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. Complete and Return This Form!

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—

Help Your Claims Be Paid Quickly

In order to help us process your claims quickly and accurately, please follow the suggestions shown below.

- **Respond immediately to the Fund Office when you receive something in the mail.**
  The Fund Office will send you an inquiry if additional information is needed. The sooner you respond, the sooner your claim can be processed. Failure to respond to the inquiry could result in your claim being denied.
- **Send your Explanation of Benefits ("EOB").**
  If you have other medical coverage and the Fund is your secondary coverage, please send your Explanation of Benefits ("EOB") from your primary carrier as soon as possible. The EOB shows how the primary carrier processed the claim which will allow us to properly process the claim as your secondary coverage.
- **Provide details of any accident.**
  The Fund defines an accidental injury as a slip, fall, sprain, strain, or anything which is not an illness (not just a motor vehicle accident). You will receive an accident inquiry questionnaire anytime a medical claim submitted on your behalf contains a diagnosis that could have potentially resulted from an accident. You must complete and return the form whether you are reporting an accident or not.
- **Send your Coordination of Benefits information.**
  The Fund Office may ask you to send us a copy of your other benefits information in order for us to coordinate benefits with any other insurance carrier you may have.
- **Notify the Fund of any coverage changes.**
  Please notify the Fund Office immediately if you or your dependent(s) are offered, elect to enroll in, or lose coverage under another group health plan.
- **Notify the Fund of any changes to a dependent's status.**
  Be sure to file a new enrollment form with the Fund Office within 30 days if you have a change in dependent status. This includes notifying the Fund Office in writing within 30 days of the birth of a dependent child. If you notify the Fund Office within 30 days of the birth of your child, coverage begins on the date of birth. If you fail to notify the Fund Office within 30 days, coverage does not begin until the first of the month following the date you provide notice. Remember, also, that you must provide a Social Security Number for your child before your child reaches six months, or coverage will terminate when your child reaches six months.
- **Designate a beneficiary.**
  Certain benefits may be payable upon your death to the person or persons you designate as your beneficiary. Remember to keep your beneficiary designation up to date.
- **Keep your address updated.**
  Keep the Fund Office informed every time you have a change in address (even temporary), name, phone number(s), or dependent status (due to marriage, divorce, adoption, birth, etc.).

Need a Form?

You may call the Fund Office at (877) 850-0977 to request forms, but did you know that many of them can be accessed online? Visit www.associated-admin.com and click on the "Need A Form" link, located on the left side of the homepage and then select the Operating Engineers Local 77 link. The "Downloads" section provides forms for changing addresses, beneficiaries, coordination of benefits, and much more. The link also grants you access to previous volumes of the ***For Your Benefit*** newsletter, your Summary Plan Description, and MemberXG, your online access service.

Notarization Services Available

If you have benefit application documents that require notarization, the Fund Office sometimes has a notary available in office. The Fund Office provides notarization services free to Fund Participants, however, our notary's availability is limited. Please call the Fund Office at (877) 850-0977 to determine whether the notary is available or schedule a time before coming to the Fund Office with any documents requiring notarization. The Fund Office cannot guarantee the notary will be available for participants who arrive at the Fund Office without first calling.

Benefits Can Be Viewed Online at MemberXG

The following applies to participants in the Operating Engineers Local 77 Funds.

MemberXG allows you to view your benefit claim information online and through your mobile device. It provides personal benefit information to you via the Internet in a safe, secure and HIPAA compliant environment.

MemberXG Offers the Following:

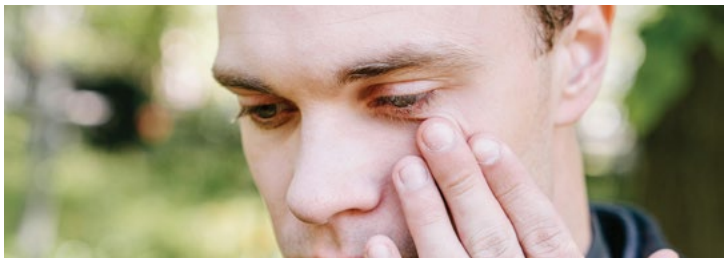
- Secure internet access to benefit information with assured privacy.
- Mobile-ready access allows you to view your benefit information 24 hours a day.
- Benefit access which allows you to track your claims and view the following:
  - Accident and Sickness Claims – displays claims submitted to the Plan on your behalf.
  - Eligibility – your past and present eligibility.
  - Summary Explanation of Benefit (EOB) information concerning claims processed by the Fund.
  - Dashboard – a landing page containing quick navigation to other benefit information.
  - Demographics – a demographic page displaying your address, phone number, and other information.

How Does It Work?

- Log in to www.associated-admin.com, select *Your Benefits*, located at the left side of the page, and select *Operating Engineers Local 77*. Click on MemberXG which will take you to the MemberXG site.
- Select *Create Account*, located at the upper right corner. You will be asked to create a username and password.

Note: The information provided on the MemberXG website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date.

What Are Eye Allergies?



