

# Northern Nevada Operating Engineers Health & Welfare Trust Fund

*Mailing Address: Post Office Box 11337, Reno, NV 89510*  
*Street Address: 445 Apple Street, Suite 109, Reno, NV 89502*  
*Telephone: (775) 826-7200*

**Date** April 2023

**To: All Active Employees and their Dependents of the Northern Nevada Operating Engineers Health and Welfare Trust Fund**

---

<p align="center"><b>Clarifications to Medical Benefits Pursuant to the end of the National Emergency and Public Health Emergency</b></p>
---

This Participant Notice will advise you of certain material modifications that have been made to the Northern Nevada Operating Engineers Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

This SMM clarifies important changes in COVID-19 related benefits and administrative deadlines as a result of the declared end of the National Emergency (“NE”) and Public Health Emergency (“PHE”) on May 11, 2023.

The federal government has announced that both the National Emergency (NE) and Public Health Emergency (PHE) related to COVID-19 will terminate on May 11, 2023. Consequently, the plan rules concerning coverage of certain benefits related to COVID-19 will be changing. In general, all special rules in effect during the emergency will terminate and benefits will be covered under the usual cost-sharing provisions of the Fund.

### **Changes to COVID-19 Related Benefits**

Below is a brief summary of changes to COVID-19 related medical and prescription drug coverage beginning May 12, 2023:

<b>Benefit</b>	<b>During the Emergency Period</b>	<b>Effective May 12, 2023</b>
<b>COVID-19 vaccines, including boosters</b>	No charge for the vaccine when received at either PPO or Non-PPO Providers.	COVID-19 vaccines and boosters for adults will NOT be covered.  COVID-19 vaccines and boosters for children up to age 19 will be covered under the Well-Child benefits
<b>COVID-19 diagnostic tests and related services</b>	No charge for COVID-19 test related office visits or lab tests (including rapid diagnostic and swab-and-send tests) performed by either PPO or Non-PPO Providers.	COVID-19 test related office visits or lab tests will be covered in the same manner as any test or lab, based on whether the service is performed by PPO or Non-PPO Providers.

**Benefit****COVID-19 at-home test kits, also known as over-the-counter, or OTC test kits****During the Emergency Period**

No charge for up to eight (8) over-the-counter (OTC) COVID-19 tests per month, both in and out of network. Reimbursement for out-of-network OTC COVID-19 tests is limited to \$12 per test.

**Effective May 12, 2023**

COVID-19 OTC tests are not covered.

**Telehealth Services**

Benefits for these Telehealth Services are covered by the Plan at the regular cost-sharing applicable to the office visit (that is, subject to deductible, copay, and/or coinsurance), depending on whether the provider is a PPO or Non-PPO Provider.

Telehealth Services for a mental health/ substance abuse diagnosis will be covered by the Plan at the regular cost sharing applicable to the office visit (that is, subject to deductible, copay, and/or coinsurance), depending on whether the provider is a PPO or Non-PPO Provider.

All other Telehealth Services will be excluded.

**Elimination of Extended Deadlines for Administrative Actions**

In addition to the changes above, there are also certain administrative timeframes that will return to normal after the end of the NE and PHE.

Below is a brief summary of changes to administrative related deadlines beginning the earlier of 60 days after the announced end of the COVID-19 National Health Emergency, July 10, 2023 or one year from the deadline for your particular deadline, whichever is earlier.

**Administrative Timeframe****COBRA, HIPAA, special enrollment and benefit claims and appeals****During the Emergency Period**

During the National Emergency, deadlines for the following events were extended until the earlier of July 10, 2023 or one year from the original deadline:

- COBRA elections
- Paying COBRA premiums
- Electing HIPAA special enrollment
- Filing claims, appeals and requests for external review

**Return to Normal Timeframes**

Effective July 10, 2023, the deadlines for these events return to their normal timeframes.

Please see your Summary Plan Description or contact the Fund Office for details on applicable timeframes.

You are still encouraged to use PPO facilities and PPO providers whenever possible. Please keep this important notice with your Plan Document/Summary Plan Description for easy reference to all Plan provisions. Please review these changes carefully and contact the Fund Office with any questions that you may have.

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administrative Office.

Sincerely,

Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.**

*In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.*

5762958v3/00673.001

**NORTHERN NEVADA OPERATING ENGINEERS  
HEALTH AND WELFARE TRUST FUND**  
*445 Apple Street, Suite 109 \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200*

**April 1, 2021**

**To: All Plan Participants and Dependents, including COBRA beneficiaries, under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

---

This Participant Notice will advise you that during the ongoing National Emergency certain temporary material modifications have been made to the Summary Plan Description as restated January 1, 2017 and Rules and Regulations restated March 1, 2015 ("Plan") of the Northern Nevada Operating Engineers Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

<p><b>Temporary Extensions for Certain Special Enrollment, COBRA, and Claims and Appeals Deadlines</b></p>
--

Due to the COVID-19 pandemic and the ongoing National Emergency, the Plan is temporarily providing you additional time to meet certain deadlines if you need extra time. The Plan will disregard the period from March 1, 2020 until 60 days after the announced end of the National Emergency Concerning COVID-19 to determine the following COBRA, special enrollment, and claims and appeals deadlines:

- The period to request special enrollment,
- The 60-day election period for COBRA Continuation Coverage,
- The date for making COBRA Continuation Coverage premium payments,
- The date for individuals to notify the Plan of a qualifying event or the determination of disability,
- The date within which individuals may file a benefit claim under the Plan's claims procedures, and
- The date within which claimants may file an appeal of an adverse benefit determination under the Plan's claims procedures.

The temporary deadline extensions have a limited duration and expire. The duration of these deadline extensions applies on a case-by-case basis. Specifically, an individual's deadline extension expires **the earlier of:**

- One year from the date the individual was first eligible for relief (i.e., one year from their original deadline); or
- 60 days after the announced end of the National Emergency Concerning COVID-19.

