

Benefit Seminars and Open Enrollment

It's hard to believe how quickly we're approaching the holiday season. Before you know it, Open Enrollment will be here.

Prior to the start of Open Enrollment, the Fund Office will host Benefit Seminars that provide information about important updates and enhancements to all your fringe benefits. The primary focus is on the Welfare Fund and preparing you for the changes in the upcoming 2022–2023 Plan Year. Topics will include:

- Monthly credit cost deductions for all of the Marketplace health plan options
- Update on the retiree subsidy
- How to determine what a credit is worth
- Updated costs for the Owner-Operators/Relative Shareholders health plan options

We will also review the impact on the pension benefit improvement, which was discussed during the July General Membership Meeting. Fund Office staff and vendors will be there to answer your questions about Local 150 fringe benefits.

2021 BENEFIT SEMINARS

For each event listed below, doors open at 8:15 a.m. The presentation starts promptly at 9 a.m., should last for a few hours, and will be immediately followed by FAQs.

- **November 6:** District 1 Union Hall for Districts 1, 2, and 3
- **November 20:** District 7 Union Hall for Districts 6 and 7
- **December 11:** District 5 Union Hall for Districts 4, 5, and 8

Flu shots will also be available at these events after the completion of the FAQs. You can visit the vendor tables before and after the presentation. As always, we encourage spouses to attend these

meetings. To register for one of these events, visit <https://tinyurl.com/2021BenefitSeminars>.

HELP WITH OPEN ENROLLMENT

For hourly active members of the MOE Health Plan Marketplace, Owner-Operators/Relative Shareholders, and 3-Tier Municipalities, Open Enrollment is the time to consider which health plan option best fits your family's needs. Open Enrollment takes place on an annual basis and will run from **January 17 through February 28, 2022**.

During Open Enrollment, you can select a different health plan option and/or coverage tier (except Owner-Operators/Relative Shareholders). This is also the time to carefully review your covered dependents, designated beneficiaries, and Family Supplemental Benefit. Hourly members can also transfer credits from their Credit Bank to their Retiree Medical Savings Plan (RMSP) accounts, if eligible. If you're a member that was auto enrolled into the Bronze PPO Plan during your first Plan Year of eligibility, this is the time to carefully consider whether you have enough credits built up in your Credit Bank to select a different health plan option for coverage in the upcoming Plan Year

(April 1, 2022, through March 31, 2023).

Once again, we will partner with BlueCross BlueShield of Illinois MOE Health Plan Marketplace Call Center to assist members with their Open Enrollment decisions. In addition, the Fund Office hosts Open Enrollment events where you can meet one-on-one with a Fund Office Representative to review all of the available health plan options. Appointments will start at 9:00 a.m. with the last appointment scheduled at 1:30 p.m. The 2022 Open Enrollment event dates are:

- **January 22:** District 1 Union Hall for Districts 1, 2, and 3
- **January 29:** District 7 Union Hall for Districts 6 and 7
- **February 19:** District 5 Union Hall for Districts 4, 5, and 8

Please watch for information about registering for an appointment as the Open Enrollment period nears. If you have any questions, call Member Services at **708-579-6600**.

Are you an hourly member of the Marketplace? See page 8 for information on your Credit Bank and how to extend your coverage.

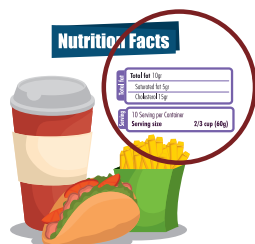


Download the My150 App

You can get the app from the Apple App Store (iPhone) or Google Play store (Android). Start enjoying all the available features from your Local 150 Community! Ensure that you keep your mailing address, phone numbers, and email address updated in My150 to stay connected to your Local 150 benefits. If you need My150 Technical Support, call **888-220-3599**.

