



For Your Benefit

Operating Engineers Local No. 77

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www.associated-admin.com

Eligibility Requirements for Welfare Plan Coverage

Health coverage eligibility for yourself and your dependent(s) begins once you have worked 400 hours and your employer has paid contributions for 400 hours in a three-month period for initial eligibility, or 1,200 hours during the previous 12-month period. Coverage begins on the first day of the month following the time both you and your employer meet these requirements. Coverage continues month to month as long as you have worked and your employer has paid for 400 hours in the previous three-month period or 1,200 hours in the previous 12-month period. If contributions are not paid, for any reason, or if you have not worked 400 hours in the last three months or 1,200 hours in the last 12 months, then coverage will stop immediately. If you lose coverage, you can become eligible again when you have worked 400 hours and your employer has paid contributions for 400 hours in the last three-month period.

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

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.



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January 2021 Option: 401(k) Enrollment

If you have not enrolled in the 401(k) Option and are interested in doing so, **now is the time!** This 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.

How Does A 401(k) Work?

Saving in a 401(k) Option is easy and is processed via a payroll deduction. Because your contribution is taken before your check is taxed, it's worth more to you in the 401(k) than it would be in your paycheck, where it would be reduced by income taxes.

How Do I Enroll In The 401(k) Option?

Call the Fund at (877) 850-0977 and request a Participant New Deferral form. Once you have completed the form, return it to your employer, not the Fund.

How Much Can I Put Into The 401(k)?

You can contribute up to a maximum of \$4.00 per hour worked, in \$.50 increments. For example, you may choose to save \$.50 an hour, \$1.00, \$2.50, or even \$4.00 per hour worked.

How Do I Know How Well My Investments Are Doing?

You'll receive a financial statement of your 401(k) account on a quarterly basis from MassMutual Financial Group. It shows the amounts you've contributed and how well the investments have performed. You can also review your account online by going to www.massmutual.com. Make a selection at Login Access by clicking on "The Journey" and entering your PIN and Social Security Number.

Participation In The 401(k)

Participation in this Option is **totally voluntary**. You may stop making contributions or change the amount every six months (January 1st and July 1st) by completing a Participant Deferral Change form.

For More Information

Answers to your questions about the 401(k) Plan, investment options, or account information available by calling Mass Mutual at (800) 743-5274 or logging onto www.massmutual.com.

Participants Encouraged to Use Website for Valuable Benefit Information

Benefits change frequently, but you can find the most up-to-date information regarding your Plan online at www.associated-admin.com. Simply click "Your Benefits" (at top or at left) and choose *Operating Engineers Local 77*.

Checking eligibility or status of claims is provided through the MemberXG Benefit System.

Along with important notices, the website includes various forms you may download, such as an enrollment form, change of address form, change in beneficiary form (Health & Welfare and Pension), and more.

Your Summary Plan Description ("SPD") booklet is available, as well as any modifications (*Insert to SPD*) that have occurred since the book's print date.

Every *For Your Benefit* newsletter, dating back to January 2011, is archived for quick access by participants. Simply click on the month and year of the issue you'd like to access (for example, "January 2021") and a PDF of that issue will open in another tab in your browser. You may download the file for reading offline. Phone numbers for Plan Providers are listed as well.

Reconstructive Surgery Covered Following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, and not through an HMO. If you have coverage through an HMO, you should receive a notice directly from the HMO.

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

1. Reconstruction of the breast on which a mastectomy is performed;
2. Surgery on the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Physical complications of all stages of mastectomy including lymphedemas.



Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

Dependents: What You Need To Know

Dependents may include your lawful spouse residing with you and your natural children, your stepchildren, adopted children or children placed for adoption who are under the age of 26.

Newly Eligible Dependents

Your spouse and eligible stepchildren may be added on the first of the month following the date of marriage. Biological children can be added effective the date of their birth.

Newborns

Newborns are covered from the date of birth until 6 months of age without a Social Security Number.

A Social Security Number not provided by the time the child is 6 months old will result in termination of coverage by the Fund on the first day of the month following the date the child turns 6 months of age.

Children Adopted or Placed for Adoption

The Fund provides dependent coverage for a child who is adopted or placed in adoption with a participant regardless of whether the adoption is finalized. A participant must assume legal obligation for total or partial support of the child pending the adoption of that child. Legally adopted children and children placed for adoption may be added effective the date of or placement for adoption.

Disabled Dependents

Age limits for dependents does not apply if a dependent child is incapable of self-support due to a mental or

physical disability. For disabled children, dependent coverage will only continue if:

1. The child is unmarried;
2. Is financially dependent on the participant for support;
3. Was the participant's dependent before the child turned age 26;
4. The disability began before the age of 26;
5. The disability is certified by a physician and the Board of Trustees to be a qualifying disability;
6. The child continues to be eligible for dependent coverage under the Plan (Evidence of the dependent's continued disability may be required by the Fund Office).

