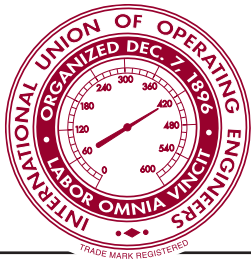


Questions about Your Benefits? Call the Fund Office at (877) 850-0977. Press "1" to reach the Automated Benefit Information System or Press "2" to speak with a representative.



# For Your Benefit

Operating Engineers Local No. 77

April 2014 Vol. 14, No. 2

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

## Call American Health Holding To Certify All Hospital Stays



American Health Holding, Inc. ("AHH") is your Utilization Management ("UM") provider. This 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.



### 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

Operating Engineers Union Local No. 77 Individual Account Fund



### This issue—

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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.

# Retirees: Retiree Information Forms Are Being Sent. *Return Promptly To Avoid Suspension Of Pension 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 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 to 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.

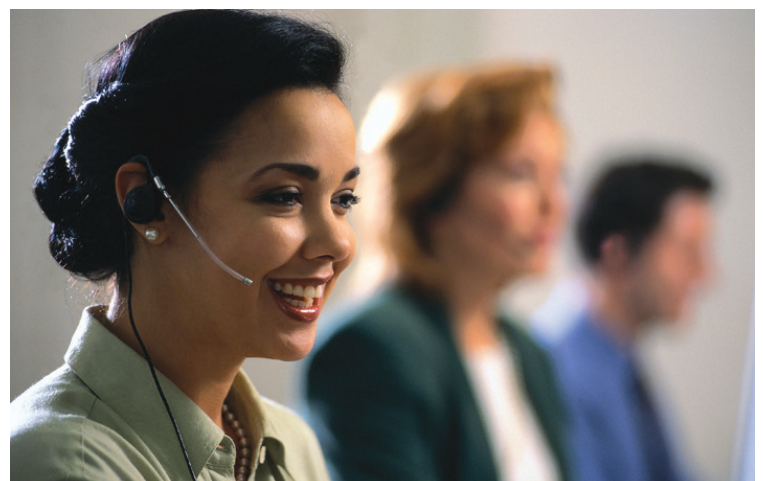
No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of the Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, then the Retiree must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

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## Have You Been Collecting A&S Benefits? Call The Fund Office When You Return To Work

If you have been receiving Weekly Accident and Sickness benefits, be sure to call the Fund Office once you return to work—**especially if you return to work before the date your physician stated on your Accident and Sickness Claim form.** The Fund Office needs this information in order to update your claim and to ensure payments are not processed beyond the date they should be processed. If this happens, your claim will go into an "overpaid" status until the money is refunded to the Fund Office.

A phone call to the Fund Office letting us know when you have returned back to work can ensure this never happens to you.





## Provide The Fund Office With All The Details Of An Accident

If you are involved in an accident, you are asked to complete a claim form for either Accident and Sickness Benefits or Medical Benefits. The term “accident” is used to refer to any type of accident, not just car accidents. For example, a cut, bruise, break, sprain, strain, or tear are all inquiries sustained as a result of an accident.

In order to process your claim, we must know how, when, and where all accidents occurred. If we do ask for

accident information, we need details about any kind of accident, not just car accidents. This is because if the accident is determined to be the fault of a third party, the Fund is not liable for those claims. A “third party” is not just another driver in a car accident – it could be that a manufacturer is at fault, another property owner, or any other party. We must ask for this information in order to process your claim correctly. Completing this form

can take time, but we cannot proceed until we receive a completed form from you.

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.



## 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.



# Save Money By Using A Delta Dental Dentist

The Fund has contracted with Delta Dental, a dental Preferred Provider Organization (“PPO”). While you are not required to use a Delta Dental provider, doing so can save you significant money and stretch your dental benefits. Delta Dental dentists have agreed to provide services at specific – generally lower – rates. Using a Delta Dental dentist means the amount you pay is usually lower as well.

## Deductibles

The Fund will pay up to \$1,000 per calendar year (per participant and dependent) for examinations, cleanings, fillings, and other dental services. There is a \$50 deductible per person, per calendar year, to a maximum family deductible of \$150. The deductible does not apply to preventive care such as cleanings, or to diagnostic procedures such as x-rays.

