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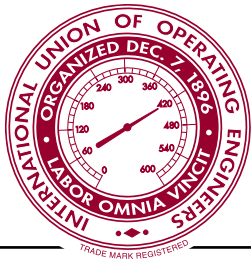
Save up to 40%* on TechShield® Anti-Reflective Coatings, including TechShield Blue*

Your VSP benefit provides a savings of up to 40% on TechShield, TechShield Plus, TechShield Elite, and TechShield Blue. Each of these high-performance lens coatings enhance the way you see and the way you look by reducing glare, reflections, scratches, and smudges. And with TechShield Blue, you'll also reduce your exposure to high-energy blue light from digital devices, LED and CFL lighting, and the sun.

*Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP doctors to VSP members with applicable plan benefits. Ask your VSP doctor for details.

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For Your Benefit

Operating Engineers Local No. 77

January 2023 Vol. 23, No. 1

www.associated-admin.com



Your January 2023 401(k) Enrollment Option

If you have not enrolled in the 401(k) Option and are interested in doing so, **now is the time!** This Option is a provision of the Individual Account Plan (Annuity Fund). It allows your savings to go further because the money is saved on a **pre-tax** basis.

How Does A 401(k) Work?

Saving in a 401(k) Option is easy and is processed via a payroll deduction. Because your contribution is taken before your check is taxed, it's worth more to you in the 401(k) than it would be in your paycheck, where it would be reduced by income taxes.

How Do I Enroll In The 401(k) Option?

Call the Fund at (877) 850-0977 and request a Participant New Deferral form. Once you have completed the form, return it to your employer, not the Fund.

How Much Can I Put Into The 401(k)?

Participants are able to do the following deferral for their 401(k):

- For participants that are **under age 50** they are eligible to defer .50 to \$7.00 per hour, in .50 increments, each pay period for deposit to their Deferral Salary Account
- For participants that are **over age 50** they are eligible to defer .50 to \$9.00 per hour, in .50 increments, each pay period for deposit to their Deferral Salary Account.

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How Do I Know How Well My Investments Are Doing?

Effective January 4, 2021, [Empower Retirement](#) officially acquired the retirement business of Mass Mutual. Participants who have not been receiving their quarterly statements are encouraged to direct their inquiries/ requests directly to Empower Participant Services @ 855-756-4738 or Participant_services@empower-retirement.com.

Participation In The 401(k)

Participation in this Option is **totally voluntary**. You may stop making contributions or change the amount every six months (January 1st and July 1st) by completing a Participant Deferral Change form.

Emergency Room Visits

When to Go to an Emergency Room

Your Plan covers visits to an emergency room when your medical condition indicates that immediate medical treatment is required. Examples of medical emergencies which require immediate treatment include heart attack, severe chest pains, cardiovascular accidents, poisoning, loss of consciousness or respiration, convulsions, and other acute conditions. Of course, this is not a complete list and there could be other conditions which require immediate treatment.

It's important to remember that **the Fund may not cover the emergency room charge if the care was not of an emergency nature** and could have been provided by your physician or other provider in an outpatient or other alternative care setting (such as a CVS MinuteClinic or urgent care facility).

If you want to confirm your issue is an emergency and thus covered, please contact SwiftMD (www.SwiftMD.com). The charge will be approved if SwiftMD refers you to the emergency room.

Consider a CVS MinuteClinic or Urgent Care Facility (such as Patient First)

If you have a condition **which is not** determined to be “an emergency medical condition,” you may use a CVS MinuteClinic or an urgent care facility. For example, if your diagnosis (again, as stated by the attending physician), is for a bad cold, an earache, back pain, or a cut or a scrape, you will have coverage if you go to a CVS MinuteClinic or an urgent care facility.

If You're Involved in an Accident, Contact the Fund Office

If you are involved in an accident, you are asked to complete a claim form for either Accident and Sickness Benefits or Medical Benefits. The term “accident” is used to refer to any type of accident, not just car accidents. For example, a cut, bruise, break, sprain, strain, or tear are all injuries sustained as a result of an accident.

To process your claim, we must know how, when, and where all accidents occurred. If we ask for accident information, we need details about any kind of accident, not just car accidents. This is because if the accident is determined to be the fault of a third party, the Fund is not liable for those claims. A “third party” is not just another

driver in a car accident – it could be that a manufacturer is at fault, another property owner, or any other party. We must ask for this information in order to process your claim correctly.