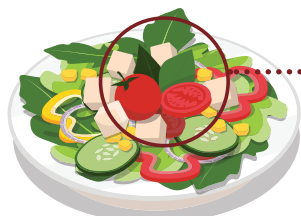
6 TIPS FOR HEALTHIER TAKEOUT

It's fine to order takeout sometimes—even the most enthusiastic home chefs need a break from cooking now and then. Just try to keep your choices as healthy as possible with these helpful tips.



1. DO YOUR RESEARCH.

Many restaurants list nutrition facts online. Check this out before ordering so that you can understand your options.

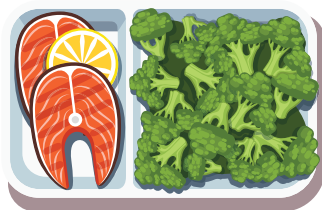


4. LET VEGGIES TAKE THE LEAD.

Beginning your meal with nutrient-dense vegetables will help you feel full and satisfied.

2. PAY ATTENTION TO HOW FOOD IS PREPARED.

Order items that are baked, broiled, poached, steamed, grilled, or roasted instead of deep-fried, panfried, creamed, stuffed, or breaded.



5. KEEP SAUCES ON THE SIDE.

Choose light sauces and dressings flavored with vinegar or herbs. Ask for them on the side to control how much you consume.



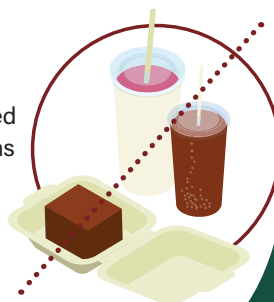
3. DON'T GO ALL IN.

Restaurant portions can be large, so put half your meal in the fridge before you even sit down to eat—it will make great leftovers tomorrow.



6. RESIST ADD-ONS.

When ordering online, you might be bombarded with deals for extra items like sodas, bread, and cookies. Keep clicking through and stick with what you planned to order.



(recipe)

Crispy Oven-Fried Chicken

- 1 tsp. poultry seasoning
- ½ cup skim milk
- 1 ½ tbsp. onion powder
- 1 ½ tbsp. garlic powder
- 2 tsp. black pepper
- 2 tsp. dried hot pepper, crushed (or to taste)
- 1 tsp. ground ginger
- 1 cup cornflakes, crumbled
- 8 pieces chicken, skinless (4 split breasts, 4 drumsticks)
- A few shakes of paprika
- 1 tsp. vegetable oil

Preheat oven to 350 degrees. Add ½ teaspoon of poultry seasoning to milk. Combine all other spices with cornflake crumbs and place in plastic bag. Dip chicken into milk, shake to remove excess, then quickly shake in bag with seasoning and crumbs. Refrigerate for one hour. Remove from refrigerator and sprinkle lightly with paprika for color. Evenly space chicken on baking pan greased with vegetable oil. Cover with aluminum foil and bake for 40 minutes. Remove foil and continue baking for an added 30 to 40 minutes. Take it out of the oven when the meat can be easily pulled away from the bone with a fork and a meat thermometer reads 165 degrees. Drumsticks may require less baking time than breasts. (Do not turn chicken during baking.) Crumbs will form crispy "skin."

Serves six; a serving size is ½ breast or two small drumsticks. Each serving contains about 240 calories, 6 g fat (1.5 g saturated fat, 0 g trans fat), 130 mg cholesterol, 170 mg sodium, 9 g carbohydrates, 1 g fiber, 2 g sugar, and 35 g protein.

HAVE FUN AND GET FIT: WORK OUT LIKE A KID

IF YOU'RE TIRED OF DOING VIRTUAL ON-DEMAND CLASSES or working out with only a smartwatch to keep you company, take a cue from the younger set. All kids need to get their heart rates up is a Hula-Hoop or a jump rope—or just a pair of tennis shoes.

Ready to burn some calories and improve your mood? Grab some friends and try these simple ways to get your heart pumping.

JUMP, SKIP, OR SWIVEL

The kids at the playground have the right idea: Jumping rope and twirling a Hula-Hoop around your body can be great ways to stay active and enjoy time with pals.

