

Open Enrollment Ends February 28, 2021

ATTENTION: Active Hourly Members of the MOE Health Plan Marketplace, Active Monthly Members/Owner Operators/Relative Shareholders, and 3-Tier Municipalities

As you know, Open Enrollment started January 18 and will end at midnight on February 28. This period is your opportunity to review and compare each available health plan option, review your eligible dependents, and select your appropriate coverage tier. And if you are eligible under the MOE Health Plan Marketplace, you can transfer credits from your Credit Bank to your Retiree Medical Savings Plan (RMSP) account.

IMPORTANT REMINDERS

We strongly encourage you to take an active role in selecting your health plan option. In other words, be sure to **log in to your My150 account** at www.My150.com and complete the process of selecting a new health plan option. Or if you are happy with your health plan option, you can simply click on the **Keep Current Plan** button. Once you complete the entire process and DocuSign your selection, your signed documents will be retained in your **MY LIBRARY** under **My SIGNED DOCUMENTS**.

You can select your health plan option and change your selection as many times as you want; however, the last plan that you select and DocuSign as of midnight on February 28 will be your health plan selection for coverage starting on April 1, 2021, and lasting through March 31, 2022.

If you do not take an active role in making your health plan selection, you will default into the same health plan option

and coverage tier. This may not be the best choice for you and your family.

DEPENDENTS

You will need to make sure that the dependents listed are correct and you want coverage for all of them. If in last year's Open Enrollment period, you disenrolled a dependent and this disenrollment was NOT due to a Life Changing Event, and you want to keep them disenrolled, you will need to contact Member Services to request a Disenrollment Form. This Disenrollment Form must be completed each Open Enrollment period. The disenrollment does not carry over from year to year unless you have a Life Changing Event.

If you are adding new dependents during Open Enrollment, you will be able to upload the Required Documents through your My150 account. If you need assistance with this process, you can contact Member Services at **708-579-6600** to walk you through the steps.

BENEFICIARIES

During the Open Enrollment period, you should also review your designated beneficiaries and make any updates that are necessary. **Log in to your My150 account,**

go to **QUICK LINKS**, and select **My Beneficiaries**. You must contact Fidelity to update your beneficiaries for your Retirement Enhancement Fund, if applicable, as the Fund Office does not retain beneficiary records for this fringe benefit.

CREDIT TRANSFERS

If you are an hourly member under the MOE Health Plan Marketplace and you are age 55 or will be age 55 as of March 31, 2022, you are eligible to transfer credits from your Credit Bank to your RMSP account. This transfer can only take place during the Open Enrollment period. Once you decide how many credits to transfer, you must make this transaction by logging in to your **My150 account**. After you click the **Confirmation** button and DocuSign the transfer form, the transaction will be final. You will not be allowed to transfer these credits back to your Credit Bank.

If you are retiring during the 2021–2022 Plan Year, we strongly encourage you to speak with a Retirement Services Representative to ensure that you meet all the Retiree Welfare Plan (RWP) eligibility requirements and to determine how many credits you are able to transfer to ensure that you do not lose eligibility before your retirement effective date. If you retire with credits remaining in your Credit Bank, you will not lose them.

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Have You Downloaded the My150 App?

You can now download the My150 App from the Apple Store (iPhone) or Google Play (Android). Start enjoying all the available features from your Local 150 Community! Ensure that you keep your current contact information (mailing address, phone numbers, and email address) updated in My150.



DIET TWEAKS TO REDUCE YOUR *Alzheimer's Risk*

AN APPLE A DAY DOESN'T JUST KEEP THE DOCTOR AWAY—it might also help lower your risk for Alzheimer's disease. What's more, berries and tea have a similar effect!

The secret behind these three items? Flavonoids.

Scientists are learning that flavonoids, compounds found in plant-based foods, are good for your brain. For example, they can:

- Protect neurons from toxins
- Combat inflammation
- Increase blood flow to the brain

Thanks to these properties, you might be able to help prevent or limit age-related memory problems by adding flavonoids to your diet.

