Questions about Your Benefits? Call the Fund Office at (877) 850-0977. Press "1" to reach the Automated Benefit Information System or Press "2" to speak with a representative.

For Your Benefit

Operating Engineers Local No. 77

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Timely Filing of Claims Is Vitally Important

Most claims must be filed "within 365 days from the date of an event." The exception is Weekly Accident and Sickness claims, which must be filed "within 60 days from your disability determination date or before you return to work, whichever is later."

Participants who are actively working and non-Medicare primary retirees should show their ID card to their service provider, who will normally file the claim. Nearly all claims from a CareFirst provider will be filed electronically.

Procedures for filing a claim and information on appeals may be found on page 111 of your Summary Plan Description ("SPD") book.

Your SPD explains the required information for claims and outlines penalties for filing false or misleading statements or failure to refund overpayments. The book also contains detailed steps on how the following claims are processed:

- Urgent Care
- Concurrent Care
- Pre-service Authorization
- Post-service Authorization
- Accident and Sickness

To ensure your claim is filed properly and paid, follow the rules and guidelines in your SPD.

Check Your EOB

An Explanation of Benefits ("EOB") is a statement sent to participants each time a medical claim is processed. Even though it resembles a medical bill, **IT IS NOT A BILL**, and states that at the top of the first page.

An EOB contains a summary of services and items you have received and how much you may owe for them. It also lists how much your provider billed, the approved amount the Plan will pay, and how much you owe the

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The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

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provider. It explains how the service was covered and what percentage or dollar amount was applied towards satisfying your annual deductible. If any amount/service was not covered, the EOB will state that also.

According to the Medicare Rights Center, you should hold onto your EOBs, as they may later be needed as proof of what costs have been covered and/or paid for. They can be a powerful fraud and abuse detection tool.

What Can Slow Down The Processing of Claims?

The Fund Office uses state-of-the-art benefit systems technology. Despite the tools we employ, claims payment is not simply a matter of feeding information into a computer. It can take as little as a few days or up to 30 days to process a claim.

When we don't have all the information, we "pend" the claim.

The Fund Office may send a "pend letter" to you or the provider requesting additional information. If a claim comes to us without a CareFirst discount, and the doctor or hospital shows in our system as a participating provider, we send the claim back to CareFirst to take a second look at the claim.

Reasons Why a Claim Is "Pended" or Denied

Below are some of the most common reasons:

- **Need Accident Details**

  A letter is sent to you when it appears you have had an accident and the accident inquiry section has not been filled out. We need details about **any** injury (not just car accidents – injury could be a sprain), including how, when, and where the accident took place, whether other people were involved, and whether another party may be liable. We cannot process a claim for an accidental injury until we have these accident details.

- **Need Current Address**

  It is very important that we have your current address on file. Without a current address, your claim might be denied because we are unable to gain additional information from you.

- **Need Procedure Code**

  This notice means we have received a bill but we need a procedure code (CPT code). Procedure codes are the providers' and insurers' way of showing exactly which service was provided. Both you and your doctor's office receive a copy of this letter, but you are ultimately responsible for seeing that we get the information.

- **Need Enrollment for Baby**

  A letter is sent to you when we get a claim for a newborn, but you have not yet added the baby to your coverage. Call the Fund Office immediately to enroll your newborn. Without enrollment, your baby will not have medical coverage.

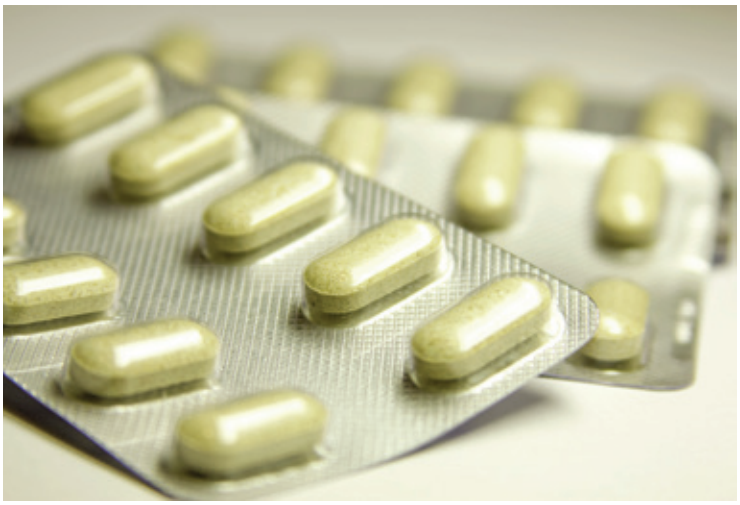
- **Need Provider's Tax ID Number**

  A letter is sent to the provider requesting his or her tax identification number. Without this number, we cannot pay a claim.

Allow Time

It generally isn't necessary for you to call about your claim. We will correspond with you in writing if it's not complete. The only reason you may have to call is to find out if we received a bill from a provider. Before you do call, please allow ample time for the bill to get to us. Some providers don't bill us right away.