However, **under no circumstances will a deadline extension last longer than one year. To ensure you promptly receive the benefits you need, we encourage you to provide the notice, election or payment by the original deadline when practicable.**

For example; if an individual's original deadline for electing COBRA Continuation Coverage was April 1, 2020, they will have until April 1, 2021 to make that election. If an individual's original deadline for electing COBRA Continuation Coverage was September 1, 2020, they will have until September 1, 2021 to make



that election (or 60 days after the National Emergency Concerning COVID-19 ends, if that date occurs before September 1, 2021).

Please contact the Administrative Office if you have questions about how the temporary deadline extensions apply to your individual circumstances.

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this medical Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Northern Nevada Operating Engineers Health & Welfare Trust Fund’s medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

.....

Please keep this important notice with your Rules and Regulations/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,

Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Administrative Office.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*

**NORTHERN NEVADA OPERATING ENGINEERS  
Health and Welfare Trust Fund**

*445 Apple Street \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200*

December 2020

**To: All Plan Participants and Dependents, including COBRA beneficiaries, under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

This Participant Notice will advise you of changes that have been made to the Summary Plan Description as restated January 1, 2017, and Rules and Regulations restated March 1, 2015 ("Plan") of the Northern Nevada Operating Engineers Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

**Immunizations  
Effective December 1, 2020**

1. Pneumococcal- Maximum reimbursement of \$224.00 (not subject to deductible or co-insurance)
2. Shingles- Maximum reimbursement of \$172.00 (not subject to deductible or co-insurance)

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this medical Plan is a "grandfathered health plan," we are required by law to provide this notice to you:

This group health plan believes the Northern Nevada Operating Engineers Health & Welfare Trust Fund's medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

.....

Please keep this important notice with your Rules and Regulations/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,

Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Fund Office.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*

**NORTHERN NEVADA OPERATING ENGINEERS  
Health and Welfare Trust Fund**

*445 Apple Street \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200*

August, 2020

**To: All Plan Participants and Dependents, including COBRA beneficiaries, under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

This Participant Notice will advise you of changes that have been made to the Summary Plan Description as restated January 1, 2017, and Rules and Regulations restated March 1, 2015 (“Plan”) of the Northern Nevada Operating Engineers Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

**Flu Shot  
Effective September 1, 2020**

With the COVID-19 pandemic, it is more important than ever for you and all of your family members to get your flu shot this year. In the past, the Fund only covers immunizations for children up to age 19. In order to encourage all Participants to get a flu shot, the Board of Trustees has approved covering up to \$33 for a flu shot for all participants **from either a PPO or Non-PPO provider or pharmacy at 100% of the Allowed Charge, with no cost sharing to you.**

If you receive your flu shot from a Non-PPO provider or pharmacy, please submit the receipt to the Fund Office for reimbursement.

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this medical Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Northern Nevada Operating Engineers Health & Welfare Trust Fund’s medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this important notice with your Rules and Regulations/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,

Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Fund Office.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*

5657263v1/00673.011

NORTHERN NEVADA OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND

P.O. Box 11337  
Reno, NV 89510  
Phone: (775) 826-7200  
Fax: (775) 824-5079

TO: PARTICIPANTS & DEPENDENTS, INCLUDING COBRA BENEFICIARIES

RE: COVID-19 COVERAGE CLARIFICATION DURING PUBLIC HEALTH EMERGENCY  
FOR  
NORTHERN NEVADA OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND

You were previously provided a Notice regarding temporary coverage for certain COVID-19 testing treatment, vaccine coverage (when it becomes available) and telemedicine during the period of the public health emergency. Below please find clarifications to such COVID-19 testing and telemedicine coverage. Please see the summary of clarifications below. Contact the Trust Fund Office at 775-826-7200, if you have any questions.

**CLARIFICATIONS TO TEMPORARY COVID-19 BENEFIT CHANGES**

- **COVID-19 Testing Includes Covered Emergency Antibody Tests.** To clarify, effective for services received on or after March 18, 2020, the Plan will also cover, at no cost-sharing to you, serological tests (a.k.a. antibody tests) for COVID-19 used to detect antibodies against the SARS-COV-2 virus and are intended for use in the diagnosis of the disease or condition of having current or past infection with SARS-COV-2, the virus which causes COVID-19 *only for*:
  - (a) tests approved, cleared or authorized by the FDA,
  - (b) FDA authorized test for emergency use,
  - (c) state authorized test which state has notified the Dept. of Health and Human Services, and
  - (d) other tests that the Dept. of HHS determines is appropriate during the public health emergency.

**Please note not all antibody tests will be covered at no cost-sharing to you. The Plan will only cover an antibody test that meets the requirements of the Federal laws (under the Families First Coronavirus Response Act ("FFCRA Act") and Coronavirus Aid, Relief and Economic Security Act ("CARES Act").**

- **Preoperative Surgery, Inpatient Admission and Elective Service COVID-19 Clarification.** To clarify, effective March 18, 2020 and during the public health emergency, COVID-19 testing will be covered prior to having medically necessary surgery, inpatient admission or elective service at no cost, provided your attending healthcare provider has determined there is a medical necessity for the test, in accordance with accepted standards of current medical practice and subject to the FFCRA and CARES Act.
- **Telemedicine Coverage Clarification During Public Health Emergency.** To clarify, effective March 6, 2020 for telemedicine coverage during the public health emergency, medical practitioner is considered an Allied Health Practitioner and telemedicine coverage also includes medically necessary mental health/substance abuse disorder coverage.

**GRANDFATHERED HEALTH PLAN REMINDER**

As a reminder, the Board of Trustees believes that the Northern Nevada Operating Engineers Health & Welfare Trust Fund Plan is a "grandfathered health plan" under the Affordable Care Act ("Act"). As permitted by the Affordable

Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that Act was enacted. Being a grandfathered health plan means that your Plan is not required to include certain consumer protections of the Act that apply to other plans, for example, requiring the provision of preventive health services without any cost sharing. Grandfathered health plans must comply, however, with certain other consumer protections in the Act, such as the elimination of annual and lifetime limits on Plan benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor (DOL) at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

IN ACCORDANCE WITH THE REQUIREMENTS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), THIS DOCUMENT SERVES AS A SUMMARY OF MATERIAL MODIFICATIONS (“SMM”) TO THE PLAN AND SUPPLEMENTS THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR COPY OF THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT.