## Advantages

When you use a Delta Dental provider, you will only be asked to pay your portion at the time of your visit. The participating dentist will file the claim for you and receive reimbursement directly from Delta Dental.

If you go to a non-Delta Dental provider, you may be asked to pay the cost in full and you may have to file your own claim. If you use a non-Delta Dental dentist and file your claim, payment will be made directly to **you**, not to the dentist. You are responsible for paying the non-Delta Dental dentist in full.

## Locating a Provider

To find a Delta Dental provider, call (800) 932-0783 or go online to [www.midatlanticdeltadental.com](http://www.midatlanticdeltadental.com).

BENEFITS AND COVERED SERVICES		
	Using a Delta Dental Dentist	Not Using a Delta Dental Dentist
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral exams</li> <li>• Routine cleanings</li> <li>• X-rays</li> <li>• Fluoride treatment</li> <li>• Space maintainers</li> <li>• Sealants</li> </ul>	100%	80%
<b>Basic Benefits</b> <ul style="list-style-type: none"> <li>• Fillings</li> </ul>	80%	60%
<b>Major Benefits</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays</li> <li>• Onlays</li> <li>• Cast restorations</li> </ul>	50%	50%
<b>Endodontics</b> <ul style="list-style-type: none"> <li>• Root canals</li> </ul>	80%	60%
<b>Periodontics</b> <ul style="list-style-type: none"> <li>• Gum treatment</li> </ul>	80%	60%
<b>Oral Surgery</b> <ul style="list-style-type: none"> <li>• Incisions</li> <li>• Excisions</li> <li>• Surgical removal of tooth including simple extractions</li> </ul>	80%	60%
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>• Bridge</li> <li>• Dentures</li> </ul>	50%	50%





# 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, 2014, the Plan No Longer Has Annual Major Medical Benefit Maximum on Essential Health Benefits.**

Effective January 1, 2014, the overall annual dollar limit on essential health benefits under the Plan is eliminated for participants and eligible dependents. This change to the terms of the Plan is required by the Patient Protection and Affordable Care Act (PPACA).

- **Effective September 2013 - New Definition of the Term “Spouse.”** The Welfare Plan has adopted a new definition of the term “Spouse.” Under the Plan, a Spouse is defined as follows:

**Spouse** shall mean, with respect to an individual, the person to whom such individual is lawfully married in a binding marriage in accordance with the laws of a State of the United States or the District of Columbia, or, in the case of a marriage outside the United States, the person to whom such individual is lawfully married in a binding marriage in accordance with the laws of such foreign jurisdiction that the Trustees determine to be consistent with the public policy of the United States.

The Welfare Plan will therefore look to the law of the State in which a marriage was performed in order to determine whether a participant is married, whether the participant’s spouse can be an eligible dependent and for all other purposes of administration of the Plan of Benefits.

## **September 23, 2013 – Revised Notice of Privacy Practices**

**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## **THE PLAN’S COMMITMENT TO PRIVACY**

The Operating Engineers Local 77 Trust Fund of Washington DC (the “Plan”) is committed to protecting the privacy of your protected health information (“health information”). Health information is information that identifies you and relates to your physical or mental health, or to the provision or payment of health services for you. In accordance with applicable law, you have certain rights, as described herein, related to your health information.

This Notice is intended to inform you of the Plan’s legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the related regulations (“federal health privacy law”):

- to maintain the privacy of your health information;
- to provide you with this Notice describing its legal duties and privacy practices with respect to your health information; and
- to abide by the terms of this Notice.

This Notice also informs you how the Plan uses and discloses your health information and explains the rights that you have with regard to your health information maintained by the Plan. For purposes of this Notice, “you” or “your” refers to the participants and dependents that are eligible for benefits under the Plan. **Please review carefully.**

## **INFORMATION SUBJECT TO THIS NOTICE**

The Plan collects and maintains certain health information about you to help provide health benefits to you, as well as to fulfill legal and regulatory requirements. The Plan obtains this health information, which identifies you, from applications and other forms that you complete, through conversations you may have with the Plan’s administrative staff and health care professionals, and from reports and data provided to the Plan by health care service providers or other employee benefit plans. This is the information that is subject to the privacy practices described in this Notice. The health information the Plan has about you includes, among other things, your name, address, phone number, birth date, social security number, employment information, and medical and health claims information.

