



For Your Benefit

Operating Engineers Local No. 77

July 2020 Vol. 20, No. 3

www.associated-admin.com



Retiree Information Forms Have Been Mailed

In an effort to maintain up-to-date information, the Fund Office mails out Retiree Information Forms (“RIFs”) to all pensioners in the Plan.

The RIF contains questions regarding your current residence, your beneficiary, and employment status. You can fill in your correct information if anything has changed since last year, but you must still complete, sign, date and return the RIF to the Fund Office even if nothing has changed.

Failure to return a completed RIF may result in a suspension of your benefits.

Your RIF will be returned to you if you do not answer all of the questions. Please take the time to complete and return the RIF as soon as possible.

No one but the Retiree can sign the RIF, unless it is signed by an individual who holds a Power of Attorney for the Retiree and a copy of the document must be on file with the Fund Office. If there is no Power of Attorney on file and the Retiree is unable to sign the form, the Retiree must sign an “X” on the RIF and have it notarized by a Notary Public.

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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.



Your Accident and Sickness Benefits

To Receive Accident and Sickness Benefits, You Must Meet Certain Criteria

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

To receive A&S, 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
 - After commencement of a hospital confinement; or
 - From an accident or illness involving a fracture procedure; or
 - For periods certified 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 Weekly 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 Office must receive a doctor’s note. Contact the Fund Office for more information if this applies to you.

If Returning to Work, Call the Fund Office

If you have been receiving Weekly A&S 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 A&S Claim form. The Fund Office needs this information in order to update your claim and to ensure payments are not processed beyond the date you return to work. If this happens, your claim will go into an “overpaid” status until the money is refunded to the Fund Office.

How to File Weekly Accident and Sickness Claims

All Weekly A&S claims must be filed within 60 days from the date 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 you as 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 A&S benefits be filed later than the date your doctor certifies you as disabled. Also, in no event is a claim payable if filed after 60 days and after you return to work. Weekly A&S claims should be mailed to:

Fund Office

Operating Engineers Local No. 77
P.O. Box 1064
Sparks, MD 21152-1064

Accident and Sickness Benefits Are Taxable

FICA and Medicare tax is automatically removed from your Weekly A&S payment. State and Federal income tax is only removed upon request. You may call the Fund office at (877) 850-0977 to request a tax form.

Your Weekly A&S benefits are reported to your employer along with any taxes withheld and will therefore be included on the W-2 issued by your employer during tax season.

Weekly Accident and Sickness Benefits for COVID-19

If you are an eligible Active Employee and:

- Your Employer directs you to self-quarantine because 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 A&S benefits, and you can receive Weekly A&S benefits without regard to the 7-day waiting period that would otherwise apply to Weekly A&S payable on account of illness.

The maximum Weekly A&S 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 A&S benefits under existing Plan rules.

Because Weekly A&S 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 A&S benefit for COVID-19 related leave is two weeks unless you otherwise qualify for additional Weekly A&S 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 A&S benefits after the initial 14-day eligibility period.



Reminder: Complete/ Update Information on Enrollment Application

If you haven't completed an enrollment application or if your information has changed, please take a moment to complete the enrollment. The application may be accessed on the Associated Administrators LLC Website (www.associated-admin.com). From the homepage, click “Your Benefits” on the left side of the screen, select “Operating Engineers Local 77” and choose the “Enrollment Form” from *Downloads (Forms)*.

Mail the form to:

Fund Office
Operating Engineers Local No. 77
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361



Important!

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 for future reference. 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 19 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 2020

Name of Entity/ Fund Office
Sender: Operating Engineers Local No. 77
 Health and Welfare Fund
 911 Ridgebrook Road
 Sparks, Maryland 21152-9451

Phone Number: (877) 850-0977



Procedures/Treatments that Must Be Pre-Certified with Conifer Health Solutions

Conifer Health Solutions is a cost containment program that reviews hospital admissions and treatments to determine medical necessity and to find treatments in alternative settings when appropriate.

For example, your physician may call for a procedure to be performed in an inpatient setting. Conifer Health Solutions would review the treatment plan and may find that it is ordinarily performed in an outpatient setting. They would review your medical records to determine if this is an option for you.

While it is not a complete list, the following procedures and treatments must be certified by Conifer Health Solutions in order to be covered:

1. Sub-acute care;
2. Outpatient surgery;
3. Surgery performed at a hospital on an outpatient basis;
4. Inpatient rehabilitation;
5. Physical therapy (for more than 8 visits);
6. Skilled nursing facilities;
7. Home health care;
8. Chiropractic care (for more than 8 visits).



Chiropractic Visits

Your Plan will cover up to eight visits to a chiropractor per calendar year without prior authorization. If it is determined that more visits will be necessary, you must obtain authorization from Conifer Health Solutions before your ninth visit.

Your treatment must be medically necessary to improve your condition in order to be covered. Treatment aiming to maintain a level of function is not considered medically necessary by your Plan.

Because of potential delays in the billing process, it is possible that the Fund may not know that you are about to exceed or have already exceeded your initial eight visits until it is too late. You may be responsible to cover charges for your ninth visit and beyond if they are not deemed medically necessary by Conifer Health Solutions. You should call Conifer Health Solutions at (844) 739-8913 if you are unsure.

Subrogation Option Can Help Your Medical Expenses Get Paid

Imagine a situation in which you were injured and in need of immediate medical attention due to an automobile collision that was not your fault and it was taking an extended period of time to recover expenses for medical bills and for the attorneys to settle the case.

Subrogation is an option that your Plan provides in these situations (non-work-related injuries, illnesses or accidents). The Fund will advance money to you to cover your medical expenses and will seek reimbursement directly from any third parties involved.

Rules and obligations of subrogation:

- Complete all parts and sign the Subrogation Agreement.
 - File an A&S claim with the Fund Office on time (if applicable).
 - Cooperate and assist the Fund Office to recover money from any third party.
 - Pay back the Fund Office immediately from any money recovered from third parties.
 - You must not do anything to impair, prejudice, or discharge the Fund's right of subrogation.
- You must assign to the Plan the right to bring an action against any third party responsible for the injuries sustained.
 - Recovered payment will be credited against any yearly or lifetime limits on a Participant's benefits.



Caremark's Formulary Drug Plan May Lower Your Prescription Costs

Prescription drugs can be very expensive. While generics provide a cost effective alternative in many cases, not all brand name drugs have generic equivalents. Your Plan provides coverage of prescription drugs through Caremark's Formulary Plan.

Visit: www.caremark.com/portal/asset/Value_Formulary.pdf to view a comprehensive list of prescriptions available through Caremark's Formulary Drug Plan.

Operating Engineers Local No. 77 Funds

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