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

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).

Benefit Coordination

If a person is covered by two or more group plans, the order in which benefits are paid is determined as follows:

1. The plan which covers the person as an employee pays before the plan which covers the person as a dependent.

2. 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.

Continued on Page 2

SUMMARY ANNUAL REPORTS IN THIS ISSUE!

- Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program
- Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Annuity Fund

This issue—

Continued From Page 1

Benefits are coordinated between plans based on these rules. You may not choose which plan to use as primary.

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 claim. In order for the Fund to cover you as secondary, 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 page 3 and return it to the Fund Office at the address shown at the bottom of the form.

See Page 3 for the COB Form ➡

Maintenance Drugs Must Be Obtained by Mail Order through Caremark or at a CVS Pharmacy

Maintenance drugs are prescriptions used to treat chronic or long-term conditions.

The following are some examples of conditions commonly treated with maintenance drugs:

- high blood pressure
- high cholesterol
- diabetes
- arthritis
- asthma

You must use the mail order program or a CVS pharmacy for maintenance drugs to be covered.

How to Use the Mail Order Program

You must obtain two prescriptions from your physician. The first prescription should be for a supply of up to 30 days, which you may fill using your prescription card at a participating Caremark pharmacy. The second prescription will be used to order a larger supply through the mail order program or through a CVS pharmacy, up to a 90-day supply. Your copayment for mail order drugs is 40% of the discounted drug cost.

You may obtain a mail order form from the Fund Office or by visiting www.caremark.com.

Spouse Not Eligible for Benefits upon Divorce or Legal Separation

If you are divorced or legally separated, your spouse is no longer eligible for coverage under the Health and Welfare Plan. If you and your spouse are physically separated, but not legally separated, he/she may remain a dependent until the earlier of: (a) three years from the date of physical separation, or (b) the date of divorce or legal separation. If your spouse loses coverage due to divorce, your spouse has a right to continue coverage under COBRA, and should contact the Fund Office within 60 days of losing coverage to request COBRA coverage.

Please notify the Fund Office immediately if your spouse is covered under the Plan and you become divorced, legally separated or physically separated from him/her. If you don't notify the Fund and the Fund continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for repaying all claims processed by the Fund after that date.

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

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

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (877) 850-0977
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (877) 850-0977
www.associated-admin.com

SUMMARY ANNUAL REPORT

OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C. AND VICINITY

This is a summary of the annual report for the Operating Engineers Trust Fund of Washington, D.C. and Vicinity, EIN 52-6038508, Plan No. 501, for the period January 1, 2022 through December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was $36,388,719 as of December 31, 2022 compared to $39,907,117 as of January 1, 2022. During the plan year the Plan experienced a decrease in its net assets of $3,518,398. This decrease includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year, and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the Plan had a total income of $14,127,731. This income included employer contributions of $14,876,813, employee contributions of $975,809, realized gain of $863,310 from the sale of assets, depreciation of assets of $2,631,542, gains from investments of $61,549, losses from investments of $257,386 and other income of $234,178. Plan expenses were $17,646,129. These expenses included $1,446,951 in administrative expenses and $16,199,178 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC, who is the Administrative Manager, 8400 Corporate Drive, Suite 430 Landover MD 20785, telephone (877) 850-0977. The charge to cover copying costs will be $.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the office of the Plan, Associated Administrators, LLC, 8400 Corporate Drive, Suite 430 Landover MD 20785 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, Suite N-1513, Frances Perkins Building, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210.

BOARD OF TRUSTEES

Operating Engineers Local No. 77
Annuity Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (877) 850-0977
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (877) 850-0977
www.associated-admin.com

SUMMARY ANNUAL REPORT

OPERATING ENGINEERS LOCAL 77 INDIVIDUAL ACCOUNT PLAN

This is a summary of the annual report for the Operating Engineers Local 77 Individual Account Plan, (Employer Identification No. 52-2241121, Plan No. 001) for the period January 1, 2022 to December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

Benefits under the Plan are provided by a Trust (benefits are provided in whole from Trust funds). Plan expenses were $3,490,487. These expenses included $398,486 in administrative expenses and $3,092,001 in benefits paid to participants and beneficiaries. A total of 3181 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was $39,894,528 as of December 31, 2022 compared to $45,565,810 as of January 1, 2022. During the Plan year, the Plan experienced a decrease in its net assets of $5,671,282. This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The Plan had total income of $5,565,299, including employer contributions of $3,122,212, employee contributions of $1,008,212, other contribution income of $29,961, interest income of $3,322, and a net gain from investments of $1,401,592.

The Plan has contracts with Massachusetts Mutual Life Insurance Company which allocate funds toward individual policies.

MINIMUM FUNDING STANDARDS

Enough money was contributed to the Plan to keep it funded in accordance with the minimum funding standards of ERISA.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Insurance information including sales commissions paid by insurance carriers, and
4. Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participants.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC who is the Administrative Manager, 8400 Corporate Drive, Suite 430 Landover MD 20785, phone (877) 850-0977. The charge to cover copying costs will be $.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the office of the Plan, 8400 Corporate Drive, Suite 430 Landover MD 20785, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N-1513, Frances Perkins Building, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210.

