



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.

COVID-19 National Emergency Expiration: Changes to Certain Relief Deadlines

The White House recently ended the COVID-19 National Emergency on April 10, 2023, which was originally set to expire on May 11, 2023. The end of the National Emergency means that temporary extensions for certain benefit filing deadlines will also expire. The National Emergency allowed for relief on filing deadlines that fall within the COVID-19 "Outbreak Period," which is the period between March 1, 2020 and the earlier of (a) 60 days after the announced end of the national emergency, or (b) one year from the plan or individual's original deadline date. The Department of Labor released guidance and examples for how to determine deadlines that fall before and after the End of the National Emergency. The Department of Labor's guidance referred to the original expiration date of May 11th to determine the end of the Outbreak Period on July 10th, and explained the following:

If you were first eligible for certain relief on or before July 10, 2023, the Outbreak Period is generally disregarded in determining your filing deadline. Once the Outbreak Period ends on July 10, 2023, the Plan's normal filing deadlines will resume effective July 11, 2023. Applicable deadlines include the following:

- HIPAA Special Enrollment Period
- COBRA election period
- COBRA payment due dates (initial payment and monthly premium payments)
- COBRA qualifying event or
- disability determination notice deadline
- Claims filing period
- Appeals filing period
- External Review requests

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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.

Example #1: COBRA Election

The Plan's normal filing period to elect COBRA coverage is 60 days from the date you receive a COBRA election notice. If you experience a qualifying event or loss of coverage and receive a COBRA election notice on or after July 11, 2023, the COBRA election deadline will return to the Plan's normal 60-day period.

If you experience a qualifying event or loss of coverage and receive a COBRA election notice between March 1, 2020 through July 10, 2023, the Outbreak Period will be disregarded in determining your deadline to elect COBRA coverage. This means that your election deadline will be the *earlier of* either (a) September 8, 2023 (which is 60 days after the end of the disregarded Outbreak Period), or (b) one year and 60 days following the date you received the COBRA election notice.

Example #2: Medical Claims Filing

The Plan's normal deadline for filing a medical claim is 365 days from the date of service. For dates of service on or after July 11, 2023, you have 365 days to file a medical claim with the Fund Office.

For dates of service between March 1, 2020 through July 10, 2023, your deadline for filing a medical claim is the *earlier of* (a) July 9, 2024 (which is 365 days after the end of the disregarded Outbreak Period), or (b) two years from the date of service (which is one year from the original 365-day filing period).

If you are eligible for certain relief and you are unsure of the filing deadline, please contact the Fund Office for assistance.



Retiree Information Forms Will Be Sent: Return Promptly to Avoid Suspension of Pension Benefits

The Fund Office will send all retirees (and beneficiaries who are collecting a benefit) a Retiree Information Form ("RIF") within the next few months 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.

It is very important that you review 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.

We appreciate your cooperation!

Financial vs. Medical Power of Attorney (“POA”)

It is important to understand the difference between a financial and medical POA, and what actions or decisions a POA agent may make on your behalf. If you need to designate a POA agent who will be responsible for managing your benefits through the Fund Office, be sure that the Fund Office has an applicable POA document on file. It is important that your POA includes clear authority over any matters that you wish for your agent to handle on your behalf. It is also important to be aware of any limitations or exceptions stated in your POA document.

For example, if you want your POA agent to be able to manage your pension benefits, sign your pension-related forms on your behalf or speak to the Fund Office, your POA should include authority to handle your retirement benefits. This type of POA is usually a financial POA, also generally known as a “Durable Power of Attorney.” Alternatively, if you wish for your agent to manage your

medical coverage, handle your Health & Welfare Plan benefits and payment of claims, your POA should include specific authority to manage your Health and Welfare Plan benefits. This type of POA is usually a Medical POA, sometimes known as an “Advance Directive,” which generally authorizes an individual to make health-related decisions on your behalf. If you wish for your POA agent to be able to discuss your protected health information with the Fund Office, you should include this authority in your POA document (HIPAA Authorization).

Each State has different witness or notarization requirements for executing a POA document. For a POA document to be valid, it must follow the POA laws of the State in which it is signed. In Maryland, for instance, a valid POA must be notarized and signed by two witnesses. Please check your state’s applicable laws before submitting a POA to the Fund Office.

What is Reciprocity?

A Reciprocity Agreement is an agreement between Local No. 77 and another Local Union outside the geographic area of Local No. 77. The agreement applies to service earned in another Local Union outside the Local No. 77 area, which has a reciprocal agreement requiring the other Local Union to transfer contributions made on your behalf for Health and Welfare and Pension coverage to this Plan so you can maintain coverage here. The Trustees of the Operating Engineers Trust Fund have entered into reciprocity agreements with the Trustees of other Welfare Funds to assure your continuing eligibility in the event you transfer to a reciprocal Local Union. Check with the Fund Office to determine which Local Unions or Funds have reciprocity with the Operating Engineers Trust Fund.

The Fund Office must be notified if you are working outside Local 77’s jurisdiction. Please contact the Fund Office for the proper authorization form.

In the event you are temporarily employed in any of these areas, promptly notify the Fund Office in writing of the following:

- The Local Union where you are working;
- the date you transferred or began employment under a new Local Union;
- the date of termination from employment, if applicable.

The Fund Office corresponds with these Locals and attempts to obtain your hours employed and the contributions owed. Upon receipt of the contributions paid on your behalf under a reciprocity agreement, the hours of employment will be credited by this Fund and recorded by the Fund Office as if you were employed by Local No. 77.