Remember, however, that work-related claims are not covered benefits under the Plan. Medical expenses due to a work-related injury should be presented through the workers' compensation insurance carrier. Work-related claims can be submitted with verification of Workers' Compensation carrier payment. This allows us to keep you “eligible” for other benefits under the Plan rules even though you are not working.

Accident and Sickness Benefits are Taxable

Tax season is here and participants who have utilized Weekly Accident and Sickness (“A&S”) benefits should know that these benefits are taxable and must be reported on IRS tax returns. Unless requested, income tax is not automatically withheld from your A&S payments.

Withholding tax from A&S is done by filling out IRS Form W-4S. You may print this form from the web at www.associated-admin.com. Choose “Operating Engineers Local 77” from “Your Benefits” (located both at the top of the page as a drop-down and on the left of the page). Under the “Downloads” heading, select “Request for Federal Income Tax Withholding from Sick Pay”. You may also call the Fund Office at (877) 850-0977 and have the Form be mailed to you.

The IRS has a few simple rules to follow when filling out Form W-4S. Withholding amounts must:

- Be in whole dollars (for example, \$25, not \$25.50);
- Be at least \$4 per day, \$20 per week, or \$88 per month based on your payroll period; and
- Not reduce the net amount of each sick pay payment that you receive to less than \$10.

When Skilled Nursing Services and Supplies Are Necessary

You must certify all skilled nursing facility care and skilled nursing supplies with Conifer Health Solutions. Coverage includes skilled nursing services and supplies and services related to skilled nursing, services provided in a skilled nursing facility, extended care facility, hospital, or other acute care setting, provided the services are not for custodial care. Skilled nursing/supply coverage includes:

1. semi-private room;
2. general nursing care;
3. meals;
4. special diets recommended by a physician; and
5. miscellaneous services, supplies, medications and dressings related to Skilled Nursing care.

The maximum amount payable under the Fund for Skilled Nursing Services and Supplies is sixty (60) days per participant per contract year. Skilled nursing services received in a hospital or other acute care setting count toward the maximum benefit.

How a Dentist Can Quiet Snoring



An oral appliance may treat obstructive sleep apnea, a serious cause of snoring.

Do you snore? Snoring can warn of obstructive sleep apnea. Luckily, your doctor or dentist might be able to help.

One treatment for sleep apnea is a plastic oral appliance that can help keep your breathing passages open as you sleep. Another option is a continuous positive airway pressure (CPAP) device. A mask connected to a tube that gently blows pressurized air through your airway to keep your throat open as you sleep.

Speak with your family doctor, who can refer you to a sleep center. A sleep specialist will be able to tell you if a CPAP device or an oral appliance will work best.

Oral appliances also may help patients with moderate to severe sleep apnea who refuse or cannot tolerate CPAP treatment.

While some studies have found CPAP units are more effective, studies have also shown that some people prefer the oral devices and tend to use them more.

The Article Above was provided by *Delta Dental*.

Alcohol/Substance Abuse Coverage in Your Plan

Alcohol and substance abuse can have devastating effects on your mental and physical health, leading to debilitating diseases such as diabetes, heart disease and increased risk for certain cancers. Fortunately, your benefits offer help with the treatment of alcohol and substance abuse. You, or your covered dependents, will receive coverage if the following conditions are met:

1. You receive prior approval from Conifer Health Solutions (see *below*), and
2. You submit a letter of medical necessity from a legally qualified physician requesting treatment by a social worker and/or a drug and alcohol counselor. With Fund approval, the Fund will pay for the treatment of drug and alcohol addiction.

The Fund will pay 100% for inpatient and outpatient care up to the Usual, Customary and Reasonable (“UCR”) charges and subject to the other limits of the Plan. No other benefits are payable under the Plan for drug and alcohol addiction. Inpatient treatment (including at a drug and alcohol treatment facility) must be approved prior to your admission.

If you or an eligible dependent needs help with alcohol or substance abuse, contact Conifer Health Solutions at (844) 739-8913 to pre-authorize treatment. You must submit a request in writing prior to undergoing treatment in order to be covered for this benefit.



SwiftMD Telemedicine Benefits Available to Participants

Did you know that you have access to immediate, quality health care from the comfort of your home?

SwiftMD allows participants to communicate with board-certified, emergency medicine and family practice doctors who are experts in dealing with a wide range of medical conditions.