## **SUMMARY OF THE PLAN’S PRIVACY PRACTICES**

### **The Plan’s Uses and Disclosures of Your Health Information**

The Plan uses your health information to determine your eligibility for benefits, to process and pay your health benefits claims, and to administer its operations. The Plan discloses your health information to insurers, third party administrators, and health care providers for treatment, payment and health care operations purposes. The Plan may also disclose your health information to third parties that assist the Plan in its operations, to government and law enforcement agencies, to your family members,

*Continued on page 6*

and to certain other persons or entities. Under certain circumstances, the Plan will only use or disclose your health information pursuant to your written authorization. In other cases authorization is not needed. The details of the Plan's uses and disclosures of your health information are described below.

### **Your Rights Related to Your Health Information**

The federal health privacy law provides you with certain rights related to your health information. Specifically, you have the right to:

- Inspect and/or copy your health information;
- Request that your health information be amended;
- Request an accounting of certain disclosures of your health information;
- Request certain restrictions related to the use and disclosure of your health information;
- Request to receive your health information through confidential communications;
- Request access to your health information in an electronic format;
- Receive notice of a breach of unsecured protected health information if it affects you;
- Choose someone to act on your behalf;
- File a complaint with the Fund Office or the Secretary of the Department of Health and Human Services if you believe that your that privacy rights have been violated; and
- Receive a paper copy of this Notice.

These rights and how you may exercise them are detailed below.

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends;
- Provide disaster relief;
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive;
- Run our organization;
- Pay for your health services;
- Administer your health plan;
- Help with public health and safety issues;
- Do research;
- Comply with the law;
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director;
- Address workers' compensation, law enforcement, and other government requests;
- Respond to lawsuits and legal actions

### **Changes in the Plan's Privacy Practices**

The Plan reserves its right to change its privacy practices and revise this Notice as described below.

### **Contact Information**

If you have any questions or concerns about the Plan's privacy practices, or about this Notice, or if you wish to obtain additional information about the Plan's privacy practices, please contact:

HIPAA Privacy Officer  
Associated Administrators, LLC  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
(410) 683-6500

### **DETAILED NOTICE OF THE PLAN'S PRIVACY POLICIES THE PLAN'S USES AND DISCLOSURES**

Except as described in this section, as provided for by federal privacy law, or as you have otherwise authorized, the Plan uses and discloses your health information only for the administration of the Plan and the processing of your health claims.

### **Uses and Disclosures for Treatment, Payment, and Health Care Operations**

- 1. For Treatment.** Although the Plan does not anticipate making disclosures "for treatment," if necessary, the Plan may make such disclosures without your authorization. For example, the Plan may disclose your health information to a health care provider, such as a hospital or physician, to assist the provider in treating you.
- 2. For Payment.** The Plan may use and disclose your health information so that claims for health care treatment, services and supplies that you receive from health care providers can be paid according to the Plan's terms. For example, the Plan may share your enrollment, eligibility, and claims information with its third party administrator, Associated Administrators LLC ("Associated"), so that it may process your claims. The Plan may use or disclose your health information to health care providers to notify them as to whether certain medical treatment or other health benefits are covered under the Plan. Associated also may disclose your health information to other insurers or benefit plans to coordinate payment of your health care claims with others who may be responsible for certain costs. In addition, Associated may disclose your health information to claims auditors to review billing practices of health care providers, and to verify the appropriateness of claims payment.
- 3. For Health Care Operations.** The Plan may use and disclose your health information to enable it to operate efficiently and in the best interest of its





participants. For example, the Plan may disclose your health information to actuaries and accountants for business planning purposes, or to attorneys who are providing legal services to the Plan. While we can use and disclose your information to run our organization or disclose information to your health plan sponsor for plan administration, we are not allowed to use genetic information to decide whether we will give you coverage and the process of that coverage. However, this prohibition does not apply to long term care plans.

**Uses and Disclosures to Business Associates**

The Plan shares health information about you with its “business associates,” which are third parties that assist the Plan in its operations. The Plan discloses information, without your authorization, to its business associates for treatment, payment and health care operations. For example, the Plan shares your health information with Associated so that it may process your claims. The Plan may disclose your health information to auditors, actuaries, accountants, and attorneys as described above. In addition, if you are a non-English speaking participant who has questions about a claim, the Plan may disclose your health information to a translator; and Associated may provide names and address information to mailing services.