Jump ropes are inexpensive and easy to bring with you just about anywhere for an indoor or outdoor workout. The movements involved in jumping rope require your eyes, feet, and hands to work together, helping to sharpen your coordination. Jumping rope can also help you stay young by strengthening your cognitive function. This happens when your muscles and your mind communicate to do new jumping patterns.

If a Hula-Hoop is more your style, you can burn as many as 7 calories a minute as you swivel your hips. Hula-Hooping can also help strengthen your leg, back, and abdominal muscles. In fact, researchers recently found that the amount of LDL, or “bad,” cholesterol went down in people who worked out for six weeks with weighted Hula-Hoops.

DANCE, DANCE, DANCE

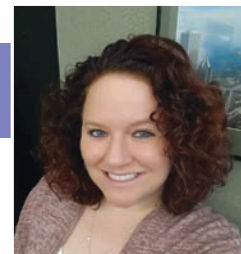
Dancing is an enjoyable, lighthearted way to get fit and connect with friends. You can give Zumba or BodyJam fitness classes a whirl, or you can revisit an old favorite: Jazzercise. Since 1969, people

have been moving to the music and enhancing their health with this dance party-style workout.

Though it was once associated with leg warmers, leotards, and '80s music, modern Jazzercise incorporates kickboxing, Pilates, and other types of exercises. Even if you haven't danced for decades, there's no time like the present to get back into the groove.



Approaching Medicare?



Tracy Biela,
Pharmacy Advocate

If you have coverage under the Retiree Welfare Plan (RWP) and are approaching Medicare, this information is for you! Medicare retirees have prescription drug coverage under the RWP, but it's a Medicare Part D prescription drug plan (referred to as the **RWP Medicare PDP**) administered by OptumRx, the plan's Pharmacy Benefit Manager. **It's imperative that you enroll in Medicare in a timely way and provide the Fund Office with a copy of your Medicare card as soon as you receive it so you can be automatically enrolled in the RWP Medicare PDP.**

You can provide this information by doing any of the following:

- Call the Fund Office's Member Services Department at **708-579-6600**.
- Fax a copy of the Medicare card to the attention of the Fund Office's Benefits and Eligibility Services Group at **708-352-3310**.
- Mail a copy of the Medicare card to the Fund Office, Attention: Benefits and Eligibility Services Group, 6150 Joliet Road, Countryside, IL 60525.

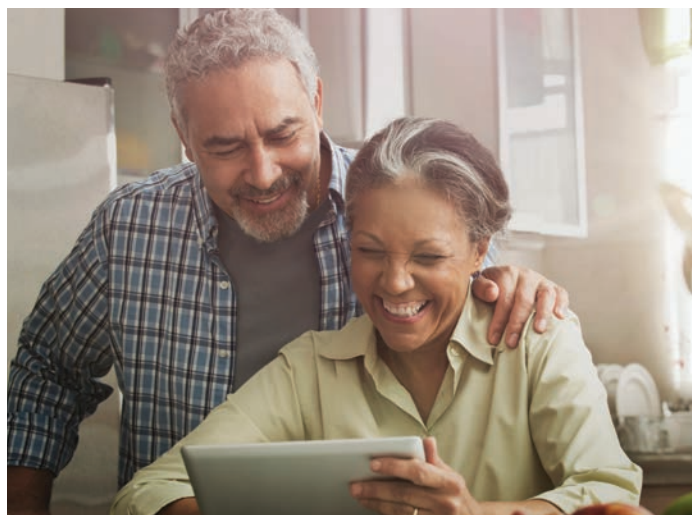
Failure to enroll in Medicare in a timely way and provide a copy of your Medicare card to the Fund Office will result in a loss of your prescription drug coverage under the Retiree Welfare Plan. You will continue to have RWP medical and dental coverage, but you'll pay the full RWP premium amount.

