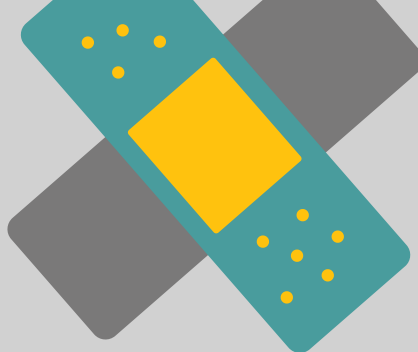
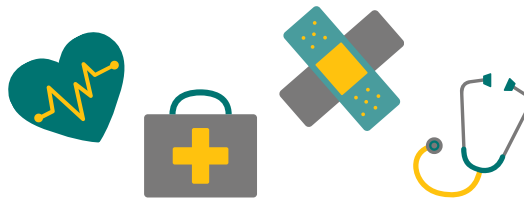




RETIREE MARKETPLACE PLAN SELECTION GUIDE



This guide provides information regarding the Midwest Operating Engineers Retiree Marketplace, effective January 1, 2027. The information provided in this guide is general in nature only and does not replace or alter the official rules and policies contained in the official plan documents that legally govern the terms and operation of the Midwest Operating Engineers Retiree Welfare Plan. If this publication differs in any way from the official plan documents, the official plan documents always govern. Receipt of this publication does not guarantee eligibility for benefits. The Trustees have the right to modify benefits at any time.



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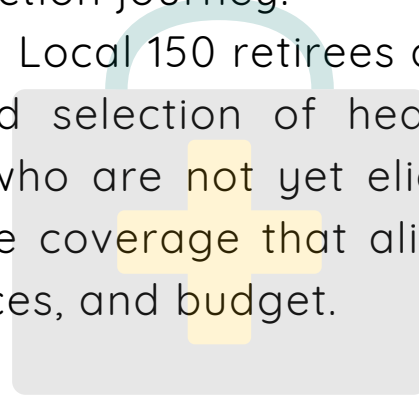




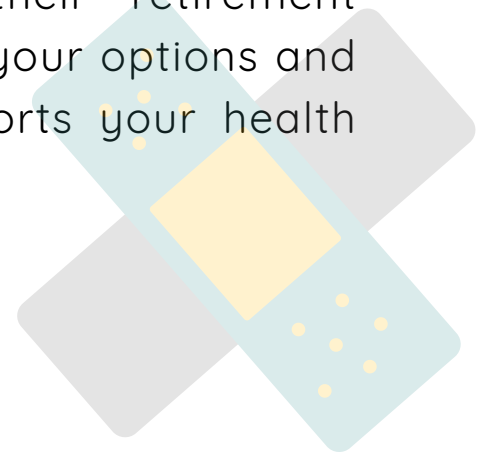
INTRODUCTION

Welcome to your health plan selection journey!

The Retiree Marketplace provides Local 150 retirees and their families with access to a broad selection of health plan options for covered individuals who are not yet eligible for Medicare, allowing you to choose coverage that aligns with your health care needs, preferences, and budget.



With more choices than ever before, retirees have greater flexibility and opportunities to stretch their retirement dollars. This guide will help you understand your options and confidently select the plan that best supports your health and retirement goals.



WHAT TO EXPECT

This guide will walk you through everything you need to know about annual plan selection—from eligibility requirements to how to select your health plan. Take a moment to review the steps below:

1 Determine if you're eligible to make a plan selection

You are eligible to make a plan selection if you are:

- A retiree covered by the Retiree Welfare Plan (RWP) who retired on or after July 1, 2011, and you or one of your covered dependent(s) is not yet eligible for Medicare; or
- A pre-Medicare surviving spouse who meets the Plan's eligibility requirements

If you don't meet the above criteria, there's no need to make a plan selection.

2 Identify your track

On the next page, find the scenario that applies to you and/or your eligible dependent(s). Identifying your track will guide you on your plan selection journey!

3 Review the Retiree Marketplace health plan options and Comparison Chart

Understand the details of each plan option, including the differences between the PPO and EPO plan options.

4 Learn how to make your annual plan selection

See the steps you'll need to take to make your annual plan selection in My150.

Remember, Annual Plan Selection begins October 1 and ends at 11:59 p.m. on October 31, for coverage starting January 1.



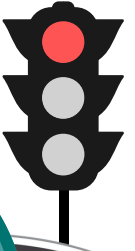
IDENTIFY YOUR TRACK

Find the scenario that
applies to you!

