketplace Open Enrollment Checklist

Selecting a Health Plan Option Through My150

Health Plan Option #1:

Coverage Tier:

Pros:

Cons:

Monthly Credit Cost:

Health Plan Option #2:

Coverage Tier:

Pros:

Cons:

Monthly Credit Cost:

Health Plan Option #3:

Coverage Tier:

Pros:

Cons:

Monthly Credit Cost:

Affordability Calculator (available on My150)

Use the **Affordability Calculator** to determine whether you can afford your health plan option selection. The monthly credits being added to your Credit Bank should equal or exceed the monthly credit cost deduction for your selected health plan option.

Log in to your My150 account and click **My Hours**. Check your Credit Bank reserve by comparing “Credits Earned and Available to Use” and “Plan Year to Date Credits Used.”

To determine upcoming credits to be added to your bank, complete the following:

- A. Credit rate (use the Welfare Rate on the **My Hours** page shown in your My150 account; this rate has the Retiree Welfare Plan (RWP) subsidy of 17.3% already removed).

- B. Number of hours per month you expect to work:

- C. Monthly credits added to Credit Bank ($A \times B$):

Monthly credit cost deduction for your selected health plan option for the 2024/2025 Plan Year (refer to your open enrollment material):



Marketplace Open Enrollment Checklist

Keeping Your Health Plan Option For the Next Plan Year

Marketplace members currently enrolled in a Marketplace plan –

- If you would like to keep your current health plan option for 2024/2025, beginning January 15, 2024, you can log in to your My150 account and select **Keep Current Plan**.
- You'll have the opportunity to review your plan coverage details, your coverage tier and covered dependents to ensure everything looks good.
- When ready, add your signature, and select confirm to proceed with keeping your current health plan option and your selected coverage tier for the upcoming Plan Year.
- You will see Success, confirming that you have successfully selected your health plan option.

Updating Coordination of Benefits (COB)

1. Are you married?
☐ Yes
☐ No
2. If yes, you will be prompted to complete the COB process once you selected a health plan option if you have an eligible spouse. Once you have updated/confirmed your spouse's COB information, a case will be created and can be found on your My Cases page in your My150 account with the subject Coordination of Benefits Review 2023.
3. If no, proceed to next question
4. Do you have eligible adult dependents?
☐ Yes
☐ No
5. If yes, we strongly encourage you to review/update the COB information for your adult dependents. You can log in to your My150 account, click on My LIBRARY, then My COB Docs and then Enter Updated COB information.
6. If no, please proceed to next section

PLEASE NOTE: Failure to update your spouses or adult dependents COB information may result in delayed claims processing or denied claims.

Removing Dependents During Open Enrollment

Contact the Fund Office Marketplace Call Center at 708-579-6675 to request a **2024 Dependent Disenrollment** form if removing a dependent from your plan does not change your coverage tier. On the form, specify which eligible dependent you want to remove from your Active Welfare Fund coverage. **This is an annual process that you must complete**, even if this dependent was not covered in the prior Plan Year.

Required Documents to Validate Dependents (if coverage tier is changed to Member + 1 or Family)

It is critical that the Fund Office receives the required documentation needed to validate your dependents. You can send photocopies of the required documents to the Fund Office, or you can upload them directly on My150. If you need assistance, please contact the Fund Office Marketplace Call Center at 708-579-6675.

PLEASE NOTE: Required documents must be submitted to the Fund Office by 5:00pm on February 29, 2024 to add your dependents for coverage beginning April 1, 2024. If documents are received after this date, you will not be able to add your dependents until next year's open enrollment period, unless you have a life changing event.

Please refer to the next page for the required documentation by dependent type.



Marketplace Open Enrollment Checklist

Dependent Type	Required Documentation	Required D
Member	County birth certificate Social Security card	
Spouse	County marriage certificate New spouse's Social Security card New spouse's county birth certificate	New spouse's employment information, if applicable New spouse's other group insurance card, if applicable
Child/Stepchild	County birth certificate Social Security card	
Adopted Child	Adoption letter or record showing date of adoption — signed and dated by a court official, County birth certificate Social Security card	

PLEASE NOTE: When you actively select a health plan option, your newly validated dependents will be added to your plan. If you do not actively select a health plan option, you will default into the same coverage tier with the same dependents and no newly validated dependents will be added for coverage.

Additional Resources

→ Open Enrollment Events:

Will take place on the following dates:

- District 5 Union Hall (Utica, IL) – Saturday, January 20, 2024
- District 7 Union Hall (Merrillville, IN) – Saturday, February 10, 2024
- Midwest Operating Engineers Fringe Benefit Funds Office – 6150 Joliet Road, Countryside, IL 60525 – Saturday, February 17, 2024

The purpose of these events is for you to meet one-on-one with a Fund Office navigator to discuss the health plan options, answer any questions you may have regarding the various health plans, assist you with the enrollment process and if eligible, assist you with determining how many credits you can transfer to your RMSP account.

For more information or to register for one of the events, please visit <https://local150.org/moe/about/benefit-seminar-open-enrollment-information/>.

Open Enrollment Appointment Date: _____ Appointment Time: _____

→ Fund Office Marketplace Call Center:

Call 708-579-6675 with a question or to schedule an appointment at the Fund Office. During the open enrollment period, staff will be available during the following hours to assist members with the open enrollment process:

- Monday, Tuesday, Wednesday, Friday: 8:00 a.m. to 5:00 p.m. CST
- Thursday: 9:00 a.m. to 5:00 p.m. CST
- Saturday: 8:00 a.m. to 12 p.m. CST

→ OHC Plan Member Services Representative:

If you have any questions regarding the OHC Plan, speak to a specialized representative at 708-579-6668

→ Retirement Services Group:

708-579-6630 for any questions about retirement, transferring credits, or the Worker Retention Program (WRP)

→ Benefits & Eligibility Services Group:

708-937-0327 for questions regarding RWP eligibility rules, RWP self-payment premiums, and transferring credits

Mark your calendar!

February 29, 2024 is the last day to enroll
in a new health plan or to keep your current plan!