

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 2016 Vol. 16, No. 4

www.associated-admin.com

EpiPen Savings Cards

In an effort to alleviate staggering prescription costs for EpiPens, the manufacturer (Mylan) is offering a co-pay card to participants and their families.

EpiPens, used to treat life-threatening allergic reactions, have increased in price to over \$600 for a 2-Pak[®]. The co-pay card will save \$100 (before 8/25/16) to \$300 (after 8/25/16) off the purchase.

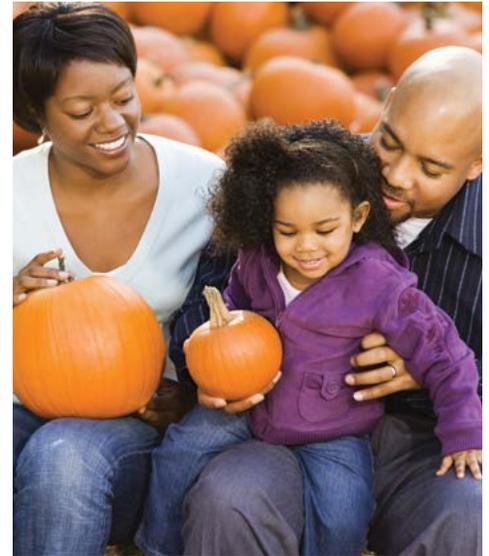
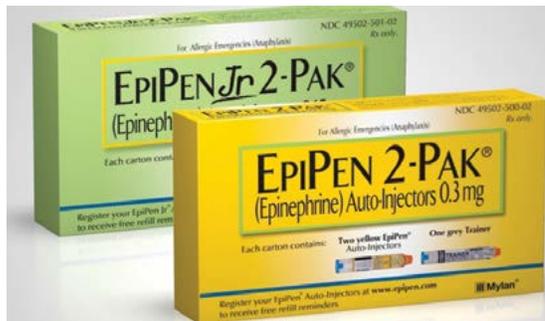
Since schools are back in session, many people have already purchased their EpiPens as part of their back-to-school supplies. A rebate is being offered to these and other consumers who bought EpiPens prior to 8/25/16. For those who haven't purchased EpiPens but plan to do so, make sure to get the co-pay card. Here are two simple steps to follow, depending on your situation:

Step One – Activate an EpiPen card by selecting "Commercial Insurance" if covered under an IUOE Plan. <https://www.epipen.com/copay-offer#terms>

Step Two – Fill out a Rebate Request Form including "Date of Fill" as the date you activated the EpiPen card. www.patientrebateonline.com or call 1-866-566-6446.

This savings opportunity, valid until 12/31/16, can be used to save up to \$300 on each purchase of an EpiPen 2-Pak[®] carton. There is a maximum of three cartons per prescription and the offer can be used for a total of six cartons. A valid prescription with Prescriber ID# is required.

EpiPens contain epinephrine, a hormone that is used to counter anaphylactic shock. The most common causes of anaphylactic shock include insect bites, bee stings and food allergies.



COMPLETE AND RETURN COB form on page 5

This issue—

EpiPen Savings Cards	1
Reviewing Your Annuity/401(k) Investments with Mass Mutual	1
Relief for Allergy Sufferers	2
Pre-Certify Your Hospital Stay with American Health Holding	2
Pre-Authorization Is Required for Over Eight Chiropractic Visits	3
Self-Payments Allows Continuation of Health & Welfare Benefits	3
Coordination of Benefits Procedures	4
Important! Keep the Fund Office Informed of Your New Address and Phone Number	4
Selfie Ready Smiles	6
Help Your Claims Be Paid Quickly	7
Simplify Things with Electronic Funds Transfer	8

Reviewing Your Annuity/401(k) Investments with Mass Mutual

Participants in the International Union of Operating Engineers Local 77 Annuity Fund can check the status of their annuity investments and balance by logging onto www.massmutual.com/retire. The account number assigned to Local 77 participants is 51753-1-1.

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.

Relief for Allergy Sufferers

Autumn can be a beautiful season, with fall foliage transforming the landscape into a myriad of vibrant colors. 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.



Pre-Certify Your Hospital Stay with American Health Holding

American Health Holding, Inc. ("AHH") is the provider which certifies your inpatient hospital stays and many outpatient procedures as well. **You must contact AHH to pre-certify ALL non-emergency or elective hospital stays and within 24 hours after an emergency admission, as well as to certify all in- or out-patient mental health or substance abuse treatment.**

The Precertification Process Is Easy

I. Call American Health Holding at (800) 641-5566 when:

- A hospital admission is necessary,
- Inpatient or outpatient elective surgery is to be performed,
- A pregnancy has been physician confirmed, or
- An emergency hospital admission has occurred within 24 hours after emergency admission.

The representative will need the following information:

- Name, address and age of the patient,
- Hospital/Physician name and address,

- Employee Social Security Number, and
- Admission date and proposed procedure.

2. AHH will review and coordinate the hospital stay with your health care provider to determine:

- The reason for admission,
- Surgical procedures to be performed,
- The appropriate length of the hospital stay, and
- Alternative options, such as preadmission testing and outpatient treatment.

3. Once you are admitted, a nurse will contact your health care provider frequently to confirm that:

- The admission and procedures have taken place,
- The prescribed treatment is being rendered, and
- A release is scheduled as soon as inpatient hospital care is no longer necessary.



