



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

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What's New for 2020!

MERRILL LYNCH INVESTMENT & RETIREMENT PLANNING WEBINARS NOW AVAILABLE

Our Investment Advisors at Merrill Lynch have prepared resourceful webinars, also known as online presentations, that address a wide variety of topics including, but not limited to, retirement planning, investment strategies, and fixed income.

We would appreciate your valuable feedback. If you find that there are more topics regarding your retirement accounts that you would like specifically addressed in a webinar, please inform the Plans office.

You can obtain access to the online webinar resource materials by visiting the AMO Plans website at www.amoplans.com. The first webinar is scheduled for January 24th and future webinars will be held the 3rd Friday of each month. The next scheduled dates are February 21st and March 20th. All future dates will be announced.

Also, if you would like a customized outlook of your retirement portfolio, please feel free to call the Plans office at 1-800-348-6515, ext. 14 or send an email to amopen-sion@amoplans.com and we will refer you to a Merrill Lynch advisor.

TARGET DATE FUNDS (TDFs)

The American Maritime Officers Defined Contribution, 401(k) and MPB retirement accounts allow participants to choose how to invest their funds. The Vanguard Target Date Funds are now available as an investment option.

Target Date Funds (TDFs) mix several **different types of stocks, bonds and other investments**, which are designed to allow you to take more risks at an early age, while gradually shifting to a more conservative investment mix over time.

TDFs provide participants with automatic adjustments to asset allocations as they approach retirement age. This can serve as an easy option, allowing participants to remain in TDFs through their careers.

When you are investing for retirement, your investment goals at age 30 may be very different from your investment goals at age 60. After all, if your retirement is many years away, your focus might be on building assets. But as you approach retirement, your focus may shift to preserving your accumulated assets.

To learn more about Vanguard TDFs, a set of Frequently Asked Questions are available on the following pages of this newsletter. Also, to access your Newport account or obtain information on the investment funds offered by the Plan, including any restrictions, fees, or expenses associated with a change in investments, you can contact the Newport Group Participant Call Center at 1-800-650-1065 for assistance.

AMO MEDICAL PLAN WILL SOON OFFER DIRECT DEPOSIT FOR DIRECT MEMBER REIMBURSEMENT CLAIMS



The AMO Medical Plan will be allowing direct member reimbursement claim payments that are processed by the Plan office to be issued via direct deposit in the near future. A Method of Payment Authorization form will be required, along with bank support, which will be kept on file and processed with each applicable claim. Please note that the bank information provided must confirm that the claimant is an account owner. If you have any questions regarding this new feature, please contact the AMO Medical Department at 1-800-348-6515, ext. 12.

SPECIAL INTEREST ARTICLES INSIDE THIS ISSUE...



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Target date funds

Frequently asked questions



When you're investing for retirement, your emphasis at age 30 might be very different from your emphasis at age 60. After all, if your retirement is many years away, your focus might be on building assets. But as you approach retirement or the time you'll need your money, your focus might shift to preserving your accumulated assets.

Target date funds are designed to manage the process of gradually shifting to a more conservative investment mix over time.

What is a target date fund?

A target date fund invests in a mix of stocks, bonds, cash equivalents and other asset classes. The fund's manager adjusts this mix over time to become more conservative—holding fewer stocks and more bonds, for instance—as the target date approaches.

So target date funds are designed to manage two tasks that you face as an investor:

- By offering “one-stop” investing, these funds save you the work of creating a diversified portfolio on your own.*
- They save you the work of gradually shifting that portfolio to a more conservative mix over time.

As a result, target date funds can be a convenient way for some to invest.

How do I pick a target date fund?

Most target date funds include a year in their name. When you're picking a target date fund, you first decide the year you expect to retire or might want to start withdrawing assets from your account. Generally, you would then select the fund with a date closest to the year you will need the money.

Target date funds without a year in their name often have a word like “Income” instead of a year. These funds are intended for those who are already retired or closest to retirement.

Can I invest in more than one target date fund at the same time?