**NORTHERN NEVADA OPERATING ENGINEERS HEALTH & WELFARE TRUST  
FUND**

445 Apple St., Ste. 109 \* Reno, NV 89502 \* P.O. Box 11337 \* Reno, NV 89510  
Telephone: (775) 826-7200 Fax: (775) 824-5080

**IMPORTANT: TEMPORARY EXTENSION OF SPECIAL ENROLLMENT, CLAIMS  
& APPEALS, AND COBRA DEADLINES  
DURING COVID-19 OUTBREAK PERIOD**

**PLEASE NOTE CERTAIN SPECIAL ENROLLMENT RIGHTS & CLAIMS AND APPEALS PROCEDURES DEADLINES AFFECTING YOUR HEALTH AND WELFARE & RETIREMENT COVERAGE HAVE BEEN TEMPORARILY EXTENDED DURING THE COVID-19 NATIONAL EMERGENCY UNDER FEDERAL MANDATE. THERE IS NO ACTION NECESSARY NOW.**

Recently, the Internal Revenue Service and Department of Labor jointly adopted an emergency regulation that temporarily extends certain special enrollment and claims & appeals deadlines during the COVID-19 (also known as coronavirus) "Outbreak Period." The Agencies believe such relief is immediately needed to preserve and protect you and your dependent's benefits during the National Emergency. This Outbreak Period will run from March 1, 2020 until sixty (60) days following the announced end of the National Emergency (or another date determined by the federal government in a future notice). (The end of the Outbreak Period is an unknown date at this stage). The Northern Nevada Operating Engineers Health and Welfare Plan will temporarily disregard the Outbreak Period when determining deadlines for the following:

- **For SPECIAL ENROLLMENT.** For those who had a marriage, birth, adoption or placement for adoption (or loss of CHIPRA or Medicaid coverage) on or after March 1, 2020, your right to special enroll an eligible Dependent in the Northern Nevada Operating Engineers Health & Welfare Plan (subject to the Plan's terms) has been extended until 30 days (*for birth, marriage, adoption*) or 60 days (*for loss of CHIPRA or Medicaid*) counted from the end of the Outbreak period (60 days after the announced end of the national emergency which is an unknown date now).
- **FOR FILING BENEFIT CLAIMS.** For those with benefits and retirement claims (including disability claims) on or after March 1, 2020, certain claims filing deadlines pursuant to the Plan's health and welfare, disability, and retirement claims procedures have been extended and will be counted from the end of the Outbreak period (60 days after the announced end of the national emergency which is unknown date now).
- **FOR FILING APPEALS.** For those claimants who receive adverse benefit determinations on or after March 1, 2020, those claimants' rights to file an appeal with the Trust Fund office have been extended until 180 days (for a health and welfare or disability appeals) counted from the end of the Outbreak period (60 days after the announced end of the national emergency which is unknown date now).
- **FOR COBRA CONTINUATION COVERAGE.** For events occurring and payments/elections due on or after March 1, 2020, Participants will have additional time to notify the Plan of a qualifying event, submit a COBRA Election Form and make COBRA premium payments. For example, if the usual 60-day clock to submit the Election Form would start ticking on May 15, that clock would not start ticking until the end

of the Outbreak Period (60 days after the announced end of the national emergency which is unknown date now). These deadline extensions do not extend the maximum period of COBRA coverage.

If COBRA is elected and premiums are paid, claims for covered expenses will be paid retroactive to the first date of COBRA coverage, for every month for which premium are paid in full. The Plan will not pay any claims for medical expenses until COBRA is elected and COBRA premiums are paid in full.

**If you believe your circumstances fits into any of the special extended rules above, please contact the Trust Fund office for more information. Please stay safe and healthy during these unprecedented times.**

#### GRANDFATHERED HEALTH PLAN REMINDER

As a reminder, the Board of Trustees believes that the Northern Nevada Operating Engineers Health & Welfare Trust Fund Plan is a "grandfathered health plan" under the Affordable Care Act ("Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that Act was enacted. Being a grandfathered health plan means that your Plan is not required to include certain consumer protections of the Act that apply to other plans, for example, requiring the provision of preventive health services without any cost sharing. Grandfathered health plans must comply, however, with certain other consumer protections in the Act, such as the elimination of annual and lifetime limits on Plan benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor (DOL) at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

---

**NORTHERN NEVADA OPERATING ENGINEERS  
Health and Welfare Trust Fund**

*445 Apple Street \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200*

**April, 2020**

**To: All Plan Participants and Dependents, including COBRA beneficiaries, under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

This Participant Notice will advise you that during the 2020 declared public emergency certain temporary material modifications have been made to the Summary Plan Description as restated January 1, 2017 and Rules and Regulations restated March 1, 2015 ("Plan") of the Northern Nevada Operating Engineers Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

**This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

<p><b>Temporary COVID-19 Testing Benefit Changes</b> <b>Effective March 18, 2020</b></p>
--

During the 2020 declared public health emergency, effective for services received on or after March 18, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency, the Fund will now cover the following services **from either a PPO or Non-PPO provider at 100% of the Allowed Charge, with no cost sharing to you:**

- a) Diagnostic tests to detect the presence of, or antibodies against, the virus that causes COVID-19, including the administration of such tests, for the following types of tests:
  - i. Tests to detect the virus that are approved, cleared or authorized by certain sections of the Federal Food, Drug and Cosmetic Act (the Drug Act)
  - ii. Tests for which the developer has requested, or intends to request, emergency use authorization under the Drug Act (and where such authorization has not been denied)
  - iii. Tests developed in and authorized by a state that has notified HHS of its intention to review tests to diagnose COVID-19
  - iv. Tests determined appropriate by HHS
- b) Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration of, the test described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test.

