

# Office and Professional Employees Locals 30 & 537 Health & Welfare and Retirement Trust Funds

Administered By: Benefit Programs Administration  
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 908-7568

December 2011

To: All Participants

From: Administrative Office

Re: 2011-2012 Open Enrollment

The period for which you may submit your request for plan changes is as follows:

**Enrollment forms received by January 20, 2012 will have a February 1, 2012 effective date.**

**Enrollment forms received by February 17, 2012 will have a March 1, 2012 effective date.**

In order to accommodate the enrollment of all dependents, as well as the submission of the required dependent co-payment, dependent enrollments will become effective as follows:

**Properly completed dependent enrollment requests accompanied with the \$100.00 co-payment, received by January 20, 2012 will become effective February 1, 2012.**

**Properly completed dependent enrollment requests accompanied with the \$100.00 co-payment, received by February 17, 2012 will become effective March 1, 2012.**

13191 Crossroads Pkwy., N. Suite 205, City of Industry, CA 91746-3434

# Office & Professional Employees • Locals 30 & 537 Trust Funds

13191 Crossroads Parkway North, Suite 205  
City of Industry, CA 91746-3434

Tel: (800) 386-4350 • (562) 463-5065  
Fax (562) 908-7568  
[www.opeiufunds.org](http://www.opeiufunds.org)

## MEDICAL OPEN ENROLLMENT

Effective February 1, 2012

TO: All Participants of the Health & Welfare Fund

The OPEIU Locals 30 & 537 Health & Welfare Fund will have an Open Enrollment for all participants during the month of **January 2012**. Open Enrollment is available only during the month of January of each year.

This means that any participant has the option during this period to change their particular health and welfare coverage to either of the following Plans for the year beginning **February 1, 2012**.

- (1) **MAJOR MEDICAL PLAN** — Under this Plan, you may select your own doctor, or make use of the Panel Providers at your option at any time.

Under the OPEIU Major Medical Plan, after satisfying the individual calendar year annual deductible of \$700 per individual (\$2,100 maximum per family), the Plan will pay 60% of covered expenses.

The Panel Plan Providers through **FIRST HEALTH NETWORK**, the Health and Welfare Fund's Preferred Provider Organization (PPO), are available to individuals and families selecting the Major Medical Plan. Use of the **FIRST HEALTH NETWORK** is optional at any time to members or their eligible dependents who are covered under the Major Medical Plan and will provide improved coverage in accordance with the comparison sheet included. If a **FIRST HEALTH NETWORK provider is used, coverage increases to 80%, subject to Major Medical Plan limitations and exclusions, and a Panel Plan deductible of \$350 per individual per calendar year; maximum \$1,050 per family**. Participating hospitals and physicians under the **FIRST HEALTH NETWORK** are listed via their website at [www.myfirstthealth.com](http://www.myfirstthealth.com)

Excluding non-panel provider hospital charges, your coverage will increase to 100% of covered expenses after you have incurred \$4,000 in out-of-pocket eligible expenses.

- (2) **KAISER FOUNDATION HEALTH PLAN** - Under this Plan, you must receive treatment **ONLY** from Kaiser physicians at Kaiser facilities (except in certain emergency situations). Prescription drugs must be obtained through a Kaiser pharmacy.

A comparative analysis of the benefits provided under each of the Plans is outlined on the inside pages of this notice to assist you in making your selection.

At this time, you may also add any eligible dependent(s) not previously covered. There is a \$100 a month co-payment for dependent coverage. **Dependent co-payment is due on the month prior to the coverage month; i.e., co-payment for March coverage is due in February.** Please advise your employer so that the proper payroll deduction can be made.

