

For Your Benefit

Operating Engineers Local No. 77

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Alcohol/Substance Abuse Coverage in Your Plan

Our nation is currently suffering a major opioid epidemic. According to the National Institute on Drug Abuse, more than 115 people in the United States die every day from overdosing on opioids.

Alcohol and substance abuse can have devastating effects on your mental and physical health, leading to debilitating diseases such as diabetes, heart disease and increased risk for certain cancers. Fortunately your benefits offer help with the treatment of alcohol and substance abuse. You, or your covered dependents, will receive coverage if the following conditions are met:

1. You receive prior approval from American Health Holding (see below), and
2. You submit a letter of medical necessity from a legally qualified physician requesting treatment by a social worker and/or a drug and alcohol counselor. With Fund approval, the Fund will pay for the treatment of drug and alcohol addiction.

The Fund will pay 100% for inpatient and outpatient care up to the Usual, Customary and Reasonable (“UCR”) charges and subject to the other limits of the Plan. No other benefits are payable under the Plan for drug and alcohol addiction. Inpatient treatment (including at a drug and alcohol treatment facility) must be approved prior to your admission.

If you or an eligible dependent needs help with alcohol or substance abuse, contact American Health Holding at (800) 641-5566 to pre-authorize treatment. You must submit a request in writing prior to undergoing treatment in order to be covered for this benefit.

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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Save for Retirement – Enroll in the 401(k) Option

Saving for retirement makes sound financial sense. One of the most popular ways to save is through your 401(k) plan, which you may enroll in during the month of July. If you are already enrolled, you will be able to change your current contribution amount.

The 401(k) 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. Taxes are not due until the money is withdrawn, which helps to hasten the growth of the account. Withdrawals before age 59½ may be subject to IRS penalties.

When you are enrolled, MassMutual Financial Group will send you a financial statement of your 401(k) account on a quarterly basis. This statement shows the amounts you've contributed and how all your investments have performed. You may also monitor how your account is doing by using MassMutual's RetireSmart website located at www.retiresmart.com.

Participation in the 401(k)

Participation in this Option is **totally voluntary**. You may stop making contributions or change the amount every six months (during January and July) by completing



a Participant New Deferral form. Your 401(k) election deferrals may be made in increments of \$.50 per hour, up to a maximum deferral of \$4.00 per hour. Please contact the Fund Office at (877) 850-0977 to request a Participant Deferral form.

For More Information

You can receive answers to questions about the 401(k) Plan, investment options, or account information by calling MassMutual at (800) 743-5274 or logging onto www.retiresmart.com.

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. 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 2018

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

Phone Number: (877) 850-0977

Eligibility Requirements for Coverage Under the Welfare Plan

You become eligible for health coverage for yourself and your dependent(s) 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



Your Right to Request an Annual Pension Statement

Participants in the Operating Engineers Local No. 77 Pension Plan have the right to request pension benefit statements on an annual basis. **You are entitled to one (1) benefit statement per year.**

To receive your statement, call the Fund Office at (877) 850-0977 and request a Benefit Service Request form. After you have completed and returned it, it will take approximately 4-6 weeks to prepare and send your statement. The statement is provided free of charge.

Your statement will tell you if you have a right to receive a pension at normal retirement age. If eligible, it will also detail what your benefits would be. If not eligible, the statement will explain how many more years you have to work in order to receive a pension.

The right to receive your statement is covered under the Employee Retirement Income Security Act of 1974 ("ERISA"), Section 105.

Reminder: You Lose Fund Prescription Coverage If You Enroll in Medicare Part D

In accordance with the Medicare Modernization Act of 2003, your retiree prescription drug coverage through Fund is considered to be “creditable coverage.” Creditable coverage means that the Plan’s prescription drug benefits for Medicare-eligible participants, retirees and/or spouses has been determined to be “as good as or better” than Medicare Part D coverage.

If you are considering a Part D Medicare (Prescription) plan, **be careful!** Ask questions about plan maximums, required drug brands, and co-pays. If you do enroll in a Part D plan, your Fund retiree prescription coverage will

terminate because you cannot be enrolled in both plans. It may be that a Medicare Part D plan is right for you, but be careful and make sure your questions are answered first.

If you do enroll in a Medicare Part D plan and later decide to return to the Plan’s prescription drug coverage, you may not be able to return effective immediately.

Enrolling in a Part D Medicare plan does not affect your medical benefits through the Fund.

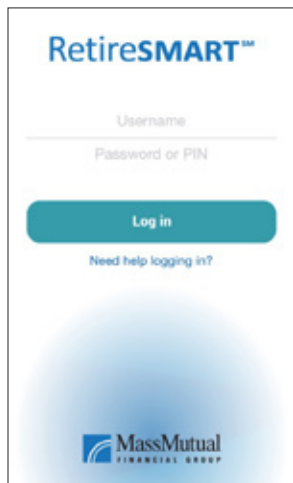
Mobile App Available for MassMutual RetireSmart

You now have the convenience to keep tabs on your annuity/401(k) account no matter where you are by downloading the MassMutual RetireSmart mobile app for your Android or Apple device.