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

A new Dependent can be added by contacting the Fund Office at (877) 850-0977 and requesting an enrollment form.

(Note: Eligible Dependents must be listed on your most recent enrollment form and have a valid Social Security Number in order to receive dependent coverage.)

Please Open and Reply to Fund Office Mail



Whether it is tax forms, requests for additional information regarding benefit claims, requests to complete a form, the Fund does send mail to participants.

Nevertheless, each mailing you receive from the Fund is important as it may protect your coverage, and/or ensure proper administration of your benefits.

When you receive mail from the Fund Office, please open and reply as soon as you can if a reply is necessary.

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
8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361



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911 Ridgebrook Road
Sparks, MD 21030-2341
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SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Operating Engineers Local 77 Individual Account Fund "Fund" has adopted a change to the Plan, which is described in this notice. Please keep this notice for future reference.

One-Time In-Service Distribution

Effective December 1, 2020, you will be allowed to take a One-Time In-Service Distribution from your Individual Account. Below are the requirements:

- Regardless of the amount of the allowable withdrawal you are limited to one (1) withdrawal while a Participant in the Plan;
- You must have maintained an Account for at least five (5) calendar years and have been employed by an Employer or Related Company in the one (1) year period prior to the withdrawal;
- You will be allowed to withdraw up to but not more than fifty percent (50%) of the balance in your Account on the date of the withdrawal;
- You will not be eligible for a withdrawal under this section if you are working in prohibited employment;
- You must comply with all applicable rules established by the Plan to make a withdrawal from your Account, including but not limited to any requirement for the automatic withholding of taxes as required by any federal, state and/or local governmental authority; and
- You are responsible for the payment of all taxes, penalties, if any, and any other assessments that may arise because you are making a withdrawal from your Account.

If you have any questions concerning this notice, please contact Associated Administrators at (877) 850-0977. This is only a summary of the Plan rules. In the event of any conflict between this notice and the Plan document, the Plan document will govern.

THINGS TO CONSIDER BEFORE TAKING AN IN-SERVICE WITHDRAWAL

The option to take an early withdrawal from your 401(k) account can be tempting, but if you really need money for expenses and have no other assets to draw on. While the Board of Trustees wants to make the In-Service Withdrawal option available to most participants, it is important that you understand the impact of taking money from your 401(k) Plan account on your retirement security. Before you decide to take an In-Service Withdrawal, you may want to consider the following so that you make an informed decision and possibly avoid paying extra fees and taxes.

- **When you take an early withdrawal from your 401(k) account, the money will not be there if you later need it for retirement or even for another emergency, since this is a one-time In-Service Distribution.**
- **If you take an early withdrawal, it will likely be subject to both federal income tax (taxed at your marginal tax rate) and state income tax, and an Internal Revenue Service penalty of 10% is generally assessed if you are under the age of 59 ½.**
- **Example: Let's say 50% of your account balance is \$25,000, your Federal income taxes that will be withheld would be \$5,000, State taxes withheld would be \$1,500 for Maryland. So distribution you would receive is only \$18,500.**

If you are under age 59 ½, when you file your taxes you will be penalized 10% on the \$25,000 for taking an early distribution.

- **When money stays in your account, the money can earn investment returns and then those investment returns will be in the account to earn more investment returns.** Further, these investment returns are tax-deferred, so if you do not access your money until after you retire, you don't pay taxes on the returns until you retire, and many participants will pay taxes at a lower tax rate because they will no longer be working and earning wages, thereby paying less tax on your investment returns.
 - This compounding is a huge help when it comes to maximizing your retirement savings and increasing your account balance, and you lose out on that when you take early withdrawals.
 - To see how much compounding can affect your 401(k) Plan account balance, check out the MassMutual website at <https://retire.massmutual.com/participant/public/compounding.aspx>. The impact of compounding investment earnings can be a powerful resource to grow your retirement nest egg.
- **While retirement may feel far away, before you take any money out of your account, ask yourself:**
 - Do I absolutely need the money now?
 - Is there another source of money that is not in my 401(k) account, so my retirement savings can remain secure?
 - What lifestyle do I want to have in retirement and will taking money out of my 401(k) account now prevent me from living that lifestyle?
 - If something should happen to me, will there be enough in my account to allow my surviving spouse and/or children to meet their financial obligations after I am gone?