When you work in another local jurisdiction, the contributions on your behalf are not transferred back to this Fund on a monthly basis. They are usually paid quarterly and sometimes semi-annually. As result, your eligibility status with this Fund may not be current at any given time. If you experience a loss of eligibility resulting from this lapse in reported contributions, please notify the Fund Office. We will assist with bringing your eligibility status to a current standing.





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 is 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 for free. 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/>

Changes to the Aetna Medicare Plan (PPO)

2023 Schedule of Cost Sharing (SOC)

Former Employer/Union/Trust Name: OPERATING ENGINEERS TRUST FUND OF WASHINGTON,
D.C. HEALTH AND WELFARE PROGRAM LOCAL NO. 77
Group Agreement Effective Date: 01/01/2023
Master Plan ID: 0015082

This is important information on changes to your Aetna Medicare Plan (PPO) coverage.

We previously sent you the *Schedule of Cost Sharing* (SOC) document, which provides information about your coverage as an enrollee of our plan. This notice is to inform you of a change to your coverage. Below you will find information describing and correcting the change. Please keep this information for your reference.

Changes to your SOC

Where you can find the benefit information in your 2023 SOC	Original Information	New Plan Benefit	What does this mean for you?
Prescription Drug Schedule of Cost Sharing	<p>Tier 2 One-Month Supply Preferred Brand Drugs: You pay 25% for your drug</p> <p>Extended Supply Preferred Brand Drugs: You pay 25% for your drug</p>	<p>Tier 2 One-Month Supply Preferred Brand Drugs: You pay 25%, but not more than \$50, for your drug</p> <p>Extended Supply Preferred Brand Drugs: You pay 25%, but no more than \$100, for your drug</p>	You will now pay 25%, but not more than \$50 for a one-month supply and 25%, but no more than \$100 for an extended supply for your tier 2 Preferred Brand Drugs.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at the number on your Member ID card.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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Note: Medicare retirees know they still have Dental and Vision benefits through the OE Local 77 Fund.

IRS Form W-4P

The IRS recently released a new version of the federal tax withholding form intended specifically for withholding taxes from monthly pension benefits: **IRS Form W-4P**. The Fund Office is now using the new Form W-4P for federal tax withholding elections, replacing the form previously used. According to the IRS, the purpose of the new form is to help you accurately withhold the correct tax amount from your pension benefit, to avoid over-withholding or under-withholding. If you would like to change your federal tax withholdings at any time in the future, you must do so using the new IRS Form W-4P. You may request a copy of this form by calling the Fund Office, or you may print a copy from the Fund webpage. Note: your current withholdings will continue to be honored unless you decide to change them using the new Form W-4P.

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%

Personal Health Management Services Provided by Conifer Health Solutions

If you have an acute or chronic health care need, you likely have questions about your condition as well as your overall care. When faced with these situations, your focus should be on healing and recovery rather than on navigating the complex maze of health care. Many of you have told the Fund Office about the pitfalls you encounter in these circumstances. The Fund Office has listened to your concerns, and that is why the Local 77 Operating Engineers Trust Fund offers resources to help you stay informed and proactive in leading a healthier life.

Your Personal Health Manager and Partner in Health

Conifer Health Solutions will provide personal health management services to Local 77 Operating Engineers members. The program supports members who are experiencing an acute episode, as well as those living with a chronic condition such as diabetes, breathing problems, heart conditions, and more. This **free and confidential service** will educate you on services you may need through one-on-one access to a Personal Health Nurse (PHN). **Be sure to open any mail that you receive from the Trust and/or Conifer Health Solutions.** Conifer Health Solutions' logo is below for your reference:



While you may not be in need of these services at this time, you have received this information to let you know about this program should you have a need in the future. Conifer Health Solutions will reach out to specific members who may benefit most from the program. If you do not receive a call but believe you could benefit from the service, you may contact Conifer Health Solutions directly using the information at the end of this article.

Participation in the program is voluntary; however, if you are contacted directly, we strongly encourage your participation. Remember, there is no cost to you and the program is designed to help you better address your unique health challenges through a highly personalized care plan to improve health.

The Fund Office is committed to keeping your information safe and has policies and procedures in place to protect your privacy. All of your medical information is confidential and will not be shared with any party not authorized by you or in accordance with the HIPAA Privacy Rules. Please check your mail and voicemail for additional information from Conifer Health Solutions about this program. If you would like to reach the Personal Health Nurse, please call Conifer at 844-739-8913.

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.

Identify Yourself on All Fund Office Correspondence

The Fund Office will occasionally need to send you correspondence related to your claims and benefits. For example, if the Fund Office receives a medical claim that suggests that you have sustained an injury to your knee, the Fund Office may send you an “Accident Inquiry Form” with questions about the injury that you must answer in order for the Fund Office to properly process your claim.

If the Fund Office sends you an Accident Inquiry Form for completion, it will include a windowed envelope and a self-addressed insert with the Fund Office's address. The Form will include identifying information such as your

Plan alternate ID and claim number. Be sure to answer all questions directly **on the Form itself** and return the Form to the Fund Office. If you make changes to the information on the Form or supply information to the Fund Office on a separate piece of paper (aside from the Accident Inquiry Form itself), be sure to identify yourself on the paper in some way! The Fund Office cannot match your answers to the Form's question without some kind of identifier such as your alternate ID (from your medical card), your full name, or the claim number. If you aren't sure where or how to reply to a question sent by the Fund Office, call Participant Services at (800) 638-2972 or (410) 683-6500. We can help you.