Yes, but that may not be your best option. Each target date fund is designed to offer a mix of investments geared to the year in the fund's name. If you invest in multiple target date funds, the objectives of one fund could cancel out the objectives of another.

Do I still need to review my investments if I use a target date fund?

Yes. While target date funds adjust their investment mix gradually as the target date approaches, they can't do all the work of investing. You still need to make sure that your target date fund's allocation—including the way it is adjusted over time—is appropriate for your investment goals. That's especially true if your circumstances change.



Watch this short video on target date funds at go.ml.com/p6cc4.

**Diversification cannot ensure a profit or protect against loss.*



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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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You're not locked in

If your circumstances or goals change, including your anticipated year of retirement or the year you might want to start withdrawing assets, you can choose a different target date fund. You're not locked in to your original selection.

What should I consider before investing in a target date fund?

Target date funds can offer a convenient way to diversify your investments with just one decision. But there are a few things to think about first. A fund's target date may match your anticipated retirement date, but the fund may have an asset allocation that doesn't match your tolerance for investment risk. Your risk tolerance might mean you should consider a target date closer to the present (which would have lower risk) or one farther in the future (with higher risk). That decision will naturally vary among investors.

Also, if you have assets in other retirement accounts, or if you'd like to own other funds too, consider how those investments could potentially offset the target date fund's strategy. In this case, a target date fund may or may not be right for you.

Are there any guarantees with target date funds?

No. As with all investments, the principal value of these funds is not guaranteed at any time, including at the target date. That's because all investments are subject to risk—the possibility that your investments could lose value.

How does a target date fund's investment mix change over time?

A target date fund changes its asset allocation over time based on its "glide path," or how the fund's proportion of conservative investments increases while the proportion of more aggressive investments decreases. The fund manager either chooses a preset glide path or periodically adjusts the glide path.

How much do target date funds vary from one fund company to another?

Different target date funds can be managed quite differently. For example, funds from different fund families may have different proportions of their assets in stocks, bonds and cash equivalents for the same target date. Also, some funds may continue to adjust their asset allocation after they reach the target year. Fund literature typically explains a fund's strategy. By reviewing that information, you can better understand whether a fund's asset allocation, and how the fund intends to adjust that allocation over time, is appropriate for you.

When my target date arrives, am I supposed to withdraw the money in my target date fund?

Not necessarily. Target date funds assume you will stop making new contributions on the defined target date. But retirement could last for a number of years. By continuing to hold a portion of their assets in equities after the target date, target date funds may help investors avoid outliving their assets.

How can I find out more?

If your plan offers target date funds, more information is always available on Benefits OnLine® at www.benefits.ml.com. If you have further questions, you can call your plan's toll-free number.



Benefits OnLine® Education Center

Make smart, informed financial decisions with the help of articles, videos, calculators and planning tools. www.education.ml.com

Investing through your plan involves risk, including the possible loss of principal invested.

Please note that the target date, or retirement date, as applicable, for target date funds is the approximate date when an investor plans to start withdrawing his or her money. The principal value of these funds is not guaranteed at any time, including at the target date. These funds are designed to become more conservative over time as the target date approaches.

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RETIREMENT BENEFITS



NOTICE REGARDING DEFAULT INVESTMENTS

If you did not provide investment instructions to the Plans with respect to some or all of the assets in your Newport accounts, those assets have been automatically invested in the default investment for your 401(k), DC and/or MPB accounts respectively. You may at any time elect to transfer your assets invested in the default to any of the other investment options available under the Plans by logging in to your Newport account at www.newportgroup.com.

PARTICIPANT FEES

The AMO Plans continuously review the retirement benefits to ensure that employees have access to quality investments and services. The Plans have recently chosen the lowest fee share class available to the Plans, so that no matter which investment option you select, you achieve the maximum investment return for that investment option. If you would like information on these fees and investment funds, please call the Newport Group Participant Call Center at 1-800-650-1065.



American Maritime Officers 401(k) Plan

The AMO 401(k) Plan is one of the best and easiest ways to save for your future. Make your future a priority now. If you can't save the maximum amounts shown below then consider gradually increasing your contributions over time. You'd be surprised how much even a small contribution adds up.