The Plan enters into agreements with its business associates to ensure that the privacy of your health information is protected. Similarly, Associated contracts with the subcontractors it uses to ensure that the privacy of your health information is protected.

**Uses and Disclosures to the Plan Sponsor**

The Plan may disclose your health information to the Plan Sponsor, which is the Plan’s Board of Trustees, for plan administration purposes, such as performing quality assurance functions and evaluating overall funding of the Plan, without your authorization. The Plan also may disclose your health information to the Plan Sponsor for purposes of hearing and deciding your claims appeals. Before any health information is disclosed to the Plan Sponsor, the Plan Sponsor will certify to the Plan that it will protect your health information and that it has amended the Plan documents to reflect its obligation to protect the privacy of your health information.

**Other Uses and Disclosures That May Be Made Without Your Authorization**

As described below, the federal health privacy law provides for specific uses or disclosures that the Plan, may make without your authorization.

- 1. Required by Law.** Your health information may be used or disclosed as required by law. Generally, we will share health information about you if state or federal laws require it, including with the Department of Health and Human Services if it want to see that we’re complying with federal privacy law. We may also share your health information in the following circumstances:
  - For judicial and administrative proceedings pursuant to court or administrative order, legal process and authority.
  - To assist law enforcement officials in their law enforcement duties.
  - To notify the appropriate authorities of a breach of unsecured protected health information.
  
- 2. Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person. Your health information also may be disclosed for public health activities, such as:
  - Preventing or controlling disease.
  - Injury or disability.
  - Helping with product recalls.
  - Reporting adverse reactions to medications.
  - Reporting suspected abuse, neglect, or domestic violence.
  - Preventing or reducing a serious threat to anyone’s health or safety.
  - To meet the reporting and tracking requirements of governmental agencies, such as the Food and Drug Administration.
  
- 3. Government Functions.** Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities, security clearance activities and protection of public officials. Your health information also may be disclosed to health oversight agencies for audits, investigations, licensure and other oversight activities.
  
- 4. Active Members of the Military and Veterans.** Your health information may be used or disclosed in order to comply with laws and regulations related to military service or veterans’ affairs.
  
- 5. Workers’ Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers’ Compensation benefits.

*Continued on page 8*



**6. Emergency Situations.** Your health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster. If you do not want this information to be shared, you may request that these types of disclosures be restricted as outlined later in this Notice.

**7. Others Involved In Your Care.** Under limited circumstances, your health information may be used or disclosed to a family member, close personal friend, or others who the Plan has verified are directly involved in your care (for example, if you are seriously injured and unable to discuss your case with the Plan). Also, upon request, Associated may advise a family member or close personal friend about your general condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.

**8. Personal Representatives.** Your health information may be disclosed to people that you have authorized to act on your behalf, or people who have a legal right to act on your behalf. Examples of personal representatives are parents for unemancipated minors and those who have Power of Attorney for adults.

**9. Treatment and Health-Related Benefits Information.** The Plan and its business associates, including Associated, may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services and medication.

**10. Research.** Under certain circumstances, your health information may be used or disclosed for research purposes as long as the procedures required by law to protect the privacy of the research data are followed. For more information regarding the use or disclosure of health information for public health and research, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**11. Organ, Eye and Tissue Donation.** If you are an organ donor, your health information may be used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.

**12. Deceased Individuals.** The health information of a deceased individual may be disclosed to alert law enforcement of the death of the individual, when there is a suspicion that death resulted from criminal conduct; to the coroners, medical examiners and funeral directors so that those

professionals can perform their duties, for research that is solely on the protected health information of decedents; and to organ procurement organizations. In addition, the protected health information of a decedent to a family member, or other person who was involved in the individual's health care or payment for care prior to the individual's death, unless doing so is inconsistent with any known prior or expressed preference of the deceased individual. This may include disclosures to spouses, parents, children, domestic partners, other relatives, or friends of the decedent, provided the information disclosed is limited to that which relevant to the person's involvement in the decedent's care or payment of care. However, the privacy protections do not apply to an individual that has been deceased for more than 50 years.

### **Uses and Disclosures for Fundraising and Marketing Purposes**

The Plan and its business associates, including Associated, do not use your health information for fundraising or marketing purposes.



