



For Your Benefit

Operating Engineers Local No. 77

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www.associated-admin.com



Summary of Material Modifications Coronavirus Disease 2019 (COVID-19)

This notice, referred to as a Summary of Material Modifications (SMM), announces temporary changes to your plan of benefits to respond to the current Coronavirus Disease 2019 (COVID-19) public health threat. To ensure that participants are protected during this difficult time, effective immediately, the Board of Trustees has resolved to improve the plan of benefits as follows:

1. 100% Coverage for COVID-19 Diagnostic Testing.

Your Health and Welfare Fund will completely cover the testing necessary to diagnose COVID-19, regardless of the setting in which such testing occurs. This means that such testing will be covered without any out-of-pocket cost to you, irrespective of whether the testing occurs in your physician's office, an emergency room, urgent care center, or other facility.

100% coverage will apply for testing incurred on both an in-network and out-of-network basis, without regard to any prior authorization requirements that would otherwise apply but for those based on medical necessity.

Continued on Page 2

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.

This issue—

Summary of Material Modifications Coronavirus Disease 2019 (COVID-19).....	1
Rehabilitation Benefits.....	3
Retiree Information Forms Will Be Sent: Return Promptly to Avoid Suspension of Pension Benefits....	3
Personal Health Management Services Provided by Conifer Health Solutions	4
SwiftMD Telemedicine Benefits Available to Participants.....	4
SwiftMD Membership Information.....	5
Contributions Can Still Be Made When You Work Outside Your Area.....	6
Check Your EOB.....	6
Health Corner: Good Health is a State of Mind.....	7

2. Waiver of the 7-Day Waiting Period for Weekly Accident and Sickness Benefits for COVID-19.

The Plan provides Weekly Accident and Sickness Benefits to eligible Active Employees who are unable to work due to disability. The amount of this benefit is \$250 per week and the general rules for this benefit are set forth on pages 68-69 of your Summary Plan Description and Plan Document.

If you are an eligible Active Employee and:

- Your Employer directs you to self-quarantine on account of COVID-19, or
- You have a good-faith belief that you should self-quarantine because you have been exposed to COVID-19 or have symptoms of COVID-19 (subjective or measured fever, cough, or difficulty breathing),

you shall be considered “disabled” due to illness for purposes of eligibility for Weekly Accident and Sickness Benefits, and you can receive Weekly Accident and Sickness Benefits without regard to the 7-day waiting period that would otherwise apply to Weekly Accident and Sickness Benefits payable on account of illness.

The maximum Weekly Accident and Sickness Benefit for COVID-19 related leave is 14 calendar days (i.e., the CDC-recommended quarantine period for individuals exposed to COVID-19) unless you otherwise qualify for additional Weekly Accident and Sickness Benefits under existing Plan rules. Proof of Disability Claim Forms for Weekly Accident and Sickness Benefits are available from the Fund Office and a Claim Form is provided with this Summary of Material Modifications. Because Weekly Accident and Sickness Benefits for COVID-19 related leave are not contingent on securing a physician's certification, the portion of the Proof of Disability Claim Form for a physician's certification should be left blank when completing and returning the Form.

As explained above, the maximum Weekly Accident and Sickness Benefit for COVID-19 related leave is two weeks (i.e., \$250 per week for a total of \$500) unless you otherwise qualify for additional Weekly Accident and Sickness Benefits under existing Plan rules. Under these rules, only your attending physician can make a determination that you are disabled and

unable to work. Therefore, if you believe you are disabled due to COVID-19 or some other illness or injury, you must have your physician complete a Proof of Disability Claim Form if you wish to continue to receive Weekly Accident and Sickness Benefits after the initial 14-day eligibility period.

3. Waiver of Early Refill Limits on Prescription Medications.

In order to allow participants to secure any prescription medications they require to prepare for possible quarantines, the Trustees have decided to waive any applicable time restrictions on prescription medication refills. This means that you may refill your prescription medications regardless of when they were last filled so that you may stock up accordingly.



4. Period of Temporary Coverage.

The benefits provided in this notice are temporary and will remain in effect during the period in which the last COVID-19 state of emergency is terminated either nationally or in the District of Columbia, Maryland or Virginia.

Conclusion

The Trustees are treating this public health threat with the utmost urgency and will continue to respond accordingly to ensure that all impacted individuals have access to the care and medications they require. In the meantime, the Trustees encourage all participants to take all possible precautionary measures recommended by the Centers for Disease Control (CDC) to protect themselves and their families. As always, if you have any questions regarding this notice, or the benefits offered by the Fund, please feel free to contact the Fund Office.

