










The AMO PLANS (AMOP) Benefits Connection

American Maritime Officers Plans, P.O. Box 35, Dania Beach, FL 33004 Ph: (800) 348-6515

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UMR HEALTH, WELLNESS, & DISEASE CONTROL

Special Interest Articles

-  UMR Health, Wellness, & Disease Control
-  Disease & Maternity Management
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-  Pensioner Return to Work Guidelines
-  Introducing the new My Forecast Feature
-  AMO Medical Plan Annual Notices



Making Healthy Changes AMOP 2012 Health and Wellness Campaign Is Here!!

When you are ready to work on improving your overall health, it's nice to have a team of wellness experts on your side.

The American Maritime Officers Medical Plan is once again teaming with UMR Care Management to offer a health and wellness program to employees and spouses who are enrolled in the Plan.

Most chronic diseases are preventable. Through healthy lifestyle choices, many chronic diseases can be prevented. The Health and Wellness Program evaluates your risk for developing a chronic disease so you can take action for disease prevention.

The UMR Health and Wellness Program provides a comprehensive clinical health risk assessment and a customized report to identify your areas of strength, as well as opportunities for improvement. And, there is no cost to you!

Your health information is confidential. The Health and Wellness Program is confidential. Only you and your UMR health coach will know about your health.

It's easy to enroll in the Health and Wellness Program. To get started, complete a clinical health and risk assessment. Go to fhs.umar.com, sign in or create a new account if you don't already have an existing account, anytime between January 2, 2012 and March 10, 2012. For more information call 1-800-207-7680.

Just in time for the New Year! Come on! It's time to **GET HEALTHY!**

We Are Here For You

Please continue to contact the AMOP Benefits Services Department at 1-800-348-6515 extension 12, for any changes in your information (i.e. change of address, add/remove dependents, etc.) or if you have any questions regarding your AMOP benefits.



Disease & Maternity Management



“Health is the thing that makes you feel that NOW is the best time of the year.”

~Franklin P. Adams



“Learn what to expect when you’re expecting.”

~Heidi Murkoff



Keeping Chronic Conditions Under Control

UMR’s Disease Management Program improves health outcomes for AMO members and dependents identified as having chronic health conditions. By providing education, coaching and continued assessment, they help improve your health and quality of life.

The Disease Management Program provides health coaching and education resources for those with the following chronic health conditions:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (heart disease)
- Depression
- Diabetes
- Hypertension

Disease Management services include:

- One on one phone sessions with an RN condition coach
- Access to online health information and tools
- Quarterly health newsletter
- Tobacco cessation assistance

NurseLine is a 24 hour-a-day, 7 day-a-week nurse telephone line that is completely confidential. When you call, you may choose to speak with a registered nurse or access the audio health library containing over 1,100 topics such as physical and emotional conditions, procedures, medications, men’s and women’s health, children’s health and much more.

Healthy Beginnings for Expectant Members and Spouses

The UMR Maternity Management Program provides prenatal education and high-risk pregnancy identification for expectant participants. The result is an increased number of healthy, full-term deliveries and a decrease in costly, long-term hospital stays. All expectant participants in this program, regardless of their risk, receive an outbound recruitment call and letter. Once the participant is enrolled, UMR maternity nurses complete an initial assessment. Educational materials are sent to the participant to support a healthy pregnancy through educated decision-making. If the participant becomes high-risk, she’ll receive additional, more intensive support.

For above services, please contact us at caremgmt@umr.com or at the number provided on your health plan ID card (1-800-348-6515 extension 12).

Helpful Healthcare Planning & Information



“The greatest wealth is health.”

~Virgil

Flu Shots for 2012

AMO Medical Plan participants can now use their Rx card for flu shots in most states, with the exception of Maine and North Dakota.

The following is a partial list of participating retail locations: Costco, Walgreens, Rite-Aid, CVS, Publix, Safeway, Carrs, Thom Thumb, Vons, Randall's and Genuardi's.

Please Note:

AMO Medical Plan participants are encouraged to check with their pharmacy to confirm their home state's participation and specific regulations on vaccinations prior to receiving their shot(s).

For this season, flu shots are available through March 2012.

