



Questions about Your Benefits?
1099-Rs for Retirees will be mailed in late January. Look for yours!

For Your Benefit

Operating Engineers Local No. 77

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Form 1095-B Will Be Sent to You in January

The Affordable Care Act is a federal law that requires almost everyone in the United States to have medical coverage. Starting in tax year 2015, people who don't have at least a minimal level of coverage could have to pay a fine to the Internal Revenue Service (IRS). The Form 1095-B is proof that you and your covered dependents had medical coverage, so you can report it on your 2015 tax filing and avoid paying the fine.

Form 1095-B is a tax form (like a W-2 or 1099-R) you will get from the Operating Engineers Local No. 77 Trust Fund of Washington DC as proof that you and your tax dependents had the required medical coverage. The form will be mailed to you no later than January 31, 2016. You should keep your Form 1095-B with all your tax records as supporting documentation.

If you had medical coverage through the Operating Engineers Local No. 77 Trust Fund of Washington DC in 2015 and don't receive a Form 1095-B by the end of February, please contact the Fund Office at (877)-850-0977.



Enroll in the 401(k) Option in January

If you have not enrolled in the 401(k) Option and are interested in doing so, **now is the time!** This 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.

How Does A 401(k) Work?

Saving in a 401(k) Option is easy and is processed via a payroll deduction. Because your contribution is taken before your check is taxed, it's worth more to you in the 401(k) than it would be in your paycheck, where it would be reduced by income taxes.

How Do I Enroll In The 401(k) Option?

Call the Fund at (877) 850-0977 and request a Participant New Deferral form. Once you have completed the form, return it to your employer, not the Fund.

How Much Can I Put Into The 401(k)?

You can contribute up to a maximum of \$4.00 per hour worked, in \$.50 increments. For example, you may choose to save \$.50 an hour, \$1.00, \$2.50, or even \$4.00 per hour worked.

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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.

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How Do I Know How Well My Investments Are Doing?

You'll receive a financial statement of your 401(k) account on a quarterly basis from MassMutual Financial Group that shows the amounts you've contributed and how well the investments have performed. You can also review your account online by going to www.massmutual.com. Make a selection at Login Access by clicking on "The Journey" and entering your PIN and Social Security Number.

Participation in The 401(k)

Participation in this Option is **totally voluntary**. You may stop making contributions or change the amount every six months (January 1st and July 1st) by completing a Participant Deferral Change form.

For More Information

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



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.

What You Should Know about Accident and Sickness Benefits

To Receive Accident and Sickness Benefits, You Must Meet Certain Criteria

If you are disabled due to a non-occupational accident or illness and unable to work, the Health Fund will pay you Weekly Accident and Sickness (“A&S”) benefits. Benefits may include payments for a portion of a week.

To receive A&S, the following conditions must be met:

1. The disability must be a result of a non-occupational accident or disease for which benefits are not payable under the Workers’ Compensation law; and
2. The disability begins
 - a. After commencement of a hospital confinement; or
 - b. From an accident or illness involving a fracture procedure; or
 - c. For periods certified by a physician or surgeon following surgery, provided all other requirements are met; and
3. You are not being paid by your employer.

Weekly A&S benefits are payable for a **maximum of 13 weeks** for any one disability. If you cease being disabled, you are required to notify the Fund.

Special Circumstances: Payment of Benefits for Six Weeks

If you are taking a prescribed medication which prevents you from operating machinery, you may be eligible for A&S benefits for a maximum of six weeks (or the length of time you take the medication, whichever is less). To be eligible for benefits under this provision, the Fund must receive a doctor’s note. Contact the Fund for more information if this applies to you.

If Returning to Work, Call the Fund Office

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 you return to work. If this happens, your claim will go into an “overpaid” status until the money is refunded to the Fund Office.

A phone call to the Fund Office letting us know when you have returned to work can ensure this does not happen to you.

How to File Weekly Accident and Sickness Claims

All Weekly Accident and Sickness claims must be filed within **60 days** from the date the disability began as certified by a doctor. If you return to work before 60 days, then you have 60 days from the date your doctor certifies you as disabled in which to file a claim. If, on the other hand, you are disabled for longer than 60 days, then you must file a claim BEFORE you return to work. In no event may a claim for Accident and Sickness Benefits be filed later than the date your doctor certifies you as disabled. Also, in no event is a claim payable if filed after 60 days and after you return to work.