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.

The Plan offers both traditional pre-tax contributions and Roth 401(k). 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.

The 401(k) elective deferral limit for 2020 is \$19,500 or \$26,000 (if over 50 years old) on a tax deferred basis.

Saving for your retirement is simple - just complete the AMO 401(k) enrollment form located on the AMO Plans website at www.amoplans.com.

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 a defined contribution benefit, which is solely funded by participating employer contributions. It offers 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.

American Maritime Officers Pension Plan

The Trustees of the AMO Pension Plan have agreed to increase the monthly benefits by 10 percent effective January 1, 2020, which will apply to anyone that retires on or after January 1, 2019 with covered employment between January 1, 2019 and October 31, 2019.

This one-time benefit increase was made possible when the AMO Pension Plan reached the federal law's "green zone" funded status at the close of its fiscal year on September 30, 2018.

This benefit increase will not impair the AMO Pension Plan's ability to meet its obligations to current retirees, to retiree survivors, or to vested individuals no longer working in AMO covered employment but eligible for benefits at age 65.

MEDICAL PLAN REMINDERS

“Wellness is the complete integration of body, mind, and spirit—the realization that everything we do, think, feel, and believe has an effect on our state of well-being..”

~ Greg Anderson



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

If you are an Active participant under the AMO Medical Plan and you have a dependent spouse and/or dependent children covered under the Plan, then you are required to complete a Coordination of Benefits (COB) Form on an annual basis. The form is due one year from the date of the last COB form on file with the Plan. If the AMO Medical Plan is the primary coverage for your dependent(s) and we do not have a current COB form on record, then your dependents' claims may be denied until a completed COB form is received.

Please make sure to include all requested information when completing the form. You are required to notify the Plan office immediately if any change in dependent status occurs or if any changes occur that may change your dependents' coverage.

Please note that if a dependent spouse is employed full time, the Rules and Regulations of the AMO Medical Plan require that the Plan consider group medical coverage offered through a dependent spouse's full time employment first and the AMO Medical Plan will be secondary. **If group medical coverage is rejected by a dependent spouse, the AMO Medical Plan will pay none of the otherwise eligible benefit.**

For the purposes of determining full time employment status, 30 hours or more per week will be considered full time, and if the employer does not provide group medical coverage, documentation from the employer on company letterhead will be required as proof that no coverage is provided.

Pensioner 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, 2020**, 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 if you are a non-Medicare Pensioner whose medical eligibility was previously terminated due to exceeding the annual Pensioner 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 at 1-800-348-6515, ext. 12 to request a copy.



HEALTH AND WELLNESS PROGRAM

"Health is the greatest gift, contentment the greatest wealth, faithfulness the best relationship."

~ Buddha



**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 <https://www.amoplans.com/wellness> and sign-up.

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



Start Making Healthy Choices Today!

The AMO Plans Health & Wellness Program together with the AMO Plans Medical Clinic are extending a very special invitation to the AMO Membership to participate in our **free** Health Screening Initiative.

Dr. Ocampo, along with the clinic and wellness team have worked to build a unique screening process designed specifically for our AMOP community. **Everyone is welcome** to participate, whether you have known health risk factors, you have a family history of health risk factors 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 risk factors you can then make better choices for maintaining a healthier, more active and fulfilling life as well as maintain U.S. Coast Guard medical requirements.

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

The Health and Wellness Program continues to provide access to 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 an on-site swimming pool
- ◆ A wide variety of daily fitness classes at the Bracco Building gym, also available after hours for your convenience

Nutritional Dining and Counseling

- ◆ 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
- ◆ On-site Registered Dietitian and Licensed Nutritionist is available to assist sailing members with nutrition education and counseling

Clinic Services

- ◆ Extend the Medical Certificate expiration date by taking a physical while on campus
- ◆ 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 EST.

HEALTH CARE REFORM



KEEPING YOU
Informed

As changes arise with Health Care Reform, the Plans will remain diligent in keeping you up to date on the latest developments.

