



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

For Your Benefit

Operating Engineers Local No. 77

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www.associated-admin.com



Your Ambulance Coverage

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 applies.

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

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

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

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

Please be aware that you must be married for one year prior to your retirement before you are eligible to collect your pension as a Joint and Survivor option.

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

Operating Engineers Union
Local No. 77 Individual Account Fund

This issue—

Your Ambulance Coverage	1
Reminder: Once Pension Benefits Begin, You May Not Make a Change	1
Available Retirement Benefits Under the Pension Plan	2
Privacy Statement Available Upon Request	2
Summary of Material Modifications	3
How to Print an ID Card.	4
You Must Meet Specific Criteria in Order to Collect Accident and Sickness Benefits	4
You Have 365 Days to File Medical Claims and 60 Days to File Accident and Sickness Claims	5
What Can Slow Down the Processing of Claims?	6
When Hospice Care is Needed	6
The Importance of an Eye Exam by Age	7

Available Retirement Benefits Under the Pension Plan

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

- **Normal Retirement**

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

- **Early Retirement**

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



- **Unreduced Early Pension**

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

- **Disability Benefit**

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

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

- **Occupational Disability Benefit**

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

- **Deferred Pension**

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

Privacy Statement Available Upon Request

In accordance with federal law, the Fund has established Privacy Practices, which are the rules concerning how personally identifiable health information ("PHI") about you or your dependents may be used and disclosed by the Fund and other parties, and how you or your dependents can get access to this information.

This statement was given to you when you first became eligible for benefits. If you would like another copy of the "Notice of Privacy Practices," call the Fund office toll free at (877) 850-0977 or write to:

HIPAA Privacy Officer
Operating Engineers Local No. 77
4301 Garden City Drive, Suite 201
Landover, Maryland 20785-2210

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, 2016 – Improvement to Your Dental Benefits

- The deductible decreased from \$50 per person or \$150 per family to \$25 per person and \$75 per family.
- The annual maximum has increased from \$1,000 to \$1,500.
- orthodontia benefit has been added to pay at 50% to a lifetime maximum of \$1,500 per person (up to age 19).

• Effective January 1, 2016 – Improvements to Your Vision Benefits

- An increase in frame allowance from \$130 to \$150.
- An allowance of frames every 12 months instead of every 24 months.

Revised VSP Vision Benefits Summary

Effective January 1, 2016, the chart below shows the new vision benefits summary when using a VSP Choice network.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$10	Every plan year*
Prescription Glasses			
Frame	• \$150 allowance for a wide selection of frames • 20% savings on the amount over your allowance • \$80 Costco allowance	Included in Prescription Glasses	Every plan year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every plan year
Lens Enhancements	• Progressive lenses • Scratch-resistant coating • Average savings of 20-25% on other lens enhancements	\$0 \$0	Every plan year
Contacts (instead of glasses)	• \$130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	\$0	Every plan year
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam	up to \$52	Single Vision Lenses	up to \$34	Lined Trifocal Lenses	up to \$66	Contacts	up to \$105
Frame	up to \$70	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$66		

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.

*Plan year begins in July.

• **Effective July 1, 2015 – Prior Authorization is Required for Compound Drugs over \$300**

Effective July 1, 2015, any compound drug over \$300 must be pre-authorized by calling the Fund Office at (877) 850-0977 and pressing “2” to speak to a representative.

A compound drug is a medication made by combining, mixing or using alien ingredients (some of which may not be subject to approval by the FDA), in response to a prescription, to create a customized drug that is not otherwise commercially available.

OPERATING ENGINEERS UNION LOCAL NO. 77 PENSION FUND

No changes

OPERATING ENGINEERS UNION LOCAL NO. 77 INDIVIDUAL ACCOUNT FUND

No changes



How to print an ID card



You don't need a Delta Dental ID card to visit the dentist

When visiting your Delta Dental or DeltaCare® USA dentist, simply provide your name, date of birth and social security or enrollee identification number. If you're a dependent covered under someone else's plan, you'll have to provide that person's name, date of birth and social security number or enrollee ID. The dental office can use that information to verify your eligibility and benefits.

