



The American Maritime Officers Plans (AMOP) Benefits Connection Newsletter

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

Vol. 6, Issue 1 – January 2016

AMO MEDICAL PLAN ANNOUNCES TRANSITION TO A **NEW** PREFERRED PROVIDER ORGANIZATION (PPO)

Happy New Year to AMO Members and Family...



The American Maritime Officers Medical Plan (the "Plan") participants were recently notified of the Board of Trustees' decision to partner with **Blue Cross/Blue Shield ("BC/BS")** as the new Preferred Provider Organization ("PPO") for the Plan along with American Benefit Corporation ("ABC") as the new Third Party Administrator ("TPA") 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.

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 PPO 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.

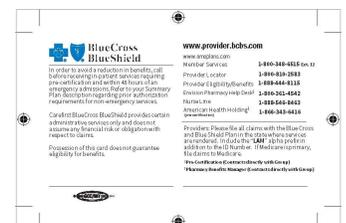
MEDICAL CARDS

All active AMO Medical Plan participants should have already received two medical ID cards with the BC/BS logo. The front of the card contains your new BC/BS member ID number and group number. These cards will only reflect the primary member's name. For added convenience, we have also included the prescription plan information on the front of the card which is still administered through Envision Rx Options. The back of the card contains all the pertinent phone numbers that are needed for both participants and providers.

Please note if you are a Medicare primary retiree, then your ID card does not contain the BC/BS logo, unless you have covered dependents that are still primary under AMO medical coverage. The Plan participates in Medicare Crossover so claims will automatically revert to the new TPA for processing.



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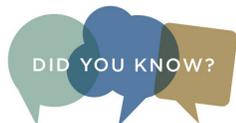
SPECIAL INTEREST ARTICLES INSIDE THIS ISSUE...



- AMO Medical Plan Announces New PPO
- Health and Wellness Program
- Health Care Reform
- Pediatric Dental and Vision Benefits

- Your Annual Wellness Benefits
- Coordination of Benefits Form
- Pensioner Earnings Limitation Form Annual Requirements
- New IRS Reporting under the Affordable Care Act

NEW PPO FOR AMO MEDICAL PLAN



DID YOU KNOW?

Did you know these Blue Facts?

The nation's oldest and largest family of health benefits companies.

Provides healthcare coverage to nearly 105 million people.

Nationwide, more than 96% of hospitals and 92% of professional providers contract directly with Blue Cross and Blue Shield companies.

~<http://www.bcbs.com/about-the-association/>

PROVIDER DIRECTORY

The easiest way to find out if your doctor is in the BC/BS network is to log into <http://provider.bcbs.com/> and choose BlueCard PPO/EPO from the network drop down menu to search for your provider. You may also access this link from the AMO Plans website at www.amoplans.com 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.



Search by Keyword | Search by Specialty

Already A Member OR Choose Your Network

First 3 letters OR Select a Network

Search by:

Name, specialty, procedures, more...

Location:

Within 25 miles Pleasanton, CA

PRE-CERTIFICATION PROCEDURES

Effective January 1, 2016, any services that require prior authorization must be pre-certified through American Health Holding, contact information located on the back of the BC/BS ID card. You should verify that your provider has obtained the required pre-certification. If pre-certification is not obtained, you may be financially responsible for the services provided or incur a pre-certification penalty of \$250 per occurrence. Please refer to the AMO Medical Plan Summary Plan Description (SPD) for a listing of services that require pre-certification. An electronic version of the SPD booklet can be located on the AMO Plans website at www.amoplans.com.

PRESCRIPTION DRUG COVERAGE

There has been no change to the Plan's prescription drug benefit as a result of this transition. The prescription plan for active members and non-Medicare retirees continues to be administered through Envision Rx Options and for added convenience, the information needed to fill a prescription has been added to the BC/BS ID card as previously mentioned.

For Medicare primary retirees who are enrolled in the Plan's Medicare Drug Plan, benefits are still administered through Envision Rx Plus and you should continue to use your current drug card.

DIRECT MEMBER REIMBURSEMENT CLAIMS

Any claims that require direct member reimbursement such as Dental, Optical, Scholarship or Disability will continue to be administered directly through the Plan office. This also includes any medical services that are paid up front such as services rendered outside the U.S. that may be eligible for reimbursement by the Plan. These claims can be submitted to the Plan Office via mail, email, or fax as follows:

American Maritime Officers Medical Plan
 P.O. Box 35, Dania Beach, FL 33004
 Email: amomedical@amoplans.com
 Fax: 954-920-9482



HEALTH AND WELLNESS PROGRAM

“You miss 100% of the shots you never take.”

~ Wayne Gretzky



Sign-up for the AMO Plans Living Well Newsletter TODAY!



If you are an AMO sailing member and would like to receive our monthly newsletter directly to your email inbox; please go to the Plans website at <http://www.amoplans.com/Content.aspx?Code=Health%20and%20Wellness> and sign-up.

You will receive news on upcoming campus health events, updates on medical benefits, as well as the latest in research and trends to optimize a healthy lifestyle.



