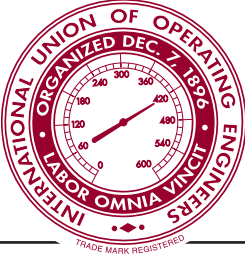


Questions about your Benefits? Call Participant Services at the Fund Office (877) 850-0977. Press "2" for a representative or #1" to use the automated system.



# For Your Benefit

Operating Engineers Local No. 77

October 2019 Vol. 19, No. 4

[www.associated-admin.com](http://www.associated-admin.com)



**SUMMARY ANNUAL REPORTS IN THIS ISSUE!**

- Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program
- Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Annuity Fund

## Children May Receive Free Care from Local Governments

Recently several members have contacted the Health and Welfare Fund requesting help for a dependent who may require an allied health service that is not covered by the Fund.

In researching options for these members, it came to our attention that services for children, starting from birth to school age may be covered by your local county for free. Federal Law P.L.99-142 requires that services for children must be available through the local government. In some counties it is done by the school systems, in others by the health department, and in others through a contract with an outside provider. The bottom line is the services are available simply by asking for them and qualifying for them through an evaluation process.

Parents or other individuals who are concerned about a child's development may make a referral. A service coordinator from one of the participating agencies will then contact the family to arrange for the intake process to continue. Evaluations are completed to determine if the child is eligible for early intervention services. Health and developmental needs may be identified in the areas of:

- Hearing
- Speech
- Vision
- Language
- Physical Development-fine or gross motor
- Cognitive Development
- Social-Emotional Development
- Adaptive or Self Help Skills

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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.*

Continued on Page 2

Children are eligible to receive services if they have a developmental delay of 25% or more in at least one area of development, atypical development likely to result in subsequent delay, or a diagnosed condition that has a high probability of resulting in developmental delay.

### Howard County

<https://www.hcpss.org/special-education/identification-assessment-and-evaluation>

### Montgomery County

<https://www.montgomeryschoolsmd.org/departments/special-education/programs-services/child-find.aspx>

### District of Columbia

<https://osse.dc.gov/page/child-find-and-initial-evaluation-resources>

### Fairfax County

<https://www.fcps.edu/registration/early-childhood-prek/early-childhood-child-find>

### Arlington County

<https://www.apsva.us/special-education/child-find/>

For other counties search “Child Find (name of your county or city).”

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## Coordination of Benefits Procedures

*The following article applies to actively working participants who are not covered by Medicare. If you are actively working and eligible for Medicare, different rules apply.*

If you have insurance coverage under two or more group plans, there are certain rules which the Fund follows to determine which plan pays first and how the coverage works.

### Which Plan Pays First?

The plan that covers you as an employee pays before a plan that covers you as a dependent. For example, if you work for Clark Construction Group, Inc., the Fund is primary for you. If your spouse works for Clark Construction Group, Inc. and you are covered as his/her dependent, the Fund is secondary for you if you have other coverage through your own employer. When the Fund is primary, it will process your claim first (under the terms of your plan's coverage).

### Benefit Coordination

If a person is covered by two or more group plans, 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. There are two exceptions to this rule: (1) a group policy that covers a person for reasons other than being laid off

or retired will determine the benefits that are paid first and (2) a group policy that covers a person as a laid-off or retired employee will determine the benefits that are paid second.

### Benefits are coordinated between plans based on these rules. You may not choose which plan to use as primary.

When the Fund is secondary, it will pay covered charges that remain after the primary coverage has paid its portion, but it coordinates with the primary carrier so that both plans together pay no more than 100% of the claim. In order for the Fund to cover you as secondary, you must have followed the rules of the primary plan. For example, if the other plan requires you to see a doctor or facility in their network, you must have done so. If it requires you to file your claim within a certain time frame in order to be covered, you must have done that also.

If the Fund is secondary, benefits will be paid only if you followed the rules of the primary carrier.

### Complete and Return the COB Form

If you or your dependent(s) have coverage through another plan, please complete the form on page 3 and return it to the Fund Office at the address shown at the bottom of the form.





# Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health And Welfare Program



911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

## COORDINATION OF BENEFITS UPDATE

Update for Yourself, Your Spouse, or Your Dependent(s)

Participant Name: \_\_\_\_\_

Participant SSN: \_\_\_\_\_

There is Other Group Coverage On (Choose All That Apply):

- 1)  Myself
- 2)  My Spouse
- 3)  Other Eligible Dependent(s)

**If Spouse:**

- a) Name: \_\_\_\_\_
- b) SSN: \_\_\_\_\_
- c) Birth date: \_\_\_\_\_
- d) Spouse's Employer: \_\_\_\_\_

\_\_\_\_\_ Co. Name  
\_\_\_\_\_ Address  
\_\_\_\_\_  
( ) \_\_\_\_\_ Phone No.  
\_\_\_\_\_ Benefit/HR Dept.  
(Contact Name)

**If Other Dependent(s):**

- a) Name: \_\_\_\_\_
- b) SSN: \_\_\_\_\_
- c) Birth date: \_\_\_\_\_
- d) Spouse's Employer: \_\_\_\_\_

\_\_\_\_\_ Co. Name  
\_\_\_\_\_ Address  
\_\_\_\_\_  
( ) \_\_\_\_\_ Phone No.  
\_\_\_\_\_ Benefit/HR Dept.  
(Contact Name)

**Coverage is through:**

- Medicare A
- Medicare B
- Medicare D
- Spouse's Employer
- Other
- Participant's Employer at Another Job

Insurance Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Group Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

- If more than one family member has more than one additional coverage, or if an individual is covered by more than one other policy, attach a sheet listing the information for each.

Is it an Active or Retiree Plan?  Active  Retiree

If other group coverage is for a dependent child, are the child's natural parents legally separated or divorced?  Yes  No

Are you/your dependent eligible for Medicare coverage?  Yes  No

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to (410) 683-7788 or mail to: Fund Office  
Operating Engineers Local No. 77  
Health and Welfare Trust Fund  
911 Ridgebrook Rd.  
Sparks, MD 21152-9451





**Operating Engineers Local No. 77  
Trust Fund of Washington, D.C.  
Health And Welfare Program**

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**SUMMARY ANNUAL REPORT**  
**OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C. AND VICINITY**

This is a summary of the annual report for the Operating Engineers Trust Fund of Washington, D.C. and Vicinity, EIN 52-6038508, Plan No. 501, for the period January 1, 2018 through December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**BASIC FINANCIAL STATEMENT**

The value of Plan assets, after subtracting liabilities of the Plan, was \$36,477,422 as of December 31, 2018 compared to \$39,536,870 as of January 1, 2018. During the plan year the Plan experienced a decrease in its net assets of \$3,059,448. This decrease includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year, and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the Plan had a total income of \$14,528,302. This income included employer contributions of \$13,104,117, employee contributions of \$934,677, realized gain of \$90,732 from the sale of assets, unrealized depreciation of assets of \$1,400,216, gains from investments of \$345,066, earnings from investments of \$1,313,738 and other income of \$140,188. Plan expenses were \$17,587,750. These expenses included \$1,206,977 in administrative expenses and \$16,380,773 in benefits paid to participants and beneficiaries.

**YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC, who is the Administrative Manager, 8400 Corporate Drive, Suite 430 Landover, MD 20785, telephone (877) 850-0977. The charge to cover copying costs will be \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the office of the Plan, Associated Administrators, LLC, 8400 Corporate Drive, Suite 430 Landover MD 20785 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, Suite N-1513, Frances Perkins Building, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210.

**BOARD OF TRUSTEES**



## Operating Engineers Local No. 77 Annuity Fund

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
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Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

### SUMMARY ANNUAL REPORT OPERATING ENGINEERS LOCAL 77 INDIVIDUAL ACCOUNT PLAN

This is a summary of the annual report for the Operating Engineers Local 77 Individual Account Plan, (Employer Identification No. 52-2241121, Plan No. 001) for the period January 1, 2018 to December 31, 2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### BASIC FINANCIAL STATEMENT

Benefits under the Plan are provided by a Trust (benefits are provided in whole from Trust funds). Plan expenses were \$1,781,832. These expenses included \$300,823 in administrative expenses and \$1,481,009 in benefits paid to participants and beneficiaries. A total of 2,307 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$27,388,582 as of December 31, 2018 compared to \$27,392,882 as of January 1, 2018. During the Plan year, the Plan experienced a decrease in its net assets of \$4,300. This

decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The Plan had total income of \$1,777,532, including employer contributions of \$2,105,491, employee contributions of \$746,078, other contribution income of \$83,389, interest income of \$1,960, and a net loss from investments of \$1,159,386.