Even before you see the sunny weather, blooming flowers, and green trees of spring, you may feel the onset of allergy eyes. Or perhaps you notice itchy, watery eyes after being around animals or working in dusty conditions. Caused by allergens like pollen, mold, dust, and pet dander, itchy eyes from allergies can be uncomfortable and irritating.

Eye allergy symptoms can include:

- Itchy eyes
- Red or swollen eyes
- Burning or tearing eyes
- Light sensitivity

You can make changes to your environment and lifestyle that can help reduce the number of allergens you come in contact with and lessen your symptoms.

Here are a few itchy eyes home remedies that may be helpful:

- **Avoid allergens**. Stay inside when you can, especially when pollen counts are high if you're affected by seasonal allergies to pollen. You can also purchase air filters and purifiers to help cleanse the air in your home.
- **Reduce pet exposure**. If you're allergic to pet dander, wash your hands and clothes after touching animals. You may also want to replace carpet with smooth floors to prevent dander from getting trapped in the carpet.
- **Don't rub your eyes**. Avoid rubbing your eyes (even though it may be tempting) when they are itchy and red from allergies, as this will only worsen your symptoms.
- **Use cool compresses**. A cool compress or ice pack over your eyes can help relieve discomfort.

The above article was provided by Vision Service Plan (VSP).

FIND A HEALTHIER YOU!

Lead a healthier life with the support of a Personal Health Nurse.

Speak to your Personal Health Nurse Today!

1-800-459-2110 (Ext: 6522) *or* **410-919-1465**

Personal Health Management provided by

CONIFER HEALTH SOLUTIONS®

Our Personal Health Nurses (PHNs) support Operating Engineers Local 77 member's needs through an efficient and caring approach to Personal Health Management that is available at no additional cost to you.

As a Operating Engineers Local 77 member, you may qualify for Personal Health Management if you suffer from:

- Short term illness or injury
- A new diagnosis
- High-cost medications
- Multiple or complicated health conditions
- Behavioral health or substance abuse conditions

Your PHN works directly with you and your physician to set goals, help you build healthy habits and ensure you receive the right care when you need it. If you or a dependent qualifies for Personal Health Management through Conifer Health Solutions, your PHN may connect with you directly or you may contact them.

¡ENCUENTRA UNA VERSIÓN MÁS SANA DE TI!

Lleva una vida más saludable con el apoyo de una enfermera de salud personal.

Habla hoy con tu Enferma de Salud Personal

1-800-459-2110 (Ext: 6522) *o* **410-919-1465**

Salud personal Gestión proporcionado por

CONIFER HEALTH SOLUTIONS

Nuestros Enfermeros de Salud Personal (PHNs) apoyan las necesidades de los miembros de Operating Engineers Local 77 mediante un enfoque eficiente y atento de la Gestión de la Salud Personal, disponible sin coste adicional para ti.

Como miembro del Operating Engineers Local 77, podrías calificar para Gestión personal de la salud si sufres de:

- Enfermedad o lesión a corto plazo
- Un nuevo diagnóstico
- Medicamentos de alto coste
- Múltiples o complicadas condiciones de salud
- Problemas de salud conductual o de abuso de sustancias

Tu especialista en salud pública colabora directamente contigo y con tu médico para establecer objetivos, ayudarte a crear hábitos saludables y asegurarse de que recibas la atención adecuada cuando la necesites. Si tú o un dependiente cumple los requisitos para la Gestión Personal de Salud a través de Conifer Health Solutions, tu PHN puede ponerse en contacto contigo directamente o tú puedes contactarte con ellos.

CONIFER HEALTH SOLUTIONS® | Conifer Corner

¡Mantenga su diabetes bajo control!
Los niveles altos de azúcar en sangre pueden dañar los diminutos vasos sanguíneos de sus ojos y sus riñones con el tiempo. Para evitar complicaciones graves de la diabetes, es fundamental que la controle. Su PHN puede ayudar.

¿Quiere hacerse cargo de su diabetes?
Un buen comienzo es involucrarse en el Programa de gestión de la salud personal (PHM) de Conifer Health Solutions. Su enfermero personal (PHN) se dedica a ayudarles a usted y a su familia a manejar sus necesidades de salud. Para comenzar, llame a su PHN, Jennifer Gates, al 410-919-1465.

Call Conifer for Hospice Care

The Fund will cover inpatient and outpatient hospice care for terminally ill participants and dependents whose life expectancy is six months or less and who are receiving palliative, not curative, care. If the terminally ill patient survives beyond the six months, care must be re-certified in order for benefits to continue.

- Inpatient care at a hospice facility
- Intermittent nursing care by a registered or licensed practical nurse
- Services of a licensed medical social worker
- Home health aide visits
- Radiation for palliative purposes only
- Medical-surgical supplies
- Oxygen
- Physician home visits
- Ambulance and wheelchair transportation to and from the hospital for palliative treatment or for admission as an inpatient hospice level of care.

Hospice treatment will be covered under Major Medical at 80% after satisfying the annual deductible, up to the out-of-pocket maximum. After you have reached the out-of-pocket maximum ($4,000 per calendar year) benefits will be paid at 100% of the *Allowable Charge* for the remainder of that calendar year.

