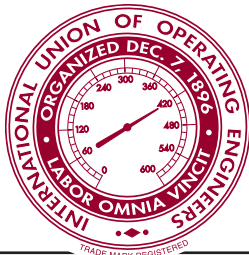


Questions about your Benefits? Call Participant Services at the Fund Office (877) 850-0977. Press "2" for a representative or #1" to use the automated system.



# For Your Benefit

Operating Engineers Local No. 77

October 2017 Vol. 17, No. 4

[www.associated-admin.com](http://www.associated-admin.com)

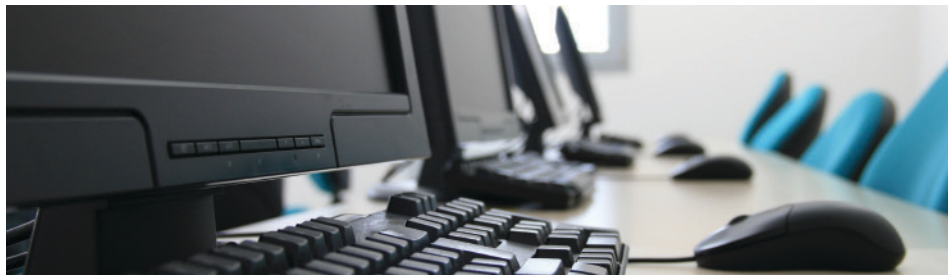
## Participants Encouraged to Use Website for Valuable Benefit Information

**COMPLETE AND RETURN  
COB form on page 5**

**SUMMARY ANNUAL  
REPORTS IN THIS ISSUE!**

Operating Engineers Local No. 77

Health & Welfare and  
Annuity Funds



Benefits change frequently, but you can find the most up-to-date information regarding your Plan online at [www.associated-admin.com](http://www.associated-admin.com). Simply click "Your Benefits" (at top or at left) and choose *Operating Engineers Local 77*.

Checking eligibility or status of claims is provided through the MemberXG Benefit System, which was detailed in the July 2017 *For Your Benefit* newsletter.

In addition to important notices, the website includes various forms you may download, such as an enrollment form, change of address form, change in beneficiary form (Health & Welfare and Pension), and more.

Your Summary Plan Description ("SPD") booklet is available, as well as any modifications (*Insert to SPD*) that have occurred since the book's print date. The October 2017 SPD has been mailed to you and is on the website.

Every *For Your Benefit* newsletter, dating back to January 2011, is archived for quick access by participants. Simply click on the month and year of the issue you'd like to access (for example, "January 2017") and a PDF of that issue will open in another tab in your browser. You may download the file for reading offline. Phone numbers for Plan Providers are listed as well.

### Important! Keep the Fund Office Informed of Your New Address and Phone Number

It is very important that you tell the Fund Office when your address and/or telephone information changes. The Fund Office sends out important information about your benefits, Plan booklets, and this

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For Your Benefit newsletter. If we don't have the correct information, that may affect your benefits.

If you're planning to move (even temporarily), or have recently moved, let the Fund Office know your new address and telephone number by calling toll-free (877) 850-0977. Remember, telling the Union or your employer is not the same as telling the Fund Office.

Retirees: For your protection, we need your change of address in writing. Please send information to:

**Fund Office**

Operating Engineers  
Local No. 77 Trust Fund  
911 Ridgebrook Road  
Sparks, MD 21152-9451

**Street Address Needed Even If You Have A Post Office Box**

We must have your current street address on file even if you're using a Post Office ("PO") Box for mail delivery. The Fund Office will continue to mail all statements or pension checks to a PO Box (unless you are having your check electronically transferred), but we must have your street address as well.

## Relief for Allergy Sufferers



**A**utumn can be a beautiful season. But it can also be a miserable season for those who suffer from seasonal allergies. In our Northeast region, the most common source of fall allergies is ragweed, a tall plant with yellow flowers. It can be seen growing along highways, open lots, and fields, and its presence causes great discomfort to many.

The good news is that your Plan of benefits covers the cost of diagnosis and treatment through the injection of allergy serum. However, antihistamine injections are not covered.

Your Plan covers the cost of treatment at 80%, up to the Usual, Customary and Reasonable ("UCR") amount, with a \$300 deductible per year.

