













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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Health and Wellness

Special Interest Articles

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Your AMOP Health and Wellness Team

Your AMOP Health and Wellness Team is committed to help improve the quality of life for all our members, especially those with medical needs and living with chronic diseases such as diabetes, hypertension, and heart disease. Our Health and Wellness team provides on site and off site personal assistance to help you manage and achieve your commitment to living a healthier lifestyle.

Our Nurse Advocate is available anytime to assist members and their families in all aspects of medical case management and medical care, and can provide information and education for chronic diseases and other diagnoses. The Nurse Advocate works closely with the Medical Benefits team and UMR to ensure confidentiality and a team approach so that everyone is working toward the same goals to achieve the desired outcome. Our focus is to assist the members and their families and offer support with life threatening diagnoses, catastrophic medical events, and long term medical or behavioral issues that may arise. We can help you ease the burden of managing the stress related to dealing with the demands of required medical treatment and assist you with getting the best medical providers available.

This year, our Nurse Advocate has implemented weekly informal group meetings on campus for spouses and guests to discuss various benefit issues and health care topics. One-on-one sessions are also available for anyone visiting the STAR Center in Dania as well as confidential phone consultations by calling the Nurse Advocate at extension 7147.

Our Health and Wellness Fitness Coach is available to assist our members and families with individual exercise and weight management programs. While in Dania, we offer a daily fitness class and one-on-one consultations. Visit our Bracco building and enjoy our fully equipped exercise center for every need including an outside fitness course. While at the STAR Center, you have access to bicycles (Hollywood beach is nearby and includes a bike trail on the Boardwalk), a tennis and basketball court, and two swimming pools. We also have a beautiful nature park and pond for you and your family to enjoy. The Fitness Coach is also available for confidential phone consultations to everyone by calling extension 7280.

While attending class, the AMOP Galley offers meals with healthy choices for members and their guests. Our Executive Chef and helpful galley staff are known for their hospitality and well-presented meals throughout your stay. Those with special dietary needs are encouraged to contact the Chef directly at extension 7123 when you arrive so that your needs may be accommodated.

The AMOP Medical Clinic is available to assist you with any medical needs during your stay. Besides providing Coast Guard physicals and drug and benzene tests, our qualified staff and physician will take the time to review and discuss your medical needs, review current medications, and answer your questions confidentially. Our clinic is always focused and trained on the US Coast Guard physical and fit-for-duty requirements and is sensitive to the needs of our membership.

The AMOP Health and Wellness Team is here for all members and their families and offers a true team approach to improve the health and wellness for everyone. We encourage you to reach out while you are here or by phone and let us help you achieve your goals in 2014 of living a healthier, happier lifestyle.



Health and Wellness (Cont'd)

NurseLine:
1-877-950-5083
(located on the back
of your Member ID
card)
24/7
Completely Confidential
Registered Nurse
Or
Audio Library of over
1,100 topics such as

- Physical & Emotional Conditions
- Procedures
- Medications
- Men's & Women's Health
- Children's Health



Disease Management Program Essential in the Management of Chronic Illness

Studies strongly suggest that carefully targeted and well-designed disease management programs can improve health outcomes for people with chronic illness. While primary care focuses more on the diagnosis and treatment of an acute illness, such as flu-like symptoms or a virus, the needs of a patient with a chronic illness are very different and require a completely different approach and intervention. Chronic illness is defined as a health condition or disease that is persistent with effects lasting longer than three months. Examples of chronic diseases include the following:

- Coronary Artery Disease
- Hypertension
- Congestive Heart Failure
- Cancer
- Diabetes
- Depression/Mental Illness
- Asthma
- Chronic Obstructive Pulmonary Disease

UMR and AMO Plans have teamed up to provide our members with a disease management program that works! Our program empowers individuals to:

- Take control of their illness
- Learn how to best manage their condition
- Understand what health-related changes need to be made

For support and guidance with disease management or any medical concerns you may have, do not hesitate to contact your Nurse Advocate, Sandy Benz, at the Plan office. She can be reached at 1-800-348-6515, ext. 7147.