TRACK 1

Your entire family is eligible
for Medicare

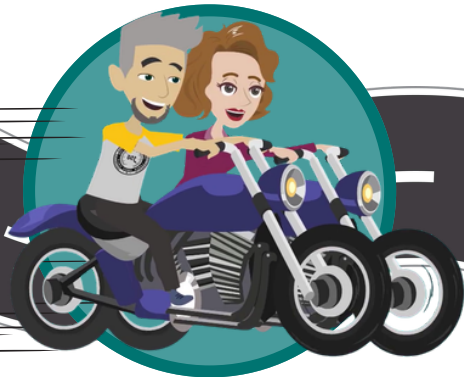
- Medicare serves as your family's primary coverage
- **No action is needed**
- You and your dependent(s) eligible for Medicare will remain in Retiree post-Medicare Plan A



TRACK 2

You are not eligible
for Medicare

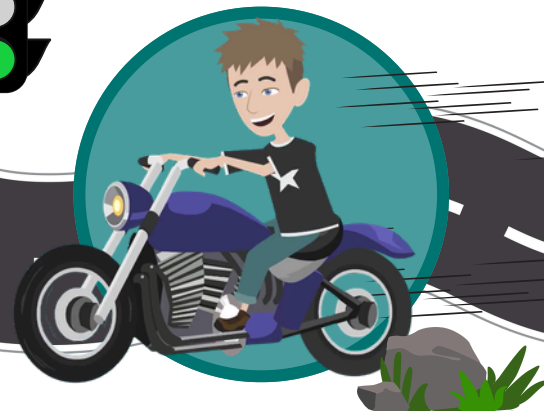
- You retired on/after July 1, 2011
- **Action needed: Select a plan** to cover you and any dependent(s) not eligible for Medicare
- Dependent(s) eligible for Medicare will remain in Retiree post-Medicare Plan A



TRACK 3

You are eligible for
Medicare with at least one
dependent who is not

- You retired on/after July 1, 2011
- **Action needed: Select a plan** for your dependent(s) who are not eligible for Medicare
- You and any dependent(s) eligible for Medicare will remain in Retiree post-Medicare Plan A





GET TO KNOW YOUR PRE-MEDICARE PLAN OPTIONS

Now that you've identified your track, it's time to get familiar with the four health plan options available to you through the Retiree Marketplace. Each plan offers different coverage features and cost structures to fit a range of needs.

Retiree Marketplace Plan A

The health plan option retirees have enjoyed for years

Retiree Marketplace EPO Plan

Copays for in-network services, no out-of-network coverage except for emergency services

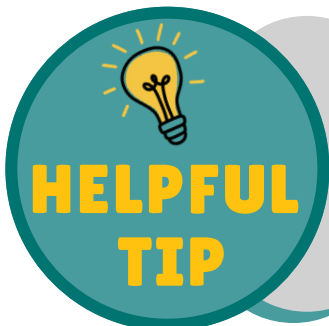
Retiree Marketplace Gold Plan

Offers a balance of coverage and cost

Retiree Marketplace Bronze Plan

Budget-friendly monthly premiums, higher annual deductible and out-of-pocket expenses with no dental coverage

In the pages ahead, you'll find a Comparison Chart to walk you through the key differences so you can make a confident, informed plan selection.



Want to compare health plans side-by-side? Use the "Compare" feature in My150 to view key details like deductibles, copays, coinsurance, and out-of-pocket maximums—for up to three plans at once!



DECIDING BETWEEN PPO AND EPO PLAN OPTIONS



Before selecting your health plan, it's essential to understand how PPO (Preferred Provider Organization) and EPO (Exclusive Provider Organization) plans differ—so you can choose the coverage that best fits your needs.

WHAT THEY HAVE IN COMMON

No matter which plan you choose, you'll have access to the same nationwide Blue Cross Blue Shield (BCBS) network of providers, giving you flexibility and convenience across the country. The Family Supplemental Benefit (FSB) amounts are also the same in each plan option—\$1,500 per family per year.

KEY DIFFERENCES

Feature	PPO Plans (Plan A, Gold, Bronze)	EPO Plan
Deductible	Varies by plan	No deductible
Cost Structure	In-network providers offer discounted rates	Copays apply for most services
Out-of-Pocket Costs	Vary based on plan design and usage	Predictable copays, rather than deductibles
Flexibility	May offer partial coverage for out-of-network care	Must use in-network providers (except for emergencies)

VERIFYING THAT YOUR PROVIDER IS IN-NETWORK

To locate an in-network provider, visit www.bcbs.com.

