

**Washington-Idaho Operating Engineers and Employers  
Health & Security Trust**

Zenith Administrators, Inc.  
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Spokane, WA 99201  
(509) 624-3257 or (800) 351-6480

**DATE:** March 15, 2011

**TO:** All Participants

**RE:** Eligibility and Benefit Changes to Your Health Care Plan

**ELIGIBILITY AND BENEFIT CHANGES REQUIRED UNDER HEALTH CARE REFORM**

Effective January 1, 2011, the Board of Trustees approved eligibility and benefit changes required to comply with the Patient Protection and Affordable Care Act (PPACA). The following table shows current eligibility requirements and benefit provisions, and the changes which have gone into place in accordance with PPACA:

<b>ELIGIBILITY/ BENEFIT PROVISION</b>	<b>CURRENT</b>	<b>EFFECTIVE JANUARY 1, 2011</b>
<b>Dependent Child Coverage</b>	Up to Age 19, provided the child is unmarried, resides with the participant and is primarily dependent upon the participant for support; if over 19, up to age 23, if enrolled as a fulltime student in accredited educational institution; coverage will continue after age 19 or 23, if dependent is incapable of self-sustaining employment due to physical or mental handicap	Up to Age 26, regardless of marital status or financial dependency. Children are not eligible for coverage under this Plan if they have other group health plan coverage available through their own employment, or their spouse's employment  <i>(The spouse and children of a dependent child are not eligible for coverage under this Plan.)</i>
<b>Medical Lifetime Maximum Benefit (Applies to all Medical benefits)</b>	\$1,000,000 lifetime max benefit, up to \$1,000 annual reinstatement of benefit	No lifetime maximum  <i>(Benefit specific lifetime maximums will still apply unless otherwise stated in this notice.)</i>

ELIGIBILITY/ BENEFIT PROVISION	CURRENT	EFFECTIVE JANUARY 1, 2011
<b>Medical Annual Maximum Benefit per person (Applies to all Medical benefits)</b>	None	No annual limit  <i>(Benefit specific annual maximums will still apply unless otherwise stated in this notice.)</i>
<b>Prescription Annual Maximum</b>	None	No annual limit
<b>Health Education and Community Wellness Classes</b>	Not covered	No benefit specific limit
<b>Chemical Dependency Treatment</b>	\$5,000 annual and \$10,000 lifetime maximum	No benefit specific limit
<b>Organ Transplants</b>	No annual limit	No benefit specific limit
<b>Well Child Care</b>	\$300 annual limit	No annual limit
<b>Physical Exams</b>	\$100 annual limit	Limited to one physical exam per year (\$100 annual limit removed)
<b>Vision Care</b>  <i>Active Coverage Only</i>	One exam per year; One set of lenses or contact lenses, and one set of frames per year	<b>For dependent children under age 19 only</b> , lenses are no longer subject to the annual maximum. All other limits remain unchanged.  <i>(There is no change in benefits for employees, spouses, or dependent children age 19 and over.)</i>
<b>Dental Care</b>  <i>Active Coverage Only</i>	Per schedules. 80% if due to injury or accident; 80% up to \$55 per bony impacted tooth for benefits not covered under dental plan  <i>This information does not apply to</i>	<b>For dependent children under age 19 only</b> , no annual maximum dental benefit. All other limits remain unchanged.  <i>(There is no change in benefits for employees, spouses, or dependent children age 19 and over.)</i>  <i>Willamette Dental Services</i>

Only the benefits listed above have been revised. All other Plan limitations and exclusions currently listed in the March 2009 Summary Plan Description and subsequent notices remain unchanged.

## **Notice of corrected wording for the Health Benefit Plan booklet**

Page 31 of the Health Plan Booklet dated March 2009 contains incorrect wording regarding Coordination of Benefits for the Prescription Drug Plan. Page 31 of the booklet will now read as follows:

### **Coordination of Benefits**

If the insured employee or an eligible dependent is entitled to benefits under any other Group Plan which will pay part or all of the expense incurred for necessary, reasonable and customary charges for prescription drugs, the amount payable under this Plan and any other Group Plan will be coordinated so that the aggregate amount paid will not exceed 100% of the expense incurred. In no event will the Plan pay more than the amount that would have been paid if no other plan were involved.