We have covered the current requirements (in the article to the right) in an easy to understand way. You will be provided with your yearly tax form(s) by the deadline with instructions included.

If you have any questions, once you have received your tax forms, please contact the Plan office at 1-800-348-6515, ext. 12.



Reporting Health Coverage on IRS Tax Forms

Changes for 2019 reporting will reflect that Congress eliminated the penalty on individual taxpayers for not having ACA-compliant health coverage by reducing the penalty to \$0 beginning in 2019. This effectively ended the individual coverage requirement, also known as the individual mandate or the individual responsibility requirement. The IRS noted that individuals do not need to report whether they had coverage or not when filing their federal tax returns. Despite these changes, all AMO Medical Plan participants will receive Form 1095-B from the Plan with regard to health coverage during the 2019 calendar year.

There were no changes to the employer mandates and all AMO Medical Plan participants will receive Form 1095-C from their respective employer(s) (if actively working).

The deadline to furnish these forms to individuals was recently extended from January 31, 2020 to March 2, 2020 and you should receive these forms no later than the deadline.

Because of these extensions, individuals may not receive their Forms 1095-B and 1095-C by the time they are ready to file their 2019 individual tax return. While information on these forms may assist in preparing a return, the forms are not required to file. Taxpayers can use other information about their health coverage to prepare and file their returns and do not have to wait for Forms 1095-B or 1095-C to file.

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

If you worked in AMO covered employment during 2019 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. If you worked for more than one employer, you should receive a separate form from each employer. Since your employer participates in a multiemployer plan and does not directly make the offer of health coverage, special codes have been designated specifically for multiemployer arrangements and will be reflected on 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 multiemployer plans, employers are exempt from completing Part III (Covered Individuals) of the form. This information will be provided on Form 1095-B which will be furnished by the Plan as indicated below.

Form 1095-B - Health Coverage

If you were eligible for health coverage under the Plan at any time during the calendar year 2019, then you will receive Form 1095-B from the Plan. This form will indicate the months that you and/or your eligible dependents were covered under the Plan. Although the form is no longer needed to show compliance with the individual mandate, the Plan will continue to furnish these forms until further notice.

Pediatric Dental and Vision Benefits

The AMO Medical Plan's dental and optical benefits will remain unchanged for the 2020 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 your dependents under the AMO Medical Plan.

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

VACATION PLAN BENEFITS

“A proper vacation does three things. It takes you away from stresses and demands of your life; it gives your body time to heal and rejuvenate; and, it invigorates your mind by returning you to your natural rhythm.”

~ Sage Wilcox

File Your Vacation Claim in 3 Easy Steps

Step 1

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

<https://www.amopplans.com/VacationForms>

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 with 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@amopplans.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 that 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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: (a) All stages of reconstruction of the breast on which the mastectomy was performed, (b) Surgery and reconstruction of the other breast to produce a symmetrical appearance, (c) Prostheses, and (d) Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the American Maritime Officers (AMO) Medical Plan.

If you would like more information on WHCRA benefits, you can reach the AMO Medical Benefits Services Department at 1-800-348-6515, ext. 12 or 2 W Dixie Highway, Dania Beach, FL 33004.

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).

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, please contact the AMO Medical Benefit Services Department at 1-800-348-6515, extension 12 or 2 W Dixie Highway, Dania Beach, FL 33004.

PENSION PLAN STATEMENTS

At anytime during the year, you may request a pension statement that shows your estimated accrued pension benefit. To request a statement, please call the Retirement Services Department at 1-800-348-6515, ext. 14 or send an email to amopen-sion@amoplans.com. Please note that the Pension Plan has been frozen since January 1, 2010.

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 Holdings (AHH) at 1-866-343-6416 located on the back of your 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 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 on a pre-tax or tax deferred basis 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.newportgroup.com.

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.newportgroup.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.newportgroup.com. If you have trouble accessing your account, please call the Newport Group at 1-800-650-1065.

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 on the following page.

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: **1-800-348-6515**

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 8 a.m. to 4 p.m. EST**

STAY INFORMED BY USING OUR PLANS WEBSITES

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

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.newportgroup.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.



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



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.