Once you've successfully enrolled in the RWP Medicare PDP, you'll begin receiving various communication pieces from OptumRx regarding the RWP Medicare PDP. It's critical that you open and read everything you receive from

the Fund Office and OptumRx. The materials will include a Welcome Kit containing your new OptumRx MedicareRx ID card and a Welcome Letter that shows the effective date of your RWP Medicare PDP coverage. Please don't present your new OptumRx MedicareRx ID card until on or after the date indicated in the letter.

If you're Medicare age, but still have coverage under an Active plan, then please be sure to send the Fund Office a copy of your Medicare card as soon as you make the decision to retire, if the Fund Office doesn't already have that information on file.

If you have questions, please call the Pharmacy Benefit Department at **708-387-8331**.



MEDICARE RETIREES

It's hard to believe that we are almost through our first year of the RWP Medicare PDP. Overall, I'm happy to report that this plan has been a great success. The financial savings to the Retiree Welfare Plan have been substantial. I'd like to remind you that the RWP Medicare PDP is a Medicare Part D prescription drug plan and Medicare has open enrollment every year.

The RWP Medicare PDP open enrollment will take place between October 15, 2021, and December 7, 2021. During this time, you'll receive a bunch of mail from OptumRx, specifically, the following:

- Annual Notice of Coverage (ANOC)
- Evidence of Coverage (EOC)
- Abridged RWP Medicare PDP Formulary
- Updated Pharmacy Directory

Medicare Part D is an individual benefit, so each Medicare individual in your household will receive their own materials in the mail from OptumRx. **You don't have to do anything!** Each of these documents contains great information pertaining to the RWP Medicare PDP and don't require you to take any action.

Lastly, it's very important that you update Social Security and the Fund Office with any address changes so that you'll receive all your important information.

Do you have any questions about Medicare Part D, drugs covered by the plan, what network pharmacies are near you at home or when traveling, and the process for filing grievances and appeals? Call OptumRx Member Services at **866-868-2493 (TTY 711)**, available 24 hours a day, seven days a week, or visit **www.optumrx.com**.

Active Plan Members

The Plan covers certain Preventive Care Medications as required by the Affordable Care Act. Coverage is provided on an in-network basis only, with \$0 cost sharing for the member. Coverage for certain prescribed and over-the-counter preventive care medication includes:

- Medicine and supplements to prevent certain health conditions for adults and children
- Human immunodeficiency virus (HIV) Preventive medications
- Statin preventive medications
- Medicine and products to quit smoking or chewing tobacco (tobacco cessation)
- Medicine used prior to screenings for certain health conditions in adults
- Vaccines and immunizations to prevent certain illnesses in infants, children, and adults
- Contraceptives for women

REQUIREMENTS AND LIMITATIONS

Be sure to present your Vendor ID card containing the OptumRx billing information to get these products for \$0. Also, for any qualifying Preventive Care Medications to be covered by the plan, the following criteria must be met:

- **Prescribed by a health care provider.** You must get a prescription for these products from your provider, even if the products are sold over the counter (OTC).
- **Age- and condition-appropriate.** Some products have drug rationale and requirements that must be met to qualify for coverage. Also, some products have quantity limits based on FDA-approved dosing or product packaging.
- **Filled at a network pharmacy.**

Coverage is limited to up to a 30-day supply at retail pharmacies or up to a 90-day supply from home delivery. It's important to note that these drug lists can and do change, so it's always good to check the OptumRx Preventive Care Medications list that is posted on the Prescription Drug Program page on www.moefunds.com.

If you have any questions regarding your prescription drug coverage or what will happen if you decide to disenroll from the RWP Medicare PDP, call the Pharmacy Benefit Department at **708-387-8331**, Monday through Friday, from 8 a.m. to 5 p.m. Central time.



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.ATIppt.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.
- > For Activate Healthcare, the Union Division of Everside Health, visit www.eversidehealth.com/local150.
- > Call EyeMed Advantage Network at **866-393-3401** or visit www.eyemed.com. For discounts on hearing aids, call Amplifon at **877-203-0675**.
- > Call Absolute Solutions about free MRI/CT or PET scans at **800-321-5040** or visit www.absolutedx.com.