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## Contributions Can Still Be Made When You Work Outside Your Area

**T**here are times when, for one reason or another, you may be required to work in another jurisdiction. You still want coverage of Health and Welfare benefits, and you want to make sure any contributions made on your behalf continue. Fortunately, your Local 77 has a reciprocity agreement with many Locals outside your area that enables the transfer of these contributions.

When you find yourself working outside your local area, contact the Fund Office (877-850-0977) and request a form to make sure your benefits are properly

transferred. You should state the Local where you will be working, the starting date, and (upon termination) the date of termination.

The Fund Office works with the other Locals to ensure hours worked are credited to your record. Contributions, normally paid on a monthly basis, are paid quarterly or sometimes semi-annually when you are employed at another Local. Be sure to check with the Fund Office regarding your eligibility status.

# Pre-Certify Your Hospital Stay with American Health Holding

American Health Holding, Inc. (“AHH”) is the provider which certifies your inpatient hospital stays and many outpatient procedures as well. **You must contact AHH to pre-certify ALL non-emergency or elective hospital stays and within 24 hours after an emergency admission, as well as to certify all in- or out-patient mental health or substance abuse treatment.**

## The Precertification Process Is Easy

### 1. Call American Health Holding at (800) 641-5566 when:

- A hospital admission is necessary,
- Inpatient or outpatient elective surgery is to be performed,
- A pregnancy has been physician confirmed, or
- An emergency hospital admission has occurred within 24 hours after emergency admission.

### The representative will need the following information:

- Name, address and age of the patient,
- Hospital/Physician name and address,
- Employee Social Security Number, and
- Admission date and proposed procedure.

### 2. AHH will review and coordinate the hospital stay with your health care provider to determine:

- The reason for admission,
- Surgical procedures to be performed,
- The appropriate length of the hospital stay, and
- Alternative options, such as preadmission testing and outpatient treatment.

### 3. Once you are admitted, a nurse will contact your health care provider frequently to confirm that:

- The admission and procedures have taken place,
- The prescribed treatment is being rendered, and
- A release is scheduled as soon as inpatient hospital care is no longer necessary.

# Go To the Emergency Room Only If Urgent

## When to Go To an Emergency Room

Your Plan covers visits to an emergency room when your medical condition indicates that immediate medical treatment is required. Some examples of medical emergencies which require immediate treatment include heart attack, severe chest pains, cardiovascular accidents, poisoning, loss of consciousness or respiration, convulsions and other acute conditions. Of course, this is not a complete list and there could be other conditions which require immediate treatment.

It's important to remember that **the Fund will not cover the emergency room charge if the care was not of an emergency nature** and could have been provided by your physician or other provider in an outpatient or other alternative care setting (such as a CVS MinuteClinic or urgent care facility).

## When to Use a CVS MinuteClinic or Urgent Care Facility (such as Patient First)

If you have a condition **which is not** determined to be “urgent” as noted by the diagnosis from the physician, you may use a CVS MinuteClinic or an urgent care facility. For example, if your diagnosis (again, as stated by the attending physician), is for a bad cold, an earache, back pain, or a cut or a scrape, you will have coverage if you go to a CVS MinuteClinic or an urgent care facility.



## When an Ambulance Is Needed

You, your spouse and children have coverage for ambulance services to a hospital **only if it's a medical emergency**. (See sample of medical emergencies mentioned above). The coverage is 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.

# Coordination of Benefits Procedures

*The following article applies to actively working participants who are not covered by Medicare. If you are actively working and eligible for Medicare, different rules apply.*

If you have insurance coverage under two or more group plans, there are certain rules which the Fund follows to determine which plan pays first and how the coverage works.

## Which Plan Pays First?

The plan that covers you as an employee pays before a plan that covers you as a dependent. For example, if you work for Clark Construction Group, Inc., the Fund is primary for you. If your spouse works for Clark Construction Group, Inc. and you are covered as his/her dependent, the Fund is secondary for you if you have other coverage through your own employer. When the Fund is primary, it will process your claim first (under the terms of your plan's coverage).

## Benefit Coordination

If a person is covered by two or more group plans, the order in which benefits are paid is determined as follows:

1. The plan which covers the person as an employee pays before the plan which covers the person as a dependent.
2. If you are covered under two group plans, the plan which has covered you the longest pays first. There are two exceptions to this rule: (1) a group policy that covers a person for reasons other than being laid off

or retired will determine the benefits that are paid first and (2) a group policy that covers a person as a laid-off or retired employee will determine the benefits that are paid second.