There are numerous ways to incorporate apples, berries, and tea into your diet. Feeling more savory than sweet? Stew apples and pair them with a roasted pork tenderloin. Craving a snack that's both satisfying and healthy? Blend berries, bananas, nonfat yogurt, and ice cubes together to make a smoothie.

Here are some other flavonoid-friendly tips:

- Serve an apple and cheese charcuterie board.
- Top salads with strawberries and blueberries.
- Brighten up a cup of green tea with fresh mint, honey, ginger root, or a slice of orange.
- Dip apples in peanut or almond butter.
- Add berries to a bowl of whole-grain cereal.

(recipe)

Blueberry Banana Smoothie

1 frozen ripe banana
½ cup frozen blueberries
1 cup fat-free milk

Bananas that are getting past ripe work perfectly in smoothies. Peel them, wrap them in plastic, and freeze them. Later, cut the banana into pieces. Put ingredients into blender and puree till smooth. Pour into two glasses.

Each serving contains about 110 calories, 0 g fat (0 g saturated fat, 0 g trans fat), less than 5 mg cholesterol, 55 mg sodium, 24 g carbohydrates, 3 g fiber, 17 g sugar, and 5 g protein.



START A FITNESS JOURNEY— WITH YOUR PROVIDER'S HELP



A FAMOUS SAYING NOTES THAT A JOURNEY OF A THOUSAND MILES BEGINS WITH A SINGLE STEP. If you have a chronic health condition or disability, deciding that you're ready to start exercising may be the first step. The next one should be talking with your health care provider.

If you have an appointment coming up, discuss your workout plan with your provider then. If not, schedule an appointment to talk about how to safely add exercise into your daily life.

Let your provider know how you've been feeling, whether you're having any pain or limitations, and what kinds of activity you currently do. You may also want to ask about:

What kind of exercise is the best fit for you. If you have arthritis, for example, your health care provider may encourage you to choose joint-friendly activities like walking or cycling. If you use a wheelchair or have other mobility limitations, ask what types of exercise would work for you.

How much exercise or activity to aim for. All adults should get at least 150 minutes of moderate activity (think:

brisk walking) along with two sessions of muscle-strengthening exercises each week. If you haven't been active for a while, start with shorter bouts of exercise and gradually build up to what your provider recommends.

How exercise may affect the types of and quantity of medications you're taking. If you use insulin, for example, ask whether you need to change your medication dosage and/or timing around your exercise plan.

Signs that you should adapt your routine or avoid exercise altogether. If you have diabetes and your blood sugar is too high, your health care provider may caution you against working out. Or if you've been sick with a cold or the flu, you may need to take a few days off and ease back gradually. Make sure you know when it's safe for you to work out.

Get your provider's help starting and maintaining a regular exercise program, and you'll be on your way to a fitter body—as well as better health.

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You will simply continue to use them to pay for coverage under the Active Plan until they are depleted and then you will transition over to the RWP, if you are eligible and elect coverage. Transferring credits is completely optional. You are not required to transfer credits, but it is important for you to understand the pros and cons of your decision. For more information, call the Retirement Services Group at **708-937-0327**.

Please note: If you do transfer credits to your RMSP account, the transactions will be reflected in your My RMSP tab on March 31, 2021. Also, keep in mind, if you see two transactions reflected in your account, the other transaction is the automatic sweep, which happens if you have exceeded the maximum Credit Bank limit. The automatic sweep is to ensure that you do not have too many credits in your Credit Bank.

NEW CARDS

If you change health plan options, you may receive a new medical ID card and a new vendor card in March. These cards should be presented to your providers and pharmacy starting on or after April 1, 2021.

