



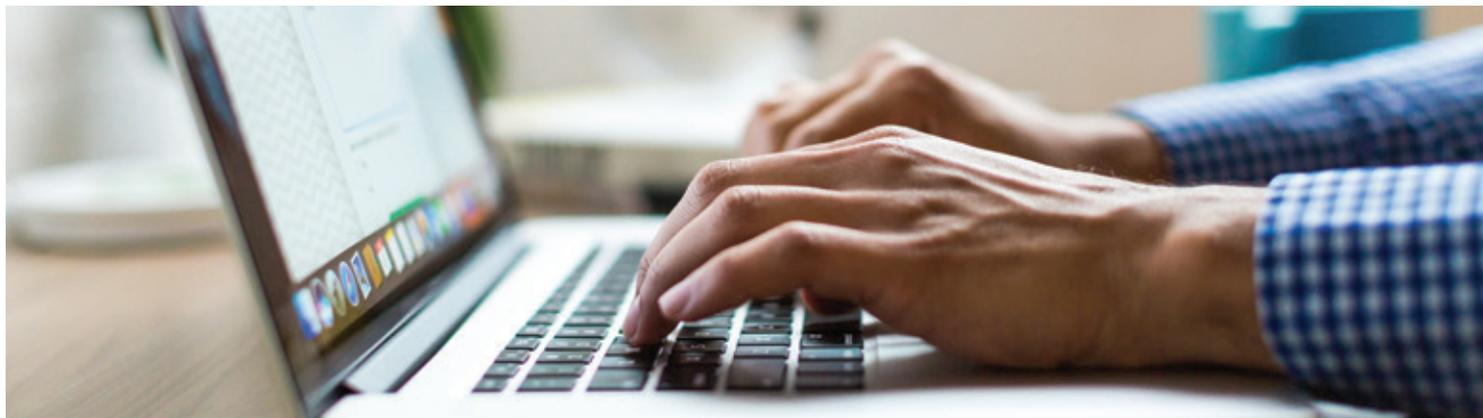
Questions about your Benefits?
Call Participant Services at the Fund Office (877) 850-0977.
Press "2" for a representative or #1" to use the automated system.

For Your Benefit

Operating Engineers Local No. 77

Oct. 2018 Vol. 17, No. 4

www.associated-admin.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.

In addition to 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 2018") 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.

Conifer Health Solutions to Replace American Health Holding

Effective January 1, 2019, Conifer Health Solutions will replace American Health Holding as the Fund's Utilization Management (Certification of Care Service). More information and new cards will be forthcoming closer to the effective date.

Complete and Return COB Form on page 5.

Participants Encouraged to Use Website for Valuable Benefit Information	1
Conifer Health Solutions to Replace American Health Holding.....	1
Important! Keep the Fund Office Informed of Your New Address and Phone Number.....	2
When an Ambulance Is Needed....	2
Self-Payments Allow Continuation of Health & Welfare Benefits.....	2
Help Your Claims Be Paid Quickly	3
Go To the Emergency Room Only If Urgent.....	3
Relief for Allergy Sufferers	4
SP Members Get an Extra \$40 to Spend on Lenses.....	4
Coordination of Benefits Procedures.....	4
COB Form.....	5
2017 Annuity Summary Annual Report.....	6
2017 Health & Welfare Summary Annual Report.....	7
Contributions Can Still Be Made When You Work Outside Your Area.....	8

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.

Important! Keep the Fund Office Informed of Your New Address and Phone Number

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. If we don't have the correct information, that may affect your benefits.

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, we need your change of address 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.

When an Ambulance Is Needed

You, your spouse and children have coverage for ambulance services to a hospital **only if it's a medical emergency**. (See sample of medical emergencies mentioned above). The coverage is up to \$100 per incident at 100% with no deductible. When it is determined that medically necessary life support services are provided while being transported, 50% of the remaining cost of the ambulance service will be paid under Major Medical. You must satisfy the annual deductible before the additional 50% payment will apply.

Self-Payments Allow Continuation of Health & Welfare Benefits

The Self-Payment Option is a voluntary benefit offered by the Plan as an alternative to COBRA. If you meet the criteria for Self-Payments described in your Summary Plan Description (SPD) booklet, you may maintain your eligibility for Health and Welfare benefits by making payments yourself. Self-Payments allow you to protect your benefits if you lose eligibility due to layoff or because of reduction in hours.

