



# For Your Benefit

Operating Engineers Local No. 77

October 2014 Vol. 14, No. 4

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

## Enroll Your New Dependent Within 30 Days

Under your plan of benefits, dependents include your lawful spouse residing with you and your natural children, stepchildren, adopted children or children placed for adoption, who are under the age of 26. Coverage for your spouse and children begins on the same date as your coverage.

### Adding New Dependents

To add a newly eligible dependent, contact the Fund Office for an enrollment form. Your spouse and eligible stepchildren can be added for coverage on the first of the month following the date of marriage. Biological children can 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 to be covered, a valid Social Security Number must be provided to the Fund Office.

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.**

## 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](http://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.*

Complete and return  
COB form on page 3



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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).

## 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.

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## Oral Contraceptives Must Be Medically Necessary For Coverage

Prescriptions for oral contraceptives are covered under your prescription drug benefits through Caremark **only if they are medically necessary**. Medically necessary prescriptions are covered for participants, as well as for eligible spouses and dependent daughters. The prescription must be prescribed for a medical problem only. **Oral contraceptives for the prevention of pregnancy are not covered.**

### How is medical necessity determined?

In order to determine medical necessity, the physician must write a letter describing the medical necessity of the medication and **also describe other treatments which could possibly be necessary if oral contraceptives are not used**. This information is necessary for the Fund Office to review for determination. Your physician should fax the letter to (410) 683-7778 or mail to the Fund Office at the following address:

Operating Engineers Union Local No. 77  
Health and Welfare Fund  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451

If you have any questions, call the Fund Office at (877) 850-0977.





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 21152-9451

# Pre-Certify Your Hospital Stay With American Health Holding

American Health Holding (“AHH”) is the provider which certifies your inpatient hospital stays and many outpatient procedures. You **must** call AHH at (800) 641-5566 to pre-certify ALL non-emergency or elective hospital stays or obtain AHH authorization within 24 hours after an emergency admission for all medical and mental health or substance abuse treatment.

American Health Holding verifies the medical necessity and authorizes the length of your hospital stay. **However, they do not certify that you are eligible for benefits or that a given procedure or hospital stay is covered under the Plan. A procedure excluded under the Plan will be excluded from coverage regardless of AHH’s determination of medical necessity.**

## Other Treatments That Must Be Pre-Certified by AHH

- Sub-acute care,
- Outpatient surgery,
- Surgery performed at a hospital on an outpatient basis,
- Inpatient rehabilitation,
- Physical therapy (for more than 8 visits),
- Skilled nursing facilities,
- Home health care, and
- Chiropractic care (for more than 8 visits).

If you are not sure if a proposed procedure will be covered, please contact the Fund Office at (877) 850-0977.

## 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.

**Remember,** the general rule of thumb is that if your symptoms, including the degree of severity, are such that immediate medical care is required, you should go to an emergency room. The emergency room should be reserved for medical emergencies and should not be used for general illnesses/injuries that could be treated at your doctor’s office during regular office hours or at a CVS MinuteClinic or urgent care facility where no appointment or pre-authorization is needed.



# When Accident & Sickness Benefits Are Needed

## 60 Days to File for A&S

All Weekly Accident and Sickness (“A&S”) claims must be filed within 60 days from the date that the disability began as certified by a doctor.

If you are disabled for longer than 60 days, then you must file a claim **before** you return to work. You cannot file a claim for A&S benefits later than your doctor certifies that you are disabled.

In no event may a claim be filed after 60 days and after you return to work.

## Applying For A&S

If you are eligible for benefits and become disabled to the extent that you cannot perform the usual and customary duties with your participating employer, you may apply for A&S benefits. However, the following rules apply:

- You must be seen by a physician.
- Your physician and you **must** complete **all** questions and **sign** the “Weekly Accident & Sickness And/Or Maintenance of Benefits Form.”
- File the A&S claim form within 60 days of your disability.

## Obtaining An A&S Claim Form

Log onto [www.associated-admin.com](http://www.associated-admin.com). Click on “Your Benefits” located to the left of the screen. Select “Operating Engineers Local 77” and from this site you will be able to print the “Weekly Accident and Sickness And/Or Maintenance of Benefits Form.” You can also call the Fund Office at (877) 850-0977 and request this form. Complete all the information on the form and return to the Fund Office at the address at the top of the form.