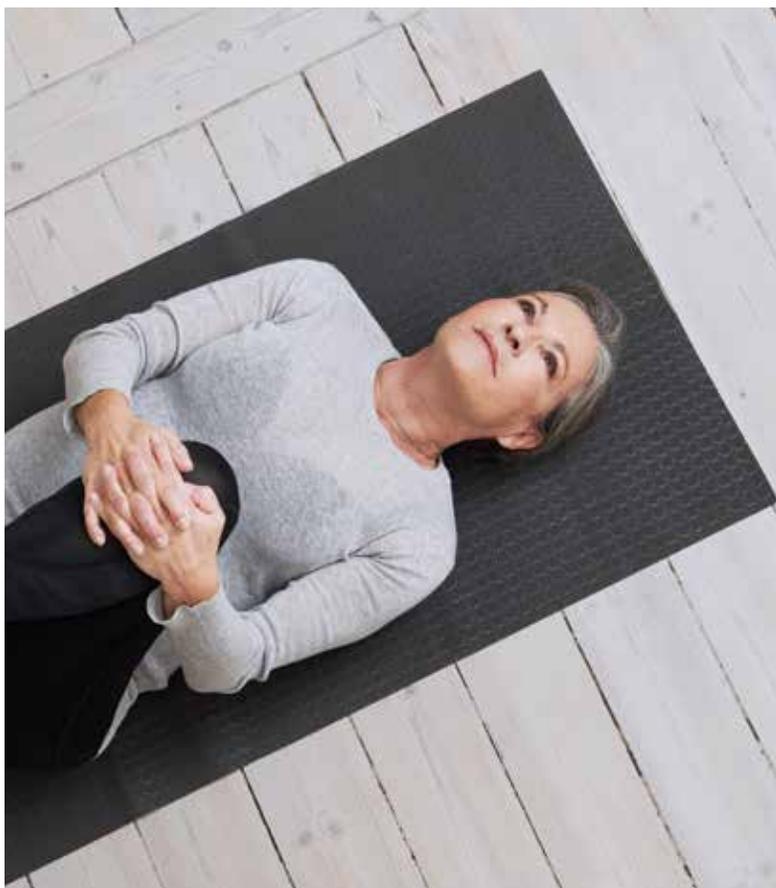
ADDITIONAL RESOURCES

For assistance, call:

- **MOE Health Plan Marketplace Call Center** to speak to a licensed BCBS of Illinois navigator: **844-693-1467**, Monday–Friday, 8 a.m.–7 p.m. (CST), or Saturday, 8 a.m.–noon (CST)
- **Fund Office Member Services: 708-579-6675**, Monday–Friday, 7 a.m.–7 p.m.* (CST), or Saturday, 8 a.m.–noon (CST)
- **Specialized Operators' Health Center (OHC) Plan Representative: 708-579-6668**, Monday–Friday, 7 a.m.–7 p.m.* (CST), or Saturday, 8 a.m.–noon (CST)
- **Fund Office Retirement Services Group** for help with RWP eligibility and credit transfers: **708-937-0327**, Monday–Friday, 8 a.m.–5 p.m. (CST), or Saturday, 8 a.m.–noon (CST)

For safety reasons, **in-person Open Enrollment visits will not be held at the Fund Office**. The Retirement Services Group (RSG) is only meeting with members that are retiring and need assistance with completing their retirement application packets. Walk-ins are not allowed. **Appointments are required** and will be limited to 60 minutes. If you need in-person assistance with your retirement application, call the RSG to schedule an appointment.

*Fund Office telephone services are only extended during the Open Enrollment period.



Activate Healthcare

The Welfare Fund Board of Trustees is proud to announce the partnership with Activate Healthcare. **Please watch for more information about the effective date** for utilizing the Activate Healthcare Family Medical Centers.

Regardless of the health plan option you are covered under, if you are an eligible active member or eligible retiree of the Retiree Welfare Plan (RWP), you and your covered eligible dependents will be able to use the Activate Healthcare Family Medical Centers. Covered services provided at the centers will be **free!**

Through this partnership, we will be opening access for our eligible members and families that reside near Rockford, Illinois, and Davenport, Iowa. These state-of-the-art facilities will provide the same services as our existing Operators' Health Centers (OHCs) in Countryside and Merrillville, including:

- **Same- or next-day appointments** that are convenient and secure
- **National virtual care program** through computer or mobile device (video or phone call) for 24/7 access from anywhere
- **Comprehensive care with qualified providers** that involves service offerings for preventive care and routine checkups, wellness coaching, mental health screenings and support, urgent needs, chronic condition management, and much more
- **Follow-up appointments** to schedule in-person office visits (when necessary), send ePrescriptions, initiate lab work, or provide referrals

Activate Healthcare is currently operating 69 clinics across the country that will also be available to all of our eligible members and retirees (including Medicare-eligible retirees). We are excited about expanding access to quality health care to our eligible Local 150 members, retirees, and their families!