These services will also be provided without any need for prior authorization or medical management. Only the COVID-19 related services described above will be covered at no cost-sharing. If a Plan Participant or Dependent is diagnosed with COVID-19, any subsequent charges for treatment of the COVID-19 virus will be covered in the same manner and subject to the applicable cost-sharing as other medically necessary treatments performed with a PPO or Non-PPO Provider pursuant to the Plan terms.

It is important to make sure you are getting your information from a reputable source such as <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>. You can also call the Nevada COVID-19 hotline at 1-800-860-0620 or Nevada 2-1-1 by dialing "211" for resources and assistance with your questions.

**Temporary New Telehealth Benefit**

**Effective March 6, 2020**

**During the 2020 declared public health emergency, the Trustees have approved the implementation of Telehealth benefits effective for services received on or after March 6, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency. The Fund will now cover telephonic or online services received from any licensed provider, whether PPO or Non-PPO.**

Plan Participants can now use their telephone, tablet or computer to have a live telephonic or video visit, virtual check-in, and/or e-visits through an online patient portal with a provider to discuss non-emergency health issues from home or wherever the Plan Participant happens to be. This new Telehealth benefit offers a new means of reaching your licensed providers for treatment, especially when Plan Participants do not want to go into a doctor's office. The foregoing telehealth services must be performed consistent with guidelines published by the Centers for Medicare & Medicaid Services in order to be covered by the Fund.

Benefits for these Telehealth Services will be covered by the Plan at the regular cost-sharing applicable to the office visit or other service received (that is, subject to deductible, copay, and/or coinsurance), depending on whether the provider is a PPO or Non-PPO Provider.

**Temporary Early Outpatient Prescription Drug Refills**

**Effective April 1, 2020**

During the 2020 declared public health emergency, effective for outpatient prescription drugs refilled on or after April 1, 2020, and through the end of the emergency period in which the federal government has announced a National Emergency, **OptumRx is waiving any refill-too-soon edits.** This allows eligible OptumRx members to obtain early refills of their 34-day prescription retail medications if they have refills remaining on file at a participating retail pharmacy. Participants are still encouraged to use the mail order benefit when available.

Please note: Early refills will only be allowed if there are active refills left on the existing prescription. All utilization management edits such as prior authorization or quantity limits still apply to ensure appropriate use.

**Temporary COVID-19 Vaccination and Preventive Services Coverage**

**Effective April 1, 2020**

At this time, there is not yet a vaccine for the coronavirus that causes COVID-19. However, during the 2020 declared public health emergency, effective April 1, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency, the Plan will cover at no cost-sharing

any qualifying coronavirus preventive service that has received either an "A" or "B" in the recommendation of the United States Preventive Services Task Force ("USPSTF") or the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention ("CDC"). The qualifying coronavirus preventive services or vaccine coverage will be provided within 15 business days after the recommendation is made by the USPSTF or CDC.

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this medical Plan is a "grandfathered health plan," we are required by law to provide this notice to you:

This group health plan believes the Northern Nevada Operating Engineers Health & Welfare Trust Fund's medical plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

.....

Please keep this important notice with your Rules and Regulations/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,

Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Fund Office.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*

5637715v5/00673.011



**NORTHERN NEVADA OPERATING ENGINEERS  
Health and Welfare Trust Fund**

445 Apple Street \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200

March, 2020

**To: All Plan Participants and Dependents, including COBRA beneficiaries, under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

**This information is VERY IMPORTANT to you and your dependents. Please take the time to read it carefully.**

**CORONAVIRUS**

By now, everyone has heard of the “Coronavirus” or the illness it causes, known as “COVID-19”. At a time like this, it is important to be well informed. Attached is a Fact Sheet from the Centers of Disease Control and Prevention (CDC) on COVID-19 that includes some helpful information for you and your family. It is important to make sure you are getting your information from a reputable source such as <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>.

As a Participant in the Nevada Operating Engineers Health & Welfare Trust Fund, your health plan provides a wide range of benefits including but not limited to coverage for office visits, emergency room care, hospitalization and diagnostic testing (including testing for COVID-19). As always, we encourage you to use a PPO Provider in order to receive the highest level of benefits.

If you think you have been exposed to COVID-19 and develop a fever and/or symptoms of respiratory illness, such as cough or difficulty breathing, **call your healthcare provider immediately.**

Nevada has also set up a statewide COVID-19 hotline to provide additional information and advice, which may be reached at 1-800-860-0620 available Monday – Friday.

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this medical Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Northern Nevada Operating Engineers Health & Welfare Trust Fund’s medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.



.....  
Please keep this important notice with your Rules and Regulations/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,

Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Fund Office.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*

5633233v4/00673.001

**NORTHERN NEVADA OPERATING ENGINEERS  
Health and Welfare Trust Fund**

*445 Apple Street \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200*

**February, 2020**

**To: All Plan Participants and Dependents, including COBRA beneficiaries, under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

This Participant Notice will advise you of certain material modifications that have been made to the Summary Plan Description as restated January 1, 2017 and Rules and Regulations restated March 1, 2015 ("Plan") of the Northern Nevada Operating Engineers Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

**LASIK SURGERY  
EFFECTIVE JANUARY 1, 2020**

Last month, we sent notice that effective for services received on or after January 1, 2020, Lasik surgery performed by a PPO provider will be covered at 90% after the deductible, subject to a maximum of \$1,500/eye for each covered surgery.

This notice is to clarify that the surgery will not be subject to the deductible. In addition, there are no contracted providers that provide this surgery. However, if you would like help in finding a covered provider, please contact the Fund Office.

**MENTAL HEALTH CLARIFICATION  
EFFECTIVE JANUARY 1, 2020**

**Autism:** A diagnosis of autism is considered a mental health diagnosis. Available benefits may include (but are not limited to) outpatient services such as psychotherapy, physical therapy, Applied Behavioral Analysis (ABA therapy) as well as inpatient treatment if Medically Necessary. Benefits for autism are payable the same as any other illness.

