

**AMENDMENT #1**  
**TO THE PLAN DOCUMENT FOR THE**  
**OPERATING ENGINEERS LOCAL 101 HEALTH & WELFARE FUND**

WHEREAS, the Operating Engineers Local 101 Health and Welfare Fund Combination Plan Document and Summary Plan Description dated January 1, 2012, provides that the Plan may be amended by the Board of Trustees from time to time;

WHEREAS, it is the desire of the Trustees to amend the Combination Plan Document and Summary Plan Description and revoke the previous Plan document changes adopted in Amendment 2012-1W set to go into effect on January 1, 2013;

NOW, THEREFORE, BE IT RESOLVED THAT the following amendment is made to the Combination Plan Document and Summary Plan Description effective January 1, 2013, and supersedes the previous Amendment 2012-1W:

1) **Schedule of Benefits**

B. **Alcohol and Drug Treatment and Mental Health Benefit**

- *The Alcohol and Drug Treatment and Mental Health Benefits are not subject to the Comprehensive Medical Deductible. Also, these benefits do **not** have a separate deductible.*

Alcohol and Drug Treatment

Coinsurance	
In-Network.....	Preferred
Out-of-Network.....	Standard

Mental Health

Coinsurance	
In-Network.....	Preferred
Out-of-Network.....	Standard

2) **Section Four – Medical Benefits**

*The following chart summarizes information on coverage and deductibles:*

Description of Covered Benefit	Fund Co-Payment Amount or Level Co-Payment amounts are based on a percent of UCR Charge		Do you need to meet your calendar year Deductible before receiving Benefit?
	In-Network	Out-of- Network	
Alcohol and Drug Treatment and Mental Health Benefit	Preferred	Standard	No
<i>See Benefit Description for Specific Limitations</i>			

A. Alcohol and Drug Treatment and Mental Health Benefit

**Alcohol and Drug Treatment Benefit**

Benefits for treatment of alcoholism, chemical dependency or substance abuse are payable according to the Schedule of Benefits for the Usual, Customary and Reasonable Charges for medical expenses for treatment, if such care and services are ordered and prescribed by a Physician. Benefits for treatment of alcohol or drug abuse are **NOT** payable for service or treatment rendered by anyone other than a Physician.

Covered Charges are:

- 1..... Charges by a Hospital for room and board charges (semi-private room only),
- 2..... Charges for treatments by a Physician,
- 3..... Charges for individual therapy by a Physician,
- 4..... Administration of drugs or medicine if prescribed by a Physician legally authorized and licensed to prescribe drugs or medicine, and
- 5..... Out-Patient charges for both Hospital and office visits.

**SERVICES FOR TREATMENT OF ALCOHOL AND SUBSTANCE ABUSE MUST BE PRE-CERTIFIED IF THE PHYSICIAN RECOMMENDS EITHER SURGERY OR IN-PATIENT HOSPITALIZATION. PRE-CERTIFICATION MUST BE OBTAINED IN THE SAME MANNER THAT SERVICES PROVIDED UNDER THE COMPREHENSIVE MEDICAL BENEFIT MUST BE PRE-CERTIFIED.**

Coinsurance

- Preferred Payment Level (In-Network)
- Standard Payment Level (Out-of-Network)

Deductible Amount

This Benefit is not subject to any Deductibles.

**Mental Health Benefit**

Benefits for Expenses Incurred by a Covered Person for treatment prescribed by a Physician for mental or nervous illness will be paid according to the Schedule of Benefits for Medically Necessary care and services. Mental Health Benefits are **NOT** payable for service or treatment rendered by anyone other than a Physician.

Allowed charges are:

1. Charges by a Hospital for room and board charges (semi-private room only),
2. Mental health evaluations and assessment,
3. Diagnosis,
4. Treatment planning,
5. Referral services,
6. Medication management,
7. Individual, family and group therapeutic services (including intensive Out-Patient therapy),
8. Crisis intervention,
9. Psychological testing.