### **Any Other Uses and Disclosures Require Your Express Authorization**

Uses and disclosures of your health information **other than** those described above will be made only with your express written authorization. You may revoke your authorization to use or disclose your health information in writing. If you do so, the Plan will not use or disclose your health information as authorized by the revoked authorization, except to the extent that the Plan already has relied on your authorization. Once your health information has been disclosed pursuant to your authorization, the federal privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or authorization.





## YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information that the Plan creates, collects and maintains. If you are required to submit a written request related to these rights, as described below, you should address such requests to:



HIPAA Privacy Officer  
Associated Administrators, LLC  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
(410) 683-6500

### **Right to Inspect and Copy Health Information**

You have the right to inspect and obtain a copy of your health record. Your health record includes, among other things, health information about your plan eligibility, plan coverage, claim records, and billing records. For health records that the Plan keeps in electronic form, you may request to receive the records in an electronic format.

To inspect and copy your health record, submit a written request to the HIPAA Privacy Officer. Upon receipt of your request, the Plan will send you a Claims History Report, which is a summary of your claims history that covers the previous two years. If you have been eligible for benefits for less than two years, the Claims History Report will cover the entire period of your coverage.

If you do not agree to receive a Claims History Report, and instead want to inspect and/or obtain a copy of some or all of your underlying claims record, which includes information such as your actual claims and your eligibility/enrollment card and is not limited to a two year period, state that in your written request, and that request will be accommodated. If you request a paper copy of your underlying health record or a portion of your health record, the Plan will charge you a fee of \$.25 per page for the cost of copying and mailing the response to your request. Records provided in electronic format also may be subject to a small charge.

In certain limited circumstances, the Plan may deny your request to inspect and copy your health record. If the Plan does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

### **Right to Request That Your Health Information Be Amended**

You have the right to request that your health information be amended if you believe the information is incorrect or incomplete.

To request an amendment, submit a detailed written request to the HIPAA Privacy Officer. This request must provide the reason(s) that support your request. The Plan may deny your request if it is not in writing, it does not

provide a reason in support of the request, or if you have asked to amend information that:

- Was not created by or for the Plan, unless you provide the Fund with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information maintained by or for the Plan;
- Is not part of the health record information that you would be permitted to inspect and copy; or
- Is accurate and complete.

The Plan will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Plan denies your request, it will explain how you can continue to pursue the denied amendment.

### **Right to an Accounting of Disclosures**

You have the right to receive a written accounting of disclosures. The accounting is a list of disclosures of your health information by the Plan, including disclosures by Associated to other entities. We will not include disclosures pertaining to treatment, payment, and health care operations, and certain other disclosures, such as any disclosures requested or specifically authorized by you. The accounting covers up to six years prior to the date of your request, except, in accordance with applicable law, the accounting will not include disclosures made before April 14, 2003. If you want an accounting that covers a time period of less than six years, please state that in your written request for an accounting.



To request an accounting of disclosures, submit a written request to the HIPAA Privacy Officer. In response to your request for an accounting of disclosures, the Plan may provide you with a list of business associates who make such disclosures on behalf of the Plan, along with contact information so that you may request the accounting directly from each business associate. The first accounting that you request within a twelve-month period will be free. For additional accountings in a twelve-month period, you

*Continued on page 10*

will be charged for the cost of providing the accounting, but Associated will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request restrictions on your health care information that the Plan uses or discloses about you to carry out treatment, payment or health care operations. You also have the right to request restrictions on your health information that Associated discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Plan is generally not required to agree to your request for such restrictions, and the Plan may say “no” to your request if it would affect your care. The Plan is required to agree to your request for restrictions in the case of a disclosure for payment purposes where you have paid the health care provider in full, out of pocket.

To request restrictions, submit a written request to the HIPAA Privacy Officer that explains what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Plan will notify you in writing as to whether it agrees to your request for restrictions, and when it terminates agreement to any restriction.

### **Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location**

You have the right to request that your health information be communicated to you in confidence by alternative means or in an alternative location. For example, you can ask that you be contacted only at work or by mail, or that you be provided with access to your health information at a specific location.

To request communications by alternative means or at an alternative location, submit a written request to the HIPAA Privacy Officer. Your written request should state the reason for your request, and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of the information by non-confidential communications could endanger you. We will not deny a reasonable request for confidential communication if disclosure by any means other than the method of communication you requested would endanger you. Generally, reasonable requests will be accommodated to the extent possible and you will be notified appropriately.

