

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

July 2011 Vol. 11, No. 3

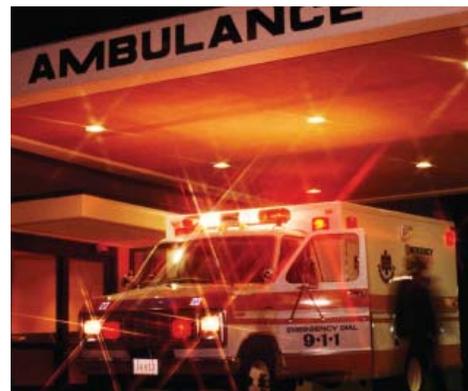
www.associated-admin.com

Material Modification

Change in Ambulance Benefits

Below is a Summary of Material Modification (change) to your Summary Plan Description booklet. Please keep this notice with your booklet so you will have it when you need to refer to it. If there is any discrepancy between the terms of the Plan and its amendments, and this document, the provision of the Plan, as amended, will control.

Effective May 10, 2011, the Board of Trustees approved changes for ambulance benefits. The Fund will pay for professional ambulance services, when medically necessary, to or from a hospital, 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.



Notice of Creditable Coverage

Cut and Keep. See Page 5.



Retirees: Have You Returned Your Retiree Information Form?

The Fund office sent a Retiree Information Form ("RIF") to each retiree asking for information about your current address, your beneficiary, and whether you are employed. Although you may have completed this form last year, **you still must complete and return this year's RIF. Please answer all questions** on the form to the best of your ability, sign and date it, and return it to the Fund office. If you don't answer all the questions, we will return the form to you and ask you to fully complete it.

What If You Don't Have Any Changes?

You still have to complete and sign the RIF. Even if there are no changes to report, we still need to make sure our files are correct.

Failure to return the form may result in suspension of your benefits.

To avoid having your benefits interrupted, **take the time now to complete and return the RIF as soon as possible.**

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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.



Review Your Benefits Online Using NETime

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 "Local 77," located on the left side of the screen, and 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. Be sure to include your name and Social Security Number in your letter.



Let the Fund Office Know When You Have A Change of Address

If you're planning to move (**even if temporarily**), or have recently moved, it is important to let the Fund office know your new address by calling toll-free at (877) 850-0977. If you are a Retiree, for your protection, we need your change-of-address **in writing** to prevent theft of your pension benefit.

Please mail your information to:

The Fund Office

**Operating Engineers
Local No. 77**

911 Ridgebrook Road

Sparks, MD 21152-9451

Remember, telling the union or your employer is not the same as telling the Fund office. Tell us where you live so we can send you important information regarding your benefits, claims, changes, etc. Thank you!

Your Dental Benefits



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 amounts and stretch your dental benefits further. 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 • Flouride 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.

Servicio de Traducción es Disponible para Ayudar a los Participantes

La oficina del Fondo utiliza un servicio para ayudar a las personas que no hablan Inglés como su primer idioma. Usando la ayuda de teléfono proporcionado por el Servicio de Traducción, nosotros podemos tener una llamada entre tres personas que incluye un participante, un representante de servicios de la oficina del Fondo y un traductor.

El servicio de Traducción permite a la oficina del Fondo a hablar con mas personas en una variedad de idiomas. La mayoría de llamadas son de participantes que hablan Español, pero la oficina del Fondo tambien ha usado este servicio para comunicarse con personas que hablan Francés, Mandarín, Vietnamita, Birmano y otros idiomas.

Si usted conoce a participantes o dependientes que no han llamado a la oficina por que no se sienten seguros de su Inglés, dígalos que estamos listos para ayudarles. Solo necesitamos saber que idioma habla. Llame al (877) 850-0977.

Translation Service Is Available to Help Participants

The Fund office subscribes to a service to help us talk with people for whom English is not their primary language. By using a telephone aid provided by Language Line Services, we can have a three-way telephone conversation that includes the participant, a participant services representative from the Fund office, and a translator.

Language Line Services allow the Fund office to speak with more people and in a variety of languages. Most of the users are Spanish-speaking participants, but the Fund office has also used this service to speak to people in French, Mandarin, Vietnamese, Burmese and other languages.

If you know of participants or dependents that haven't called the Fund office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak. Call (877) 850-0977.



When Filing an Appeal, Remember the Deadline

If you have a claim denied, the Fund office will send you a written denial that includes the reason for the denial and a reference to the Plan provision or rule on which it is based. If you have a claim that has been denied, in part or in full, you have the right to appeal the decision to the Board of Trustees. But be sure to file your appeal on time.

When are the deadlines?

You have **180 days** to file an appeal for **Weekly Accident & Sickness Claims** and **Medical Claims**.

You have **60 days** to file appeals for non medical/non-disability claims such as **Pension Claims** and **Death Benefit Claims**.

How do I file an appeal?