**SERVICES FOR TREATMENT OF MENTAL HEALTH MUST BE PRE-CERTIFIED IF THE PHYSICIAN RECOMMENDS EITHER SURGERY OR IN-PATIENT HOSPITALIZATION. PRE-CERTIFICATION MUST BE OBTAINED IN THE SAME MANNER THAT SERVICES PROVIDED UNDER THE COMPREHENSIVE MEDICAL BENEFIT MUST BE PRECERTIFIED.**

Coinsurance

Preferred Payment Level (In-Network)  
Standard Payment Level (Out-of-Network)

Deductible Amount

This Benefit is not subject to any Deductibles.

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D. Comprehensive Medical Benefit

Allowed Charges

1. Hospital for room and board charges (semi-private room only),

**3) Section Twelve – Claims and Appeal of Denied Claims Procedures**

A. Form, Manner, and Time for Submitting Claims for Benefits

All claims (other than claims for Life Insurance or Accidental Death and Dismemberment Benefits, which are processed as described in Paragraph A.3. below) must be submitted in a written or electronic form approved by the Board of Trustees within 180 days after the product or service is provided to the Participant. If it is not reasonably possible to submit the claim within the applicable period, a Participant may request consideration of a claim after this deadline by submitting such request in writing to the Trustees along with a statement of the circumstances preventing timely submission. The Trustees will respond to the request to submit a late claim at their next regularly scheduled meeting, and notice of their decision will be sent to the Participant no more than five calendar days after that meeting. No claim, other than a claim involving surgery or In-Patient Hospitalization, including claims for surgery and in-patient hospitalization provided under the mental health care and alcohol and substance abuse provisions, will be denied or reduced solely because the Participant failed to obtain approval (pre-certification) of the requested care or treatment prior to obtaining the requested care or treatment. Paragraph 1 below, addresses how to submit a claim for benefits for Comprehensive Medical, Dental, Chiropractic, Prescription Drug, Mental Health Care, and Substance Abuse Treatment Claims. Paragraph 2 addresses how to submit a claim for Loss of Time Benefits and Paragraph 3 addresses how to submit a claim for Life Insurance and Accidental Death and Dismemberment (AD&D) Benefit.

**ALL CLAIMS FOR SURGERY AND IN-PATIENT HOSPITALIZATION MUST BE PRE-CERTIFIED, INCLUDING CLAIMS FOR SURGERY AND IN-PATIENT HOSPITALIZATION PROVIDED UNDER THE MENTAL HEALTH CARE AND ALCOHOL AND SUBSTANCE ABUSE PROVISIONS SUBJECT TO CERTAIN LIMITED EXCEPTIONS AS DESCRIBED BELOW.**

The terms of any contract with a PPO, third party claims administrator, utilization review service provider, or other managed care service provider may provide further pre-certification requirements or exceptions. In the case of any conflict between this document and such contract with respect to pre-certification, the contract will control. If the Participant fails to obtain pre-certification for surgery or In-Patient Hospitalization, the Plan may reduce Benefits to 50% of the Usual, Customary and Reasonable (UCR) Charges or deny Benefits, at the Plan's option. If a Participant attempts to request pre-certification for surgery or In-Patient Hospitalization, but fails to follow the proper procedure for requesting pre-certification, the Administrative Manager shall cause a notice to be sent to the claimant within five days (24 hours in the case of a claim involving urgent care) informing the claimant of the failure and of the proper procedures for filing claims.

B. Notification of Claims Determinations

All claims will be processed promptly upon receipt. The time frames described below are maximums, and the Plan will use its best efforts to process claims in as expedient a manner as is reasonable for the circumstances. Any denial, in whole or in part, any decision to approve for payment less than the total billed charge, or any decision to grant a claim that varies in any other

way from the claim will be considered an “**adverse benefit determination**” (or “denied”) for purposes of these rules and procedures.