If you have been diagnosed with any of the above chronic conditions and you are not already enrolled in the Disease Management Program, please enroll by contacting UMR Disease Management at 1-866-575-2540 and embark on your journey to better health.

Your Wellness Benefit

The AMO Medical Plan provides a Wellness Benefit to you and your eligible dependents without paying a co-payment or coinsurance when provided by an in-network provider. This 100% coverage applies regardless of whether your annual deductible or out-of-pocket maximum is met. These services include:

- Mammogram - Baseline age 40
- Pelvic Exam and Pap Smear - No baseline age
- Colonoscopy - Baseline age 50
- PSA Test - Baseline age 50

This benefit applies to the first service per calendar year. Any service thereafter in the same calendar year is payable as any other sickness or injury.



Health Care Reform



Health Care Exchange Notices to Active AMO Medical Plan Participants

During September 2013, all active members should have received a notice entitled “New Health Insurance Marketplace Coverage Options and Your Health Coverage”. These notices were sent by the Plan office on behalf of all AMO Medical Plan (the “Plan”) participating employers as required by the federal Patient Protection and Affordable Care Act (also known as “Healthcare Reform”). The notice was intended to provide information about purchasing health insurance from the Health Insurance Marketplace, also called the “Exchange”, which was designed for those who do not have access to adequate, affordable health coverage through an employer.

As long as you are eligible for benefits under the Plan, you are not required to take any action as a result of this notice.

As an eligible participant, some of the benefits offered by the Plan that will not be offered through the Exchange are:

- ◆ A minimum Death Benefit of at least \$50,000;
- ◆ A minimum Accidental and Death Dismemberment Benefit of \$25,000 to \$50,000;
- ◆ Sickness and Accident Disability Benefits;
- ◆ Coverage for Onboard Illness and Injuries;
- ◆ Dependent Coverage at no additional cost;
- ◆ Vision and Dental Benefits at no additional cost;
- ◆ Dependent Scholarship Benefit;
- ◆ Prescription Coverage at no additional cost.

If you did not receive this notice by mail, please contact the Plan office at 1-800-348-6515, ext. 12.

Individual Mandate Becomes Effective in 2014

Beginning in 2014, the Affordable Care Act includes a mandate for most individuals to have health insurance or potentially pay a penalty for noncompliance. Individuals will be required to maintain “minimum essential coverage” for themselves and their dependents. The AMO Medical Plan (the “Plan”) provides minimum essential coverage. As long as you and your dependents meet the Plan’s eligibility requirements, then you meet the individual mandate requirement. However, if for any reason, you lose eligibility under the Plan at any time during the calendar year for a period of three months or longer, you should consider either electing COBRA continuation coverage or purchasing coverage through the Health Insurance Marketplace in order to avoid any potential penalties.



AMO Medical Plan Benefits at a Glance



“Take care of your body. It’s the only place you have to live in.”

~ Jim Rohn

Coverage for Dependent Children up to Age 26

The AMO Medical Plan (the “Plan”) currently covers an eligible dependent child up to age 26, as long as such dependent child at 19 years but less than 26 years of age does not have access to health coverage through their employer (unless such child is attending school on a full-time basis, in which case such child shall be eligible for coverage under the Plan regardless of eligibility for employer coverage). Participants are currently required to complete an Affidavit for Dependent Child form for any dependent child between 19 and 26 years of age if they wish to maintain coverage under the Plan for such child. **Beginning October 1, 2014, all eligible dependent children up to 26 years of age will be eligible for coverage under the Plan regardless of eligibility for employer coverage. Please stay tuned for more information on how to re-enroll your dependent child if such child was previously terminated based on eligibility for employer coverage.**

Coordination of Benefits (COB) Reminder!

In an effort to continue to provide efficient claims processing, AMO Medical Plan participants with dependents are required to complete a Coordination of Benefits Form every year. Such participants should have already received the Coordination of Benefits form for 2014. This form is used to update the information in your records as well as that of your dependents. Please make sure to include all requested information when completing the form. Claims may be delayed for you and your dependents if we do not have this form on record. You are required to notify the Plan office immediately if any change in dependent status occurs.

Please know that if a dependent spouse is employed full time (30 hours or more), and the employer does not provide group medical coverage, documentation from the employer on company letterhead will be needed as proof that no coverage is provided.