DIABETES CONTROL:

GET THE TESTS YOU NEED

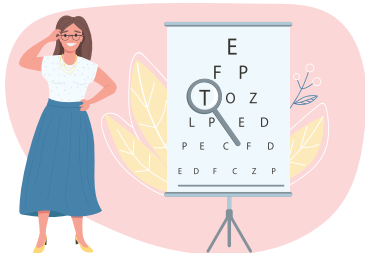
Daily blood sugar monitoring may be the first thing you think of when it comes to keeping tabs on your diabetes. But although this is an important measure of how you're managing your condition, diabetes is complicated—it affects major organs throughout your body. Periodically, you'll need other tests to find out how diabetes is affecting your overall health.

Check In with Your Provider

Review this list with your health care provider to see if you're on schedule:



KIDNEY DISEASE TESTS—ONCE A YEAR. Your provider will measure protein levels in your urine and do a blood test to find out how well your kidneys filter your blood.



DILATED EYE EXAM—EVERY ONE TO TWO YEARS. An ophthalmologist or optometrist checks for damage to blood vessels in the retina. This condition, called diabetic retinopathy, can cause vision loss or blindness. If you have eye disease or any signs of damage, your provider should recommend getting tested at least once a year.



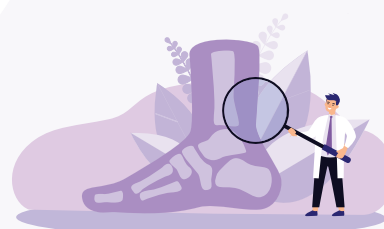
HEMOGLOBIN A1C (HB A1C)—AT LEAST TWICE A YEAR. This test, which requires a blood sample, shows how well blood sugar was controlled for the previous three months. A test result of less than 7% is the goal for many people with diabetes, but it may be different for you.

CHOLESTEROL AND TRIGLYCERIDES—AT LEAST ONCE A YEAR.

However, if you're younger than age 40 with good cholesterol levels, you may go up to five years between blood tests. People with diabetes are more likely to have high LDL cholesterol and triglycerides, which raises your risk for heart disease.



BLOOD PRESSURE—EVERY VISIT WITH YOUR PROVIDER. High blood pressure is common in people with diabetes, and it raises your risk for complications, such as heart disease. If you have high blood pressure, take daily readings at home as well.



COMPREHENSIVE FOOT EXAM—AT LEAST ONCE A YEAR. Regular exams and proper foot care help prevent nerve damage and other problems that can lead to amputation.



WHAT THE NEW COLORECTAL CANCER SCREENING GUIDELINES MIGHT MEAN FOR YOU

MOST CANCER SCREENING

TESTS—like those for breast and prostate cancer—help health care providers find and treat the disease early.

Some tests for colorectal cancer, including colonoscopies, go further. They can actually remove abnormal growths in your colon and rectum. These tests don't just spot cancer—they may prevent it.

Now, a group of experts is recommending people get these tests at younger ages. Here's why, and what to do about it.

A QUESTION OF AGE

Colorectal cancer occurs when abnormal cells grow and divide in the lower part of your digestive tract. As with most cancers, your risk for colorectal cancer increases with age. People ages 65 to 74 are most likely to develop the disease.

However, in recent years, more younger adults are being diagnosed.

Now, about one in 10 cases of colorectal cancer occurs in those ages 50 and younger.

Armed with this evidence, the U.S. Preventive Services Task Force changed its recommendations. In the past, they recommended starting colonoscopies or other tests at age 50. But now, they say, adults ages 45 to 50 can benefit, too.

UNDERSTANDING YOUR OPTIONS

Colonoscopy and a related test, the sigmoidoscopy, both prevent cancer. In both tests, a flexible, lighted tube is used to see inside your colon. Abnormal growths can be removed in part of your colon with a sigmoidoscopy or from the entire colon with a colonoscopy.