BOARD OF TRUSTEES

Be Aware of the Deadline When Filing A Claim or an Appeal

FILING A CLAIM

- **One Year (365 Days) To File Medical Claims**

You must file all Medical claims and Death and Dismemberment claims within ***365 days*** from the date of an event. An "event" is defined as the accrual of charges for medical care, the date of injury, disease or illness, the date of disability, date of accident or sickness or date of death or injury which causes dismemberment.

Actively working participants and non-Medicare primary retirees should show their ID card to the provider of service. The provider will generally file their claim for the participant and retiree. Virtually all claims from a CareFirst provider will be filed electronically with the Fund. No claim form is necessary.

If you used a non-CareFirst provider, send an itemized bill directly to the Fund at the address shown below. Be sure the participant's ID number is marked clearly on the bill. The Fund may have you sign an "Assignment of Benefits" statement allowing payment to be made directly to the provider.

To file a claim directly with the Fund, send to:

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

If you used a CareFirst provider, the provider will file the claim electronically to CareFirst for you. If you or the provider files a paper claim send to:

CareFirst/Network Leasing
P.O. Box 981633
El Paso, TX 79998-1633

- **Sixty (60) Days To File Weekly Accident and Sickness Claims**

Weekly Accident and Sickness claims must be filed within **60 days** from the date that 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 that you are 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 your doctor certifies that you are disabled. Also, in no event may a claim be 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
PO Box 1065
Sparks, MD 21152-9451

You Must Provide Information to the Fund upon Request

The Fund has the right to request further information in order to properly process a claim under the Plan's provisions. If a claimant fails to provide the necessary information within a reasonable period not to exceed thirty (30) days, the Fund shall have no duty to pay the claim until such time as the documents are provided, but in no event later than 365 days.

FILING AN APPEAL

If your claim has been denied, the Fund 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. Be sure to file your appeal on time.

- **180 Days to File Appeals for Weekly Accident and Sickness or Medical Claims, and**
- **60 Days to File Appeal for Pension Claims and Death Benefit Claims**

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 within ***180 days after your claim has been denied*** for the filing deadline to be met. Otherwise, the appeal will be considered late.

Dental Benefits Provided Through Delta Dental

Delta Dental PPO

The Fund has contracted with Delta Dental, a dental Preferred Provider Organization or "PPO." You are not required to use a Delta Dental provider, but doing so can save you money.

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

Delta Dental dentists have agreed to provide services at specific, generally lower, rates, billed to the Fund. Using a Delta Dental dentist means the amount you must pay is generally lower as well.

Benefit Amount

The Fund will pay up to $1,500 per calendar year (per participant and dependent) for examinations, cleanings, fillings, and other dental services. There is a $25 deductible per individual and a $75 deductible per family. The deductible does not apply for routine and preventive dental services. The annual maximum does not apply to any dental benefit that is an essential health benefit.

Orthodontia benefit is paid at 50% to a lifetime maximum of $1,500 per person (up to age 19).

Benefits and Covered Services	Benefit Payment Using a Delta Dental Network Dentist	Benefit Payment Using an Out-of-Network Dentist
Diagnostic and Preventive Services Oral exams, routine cleanings, x-rays, fluoride treatment, space maintainers, sealants	100%	80%
Basic Benefits Fillings	80%	60%
Major Benefits Crowns, inlays, onlays, and cast restorations	50%	50%
Endodontics Root canals	80%	60%
Periodontics Gum treatment	80%	60%
Oral Surgery Incisions, excisions, surgical removal of tooth including simple extractions (when tooth is not impacted)	80%	60%
Prosthodontics Bridge, dentures	50%	50%

How Older Americans Can Keep a Healthy Smile

Preventive measures can help older adults avoid harmful dental conditions. Here are steps to you can take to protect your smile.

- Brushing twice a day for two minutes with fluoride toothpaste and floss daily.
- Visit your dentist regularly, even if you have lost your teeth or wear dentures.
- Avoid tobacco products and limit alcohol consumption.
- Drink plenty of water and chew sugar-free gum.
- Discuss replacement options for missing teeth with your dentist. Dentures, implants and bridges can help restore your smile.
- Clean removable dentures every day with a soft-bristle toothbrush and a non-abrasive cleanser.
- Do monthly self-exams for oral cancer. Look for unusual sores or swelling, white or reddish patches and changes in your lips, tongue and throat that last more than two weeks. Early detection can save lives.

Purchasing dental coverage is one of the most important ways to protect your oral and overall health. Coverage often includes preventive care at 100% and helps reduce the cost of dental procedures. While some Medicare Advantage plans offer dental care, you can also purchase individual dental insurance as standalone dental plans.

Delta Dental offers a range of plans for you to choose from, allowing you to enjoy dental benefits in retirement.

Article provided by *Dentegra/Delta Dental.*

CONIFER HEALTH SOLUTIONS®

Conifer Corner

Be Proactive, Not Reactive

Wellness visits are your time to talk and plan with your doctors and are an important way to prevent health problems and disabilities. You and your doctor can discuss your health history, health risks and daily habits. This is also a good time to bring up any needs and questions you might have.

Promote wellness together!

Conifer Health Solutions and its Personal Health Nurses (PHNs) are available to help you to know your preventative plan. To get help, call Elizabeth Woodrow, BSN, RN, CCM at 410-919-0488.

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