LabCorp

The AMO Medical Plan and UMR are aware of issues with the processing of LabCorp claims that are being sent electronically. If you are receiving statements from LabCorp for services noted as denied, please contact the AMO Medical Plan office at 1-800-348-6515 extension 12 or via email to amomedical@amoplans.com.

Disability

When a disability, physical or mental, makes a participant unfit to perform normal duties and requires regular care and attendance of a legally qualified physician, the Plan provides a weekly benefit up to the maximum benefit of 273 days (or 39 weeks) per disability.

- **How to file:**

An Application for Sickness and Accident Disability Benefit form must be completed by both the participant and the attending physician for each claim during the disability period and sent to the Plan office.

- **Did you know?**

Eligible days of disability from the AMO Medical Plan are considered “Covered Employment” – therefore, extending medical eligibility.

An Important Reminder from UMR

Presenting your UMR ID card identifies your insurance plan, the network used, co-pays applied, as well as claims mailing address and necessary insurance phone numbers for your provider. UMR will accept in-network and out-of-network claims from your provider. This should eliminate the need for any upfront payment by you in excess of your co-payment.



AMO Plans Benefits at a Glance



“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.”
~Andrew Carnegie

File Your Vacation Claim in 3 Easy Steps

- Step 1** Download a Vacation Application online at: <http://www.amoplans.com/vacationforms.shtml>
Please note there is a separate form for Deep Sea and Great Lakes members.
- Step 2** Complete the Vacation Application in its entirety and verify that you have the appropriate documentation required to submit your application.
- Step 3** Submit your application (in person, email, fax, or regular mail).

In Person: 2 West Dixie Highway, Dania Beach, FL 33004
or
1 Maritime Plaza, Toledo, OH, 43604

Email: amovacation@amoplans.com

Fax: (954) 926-7274

Mail In: AMO Vacation Plan
P.O. Box 35, Dania Beach, FL 33004

Reminder for AMO members filing for Great Lakes vacation pay:

In order to avoid delays in receiving a vacation check from the AMO Vacation Plan when filing for a specific period of shipboard employment, ALL time sheets and ALL discharges and the most recent pay stub must be included with the application filed with the AMO Vacation Plan.

Effective August 1, 2011, for Great Lakes employment under an AMO contract that *does not provide* for family leave, days of paid vacation from the AMO Vacation Plan when taken will be considered for:

- determining basic eligibility under the AMO Medical Plan.
- determining credit for pension eligibility under the AMO Pension Plan.

These changes are not applicable for Great Lakes employment under an AMO contract that *provides* for family leave.

Direct Deposit is Available for Your Vacation Check

You can complete a **Method of Payment Authorization** form which provides authorization to deposit your vacation benefit checks directly into your bank account. This form will be kept on file and all future vacation payments will be processed via direct deposit. Benefit payments will only be processed if the applicant is named on the bank account. If any banking information changes, please complete a new **Method of Payment Authorization** form so we may update our records and process benefit payments accurately. Once you authorize direct deposit, this will be your primary method of payment until withdrawn. A **Method of Payment Authorization** form can be located at the website listed in Step 1 above.



AMO Plans Benefits at a Glance



“Planning is about bringing the future to the present, so that you can do something about it now.”

~Alan Lakein

Your Road to Retirement

AMOP benefits are uniquely designed to fit our members' needs with access to quality retirement programs. The retirement benefits offered to members may include the following:

American Maritime Officers Defined Contribution (DC) Plan

For the 2012 year, if eligible, you should expect to see an increase in your Defined Contribution Plan percentage. Remember, your contribution percentage is based on your points; which are determined by combining your years of service and your age. You will earn one point this year for the increase in your age, plus an additional point if you had at least 100 days of AMO covered employment in 2011.

Also, once you reach age 59 ½, you will have the option of taking an in-service withdrawal, limited to once every six months.

A helpful tool is available to determine the future estimated value of your DC Plan account balance. Please visit the following website to download this tool:

<http://www.amo-union.org/downloads/DC-Plan-Worksheet.xls>.

American Maritime Officers 401(k) Plan

Per the IRS regulations, effective January 1, 2012, you can now contribute up to \$17,000 annually from your pay into your AMO 401(k) Plan account. This increase is \$500 higher than the 2011 IRS limits. Also, if you are 50 or older, you have the option to make “catch-up contributions”. For 2012, the maximum catch-up contribution remains the same as 2011, which is \$5,500.

