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

April 2013 Vol. 13, No. 2

www.associated-admin.com

Important

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

This month, the Fund office will send 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 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.

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 have it notarized showing the Notary Public seal.

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.

Summary of Material Modifications (Changes) This Issue!

Operating Engineers Union Local No. 77 Health and Welfare Fund

Operating Engineers Union Local No. 77 Pension Fund (no changes)

Operating Engineers Union Local No. 77 Individual Account Fund (no changes)

This issue—

OPERATING ENGINEERS LOCAL NO. 77 FUNDS
911 Ridgebrook Road
Sparks, MD 21152-9451

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Review Your Benefits Online Using NETime

The online access service called NETime (pronounced Anytime) provides real time access to benefits data in a safe, secure environment that complies with all privacy regulations. NETime provides personal benefit information via the Internet, 24 hours a day, 7 days a week, to participants and dependents.

NETime can show you:

- The date and amount of contributions your employer paid on your behalf;
- The person(s) named as your beneficiary under the Pension Fund and Health and Welfare Fund;
- Medical claims paid on your behalf for the past three years;
- Your recent eligibility;
- The date and amount of your pension payments, along with the amount withheld for taxes; and
- The dates of, and payments made to you, for Weekly Accident and Sickness benefits.

How to access NETime:

- Log onto www.associated-admin.com. Click on "Your Benefits," located on the left side of the screen, and select Local 77. You will be directed to Operating Engineers Local 77's link. Click on "NETime Benefits System."
- When you first access this site, you will be directed to the page where you are asked to enter a user name and password. You and your dependent(s) (if over age 18) can create your own user name and password.
- Once you have successfully logged in, you will be taken to the "Demographic" page, which displays your address, phone number, and dependent information.
- The menu selection screen appears in the left column of your screen. Here you can click on the category you wish to view (medical claims, accident and sickness benefits, etc.).

NOTE: The information provided on the NETime Benefits website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date. If you believe that what is shown is inaccurate, please submit your question to the Fund office in writing. Be sure to include your name and Social Security Number in your letter.

Going to the Hospital? Call American Health Holding First

American Health Holding ("AHH") is the provider which certifies your inpatient hospital stays and many outpatient procedures. You **must** call AHH at (800) 641-5566 to pre-certify ALL non-emergency or elective hospital stays or obtain AHH authorization within 24 hours after an emergency admission for all medical and mental health or substance abuse treatment.

American Health Holding verifies the medical necessity and authorizes the length of your hospital stay. **However, they do not certify that you are eligible for benefits or that a given procedure or hospital stay is covered under the Plan. A procedure excluded under the Plan will be excluded from coverage regardless of AHH's determination of medical necessity.**

Other Treatments That Must Be Pre-Certified by AHH

- Sub-acute care,
- Outpatient surgery,
- Surgery performed at a hospital on an outpatient basis,
- Inpatient rehabilitation,
- Physical therapy (for more than 8 visits),
- Skilled nursing facilities,
- Home health care, and
- Chiropractic care (for more than 8 visits).

Certify Emergencies

The Fund will only cover treatment in an emergency room when your medical condition indicates that immediate medical treatment is required.

What Is An Emergency?

Some examples of medical emergencies which require immediate treatment include a heart attack, chest pains, cardiovascular accidents, poisonings, convulsions, a loss of consciousness or respiration, and other acute conditions. Of course, this is not a complete list and there could be other conditions which require immediate treatment.

It is important however, to note that visits to the emergency room will not be covered if you go there with a condition which is not determined to be "urgent" as

noted by the diagnosis from the physician. For example, if your diagnosis (again, as stated by the attending physician), is for a bad cold, an earache, or a cut or a scrape, the Fund will **not** pay the claim.

The general rule of thumb is that your symptoms, including the degree of severity, must be such that immediate medical care would normally be required. The emergency room should be reserved for these urgent problems and should not be used for general illness/injuries that could be treated for in the doctor's office during regular office visits.

If you are not sure if a proposed procedure will be covered, please contact the Fund office at (877) 850-0977.

Summary of Material Modifications

Below are Summaries of Material Modifications (changes) made to your Plans during the past year. Please read over them and clip them where indicated so you can keep them with your Summary Plan Description ("SPD") booklets and your other benefits information.

OPERATING ENGINEERS UNION LOCAL NO. 77 HEALTH AND WELFARE FUND

- **Effective January 1, 2013 – Annual dollar limit on essential health benefits is now $2,000,000.** This is an increase from $1,250,000 to $2,000,000 for participants and eligible dependents.

  For example, if the Plan pays for $2,000,000 in Major Medical Benefits that are "essential health benefits" for claims incurred by an individual during 2013, it will not pay for any additional Major Medical Benefit expenses (regardless of whether they are essential or non-essential health benefits) for that individual with respect to claims incurred in 2013.

