



# OE3 Trust Funds

Health. Security. Service.

Operating Engineers Trust Funds  
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(800) 251-5014 • OE3trustfunds.org

**Date: November 20, 2020**

**To: Participants and Dependents in the Operating Engineers Health and Welfare Trust Fund, including COBRA beneficiaries**

This notice will advise you of material modifications made to the Trust Fund’s benefit plan. **This information is VERY IMPORTANT to you and your Dependents.** Please take the time to read it carefully.

**DEDUCTIBLE CHANGES  
EFFECTIVE JANUARY 1, 2021**

In 2018, the Board announced a temporary decrease to your medical plan deductible, through the end of 2018. They extended that decrease through 2019 and again through 2020. The Board of Trustees is pleased to advise you that effective January 1, 2021, this deductible decrease for both the PPO Plan Comprehensive Medical Benefits and the Kaiser Plan will be extended through December 31, 2021. This means that you will pay less out of your own pocket for covered charges in the 2021 year as well.

Effective for all medical plan claims incurred through December 31, 2021, the Deductible amounts are as follows:

Calendar-Year Deductible		
	Prior to 7/1/18	7/1/18 – 12/31/20, <u>now extended from 1/1/2021 through 12/31/2021</u>
<b>PPO Plan</b>	<b>Comprehensive Medical Benefits:</b> \$500/ person, \$1,500/family	<b>Comprehensive Medical Benefits:</b> \$250/ person; \$750/ family
	<b>Outpatient Prescription Drug Benefits:</b> \$100/person for retail brand name drugs.	<b>Outpatient Prescription Drug Benefits:</b> \$100/person for retail brand name drugs. <b>(No change)</b>
<b>Kaiser Plan</b>	\$500/person; \$1,000/family	\$250/person; \$500/family

*The Board of Trustees will review the financial status of the Plan to determine if the decreased Deductible can be extended beyond December 31, 2021. We will advise you of any changes to the deductible amount at that time.*

**OUT-OF-POCKET LIMIT DECREASE  
EFFECTIVE JANUARY 1, 2021**

In 2018, the Board announced a temporary decrease to your medical plan Out-of-Pocket Limit for the 2019 calendar year. They extended that decrease through 2019 and again through 2020. The Board of Trustees is pleased to advise you that effective January 1, 2021, this Out-of-Pocket Limit decrease for both the PPO Plan Comprehensive Medical Benefits and the Kaiser Plan will be extended through December 31, 2021. This means that you will pay less out of your own pocket for covered charges in the 2021 year as well.

Effective for all medical plan claims incurred on or after January 1, 2021, through December 31, 2021, the Out-of-Pocket Limits are as follows:

<b>Calendar-Year Out-of-Pocket Limit</b>		
	<b>Prior to 1/1/19</b>	<b>1/1/19 – 12/31/20, <u>now extended from 1/1/2021 through 12/31/2021</u></b>
<b>PPO Plan</b>	<b><i>Comprehensive Medical Benefits:</i></b> <b><i>Contract Providers:</i></b> \$5,000/person; \$11,000/family <b><i>Non-contract Providers:</i></b> \$10,000/person; \$30,000/family	<b><i>Comprehensive Medical Benefits:</i></b> <b><i>Contract Providers:</i></b> \$2,500/person; \$5,000/family <b><i>Non-contract Providers:</i></b> \$5,000/person; \$15,000/family
	<b><i>Outpatient Prescription Drugs:</i></b> <b><i>Network Pharmacy:</i></b> \$1,600/person; \$2,200/family <b><i>Non-Network Pharmacy:</i></b> there is no limit on your expenses.	<b><i>Outpatient Prescription Drugs:</i></b> <b><i>Network Pharmacy:</i></b> \$1,600/person; \$2,200/family <b><i>Non-Network Pharmacy:</i></b> there is no limit on your expenses. <b><i>(No change)</i></b>
<b>Kaiser Plan</b>	\$3,000/person; \$6,000/family	\$2,500/person; \$5,000/family

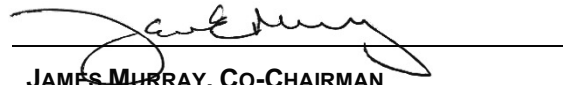
***The Board of Trustees will review the financial status of the Plan to determine if the decreased Out-of-Pocket Limit can be extended beyond December 31, 2021. We will advise you of any changes to the Out-of-Pocket Limit amounts at that time.***

If you have any questions, please contact the Trust Fund Office at the numbers listed above. You may also call the Fringe Benefits office at (800) 532-2105.

Sincerely,  
Board of Trustees



**DAN REDING, CO-CHAIRMAN**



**JAMES MURRAY, CO-CHAIRMAN**

**Receipt of this notice does not constitute a determination of your eligibility. If you have any questions regarding the Plan changes, please contact the Trust Fund 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.*