The Plan has contracts with Massachusetts Mutual Life Insurance Company which allocate funds toward individual policies.

#### MINIMUM FUNDING STANDARDS

Enough money was contributed to the Plan to keep it funded in accordance with the minimum funding standards of ERISA.

#### YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Insurance information including sales commissions paid by insurance carriers, and
4. Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participants.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC who is the Administrative Manager, 8400 Corporate Drive, Suite 430 Landover MD 20785, phone (877) 850-0977. The charge to cover copying costs will be \$.25 per page for any part thereof. You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the office of the Plan, 8400 Corporate Drive, Suite 430 Landover MD 20785, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N-1513, Frances Perkins Building, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210.



## Relief for Allergy Sufferers

Autumn can be a beautiful season, but it can also be a miserable season for those who suffer from seasonal allergies. In our Northeast region, the most common source of fall allergies is ragweed, a tall plant with yellow flowers. It can be seen growing along highways, open lots, and fields, and its presence causes great discomfort to many.

The good news is that your Plan covers the cost of diagnosis and treatment through the injection of allergy serum. Antihistamine injections are not covered, however.

Your Plan covers the cost of treatment at 80%, up to the Usual, Customary and Reasonable (“UCR”) amount, with a \$300 deductible per year.

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## Your Vision Benefits

The Fund uses Vision Service Plan (“VSP”) to provide vision care services at discounted rates. You are still eligible to receive vision care benefits if you do not go to a VSP Panel provider for services; however, your out-of-pocket expenses may be higher.

If you use a VSP provider, you are allowed a WellVision Exam (focused on eye health and wellness) once every 12 months. There is no cost other than a \$10 co-pay and you have an allowance of up to \$150 for lenses and frames.

The allowance is up to \$130 for a contact lens exam (fitting and evaluation) and contacts. No co-pay.

### VSP Provider Benefits

You may visit the VSP website ([www.vsp.com](http://www.vsp.com)) or contact VSP at (800) 877-7195 to find a participating provider near you. When you call to make your eye appointment, provide your name and date of birth. The provider will contact VSP for authorization of your eligibility. You do not need a VSP ID card. However, if you would like one, you may print it by going to the VSP website at [www.vsp.com](http://www.vsp.com).



### Out-of-Network Vision Benefits

- Exams: Up to \$52
- Single vision lenses: up to \$32
- Lined bifocal lenses: up to \$50
- Lined trifocal lenses: up to \$66
- Progressive Lenses: up to \$66
- Eyeglass Frame: up to \$70
- Contacts: up to \$105

## Dental Benefits Provided Through Delta Dental

### Delta Dental PPO

The Fund has contracted with Delta Dental, a dental Preferred Provider Organization or “PPO.” You are not required to use a Delta Dental provider, but doing so can save you money.

To find a Delta Dental provider, call (800) 932-0783 or go online to [www.midatlanticdeltadental.com](http://www.midatlanticdeltadental.com).

Delta Dental dentists have agreed to provide services at specific, generally lower, rates, billed to the Fund. Using a Delta Dental dentist means the amount you must pay is generally lower as well.



### Benefit Amount

The Fund will pay up to \$1,500 per calendar year (per participant and dependent) for examinations, cleanings, fillings, and other dental services. There is a \$25 deductible per individual and a \$75 deductible per family. The deductible does not apply for routine and preventive dental services. The annual maximum does not apply to any dental benefit that is an essential health benefit.

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## Timely Filing of Medical Claims

Most claims must be filed within 365 days from the date of service. The exception is Weekly Accident and Sickness claims, which in general, must be filed within 60 days from your disability determination date or before you return to work, whichever is later.

Procedures for filing a claim and information on appeals may be found beginning on page 111 of your Summary Plan Description (“SPD”) book.

Your SPD explains the required information for claims and outlines penalties for filing false or misleading statements or failure to refund overpayments. The book also contains detailed steps on how the following claims are processed:

- Urgent Care
- Concurrent Care
- Pre-service Authorization
- Post-service Authorization
- Accident and Sickness



## Help Your Claims Be Paid Quickly

In order to help us process your claims quickly and accurately, please follow the suggestions shown below.

