



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

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www.associated-admin.com



Material Modification

Services at CVS

MinuteClinics Are Now Covered

The Board of Trustees is pleased to announce that **effective August 1, 2012** the Fund will cover services rendered at a CVS MinuteClinic. This is exciting news, since the average wait time in an emergency room is close to an hour. You can now avoid this by taking advantage of the services offered at a CVS MinuteClinic health care center. No appointment or pre-authorization is needed.

MinuteClinics are staffed by nurse practitioners and physician assistants and are available to provide services for the diagnosis and treatment of minor illnesses, injuries and skin conditions, administration of vaccinations, health screenings, physicals and monitoring for chronic conditions. Most services are available for those age 18 months and older; but ages for specific services may vary.

MinuteClinic Practitioners Can:

- Diagnose, treat and write prescriptions for common family illnesses such as strep throat, bladder infections, pink eye and infections of the ears, nose and throat.
- Provide common vaccinations for flu, pneumonia, pertussis, and hepatitis, among others.
- Treat minor wounds, abrasions, joint sprains and skin conditions such as poison ivy, ringworm and acne.
- Provide a wide range of wellness services, including sports and camp physicals, smoking cessation and TB testing.

- Offer routine lab tests, instant results and education for those with diabetes, high cholesterol, high blood pressure or asthma.

Services For These Minor Illnesses

- Allergy symptoms (2 years+)
- Bronchitis / cough
- Earache / ear infection
- Flu symptoms
- Mononucleosis
- Motion sickness
- Sinus infection / congestion
- Pink eye & styes
- Sore throat / strep throat
- Upper respiratory infection
- Urinary tract / bladder infection (females 12 years+)

Services For These Minor Injuries

- Blisters
- Bug bites & stings
- Corneal abrasions
- Deer tick bites
- Jellyfish stings
- Minor burns
- Minor cuts & lacerations
- Minor wounds & abrasions
- Splinters
- Sprains / strains (ankle, knee)
- Suture & staple removal

Other Services Include:

- Skin Condition Exams
- Wellness & Physical Exams
- Health Condition Monitoring
- Vaccinations, Labs & Tests – go to www.minuteclinic.com to learn more.

Some additional charges may apply for certain treatments.

IMPORTANT: Services are covered only at CVS MinuteClinics.



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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.

Complete and return COB form on page 5

Improved VSP Coverage

Effective August 1, 2011, Vision Service Plan ("VSP") provides coverage for eyeglass lenses once every 12 months. Coverage for frames remains covered once every 24 months. Please make this change in your Summary Plan Description booklet on page 69.

Material
Modification



Receive Discounted Rates by Using A VSP Provider

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; however, your out-of-pocket expenses may be higher.

Vision Coverage with A VSP Doctor

- An exam is covered once every 12 months when rendered by a participating VSP provider.
- Eyeglass lenses are covered once every 12 months and frames are covered once every 24 months.
- You are responsible for a \$10 co-payment per visit and a \$10 materials co-payment when you receive either single vision, lined bifocal, or lined trifocal lenses. **Note: if you go to a Non-VSP provider, VSP will pay up to \$52 for an eye exam, \$34 for single vision lenses, \$50 for lined bifocal lenses, \$66 for lined trifocal lenses, \$50 for frames, and \$100 for contact lenses if you choose contacts instead of lenses and frames.** If you see a doctor other than a VSP doctor, you have 6 months to submit a claim to VSP for reimbursement.
- You have a \$130 allowance for the purchase of eyeglass frames **or** towards the purchase of contact lenses. Contact lenses are in lieu of lenses and frames.

Find A VSP Doctor

To locate the most current doctors in the VSP network, log on to www.vsp.com. Just click on the member tab and register. Once registered, you can locate doctors that are convenient for you. Although registration is not required, it is helpful in finding a doctor who participates in your specific VSP plan. You can also call VSP's Interactive Voice Response ("IVR") toll-free at (800) 877-7195. The IVR is available 24 hours a day, seven days a week.

When You Schedule Your Appointment

When you schedule your eye appointment, simply tell your eye doctor your name and date of birth. Your provider will contact VSP for authorization of your eligibility.

When You Go To Your Appointment

You do not need an ID card; however, if you would like one, you may print it by going to the VSP website at www.vsp.com. Your VSP provider will have your authorization waiting for your arrival.

Reminder: Once Pension Benefits Begin, You Cannot Make A Change

Your Pension Plan offers three payment options: the 36-Month Payment Guarantee Benefit, the 50% Joint and Survivor Annuity, and the 75% Joint and Survivor Annuity. If you are married, a Joint and Survivor option will automatically be chosen for you (as required by law) unless both you and your spouse choose another method before your pension begins.

You cannot make a change to your pension option once you are in pay status. For example, if you are getting paid under the 36-Month Payment Guarantee option and you later get married, you are not able to change to a Joint and Survivor option.