1. Categories of Claims for Comprehensive Medical, Dental, Chiropractic, Prescription Drug, Mental Health Care, and Substance Abuse Treatment Benefits

Benefits for any surgery or In-Patient Hospitalization are subject to being reduced if pre-certification is not obtained. If a Physician recommends either surgery or in-patient hospitalization for treatment covered under either the Mental Health or Alcohol and Substance Abuse coverage, pre-certification must be obtained in the same manner that services provided under the comprehensive medical benefit must be pre-certified. All requests for pre-certification will be processed as **pre-service claims**. If application of the time frame described immediately above could seriously jeopardize the life or health of the claimant or the ability of the claimant to regain maximum function, or, in the opinion of a Physician with knowledge of the claimant’s medical condition, would subject the claimant to severe pain that cannot be adequately managed without the requested Hospital admission or surgery, the claim will be considered to be one **involving urgent care**. Any request to extend or expand the scope of care or treatment already pre-certified will be treated as a **concurrent care claim**. All other claims for Comprehensive Medical Benefits, Dental Benefits, Chiropractic Benefits, Prescription Drug Benefits will be processed as **post-service claims**.

**1) Section Seventeen – Definitions**

26. Hospital

The term “**Hospital**” means only a facility which meets **all** of the following criteria:

- a. is licensed as a hospital by the state, county or municipality where it is located,
- b. operates primarily for the active care of the sick and injured and not for custodial care or educational service,
- c. provides 24 hour a day, on the premises, nursing services by registered nurses (R.N.),
- d. has a staff of one or more Physicians available at all times,
- e. provides organized facilities for diagnosis and surgery on its premises,
- f. is not primarily a clinic, nursing, rest or convalescent home or extended care facility, unless pre-approved medical services are provided under the Rehabilitative Therapy Benefit provided in Section 4 (K) of this document,
- g. maintains permanent and full time facilities for bed care of 50 or more resident patients.
- h. is accredited by the Joint Commission on Accreditation Healthcare Organizations (JCAHO) and/or certified as an approved Medicare facility, but does not include institutions operated primarily as rest homes or homes for the aged even if accredited or Medicare eligible.
- i. for purposes of Alcohol and Drug Treatment Benefits and Mental Health Benefits only, in addition to the above listed criteria, Hospital also means, a facility licensed by the appropriate state governmental authority and certified under Medicare as a participating hospital for the treatment of mental and nervous disorders or alcohol or substance abuse disorders.

24. Physician

The term "Physician" means medical doctors, osteopaths, surgeons, dentists, podiatrists, chiropractors, nurse practitioners, physician assistants, psychiatrists (with an MD or DO) and psychologists (with a Ph.D., Psy.D, Ed.D.) or Social Workers (LSCSW or LCSW only), when practicing within the scope of their respective licenses.

Specifically with regard to Behavioral Health Treatment, the Fund recognizes the following licensures for talk therapy:

State of Kansas: LCPC Licensed Clinical Professional Counselor  
State of Missouri: LPC Licensed Professional Counselor

Other states may use LCPC, LPC or other suffixes to designate a Licensed Professional Counselor. In states other than Nebraska and Georgia, the Fund will recognize that the licensure of Professional Counselor can treat and diagnose independently. With regard to other Talk Therapists:

LCSW	Licensed Clinical Social Worker
LMFT	Marriage & Family Therapist
LMSW	Masters Level Social Worker (Michigan Only)
PHD/PSYD	Psychologist

All talk therapists must have five (5) years Post Master's Degree and able to treat and diagnose independently. With regard to Medical Doctors and Nurses:

MD/DO	Psychiatrist
ARNP	Nurse Practitioner (Med Management)

Specifically with regard to Alcohol and Drug Treatment, the Fund recognizes Legally Qualified Substance Abuse Professionals. For the purposes of the Alcohol and Drug Treatment Benefit only, a "Legally Qualified Substance Abuse Professional" includes:

- 1) a Physician; and,
- 2) a certified mental health or substance abuse counselor, or a social worker who has a master's degree and who is legally licensed and/or legally authorized to practice or provide service, care or treatment of alcoholism and substance abuse under the laws of the state or jurisdiction where the services are rendered and who acts within the scope of his or her license.

The foregoing amendment shall be effective on January 1, 2013.

IN WITNESS WHEREOF, we have hereunto affixed our signatures and approved this Amendment this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

Operating Engineers Local 101  
Health & Welfare Fund

Amendment #1 to 2012 Plan

*APPROVED:*

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Rodger Kaminska, Co-Chairman

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Douglas H. Hall, Co-Chairman