- Hover over “Members” in the top ribbon, and select “Find a Doctor”
- After selecting United States, tap “Choose a location and plan”
 - Enter an address, city, or zip code
 - Enter the three-letter prefix on your BCBS medical ID card (example: MOE123456789 and enter M O E)
 - Search for doctors, specialty, or facility by name or type



Be sure to call your provider/facility to receive verbal confirmation that they are in the Blue Cross Blue Shield network or call BCBS directly at 800-810-2583.

PRE-MEDICARE RETIREE MARKETPLACE PLAN COMPARISON CHART

Health Plan Options Comparison Chart

Plan Year: January 1, 2027 through December 31, 2027

Retiree Marketplace plans are available exclusively for individuals who are not yet eligible for Medicare (pre-Medicare).

Service Type	Free services are available through the Operators' Health Centers, Marathon Health Centers, MCL Health Centers, ATI Physical Therapy facilities, Absolute Solutions Imaging Network, Alpharus Health/Recovery Centers of America (RCA), or MinuteClinic's (most services are <u>free</u>). All services must be deemed medically necessary for consideration.						
	Plan A		EPO	Gold		Bronze	
Local 150 Health Centers (not subject to the deductible) (ages and services vary by location) Operators' Health Centers (OHC), Marathon Health Centers, and Midwest Coalition of Labor Health Centers (MCL Health Centers)							
Primary care for ages 2+, annual school & sports physicals, immunizations, preventive care/wellness visits, behavioral health, chiropractic, and preventive care services, lab services, condition management, DOT physicals, physical therapy, and more.	100%		100%	100%		100%	
Family Supplemental Benefit (FSB)							
Per Family per Plan Year	\$1,500		\$1,500	\$1,500		\$1,500	
	In-Network	Out-of-Network	In-Network ONLY	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Annual Deductible (applies to all services unless noted otherwise)							
Person	\$500		None	\$1,000	\$2,000	\$5,000	\$10,000
Family	\$1,100		None	\$2,500	\$5,000	\$10,000	\$20,000
Medical Out-of-Pocket Maximum (applies to all services unless noted otherwise) Balance billing from an out-of-network provider does not apply to your out-of-pocket maximum.							
Person	\$2,500		\$4,000	\$4,000	\$8,000	\$5,000	\$10,000
Family	\$6,000		\$10,000	\$8,000	\$16,000	\$10,000	\$20,000
Hospital Services	90%	80%	Inpatient: \$250 copay/admission Outpatient: \$20 copay/visit	80%	60%	100%	
Emergency Services in a Hospital or Independent Freestanding Emergency Department	90%		\$100 copay/ visit	\$100 copay/visit; balance considered at 80%		\$100 copay/visit; balance considered at 100%	
Preventive Services Not subject to the deductible. *Out-of-network preventive services are covered only for adult physical exams for member, spouse, and well-childcare for children up to age 2.	100%	100%*	100%	100%	100%*	100%	100%*
Physician Visits	90%	80%	Primary: \$20 copay/visit Specialist: \$40 copay/visit	80%	60%	100%	
Chiropractic Services (maximum of \$60 per visit and 24 visits per Plan Year) Services will be covered at 100% and not subject to the deductible if received at a Local 150 Health Center.	90%	80%	\$20 copay/visit	80%	60%	100%	

