For Your Benefit

Operating Engineers Local No. 77

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www.associated-admin.com

Questions about Your Benefits?

Call the Fund Office at (877) 850-0977. Press "1" to reach the Automated Benefit Information System or Press "2" to speak with a representative.

Retiree Information Forms Will Mail Soon.

The Fund Office will send all retirees (and beneficiaries who are collecting a benefit) a Retiree Information Form ("RIF") in May to be completed and returned to the Fund Office. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and current employment information, if any.

This form must be completed and returned every year, even if nothing has changed. It is very important that you review and complete all sections of this form to be certain the information is correct. Mark any corrections on the form and promptly send it back to the Fund Office. It is critical that the Fund Office timely receives your completed RIF to avoid any interruption of your monthly benefits. To assist you, the Fund Office will include a postage-paid return envelope with the RIF.

Helpful Reminders

- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Be sure to sign the RIF.

The only person who can sign the RIF form is the Retiree or Beneficiary named on the RIF form, unless another individual holds legal authority to sign on the individual's behalf, such as a Power of Attorney or legal guardian. A copy of any such Power of Attorney or other legal document must be submitted to the Fund Office and verified before a RIF will be accepted with a representative's signature. If, for health reasons, the individual is unable to sign the form and there is no Power of Attorney or legal authority on file, then the individual must sign an "X" on the RIF and have it notarized by a Notary Public.

This issue—

Financial vs. Medical Power of Attorney ("POA")

It is important to understand the difference between a medical or health care POA and a financial or durable POA, and what powers are granted on your behalf. If you need to designate an individual, or "agent," who will be responsible for making decisions regarding your pension benefits on your behalf, for example, be sure that the Fund Office has a **POA** which grants your agent the power to handle retirement benefits and the power to sign on your behalf. This type of power is typically granted in a financial POA or general "durable" POA.

Medical and health care POAs, also sometimes known as "Advance Directives," usually only authorize an individual make medical and health care decisions on your behalf. A medical POA generally does not grant an individual the authority to manage financial matters on your behalf, such as pension benefits. A medical POA may or may not grant authority to handle the payment of health care claims. If you wish for your agent to handle your health care benefits, it is important to grant this power in your POA document.

In addition, if you have a "limited POA" that limits your agent's authority to act on your behalf for a specific task or set of tasks, the POA should clearly address whether your agent has authority to make decisions regarding your retirement benefits (or health care benefits) and whether your agent has the power to sign benefit-related forms on your behalf.

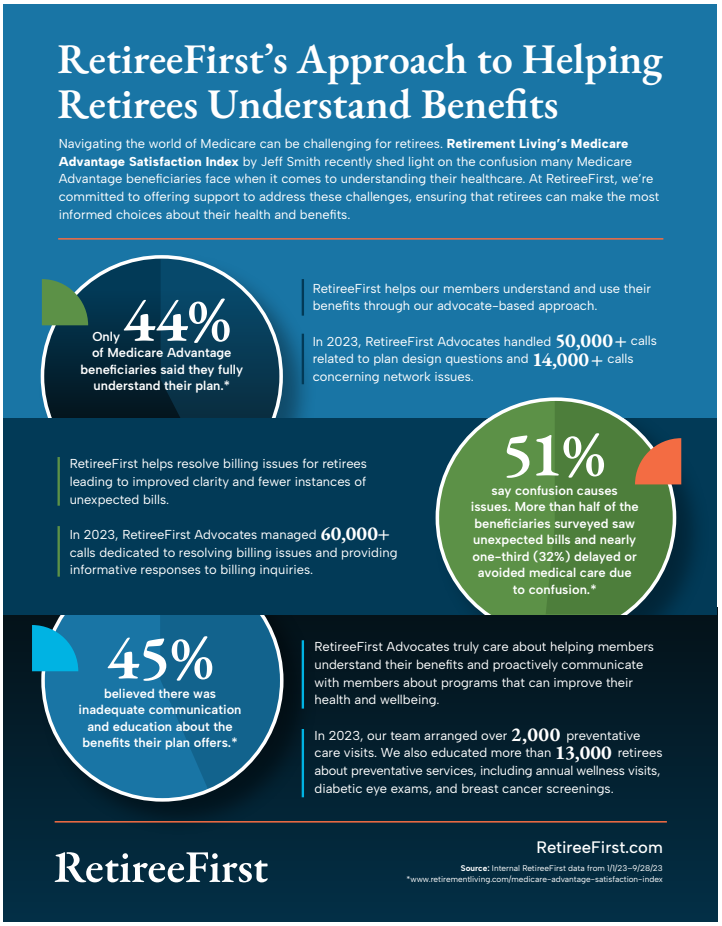
Each State's laws have different witness or notarization requirements for POAs. For a POA to be valid, it must be executed in accordance with the laws of the State in which the POA is signed. If the Fund Office receives a POA that does not meet the State witness or notarization requirements, the POA will not be accepted by the Fund. It is recommended that you have your POA reviewed by an attorney prior to submitting it to the Fund Office.