For these tests, you'll probably take medicine to clean out your bowel beforehand. This can be uncomfortable and give you diarrhea for a few hours. While this causes some people to avoid these tests, they come with big benefits for your health.

You do have other choices, though. There are less invasive screening tests for colorectal cancer, including:

- **Stool-based tests.** These check for blood or DNA in your poop, or stool.
- **Virtual colonoscopy.** A special X-ray produces pictures of your colon and rectum.

The new guidelines say adults ages 45 to 75 should get one of the following:

- Stool-based tests every one to three years
- Virtual colonoscopy or flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- Some combination of these

If any results are abnormal, you'll need more testing. That includes a colonoscopy if you didn't already have one.

Talk with your provider about your risks, preferences, and the best tests for you. Together, you can make a plan to protect your health.



MIDWEST OPERATING ENGINEERS
FRINGE BENEFIT FUNDS

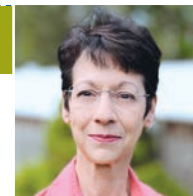
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COUNTRYSIDE, IL 60525

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Member Advocate's Corner



Hourly Members: It's Time to Check Your Credit Bank Balance

The leaves have been raked, and we're all waiting for the first significant snowfall. The work season may be winding down for you, but our Marketplace members have one more responsibility: **checking your MOE Health Plan Marketplace Credit Bank balance as you enter the winter layoff.**

The task of checking your Credit Bank balance is as easy as logging in to your My150 account at **www.My150.com** or pulling up the My150 app on your phone or tablet. Your current Credit Bank balance is posted on the upper right-hand corner of your home page, next to the coin icon. These credits are based on your monthly work hours times your negotiated Welfare Fund Employer Contribution rate, less the Retiree Subsidy of 20%. You can view your monthly hours reported on the My Hours page of your My150 account.

Keep in mind that hours are generally reported the middle of the following month that you work. For example: November Work Month = December Employer Contributions received and converted into credits = January Credits available to use for coverage.

The importance of verifying your active Credit Bank balance is to confirm you have

enough credits to maintain eligibility through the winter layoff and eventual return to work in the spring.

How can you determine whether you have enough credits to maintain active eligibility?

**Resource
Information,
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Divide your Credit Bank balance by the monthly credit cost of your Marketplace health plan option. For example: Jane Dozer has a Credit Bank balance of 11,000 credits. She starts her layoff in December and expects it to last through March. Jane and her family have coverage under the 2021 Platinum health plan option. Will she have enough credits for coverage during her four-month layoff? The equation is: $11,000 \text{ Credit Bank} \div 1,727 \text{ (Platinum PPO, Family)} = 6 \text{ full months of coverage}$. Yes. Jane will have enough credits for her family to have coverage during her layoff.

NOTE: The above example doesn't consider the increase in the monthly credit cost deduction for the new Plan Year, April 1, 2022.

You have options if you feel your credits won't comfortably last until spring hours are reported. You can downgrade your health plan option annually. This Plan Year, you have the

opportunity to downgrade twice. You can use your My150 account to execute your downgrade. This option is best done early enough to make a difference in stretching your credits. You can also make a onetime self-payment per eligibility period. You'll receive a billing statement in the mail, and you can make this payment through your My150 account.

This is a big decision, and the Fund Office can offer you some guidance.

If you have questions or concerns about maintaining eligibility, call **708-579-6600** to talk with a Member Services Representative. For your convenience, you can also submit questions through your My150 account by creating a case. Please include a callback time and phone number. Member Services will be happy to answer your questions and review your plan options. They can also perform the plan downgrade for you, if needed. Keep in mind, if you are interested in the downgrade option, this decision must come from the member, not a dependent on the plan.

As always, I'm also happy to talk and assist you directly. My direct line is **708-579-6672**.

Respectfully yours,
Diane Pierson, Member Advocate