Pharmacy Advocate's Corner



Dear Medicare-Eligible Retirees/ Eligible Dependents of the Retiree Welfare Plan (RWP),

For those of you who were automatically enrolled into the new Retiree Welfare Plan Medicare Prescription Drug Plan (RWP Medicare PDP), effective January 1, 2021, you should have received a welcome letter along with your new OptumRx MedicareRx ID card. It is imperative that you use this card for filling prescriptions at your pharmacy.

For new retirees who will be aging into and eligible for Medicare, it is imperative that you apply for Medicare Part A and/or Medicare Part B in a timely manner. Once you receive your Medicare card, you must submit a copy of this card to the Fund Office. We need your Medicare number to get you enrolled in the RWP Medicare PDP. If the Fund Office does not receive this information promptly, you will continue to receive notification letters requesting you to provide this information as soon as practical, and you may run the risk of losing your prescription drug coverage.

This new plan is a group Medicare Part D plan; it combines a standard Medicare Part D prescription drug plan with additional coverage provided by the RWP. This additional coverage is referred to as a wrap plan, which closes the gaps between Part D and the previous prescription drug coverage under the RWP. This means you will have **more prescription drug coverage than a standard Medicare Part D plan.**

If you decide to opt out of this program and choose a different Medicare prescription drug option, you need to understand the consequences of this decision. You will:

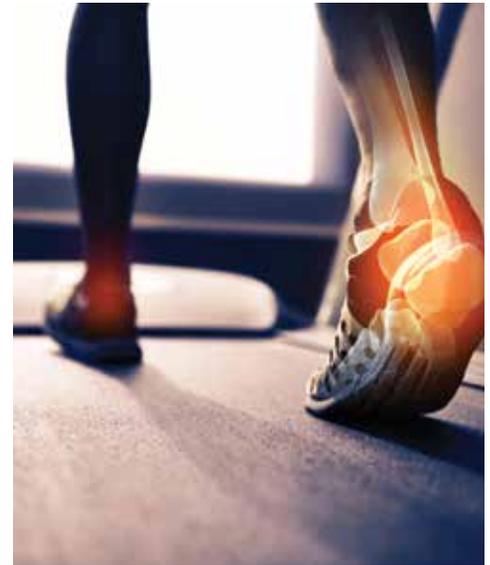
- Lose your RWP prescription drug coverage
- Continue to have your RWP medical and dental coverage, but you will pay the full RWP monthly premium amount
- Be responsible for paying the premium associated with the other Medicare prescription drug plan
- Be allowed one opportunity to reenroll in prescription drug coverage in the future. If you are subsequently disenrolled from the RWP Medicare PDP, you will not be able to reenroll in RWP prescription drug coverage in the future.

If you have any questions regarding the RWP Medicare PDP, you have the following resources available:

- For general Medicare questions, call OptumRx Member Services at **866-868-2493**, 24 hours a day, seven days a week. TTY users should call **711**.
- For enrollment questions, call OptumRx Enrollment Services at **855-235-1405**, Monday–Friday, except holidays, 8 a.m.–8 p.m. TTY users should call **711**.
- For questions about prescription drug coverage, call the Fund Office Pharmacy Benefit Department at **708-387-8331**, Monday–Friday, 8 a.m.–5 p.m.

Regards,

Tracy Biela
Pharmacy Benefit Advocate



COUNTRYSIDE OHC WELCOMES DR. NATHAN G. WETTERS

Nathan Wetters, M.D., is a fellowship-trained physician specializing in sports medicine, with a focus on minimally invasive treatment of the knee and shoulder, including cartilage transplant and restoration. He is a member of the American Academy of Orthopaedic Surgeons, Arthroscopy Association of North America, and the American Orthopaedic Society for Sports Medicine.