  With respect to Major Medical Benefit expenses that are not considered "essential health benefits," the Plan's $200,000 annual limit is being maintained. Therefore, once the Plan has provided $200,000 in essential and/or non-essential Major Medical Benefits for claims incurred by an individual during a calendar year, it will not pay for additional Major Medical Benefit claims incurred by that individual during that calendar year that are not considered "essential health benefits."

  In addition, once the Plan has provided $200,000 in total Major Medical Benefits for claims incurred by an individual during a calendar year, it will pay for additional Major Medical Benefit claims incurred by that individual during that calendar year at a rate of 50% for benefits that are considered "essential health benefits."

- **Effective November 6, 2012,** the Board of Trustees amended item numbers 20, 21, and 25, of the "Exclusion and Limitations" section of the Operating Engineers Local No. 77 Health and Welfare Summary Plan Description to read as follows:

  No benefits under this Plan shall be payable for injuries, illness or death sustained in the course of, or as a result of, both misdemeanor or felonious criminal activity or any illness, injury, or death that was a result of alcohol or drug induced intoxication or the willful intent to injure himself or another. However, the injuries, illness, or death resulting from an act of domestic violence or from a medical condition (such as depression or including a mental health condition) are not solely excluded because the source of the injury was an act of domestic violence or a medical condition. In compliance with HIPAA's anti-discrimination provisions, the Plan reserves the right to exclude certain self-inflicted injuries so long as the injury did not result from a medical condition or domestic violence and such exclusion is consistent with the other provisions in the Plan.

- **Effective November 6, 2012 – Shingles vaccination and Chantix Now Covered.** The Board of Trustees is pleased to announce that effective November 6, 2012, the Fund will cover the Shingles vaccination for participants age 60 and older.

  The Fund will also cover Chantix under the prescription plan through CVS Caremark, effective November 6, 2012.

- **Effective August 1, 2012 – Services at CVS MinuteClinics are now covered.** The Board of Trustees is pleased to announce that **effective August 1, 2012** the Fund will cover services rendered at a CVS MinuteClinic. This is exciting news, since the average wait time in an emergency room is close to an hour. You can now avoid this by taking advantage of the services offered at a CVS MinuteClinic health care center. No appointment or pre-authorization is needed.

  MinuteClinics are staffed by nurse practitioners and physician assistants and are available to provide services for the diagnosis and treatment of minor illnesses, injuries and skin conditions, administration of vaccinations, health screenings, physicals and monitoring for chronic conditions. Most services are available for those age 18 months and older, but ages for specific services may vary.

MinuteClinic Practitioners Can:

- Diagnose, treat and write prescriptions for common family illnesses such as strep throat, bladder infections, pink eye and infections of the ears, nose and throat.
- Provide common vaccinations for flu, pneumonia, pertussis, and hepatitis, among others.
- Treat minor wounds, abrasions, joint sprains and skin conditions such as poison ivy, ringworm and acne.
- Provide a wide range of wellness services, including sports and camp physicals, smoking cessation and TB testing.
- Offer routine lab tests, instant results and education for those with diabetes, high cholesterol, high blood pressure or asthma.

Services For These Minor Illnesses

- Allergy symptoms (2 years+)
- Bronchitis / cough
- Earache / ear infection
- Flu symptoms
- Mononucleosis
- Motion sickness
- Sinus infection / congestion
- Pink eye & styes
- Sore throat / strep throat
- Upper respiratory infection
- Urinary tract / bladder infection (females 12 years+)

Services For These Minor Injuries

- Blisters
- Bug bites & stings
- Corneal abrasions
- Deer tick bites
- Jellyfish stings
- Minor burns
- Minor cuts & lacerations
- Minor wounds & abrasions
- Splinters
- Sprains / strains (ankle, knee)
- Suture & staple removal

Other Services Include:

- Skin Condition Exams
- Wellness & Physical Exams
- Health Condition Monitoring
- Vaccinations, Labs & Tests – go to www.minuteclinic.com to learn more.

Some additional charges may apply for certain treatments.

IMPORTANT: Services are covered only at CVS MinuteClinics.

- **Effective August 14, 2012 – change in coverage for prescription drugs when covered under Medicare Part B and Caremark.** If a prescription drug is covered by Medicare Part B and would also be a covered drug through Caremark, the Fund will pay the lessor of the 20% Medicare Part B coinsurance or 60% of the cost if covered through Caremark. This change in coverage only applies to participants who have Medicare as their primary coverage.

- **Effective August 1, 2011 – improved VSP Coverage.** Vision Service Plan ("VSP") now provides coverage for eyeglass lenses once every 12 months. Coverage for frames remains covered once every 24 months. Please make this change in your Summary Plan Description booklet on page 69.

OPERATING ENGINEERS UNION LOCAL NO. 77 PENSION FUND

No changes.

