



AMERICAN MARITIME OFFICERS PLANS

MEDICAL – PENSION – MONEY PURCHASE BENEFIT – VACATION – SAFETY & EDUCATION – 401(K)

2 West Dixie Highway, Dania Beach, FL 33004 – 4312

Telephone: (954) 920-4247 or (800) 348-6515

www.amoplans.com

November 20, 2015

**RE: Blue Cross/Blue Shield Preferred Provider Organization
Effective January 1, 2016**

Dear AMO Medical Plan Participant:

The Board of Trustees (the “Trustees”) of the American Maritime Officers Medical Plan (the “Plan”) is pleased to announce our joint partnership with Blue Cross/Blue Shield (“BC/BS”) and American Benefit Corporation (“ABC”) as the new Third Party Administrator for the Plan, effective January 1, 2016. The transition from UMR/United Healthcare to BC/BS and ABC will provide the greatest flexibility of an independent TPA and the strength of the largest nationwide network through BC/BS.

The Trustees took participant’s concerns, the rising cost of health care, and the deeper discounted rates provided by BC/BS into consideration when electing to make this transition. There is no change in your benefits as a result of this transition. The deeper discounts provided through the BC/BS network will result in lower out of pocket costs for our members and a financial savings for the Plan. The personalized service will continue to be provided to our participants directly through the AMO Medical Plan office.

Is my doctor in-network?

The easiest way to find out is to log into <http://provider.bcbs.com/> and choose the Bluecard PPO/EPO from the network drop down menu to search for your provider, or simply contact the Plan office for assistance. Always contact the provider prior to any services to make sure they are accepting new patients and are still a participating provider with BC/BS.

What’s next?

In the coming month, you will receive new BC/BS medical ID cards. Please make sure to present your new BC/BS medical ID card to your provider prior to any medical services rendered on or after January 1, 2016 and ask them to update your medical insurance information. Once you receive your new ID cards, make sure to destroy the previous UMR ID cards. If you have not received the new BC/BS medical ID cards by January 1, 2016 or require additional ID cards,

please contact the Plan office. Please note that the new BC/BS medical ID cards will only reflect the primary member's name.

What about my prescription drug coverage?

There is currently no change to the Plan's prescription drug benefit. You can continue to use your current Envision Prescription Drug cards; however, for added convenience, your new BC/BS ID cards will also include the Envision Rx Options information that is needed to fill a prescription.

What about my Direct Member Reimbursement Claims?

All claims that require direct member reimbursement (Dental, Optical, Scholarship and Disability) will continue to be sent to the AMO Medical Plan office for processing. This also includes any medical services paid up front such as services rendered outside the U.S. that may be subject to reimbursement by the Plan.

2016 Summary of Benefits Coverage (SBC)

Enclosed with this letter is your 2016 Summary of Benefits and Coverage (SBC), which is provided to you as is required by the federal Patient Protection and Affordable Care Act (the "Act", also known as "Health Care Reform"). Benefit changes for 2016 include the removal of limitations on mental health and substance use disorder benefits pursuant to the Mental Health Parity and Equity Addition Act of 2008. These changes were effective October 1, 2015 and were communicated to participants in a written notice dated August 1, 2015.

As always, the Plan will continue to provide you with excellent customer service.

If you have any questions or concerns related to the Plan's benefits, please contact the Plan office at (800) 348-6515, ext. 12 or amomedical@amoplans.com.

Sincerely,

AMERICAN MARITIME OFFICERS MEDICAL PLAN




This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.amoplans.com or by calling **(800) 348-6515 ext. 12**.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Medical \$250 person / \$500 family Rx \$100 person / \$200 family	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for the cost of covered services.
Is there an out-of-pocket limit on my expenses?	Yes. \$3,000 person / \$6,000 family PPO and Non-PPO combined	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Copayments, deductibles, penalties, premiums, balance-billed charges (unless balanced billing is prohibited) and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the insurer pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of preferred providers see http://provider.bcbs.com/ . If you are unsure which network list to select, please call (800) 348-6515 ext. 12 .	If you use an in-network doctor or other health care provider , this plan will pay some or all the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