Pointers

- You are eligible to maintain your coverage by making self-payments for a maximum of 18 months.
- You may self-pay when your eligibility ends if you are disabled or if you are unemployed. Unless you are disabled and unable to work, you must remain available for immediate employment in the jurisdiction of Local No. 77 ("covered employment") during the entire time you are making Self-Payments.
- If you are not disabled and not available for work in covered employment or if you decline covered employment, you are no longer eligible to make self-payments.
- When you leave work and have a period of self-payments, you will be credited with the number of

employer-paid hours you have in your bank **on the date you stopped working**. The months for which you make self-payments do not add to your "bank" of hours. Instead, the hours in your "bank" remain frozen until such time as you are no longer making self-payments (when you return to work, for example).

- During the period of self-payment, you will be credited with one month's eligibility for Health and Welfare benefits for each month that you make a self-payment.
- When you do return to work, you will be credited for the hours of service for the **12 months immediately preceding the month in which you began making self-payments**, whatever that amount may be. You must continue to self-pay when you return to work in order to maintain your Health and Welfare benefits until you have accrued enough employer-paid hours to equal **400 hours in the last three-month period**.

If you become eligible for the Self-Payment Option, the Fund Office will send you a letter describing the program in detail and giving you the cost.

Help Your Claims Be Paid Quickly

In order to help us process your claims quickly and accurately, 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 with your claim. 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.**

Not all accidents are car accidents. An accident could be a cut or a fall. If you or your dependent is involved in any type of accident, provide the Fund Office with details including what happened, where and when it happened, and if anyone else was involved.

- **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.

- **New group coverage for you or a family member?**

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.

- **Change in dependent 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.

- **Beneficiary Designation**

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.).

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. Some 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).

When to Use 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.

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 of benefits covers the cost of diagnosis and treatment through the injection of allergy serum. However, antihistamine injections are not covered.

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



VSP MEMBERS: GET AN EXTRA

\$40
TO SPEND

Choose a frame from any of these brands, and \$40 will automatically be applied to your purchase when you use your benefits.

EXCLUSIVE MEMBER EXTRAS

BEBE • COLE HAAN • FLEXON[®] SALVATORE FERRAGAMO

Available only to VSP members with applicable plan benefits. Coupon not required to redeem offer. Void where prohibited. Offer good through January 31, 2019. ©2019 Vision Service Plan. All rights reserved. VSP is a registered trademark of Vision Service Plan. Flexion is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 27251 VCCM

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 bill. 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 the next page and return it to the Fund Office at the address shown at the bottom of the form.

See Page 5 for COB Form



Operating Engineers Local No. 77 Annuity Fund

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

SUMMARY ANNUAL REPORT

OPERATING ENGINEERS LOCAL 77 INDIVIDUAL ACCOUNT PLAN

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

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, 2017 to December 31, 2017. 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 \$1,192,041. These expenses included \$296,018 in administrative expenses and \$896,023 in benefits paid to participants and beneficiaries. A total of 2,101 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 \$27,392,882 as of December 31, 2017 compared to \$22,783,203 as of January 1, 2017. During the Plan year, the Plan experienced an increase in its net assets of \$4,609,679. This increase 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 \$5,801,720, including employer contributions of \$1,909,769, employee contributions of \$634,536, other contribution income of \$11,871, interest income of \$1,381, and a net gain from investments of \$3,244,163.

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, DC 20210.



**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

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

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, 2017 through December 31, 2017. 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 \$39,536,870 as of December 31, 2017 compared to \$40,122,851 as of January 1, 2017. During the plan year the Plan experienced a decrease in its net assets of \$585,981. 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 \$16,021,298. This income included employer contributions of \$12,371,932, employee contributions of \$918,267, realized gain of \$111,137 from the sale of assets, unrealized appreciation of assets of \$504,228, gains from investments of \$491,394, earnings from investments of \$980,025 and other income of \$644,315. Plan expenses were \$16,607,279. These expenses included \$1,255,955 in administrative expenses and \$15,351,324 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.

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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.

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