Dr. Wetters obtained both his undergraduate degree and Doctor of Medicine from the University of Illinois. He then completed his orthopedic training at Rush University Medical Center in Chicago before further specializing in sports medicine and shoulder and elbow surgery at OrthoCarolina in Charlotte, North Carolina.

He has served as a team physician for both the Carolina Panthers (NFL) and Chicago White Sox (MLB). He has also provided coverage for several collegiate teams, including UNC Charlotte, Davidson College, and Gardner-Webb University. He has special interest in treating injuries of athletes from the youth to professional levels. This includes stem cell injections, ligament reconstruction, cartilage restoration, and comprehensive shoulder treatment. Dr. Wetters has expertise in rotator cuff repair, shoulder replacement, and reverse shoulder replacement.

Dr. Wetters sees eligible members and retirees at the Countryside Operators' Health Center (OHC) every other Wednesday, 9 a.m.–1 p.m. To schedule an appointment, call **708-485-2273**.



WHAT TO SAY TO SOMEONE WHO HAS *Cancer*



WHEN SOMEONE YOU KNOW IS DIAGNOSED WITH CANCER, YOU MAY NOT KNOW HOW TO ACT OR WHAT TO SAY. Communication and flexibility are key. Try to treat the person like you normally would. You don't have to talk about cancer every time you're together.

CONVERSATION DO'S AND DON'TS

When talking to the person, be genuine. Here are some things you could say:

- "I'm sorry you're going through this."
- "How are you feeling?"
- "I'm here for you any time you want to talk."
- "I care about you and am thinking about you."

You may want to avoid saying things that can be upsetting. For example, try not to say:

- "I know how you feel." While you may have been through difficult experiences, you can't know exactly how the person feels.
- "Stay positive." Sometimes people with cancer experience fear and sadness.

You don't want to make them feel like those emotions don't matter.

- "You look pale today." Pointing out changes to a person's appearance that occur during cancer treatment can be embarrassing.
- "So-and-so told me you have cancer." Unless the person has told you directly or you know for certain that the diagnosis is public information, it's best not to say anything. If you confirm that it is public information, then you could say, "I heard what you're going through. I'm really sorry."
- "You're so strong." Even if it's true, sometimes he or she might not feel strong or brave, and that's OK, too.

HOW YOU CAN HELP

Saying "Let me know if I can help" isn't always helpful. People in crisis may not

know how you could best help, or feel awkward about asking. Instead, offer to help in specific ways. You could:

- Deliver a meal or set up a meal train. You can use free websites, such as www.mealtrain.com, to coordinate meal deliveries.
- Offer to babysit or pick up their kids from day care on specific days.
- When you're running an errand, ask whether there's anything you could pick up for them.
- Offer to drive them to and from appointments.

Above all, let them know that you care about them and continue to show up in their lives. Talking is important, but one of the best things you can do is listen.

THE SURPRISING CONNECTION BETWEEN RHEUMATOID ARTHRITIS AND HIGH CHOLESTEROL

WHEN YOU THINK OF RHEUMATOID ARTHRITIS (RA) OR HIGH CHOLESTEROL, you probably don't think of the other. But you should. If you have RA, for instance, you need to be aware of your cholesterol levels—and vice versa. Here's why.

WHAT'S THE LINK?

Having RA puts you at a higher risk for heart disease. It's a complex connection and not entirely understood. But one reason is that RA can cause inflammation, which can lead to blood vessel damage and heart disease.

And if you're a woman with high cholesterol, you may have a higher risk of developing RA. Talk with your health care provider about RA warning signs and prevention.

Whether you have RA, high cholesterol, or both, medications and healthy lifestyle changes can improve your health and help you manage your conditions.

RHEUMATOID ARTHRITIS TREATMENT

If you have RA, your provider may prescribe you medications called DMARDs (disease-modifying antirheumatic drugs). These drugs slow down RA and help prevent additional joint damage.