- **Respond immediately to the Fund Office when you receive something in the mail.**  
The Fund Office will send you an inquiry if additional information is needed. The sooner you respond, the sooner your claim can be processed. Failure to respond to the inquiry could result in your claim being denied.
- **Send your Explanation of Benefits (“EOB”).**  
If you have other medical coverage and the Fund is your secondary coverage, please send your Explanation of Benefits (“EOB”) from your primary carrier as soon as possible. The EOB shows how the primary carrier processed the claim which will allow us to properly process the claim as your secondary coverage.
- **Provide details of any accident**  
The Fund defines an accidental injury as a slip, fall, sprain, strain, or anything which is not an illness (not just a motor vehicle accident). You will receive an accident inquiry questionnaire anytime a medical claim submitted on your behalf contains a diagnosis that could have potentially resulted from an accident. You must complete and return the form whether you are reporting an accident or not.
- **Send your Coordination of Benefits information.**  
The Fund Office may ask you to send us a copy of your other benefits information in order for us to coordinate benefits with any other insurance carrier you may have.
- **Notify the Fund of any coverage changes.**  
Please notify the Fund Office immediately if you or your dependent(s) are offered, elect to enroll in, or lose coverage under another group health plan.

- **Notify the Fund of any changes to a dependent’s status.**

Be sure to file a new enrollment form with the Fund Office within 30 days if you have a change in dependent status. This includes notifying the Fund Office in writing within 30 days of the birth of a dependent child. If you notify the Fund Office within 30 days of the birth of your child, coverage begins on the date of birth. If you fail to notify the Fund Office within 30 days, coverage does not begin until the first of the month following the date you provide notice. Remember, also, that you must provide a Social Security Number for your child before your child reaches six months, or coverage will terminate when your child reaches six months.

- **Designate a beneficiary.**  
Certain benefits may be payable upon your death to the person or persons you designate as your beneficiary. Remember to keep your beneficiary designation up to date.
- **Keep your address updated.**  
Keep the Fund Office informed every time you have a change in address (even temporary), name, phone number(s), or dependent status (due to marriage, divorce, adoption, birth, etc.).

### Need a Form?

You may call the Fund Office at (877) 850-0977 to request forms, but did you know that many of them can be accessed online? Visit [www.associated-admin.com](http://www.associated-admin.com) and click on the “Need A Form” link, located on the left side of the homepage and then select the Operating Engineers Local 77 link. The “Downloads” section provides forms for changing addresses, beneficiaries, coordination of benefits, and much more. The link also grants you access to previous volumes of the **For Your Benefit** newsletter, your Summary Plan Description, and MemberXG, your online access service.



## Emerging Technique to Stop Tooth Decay Offers New Dental Solutions

A medication called silver diamine fluoride (“SDF”) is allowing dentists a unique opportunity to offer an affordable, painless and significantly less risky solution to one of this country’s most prominent oral health issues — cavities.

Approved by the FDA to treat tooth sensitivity, dentists are using SDF as an off-label solution to slow or stop decay caused by bacteria — particularly in pediatric cases.

SDF is applied topically to the teeth, and treatment includes two major components: the silver kills bacteria and the fluoride strengthens the remaining healthy parts of the tooth. The solution isn’t guaranteed to work on every cavity, but it is largely effective.

Topical application is a key element of SDF. Without drilling, SDF is a painless alternative to older techniques. It’s also significantly less expensive than a traditional filling.

The drawback? The silver renders the treated areas black, so the treatment isn’t an ideal solution for adult

front teeth. Despite the aesthetic disadvantage, SDF is transforming the way dentists treat certain populations.

Since dentists can administer SDF painlessly, the treatment eliminates the need for sedation in some pediatric cases. Pediatric sedation poses many risks, so avoiding anesthesia to treat decay in children is a significant advantage. (Especially since baby teeth fall out, leaving the only disadvantage negligible.)

Not only does SDF eliminate pediatric sedation in many cases, but the advantages of SDF also reach the elderly and other vulnerable populations. For example, those who can’t afford extensive dental treatment can eliminate the pain of a cavity without the financial burden of a filling.

If you are curious about SDF, ask your dentist for more information on how it works and what a treatment plan may entail, as follow-up visits are often encouraged.

*The above article was provided with permission by Delta Dental.*

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