Mail Order Program Is a Convenient Way to Manage Maintenance Drugs



Do you have a chronic medical condition that requires a lengthy prescription? These types of prescriptions are called "maintenance drugs" and are used to treat issues such as high blood pressure, heart disease, asthma and diabetes.

Under the Plan, you must use CVS Caremark's mail order program for maintenance drugs or have your prescription filled at a CVS pharmacy. You may get up to a 90-day supply of your medicine.

One of the biggest advantages of using the mail order program is convenience – you no longer have to make multiple trips to the pharmacy to get your prescription.

Instructions on using the mail order program may be found on page 103 of your Summary Plan Description book. You may request a mail order form from the Fund Office or download one at www.caremark.com (click "Print Plan Forms" at top). The number to contact Caremark with questions regarding the program is (866) 282-8503.

A list of maintenance drugs for conditions ranging from ADHD to ulcers is available from CVS Caremark at: https://www.caremark.com/portal/asset/CVS_Caremark_Maint_DrugList.pdf.

Retirees: Retiree Information Forms Are Being Sent. Return Promptly to Avoid Suspension of Pension Benefits

The Fund Office will soon be sending Retiree Information Forms (RIFs) to be completed and returned to the Fund Office. The form asks questions about your current address, beneficiary information, and employment information (if you are employed after retirement).

Even if you completed this form last year, you still must complete and return this year's RIF. It is very important that you review all sections of this form to be certain the information is correct. If necessary, mark corrections on the form and promptly send it back to the Fund Office. **If we don't receive your RIF, your pension benefits may be suspended until it is received.** To assist you, the Fund Office will include a postage-paid, return envelope with the first mailing.

For Disabled Pensions – A Letter Required From Doctor – Once Every Three Years

This year the Board of Trustees requires a letter from your physician to verify you are still disabled or unable to work. Return both the letter from your physician and the RIF to the Fund Office.

Important: If you retired on a disability pension and believe your disability to be "permanent," you do not have to obtain a letter from your physician every three years. You will have to request a waiver from this requirement from the Trustees in care of the Fund Office for consideration. Your request should include a written statement from your physician affirming that your disability is permanent and therefore you will not be eligible to return to work as an Operating Engineer at any time in the foreseeable future.

No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of the Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, then the Retiree must sign an "X" on the RIF and this must be notarized showing the Notary Public seal.

Available Retirement Benefits Under the Pension Plan

You may qualify for one of several types of benefits under the Pension Plan, depending upon your circumstances. Below are the types of retirement benefits:

- **Normal Retirement**

  If you are an active participant in the Plan when you reach Normal Retirement Age (age 65), you may retire and become eligible for a Normal Retirement.

- **Early Retirement**

  If you are an active participant in the Plan and you are between 55 and 65 years old with at least 5 years of Vesting Service, you may retire with an Early Retirement pension. An Early Retirement pension is reduced based upon your age at early retirement.

- **Unreduced Early Pension**

  If you are age 60 and have at least one hour of service on or after January 1, 1989, and have at least 35 years of Adjusted Vesting Service, you may receive a pension before Normal Retirement Age in an unreduced amount.

- **Disability Benefit**

  Regardless of your age, if you have at least 15 years of Vesting Service and become Totally and Permanently Disabled by Social Security while an active participant in the Plan, you may retire and become eligible for a disability retirement pension.

  You can receive the Disability Retirement Pension for your lifetime, but it ends if you cease being totally and permanently disabled before Normal Retirement Age. The Trustees may require you to be reexamined by a physician periodically (but not more often than twice a year) to determine whether you continue to be totally and permanently disabled.

- **Occupational Disability Benefit**

  If you have at least 15 years of Vesting Service, and after January 1, 1993, while an active participant in the Plan you become unable to perform bargaining unit employment due to a physical or mental condition that arises as a result of bodily injury or disease, you may become eligible for an Occupational Disability Pension. The determination of whether you are eligible for occupational disability retirement will be made at the discretion of the Trustees, based upon all information available to them, including a certification from your doctor. The Trustees may require that you submit to a medical examination by a doctor selected by the Fund in order to prove your eligibility or continuing eligibility for this benefit. In the event the Trustees later find that you again become capable of performing bargaining unit work, your Occupational Disability benefits will cease.

- **Deferred Pension**

  If you have at least 5 years of Vesting Service and are no longer an active participant, you may retire at Normal Retirement Age with a deferred retirement pension.

Reminder: Once Pension Benefits Begin, You May Not Make a Change

You have three payment options for receiving your Pension: the 36-Month Payment Guarantee Benefit, the 50% Joint and Survivor Annuity, and the 75% Joint and Survivor Annuity.

If you are married, a Joint and Survivor option will automatically be chosen for you (as required by law) unless both you and your spouse choose another method before your pension begins.

You cannot make a change to your pension option once you are in pay status. For example, if you are getting paid under the 36-Month Payment Guarantee option and you later get married, you are not able to change to a Joint and Survivor option.

In order to be eligible to collect, participants must be married for one year prior to retirement.

Subrogation Provision Can Help Get Bills Paid

What would you do if you were, through no fault of your own, injured and needed immediate medical attention? And to complicate matters, the person/entity responsible for paying your bills is dragging their feet when it comes to payment.