Pensioner Earnings Limitation Form Requirements

All non-Medicare Pensioners with primary medical coverage under the AMO Medical Plan were recently mailed notices regarding the Affidavit of Pensioner’s Medical Benefits Earnings Limitation. **This form is required on an annual basis.** If your form is not received in the Plan office by **April 30, 2014**, medical eligibility will be terminated for the Pensioner and the Pensioner’s dependents and will result in permanent forfeiture of eligibility for medical benefits.

If you are a non-Medicare Pensioner with medical benefits and you did not receive this notification, please contact the AMO Plan office immediately at 1-800-348-6515, ext. 12 and request a copy.



AMOP Retirement Benefits at a Glance

Your Road to Retirement

AMOP benefits are uniquely designed to fit our members' needs with access to quality retirement programs. The retirement benefits offered may include benefits listed to the right of this page.



"Save money and money will save you."

~Jamaican Proverb



American Maritime Officers 401(k) Plan

The AMO 401(k) Plan offers you the opportunity to prepare for your retirement. You can choose to have a percentage of your pay deducted from your employer payroll and/or AMO vacation pay on a pre-tax basis, which lowers your taxable income and therefore, lowers your taxes. You can also contribute on an after-tax basis.

In addition, we also offer a Roth 401(k) option, which combines the features of a regular 401(k) with those of a Roth IRA. If elected, the Roth 401(k) option requires after-tax contributions, but allows for tax free growth and distribution, provided you have had the account at least five years and are age 59 ½.

Saving for your retirement is simple - just complete the AMO 401(k) enrollment form located on the AMO Plans' website at www.amoplans.com. See page 6 for additional information regarding the 401(k) Plan, including 2014 contribution limits.

American Maritime Officers Money Purchase Benefit (MPB)

The AMO MPB is a defined contribution benefit, which 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.

American Maritime Officers Defined Contribution (DC) Plan

The AMO DC Plan is also funded by participating employers. As you know, in 2013 there was an increase of at least 25% to Schedule 1 of the DC Plan Contribution Rates; we refer to this new schedule as Schedule 1.1. In addition, for those whose contribution rates were less than 6%, the minimum rate was increased to 6%. For the year 2014, this 6% minimum rate will remain unchanged until the threshold above 6% has been reached.

Remember, your contribution rate 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 age, plus an additional point if you had at least 100 days of AMO covered employment in 2013.

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

<http://www.amoplans.com/DCForms/DC-Plan-Worksheet.xlsx>

American Maritime Officers Pension Plan

At anytime during the year, you may request a pension statement which shows your estimated accrued pension benefit. To request a statement, please call the Plan office at (800) 348-6515 ext. 14 or send an email to amopension@amoplans.com.

Personalized Retirement Planning Assistance

For personalized retirement planning assistance, please contact the **Morgan Stanley Financial Consultants** at (800) 975-7061 or send an email to Larry.Goldstock@morganstanley.com.

AMO 401(k) Plan Catch-Up Contributions



*“By failing to prepare, you are preparing to fail.”
~Benjamin Franklin*

If you are age 50 or older or will be by the end of 2014, the IRS gives you the opportunity to accumulate more or “catch-up” by increasing the limit of your 401(k) Pre-Tax or Roth contributions by \$5,500 starting the year you turn 50.

The sum of Pre-tax and Roth 401(k) contributions are subject to the following IRS limits in 2014:

Under Age 50	\$17,500
Age 50 by the end of 2014	\$23,000

The AMO 401(k) Plan allows you to build on your retirement foundation and save up to 75% of your compensation through pre-tax, Roth and additional after-tax contributions, subject to maximums allowed by law. Consider the benefit to you, your family, and your retirement by contributing the maximum amount to the AMO 401(k) Plan.

How to start your catch-up contributions:

If your current election on file already indicates a percentage that will meet the maximum allowable amount of \$23,000, no further action is needed on your part. See example below:

Annual Compensation:	\$100,000
Election Percentage:	23%
Total Contribution:	\$23,000

If you wish to change your election on file in order to choose a percentage that will allow you to meet the maximum limit, simply enter your desired contribution percentage for pre-tax (Section 3) and/or Roth (Section 4a) on the 401(k) enrollment form and then submit it to your current Employer. This form can be found on the AMO Plans' website at www.amoplans.com.