Also, once you reach age 59 ½, you will have the option of taking an in-service withdrawal, limited to once every six months.

American Maritime Officers Money Purchase Benefit (MPB)

The AMO Money Purchase Benefit (“MPB”) is a defined contribution benefit plan and is solely funded by participating employer contributions. These contributions are placed into a personal retirement account for each member, which can also grow tax-deferred until retirement age. This benefit does not allow employee contributions or loans.

An eligible member may request a distribution at the earlier of retirement, permanent and total disability, permanent withdrawal from the industry, or attainment of age 62.

For personalized retirement planning assistance, please contact the MorganStanley SmithBarney financial advisors at 1-800-975-7061.



Stay Informed by Using Our Plans Websites

Plan Updates

<http://www.amoplans.com>

Plan updates are posted on the AMO Plans website.

Access Your UMR Account

<http://www.umar.com>

You have access to claim information, provider search, etc.

Download Forms Online

<http://www.amoplans.com>

You have access to all forms for all your AMOP benefit needs.

For example, you can:

- Print a medical or vacation application for benefits
- Print a pension application
- Request a distribution from your personal retirement accounts

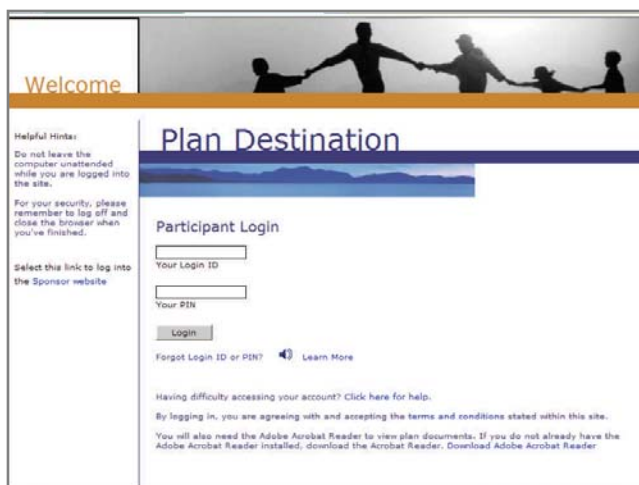


Be sure to check the AMO Plans Bulletins for important plan updates.

Visit the Newport Group Website

<http://www.plandestination.com>

This site contains account information regarding your 401(k), MPB, and DC plans.



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To create an account or for account information, please call the Newport Group at 1-800-650-1065, extension 2, for Client Services.

Introducing My Forecast **NEW** on plandestination.com



WILL YOU HAVE ENOUGH INCOME WHEN YOU RETIRE? WOULD YOU LIKE TO KNOW NOW?

You can, through your account management website plandestination.com. The site features *My Forecast*, which shows you a picture of where you are on the path to your desired retirement destination. It also identifies specific steps you can take if you're not as far along the path as you'd like:

Upon login to the site, you'll see:

- your monthly retirement income goal*
- the amount of income you're on track to have
- the projected growth of your assets over time
- any surplus or shortfall
- your current contributions and risk profile

My Forecast also helps you take action to get back on track and stay on track.



Your monthly retirement income goal

Your projected monthly retirement income

Take Action

With one click, you can launch the interactive *My Forecast* analysis tool, which allows you to adjust your contributions and/or investments. As you make adjustments, the graphs change dynamically to show how your modifications may affect your progress. Add other plans or assets to get a customized snapshot of your projected financial picture.

By providing a clearer understanding of how your savings relates to your future retirement income, *My Forecast* helps you meet your financial goals. Log on to plandestination.com and make sure you're on track for retirement.

**Experts advise that you will require retirement income of at least 80% of your salary in the final year of your career.*

Pensioner Return to Work Guidelines

The following has been prepared to offer some general information with respect to a Pensioner returning to work under the AMO Pension and Medical Plans.

Pensioners who wish to return to work on a vessel in either Covered Employment (employment with an AMO Pension Plan participating employer) or non-Covered Employment must request in writing and receive written permission from the Board of Trustees of the AMO Pension Plan prior to beginning such employment.