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this medical Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Northern Nevada Operating Engineers Health & Welfare Trust Fund’s medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

.....

Please keep this important notice with your Rules and Regulations/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,

Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Fund Office.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*

**NORTHERN NEVADA OPERATING ENGINEERS  
Health and Welfare Trust Fund**

*445 Apple Street \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200*

**December 20, 2019**

**To: All Plan Participants and Dependents, including COBRA beneficiaries, under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

---

This Participant Notice will advise you of certain material modifications that have been made to the Summary Plan Description as restated January 1, 2017 and Rules and Regulations restated March 1, 2015 ("Plan") of the Northern Nevada Operating Engineers Health and Welfare Trust Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

**PHYSICAL EXAM BENEFIT  
EFFECTIVE JANUARY 1, 2020**

At this time, the Physical Examination Benefit includes expenses incurred for a routine physical examination performed by a physician, including expenses for radiology and laboratory testing, once per calendar year for the Employee and Spouse only. We are pleased to advise you that beginning for exams on or after January 1, 2020, this will include a coronary calcium scoring CT scan. Charges from a PPO provider will be covered at no charge after deductible, and charges from a Non-PPO provider are subject to the deductible, 60% coinsurance and any amounts over the scheduled allowance.

**MENTAL HEALTH CLARIFICATIONS  
EFFECTIVE JANUARY 1, 2020**

**Smoking cessation:** The plan currently provides coverage for smoking cessation programs and drug therapies to help our Participants stop smoking. Should you need to see your healthcare practitioner during this process, effective for claims incurred on or after January 1, 2020, the office visits will also be covered at normal plan benefits.

**Eating disorders:** A diagnosis of an eating disorder (such as anorexia or bulimia) is considered as a mental health diagnosis. Available benefits may include (but are not limited to) outpatient services such as psychotherapy, partial day hospitalization, and medically necessary nutritional counseling, as well as inpatient treatment. Benefits for eating disorders are payable the same as any other illness.

**Self-inflicted injuries:** At this time, the Plan excludes injuries an individual inflicts on himself during an attempted suicide, unless arising as a result of a physical or mental health condition. This notice is to confirm that the Fund will not require history of a physical or mental health condition in its record before approving a claim for payment of medically necessary treatment for injuries incurred during an attempted suicide.

**TELEMEDICINE – RENOWN HEALTH  
EFFECTIVE JANUARY 1, 2020**

There are times when Renown Health may not have a specialist available for a certain diagnosis in certain rural geographic areas. In that type of situation, your Renown healthcare provider or clinic may perform an exam, do necessary diagnostic testing, and connect to another provider or specialist via telemedicine rather than having the you travel to that provider. This notice is to inform you that effective January 1, 2020, these

services will be covered, subject to normal plan benefits and based upon the provider providing the telemedicine services, when initiated through a Renown Telehealth location.

**OCCUPATIONAL THERAPY CLARIFICATION**

**EFFECTIVE JANUARY 1, 2020**

The Plan currently excludes occupational therapy other than rehabilitation treatment following a stroke or injury. However, there are times that a licensed occupational therapist may perform physical therapy services for patients. This is not a change in your benefits, just a clarification that if an occupational therapist performs otherwise covered physical therapy, it will be covered under the Plan's physical therapy benefit.

**LASIK SURGERY**

**EFFECTIVE JANUARY 1, 2020**

At this time, eye surgery for refractive error (such as LASIK) is excluded by the Plan. Effective for services received on or after January 1, 2020, Lasik surgery performed by a PPO provider will be covered at 90% after the deductible, subject to a \$1,500/eye for each covered surgery. There is no benefit for Lasik surgery received from a Non-PPO provider.

**CONTRACEPTIVES FOR DEPENDENT DAUGHTERS**

**EFFECTIVE JANUARY 1, 2020**

Currently, contraceptives are not covered for Dependent Children. Effective for prescriptions filled on or after January 1, 2020, the Fund will extend coverage of contraceptives to dependent children. The contraceptives will be covered the same copay as any other prescription drug.

**TRUE NORTH TERMINATION**

**EFFECTIVE SEPTEMBER 30, 2019**

The Fund terminated its contract with True North effective September 30<sup>th</sup>, 2019. This medically supervised inpatient program lasting approximately three weeks consisted of intensive instruction in diet and lifestyle modification to help treat diabetes or high blood pressure.

Even though the PPO contract has been terminated, you still have access to medically necessary nutritional counseling and diet/lifestyle modification through other covered providers at normal plan benefits. Please call the Trust Fund Office for information on how to access covered services.

**NOTICE OF STATUS AS A GRANDFATHERED PLAN**

Because this medical Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Northern Nevada Operating Engineers Health & Welfare Trust Fund’s medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). This website has a table summarizing which protections do and do not apply to grandfathered health plans.



Please keep this important notice with your Rules and Regulations/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,  
  
Board of Trustees

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Fund Office.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*



**NORTHERN NEVADA OPERATING ENGINEERS  
Health and Welfare Trust Fund**

*445 Apple Street \* P.O. Box 11337 \* Reno, Nevada 89510 \* (775) 826-7200*

July 2019

**To: All Plan Participants under the Northern Nevada Operating Engineers Health & Welfare Trust Fund**

---

**Mammography-** Please be advised that **3D Mammograms** are now a covered benefit under the plan.

This Participant Notice is to remind our members which Hospital is the contracted Preferred Provider Hospital (PPO Hospital) in the Reno/Sparks area.

- **RENOWN - RENOWN IS YOUR ONLY PPO HOSPITAL FOR THE RENO/SPARKS AREA.** Please make sure you go only to the **RENOWN Emergency Room** and are admitted only at **RENOWN**. Schedule all your hospital facility appointments only at **RENOWN**. Please inform your primary care physician that **RENOWN is your PPO Hospital.** You will personally **PAY LESS** in co-insurance if you go to **RENOWN** instead of to a non-ppo hospital.