RetireeFirst
Retiree Healthcare Is Complicated. Members Need an Advocate.

Medicare is complex, and retirees have a wide range of healthcare and insurance needs. Whether facing a serious health problem, transitioning to a new plan, or dealing with a confusing bill, members need experienced support to navigate the many questions that arise when it comes to retiree health benefits.

Medicare aged participants eligible for Health & Welfare benefits can expect to be contacted by RetireeFirst. RetireeFirst serves as a "go-between" for the members and Aetna to design and manage Medicare retiree benefits that meet each group's unique needs. Should you have any questions, contact **RetireeFirst @ 1 (800) 716-0774** or **RetireeFirst.com**.

Retirees talk to a live person based in the U.S.—no chatbots or call hold times—who helps to resolve proactively any healthcare benefits challenge they face.



Children May Receive Free Care from Local Governments

Recently several members have contacted the Fund Office requesting help for a dependent who may require an allied health service that not covered by the Fund.

In researching options for these members, the Fund Office found that certain local governments offer services for children, starting from birth to school age, which may be covered by your local county free of charge. Federal Law P.L.99-142 requires that certain services for children must be available through the local government. In some counties, these services are offered by the school systems, while in others, they are offered by the health department, or through a contract with an outside provider. If you have children who require certain health services, you may find free access to these services by simply asking the appropriate local entity for more information. The free services typically involve qualification steps through an evaluation process.

For example, parents or other individuals who are concerned about a child's development may make a referral or request for an evaluation related to the child's development. A service coordinator from one of the participating agencies will typically contact the family to arrange for the intake process to continue. Evaluations are completed to determine if the child is eligible for early intervention services. Health and developmental needs may be identified in the areas of:

- Hearing
- Speech
- Vision
- Language
- Physical Development-fine or gross motor
- Cognitive Development
- Social-Emotional Development
- Adaptive or Self Help Skills

Children are typically eligible to receive services if they have a developmental delay of 25% or more in at least one area of development, atypical development likely to result in subsequent delay, or a diagnosed condition that has a high probability of resulting in developmental delay. The below list provides more information for a few different counties in Maryland, DC and Virginia. To search for services in other counties, conduct a search of the terms "Child Find (name of your county or city)."

Howard County

https://www.hcpss.org/special-education/identification-assessment-and-evaluation

Montgomery County

https://www.montgomeryschoolsmd.org/departments/special-education/programs-services/child-find.aspx

District of Columbia

https://osse.dc.gov/page/child-find-and-initial-evaluation-resources

Fairfax County

https://www.fcps.edu/registration/early-childhood-prek/early-childhood-child-find

Arlington County

https://www.apsva.us/special-education/child-find/

Self-Payments Allow 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.

Update or Name Your Beneficiary Now

If you are actively working and have health coverage through the Fund, or if you are a retiree with self-pay health benefits through the Fund, your beneficiary is entitled to receive a Death Benefit upon your death. The Death Benefit will be paid in a lump sum to any beneficiary you designate.

Unfortunately, some participants do not take the time to name a beneficiary, and upon the participant's death, the surviving spouse or children struggle financially. Sometimes the participant never changes the person he/she has on record with the Fund office and still has the former spouse named as beneficiary even though he/she has remarried. Even though you are legally remarried, if the former spouse is named as the beneficiary, he/she will receive the death benefit.

Naming a beneficiary

You may name any person you choose to be your beneficiary, and you may change the named beneficiary at any time. If you name more than one beneficiary, the benefits will be paid in equal shares to the survivors.

NOTE: If you name a child, under the age of 18, as a beneficiary, an adult must obtain legal guardianship (even a parent of the child) to receive the death benefit on the child's behalf, or the death benefit may stay in an escrow account until the child reaches the age of 18.

Steps to take

- Actively Working: Call the Fund office and ask the Eligibility Department to send you an enrollment form. After you complete all blanks and sign the form, return it to the Fund office.
- Retiree with Fund health coverage and/or collecting a pension benefit: Call the Fund office and ask for a "Change in Beneficiary Form (Health & Welfare and/or Pension)." After completing the form, have it notarized and return it to the Fund office.

Beneficiary must notify Fund office

Your beneficiary must file a written claim with the Fund office within one year from the date of your death in order to receive the Death Benefit. The Fund office must also receive a certified copy of the death certificate, along with completed and signed copies of the form provided by the Fund office.