Weekly Accident and Sickness claims should be mailed to:

Fund Office
Operating Engineers Local No. 77
P.O. Box 1065
Sparks, MD 21152-9451

Accident and Sickness Benefits Are Taxable

Weekly Accident and Sickness benefits are taxable and must be reported on your IRS tax return. Income tax is not automatically withheld from your A&S payments unless requested. A&S benefits along with any tax withheld will be included on the W-2 issued by your employer.

Follow IRS Rules

Withholding amounts must:

- Be in whole dollars (for example, \$35, not \$34.50),
- Be at least \$4 per day, \$20 per week, or \$88 per month based on your payroll period, and
- Not reduce the net amount of each sick pay payment that you receive to less than \$10.

Obtaining IRS Form W-4S

You can print a copy of the W-4S form by logging on to www.associated-admin.com. Click on “Your Benefits” located at the left side of the screen and select “Operating Engineers Local 77.” Under the heading “Downloads,” select and print the form entitled “Request for Federal Income Tax Withholding from Sick Pay.” You can also call the Fund at (877) 850-0977 and we will be glad to mail one to you.

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.

Did 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 is 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

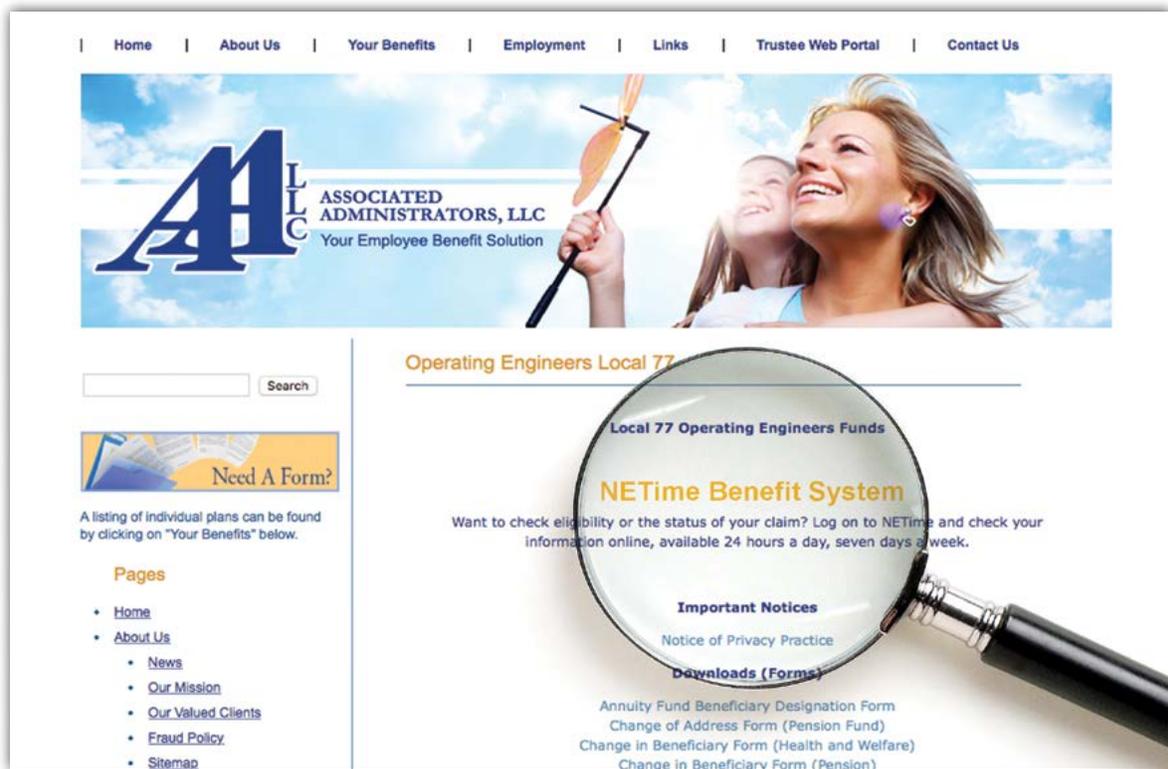
Regular at-home preventive care—brushing and flossing after every meal—can help keep dental problems to a minimum. From age 2, children should begin to brush their own teeth with a parent's help. Use a small, soft brush with a pea-sized amount of toothpaste. After age 8, children can brush and floss 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	LOWER TEETH
Central incisors: 7-8 yrs.	Third molars: 17-21 yrs.
Lateral incisors: 8-9 yrs.	Second molars: 11-13 yrs.
Cuspids: 11-12 yrs.	First molars: 6-7 yrs.
First bicuspid: 10-11 yrs.	Second bicuspid: 11-12 yrs.
Second bicuspid: 10-12 yrs.	First bicuspid: 10-12 yrs.
First molars: 6-7 yrs.	Cuspids: 9-10 yrs.
Second molars: 12-13 yrs.	Lateral incisors 7-8 yrs.
Third molars: 17-21 yrs.	Central incisors 6-7 yrs.