While the list of maladies covered by SwiftMD continuously expands, here are a few of the most common:

- Back pain
- Earache
- Fever/flu
- Headache
- Insect bites and stings
- Rashes and allergies
- Sore throat
- Stomach pain

For more information, visit www.SwiftMD.com Please see the following page for instructions on how you can take advantage of the many benefits of SwiftMD.

Continued on Next Page 

More information about your SwiftMD membership

Request a consultation 24/7 at **no cost to you** simply by calling toll free 877-999-7943

To access your membership online (optional):

- » Go to www.mySwiftMD.com and click "Activate Your Account"
- » Click "No" to the username and password question
- » Click "Yes" to "Did you receive a Group Passcode?"
- » Enter Group Passcode: **IUOE77**, name, birth date and email address
- » SwiftMD will email your username and password; be sure to log on to complete activation
- » Take a few minutes to enter your Medical History
- » After consulting with a SwiftMD doctor, you can view and print the visit notes from your Personal Health Record to share with family and other providers
- » Each adult family member can use this process to obtain a username and password to log on at mySwiftMD.com



SwiftMD Physicians

SwiftMD Physicians are emergency medicine and family practice doctors, expert in dealing with a range of common medical conditions. From the information you provide, SwiftMD doctors can diagnose many illnesses and injuries, order prescriptions, make appropriate referrals to specialists, and know immediately if you need to be referred to in-person emergency care.

Family Members

Each adult family member (age 18 and older) enrolled in SwiftMD will have an individual profile with a unique SwiftMD username and password. Parents or guardians are required to oversee the telemedicine consultations of dependents under the age of 18.

Your Privacy

All SwiftMD systems and processes are HIPAA-compliant. Your SwiftMD Personal Health Record is maintained on secure servers, and encryption technology is used to protect your personal information during transmission. SwiftMD is committed to protecting the privacy, security, and integrity of individually identifiable health information received on behalf of our members. You should also protect your privacy by safeguarding your username and password, utilizing SwiftMD services from a private location, and avoiding emailing personal health information to SwiftMD.

SwiftMD Terms of Use

The SwiftMD Terms of Use and other policies are posted online at www.mySwiftMD.com for your reference. It is your responsibility to familiarize yourself with these policies before using the SwiftMD service.



Reconstructive Surgery Covered Following Mastectomy

The following article applies to you if your medical benefits are provided through the Fund, and not through an HMO. If you have coverage through an HMO, you should receive a notice directly from the HMO.

The Women’s Health and Cancer Rights Act (“WHCRA”) provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

1. Reconstruction of the breast on which a mastectomy is performed;
2. Surgery on the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Physical complications of all stages of mastectomy including lymphedemas.

Such benefits are subject to the Plan’s annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

When an Ambulance Is Needed

If you or an eligible dependent has a medical emergency and needs ambulance transportation to a hospital, your Plan of benefits will offer coverage. The coverage is up to \$100 per incident at 100% with no deductible. When it is determined that medically necessary life support services are provided while you are 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.

Important! Keep the Fund Office Informed of Your New Address & Phone

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.



Participants Encouraged to Use Website for Valuable Benefit Information



Benefits change frequently, but you can find the most up-to-date information regarding your Plan online at www.associated-admin.com. Simply click “Your Benefits” (at top or at left) and choose *Operating Engineers Local 77*.

Checking eligibility or status of claims is provided through the MemberXG Benefit System.

Along with important notices, the website includes various forms available for download, such as an enrollment form, change of address form, change in beneficiary form (Health & Welfare and Pension), and more.

Your Summary Plan Description (“SPD”) booklet is available, as well as any modifications (*Insert to SPD*) that have occurred since the book’s print date.

Every *For Your Benefit* newsletter, dating back to January 2011, is archived for quick access by participants. Simply click on the month and year of the issue you’d like to access (for example, “January 2022”) and a PDF of that issue will open in another tab in your browser. You may download the file for reading offline. Phone numbers for Plan Providers are listed as well.

CONIFER
HEALTH SOLUTIONS®

Conifer Corner



February is American Heart month!

There are so many things that you can do to live a heart-healthy life. These include exercising at least 2.5 hours a week, consuming a heart healthy diet, reducing stress in your life and sleeping 7-8 hours at night.

Take care of your heart together!

Your Personal Health Nurse (PHN) with Conifer Health Solutions’ Personal Health Management program can work with you and your family to find ways to stay heart healthy all year round. To get started, call your PHN, Lindsey Luma , at 410-919-0520.