A Pensioner who returns to Covered Employment will have his pension payments suspended during the period of employment unless the Trustees determine that there is a temporary shortage of certain qualified personnel, in which case they may grant permission for Pensioners to return to Covered Employment without suspension of pension payments during the period of employment.

As of the date this newsletter was printed, per the AMO Executive Board, there is currently no shortage of qualified Deep Sea and Inland Waters deck and engineering officers and therefore the Trustees of the AMO Pension Plan will no longer grant permission for AMO Pensioners to return to work in Covered Employment without suspension of pension payments during their period of re-employment. This does not apply to Pensioners working on the Great Lakes or Pensioners working aboard TAGOS and TAGOR vessels under contract with AMO, as a shortage of qualified Great Lakes officers and officers qualified to man the TAGOS and TAGOR vessels still remains.

A Pensioner returning to Covered Employment with a company contributing to the AMO Medical Plan will be eligible for medical coverage as an active employee upon establishing thirty (30) days of continuous Covered Employment. Active medical benefits will cease on the date following the Pensioner's last day of Covered Employment. Participants who were eligible for the AMO Medical Plan's Pensioner benefits will revert to Pensioner coverage after the last day of Covered Employment. Wages earned while working in Covered Employment are not applied toward the earnings restrictions for Pensioners receiving benefits under the AMO Medical Plan.

Pensioners who have reached Normal Retirement Age under the AMO Pension Plan will not lose pension benefits for any month in which they work less than five days. Pensioners who return to Covered Employment will not be entitled to additional pension credit in excess of that earned as of their original Pension Effective Date.

Pensioners who return to work aboard a vessel without the express permission of the Trustees (including Participants who received an in-service lump sum distribution and have declared retirement as well as Participants who received an in-service lump sum distribution who have not declared retirement and go to work aboard a vessel in non-Covered Employment) are subject to the following penalties:

- (1) The Participant will not be entitled to pension benefits for any month during which he was so employed and for six additional months, provided that the additional six month period does not extend beyond his Normal Retirement Age; and
- (2) The Participant will be required to return pension amounts previously received for any month during which he was so employed; and
- (3) The Participant will forfeit all eligibility for benefits under the AMO Medical Plan; and
- (4) If the Participant received a lump sum distribution he will be required to repay the lump sum amount. Upon re-payment of the lump sum, termination of employment and subsequent retirement, he will receive his pension in the form of an annuity that would have been payable on his original Pension Effective Date had he not elected to receive the lump sum payment.

AMOP Benefits Frequently Asked Questions (FAQs)

MEDICAL FAQs

Q. How do I establish or re-establish medical eligibility?

A. To establish initial medical eligibility you must complete 90 days of covered employment (30 days must be aboard a vessel) within a 182 consecutive day period. To re-establish medical eligibility you must complete 30 days aboard a vessel within a 182 consecutive day period. Please contact the AMOP Benefits Services Department to confirm if you have established or re-established eligibility. The AMOP Benefits Services Department will verify your employment and let you know what documentation is required to have you and your dependents covered under the AMO Medical Plan.

Q. How do I add dependents to my AMO Medical Plan?

A. Please contact the AMOP Benefits Services Department. An AMOP Representative will let you know what documentation is required. Newborn children are not automatically covered under the medical plan. You must notify the AMOP Benefits Services Department to have your newborn child added to the AMO Medical Plan.

Q. Are my dependents age 19 thru 26 automatically covered under the AMO Medical Plan as a result of the new healthcare reform law?

A. No, only dependents age 19 through 26 that meet the eligibility requirements will be covered under the AMO Medical Plan. Members must complete the Affidavit for Dependent Child form for these dependents. The completed original notarized form must be sent to the AMOP Benefits Services Department. Please contact the AMOP Benefits Services Department with any questions that you may have regarding the completion of this form.

Q. Who do I call for precertification ?

A. Your physician's office should call the UMR precertification phone number listed on the back of your UMR medical ID card. Please note that members are ultimately responsible for complying with the precertification requirements. If you are not certain that your physician has ob-

tained a precertification, you can call the UMR precertification department or the AMOP Benefits Services Department.

VACATION FAQs

Q. What is the processing time for Vacation Pay?

A. It is five business days after receipt of the completed application via mail, email, or fax. If you walk in, the processing time is three hours.