Rehabilitation Benefits

Your Plan of benefits allows inpatient rehabilitative care if certified by Conifer Health Solutions. Outpatient rehabilitation does not require pre-authorization.

If you obtain preauthorization, and it is medically necessary, the Plan covers acute intensive physical rehabilitation services such as physical, occupational, speech or cognitive therapy when medically necessary for coordinated interdisciplinary rehabilitative services. Services may be provided by a free-standing hospital, a distinct unit of an acute hospital or skilled nursing facility or outpatient setting.

Rehabilitation due to an injury or sickness will be covered only to the extent of restoration to the pre-trauma level. Speech therapy will be covered only to the extent of restoration to the level of the pre-trauma, pre-sickness, or pre-condition speech function. Rehabilitative care is to be terminated when further progress toward the established rehabilitation goal is unlikely or it is appropriate to assume progress can be achieved in a less intensive setting. Treatment will only be covered as long as sustainable, measurable progress is demonstrated. Treatment to maintain an existing level of function is not covered.



Short Term Rehabilitative Therapy

Short-term therapy is defined as inpatient and/or outpatient services which, in the opinion of the Fund, can be expected to result in significant improvement of the Member's condition. If therapy is determined to be short-term, based upon diagnosis, services are covered as long as sustainable, measurable progress is demonstrated. Short-term speech therapy is covered when judged necessary to correct an impairment of organic origin due to an injury or sickness, or following surgery to correct a congenital defect. Therapy performed to correct impairment resulting from a functional nervous disorder is not covered.

Retiree Information Forms Will Be Sent: Return Promptly to Avoid Suspension of Pension Benefits

The Fund Office will soon be sending Retiree Information Forms ("RIFs"). These forms must be completed and returned to the Fund Office to avoid suspension of pension benefits. The RIF has questions about your current address, beneficiary information, and employment information (if you are employed after retirement). This form must be completed every year.

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. 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, the Retiree must sign an "X" on the RIF and this must be notarized, showing the Notary Public seal.

Personal Health Management Services Provided by Conifer Health Solutions

If you have an acute or chronic health care need, you likely have questions about your condition as well as your overall care. When faced with these situations, your focus needs to be on healing and recovery rather than on navigating the complex maze of health care. Many of you have told us about the pitfalls you encounter in these circumstances. We heard you and that is why the Local 77 Operating Engineers Fund offers resources to help you become informed and proactive in leading a healthier life.

Your Personal Health Manager and Partner in Health

Conifer Health Solutions will provide personal health management services to Local 77 Operating Engineers members. The program supports members who are experiencing an acute episode, as well as those living with a chronic condition such as diabetes, breathing problems, heart conditions, and more. This **free and confidential service** will educate you on services you may need through one-on-one access to a Personal Health Nurse (PHN). **Be sure to open any mail that you receive from the Trust and/or Conifer Health Solutions.** Conifer Health Solutions' logo is below for your reference:

CONIFER
HEALTH SOLUTIONS®

While you may not be in need of these services at this time, you have received this information to let you know about this program should you have a need in the future. Conifer Health Solutions will reach out to specific members who may benefit most from the program. If you do not receive a call but believe you could benefit from the service, you may contact Conifer Health Solutions directly using the information at the end of this article.

Participation in the program is voluntary; however, if you are contacted directly, we strongly encourage your participation. Remember, there is no cost to you and the program is designed to help you better address your unique health challenges through a highly personalized care plan to improve health.

We are committed to keeping your information safe and assure you we have policies and procedures in place to protect your privacy. All of your medical information is confidential and will not be shared with any party not associated with the Fund Office in accordance with the HIPAA Privacy Rules. Please watch your mail and voice mail for additional information from Conifer Health Solutions about this program. If you would like to outreach the Personal Health Nurse, please call Conifer at 844-739-8913.

SwiftMD Telemedicine Benefits Available to Participants

Did you know that you have access to immediate, quality health care from the comfort of your home?

SwiftMD allows participants to communicate with board-certified, emergency medicine and family practice doctors who are experts in dealing with a wide range of medical conditions.

While the list of maladies covered by SwiftMD continuously expands, here are a few of the most common:

- Back pain
- Earache

- Fever/flu
- Headache
- Insect bites and stings
- Rashes and allergies
- Sore throat
- Stomach pain

For more information, visit www.SwiftMD.com Please see the following page for instructions on how you can take advantage of the many benefits of SwiftMD.