It's easy to print an ID card! Simply follow these steps:

1. Go to deltadentalins.com.
2. Log in to **Online Services** with your username and password. (If you don't already have a username or password, click on **Register Today** to complete the quick registration process.)
3. Once you've logged in, select **My ID Card** on the left-hand side of the page.
4. Print.

How to go paperless

Help the environment and enjoy the convenience of accessing your dental benefits statements online anytime. Sign up to receive email notifications instead of mailed statements.

It's simple to sign up. Go to deltadentalins.com/paperless.

1. Sign in to **Online Services** with your username and password.
2. Click the **My Profile** tab.
3. Go to the bottom of the **Edit Profile** section and select the **Online with Email Alerts** button. Click **Save**.



Socialize with us: deltadentalins.com/enrollees



You Must Meet Specific Criteria in Order to Collect Accident and Sickness Benefits

If you are disabled due to a non-occupational accident or illness and unable to work, the Health Fund will pay you Weekly Accident and Sickness (“A&S”) benefits. The benefits are paid weekly and will include payments for a portion of a week.

However, in order to receive A&S pay, the following conditions must be met:

1. The disability must be a result of a non-occupational accident or disease for which benefits are not payable under the Workers’ Compensation law; and
2. The disability begins
 - a. After commencement of a hospital confinement; or
 - b. From an accident or illness involving a fracture procedure; or

- c. For periods certified to by a physician or surgeon following surgery, provided all other requirements are met; and

3. You are not being paid by your employer.

Weekly A&S benefits are payable for a **maximum of 13 weeks** for any one disability. If you cease being disabled, you are required to notify the Fund.

Special circumstances: payment of benefits for six weeks

If you are taking a prescribed medication which prevents you from operating machinery, you may be eligible for A&S benefits for a maximum of six weeks (or the length of time you take the medication, whichever is less). To be eligible for benefits under this provision, the Fund must receive a doctor's note. Contact the Fund for more information if this applies to you.



You Have 365 Days to File Medical Claims and 60 Days to File Accident and Sickness Claims

You must file all Medical claims and Death and Dismemberment claims within **365 days** from the date of an event, except for Weekly Accident and Sickness claims, which must be filed within **60 days** from your disability determination date or before you return to work, whichever is later.

An "event" is defined as the accrual of charges for medical care, the date of injury, disease or illness, the date of disability, date of accident or sickness or date of death or injury which causes dismemberment.

How to file a Medical Claim

Actively working participants and non-Medicare primary retirees should show your ID card to the provider of service. The provider will generally file your claim for you. Virtually all claims from a CareFirst provider will be filed electronically with the Fund. No claim form is necessary.

If you used a non-CareFirst provider or the provider files a paper claim, send an itemized bill directly to the Fund at the address shown below. Be sure the participant's ID number is marked clearly on the bill. The Fund may have

you sign an "Assignment of Benefits" statement allowing payment to be made directly to the provider.

To file a claim directly with the Fund, send to:

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

If you used a CareFirst provider, the provider will file the claim electronically to CareFirst for you. If you do file a claim yourself, send to:

CareFirst/Network Leasing
P.O. Box 981633
El Paso, TX 79998-1633

How to file Weekly Accident and Sickness Claims

All Weekly Accident and Sickness claims must be filed within **60 days** from the date that the disability began as certified by a doctor. If you return to work before 60 days, then you have 60 days from the date your doctor certifies that you are disabled in which to file a claim. If, on the other hand, you

are disabled for longer than 60 days, then you must file a claim **BEFORE** you return to work. In no event may a claim for Accident and Sickness Benefits be filed later than your doctor certifies that you are disabled. Also, in no event may a claim be filed after 60 days and after you return to work.

Weekly Accident and Sickness claims should be mailed to:

Fund Office
Operating Engineers Local No. 77
PO Box 1065
Sparks, MD 21152-9451

You must provide information to the Fund upon request. The Fund has the right to request further information in order to properly process a claim under the Plan's provisions. If a claimant fails to provide the necessary information within a reasonable period not to exceed thirty (30) days, the Fund shall have no duty to pay the claim until such time as the documents are provided, but in no event later than 365 days.