Your Plan provides a benefit for these situations – Subrogation – that allows for benefits to be paid for **non-work-related** injuries, illnesses or accidents. The program in your Plan is called *Third Party Liability Recovery*. Money is advanced to you to cover expenses, and the Fund is entitled to directly collect any monies from third parties such as insurance carriers.

How it Works

Let's say you're in a car accident caused by someone else and you are injured. The person who hit you is responsible for paying your medical bills and potential lost wages. You will submit an Accident & Sickness ("A&S")claim to the Fund Office, and will be sent a Subrogation Agreement to complete and return.

Rules and obligations of subrogation:

- Complete all parts and sign the Subrogation Agreement form.
- File an A&S claim with the Fund Office on time.
- Cooperate and assist the Fund Office to recover money from any third party.
- Pay back the Fund Office immediately from any money recovered from third parties.
- You must not do anything to impair, prejudice, or discharge the Fund's right of subrogation.

You must assign to the Plan the right to bring an action against any third party responsible for the injuries sustained. Recovered payment will be credited against any yearly or lifetime limits on a participant's benefits.

When You Need To Use an Ambulance

If you or an eligible dependent has a medical emergency and needs ambulance transportation to a hospital, your Plan of benefits will offer coverage. The Fund will pay for professional ambulance services, when medically necessary, to or from a hospital, up to $100 per incident at 100% with no deductible. When it is determined that medically necessary life support services are provided while being transported, 50% of the remaining cost of the ambulance service will be paid under Major Medical. You must satisfy the annual deductible before the additional 50% payment will apply.

REMINDER: Complete/ Update Information on Enrollment Application

If you haven't completed an enrollment application or if your information has changed, please take a moment to complete the enrollment. The application may be accessed on the Associated Administrators LLC website (www.associated-admin.com). From the homepage click "Your Benefits" on the left side of the screen, select "Operating Engineers Local 77" and choose the "Enrollment Form" from *Downloads (Forms)*. Mail the form to:

Fund Office
Operating Engineers Local No. 77
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361

Workers' Compensation Expenses Not Covered by Plan

While your Plan does not provide benefits if the "medical expenses are covered by workers' compensation or occupational disease law," it is generally a safe bet your employer has workers' compensation insurance (most states require it).

Workers' Compensation is a type of insurance that provides wage replacement and medical benefits to employees who suffer an injury while working. It was established very early in the 20th century to prevent employers being sued for negligence.

If you are injured at work or suffer from an illness caused by your working environment, it is your responsibility to file an Employee's Claim with your employer, who will supply you with a claim form.

Remember, however, that **work-related claims are not at any time paid by the Fund.** Work-related claims can be submitted with verification of Workers' Compensation carrier payment. This allows us to keep you "eligible" under the Plan rules even though you are not working.

The Importance of an Eye Exam by Age

Regular eye exams throughout your life are important, but not always for the same reasons. Just as our bodies require evolving care, so do our eyes. Find out why an eye exam at every life stage is an important part of your healthcare routine.

Too young, old, or healthy for an eye exam? Think again.

Who Should Get an Eye Exam	Why Eye Exams are Important at this Age	When to Schedule Your Eye Exam
Babies	Approximately 80% of what a child learns is through their eyes.[1] Impaired vision can affect a child's cognitive, emotional, neurologic, and physical development by potentially limiting their exposure to a range of experiences and information.[2]	• Six months • Between two and three years old • Before kindergarten
Children	Only an estimated 14% of children receive comprehensive eye exams before entering kindergarten or first grade.[3] More than 12.1 million school-age children, or one in four, have some form of a vision problem.[4] Studies show that 60% of students identified as problem learners have undetected vision troubles.[5]	• Once a year **TIP:** Schedule around the beginning of the school year to give your child a healthy start.
Adults	Even if you have had laser vision surgery or have naturally good vision, you still need an annual exam. More than 3 million Americans over the age of 40 have some form of vision impairment. [6] Nearly 90% of those who use a computer at least three hours a day suffer vision problems associated with computer eye strain. [7]	• Once a year
Seniors	As we age, we're more susceptible to cataracts, glaucoma, and macular degeneration. Macular degeneration is the leading cause of vision loss and blindness among Americans age 65 and older. It affects 2 million Americans. [8] About half of the population has a cataract by age 65, and nearly everyone over 75 has at least one. [9] Glaucoma affects more than three million Americans, but only half are aware they have the disease because the symptoms are so subtle. [10]	• Once a year
People with Diabetes	Diabetes is the third leading cause of blindness in the United States. And most diabetes-related blindness can be prevented by an annual eye exam.	• Once a year
Contact Lens Wearers	Contact lenses are medical devices, so regular exams with your eye doctor to review of your prescription are important.	• Once a year

According to the National Eye Institute, more than 11 million Americans have an uncorrected visual impairment that can impact their quality of life. Don't let this happen to you or your family members. Schedule an appointment with your eye doctor and let your eyes speak for you.

VSP can help keep you and your eyes healthy. Schedule an eye exam now.

The above article was provided by VSP.

Operating Engineers Local No. 77 Funds

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