Pre-certification is required and services must be approved by Conifer Health Solutions by calling toll free (844) 739-8913.

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)

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.

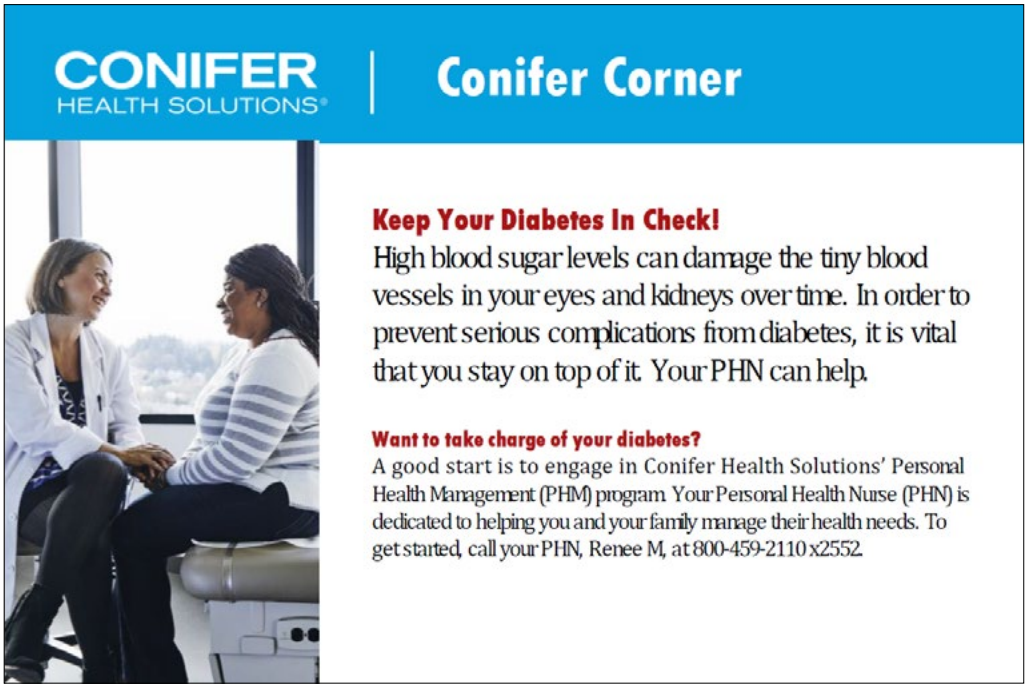
Remember, your letter of appeal for either Medical Claims or Weekly Accident & Sickness Claims must be received by the Fund office ***within 180 days after your claim has been denied*** for the filing deadline to be met. Otherwise, the appeal will be considered late.

Always Review Your EOB

An Explanation of Benefits ("EOB") is a statement sent to participants each time a medical claim is processed. Even though it resembles a medical bill, it is not a bill, and states that at the top of the first page.

An EOB contains a summary of services and items you have received and how much you may owe for them. It also lists how much your provider billed, the approved amount the Plan will pay, and how much you owe the provider, if anything. It explains how the service was covered and what percentage or dollar amount was applied toward satisfying your annual deductible. If any amount/service was not covered, the EOB will state that also.

You should always hold onto your EOBs, as they may later be needed as proof of what costs have been covered and/or paid. They can also be a powerful and priceless fraud and abuse detection tool, should you see that billed services were not incurred by you or your eligible dependent. Should you ever notice this on an EOB, please contact the Fund office right away.



When Rehabilitative Care Is Necessary

Your Plan of benefits allows inpatient rehabilitative care if certified by Conifer Health Solutions, except as otherwise required by law. Outpatient rehabilitation does not require pre-authorization.

If you obtain inpatient preauthorization, the Plan covers acute intensive physical rehabilitation services such as physical, occupational, speech or cognitive therapy when medically necessary for coordinated interdisciplinary rehabilitative services. Services may be provided by a free-standing hospital, a distinct unit of an acute hospital, or skilled nursing facility.

Rehabilitation due to an injury or sickness will be covered only to the extent of restoration to the pre-trauma level. Speech therapy will be covered only to the extent of restoration to the level of the pre-trauma, pre-sickness, or pre-condition speech function. Rehabilitative care is to be terminated when further progress toward the established rehabilitation goal is unlikely or it is appropriate to assume progress can be achieved in a less intensive setting. Treatment will only be covered as long as sustainable, measurable progress is demonstrated. Treatment to maintain an existing level of function is not covered.

- **Short Term Rehabilitative Therapy Coverage**
  Short-term therapy is defined as inpatient and/or outpatient services which, in the opinion of the Fund, can be expected to result in significant improvement of the participant's condition. If therapy is determined to be short-term, based upon diagnosis, services are covered as long as sustainable, measurable progress is demonstrated. Short-term speech therapy is covered when determined necessary to correct an impairment of organic origin due to an injury or sickness, or following surgery to correct a congenital defect. Therapy performed to correct impairment resulting from a functional nervous disorder is not covered.

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