Also, please be aware that you must be married for one year prior to your retirement before you are eligible to collect your pension as a Joint and Survivor option.



Change In Coverage For Prescription Drugs When Covered Under Medicare Part B And Caremark

Effective August 14, 2012, if a prescription drug is covered by Medicare Part B and would also be a covered drug through Caremark, the Fund will pay the lessor of the

20% Medicare Part B coinsurance or 60% of the cost if covered through Caremark. This change in coverage only applies to participants who have Medicare as their primary coverage.



Receiving Help for Alcohol And Substance Abuse

Substance use disorders are among the most common psychiatric disorders found in the United States today. One in four individuals meets the criteria for a substance use disorder at some time in their lives.*

Your benefits do 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, and
2. You submit a letter of medical necessity from the 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 by the Fund office 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.

*This information was obtained from [MD Consult](#), Center for Drug and Alcohol Programs, Dept. of Psychiatry and Behavioral Sciences, Medical Univ. of South Carolina, Charleston, South Carolina.

Landover Fund Office Has New Four-Digit Zip Code

The zip code for our Landover office has changed from 20785-2210 to 20785-6102. The four digit extension “6102” identifies the Suite Number 201 at 4301 Garden City Drive in Landover.

Beginning in January 2013, the US Postal Service is not required to deliver mail that does not have the proper four-digit extension. This means that **mail may not be delivered** to our Landover office unless all the numbers are correctly shown on the envelope.

When sending correspondence to the Landover Fund office, please address it to:

Fund Office
4301 Garden City Drive
Suite 201
Landover, Maryland 20785-**6102**

Death Of Spouse Affects Your Pension

The death of a spouse is a difficult time. However, if your spouse dies, it is important to notify the Fund office. Why? Under the Joint and Survivor option, the amount of your monthly pension is reduced in order to guarantee your spouse a percentage (50% or 75% of your pension for his/her lifetime if you, the participant, die first). However, if your spouse dies before you, your Plan contains a “pop up” provision, which means that your pension will “pop back up” to what it would have been **if you had not chosen the Joint and Survivor option when you retired**. Once the Fund office receives receipt of a death certificate, your pension will be increased the first of the month following receipt up to the amount which would have been payable had you retired with the 36-payment guarantee benefit.



Also, if you have health and welfare coverage through the Fund for you and your spouse, the monthly co-payment may decrease upon the death of a spouse.

If your spouse dies, notify the Fund office in writing and send a copy of the death certificate. We will then adjust your pension amount, and if applicable, the co-payment for health and welfare coverage.

Do You Have Coverage Elsewhere?

If you, your spouse, or your dependents have benefit coverage in more than one group health plan, the Fund office needs to know. Why? Because there are Coordination of Benefits (COB) rules which determine which plan processes the claim first, second and even third (if you have coverage under three group plans).

Virtually every group health plan has COB rules. They are designed to protect the Fund (and all group health and welfare plans) from paying when another plan is liable. The Fund’s COB rules are described in your Summary Plan Description on pages 39 – 42.

Even if you have completed a COB form before and nothing has changed, please complete the form on this page and return it to the Fund office at the address shown at the bottom.

Remember, updating this information NOW saves time LATER (when you have a claim waiting to be processed). If you do not tell the Fund office about the other coverage and it is discovered later (after claims have been paid), you will be billed for the amount paid in error. Don't let this happen to you.





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



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Landover, Maryland 20785-6102
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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

Save Money By Using A Delta Dental Dentist

The Fund has contracted with Delta Dental, a dental Preferred Provider Organization (“PPO”). While you are not required to use a Delta Dental provider, doing so can save you significant money and

stretch your dental benefits. Delta Dental dentists have agreed to provide services at specific – generally lower – rates. Using a Delta Dental dentist means the amount you pay is usually lower as well.

Benefits and Covered Services		
	Using a Delta Dental Dentist	Not Using a Delta Dental Dentist
Diagnostic and Preventive Services <ul style="list-style-type: none"> • Oral exams • routine cleanings • x-rays • fluoride treatment • space maintainers • sealants 	100%	80%
Basic Benefits <ul style="list-style-type: none"> • Fillings 	80%	60%
Major Benefits <ul style="list-style-type: none"> • Crowns • Inlays • Onlays • Cast Restorations 	50%	50%
Endodontics <ul style="list-style-type: none"> • Root Canals 	80%	60%
Periodontics <ul style="list-style-type: none"> • Gum treatment 	80%	60%
Oral Surgery <ul style="list-style-type: none"> • Incisions • Excisions • Surgical removal of tooth including simple extractions 	80%	60%
Prosthodontics <ul style="list-style-type: none"> • Bridge • Dentures 	50%	50%

Deductibles

The Fund will pay up to \$1,000 per calendar year (per participant and dependent) for examinations, cleanings, fillings, and other dental services. There is a \$50 deductible per person, per calendar year, to a maximum family deductible of \$150. The deductible does not apply to preventive care such as cleanings, or to diagnostic procedures such as x-rays.