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- **Co-payments** are fixed dollar amounts (for example, \$20) you pay for covered health care, usually when you receive the service.
 - **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
 - The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
 - This plan may encourage you to use PPO **providers** by charging you lower **deductibles, co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		PPO	Non-PPO	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 co-pay/visit	30% co-insurance	Deductible waived for PPO. Limited to one visit/day/qualified practitioner.
	Specialist visit	\$20 co-pay/visit	30% co-insurance	Deductible waived for PPO. Limited to one visit/day/qualified practitioner.
	Other practitioner office visit	\$20 co-pay/visit 10% co-insurance for Chiropractic Care/Acupuncture	30% co-insurance for Chiropractic Care/Acupuncture	Deductible waived for PPO. Limited to \$500 paid/calendar year for each Chiropractic care and Acupuncture.
	Preventive care/screening/immunization	No Charge for initial Mammogram, Colonoscopy, PSA, PAP during Calendar Year	30% co-insurance	Deductible waived for PPO.
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	30% co-insurance	—————none—————
	Imaging (CT/PET scans, MRIs)	\$100 co-pay/day, 10% co-insurance	\$100 co-pay/day, 30% co-insurance	Prior authorization required or benefit reduces by \$250/occurrence. \$100 co-pay does not apply to a free-standing imaging center.

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AMO MEDICAL PLAN, TYPE A

Coverage Period: 01/01/2016-12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		PPO	Non-PPO	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.envisionrx.com .	Generic drugs	\$10 co-pay or 20%: whichever is greater		Annual deductible of \$100-individual or \$200 per family
	Preferred brand drugs	\$10 co-pay or 20%: whichever is greater		Annual deductible of \$100-individual or \$200 per family
	Non-preferred brand drugs	\$10 co-pay or 20%: whichever is greater		Annual deductible of \$100-individual or \$200 per family
	Specialty drugs (e.g., chemotherapy)	10% co-pay		Deductible \$250. Max out-of-pocket: \$3,000-individual / \$6,000-family
If you have outpatient surgery	Facility fee	\$100 co-pay/day 10% co-insurance	\$100 co-pay/day 30% co-insurance	Prior authorization required or benefit reduces by \$250/occurrence. \$100 co-pay does not apply to an Ambulatory Surgery Center.
	Physician/surgeon fees	10% co-insurance	30% co-insurance	—none—
If you need immediate medical attention	Emergency room services	\$60 co-pay/visit, 10% co-coinsurance	\$60 co-pay/visit, 10% co-insurance	Non-PPO paid at PPO benefit level.
	Emergency medical transportation	10% co-insurance	10% co-insurance	Non-PPO paid at PPO benefit level.
	Urgent care	\$40 co-pay/visit, 10% co-insurance	30% co-insurance	—none—
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 co-pay/ confinement, 10% co-insurance	\$300 co-pay/ confinement, 30% co-insurance	Deductible waived for PPO/Non-PPO. Prior authorization required or benefit reduces by \$250/occurrence.
	Physician/surgeon fee	10% co-insurance	30% co-insurance	Deductible waived for PPO/Non-PPO.

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AMO MEDICAL PLAN, TYPE A

Coverage Period: 01/01/2016-12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		PPO	Non-PPO	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 co-pay/visit, 10% co-insurance	30% co-insurance	
	Mental/Behavioral health inpatient services	\$300 co-pay/confinement, 10% co-insurance	\$300 co-pay/confinement, 30% co-insurance	Deductible waived for PPO/Non-PPO. Prior authorization required or benefit reduces by \$250/occurrence.
	Substance use disorder outpatient services	\$20 co-pay/visit, 10% co-insurance	30% co-insurance	
	Substance use disorder inpatient services	\$300 co-pay/confinement, 10% co-insurance	\$300 co-pay/confinement, 30% co-insurance	Deductible waived for PPO/Non-PPO. Prior authorization required or benefit reduces by \$250/occurrence.
If you are pregnant	Prenatal and postnatal care	\$20 co-pay/visit	30% co-insurance	Deductible waived for PPO. Limited to one visit/day/qualified practitioner.
	Delivery and all inpatient services	\$300 co-pay/confinement, 10% co-insurance	\$300 co-pay/confinement, 30% co-insurance	Deductible waived for PPO/Non-PPO.
If you need help recovering or have other special health needs	Home health care	10% co-insurance	30% co-insurance	Limited to 60 visits/calendar year. Prior authorization required or benefit reduces by \$250/occurrence.
	Rehabilitation services	\$20 co-pay/visit, 10% co-insurance	30% co-insurance	Limited to a combined maximum of 60 visits/calendar year for Physical, Speech, and Occupational Therapy. Prior authorization required or benefit reduces by \$250/occurrence.
	Habilitation services	Not Covered	Not Covered	—————none—————