### **Right to Complain**

You have the right to complain to the Plan by contacting us by using the information provided on page three (3) of this document. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). To file a

complaint with the Plan, submit a written complaint to the HIPAA Privacy Officer listed above.

You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Plan or with the Department of Health and Human Services.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice. To make such a request, submit a written request to the HIPAA Privacy Officer listed above. You may also obtain a copy of this Notice at Associated's website, [www.Associated-Admin.com](http://www.Associated-Admin.com).

### **Right to Receive Notice of a Breach of Your Protected Health Information**

You will be notified if your protected health information has been breached. You will be notified by first class mail within 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information. The notice will provide you with the following information:

1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach;
2. The steps you should take to protect yourself from potential harm resulting from the breach; and
3. A brief description of what steps are being taken to investigate the breach, mitigate losses, and to protect against further breaches.



Please note that not every unauthorized disclosure of health information is a breach that requires notification; you may not be notified if the health information that was disclosed was adequately secured—for example, computer data that is encrypted and inaccessible without a password—or if it is determined that there is a low probability that your health information has been compromised.

## CHANGES IN THE PLAN'S PRIVACY POLICIES

The Plan reserves the right to change its privacy practices and make the new practices effective for all protected health information that it maintains, including protected health information that it created or received prior to the effective date of the change and protected health information it may receive in the future. If the Plan materially changes any of its privacy practices, it will revise its Notice and provide you with the revised Notice, either by U.S. Mail or e-mail, within sixty days of the revision. In addition, copies of the revised Notice will be made available to you upon your written request and will be posted for review near the front lobby of Associated's Offices in Sparks, Maryland and Landover, Maryland. Any revised notice will also be available at Associated's website, [www.Associated-Admin.com](http://www.Associated-Admin.com).



### EFFECTIVE DATE

This Notice, as revised, is effective September 23, 2013. The previous notice, issued on April 14, 2013, was amended to reflect the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. This Notice will remain in effect unless and until the Plan publishes a revised Notice.

- **Effective May 14, 2013 – Benefit Improvements for Cialis, TMJ and Cochlear Implants.**

The Board of Trustees announced the following benefit improvements:

**Cialis** – Currently the Fund will cover the cost of Viagra or Cialis up to nine (9) pills per month. Effective May 14, 2013, the Fund will cover “daily” Cialis at one (1) pill per day for 30 days if prescribed at 5mg.

Cialis is prescribed to treat erectile dysfunction and used for the treatment of benign prostatic hyperplasia (enlarged prostate).

**TMJ Disorders** – the Fund will cover TMJ treatment as a medical benefit up to \$1,500 per year. This benefit is subject to your annual deductible and coverage is at 80%.



Temporomandibular joint and muscle disorders (TMJ disorders) are problems or symptoms of the chewing muscles and joints that connect your lower jaw to your skull.

**Cochlear Implants** – Cochlear Implants are covered under Major Medical and not under the hearing aid benefit.

A cochlear implant (CI) is a surgically implanted electronic device that provides a sense of sound to a person who is **profoundly deaf or severely hard of hearing**.

### **OPERATING ENGINEERS UNION LOCAL NO. 77 PENSION FUND AND THE OPERATING ENGINEERS UNION LOCAL NO. 77 INDIVIDUAL ACCOUNT FUND**

- **Effective September 2013, the Pension Plan and the 401(k) Plan have adopted a new definition of the term “Spouse.”** Under the Plans, a Spouse is defined as follows:

#### **I.30 Spouse**

The term “Spouse” shall mean, with respect to an individual, the person to whom such individual is lawfully married in a binding marriage in accordance with the laws of a State of the United States or the District of Columbia, or, in the case of a marriage outside the United States, the person to whom such individual is lawfully married in a binding marriage in accordance with the laws of such foreign jurisdiction that the Trustees determine to be consistent with the public policy of the United States.

The Pension Plan and the Individual Account Plan will therefore look to the law of the State in which a marriage was performed in order to determine whether a participant is married, whether the legally required normal form of Pension Benefit is a Joint and Survivor benefit and for all other purposes of administration of the Plan of Benefits.



**OPERATING ENGINEERS LOCAL NO. 77 FUNDS**

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