



For Your Benefit

Operating Engineers Local No. 77

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Mental Health And Substance Abuse Benefits

Alcohol and Substance Abuse Benefits

Treatment of alcohol and substance abuse is covered if you or your covered dependent meets the following conditions:

1. Prior approval is required. 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.
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") amount 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.

Mental Health Benefits

Mental health treatment is covered under Major Medical up to the UCR amount 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.

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Open Enrollment for the 401(k) Option

During the month of July, you have the opportunity to enroll in the 401(k) Option or make changes in the amount of contributions you currently make. The 401(k) Option is a provision of the Individual Account Plan (Annuity Fund). It allows your savings to go further because the money is saved on a **pre-tax** basis.

MassMutual Financial Group will send you a financial statement of your 401(k) account on a quarterly basis. This statement shows the amounts you've contributed and how all your investments have performed. You may also monitor how your account is doing by using MassMutual's RetireSmart website located at www.retiresmart.com.

Participation in The 401(k)

Although your Employer may be required to make contributions to the Plan on your behalf, you may also elect

to have contributions withheld from your earnings and contributed to the Plan under the 401(k) option.

Participation in this Option is **totally voluntary**. You may stop making contributions or change the amount every six months (during January and July) by completing a Participant New Deferral form. Your 401(k) election deferrals may be made in increments of \$.50 per hour, up to a maximum deferral of \$4.00 per hour. Please contact the Fund Office at 1-877-850-0977 to request a Participant deferral form.

For More Information

You can receive answers to questions about the 401(k) Plan, investment options, or account information by calling MassMutual at (800) 743-5274 or logging onto www.massmutual.com.

Retirees: If You Go Back to Work, Your Pension Benefits May Be Suspended

Under the rules of the Operating Engineers Local No. 77 Pension Plan, you must notify the Fund Office about your re-employment after you retire. Under the rules of the Plan, if you engage in certain employment as a retiree, your pension benefits may be suspended while you are working. You are required to report when you are working to the Fund Office. Failure to provide such notification may result in a suspension of your pension benefits.

Follow the Rules

- You are required to notify the Fund Office immediately if you return to work or expect to return to work in any capacity including self-employment. This includes work for a non-contributing employer to the Plan.
- If you return to work but fail to notify the Fund Office and/or the union office and if the Fund Office discovers that you are working, your pension benefits will be immediately suspended.

Under the so-called presumption rule, adopted by this Plan in accordance with federal regulations, it is presumed that a retiree who fails to notify the Fund Office about his return to work is working under circumstances that should result in a suspension of his benefits.

The suspension of benefits will be continued by the Plan until you provide the Fund Office with sufficient information to prove that you are or were not engaged

in work that permits a suspension of benefits under the Plan's rules.

- If your benefits are suspended, you must notify the Fund office as soon as you stop working (or work less than 40 hours a month if you are between the ages 65 and 70½).

Benefit payments will **not** be resumed until the requested information is received by the Fund Office and the accuracy of the information has been checked by the Fund Office. You may be required to submit a letter from your employer on the employer's letterhead.

- If pension payments are made for any months during which your benefits should have been suspended but were not, due to your failure to notify the Fund Office about your return to work or other reasons, you are liable for the full amount of any overpayment(s).
- Any overpayment(s) will be recovered under the Plan's offset rule. Under the offset rule, future pension payments will be reduced until the full amount of any overpayment is recovered.
- If you feel that an error was made in any decision to suspend your pension benefits or to recover overpayments, you may ask the Trustees to review the decision in accordance with the Plan's claims review procedures, as set forth in your Plan Booklet.



Retirees: Have You Returned Your Retiree Information Form?

The Fund Office sent a Retiree Information Form (“RIF”) to each retiree asking for information about your current address, your beneficiary, and whether you are employed. Although you may have completed this form last year, **you still must complete and return this year’s RIF. Please answer all questions** on the form, sign and date it, and return it to the Fund Office. If you don’t answer all the questions, we will return the form to you for completion.

What If You Don’t Have Any Changes?

You still have to complete and sign the RIF. Even if there are no changes to report, we still need to make sure the information in our files is correct.

Failure to return the form may result in suspension of your benefits.

To avoid having your benefits interrupted, **take the time now to complete and return the RIF as soon as possible.**

What Does The Term “Spouse” Mean?

Under the Welfare Plan

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.

Under the Pension Plan and the 401(k) Plan

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.



Important Notice about Your Prescription Drug Coverage and Medicare



The following Notice of Creditable Coverage applies to all Medicare-eligible participants, retirees, and/or spouses.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Operating Engineers Local No. 77 Health and Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Operating Engineers Local No. 77 Health and Welfare Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage under the Operating Engineers Local No. 77

Health and Welfare Fund will be affected. **If you join an outside Medicare drug plan, you will cease to be eligible for prescription benefits under the Operating Engineers Local No. 77 Health and Welfare Fund.** See below for more information about what happens to your current coverage if you join a Medicare drug plan.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you do decide to join a Medicare drug plan and drop your Operating Engineers Local No. 77 Health and Welfare prescription drug coverage, be aware that you and your dependents may not be able to get the same coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Operating Engineers Local No. 77 Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the Fund Office for further information at (877) 850-0977. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through the Operating Engineers Local No. 77 Health and Welfare Fund changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:

July 2016

Name of Entity/Sender:

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

Phone Number:

(877) 850-0977

Reminder: You Lose Fund Prescription Coverage If You Enroll in Medicare Part D

In accordance with the Medicare Modernization Act of 2003, your retiree prescription drug coverage through Fund is considered to be “creditable coverage.” Creditable coverage means that the Plan’s prescription drug benefits for Medicare-eligible participants, retirees and/or spouses has been determined to be “as good as or better” than Medicare Part D coverage.