**NON PPO HOSPITALS/ NOT CONTRACTED (lower paid benefits)**

- **Saint Mary's Hospital and Northern Nevada Medical Center -** These two local hospitals **ARE NOT CONTRACTED WITH THE PLAN** and are **NON-PPO** hospitals. **You will personally PAY MORE in co-insurance if you go to Saint Mary's Hospital or Northern Nevada Medical Center instead of to RENOWN.**
- **Review your Explanation of Benefits and provider statements to avoid overpayments.**
- **Compare your patient responsibility to your medical bills.**
- **Please keep track of your payments to medical providers.**

.....  
Please keep this important notice with your Preferred Provider Updates for easy reference. If you have any questions, you may call the Administrative Office at (775) 826-7200 or Toll Free at (877) 826-5053.

Sincerely,

Board of Trustees

Summary Annual Report

for

OPERATING ENGINEERS HEALTH AND  
WELFARE TRUST FUND FOR NORTHERN NEVADA

This is a summary of the annual report for the OPERATING ENGINEERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN NEVADA, (Employer Identification No. 88-6031750, Plan No. 501) for the period September 1, 2017 to August 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Northern Nevada Operating Engineers has committed itself to pay the following types of claims incurred under the terms of the plan.

Certain accident, hospital, medical, prescription, dental, vision & disability claims

INSURANCE INFORMATION

The plan has contracts with Reliastar Life Insurance Company, and The Union Labor Life Insurance Company to pay the following types of claims incurred under the terms of the plan.

Certain medical, prescription, ad&d, life and excess risk claims

The total premiums paid for the plan year beginning September 1, 2017 and ending August 31, 2018 were \$1,193,612.

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$13,360,120 as of August 31, 2018 compared to \$13,669,469 as of September 1, 2017. During the plan year the plan experienced a decrease in its net assets of \$309,349. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$14,104,762. This income included employer contributions of \$13,451,753, employee contributions of \$17,524 and earnings from investments of \$635,485. Plan expenses were \$14,414,111. These expenses included \$1,064,406 in administrative expenses and \$13,349,705 in benefits paid to participants and beneficiaries.

### YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

Benefit Plan Administrators, Inc.  
445 Apple Street, Suite 200  
Reno, NV 89502

or the Plan Administrator

The charge to cover copying costs will be \$0.25 per page.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Benefit Plan Administrators, Inc.  
445 Apple Street, Suite 200  
Reno, NV 89502

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

**NORTHERN NEVADA OPERATING ENGINEERS HEALTH & WELFARE TRUST FUND**  
445 Apple Street, Suite 109 \* Reno, NV 89502 \* P. O. Box 11337 \* Reno, NV 89510  
Telephone: (775) 826-7200 Fax: (775) 824-5080

July 22, 2019

**Important Notice from the Northern Nevada Operating Engineers Health and Welfare Trust Fund about Prescription Drug Coverage for People with Medicare**

**This Notice is for people with Medicare.  
Please read this notice carefully and keep it where you can find it.**

This Notice has information about your current prescription drug coverage with Northern Nevada Operating Engineers Health and Welfare Trust Fund and the prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll in that Medicare prescription drug coverage. At the end of this notice is information on where you can get help to make a decision about Medicare's prescription drug coverage.

- **If you and/or your family members are not now eligible for Medicare, and will not be eligible during the next 12 months, you may disregard this Notice.**
- **If, however, you and/or your family members are now eligible for Medicare or may become eligible for Medicare in the next 12 months, you should read this Notice very carefully.**

This announcement is required by law whether the group health plan's coverage is primary or secondary to Medicare. Because it is not possible for our Plan to always know when a Plan participant or their eligible spouse or children have Medicare coverage or will soon become eligible for Medicare we have decided to provide this Notice to all plan participants.

Prescription drug coverage for Medicare-eligible people is available through Medicare prescription drug plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more drug coverage for a higher monthly premium.

**Northern Nevada Operating Engineers Health and Welfare Trust Fund has determined that the prescription drug coverage under your existing prescription drug plan (as administered by Optum Rx) is "creditable". "Creditable" means that the value of this Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as or more than the standard Medicare prescription drug coverage will pay.**

Because the plan option noted above is, on average, at least as good as the standard Medicare prescription drug coverage, **you can elect or keep prescription drug coverage under the current plan and you will not pay extra if you later decide to enroll in Medicare prescription drug coverage.** You may enroll in Medicare prescription drug coverage at a later time, and because you maintain creditable coverage, you will not have to pay a higher premium (a late enrollment fee penalty).

**REMEMBER TO KEEP THIS NOTICE**

**If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?**

Medicare-eligible people can enroll in a Medicare prescription drug plan at one of the following 3 times:

- when they first become eligible for Medicare; or
- during Medicare's annual election period (from October 15th through December 7th); or
- for beneficiaries leaving employer/union coverage, you may be eligible for a Special Enrollment Period (SEP) in which to sign up for a Medicare prescription drug plan.

When you make your decision whether to enroll in a Medicare prescription drug plan, you should also compare your current prescription drug coverage, (including which drugs are covered and at what cost) with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

**YOUR RIGHT TO RECEIVE A NOTICE**

You will receive this notice at least every 12 months and at other times in the future such as if the creditable/non-creditable status of the prescription drug coverage through this plan changes. You may also request a copy of a Notice at any time.

**WHY CREDITABLE COVERAGE IS IMPORTANT (When you will pay a higher premium (penalty) to join a Medicare drug plan)**

If you do not have creditable prescription drug coverage when you are first eligible to enroll in a Medicare prescription drug plan and you elect or continue prescription drug coverage under a **non-creditable** prescription drug plan, then at a later date when you decide to elect Medicare prescription drug coverage you may pay a higher premium (a penalty) for that Medicare prescription drug coverage for as long as you have that Medicare coverage.