## Benefits are coordinated between plans based on these rules. You may not “choose” which plan to use as primary.

When the Fund is secondary, it will pay covered charges that remain after the primary coverage has paid its portion, but it coordinates with the primary carrier so that both plans together pay no more than 100% of the bill. In order for the Fund to cover you as secondary, you must have followed the rules of the primary plan. For example, if the other plan requires you to see a doctor or facility in their network, you must have done so. If it requires you to file your claim within a certain time frame in order to be covered, you must have done that also.

If the Fund is secondary, benefits will be paid only if you followed the rules of the primary carrier.

## Complete and Return the COB Form

If you or your dependent(s) have coverage through another plan, please complete the form on the next page and return it to the Fund Office at the address shown at the bottom of the form.

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## Help Your Claims Be Paid Quickly

In order to help us process your claims quickly and accurately, follow the suggestions shown below.

- **Respond immediately to the Fund Office when you receive something in the mail.**  
The Fund Office will send you an inquiry if additional information is needed with your claim. The sooner you respond, the sooner your claim can be processed. Failure to respond to the inquiry could result in your claim being denied.
- **Send your Explanation of Benefits (“EOB”).**  
If you have other medical coverage and the Fund is your secondary coverage, please send your Explanation of Benefits (“EOB”) from your primary carrier as soon as possible. The EOB shows how the primary carrier processed the claim which will allow us to properly process the claim as your secondary coverage.

- **Provide details of any accident.**  
Not all accidents are car accidents. An accident could be a cut or a fall. If you or your dependent is involved in any type of accident, provide the Fund Office with details including what happened, where and when it happened, and if anyone else was involved.
- **Send your Coordination of Benefits Information.**  
The Fund Office may ask you to send us a copy of your other benefits information in order for us to coordinate benefits with any other insurance carrier you may have.
- **Keep your address updated.**  
Keep the Fund Office informed every time you have a change in address (even temporary), name, phone number(s), or dependent status (due to marriage, divorce, adoption, birth, etc.).



## OPERATING ENGINEERS LOCAL NO. 77 HEALTH AND WELFARE TRUST FUND

### COORDINATION OF BENEFITS UPDATE

Update for Yourself, Your Spouse, or Your Dependent(s)

Participant Name: \_\_\_\_\_

Participant SSN: \_\_\_\_\_

There is Other Group Coverage On (Choose All That Apply):

1)  Myself    2)  My Spouse    3)  Other Eligible Dependent(s)

**If Spouse:**

a) Name: \_\_\_\_\_  
b) SSN: \_\_\_\_\_  
c) Birth date: \_\_\_\_\_  
d) Spouse's Employer:

\_\_\_\_\_ Co. Name  
\_\_\_\_\_ Address

( ) \_\_\_\_\_ Phone No.

\_\_\_\_\_ Benefit/HR Dept.  
(Contact Name)

**If Other Dependent(s):**

a) Name: \_\_\_\_\_  
b) SSN: \_\_\_\_\_  
c) Birth date: \_\_\_\_\_  
d) Spouse's Employer:

\_\_\_\_\_ Co. Name  
\_\_\_\_\_ Address

( ) \_\_\_\_\_ Phone No.

\_\_\_\_\_ Benefit/HR Dept.  
(Contact Name)

**Coverage is through:**

Medicare A     Medicare B     Medicare D     Spouse's Employer  
 Other     Participant's Employer at Another Job

Insurance Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Group Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

- If more than one family member has more than one additional coverage, or if an individual is covered by more than one other policy, attach a sheet listing the information for each.

Is it an Active or Retiree Plan?  Active  Retiree

If other group coverage is for a dependent child, are the child's natural parents legally separated or divorced?  Yes  No

Are you/your dependent eligible for Medicare coverage?  Yes  No

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to (410) 683-7788 or mail to:

Fund Office  
Operating Engineers Local No. 77  
Health and Welfare Trust Fund  
911 Ridgebrook Rd.  
Sparks, MD 21152-94





## Operating Engineers Local No. 77 Annuity Fund

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

### SUMMARY ANNUAL REPORT OPERATING ENGINEERS LOCAL 77 INDIVIDUAL ACCOUNT PLAN

This is a summary of the annual report for the Operating Engineers Local 77 Individual Account Plan, (Employer Identification No. 52-2241121, Plan No. 001) for the period January 1, 2016 to December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### BASIC FINANCIAL STATEMENT