Continued on Next Page



More information about your SwiftMD membership

Request a consultation 24/7 at **no cost to you** simply by calling toll free 877-999-7943

To access your membership online (optional):

- » Go to www.mySwiftMD.com and click "Activate Your Account"
- » Click "No" to the username and password question
- » Click "Yes" to "Did you receive a Group Passcode?"
- » Enter Group Passcode: **IUOE77**, name, birth date and email address
- » SwiftMD will email your username and password; be sure to log on to complete activation
- » Take a few minutes to enter your Medical History
- » After consulting with a SwiftMD doctor, you can view and print the visit notes from your Personal Health Record to share with family and other providers
- » Each adult family member can use this process to obtain a username and password to log on at mySwiftMD.com



| 877-999-7943 | mySwiftMD.com

SwiftMD Physicians

SwiftMD Physicians are emergency medicine and family practice doctors, expert in dealing with a range of common medical conditions. From the information you provide, SwiftMD doctors can diagnose many illnesses and injuries, order prescriptions, make appropriate referrals to specialists, and know immediately if you need to be referred to in-person emergency care.

Family Members

Each adult family member (age 18 and older) enrolled in SwiftMD will have an individual profile with a unique SwiftMD username and password. Parents or guardians are required to oversee the telemedicine consultations of dependents under the age of 18.

Your Privacy

All SwiftMD systems and processes are HIPAA-compliant. Your SwiftMD Personal Health Record is maintained on secure servers, and encryption technology is used to protect your personal information during transmission. SwiftMD is committed to protecting the privacy, security, and integrity of individually identifiable health information received on behalf of our members. You should also protect your privacy by safeguarding your username and password, utilizing SwiftMD services from a private location, and avoiding emailing personal health information to SwiftMD.

SwiftMD Terms of Use

The SwiftMD Terms of Use and other policies are posted online at www.mySwiftMD.com for your reference. It is your responsibility to familiarize yourself with these policies before using the SwiftMD service.

Contributions Can Still Be Made When You Work Outside Your Area

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

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

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

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

Your employer's contributions are made the month after you have performed work. Because of this, the three-month "look back" period for each eligibility month is shown below.

Eligibility Month	Look-back Period
January	September, October, November
February	October, November, December
March	November, December, January
April	December, January, February
May	January, February, March
June	February, March, April
July	March, April, May
August	April, May, June
September	May, June, July
October	June, July, August
November	July, August, September
December	August, September, October

Check Your EOB

An Explanation of Benefits ("EOB") is a statement sent to participants each time a medical claim is processed. Even though it resembles a medical bill, it is not a bill, and states that at the top of the first page.

An EOB contains a summary of services and items you have received and how much you may owe for them. It also lists how much your provider billed, the approved amount the Plan will pay, and how much you owe the provider. It explains how the service was covered and what percentage or dollar amount was applied toward satisfying your annual deductible. If any amount/service was not covered, the EOB will state that also.

You should always hold onto your EOBs, as they may later be needed as proof of what costs have been covered and/or paid for. They can be a powerful fraud and abuse detection tool.





Good Health is a State of Mind

More than half of Americans will be diagnosed with a mental health disorder at some point in their lives. There are treatments available and most people recover completely.

Why Is Mental Health Important?

Your mental health impacts your physical health, your personal relationships and your daily functions. Here are some positive benefits of maintaining strong mental wellbeing:

- Coping with life stress
- Having good relationships
- Being physically healthy
- Working productively
- Contributing to your community
- Realizing your full potential

How Can I Improve My Mental Health?

There are many steps you can take to improve your mental wellness including:

- Physical activity
- Connecting with other people
- Getting enough sleep
- Staying positive
- Developing coping skills and relaxation techniques such as meditation, exercise, or deep breathing
- Developing a sense of meaning and purpose
- Obtaining assistance from a medical professional if needed

How Do I Recognize The Need For Help?

Depression tends to affect people in their prime working years. Over 80 percent of people with depression, stress or anxiety can be successfully treated. With early recognition, intervention and support, most can overcome mental health symptoms and be treated appropriately. Here are some signs that intervention is needed:

- Persistent sad, anxious or empty feelings
- Sleeping too little or sleeping too much
- Loss of appetite
- Loss of interest in activities
- Feeling guilty or unworthy
- Irritability, fatigue
- Thoughts of suicide or death

Where Can I Turn For Help?

Your Conifer Personal Health Nurse can help navigate resources and assistance: (800)-459-2110

United Way: Call 211, provide your zip code for a list of local mental health resources

National Suicide Prevention Hotline: (800)-273-TALK (8255), available 24/7, confidential, English and Spanish; also provide referrals to local treatment facilities, support groups, community organizations, publications

The above was provided by Conifer Health Solutions.