To find the app, search for “RetireSmart” or “MassMutual” in your Apple or Android app store.

To log in:

1. Once the app is installed, sign in using your Retiresmart.com user name and password. If you don’t have a username and/or password, you can set them up on the RetireSmart participant website.
2. Select a plan to view (if you have more than one plan)



The app lets you view:

- Rate of return
- Total account balance
- Balances by source and investment
- Vested balance by source
- Last contribution amount
- Asset allocation by investment in chart and list form

It also provides:

- A link to Retiresmart.com
- Login assistance
- Contact information and more

Procedures/Treatments that Must Be Pre-Certified with American Health Holding

There was an article (“Pre-Certify Your Hospital Stay with American Health Holding”) in the October 2017 *For Your Benefit* newsletter that detailed how you must pre-certify ALL non-emergency or elective hospital stays within 24 hours.

The following procedures/treatments must be certified by American Health Holding (“AHH”) 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)

AHH is a cost containment program that strives to reduce unnecessary hospital admissions and treatments. On pg. 61 of your Summary Plan Description, an example is given where your physician recommends an inpatient procedure. AHH will investigate whether the procedure may be better suited to be performed on an outpatient basis.

How to Add Dependents to Your Coverage

Adding a new dependent is easy – just contact the Fund Office at (877) 850-0977 and request an enrollment form. Dependents include your lawful spouse residing with you and your natural children, and your stepchildren, adopted children or children placed for adoption who are under the age of 26.

In order for a new dependent to be covered, a valid Social Security Number must be provided to the Fund Office.

Newly Eligible Dependents

Your spouse and eligible stepchildren may be added on the first of the month following the date of marriage. Biological children may be added effective on the date of their birth, and legally adopted children and children placed for adoption may be added effective the date of adoption or placement for adoption.

In order for a new dependent's coverage – including a newborn's coverage – to begin on the earliest date of

eligibility, **you must inform the Fund Office within 30 days from the date he or she first became your dependent.** Otherwise, coverage will begin on the first of the month following the date the Fund Office receives the required information.

Newborns

Newborns are covered from the date of birth until six months of age without a Social Security Number. **However, if a Social Security Number is not provided to the Fund Office by the time the child is six months old, coverage will be terminated on the first day of the month following the date the child turns six months of age.**

NOTE: Only those eligible dependents listed on your most recent enrollment form and for whom a valid Social Security Number is provided will receive dependent coverage.



VSP Offers Robust Vision Benefits

Summer is here and despite the seemingly nonstop rainy conditions the region has experienced lately, the sun will come out and so will the sunglasses. Sunglasses are a great way to protect your eyes from the sun's harmful rays. However, they are not covered under your Vision Benefits.

Fortunately, the Plan offers excellent vision coverage provided by Vision Service Plan ("VSP"). When you use a VSP provider (locate one online at www.vsp.com or

by calling (800) 877-7195) you are entitled to a wellness exam once a year at no cost except a \$10 co-pay. You also get a \$150 allowance for purchasing prescription eyeglasses and a \$130 allowance for contact lenses.

Glaucoma and other eye-related conditions such as diabetic eye disease are also covered "as needed" with a \$20 co-pay.



Food Friends and Foes for Your Teeth

If you are what you eat, then it's particularly true for your teeth and gums. When you drink sugary beverages and eat starchy foods, you're not only feeding yourself—you're feeding the plaque that can cause problems in your mouth.

Plaque is a naturally occurring, thin, invisible film of sticky bacteria and other materials that covers the surfaces of your teeth. When sugars or starches in your mouth come in contact with plaque, the acids that result can attack teeth for 20 minutes or more after you finish eating. Repeated attacks can break down the hard enamel on the surface of teeth, leading to tooth decay. Plaque may harden into tartar, which makes brushing and flossing less effective and can lead to periodontal (gum) disease because it harbors bacteria.

While some foods invite tooth decay, others help combat plaque buildup. Good foods to seek out include sugarless chewing gum, cheese, milk, plain yogurt, green/black teas and water with fluoride. Avoid foods like candies and sweets, starchy foods made from white flour, carbonated soft drinks and fruit juices.

Remember: You don't have to avoid healthy foods that may contribute to tooth decay. Just remember to gently brush at least twice a day using a fluoride toothpaste, paying special attention to your gum line, and floss between your teeth at least once every day.

The above article was provided by Delta Dental.

Pain in Your Jaw Could be a TMJ Disorder

Millions of people suffer from Temporomandibular Joint Disorder. One of the most common causes for this Disorder is grinding or clenching your teeth. Some people do this unconsciously while they sleep.

TMJ Disorders can be very painful, but generally they are temporary and can be relieved with self-managed care and/or nonsurgical treatments.

However, if your TMJ Disorder is acute, your Plan provides

coverage up to \$1,500 per year. The benefit is subject to your annual deductible and coverage is at 80%.

Common symptoms of TMJ Disorders include:

- Pain or tenderness of your jaw
- Pain in one or both of the temporomandibular joints
- Aching pain in and around your ear
- Difficulty chewing or pain while chewing
- Aching facial pain
- Locking of the joint, making it difficult to open or close your mouth.

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