Significant joint damage can begin in the first two years that you have RA. Because of this, it's important to take DMARDs early to reduce joint damage. Your health care provider will monitor you closely while you are taking DMARDs. He or she will watch how

the disease is progressing, how well the medications are working for you, and for any side effects you may experience.

CHOLESTEROL MANAGEMENT

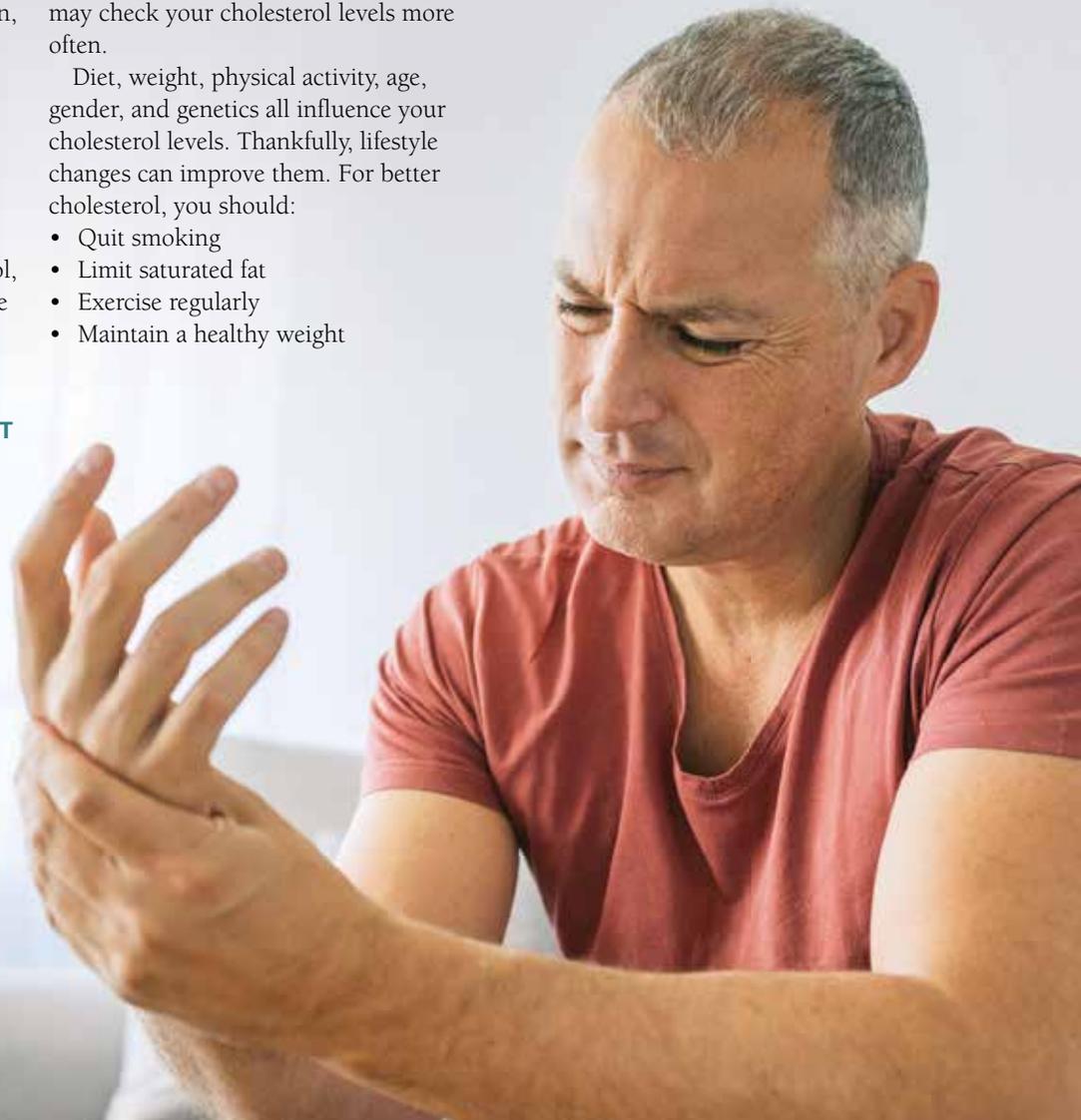
Too much cholesterol can clog your arteries. It also raises your risk for heart disease. If you don't have heart disease, you should have your cholesterol checked every four to six years. If you have heart disease, diabetes, or a family history of high cholesterol, your provider may check your cholesterol levels more often.