Q. How can I get a drug card without applying for Vacation Benefits?

A. Send us a copy of your last discharge indicating that you need a drug card and we will generate it if you are eligible.

RETIREMENT SERVICES FAQs

Q. Can I fax or email my 401(k), MPB or DC Distribution forms?

A. Yes, unless a notary public is required, then the original form must be mailed in.

Q. How long does it take to process my 401(k), MPB, or DC distribution?

A. The processing period is 7 to 10 business days after receipt of your completed distribution election form.

Q. How can I make investment changes to my 401(k), MPB, or DC plan accounts?

A. You can log on to the Newport Group website at www.plandestination.com.

You can also contact MorganStanley SmithBarney at (800) 975-7061.

Q. Where can I apply for a 401(k) loan? Who can I call for assistance?

A. You can log on to the Newport Group website at www.plandestination.com. See inside this newsletter for instructions and contact information.

Q. I've been sailing for quite some time now. How do I know if I'm vested and what is my monthly pension benefit?

A. You will need to call or stop by the AMOP Benefits Services Department and speak to a Representative about your retirement. The contact information is located in this newsletter.

Q. I am filling out my Application for Pension. When is my Pension Effective Date?

A. Your Pension Effective Date is the later of: (1) the first of the month following your last date of covered employment or (2) the first of the month following the date we receive your application.

Q. How do I change my Pension Effective Date? Is email acceptable?

A. In order to change your Pension Effective Date, you will need to notify the AMOP Benefits Services Department in writing with your signature and date signed. This can be sent to the AMOP Benefits Services Department via mail, fax, or email.

NOTARY & POA FAQs

Q. I am on a vessel and I need to submit a Plans form that requires a notary. Who can sign this form in lieu of a notary?

A. We will temporarily accept your Captain's signature in lieu of a notary; however, an original form will have to be completed with the signature of a notary once you return to port. **For your convenience, notaries are available at the AMOP Benefits Services Department.**

Q. What is a Power of Attorney (POA)?

A. A Power of Attorney is an authorization to act on someone else's behalf in a legal or business matter. Please seek advice from a legal professional regarding the uses of a Power of Attorney.

Q. Can my spouse sign a Plans benefit form on my behalf?

A. You may submit a Power of Attorney (POA) to the Plans office authorizing your spouse or anyone else you want to sign documents on your behalf. All Power of Attorney documents must be reviewed and accepted by the AMO Plans before your representative can act on your behalf.



Annually Required Notifications

HIPAA NOTICE OF PRIVACY PRACTICES

In April 2005, legislation was implemented affecting the privacy sections in the Health Insurance Portability and Accountability Act (HIPAA). This legislation concerns your rights as a consumer and the health care privacy practices that protect your rights. It affects not only how your personal medical information is handled, but also how you and your confidential information are treated when working with your healthcare professionals and your health insurance carrier.

If you were a member of the AMO Plans in December 2008, you were mailed a copy of the Notice of Privacy Practices (NPP) that discusses the rights you have under the HIPAA legislation. If you became a member after December 2008, then a Notice was mailed to you as part of the enrollment confirmation process.

The federal HIPAA requirements include that we remind you periodically about the Notice of Privacy Practices (NPP). A copy is available for you to review anytime by visiting the AMO Plans website at <http://www.amoplans.com>.

WOMEN'S HEALTH AND CANCER RIGHTS

The AMO Medical Plan complies with the Women's Health and Cancer Rights Act of 1998 by providing benefits to members and dependents in connection with a mastectomy, and who elect breast reconstruction, subject to the terms and provisions of the AMO Medical Plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The AMO Medical Plan complies with Federal law (the Newborns' and Mothers' Health Protection Act of 1996) that prohibits restricting benefits for a mother's or newborn child's hospital length of stay because of childbirth to less than 48 hours following a normal delivery, or less than 96 hours following cesarean section. The AMO Medical Plan does not require a physician to obtain authorization (pre-certification) for prescribing a length of stay not in excess of those periods. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours if applicable).

American Maritime Officers Plans
P.O. Box 35
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YOUR BEST SOURCE FOR INFORMATION

This newsletter was prepared by your AMOP Benefits Services Department.

We are your ***best*** source for information. If you have any questions that have not been answered or have suggestions for information you would like to see in future newsletters, please contact us. The contact information is located on the previous page.