What Can Slow Down the Processing of Claims?

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

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

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

Reasons Why a Claim Is "Pended" or Denied

Below are some of the most common reasons:

• Need Accident Details

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

• Need Current Address

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

• Need Procedure Code

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

• Need Enrollment for Baby

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



• Need Provider's Tax ID Number

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

Allow Time

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

When Hospice Care is Needed

The Fund will cover inpatient and outpatient hospice care for terminally ill participants and dependents whose life expectancy is six months or less and who are receiving palliative, not curative, care. If the terminally ill patient survives beyond the six months, care must be re-certified in order for benefits to continue.

Benefits for hospice care include:

- Inpatient care at a hospice facility
- Intermittent nursing care by a registered or licensed practical nurse
- Services of a licensed medical social worker

- Home health aide visits
- Radiation for palliative purposes only
- Medical-surgical supplies
- Oxygen
- Physician home visits
- Ambulance and wheelchair transportation to and from the hospital for palliative treatment or for admission as an inpatient hospice level of care.

Coverage

Hospice treatment will be covered under Major Medical at 80% after satisfying the annual deductible, up to the out-of-pocket maximum. After

you have reached the out-of-pocket maximum (\$4,000 per calendar year) benefits will be paid at 100%, up to the usual, customary and reasonable (UCR), up to \$200,000. Benefits will be covered at 50% after \$200,000 has been paid.

Pre-Certify

Hospice care **must** be certified with American Health Holdings in order to be covered. Call American Health Holdings at (800) 641-5566 to certify hospice treatment. Failure to certify care may result in loss of benefits.

The Importance of an Eye Exam by Age

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



Too young, old, or healthy for an eye exam? THINK AGAIN.

WHO SHOULD GET AN EYE EXAM	WHY EYE EXAMS ARE IMPORTANT AT THIS AGE	WHEN TO SCHEDULE YOUR EYE EXAM
Babies	<p>Approximately 80% of what a child learns is through their eyes.¹</p> <p>Impaired vision can affect a child's cognitive, emotional, neurologic, and physical development by potentially limiting their exposure to a range of experiences and information.²</p>	<ul style="list-style-type: none"> • Six months • Between two and three years old • Before kindergarten
Children	<p>Only an estimated 14% of children receive comprehensive eye exams before entering kindergarten or first grade.³</p> <p>More than 12.1 million school-age children, or one in four, have some form of a vision problem.⁴</p> <p>Studies show that 60% of students identified as problem learners have undetected vision troubles.⁵</p>	<ul style="list-style-type: none"> • Once a year <p>TIP: Schedule around the beginning of the school year to give your child a healthy start.</p>
Adults	<p>Even if you have had laser vision surgery or have naturally good vision, you still need an annual exam. More than 3 million Americans over the age of 40 have some form of vision impairment.⁶</p> <p>Nearly 90% of those who use a computer at least three hours a day suffer vision problems associated with computer eye strain.⁷</p>	<ul style="list-style-type: none"> • Once a year
Seniors	<p>As we age, we're more susceptible to cataracts, glaucoma, and macular degeneration. Macular degeneration is the leading cause of vision loss and blindness among Americans age 65 and older. It affects 2 million Americans.⁸</p> <p>About half of the population has a cataract by age 65, and nearly everyone over 75 has at least one.⁹</p> <p>Glaucoma affects more than three million Americans, but only half are aware they have the disease because the symptoms are so subtle.¹⁰</p>	<ul style="list-style-type: none"> • Once a year
People with Diabetes	<p>Diabetes is the third leading cause of blindness in the United States. And most diabetes-related blindness can be prevented by an annual eye exam.</p>	<ul style="list-style-type: none"> • Once a year
Contact Lens Wearers	<p>Contact lenses are medical devices, so regular exams with your eye doctor to review of your prescription are important.</p>	<ul style="list-style-type: none"> • Once a year

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

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

The above article was provided by VSP.

OPERATING ENGINEERS LOCAL NO. 77 FUNDS

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