Important! Keep The Fund Office Informed of Your New Address & Phone

It is very important that you tell the Fund Office when your address and/or telephone information changes. The Fund office sends out important information about your benefits, Plan booklets, and this For Your Benefit newsletter. Without the correct information, your benefits may be affected.

If you're planning to move (even temporarily), or have recently moved, let the Fund Office know your new address and telephone number by calling toll-free (877) 850-0977. Remember, telling the Union or your employer is not the same as telling the Fund Office.

Retirees: For your protection, your change of address request must be in writing. Please send information to:

Fund Office
Operating Engineers Local
No. 77 Trust Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

Street Address Needed Even If You Have A Post Office Box.

We must have your current street address on file even if you're using a Post Office ("PO") Box for mail delivery. The Fund Office will continue to mail all statements or pension checks to a PO Box (unless you are having your check electronically transferred), but we must have your street address as well.

If You're Involved in an Accident, Contact the Fund Office

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 injuries sustained as a result of an accident.

To process your claim, we must know how, when, and where all accidents occurred. If we 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.

Remember, however, that work-related claims are not covered benefits under the Plan. Medical expenses due to a work-related injury should be presented through the workers' compensation insurance carrier. Work-related claims can be submitted with verification of Workers' Compensation carrier payment. This allows us to keep you "eligible" for other benefits under the Plan rules even though you are not working.

Go To the Emergency Room Only If Urgent

When to Go to an Emergency Room

Your Plan covers visits to an emergency room when your medical condition indicates that immediate medical treatment is required. Examples of medical emergencies which require immediate treatment include heart attack, severe chest pains, cardiovascular accidents, poisoning, loss of consciousness or respiration, convulsions and other acute conditions. Of course, this is not a complete list and there could be other conditions which require immediate treatment.

It's important to remember that **the Fund will not cover the emergency room charge if the care was not of an emergency nature** and could have been provided by your physician or other provider in an outpatient or other alternative care setting (such as a CVS MinuteClinic or urgent care facility).

If you want to confirm your issue is an emergency and thus covered, please contact SwiftMD (www.SwiftMD.com). The charge will be approved if SwiftMD refers you to the emergency room.

Consider a CVS MinuteClinic or Urgent Care Facility (such as Patient First)

If you have a condition which is not determined to be "urgent" as noted by the diagnosis from the physician, you may use a CVS MinuteClinic or an urgent care facility. For example, if your diagnosis (again, as stated by the attending physician), is for a bad cold, an earache, back pain, or a cut or a scrape, you will have coverage if you go to a CVS MinuteClinic or an urgent care facility.



Approaching Twindemic Amidst Pandemic Fatigue

After months of vigilance and restrictions, many Americans are experiencing “pandemic fatigue,” a growing weariness to social distancing and mask wearing. As the weather turns colder, holidays approach, and months of social isolation take their toll, more people are socializing and doing it indoors, increasing the risk of spread.

New COVID-19 cases are surging across the country, and it cannot come at a worse time. As flu season approaches, experts warn of a possible “twindemic” - the co-occurrence of influenza and COVID-19, overburdening the medical system and creating supply shortages.

Eight months into the pandemic, we have learned a great deal about how to protect ourselves and others, including:

Masks Work. Wearing a mask slows the spread of the virus. Remember to wash cloth masks on a regular basis.

Avoid Crowds. The virus is expelled into the air, and droplets may persist in indoor spaces. Many apparently healthy people can spread the disease, simply by talking and breathing. Diverse gatherings can perpetuate the spread.

Wash Your Hands. Disinfecting surfaces is still a good idea, but we now know that surfaces are not the main vector for coronavirus. While you may not need to wipe down your groceries, it is vital to wash your hands or use hand sanitizer frequently.

Know the Symptoms. Fever, chills, cough, shortness of breath, fatigue, muscle aches, headache, loss of taste or smell, sore throat, congestion, nausea, vomiting, and diarrhea may appear 2-13 days after exposure. If you are symptomatic, stay home and contact your provider for care instructions.



Know the Risks. Older people, minorities, and those who are obese, have diabetes and other underlying conditions are more likely to be hospitalized with COVID-19. Young people are not immune and cases among younger people are on the rise.

Get a Flu Shot. Influenza is a potentially serious disease that affects millions of people and causes thousands of flu-related deaths every year. Now more than ever, the Centers for Disease Control and Prevention (CDC) recommend an annual flu shot for most people over the age of 6 months as the best way to protect yourself and others.

With a “twindemic” looming, we will all need to stay diligent in the months ahead to help stop the spread and ensure local medical systems have the capacity to care for those who need it this winter. Stay safe and healthy!

Please contact your Conifer Personal Health Nurse for any questions or needs: 800-459-2110 or 410-919-0520.



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