Use NETime to View Your Benefits Online

The online access service called NETime (pronounced Anytime) provides real time access to benefits data in a safe, secure environment that complies with all privacy regulations. NETime provides personal benefit information via the Internet, 24 hours a day, 7 days a week, to participants and dependents.

NETime Can Show You:

- The date and amount of contributions your employer paid on your behalf;
- The person(s) named as your beneficiary under the Pension Fund and Health and Welfare Fund;
- Medical claims paid on your behalf for the past three years;
- Your recent eligibility;
- The date and amount of your pension payments, along with the amount withheld for taxes; and
- The dates of, and payments made to you, for Weekly Accident and Sickness benefits.

How To Access NETime:

- Log onto www.associated-admin.com. Click on "Your Benefits," located at the left side of the screen, and select "Operating Engineers Local 77." You will be directed to Operating Engineers Local 77's link. Click on "NETime Benefits System."
- When you first access this site, you will be directed to the page where you are asked to enter a user name and password. You and your dependent(s) (if over age 18) can create your own user name and password.
- Once you have successfully logged in, you will be taken to the "Demographic" page, which displays your address, phone number, and dependent information.
- The menu selection screen appears in the left column of your screen. Here you can click on the category you wish to view (medical claims, accident and sickness benefits, etc.).

Note: The information provided on the NETime Benefits website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date. If you believe that what is shown is inaccurate, please submit your question to the Fund Office in writing.



Use 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 an emergency** 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.



If You're Involved in an Accident, Contact the Fund Office

If you are involved in an accident, you are asked to complete a claim form for either Accident and Sickness Benefits or Medical Benefits. The term "accident" is used to refer to any type of accident, not just car accidents. For example, a cut, bruise, break, sprain, strain, or tear are all injuries sustained as a result of an accident.

To process your claim, we must know how, when, and where all accidents occurred. If we ask for accident information, we need details about any kind of accident, not just car accidents. This is because if the accident is determined to be the fault of a third party, the Fund is not liable for those claims. A "third party" is not just another driver in a car accident – it could be that a manufacturer is at fault, another property owner, or any other party. We must ask for this information in order to process your claim correctly.

Remember, however, that **work-related claims are not at any time paid by the Fund.**

Work-related claims can be submitted with verification of Workers' Compensation carrier payment. This allows us to keep you "eligible" **for other benefits** under the Plan rules even though you are not working.

American Health Holding's Case Management Program Offers Help to You and Your Family

Your benefits under American Health Holding offer you the advantages of the Case Management Program. Case Management is a program that helps you and your family if a serious illness or injury should occur. Specially-trained nurses can help you and your family understand your treatment and offer options for your care. They will work with your providers.

How Does The Program Work?

Case Management begins when your doctor tells you that your illness or injury may be difficult, long-term, and costly. You, a family member, or a provider then calls the Case Management Department (toll free (800) 641-3224). A case manager will answer any questions you may have regarding medical care, home care needs, treatments, and services. Your case manager helps ensure that you get high quality, cost-effective care.

How Can A Case Manager Help?

- By consulting with your doctor, hospital, and insurance company to obtain discounts for care and services when possible.
- By providing a link between you and your doctor and hospital.
- By becoming a support system for you and your family during a serious injury or illness.
- By educating you and your family on your health care, home care needs, treatments, lifestyle changes, etc.



Reconstructive Surgery Covered following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, and not through an HMO. If you have coverage through an HMO, you should receive a notice directly from the HMO.

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

1. Reconstruction of the breast on which a mastectomy is performed;

2. Surgery on the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Physical complications of all stages of mastectomy including lymphedemas.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

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