Start the New Year Heart Healthy

The AMO Plans Health & Wellness Program together with the AMO Plans Medical Clinic are continuing to extend an invitation to the AMO Membership to participate in our **free** Heart Health Screening Initiative.

Dr. O’Campo and the clinic team, in collaboration with the Integrative Health and Wellness Nurse, Aleida Drozdowicz, RN, have worked to build a unique screening process designed specifically for our AMOP community. **Everyone is welcome** to participate, whether you have known heart health risk factors, you have a family history or you would like to start or improve your diet and exercise program.

You can request a **free screening** by visiting the AMO Plans Medical Clinic where you will be provided with information on your overall health status and practicable prevention tools that may be difficult to obtain through a traditional doctor’s visit.

Once you’re aware of your specific risks for developing heart disease, you can then make better choices for maintaining a healthier, more active and fulfilling life.

Take Advantage of our On-Campus Events & Resources...

The 2016 Health and Wellness Program is taking on a fresh start with new activities and initiatives aimed at engaging and supporting a healthy lifestyle for you and your families. While staying on campus, we want to ensure you are offered every opportunity to connect with events and resources that will assist you in maintaining a healthy, active life whether at work or at home. See what we offer below:

Fitness

- ◆ Fully equipped gym and outside fitness circuit, outdoor tennis and basketball courts, and two on-site swimming pools
- ◆ A wide variety of daily fitness classes at the Bracco Building gym, also available after hours for your convenience.
- ◆ Individual Exercise and Fitness Counseling is available through Wellness Services by contacting Ext: 7305

Nutritional Dining

- ◆ Fresh meals with healthy choices for you and your guests are provided in the galley
- ◆ For spouses and guests, we also offer weekly cooking classes taught by our Executive Chef Shannon Agor and the galley staff
- ◆ Individual Nutritional Counseling is available through Wellness Services by contacting Ext: 7305

Clinic Services

- ◆ Extend the Medical Certificate expiration date by taking a physical
- ◆ Get help with the requirements to apply for an extension of your Medical Certificate expiration date

For more information regarding the Health and Wellness Program, please call 1-800-348-6515, ext. 7305, Monday through Friday from 8am to 4pm.

MEDICAL PLAN REMINDERS

“It’s not what happens to you but how you react to it that matters.”

~ Epictetus



Your Annual Wellness Benefits

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, and 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.

Coordination of Benefits Form

Effective 2016—Our process of obtaining Coordination of Benefits (COB) forms has changed. Previously, these forms were requested at the beginning of each calendar year with a deadline of May 1st to submit to the Plan office before claims would start to be denied for missing COB form. Now, the annual deadline for the COB form will be based on the anniversary date of when the form was received by the Plan the previous year.

As a reminder, AMO Medical Plan participants with dependent spouses and/or adult dependent children over the age of 18 are required to complete a Coordination of Benefits (COB) Form every year. These forms are required on an annual basis and are due one year from the date of the last COB form on file with the Plan. 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. Your dependents’ claims may be delayed 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 Wage Earnings Limitation Form

All non-Medicare Pensioners with medical eligibility 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, 2016**, medical eligibility will be terminated for the Pensioner and the Pensioner’s dependents and will result in permanent forfeiture of eligibility for medical benefits.

Please note that even if you are a non-Medicare Pensioner whose medical eligibility was previously terminated due to exceeding the annual Pensioner Wage Earnings limitations, you are still required to return this form.

Non-Medicare Pensioners with medical benefits who have not received this notification can contact the AMO Medical Plan office 1-800-348-6515, ext. 12 to request a copy.



HEALTH CARE REFORM



New IRS Reporting under the Affordable Care Act (ACA)

Beginning in 2016, all AMO Medical Plan participants will be receiving new IRS forms from both their employer (Form 1095-C) and the Plan (Form 1095-B) regarding health coverage during the calendar year 2015. These are newly required forms under the Affordable Care Act and 2015 is the first year that these forms are mandatory.

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage

If you worked in AMO covered employment during 2015 and contributions were made to the AMO Medical Plan on your behalf by an AMO participating employer, then you will receive a Form 1095-C from your employer. Since your employer participates in a multiemployer plan and does not directly make the offer of health coverage, code "2E" has been designated specifically for multiemployer arrangements and will be populated on Line 16 of the form for each month that a contribution was made to the Plan on your behalf with no regard to whether you were eligible for coverage in that month. For each month that this code is used on Line 16, the corresponding code "1H" ("No Offer of Coverage") will be populated on Line 14 of the form and Line 15 will be left blank. For multiemployer plans, employers are exempt from completing Part III (Covered Individuals) of the form. This information will be contained on a separate form that will be furnished by the Plan as indicated below.

Form 1095-B -Health Coverage

If you were eligible for health coverage under the Plan during the calendar year 2015, then you will receive Form 1095-B directly from the Plan. This form will indicate the months that you and/or your eligible dependents were covered under the Plan. This form is needed when you file your tax return to show the IRS that you are in compliance with the individual mandate under the Affordable Care Act which requires that most individuals obtain and maintain health insurance that is considered Minimum Essential Coverage. This plan does provide Minimum Essential Coverage.

