



Operating Engineers' Local No. 428 Health & Welfare Trust Fund

P.O. Box 43110, PHOENIX, AZ 85080-3110
TOLL FREE: (800) 474-3485 FAX: (480) 302-2237
WWW.SSATPA.COM

FREQUENTLY ASKED QUESTIONS

THE FOLLOWING REPRESENTS FREQUENTLY ASKED QUESTIONS CONCERNING MEMBERS OF LOCAL # 428 BENEFIT PROGRAMS. THE FAQ'S SHOULD NOT BE CONSTRUED AT ANY TIME TO REPRESENT THE COMPLETE OR TOTAL AMOUNT OF INFORMATION AVAILABLE CONCERNING MEMBER'S BENEFITS, BUT MERELY A QUICK REFERENCE TO THE MOST **FREQUENTLY ASKED QUESTIONS** FOR A COMPLETE DESCRIPTION OF YOUR BENEFITS PROGRAM YOU SHOULD REFER TO YOUR HEALTH & WELFARE SPECIFIC PLAN DOCUMENTS. IF YOU DO NOT HAVE A SPECIFIC PLAN DOCUMENT, PLEASE **CONTACT THE FUND OFFICE AT (800) 474-3485 OR LOGIN TO THE SSATPA.COM PORTAL** TO REQUEST A COPY.

HEALTH & WELFARE TRUST FUND

WHEN I AM ELIGIBLE FOR MEDICAL COVERAGE?

- You become eligible for medical coverage after completing **INITIAL ELIGIBILITY**.
- **INITIAL ELIGIBILITY** is achieved on **the first day of the fifth month** following any period of three (3) consecutive months during which the active participant has worked **at least 300 hours** for which contributions have been paid by one or more participating employers, with a least one hour being reported in the first month of that period.

HOW DO I MAINTAIN MY ELIGIBILITY?

- **Eligibility** is maintained by keeping a minimum of 135 hours in your hour bank.
- **REMEMBER:** Hours worked are not reported to the Administrator **until the end of the following month** in which they are actually worked. **EXAMPLE; January reported hours apply to March eligibility, February hours apply to April, etc.**

WHO DO I CONTACT WITH QUESTIONS REGARDING ELIGIBILITY?

- Southwest Service Administrators, Inc. is a Third-Party Administrator for your **Health & Welfare Trust Fund**. They can answer any questions you may have regarding your eligibility and the insurance coverage provided. Regular office hours are 8:30AM to 5:00PM, Monday through Friday.
- **Southwest Service Administrators, Inc.**
2550 W Union Hills Dr., Ste 250, Phoenix, AZ 85027
- **(800) 474-3485**

WHAT IS AN HOUR BANK?

- Signatory contractors are obligated to report the total number of hours worked by every employee on a monthly basis. Once initial ELIGIBILITY is achieved, the **hours in excess of 135 hours accrue in your Hour Bank**.
- There is a deduction of 135 hours made at the end of each month to provide Health & Welfare Coverage. Each member can accumulate a maximum of 405 hours.
- This full Hour (405 hours) Bank will provide three (3) months of uninterrupted Health & Welfare coverage should the member become unemployed.



Operating Engineers' Local No. 428 Health & Welfare Trust Fund

P.O. Box 43110, PHOENIX, AZ 85080-3110
TOLL FREE: (800) 474-3485 FAX: (480) 302-2237
WWW.SSATPA.COM

WHAT HAPPENS IF I RUN OUT OF HOURS IN MY HOUR BANK?

- Should your Hour Bank fall below 135 hours required for Health & Welfare coverage, these benefits will terminate. Once you have accumulated the required hours, benefits will be reinstated.
- If eligibility terminates, you will receive a "COBRA NOTIFICATION" from Southwest Service Administrators, Inc.
- COBRA is a self-pay insurance option for those participants who elect to continue with Local #428 Health & Welfare Plans.
- Contact Southwest Service Administrators, Inc. for costs and additional information.

HOW WILL I KNOW WHEN I HAVE MEDICAL BENEFITS?

- Southwest Service Administrators, Inc. will send an Eligibility Packet to the address on file. If you have moved, contact the Fund Office. with a current address to obtain this information.
- The new eligible packet will include:
 - **Enrollment Form - Adding dependents? Must include Birth Certificate(s) and Marriage Certificate**
 - **Claim Form - Must be completed annually for member and all eligible dependents**
 - **Dental Coverage - If electing Sun Life Prepaid Dental Plan - Complete the enrollment form and add your eligible dependents. If no election is made the default will be Delta Dental**

HOW DO I GET MY SPOUSE AND OR CHILDREN COVERED BY THE MEDICAL INSURANCE?

- Complete a new enrollment form to add a spouse, and attach a copy of your marriage certificate.
- To add a child, complete an enrollment form with a copy of the birth certificate –this is required.
- Documents and change of address must be submitted to Southwest Service Administrators, Inc., Administrative Office.

WHAT ARE MY HEALTH & WELFARE BENEFITS?

- Medical - www.azblue.com/chsnetwork
- Hospitalization
- Enhanced wellness/preventative services
- Dental
- Vision - www.vsp.com
- Hearing care
- Prescription drug benefit
- Mental health services
- Member Assistant Program/ **Free (NO COST)** Counseling, Wellness Coaching & Online Coaching <https://minespersonaladvantage.com>
- Chiropractic care
- Life Insurance



Operating Engineers' Local No. 428 Health & Welfare Trust Fund

P.O. Box 43110, PHOENIX, AZ 85080-3110
TOLL FREE: (800) 474-3485 FAX: (480) 302-2237
WWW.SSATPA.COM

WHAT IS THE NAME OF INSURANCE?