Service Type	Plan A		EPO	Gold		Bronze	
	In-Network	Out-of-Network	In-Network ONLY	In-Network	Out-of-Network	In-Network	Out-of-Network
Acupuncture (maximum of \$125 per visit and 12 treatments per Plan Year)	90%	80%	\$20 copay/visit	80%	60%	100%	
Outpatient Restorative Speech Therapy	90%	80%	\$20 copay/visit	80%	60%	100%	
Outpatient Speech Therapy for Developmental Conditions including Congenital Neurological Diseases	90%	80%	\$20 copay/visit	80%	60%	100%	
Outpatient Physical and Occupational Therapy Services will be covered at 100% and not subject to the deductible if received at a Local 150 Health Center or ATI Physical Therapy Facility.	90%	80%	\$20 copay/visit	80%	60%	100%	
Lab and X-ray	90%	80%	100%	80%	60%	100%	
Durable Medical Equipment (DME) **Not subject to the deductible or out-of-pocket maximums.	80%**		80%	60%	60%	100%	
Dental Benefit							
Deductible	\$0		\$0	\$0		No benefit	
Plan Year Maximum	Age 19 & older: \$2,000 Under 19: no maximum		Age 19 and older: \$2,000 Under 19: no maximum	Age 19 and older: \$2,000 Under 19: no maximum		No benefit	
Preventive	100%		100%	100%		No benefit	
Basic and Restorative Coinsurance is based on Delta Dental's Allowable Fee. Out-of-Network: You pay costs of services above the Allowable Fee.	70%		70%	70%		No benefit	
Orthodontia (dependent children through age 18)	50%, \$2,000 lifetime maximum		50%, \$2,000 lifetime maximum	50%, \$2,000 lifetime maximum		No benefit	
Prescription Drug Coverage: Copay Structure by Tier							
Short-Term Medication – CVS Caremark Network Retail Pharmacy (Maximum of two 30-day fills, excluding specialty drugs, then must obtain a 90-day supply)							
Generic Drug (Tier 1)	\$5 copay		\$5 copay	\$5 copay		\$20 copay	
Preferred Brand (Tier 2)	\$10 copay		\$10 copay	\$10 copay		\$40 copay	
Non-Preferred Brand (Tier 3)	\$25 copay		\$25 copay	\$25 copay		\$55 copay	
Specialty (Tier 4) ¹ (requires a prior authorization)	\$100 copay		\$100 copay	\$100 copay		\$100 copay	
Maintenance Medication – CVS, Costco, Kroger & CVS Caremark Mail Service Pharmacy (90-day supply required)							
Generic Drug (Tier 1)	\$15 copay		\$15 copay	\$15 copay		\$50 copay	
Preferred Brand (Tier 2)	\$30 copay		\$30 copay	\$30 copay		\$100 copay	
Non-Preferred Brand (Tier 3)	\$45 copay		\$45 copay	\$45 copay		\$115 copay	
Specialty (Tier 4) ¹² (requires a prior authorization)	\$300 copay		\$300 copay	\$300 copay		\$300 copay	

¹ The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% co-insurance. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their specialty medication, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution.

² Specialty medications are limited to a 30-day supply. Copay applies only for medications that must be dispensed in 90-day supplies due to packaging.



DRIVERS, START YOUR ENGINES!



You're almost ready to make your annual plan selection.
Let's first review some important details:

Selecting a Plan

- If you would like to keep the same plan, follow the steps on the next page and select your current plan option.
- You can only select one plan that will apply to you and your dependent(s) who are not eligible for Medicare—you cannot choose different plans for different individuals.
- Only the member can make the plan selection. Dependents are not able to make their own plan selection.
- You can update your plan selection as many times as you'd like during the annual selection period—just be sure to finalize your choice by 11:59 p.m. on October 31.

Limitations and Life Changing Events

- You are unable to add or remove dependent(s) when selecting a plan.
- You are unable to "downgrade" plans during the Calendar Year. If you would like to change plans, you will have the opportunity to do so during the next Annual Plan Selection period.
- Outside of Annual Plan Selection, you generally cannot change your health plan due to a Life Changing Event (LCE)—unless you are enrolled in the Retiree Marketplace Bronze Plan.
 - If you have the Bronze Plan and experience a loss of other coverage due to involuntary loss of employment or death, you may choose a different health plan at that time.



You now have the green
light to make your
annual plan selection!



HOW TO MAKE A PLAN SELECTION ON



1

Log into My150, find “Next Year’s Health Plan” on My Dashboard, and tap “Start New Plan”

Next Year's Health Plan
No Plan Selected

Plan Dates
N/A

Monthly Credits
N/A

[Start New Plan](#)



2

Pre-Medicare individuals will be outlined in gray. Review the list of covered individuals and tap “Next”

3

Review the details of the available plan options

Remember, the “Compare” feature allows you to view key details for up to three plans at once.