You should receive these forms no later than March 31, 2016. The deadline to furnish these statements to individuals was recently extended from February 1, 2016 to March 31, 2016.



HEALTH CARE REFORM



Dependent Coverage to Age 26 Mandate Effective October 1, 2015

During August 2015, all participants with medical eligibility under the AMO Medical Plan (the "Plan") should have received a notice pertaining to health care coverage for dependent children up to age 26. The notice dated August 1, 2015, stated that effective October 1, 2015 and as required by the Affordable Care Act ("ACA"), the Plan is required to offer coverage for eligible dependent children until the end of the month in which the child reaches the age of 26 versus the date that the dependent child attains age 26.

As a reminder, a previous notice dated August 1, 2014 was mailed to all participants with medical eligibility under the Plan which stated that effective October 1, 2014 and as required by the ACA, the Plan is required to offer coverage for eligible dependent children under the age of 26 regardless of their employment status and coverage available to them through their employer.

If you have an eligible dependent child who is not currently enrolled in the Plan or who may have been previously terminated from the Plan before turning 26 years of age based on the eligibility rules in effect at the time of their termination, and the child meets the definition of "dependent child", you may enroll such child by completing a Permanent Data and Coordination of Benefits form. This form can be found on the AMO Plans website at www.amoplans.com under Medical Plan forms.

The term "Dependent child" is defined as a child, step-child, or child under legal guardianship/custody of the Participant who is less than 26 years of age. The coverage shall not terminate if such child is incapable of self-sustaining employment by reason of total disability as defined by the Social Security Administration and is dependent upon the Covered Participant for principal support and maintenance and became so incapable prior to attainment of the determination age specified above. The medical benefits for an eligible dependent shall cease at the end of the month in which the dependent has reached age 26 or fails to meet the above eligibility requirements.

Pediatric Dental and Vision Benefits

The AMO Medical Plan's dental and optical benefits will remain unchanged for the 2016 plan year. Accordingly, yearly dollar limits on pediatric dental and optical benefits will still apply.

If you have access to a plan that does not have a yearly dollar limit on pediatric dental and optical benefits and wish to enroll any eligible dependents in such plan, you may opt out of these benefits for the dependents under the AMO Medical Plan.

Please contact the Plan office at 1-800-348-6515, extension 12 for any questions related to the above Health Care Reform topics.



RETIREMENT BENEFITS



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.

American Maritime Officers 401(k) Plan

The AMO 401(k) Plan offers you the opportunity to prepare for your retirement. You can **save up to 75%** of your pay 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.

The 401(k) elective deferral limit for 2016 is \$18,000; however, if you are at least age 50 or will be 50 sometime this year, you can contribute an additional \$6,000.

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 offering eligible participants the opportunity to prepare for their retirement with a wide range of investment options. The key to successfully planning for the future is learning the basic principles of a disciplined investment program.

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

<http://www.amoplans.com/Forms/Retirement/DC/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 Pension 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**.



VACATION PLAN BENEFITS

“If you don’t become the ocean you’ll be seasick every day.”

~Leonard Cohen

File Your Vacation Claim in 3 Easy Steps

Step 1

A Vacation Application can be downloaded online at the following website:

<http://www.amoplans.com/Content.aspx?Code=Vacation%20Benefits/Forms>

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.



PLANS 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.

FREQUENTLY ASKED QUESTIONS

MEDICAL FAQs

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

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?

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?

Your physician's office should call American Health Holding (AHH) at 1-866-343-6416, contact information located on the back of your new BC/BS ID card. Please note that members are responsible for complying with the pre-certification requirements. If you are not certain that your physician has obtained a precertification, you can call AHH directly or the AMOP Benefits Services Department.

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

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 AND POWER OF ATTORNEY FAQs

Q. How do I update my beneficiary forms?

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, and Money Purchase Benefit (MPB)*

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

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?

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?

Yes, unless a notarization is required, then the original form must be mailed in.

Q. What is the maximum percentage that I can contribute to my 401(k) account?

You can **save up to 75%** of your pay from your employer payroll and/or AMO Vacation Plan pay.

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

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?

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?

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?

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?

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?

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?

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
401(k)	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

HEALTH AND WELLNESS PROGRAM

For more information regarding the Health and Wellness Program, please call 1-800-348-6515, ext. 7305, Monday through Friday from 8am to 5pm.

STAY INFORMED BY USING OUR PLANS WEBSITES

Plan Updates: <http://www.amoplans.com>



We are excited to announce the launch of our newly redesigned website!

Our new [home](#) has a fresh look with a user and mobile friendly browsing experience. We have made improvements throughout the site and put a greater emphasis on providing benefit resources to assist the membership. By providing an improved website destination for the AMO Plans Membership we hope that this will allow us to lead the way in how we communicate to our members and their families while building upon technology capable of addressing future needs.

We will continually be expanding our online content to bring you updated and relevant information and we encourage you to check back often for future enhancements .

Access the BC/BS Provider Directory: <http://provider.bcbs.com>

You have the ability to search for a provider in the BC/BS network.

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



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.