OPERATING ENGINEERS UNION LOCAL NO. 77 INDIVIDUAL ACCOUNT FUND

No changes.

Oral Contraceptives Covered Only if Medically Necessary

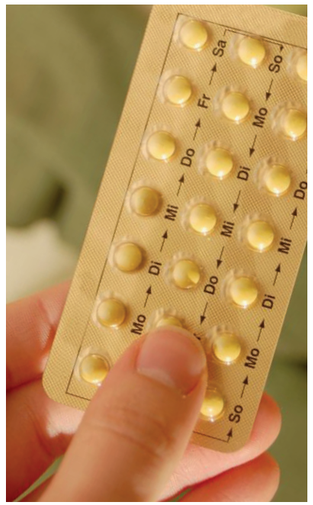
Prescriptions for oral contraceptives are covered under your prescription drug benefits through Caremark **only if they are medically necessary.** Medically necessary prescriptions are covered for participants, as well as for eligible spouses and dependent daughters. The prescription must be prescribed for a medical problem only. **Oral contraceptives for the prevention of pregnancy are not covered.**

How is medical necessity determined?

In order to determine medical necessity, the physician must write a letter describing the medical necessity of the medication and **also describe other treatments which could possibly be necessary if oral contraceptives are not used.** This information is necessary for the Fund office to review for determination. Your physician should fax the letter to (410) 683-7778 or mail to the Fund office at the following address:

Operating Engineers Union Local No. 77
Health and Welfare Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451

If you have any questions, call the Fund office at (877) 850-0977.



Update or Name Your Beneficiary Now

If you are actively working and have health coverage through the Fund, or if you are a retiree with self-pay health benefits through the Fund, your beneficiary is entitled to receive a Death Benefit upon your death. The Death Benefit will be paid in a lump sum to any beneficiary you designate.

Unfortunately, some participants don't take the time to name a beneficiary, and upon the participant's death, the surviving spouse or children struggle financially. Sometimes the participant never changes the person he/she has on record with the Fund office and still has the former spouse named as beneficiary even though he/she has remarried. Even though you are legally remarried, if the former spouse is named as the beneficiary, he/she will receive the death benefit.

Naming a beneficiary

You may name any person you choose to be your beneficiary, and you may change the named beneficiary at any time. If you name more than one beneficiary, the benefits will be paid in equal shares to the survivors.

NOTE: If you name a child, under the age of 18, as a beneficiary, an adult must obtain legal guardianship (even a parent of the child) to receive the death benefit on the child's behalf, or the death benefit may stay in an escrow account until the child reaches the age of 18.

Steps to take

- **Actively Working:** Call the Fund office and ask the Eligibility Department to send you an enrollment form. After you complete <u>all</u> blanks and sign the form, return it to the Fund office.

- **Retiree with Fund health coverage and/or collecting a pension benefit:** Call the Fund office and ask for a "Change in Beneficiary Form (Health & Welfare and/or Pension)." After completing the form, have it notarized and return it to the Fund office.

Beneficiary must notify Fund office

Your beneficiary must file a written claim with the Fund office within one year from the date of your death in order to receive the Death Benefit. The Fund office must also receive a certified copy of the death certificate, along with completed and signed copies of the form provided by the Fund office.

Social Security Number Needed for Newborn before the 7th Month

When you enroll your newborn for medical coverage, you ***must*** complete an enrollment form and send it along with the birth certificate to the Fund office. The Fund office must have a Social Security Number ("SSN") on record for you and your eligible dependent(s) to continue coverage. Failure to provide us with the SSN will result in suspension of benefits.

Newborns will have coverage from date of birth through six (6) months of age without a SSN. If a SSN has not been received by the end of the 6th month, coverage will terminate the first of the 7th month.

Mental Health and Substance Abuse Benefits

Alcohol and Substance Abuse Benefits

Treatment of alcohol and substance abuse is covered if the participant/covered dependent meets the following conditions:

1. Prior approval is required.
2. You must submit a letter of medical necessity from the legally qualified physician requesting treatment by a social worker and/or a drug and alcohol counselor. With approval, the Fund will pay for the treatment of drug and alcohol addiction.
3. The Fund will pay 100% for inpatient and outpatient care up to the Usual, Customary and Reasonable ("UCR") charges and subject to the other limits of the Plan. No other benefits are payable under the Plan for drug and alcohol addiction. Inpatient treatment (including at a drug and alcohol treatment facility) must be approved by American Health Holding prior to your admission.

Contact American Health Holding at (800) 641-5566 to pre-authorize treatment. You must submit a request in writing prior to undergoing treatment in order to be covered for this benefit.

Mental Health Benefits

Mental health treatment is now covered under Major Medical up to the Usual, Customary, and Reasonable ("UCR") charges and subject to the other limits of the Plan. All mental health care must be certified through American Health Holding in order to be covered.