If you are considering a Part D Medicare (Prescription) plan, **be careful!** Ask questions about plan maximums, required drug brands, and co-pays. If you do enroll in a Part D plan, your Fund retiree prescription coverage will terminate because you cannot be enrolled in both plans. It may be that a Medicare Part D plan is right for you, but be careful and make sure your questions are answered first.

Enrolling in a Part D Medicare plan does not affect your medical benefits through the Fund.





Medical Necessity Letter Needed for Prescriptions Requiring Prior Authorization

Certain drugs such as injectibles, birth control, or drugs for adult ADHD require prior authorization before they can be filled. To get prior authorization, you need to ask your physician to prepare a letter of **medical necessity** and fax it to (410) 683-7778, Attention: Local 77 Prior Authorization, or mail it to the Fund Office:

Operating Engineers Local No. 77
Health and Welfare Program
911 Ridgebrook Road
Sparks, MD 21152-9451

The medical necessity letter must include the following information:

1. name, address and Social Security Number of participant,
2. patient's condition,
3. diagnosis (why this medication is necessary),
4. name of drug requested, and
5. dosage of drug requested.

When the Fund Office receives the letter of medical necessity from your physician, we contact CVS Caremark to initiate the prior authorization process. Based on the information your doctor provides, a determination will be made as to whether or not it has met certain FDA standards, and then both the pharmacy and your physician will be notified.

Enroll Your New Dependent within 30 Days

Under your plan of benefits, dependents may include your lawful spouse residing with you and your natural children, stepchildren, adopted children or children placed for adoption, who are under the age of 26. Coverage for your spouse and children begins on the same date as your coverage.

Coordination of Benefits Rules Apply

If your spouse has his/her own coverage, 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.

Adding New Dependents

To add a newly eligible dependent, contact the Fund Office for an enrollment form. Your spouse and eligible stepchildren can be added for coverage on the first of the month following the date of marriage. Biological children can be added effective on the date of their birth, and legally adopted children and children placed for adoption may be added effective the date of adoption or placement for adoption. In order for a new dependent to be covered, a valid Social Security Number must be provided to the Fund Office.

In order for a new dependent's coverage – including a newborn's coverage – to begin on the earliest date of eligibility, **you must inform the Fund Office within 30 days from the date he or she first became your dependent.** Otherwise, coverage will begin on the first of the month following the date the Fund Office receives the required information.

Newborns

Newborns are covered from the date of birth until six months of age without a Social Security Number. However, if a Social Security Number is not provided to the Fund Office by the time the child is six months old, coverage will be terminated on the first day of the month following the date the child turns six months of age.

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The Medical-Dental Connection

- 1. It's possible that a dentist could see the early signs of more than ___ medical conditions during your checkup.**
 - a. 1
 - b. 10
 - c. 100
 - d. 120
- 2. Why are people with diabetes more likely to have gum disease according to researchers?**
 - a. They have a reduced resistance to infection.
 - b. They don't brush regularly.
 - c. They eat the wrong foods.
 - d. They aren't able to floss.
- 3. Oral health issues may affect diabetics' ability to control blood sugar.** True or false?
- 4. Risk factors for oral cancer include...**
 - a. Smoking
 - b. Tobacco usage
 - c. Alcohol consumption
 - d. Acidic beverages
 - e. a, b and c
- 5. Dentists screen for oral cancer and other diseases of the mouth as part of routine dental exams.** True or false?
- 6. Studies have shown a correlation between heart disease, stroke and gum disease.** True or false?
- 7. Inflammation is common to both gum disease and cardiovascular disease.** True or false?
- 8. Research indicates there may be a connection between and pre-term delivery and low birth weight.**
 - a. gum disease
 - b. cavities
 - c. flossing
 - d. electric toothbrushes
- 9. Preventive dental care is safe during most of a woman's pregnancy.** True or false?
- 10. Visiting a dentist is a good substitute for seeing a medical doctor.** True or false?
- 11. Treating gum disease during pregnancy may reduce the complications associated with pregnancy gingivitis.** True or false?

ANSWERS

- | | | |
|----------------------------------------------------|------------------|-------------------|
| 1. d. 120 | 4. e. a, b and c | 8. a. gum disease |
| 2. a. They have a reduced resistance to infection. | 5. True | 9. True |
| 3. True | 6. True | 10. False |
| | 7. True | 11. True |



Availability of Pension Statement

This Notice informs you of the Plan's legal obligations under the Employee Retirement Income Security Act ("ERISA"), Section 105. Participants must receive notice that they have the right to request a pension benefit statement annually and be informed about how to get one. **You are entitled to one (1) benefit statement per year.**

Call the Fund Office at (877) 850-0977 and request a Benefit Service Request form. Complete all the information on the form and return it to the Fund Office. It will take approximately 4 – 6 weeks for us to prepare your statement.