To file an appeal, you must make a written request to the Board of Trustees at the address below:

Operating Engineers Local No. 77
911 Ridgebrook Road
Sparks, MD 21152-9451

Include the participant's name, Social Security Number, the patient's name (if different from the participant's), the dates of service and the reasons why you think your claim should be reconsidered.

Remember, your letter of appeal for either Medical Claims or Weekly Accident & Sickness Claims must be received by the Fund office **within 180 days after your claim has been denied** for the filing deadline to be met. Otherwise, the appeal will be considered late.



Important Notice about Your Prescription Drug Coverage and Medicare

The following Notice of Creditable Coverage applies to all Medicare-eligible participants, retirees, and/or spouses.



Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Operating Engineers Local No. 77 Health and Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Operating Engineers Local No. 77 Health and Welfare Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is

Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage under the Operating Engineers Local No. 77 Health and Welfare Fund will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you do decide to join a Medicare drug plan and drop your Operating Engineers Local No. 77 Health and Welfare prescription drug coverage, be aware that you and your dependents may not be able to get the same coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Operating Engineers Local No. 77 Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice Or Your Current Prescription Drug Coverage

Contact the Fund office for further information at (877) 850-0977.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through the Operating Engineers Local No. 77 Health and Welfare Fund changes. You also may request a copy of this notice at any time.

Continued on Page 6

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER:

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:

July 2011

Name of Entity/Sender:

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

Phone Number:

(877) 850-0977



Maintaining Health & Welfare Benefits Through Self-Payments

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 employ-

ment”) 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.



HEALTH CORNER

Protect Yourself from Lyme Disease

Summer weather brings more people outdoors and a greater chance of getting Lyme disease, especially if you live in or visit nearby woodlands. Lyme disease is an infection caused by a kind of bacteria (germ) transmitted by deer ticks (not the American Dog Tick). Deer ticks infect humans by biting them and passing the bacteria into the bloodstream. Untreated, Lyme disease can cause a wide range of symptoms that may involve the nervous system, joints, skin, and heart.

Early detection and removal are essential in preventing or treating Lyme disease. Ticks need to be attached for 36 hours to transmit Lyme disease. Unfortunately, ticks can be extremely difficult to detect on your body. Immature ticks, or nymphs, (found during the months of May through July) are about the size of a poppy seed; adult ticks (found during the months of October through November and April through June) are about the size of a sesame seed.

HOW DO I REMOVE A TICK?

Prompt removal of attached ticks is extremely important. Use tweezers to grasp the tick body as close to your skin as possible. Pull firmly and steadily on the tick until it comes out. Apply antiseptic or alcohol to the bite area. Over the next month, watch the bite area and the rest of your skin. If you see a rash, go to your doctor. You need antibiotics only if you get sick and/or develop a rash after being bitten by a tick.



WHAT ARE THE FIRST SIGNS & SYMPTOMS OF LYME DISEASE?

- **A red-ringed bull's eye rash**, which may appear 3 to 30 days after being bitten and can last 3 weeks or more. It may feel warm but is usually not painful or itchy.
- **Swelling of the lymph glands near the tick bite**
- **Fatigue or Headache**
- **Chills or Aches**
- **Joint Pain**

Not everyone who has been bitten and infected gets the bull's-eye rash; some people only have the other symptoms. If you have these symptoms and think you may be at risk for Lyme disease because a deer tick has bitten you, contact your doctor as soon as possible. Early detection is important!

HOW IS LYME DISEASE TREATED?

Usually, Lyme disease is treated with a 2 – 4 week course of antibiotics. If you have Lyme disease and begin treatment at an early stage, it's almost always curable. You should be feeling back to normal within 4 weeks after beginning your treatment.

HOW CAN I MINIMIZE MY RISK?

Take precautions when outside, especially in woodlands where deer may reside. Some things you can do include:

- Inspect your clothes and body closely for ticks. Also check your pets for ticks.
- Use an insect repellent containing 10% to 30% DEET
- Wear light-colored clothing to help you see ticks more easily. Tuck your pant legs into socks.
- Don't sit on the ground outside.
- Shower and wash clothes as soon as possible.

This information is general and is not intended to replace the advice of your doctor. Consult your own personal physician about your own medical condition. Information in this article is from the American Academy of Family Physicians, <http://familydoctor.org> and the Maine Dept. of Health and Human Services/Maine Medical Center Research Institute.

Availability of Pension Statement

This Notice informs you of the Plan's legal obligations under the Employee Retirement Income Security Act ("ERISA"), Section 105. Participants must receive notice that they have the right to request a pension benefit statement annually and be informed about how to get one. **You are entitled to one (1) benefit statement per year.**

Call the Fund office at (877) 850-0977 and request a Benefit Service Request Form. Complete all the information on the form and return it to the Fund office. It will take approximately 4 – 6 weeks for us to prepare your statement.



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