Benefits under the Plan are provided by a Trust (benefits are provided in whole from Trust funds). Plan expenses were \$1,122,610. These expenses included \$170,679 in administrative expenses and \$951,931 in benefits paid to participants and beneficiaries. A total of 2,018 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$22,783,203 as of December 31, 2016 compared to \$20,330,821 as of January 1, 2016. During the Plan year, the Plan experienced an increase in its net assets of \$2,452,382. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The Plan had total income of \$3,574,992, including employer contributions of \$1,840,426, employee contributions of \$591,351, other contribution income of \$14,052, interest income of \$141, and a net gain from investments of \$1,129,022.

The Plan has contracts with Massachusetts Mutual Life Insurance Company which allocate funds toward individual policies.

### MINIMUM FUNDING STANDARDS

Enough money was contributed to the Plan to keep it funded in accordance with the minimum funding standards of ERISA.

### YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Insurance information including sales commissions paid by insurance carriers, and
4. Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participants.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC who is the Administrative Manager, 8400 Corporate Drive, Suite 430, Landover, MD 20785, phone (877) 850-0977. The charge to cover copying costs will be \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the office of the Plan, 8400 Corporate Drive, Suite 430, Landover, MD 20785, and at the U.S. Department of Labor in Washington, DC, or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N-1513, Frances Perkins Building, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210.

### BOARD OF TRUSTEES



## Operating Engineers Local No. 77 Health & Welfare

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

### SUMMARY ANNUAL REPORT

#### OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C. AND VICINITY

This is a summary of the annual report for the Operating Engineers Trust Fund of Washington, D.C. and Vicinity, EIN 52-6038508, Plan No. 501, for the period January 1, 2016 through December 31, 2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was \$40,122,851 as of December 31, 2016 compared to \$37,071,309 as of January 1, 2016. During the plan year the Plan experienced an increase in its net assets of \$3,051,542. This increase includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year, and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the Plan had a total income of \$15,742,301. This income included employer contributions of \$12,227,660, employee contributions of \$921,992, realized gain of \$100,967 from the sale of assets, unrealized appreciation of assets of \$668,042, gains from investments of \$0 and earnings from investments of \$1,823,640. Plan expenses were \$12,690,759. These expenses included \$1,217,642 in administrative expenses and \$11,473,117 in benefits paid to participants and beneficiaries.

### YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC, who is the Administrative Manager, 8400 Corporate Drive, Suite 430, Landover, MD 20785, telephone (877) 850-0977. The charge to cover copying costs will be \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

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### BOARD OF TRUSTEES

# Self-Payments Allow Continuation of Health & Welfare Benefits

The Self-Payment Option is a voluntary benefit offered by the Plan as an alternative to COBRA. If you meet the criteria for Self-Payments described in your Summary Plan Description (SPD) booklet, you may maintain your eligibility for Health and Welfare benefits by making payments yourself. Self-Payments allow you to protect your benefits if you lose eligibility due to layoff or because of reduction in hours.

## Pointers

- You are eligible to maintain your coverage by making self-payments for a maximum of 18 months.
- You may self-pay when your eligibility ends if you are disabled or if you are unemployed. Unless you are disabled and unable to work, you must remain available for immediate employment in the jurisdiction of Local No. 77 (“covered employment”) during the entire time you are making Self-Payments.
- If you are not disabled and not available for work in covered employment or if you decline covered employment, you are no longer eligible to make self-payments.

- When you leave work and have a period of self-payments, you will be credited with the number of employer-paid hours you have in your bank **on the date you stopped working**. The months for which you make self-payments do not add to your “bank” of hours. Instead, the hours in your “bank” remain frozen until such time as you are no longer making self-payments (when you return to work, for example).
- During the period of self-payment, you will be credited with one month’s eligibility for Health and Welfare benefits for each month that you make a self-payment.
- When you do return to work, you will be credited for the hours of service for the **12 months immediately preceding the month in which you began making self-payments**, whatever that amount may be. You must continue to self-pay when you return to work in order to maintain your Health and Welfare benefits until you have accrued enough employer-paid hours to equal **400 hours in the last three-month period**.

If you become eligible for the Self-Payment Option, the Fund Office will send you a letter describing the program in detail and giving you the cost.