If you have any questions about catch-up contributions or the AMO 401(k) Plan in general, contact the AMO Plans office at (800) 348-6515, ext. 14 (8:00 a.m. to 4:00 p.m. EST, Monday through Friday) or send an email to amo401kplan@amoplans.com.

- OR -

You may contact your Morgan Stanley Financial Consultants who will be glad to assist you. Call them toll free at (800) 975-7061 or send an email to Larry.Goldstock@morganstanley.com.



Pensioner Return to Work Guidelines



*“Choose a job you love, and
you will never have to work a
day in your life. “
- Confucius*

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 in **Covered Employment or in non-Covered Employment in any capacity within the maritime industry** 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.

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. 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, unless the Pensioner received an Early or Disability Retirement pension.

Pensioners who return to work in **Covered Employment or non-Covered Employment in any capacity within the maritime industry** 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) A Participant who has not yet attained Normal Retirement Age will not be entitled to pension benefits for any month during which he was so employed and for six additional months, provided that the suspension does not extend beyond his Normal Retirement Age; and
- (2) The Participant will forfeit all eligibility for Benefits under the AMO Medical Plan, regardless of whether he has attained Normal Retirement Age.



AMO Vacation Plan Benefits at a Glance



“Laughter is an instant vacation.”
~Milton Berle

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.

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 on the website listed in Step 1 above.



AMOP 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 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. A copy is available for you to review anytime by visiting the AMO Plans website at www.amoplans.com.

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). A copy is available for you to review anytime by visiting the AMO Plans website at www.amoplans.com.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

As is required by the federal Patient Protection and Affordable Care Act (also known as "Health Care Reform"), the AMO Medical Plan mailed the SBC to all its participants. The SBC contains a summary of the benefits the AMO Medical Plan provides, to include covered benefits, cost sharing, and exclusions.

The AMO Medical Benefits Services Department will be glad to answer any questions you may have regarding this or any other mailing.

AMOP Benefits Frequently Asked Questions

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

Q. Where do I submit my dental and optical claims?

A. These claims should be sent directly to the AMO Plans office along with proof of payment for direct reimbursement. You can submit your claim via email, fax, or regular mail. See inside this newsletter for contact information.

BENEFICIARY & POA FAQs

Q. How do I update my beneficiary forms?

A. You can download the forms from the AMO Plans website or contact the AMOP Benefits Services Department. The following Plans have beneficiary forms:

- AMO Medical Plan,
- AMO 401(k) Plan,
- AMO DC Plan,
- Money Purchase Benefit (MPB)

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.

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 Morgan Stanley 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. How can I check my 401(k), MPB or DC account balances?

A. By logging into the Newport Group website: www.plandestination.com. If you have trouble accessing your account, please call the Newport Group at (800) 650-1065.

Q. Will I receive a 401(k), MPB, or DC account statement?

A. You will receive a quarterly statement from the Newport Group.

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.

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.



AMOP Contact Information

AMOP BENEFITS SERVICES DEPARTMENT CONTACT INFORMATION

Business Hours:
Monday through Friday from 8 a.m. to 4 p.m. EST

Mailing Address:
P.O. Box 35, Dania Beach, FL 33004

Contact Number:
(800) 348-6515

Plan Name	Direct No.	Fax Number	Email Address
Medical	Extension 12	954-920-9482	amomedical@amoplans.com
Pension	Extension 14	954-922-7539	amopension@amoplans.com
401k	Extension 14	954-922-7539	amo401k@amoplans.com
MPB	Extension 14	954-922-7539	amopension@amoplans.com
DC	Extension 14	954-922-7539	amopension@amoplans.com
Vacation	Extension 15	954-926-7274	amovacation@amoplans.com

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

Access Your NEWPORT GROUP Account

<http://www.plandestination.com>

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

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

American Maritime Officers Plans
P.O. Box 35
Dania Beach, FL 33004

THE
NEWPORT
GROUP



UMR
A UnitedHealthcare Company

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.