Ready to Start Yard Work? Be Sure to Protect Your Eyes

For many, warmer temperatures mean the return of yard work. Whether mowing the lawn, trimming bushes, or planting the garden, summertime is chock-full of outdoor to-dos. Many people neglect an important part of these activities: protecting their eyes.

Here are tips to help you prevent outdoor eye injuries while completing your outside projects.

Mowing the Lawn

Cutting the grass may not be your favorite chore, but it is a must-do for many during the warmer months. To keep your eyes safe while mowing, do a quick yard pick-up before you get the mower out. Remove rocks and sticks that could be hazardous.

Trimming Trees and Bushes

If shaping the shrubbery and trimming up the trees in your yard is on your list, you not only have the risk of eye injuries from the plants themselves but also from the equipment you use. That makes having the correct eye protection essential.

A falling stick or branch could hit you in the eye on its way down, scratching your cornea or causing irritation. Wear safety goggles or safety glasses with ANSI-certified resistant protection to provide your eyes with an additional layer of protection from yard work hazards.

Fertilizing the Garden (and Yard)

If you use fertilizer or weed killer in your garden (or in your yard), you may not realize your eyes are at-risk. Before applying chemicals or fertilizers to your outdoor spaces, put on a pair of goggles to protect your eyes from exposure to these chemicals.

Make yard work safety a priority while working outside this summer.

Take full advantage of your vision benefits and visit a **VSP Premier EdgeTM location***. Available to all VSP members at no extra cost, you'll get exclusive rebates, the latest exam technology, a worry-free eyewear guarantee, and more when you visit a Premier Edge location.

*Premier Edge is not available for some members in the state of Texas.

This article is provided by Vision Service Plan (VSP).

Q & A: Lost Pension Check

Q. What should I do if I don't receive my pension check?

A. If your monthly pension check does not arrive on time, always wait ten working days before calling the Fund office. Checks are mailed on the last working day of the month and normal postal service takes a few days. The Fund office will not issue a "Stop Payment" on a check until at least ten working days have passed since the check was issued.

The Electronic Fund Transfer ("EFT") option allows your pension to be deposited right into your bank account – either savings or checking. You do not have to wait for the mail. To enroll for this convenient option, log on to www.associated-admin.com, and select "Local 77" located at the left side of screen. A list of various forms will appear. Choose and print the "Electronic Fund Transfer" form. Complete the form and return it to the Fund office.

Important! Keep the Fund Office Informed of Your New Address & 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. Without the correct information, your benefits may be affected.

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, your change of address request must be in writing. Please send information to:

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

Street Address Required 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.

Remember the Deadline When Filing an Appeal

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.

Rx Prior Authorizations, Exceptions and Appeals

CVS Caremark delegates to perform prior authorizations (PA), exceptions or appeals on behalf of our clients. CVS Caremark and the client will enter into a mutually agreed upon written contract, which defines the requirements for processing PAs, exceptions and/or appeals on the client's behalf. The client provides CVS Caremark with a copy of its Summary Plan Description, including the Prescription Benefit section that describes the prescription benefits to plan members. Employees of CVS Caremark may not participate in a PA, exceptions or appeals review if there is a personal, professional or financial conflict of interest with the claimant.

If you have any questions, please contact CVS Caremark at 866-282-8503.

Choose Generic Drugs and Save!

Generic medications cost less, but they provide the same therapeutic benefits as their brand-name counterparts because the active ingredients are identical.

Why Do Generics Cost Less?

Makers of brand-name drugs spend millions of dollars on research, development, and clinical studies in order to create new medications and bring them to the market. The prices consumers pay when purchasing them will reflect the high investment costs. Generic drug makers replicate existing formulas so the cost of bringing them to the market is less and the savings are passed on to you.

Are Generics Safe and Effective?

The FDA requires a generic drug to be the same as its brand-name counterpart in:

- Effectiveness
- Safety
- Active ingredients
- Performance (how it works in the body)
- Strength (e.g., 10mg, 20 mg)

CONIFER HEALTH SOLUTIONS | Conifer Corner

Back Pain Relief

Depending on the cause, back pain can cause a range of symptoms. It may be dull or sharp, in one small area or over a broad area, and you may have muscle spasms. Low back pain can also cause leg symptoms, such as pain, numbness, or tingling, often extending below the knee.

Want to take control of your back pain?

A good start is by calling your Personal Health Nurse (PHN) with Conifer Health Solutions. Your PHN can help with back health and get you the help you need. To get started, call your PHN, Elizabeth Woodrow, BSN, RN, CCM, at 410-919-0488.

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