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Date: February 2022

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.

CARE IN A LONG TERM ACUTE CARE FACILITY EFFECTIVE JANUARY 1, 2021

Generally, long term care is not covered by most group health plans as it is considered custodial in nature. This is the approach that had been taken by the Fund. However, there may be instances where a Long Term Acute Care ("LTAC") facility is providing medical treatment after or instead of acute inpatient hospitalization, which is medically necessary to help the patient make continual progress and transition home . In recognition of the fact that there are certain instances where services provided at a LTAC facility may be considered medically necessary, the Board of Trustees has approved the following:

- **Exclusion**: Charges for hospitalization when such confinement occurs primarily for physiotherapy, hydrotherapy, convalescent or rest care, or occurring in an institution which is primarily a place for the treatment of chronic or long-term Injuries or Illnesses.
- **Exception to Exclusion:** This exclusion does not include Medically Necessary care in a Long-Term Acute Care (LTAC) facility where a patient is receiving continued rehabilitation therapy immediately after, or instead of, acute inpatient hospitalization, and only to the extent the patient is continuing to progress (for coverage medical necessity must be re-established by Anthem every two months);

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

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.