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AMO MEDICAL PLAN, TYPE A

Coverage Period: 01/01/2016-12/31/2016

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		PPO	Non-PPO	
If you need help recovering or have other special health needs (Cont'd.)	Skilled nursing care	\$300 co-pay/ confinement, 10% co-insurance	\$300 co-pay/ confinement, 30% co-insurance	Deductible waived for PPO/Non-PPO. Limited to 90 days/sickness or injury. Prior authorization required or benefit reduces by \$250/occurrence.
	Durable medical equipment	10% co-insurance	30% co-insurance	Prior authorization required or benefit reduces by \$250/occurrence.
	Hospice service	10% co-insurance	30% co-insurance	Prior authorization required or benefit reduces by \$250/occurrence.
If you or your child needs dental or eye care	Eye exam/glasses	Any amount in excess of what Plan will pay		Plan will pay \$180 per person per calendar year. Maximum accumulation of \$360 every 2 calendar years.
	Lasik	Any amount in excess of what Plan will pay		Plan will pay \$600 per person per lifetime.
	Dental services	Any amount in excess of what Plan will pay		Plan will pay 100% of first \$500, 50% of next \$3,000. Maximum of \$2,000 per person/per calendar year.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other [excluded services](#).)

- Weight loss programs
- Cosmetic surgery
- Habilitation services
- Long-term care
- Private-duty Nursing

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Chiropractic care
- Hearing aids
- Non-Emergency Care When Traveling Outside the U.S.
- Infertility treatment

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at (800) 348-6515 ext. 12. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 ext. 61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: the Plan's Board of Trustees or the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program may help you file your appeal. A list of states with Consumer Assistance Programs is available at www.dol.gov/ebsa/healthreform and <http://cciio.cms.gov/prgrams/consumer/capgrants/index.html>.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage”. **This plan does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for benefits it provides.**

欲将该文件翻译成中文，请联系您的雇主。

Díí naaltsos Diné k'eh saadjj'go háádidooh nílgo, éí t'áásho'ódí bá nalnishígíí bil hodolnih.

Si necesita este documento traducido al español, comuníquese con su empleador.

Upang ipa-translate ang dokumentong ito sa Tagalog, mangyaring makipag-ugnay sa iyong employer.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next page.—————

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays:** \$6,191
- **Patient pays:** \$1,349

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventative	\$40
Total	\$7,540

Patient pays:

Deductibles	\$350
Co-pays	\$300
Co-insurance	\$699
Limits or exclusions	\$0
Total	\$1,349

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays:** \$4,157
- **Patient pays:** \$1,243

Sample care costs:

Prescriptions	\$2,900
Medical Equipment & Supplies	\$1,300
Office Visits and Procedures *	\$700
Education **	\$300
Laboratory tests	\$100
Vaccines, other preventative	\$100
Total	\$5,400

Patient pays:

Deductibles	\$350
Co-pays	\$120
Co-insurance	\$773
Limits or exclusions	\$0
Total	\$1,243

* assumes 6 visits

** assumes 1 class

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**
- Costs are based on individual coverage benefit levels.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.
- Prescription drug costs (Prescriptions) shown in the Coverage Examples reflect Information provided by the Plan's Prescription Benefits Manager.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

No. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only.

Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

Yes. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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