4

When ready, choose your plan by tapping the “Select Plan” button

5

If you or your dependent(s) have other healthcare coverage, tap “Enter Other Healthcare Information” and complete the necessary fields

6

Carefully review the details of the plan you selected, then tap “Review & Sign”

7

Carefully read the Plan Selection Agreement in DocuSign; initial and sign as prompted and then tap “Finish”

HELPFUL RESOURCES

Have questions or need assistance? Whether you prefer talking to someone directly, browsing online, or watching quick how-to videos—we’ve got you covered. Choose the path that works best for you to make an informed plan selection:

- Call Member Services at **708-579-6600**
- Visit the Fund Office website at **www.local150.org/moe**
- Check out our **Retiree Marketplace YouTube Playlist**, offering a number of videos, including walking you through plan selection in My150



SCAN TO VIEW THE RETIREE
MARKETPLACE YOUTUBE PLAYLIST

WHAT TO EXPECT AFTER ANNUAL PLAN SELECTION

CONGRATULATIONS! NOW THAT YOU'VE PARTICIPATED, WHAT HAPPENS NEXT?



If you selected a new plan, new insurance cards will be mailed to you before the end of the year. Everyone who is not eligible for Medicare will receive their own insurance card with their name on it, not the member's. If you chose to stay in your current plan, you will not receive a new insurance card, and may instead continue using your current card.



If you do not make a plan selection, you will stay in your existing plan (the plan you chose at retirement if this is your first Annual Plan Selection, or last year's choice if you previously participated) and will not receive a new insurance card.



Your coverage will begin January 1 and will continue through December 31, with Annual Plan Selection taking place again next October.

Please also take this time to ensure your mailing information is up to date in My150 so you can receive your new insurance card!

FREQUENTLY ASKED QUESTIONS



How will my family deductible work when I am on a post-Medicare plan and my dependent is on a pre-Medicare plan?

Family deductibles and out-of-pocket maximums do not cross apply for pre- and post-Medicare plans, so they will be treated as separate amounts.

If I become eligible for Medicare mid-year, will my deductible start over once I change from a pre-Medicare plan to a post-Medicare plan?

If you go onto Medicare mid-year, your deductible and out-of-pocket maximum accumulations will **not** start over.

I am a “snowbird” or someone who likes to travel—which plan would be best for me?

Although we cannot recommend a specific plan for you, there are some things to consider. The PPO and EPO plans both have the same nationwide network of providers, which is great for retirees who like to travel. As a reminder, the Retiree Marketplace EPO Plan does not have standard out-of-network services, except for emergency situations.

Regardless of which plan you choose, you will still have access to free services, such as CVS MinuteClinic, which has locations across the country.

I’m a post-Medicare retiree with a pre-Medicare dependent who I previously deferred coverage for, and they recently lost their other health insurance. When I add them to my plan, can I choose their health plan option, or will they automatically be placed in Retiree pre-Medicare Plan A until the next plan selection period?

A deferred pre-Medicare dependent who is being added to a Retiree Marketplace plan will default into the plan that the rest of the pre-Medicare dependents are covered under. If there are no other pre-Medicare dependents currently on the plan, the deferred pre-Medicare dependent will default into Retiree pre-Medicare Plan A.

Can I expect to receive a new insurance card?

If you chose to stay in your same plan, you will not receive a new insurance card and may instead continue using your current card. If you choose a new plan, new insurance cards will be mailed to you before the end of the year.

Are the Family Supplemental Benefit (FSB) amounts different between the plan options?

The FSB amounts are the same in each plan option—\$1,500 per family per plan year.

Will my prescription copays change if I change my health plan option?

The Retiree Marketplace Plan A, EPO Plan, and Gold Plan all follow the same prescription copay structure. The Bronze Plan, however, has slightly higher copays. Please refer to the Comparison Chart on pages 6 and 7 to view copay amounts by tier. And don't forget about the "lesser of" logic—regardless of which plan you choose, if the cost of a medication is lower than the listed copay, you'll pay the lower amount.

Do I still have access to free services?

Regardless of Medicare status, anyone covered under a Midwest Operating Engineers Health Plan has access to free and discounted services through our exclusive partnerships. These services include primary health care at Local 150 Health Centers, preventive and immediate care, physical therapy, diabetes management, and more.

Please note, if you or one of your dependent(s) has other primary insurance, primary insurance guidelines may apply.

If I choose the Retiree Marketplace Bronze Plan, am I still eligible for the Post-Retirement Death Benefit?

Yes, you are still eligible for the Post-Retirement Death Benefit as long as you meet the eligibility requirements.

Who can help me review my health plan options?

Please refer to the list of helpful resources on page 10 of this guide, which are available to help you in your plan selection journey.



NOTES