Diet, weight, physical activity, age, gender, and genetics all influence your cholesterol levels. Thankfully, lifestyle changes can improve them. For better cholesterol, you should:

- Quit smoking
- Limit saturated fat
- Exercise regularly
- Maintain a healthy weight

Even if you make lifestyle changes, you may still need to take medication for high cholesterol. For example, your health care provider may prescribe statins to lower cholesterol levels.

If you feel overwhelmed by a diagnosis of RA or high cholesterol, keep in mind that taking care of yourself is key to managing any condition. Partner with your provider to determine the best way to protect your health now and in the future.





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Important Information

- > For Valenz Care, Case Manager, call **855-298-0493** or learn more at www.valenzhealth.com.
- > For ATI Physical Therapy, call **833-ATI-0001** or visit www.ATIpt.com/**MOE** to locate a facility near you.
- > To locate a Blue Cross Medical PPO provider, call **800-810-BLUE (2583)** or visit www.bcbsil.com.
- > For mental health and substance abuse, Member Assistance Program (MAP), and work-life services, call ERS at **855-374-1674**. Or visit the enhanced ERS website at www.mylifeexpert.com to create your own personal account (**Company Code: MOEMAP**).
- > To locate a dental provider, call Delta Dental of Illinois at **800-323-1743** or visit www.deltadentalil.com.
- > For OptumRx's Customer Care Call Center, call **855-697-9150 (855-MYRX150)**.
- > To confirm eligibility, obtain benefit information, or inquire about a claim, call Member Services at **708-579-6600**.
- > For questions about your pension benefits or for assistance applying for benefits, call the Retirement Services Group at **708-579-6630**.
- > For Operators' Health Center (OHC) appointments, visit www.operatorshealthcenter.com.
- > Call EyeMed Advantage Network at **866-393-3401** or visit www.eyemed.com. For discounts on hearing aids, call Amplifon at **888-407-7177**.
- > Call Absolute Solutions about free MRI/CT or PET scans at **800-321-5040** or visit www.absolutedx.com.

Member Advocate's Corner



Dear Members and Families,

It is important that covered members and dependents become active participants in their health care. Part of actively participating in health care means checking to see whether certification is necessary for treatment needed. Certification is typically required for medical care outside of your ordinary office visits, lab tests, X-rays, CT scans, and MRIs, or when Medicare is your primary insurance plan.

You may ask, "What is certification and why is it important?" Simply put, certification is the process of getting approval for the medical care that is being requested. Certification is important because it helps with determining whether the service is medically necessary and covered under your plan. This helps the patient avoid any unnecessary out-of-pocket expenses, and it can also provide the patient with additional resources.

Some services that require certification would be inpatient or hospital admissions; inpatient or outpatient surgeries; home health care; durable medical equipment; physical, occupational, or speech therapies; and inpatient or outpatient mental health or substance abuse treatment, to name a few. Back in November 2019, the Fund Office partnered with Valenz Care to provide case management to the membership. Valenz Care's phone number is located on the back of the member medical ID card and member vendor card.

In most cases, you will have advance notice of the upcoming medical care, so you (or your provider) should contact case management at least five business days prior. In case of emergency situations, you (or your provider) should contact case management as soon as possible. Although most providers will handle the certification process for you, it is ultimately the patient's responsibility to make sure that certification is obtained if it is needed.

When in doubt whether certification is needed for medical care, contact the Fund Office and speak to a Member Services representative at **708-579-6600**.

Respectfully yours,
Kerry McMahan, Member Advocate