Maintaining creditable prescription drug coverage will help you avoid Medicare's late enrollment penalty. This **late enrollment penalty** is described below:

If you go 63 continuous days or longer without creditable prescription drug coverage (meaning drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have either Medicare prescription drug coverage or coverage under a creditable prescription drug plan. You may have to pay this higher premium (the penalty) as long as you have Medicare prescription drug coverage.

For example, if 19 months pass where you do not have creditable prescription drug coverage, when you decide to join Medicare's drug coverage your monthly premium will always be at least 19% higher than the Medicare base beneficiary premium. Additionally, if you go 63 days or longer without prescription drug coverage you may also have to wait until the next November to enroll for Medicare prescription drug coverage.

**WHAT ARE MY CHOICES?**

You can choose any **one** of the following options:

<b>Your Choices:</b>	<b>What you can do:</b>	<b>What this option means to you:</b>
----------------------	-------------------------	---------------------------------------



<p><b>Option 1</b></p>	<p>You can select or keep your current medical and prescription drug coverage with Northern Nevada Operating Engineers Health and Welfare Trust Fund and <b>you do not have to enroll in a Medicare prescription drug plan.</b></p>	<p>You will continue to be able to use your prescription drug benefits through Northern Nevada Operating Engineers Health and Welfare Trust Fund</p> <ul style="list-style-type: none"> <li>You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (during October 15<sup>th</sup> through December 7<sup>th</sup> of each year).</li> <li>As long as you are enrolled in creditable drug coverage you will not have to pay a higher premium (a late enrollment fee) to Medicare when you do choose, at a later date, to sign up for a Medicare prescription drug plan.</li> </ul>
<p><b>Option 2</b></p>	<p>You can select or keep your current medical and prescription drug coverage with Northern Nevada Operating Engineers Health and Welfare Trust Fund and <b>also enroll in a Medicare prescription drug plan.</b></p> <p>If you enroll in a Medicare prescription drug plan you will need to pay the Medicare Part D premium out of your own pocket.</p>	<p>Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.</p> <p>Having dual prescription drug coverage under this Plan and Medicare means that you will still be able to receive all your current health coverage and this Plan will coordinate its drug payments with Medicare, as follows:</p> <ul style="list-style-type: none"> <li>for Medicare eligible Retirees and their Medicare eligible Dependents, Medicare Part D coverage pays primary and this group health plan pays secondary.</li> <li>for Medicare eligible Active Employees and their Medicare eligible Dependents, this group health plan pays primary and Medicare Part D coverage pays secondary.</li> </ul> <p>Note that you may not drop just the prescription drug coverage under this plan. That is because prescription drug coverage is part of the entire medical plan. Generally, you may only drop medical plan coverage at this Plan's next Open Enrollment period.</p> <p>Note that each Medicare prescription drug plan (PDP) may differ. Compare coverage, such as:</p> <ul style="list-style-type: none"> <li>PDPs may have different premium amounts;</li> <li>PDPs cover different brand name drugs at different costs to you;</li> <li>PDPs may have different prescription drug deductibles and different drug co-payments;</li> <li>PDPs may have different networks for retail pharmacies and mail order services.</li> </ul>

**Creditable Prescription Drug Coverage**

The Northern Nevada Operating Engineers Health and Welfare Plan provides prescription drug coverage through contract with Optum RX, Inc. For more information about prescription drug coverage, visit [www.optumrx.com](http://www.optumrx.com) or call 1800-797-9791.

	<b><u>Contract Provider</u></b>	<b><u>Non-Contract Provider</u></b>
<b><u>GENERIC</u></b>	Retail (\$15 copay up to 30 day supply)/ Mail order (\$5 copay up to 90 day supply)	Retail (100% of non-PPO allowable amount) Mail (Not Covered)
<b><u>BRAND</u></b>	Retail (\$30 copay up to 30 day supply)/ Mail order (\$55 up to 90 day supply)	Retail (100% of non-PPO allowable amount) Mail (Not Covered)
<b><u>BRAND (if no generic)</u></b>	Retail (\$25 copay up to 30 day supply) Mail order \$45 up to 90 day supply)	Retail (100% of non-PPO allowable amount) Mail (Not Covered)
<b><u>SPECIALTY DRUGS</u></b>	Retail (\$30 copay up to 30 day supply)/ Mail order (\$55 up to 90 day supply)	Retail (100% of non-PPO allowable amount) Mail (Not Covered)
<b><u>Deductible</u></b>	\$250 individual/\$750 family.	
<b><u>Annual Limit</u></b>	No Annual Limit.	



## **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE'S PRESCRIPTION DRUG COVERAGE**

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. A person enrolled in Medicare (a "beneficiary") will get a copy of this handbook in the mail each year from Medicare. A Medicare beneficiary may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number), for personalized help or visit <https://www.medicare.gov/contacts/#resources/ships>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### **Para más información sobre sus opciones bajo la cobertura de Medicare para recetas médicas.**

Revise el manual "Medicare Y Usted" para información más detallada sobre los planes de Medicare que ofrecen cobertura para recetas médicas. Visite [www.medicare.gov](http://www.medicare.gov) por el Internet o llame GRATIS al 1 800 MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048. Para más información sobre la ayuda adicional, visite la SSA en línea en [www.socialsecurity.gov](http://www.socialsecurity.gov) por Internet, o llámeles al 1-800-772-1213 (Los usuarios con teléfono de texto (TTY) deberán llamar al 1-800-325-0778).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-7721213 (TTY 1-800-325-0778).

**For more information about this notice or your current prescription drug coverage contact:**

**Contact: Northern Nevada Operating Engineers Health and Welfare Trust Fund Benefits  
Department  
Address: 445 Apple Street, Reno NV 89502  
Phone Number: 775-826-7200**

As in all cases, Northern Nevada Operating Engineers Health and Welfare Trust Fund reserves the right to modify or terminate benefits at any time. This document dated July 22, 2019 is intended to serve as your Medicare Notice of Creditable Coverage, as required by law.