Advantages

When you use a Delta Dental provider, you will only be asked to pay your portion at the time of your visit. The participating dentist will file the claim for you and receive reimbursement directly from Delta Dental.

If you go to a non-Delta Dental provider, you may be asked to pay the cost in full and you may have to file your own claim. If you use a non-Delta Dental dentist and file your claim, payment will be made directly to you, not to the dentist. You are responsible for paying the non-Delta Dental dentist in full.

Locating a Provider

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





Improve Your Energy, Eye Health, And Slim Down

Get the most from what you eat by choosing a variety of colorful produce that's rich in antioxidants. Bump up your nutritional intake by selecting foods with selenium, vitamin E, vitamin C, alpha lipoic acid, zinc, and omega-3 fats. Nature has just what you need for an energy boost. Throw together a colorful salad or steam some vegetables for a side dish, or grab some fresh fruit for a wholesome snack.

Here are some simple ways to stay healthy and care for your vision.

- **Carrots**

Filled with beta carotene, carrots can help reduce the risk of macular degeneration and cataracts.

- **Spinach, kale, and other dark green, leafy vegetables**

Deep green and leafy, spinach is filled with vitamin C, beta carotene, lutein, and zeaxanthin. These antioxidants act like a natural sunscreen for your eyes and protect your eyes from harmful UV rays. Use spinach in salads, steam it, or mix up a low-cal spinach artichoke dip and scoop it up with carrot and bell pepper sticks.

- **Sweet potatoes**

This bright-orange root vegetable provides beta carotene, just like carrots. For an easy and fun way to get your vitamins, cut a sweet potato in thin strips. Roast the strips in the oven with a little olive oil and your choice of spices and enjoy sweet potato fries.

- **Turkey**

This all-purpose protein is delicious in chili, burgers, tacos, sandwiches, and more. It's also loaded with zinc and B-vitamin niacin, which can help prevent cataracts.

- **Wild salmon**

Studies show that eating foods rich in omega-3s can help protect tiny blood vessels in the eyes. Broil some wild salmon for dinner—a perfect way to get the omega-3 fats you need. For a tasty and nutritional treat, serve a spinach salad on the side!



The above article is from VSP, GetFIT (A VSP Wellness Program). This information is general and is not intended to be a substitute for professional advice.

How Are Normal Pension Benefits Calculated?

For all hours worked after December 31, 2010, you accrue monthly pension benefits upon your retirement equal to 2.5% of the total contributions made on your behalf to the Pension Fund.

Below is an example of Normal Benefit calculations if you were not an employee of a Paving Contractor and you retire on January 1, 2013. For example, assume that John

has earned 18 years of benefit credit prior to January 1, 2008, with no breaks in service, and worked 2080 hours during each calendar year from 2008-2012. During this time, his employer made contributions to the Fund of \$1.90 per hour in 2008, \$2.10 per hour in 2009, and \$2.30 per hour in 2010, 2011 and 2012. Assume further that John is unmarried. If John retires on January 1, 2013, his pension would be calculated as follows:

Years of Service	Benefit Calculation	Amount
Before 2008	18 (years) × \$88.15 (pre 2008 benefit rate)	\$1,586.70
2008	2080 (total hours) × \$1.90 (hourly contribution) × 3% (benefit rate)	\$118.56
2009	2080 (total hours) × \$2.10 (hourly contribution) × 3% (benefit rate)	\$131.04
2010	2080 (total hours) × \$2.30 (hourly contribution) × 3% (benefit rate)	\$143.52
2011	2080 (total hours) × \$2.30 (hourly contribution) × 2.5% (benefit rate)	\$119.60
2012	2080 (total hours) × \$2.30 (hourly contribution) × 2.5% (benefit rate)	\$119.60
TOTAL		\$2,219.02

Upon retirement, John would receive a monthly pension of \$2,219.02.

Let The Fund Office Know When You Return To Work

If you have been receiving Weekly Accident and Sickness 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 Accident and Sickness Claim form. The Fund office needs this information in order to update your claim and to ensure payments are not processed beyond the date they should be processed. If this happens, your claim will go into an “overpaid” status until the money is refunded to the Fund office.

What Does This Mean for You?

If your claim goes into “overpaid” status, and is not repaid within 30 days, your eligibility for benefits under this Plan could be terminated. If it is still not repaid within 90 days, your eligibility could be terminated and you will not be allowed reinstatement of benefits until 12 months after your repayment has been satisfied.

A phone call to the Fund office letting us know when you have returned back to work can ensure this never happens to you.