Self-Payments Allows 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.

Pre-Authorization Is Required for Over Eight Chiropractic Visits

Your Plan covers up to eight visits per calendar year to a chiropractor without pre-authorization. However, if you know you will need more than eight visits in one calendar year, **you must, before your ninth visit, get pre-authorization from American Health Holding ("AHH")** by calling (800) 641-5566.

In order to be covered, the treatment must be medically necessary to improve your condition. Treatment to maintain a level of function is not considered medically necessary.

The Fund Office will request treatment notes from the initial consultation (as well as your other visits) and forward them to AHH. AHH will then review the notes and advise the Fund if further treatment is approved.

Be Careful. Because of the delay in billing time, we may not know you are nearing eight visits until you've already gone over that amount. If AHH does not certify the visits over eight as medically necessary, you may be responsible for all charges for uncovered visits. If you even think that you may go over eight chiropractic visits, it's a good idea to call AHH, just in case.

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).

Secondary Coverage through the Fund

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.

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 a secondary provider, 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.



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.



OPERATING ENGINEERS LOCAL NO. 77 HEALTH AND WELFARE TRUST FUND

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 21152-94

Selfie-Ready Smiles—Dental Health Tips for Teens



Want a great selfie? Work on your smile. Make the right choices to maintain a healthy mouth.

KEEP IT CLEAN

- >> Brush twice a day with a fluoride toothpaste.
- >> Floss daily.
- >> Rinse mouthguards frequently.
- >> Clean retainers or other dental appliances regularly.
- >> See the dentist for cleanings and checkups twice a year.

PLAY IT SAFE

- >> Use mouthguards during contact sports.
- >> Avoid oral piercings.
- >> Don't smoke or use other tobacco products.

LIFE HACKS FOR A CLEAN MOUTH

- >> Keep a travel-sized toothbrush in your locker, backpack or gym bag so it's easy to brush after meals and snacks.
- >> Rinse your mouth with water when you can't brush and floss after sweet or acidic treats.

- >> Chew sugarless gum with xylitol (a natural sweetener) after meals and snacks to wash away bacteria and prevent cavities.
- >> Drink lots of water! Opt for fluoridated tap water whenever possible.
- >> Boost calcium intake and retention:
 - Eat more green leafy vegetables and low-fat dairy products.
 - Take daily calcium supplements (girls: 1,300 mg; boys: 800 mg).
 - Add vitamin D by eating salmon, tuna and vitamin D-fortified milk or juice.
 - Add weights to your exercise routine.
 - Avoid energy drinks and caffeine.

DID YOU
KNOW ?

One in five youth ages 12 to 19 has untreated tooth decay.¹

¹“Dental Caries (Tooth Decay) in Adolescents (Age 12 to 19).” National Institute of Dental and Craniofacial Research. <http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesAdolescents12to19.htm>

Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.

Delta Dental of California, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies form one of the nation's largest dental benefits delivery systems, covering 33 million enrollees. All of our companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 68 million people in the U.S.

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**

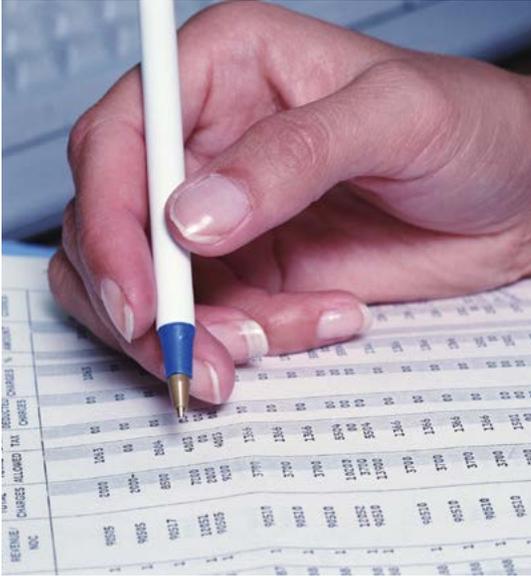
Certain benefits may be payable upon your death to the person or persons you designate as your Beneficiary. Remember to keep your beneficiary designation up to date.

- **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.).



Simplify Things with Electronic Funds Transfer



A majority of pensioners are taking advantage of Electronic Funds Transfer (“EFT”) to receive their pension checks. EFT, which is similar to direct deposit, is easy, safe and convenient. It is reassuring to know that your pension check is deposited into your account on a certain day, regardless of the weather, and it cannot be lost or stolen. **It is the safest, simplest and most efficient way to receive your pension.**

If you have not signed up for EFT, go to www.associated-admin.com and click on “Your Benefits” from either the top or left of the page. Then select “Operating Engineers Local 77” and download the Electronic Funds Transfer (“EFT”) form. You may also call the Fund Office and we will send you the form to complete and return. At that point, we will contact your bank and set up the transaction. It’s that easy!

If your completed form is received by the 15th of the month, the next month’s pension will be transferred electronically.

1ST CLASS PRRST
U.S. POSTAGE
PAID
PERMIT NO. 1608
BALTIMORE, MD

OPERATING ENGINEERS LOCAL NO. 77 FUNDS
911 Ridgebrook Road
Sparks, MD 21152-9451