## Northern Nevada Operating Engineers Health and Welfare Trust Fund

445 APPLE STREET \* P.O. BOX 11337 \* RENO, NV 89510 \* P. (775) 826-7200 F. 775) 824-5080

July 2019

Dear Members,

**This Notice includes annual notices the Plan is required to provide you under the Affordable Care Act and other Federal Laws. It also includes other reminders. This is for informational purposes only. No action is necessary.**

### GRANDFATHERED HEALTH PLAN REMINDER

The Board of Trustees believes that the Northern Nevada Operating Engineers Health & Welfare Trust Fund is a "grandfathered health plan" under the Affordable Care Act ("ACA"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that ACA was enacted. Being a grandfathered health plan means that your Plan is not required to include certain consumer protections of the ACA that apply to other plans (known as a Non-Grandfathered plan), for example, requiring the provision of preventive health services without any cost sharing. Grandfathered health plans must comply, however, with certain other consumer protections in the Act, such as the elimination of annual and lifetime limits on Plan benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Office at (775) 826-7200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor (DOL) at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

### MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare eligible, or will become Medicare eligible during the next 12 months, you need to be sure that you understand whether the prescription drug coverage that you elect under the Medical Plan is or is not creditable with (as valuable as) Medicare's prescription drug coverage.

To find out whether the prescription drug coverage offered by the Fund is or is not creditable you should review the Plan's Medicare Part D Notice of Creditable Coverage available from the Plan Office (Call (775) 826-7200).

### OPTION TO DECLINE DENTAL PLAN AND/OR VISION PLAN COVERAGE

In accordance with Health Reform regulations, you have the option to decline the Plan's dental and vision coverage. To decline coverage, complete the portion of the Plan's enrollment form related to declining dental plan and/or vision plan coverage. Enrollment forms are available from the Plan Office.

- Note that there is no additional compensation to you if you choose to decline/waive dental and/or vision coverage.
- If you decline dental and/or vision coverage you may re-enroll for such coverage after 12 months has lapsed, by contacting the Plan Office. Changes to the enrollment in dental plan and/or vision plan coverage is permitted once each 12-month period.

## **IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN**

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: <http://www.socialsecurity.gov/online/ss-5.pdf>. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the Plan Office at (775) 826-7200. Failure to provide the SSN or TIN means that claims for eligible individuals may not be considered payable claims for the affected individuals.

## **PRIVACY NOTICE REMINDER**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This Plan's HIPAA Privacy Notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this Notice when you enroll in the Plan. You can get another copy of this Notice from the Plan Office.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA) ANNUAL NOTICE REMINDER**

You or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, copayment and coinsurance applicable to other medical and surgical benefits provided under the various medical plans offered by the Fund. For more information on WHCRA benefits, contact the Plan Office at (775) 826-7200.

## **AVAILABILITY OF SUMMARY OF BENEFIT AND COVERAGE (SBC) DOCUMENT(S)**

The health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. In accordance with law, our plan provides you with a **Summary of Benefits and Coverage or SBC** as a way to help you understand and compare medical plan benefits. The SBC summarizes and compares important information including, what is covered, what you need to pay for various benefits, what is not covered, and where to get answers to questions. SBC documents are updated when there is a change to the benefits information displayed on an SBC. To get a free copy of the most current Summary of Benefits and Coverage (SBC) documents for our medical plan options, contact the Plan Office at (775) 826-7200.

## **SPECIAL ENROLLMENT**

This Plan complies with the Federal law regarding Special Enrollment by virtue of the fact that all eligible Employees and their eligible Dependents are automatically enrolled in this Plan as soon as the eligibility requirements of the Plan are met. There is no option to decline coverage. You need to provide the Administrative Office with your Dependent's social security number as well as certain documentation to show proof of dependent status (such as a marriage certificate, birth certificate). For more information about what paperwork may be needed to prove dependent status, please contact the Administrative Office.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: Medicaid <a href="http://www.medicaid.georgia.gov">www.medicaid.georgia.gov</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>IOWA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512

<b>KENTUCKY – Medicaid</b>		<b>NEW HAMPSHIRE – Medicaid</b>	
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570		Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218	
<b>LOUISIANA – Medicaid</b>		<b>NEW JERSEY – Medicaid and CHIP</b>	
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447		Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	
<b>MAINE – Medicaid</b>		<b>NEW YORK – Medicaid</b>	
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711		Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	
<b>MASSACHUSETTS – Medicaid and CHIP</b>		<b>NORTH CAROLINA – Medicaid</b>	
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840		Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100	
<b>MINNESOTA – Medicaid</b>		<b>NORTH DAKOTA – Medicaid</b>	
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739 or 651-431-2670		Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	
<b>MISSOURI – Medicaid</b>		<b>OKLAHOMA – Medicaid and CHIP</b>	
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005		Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	
<b>MONTANA – Medicaid</b>		<b>OREGON – Medicaid and CHIP</b>	
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084		Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	
<b>NEBRASKA – Medicaid</b>		<b>PENNSYLVANIA – Medicaid</b>	
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178		Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462	
<b>NEVADA – Medicaid</b>		<b>RHODE ISLAND – Medicaid</b>	
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900		Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347	



<b>SOUTH CAROLINA – Medicaid</b>		<b>VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820		Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	
<b>SOUTH DAKOTA – Medicaid</b>		<b>WASHINGTON – Medicaid</b>	
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059		Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	
<b>TEXAS – Medicaid</b>		<b>WEST VIRGINIA – Medicaid</b>	
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493		Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
<b>UTAH – Medicaid and CHIP</b>		<b>WISCONSIN – Medicaid and CHIP</b>	
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669		Website: <a href="https://www.dhs.wisconsin.gov/publications/pl/p10095.pdf">https://www.dhs.wisconsin.gov/publications/pl/p10095.pdf</a> Phone: 1-800-362-3002	
<b>VERMONT – Medicaid</b>		<b>WYOMING – Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427		Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/">https://health.wyo.gov/healthcarefin/medicaid/</a> Phone: 307-777-7531	

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

5588515v1/00673.001