- **Operating Engineers Local #428 Health & Welfare Trust Fund is the "name of your insurance"**. The Fund has contracted with **Blue Cross Blue Shield of Arizona** for access of their **PPO network** www.azblue.com/chsnnetwork.

HOW MUCH WILL IT COST ME TO VISIT THE DOCTOR?

- Covered eligible expenses will be reimbursed at;
 - **80/20% for In-Network-Providers** BCBS of Arizona Network
 - 50/50% for Out-of-Network Providers
- **In-Network** Deductible - \$800 Individual/ \$2,000 Family - (BCBS of AZ)
- Out-of-Network Deductible - \$2,500 Individual/ \$5,000 Family
- **In-Network** Out of Pocket Maximum - \$4,000 Individual/ \$8,000 Family
- Out-of-Network Out of Pocket Maximum - Unlimited
- Enhanced Wellness/Preventative Services will be covered under the Medical Plan without cost-sharing (no deductible, copayment or coinsurance and without a maximum dollar limit only when the ACA-mandated preventative services **are obtained from In-Network providers**.
- Visit <https://www.healthcare.gov/what-are-my-preventive-care-benefits>.

HOW CAN I BE A WISE CONSUMER OF HEALTH CARE AND GET THE MOST VALUE OUT OF THE MEDICAL PLAN?

- **Use Network (PPO) Providers.** They charge less, and you pay less. Preventive Care is free when provided by Network PPO providers.
- **Choose Generic drugs when possible.** Ask your Doctor if a generic drug is appropriate for you. You'll pay less for generic drugs than for brand name drugs.
- **Keep current with your Preventive/Wellness care** to help identify any health risk factors (like high blood pressure, high blood sugar, weight creeping above the recommended range) and to stay current on recommended immunizations and cancer screening tests.
- **Not feeling well?** Call your Network Doctor's office for help. Or go to a network Urgent Care facility instead of an emergency room (ER), if medically appropriate.
- **Precertify** your elective hospital admission, outpatient surgery, home health care, durable medical equipment over \$500, and various other services must be pre-certified, to avoid a financial penalty.
- **Review Your Medical Bills.** If something on a medical bill doesn't look right or you think there might be an error on the bill, contact the Fund Office.

HOW DO I PAY FOR DOCTOR VISITS?

- You should always wait to receive an **explanation of benefits (EOB)** from Southwest Service Administrators, Inc. before paying on any health care provider bill. Providers retain the right to request payment at the time of service. **If you have established a relationship with a provider, most will not ask for payment up front. A relationship with a provider can be established by using your annual physical checkup.**



Operating Engineers' Local No. 428 Health & Welfare Trust Fund

P.O. Box 43110, PHOENIX, AZ 85080-3110
TOLL FREE: (800) 474-3485 FAX: (480) 302-2237
WWW.SSATPA.COM

WHAT IS AN "EXPLANATION OF BENEFITS"?

- The Explanation of Benefits (EOB) explains what action was taken regarding your claim. It provides amount covered by the plan and the amount you may owe to the provider. It is good practice to wait for the EOB to be received prior to making a payment to the provider. The provider also receives a copy of the EOB.

DO I HAVE TO PAY EXTRA FOR MY FAMILY'S COVERAGE?

- **No.** Your Health & Welfare benefits provided by the **Operating Engineers Local #428 Health & Welfare Trust Fund** automatically covers your eligible dependents.

DOES THIS PLAN ACCEPT COORDINATION OF BENEFITS?

- Yes.

DOES THIS PLAN ACCEPT PREEXISTING CONDITIONS?

- Yes.

WHERE DO I GET ADDITIONAL INFORMATION OR PRINTED DOCUMENTS ABOUT MY BENEFITS?

- You can get additional information, documents or questions answered concerning your benefits or billing by calling the Fund Office at **(800) 474-3485**.

HOW DO I GET VISION CARE?

- Vision Care Benefits are provided through VSP.
- Any VSP Provider will verify eligibility at the time of your visit. No paperwork is required to use this benefit.
- You may check your benefit entitlement by going to VSP.com or contact them at (800) 877-7195.

DOES LOCAL# 428 HEALTH & WELFARE TRUST FUND OFFER DISABILITY COVERAGE FOR ACCIDENTAL INJURY OR ILLNESS?

- **Yes.** If you become disabled from work due to a **non-related workplace injury or illness, upon submission of a disability form signed by the treating doctor**, you may be eligible for payment of \$100.00/week for a period of 13 weeks.
- Disability claims must be submitted to the Plan within **90 days** from the date of onset of the disability.
- The benefits begin the first day of an accident or the 8th day of an illness.

DENTAL COVERAGE IS AVAILABLE

- There are two dental coverages available.
- **Delta Dental the indemnity plan** (Default Plan) allows you to see the dentist of your choice. It covers 80/20 for basic and preventative work and 60/40 for major work. There is a \$50 per person/ \$150 per family deductible. There is a \$2000 maximum dental benefit per person per calendar year. **There is no orthodontic coverage with this plan.**
- **Sun Life, the prepaid dental plan** provides a list of doctors to select from. **You must use their network of Plan dentists.** **There is orthodontic benefit** with this plan. Call local# 428 Health & Welfare Trust Fund for additional information concerning the dental program at **(800) 474-3485**.

CAN I CHANGE MY DENTAL COVERAGE?

- **Yes.** Open enrollment is once a year in December. You will be notified by mail of the open enrollment time. You may change your dental plan at that time by notifying in writing to Operating Engineers Local# 428 Health & Welfare Trust Fund of your intention to change coverage. For additional information or forms concerning the dental program call **(800) 474-3485**.