# Benefits For Those Who Suffer From Allergies

**A**utumn is a beautiful season. But it is also 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.



# Caring For Your Children's Teeth

*The following article was provided by Delta Dental. While you are not required to use a Delta Dental provider, doing so can save you significant money and stretch your dental benefits. To find a Delta Dental provider, call (800) 932-0783 or go online to [www.midatlanticdeltadental.com](http://www.midatlanticdeltadental.com).*

**D**id you know that good dental health helps your child speak and eat properly and develop strong facial bones? In fact, good dental care is vital throughout the entire growing period — from before birth to the early 20s — so it is essential to teach good habits early.

If you are aware of a few simple facts, you can help your child get off to a healthy start.

## Before your baby is born

Because a child's teeth begin to form during the fifth week of pregnancy, dental care should begin as early as possible. An unborn baby's vitamins and minerals come from the mother's food, so expectant mothers can ensure healthy baby teeth by eating a balanced diet. Nutritional deficiencies of calcium, phosphorus and other vitamins and minerals can result in the abnormal growth of baby teeth, which may actually affect the development of permanent teeth in later years.

## Caring for an infant's teeth

Cleaning a child's teeth should begin when the first tooth is visible — at about age six months — because teeth are susceptible to decay as soon as they appear in the mouth. Wipe the baby's teeth and gums with a soft, damp washcloth or gauze pad.



A leading cause of tooth decay among young children is "baby bottle syndrome." When infants are allowed to drink from nursing bottles containing milk, formula or fruit juice, they often fall asleep with the bottle in their mouth, and the liquid may pool around the teeth. Acids formed by the juice or milk can attack the tooth enamel and may eventually cause irreparable damage to the baby teeth. If you give your child a bottle to take to bed, be sure it contains only water.

## Fluoride is key

Studies have shown that children who drink fluoridated water from birth have up to 65 percent fewer cavities, and by the time they become teenagers, many of them still have no tooth decay. If you live in a community without a fluoridated water supply, you can make sure your children get enough fluoride by taking tablets or drops or by having topical fluoride treatments applied at the dental office. Using a fluoride toothpaste and mouth rinse are also effective. Combined with regular, thorough brushing and flossing, fluoridated water can help keep your child's teeth strong and free of decay.

## A healthy diet

Children need a balanced diet to help their bodies — including teeth — develop. Aside from fluoride, calcium is extremely important for strong teeth and to the structure of the face and jaws. Make sure your child drinks plenty of milk and eats other calcium-rich foods, such as yogurt and cheese, which have been shown to inhibit the effects of harmful acids. Discourage snacks that are high in sugar or starch and sticky foods, such as candy.

## Preventive care

Pay special attention to your child's teeth during the teen years, when almost all permanent teeth are in. For children under age 14, your dental benefits may include coverage for sealants, thin plastic coatings that protect the chewing surfaces of teeth from decay. Decay most often occurs during this time, due to dietary changes and inadequate dental hygiene. Children who play sports should wear mouth guards, available at sports stores or from your dentist.

## At-home care

Regular at-home preventive care — brushing and flossing after every meal — can help keep dental problems to a minimum. From age 2, children should begin to brush their own teeth with a parent's help. Use a small, soft brush with a pea-sized amount of toothpaste. After age 8, children can brush and floss alone, with an occasional check by an adult. With a parent's guidance and proper personal and professional care, children have a good foundation for maintaining healthy teeth.

## Visiting the dentist

The American Academy of Pediatric Dentistry recommends bringing your child to the dentist before his or her first birthday, followed by visits every six months. To help your child maintain good dental health, make

caring for his or her teeth a pleasant experience from the start. Turn visits to the dentist into fun outings by combining them with trips to the park, zoo, movies or a favorite lunch spot.

Avoid using negative words such as “hurt” and “shot,” and bring your child with you to the dentist’s office, so that he or she becomes comfortable with the staff and atmosphere. Demonstrating a positive attitude toward dental hygiene is one of the best ways to give your child lifelong oral health.

**When do permanent teeth grow in?**

Upper Teeth	
Central incisors	7-8 yrs.
Lateral incisors	8-9 yrs.
Cuspids	11-12 yrs.
First bicuspid	10-11 yrs.
Second bicuspid	10-12 yrs.
First molars	6-7 yrs.
Second molars	12-13 yrs.
Third molars	17-21 yrs.

Lower Teeth	
Central incisors	6-7 yrs.
Lateral incisors	7-8 yrs.
Cuspids	9-10 yrs.
First bicuspid	10-12 yrs.
Second bicuspid	11-12 yrs.
First molars	6-7 yrs.
Second molars	11-13 yrs.
Third molars	17-21 yrs.

**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.



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Sparks, MD 21152-9451

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