We are enclosing a "Change Card" for you to indicate whether you wish to change your Plan coverage or add dependents. Please complete the enclosed card indicating the change you wish to make and return it by mail to **OPEIU Trust Funds, 13191 Crossroads Parkway North, Suite 205, City of Industry, CA 91746-3434**, or fax to **(562) 908-7568** no later than January 20, 2012. The change will then become effective February 1, 2012. Failure to return the required signed enrollment form promptly may create a delay in the change being reflected on the Trust's records. **NOTE: The Plan will not pay benefits for medical, prescription drug or vision care received before becoming a dependent under the Plan.**

**DO NOT RETURN THE "CHANGE CARD" IF YOU DO NOT WISH TO CHANGE YOUR COVERAGE OR ADD DEPENDENTS.**

For inquiries regarding claims previously submitted, benefits information, and verification of eligibility call: (562) 463-5065 or (800) 386-4350.

If you have any questions concerning this notice or the enclosed material, please contact the Administrative Office, telephone (562) 463-5065 or (800) 386-4350.

Please keep this notice for future reference.

Sincerely,

BOARD OF TRUSTEES  
Office & Professional Employees  
International Union Locals 30 & 537  
Health & Welfare Fund

Enclosures

# O.P.E.I.U. LOCALS 30 & 537 HEALTH & WELFARE TRUST FUND HEALTH PLANS SUMMARY

COVERAGE AND TERMS	O.P.E.I.U. LOCALS 30 & 537 MAJOR MEDICAL PLAN	FIRST HEALTH NETWORK AVAILABLE UNDER MAJOR MEDICAL PLAN Must Utilize Participating FIRST HEALTH NETWORK Hospitals and Providers	KAISER
<b>Explanation of Plans and Options Available to you:</b>	You may use the doctor of your choice. When your claim is received, it is processed (subject to the Annual Deductible) under the Major Medical Benefits shown below in this column. <b>(Please refer to your Plan Booklet for Limitations and Exclusions.)</b>	May be used by participants covered under the Major Medical Plan at their option at anytime. If a FIRST HEALTH NETWORK Provider is used, the benefits shown below will apply SUBJECT TO THE ANNUAL PLAN DEDUCTIBLE AND MAJOR MEDICAL PLAN LIMITATIONS AND EXCLUSIONS.	KAISER For benefits through this plan you must use KAISER facilities.
<b>INDIVIDUAL DEDUCTIBLE (Calendar Year)</b>	\$700.00 per person per calendar year; Maximum \$2,100.00 per family.	\$350 per person per calendar year; Maximum \$1,050 per family.	None
<b>STOP LOSS MAXIMUM</b>	When a participant incurs \$4,000 out of pocket for covered expenses during any calendar year, coverage will increase to 100%. Non-Panel hospital charges do not apply	When a participant incurs \$4,000 out of pocket for covered expenses during any calendar year, coverage will increase to 100%.	None
<b>ANNUAL MAXIMUM</b>	\$1,250,000	See Major Medical Plan Option.	Unlimited
<b>HOSPITAL IN-PATIENT CARE:</b> (Room accommodation on all options is <i>Semi Private</i> .)	NOTE: PRE-NOTIFICATION PRIOR TO ANY <i>NON-EMERGENCY</i> HOSPITAL ADMIT IS REQUIRED (Call: 1-800-528-7936). 30% penalty for non-compliance.  60% - Semi-private Room 60% - Max 2.5 x Semi-Private Room 60%  80% - Limited Benefits 60% 60% of Usual, Customary and Reasonable charges (UCR)	NOTE: PRE-NOTIFICATION PRIOR TO ANY <i>NON-EMERGENCY</i> HOSPITAL ADMIT IS REQUIRED (Call: 1-800-528-7936). 30% penalty for non-compliance.  80% 80% 80%  80% - Limited Benefits 80% See Major Medical Plan Option	AT KAISER HOSPITALS ONLY - \$500 Admission Co-payment  \$50 co-payment per visit (waived if admitted) 100% - up to 100 days per year  No charge within service area
<b>EMERGENCY ROOM SKILLED NURSING FACILITY (Licensed) OUTPATIENT FACILITY CHARGES AMBULANCE</b>	60% - UCR 60% - UCR 60% - UCR	PRE-NOTIFICATION REQUIRED ON CERTAIN ELECTIVE SURGERIES CALL: 1-800-528-7936 - 30% PENALTY FOR NON-COMPLIANCE	THROUGH KAISER PHYSICIANS ONLY
<b>SURGICAL BENEFITS:</b>	Surgeon Assistant Surgeon  Anesthetist	80% - UCR 80% - UCR (up to 20% of Surgery charges, subject to medical necessity)  80% - UCR	\$30 outpatient co-payment, \$0 in-patient co-payment 100% - YOU PAY NOTHING  100% - YOU PAY NOTHING
<b>PHYSICIAN'S VISITS - IN HOSPITAL</b>	60% UCR	80% - UCR	100% - YOU PAY NOTHING
<b>PHYSICIAN'S CARE - IN OFFICE</b>	60% UCR	80% UCR	100% UCR \$30 per visit payable prior to time of appointment. (\$5 for pre-natal and well-child preventive care visits to age 2).
<b>Preventive Care</b> (per Health Care Reform Act guidelines) Referred to Specialist Injectable Medications Radiation Therapy Physical Therapy X-Ray and Laboratory	60% UCR 60% UCR 60% UCR 60% UCR 60% UCR - 30 visit maximum per calendar year. 60% UCR - Certain Diagnostic tests must be pre-authorized Call: 1 -800-528-7936 - 30% penalty for non-compliance.	100% UCR 80% UCR 80% UCR 80% UCR 80% UCR - 30 visit maximum per calendar year. 80% UCR - Certain Diagnostic tests must be pre-authorized Call: 1 -800-528-7936 - 30% penalty for non-compliance.	\$30 outpatient co-payment, \$0 in-patient co-payment 100% - YOU PAY NOTHING
Podiatry	60% UCR - 10 visits per calendar year.	80% UCR - 10 visits per calendar year.	\$30 co-payment per individual outpatient visit, \$15 for group visits (\$0 for inpatient)
Allergy Testing	60% UCR	80% UCR	\$30 co-payment
<b>IN/OUT PATIENT PSYCHIATRIC CARE</b>	60% UCR, limited to one visit per day, - 50 visits per calendar year.	80% UCR, limited to one visit per day, 50 visits per calendar year.	You pay \$15 for generics and \$30 for brand name drugs. (up to a 100-day supply)
<b>FAMILY PLANNING:</b> Maternity, abortion and sterilizations	Covered as any illness.	Covered as any illness.	Covered according to Kaiser formulary - No co-payment
<b>ANNUAL HEALTH ASSESSMENT</b>	60% of UCR	80% of UCR	Covered according to Kaiser formulary - No co-payment
<b>PRESCRIPTION DRUGS</b>	Through Express Scripts you pay \$15 for generic and \$25 for brand name prescriptions (limitation of 100 units or one month supply). 90-days supply available through Express Scripts mail order program at \$30 for generic and \$50 for brand name. Covered prescriptions purchased through a non-participating pharmacy will be paid at 60% after the \$700 Major Medical deductible is satisfied.	See Major Medical Plan Option.	Covered according to Kaiser formulary - No co-payment
<b>DURABLE MEDICAL EQUIPMENT</b>	60% UCR - up to purchase price.	80% UCR - up to purchase price.	Covered according to Kaiser formulary - No co-payment
<b>VISION BENEFITS</b>	Through Vision Service Plan (VSP) with a \$25 co-payment for exam and an additional \$50 if frames and/or lenses are ordered. Exam - Once every 12 months. Lenses - Once every 24 months Frames - Once every 24 months	See Major Medical Plan Option.	Kaiser Facilities provide Vision Care, \$30 co-payment for eye exam Lenses - Once every 24 months. Frames - Once every 24 months. An allowance of up to \$150 will be applied towards lenses and frames (or contact lenses).
	<i>UCR — Usual, customary and reasonable as determined by the Plan.</i>		

THE ABOVE INFORMATION IS A SUMMARY OF THE PLANS CURRENTLY OFFERED AND IS NOT INTENDED TO REPRESENT A FULL DESCRIPTION OF THE BENEFITS, COVERAGES, LIMITATIONS AND EXCLUSIONS OF THE PLAN