

# For Your Benefit

Operating Engineers Local No. 77

July 2021 Vol. 21, No. 3

[www.associated-admin.com](http://www.associated-admin.com)

## Retiree Information Forms Have Been Mailed

In an effort to maintain up-to-date information, the Fund Office mails out Retiree Information Forms (“RIFs”) to all pensioners in the Plan.

The RIF contains questions regarding your current residence, your beneficiary, and employment status. You can fill in any updated information that may have changed since last year. Remember, you must still complete, sign, date and return the RIF to the Fund Office even if nothing has changed.

**Failure to return a completed RIF may result in a suspension of your benefits.**



Your RIF will be returned to you if you do not answer all of the questions. Please take the time to thoroughly complete and return the RIF as soon as possible to ensure no interruptions in your pension benefit.

**No one but the Retiree can sign the RIF, unless it is signed by an individual who holds a Power of Attorney for the Retiree and a copy of the document must be on file with the Fund Office. If there is no Power of Attorney on file and the Retiree is unable to sign the form, the Retiree must sign an “X” on the RIF and have it notarized by a Notary Public.**



### This issue—

Retiree Information Forms Have Been Mailed .....	1
Important Notice about Your Prescription Drug Coverage and Medicare.....	2
Alcohol/Substance Abuse Coverage in Your Plan.....	3
Subrogation Option Can Help Your Medical Expenses Get Paid .....	4
What is Reciprocity? .....	4
Retirees: If You Go Back to Work, Your Pension Benefits May Be Suspended.....	5
Reminder: Complete/Update Information on Enrollment Application.....	5
Chiropractic Visits.....	6
When Skilled Nursing Services and Supplies Are Necessary .....	6
Procedures/Treatments that Must Be Pre-Certified with Conifer Health Solutions .....	6
Conifer Corner: Avoiding Too Much Sun Can Save Your Life.....	7
UV Exposure and Your Eye Health.....	7

*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.*

# Important Notice about Your Prescription Drug Coverage and Medicare

Important!

*The following Notice of Creditable Coverage applies to all Medicare-eligible participants, retirees, and/or spouses.*

Please read this notice carefully and keep it where you can find it for future reference. This notice has information about your current prescription drug coverage with the Operating Engineers Local No. 77 Health and Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Operating Engineers Local No. 77 Health and Welfare Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.



## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage under the Operating Engineers Local No. 77 Health and Welfare Fund will be affected. **If you join an outside Medicare drug plan, you will cease to be eligible for prescription benefits under the Operating Engineers Local No. 77 Health and Welfare Fund.** See below for more information about what happens to your current coverage if you join a Medicare drug plan.

**You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you do decide to join a Medicare drug plan and drop your Operating Engineers Local No. 77 Health and Welfare prescription drug coverage, be aware that you and your dependents may not be able to get the same coverage back.**

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Operating Engineers Local No. 77 Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary



premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information about This Notice or Your Current Prescription Drug Coverage**

Contact the Fund Office for further information at (877) 850-0977. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through the Operating Engineers Local No. 77 Health and Welfare Fund changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program

(see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: July 2021

Name of Entity /Sender: Fund Office  
Operating Engineers Local No. 77 Health and Welfare Fund  
911 Ridgebrook Road  
Sparks, Maryland 21152-9451

Phone Number: (877) 850-0977

## Alcohol/Substance Abuse Coverage in Your Plan

**A**lcohol 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.

# Subrogation Option Can Help Your Medical Expenses Get Paid

Imagine a situation in which you were injured and in need of immediate medical attention due to an automobile collision that was not your fault and it was taking an extended period of time to recover expenses for medical bills and for the attorneys to settle the case.

Subrogation is an option that your Plan provides in these situations (non-work-related injuries, illnesses or accidents). The Fund will advance money to you to cover your medical expenses and will seek reimbursement directly from any third parties involved.

## Rules and obligations of subrogation:

- Complete all parts and sign the Subrogation Agreement.

- File an A&S claim with the Fund Office on time (if applicable).
- Cooperate and assist the Fund Office to recover money from any third party.
- Pay back the Fund Office immediately from any money recovered from third parties.
- You must not do anything to impair, prejudice, or discharge the Fund's right of subrogation.
- You must assign to the Plan the right to bring an action against any third party responsible for the injuries sustained.
- Recovered payment will be credited against any yearly or lifetime limits on a Participant's benefits.

## What is Reciprocity?

A Reciprocity Agreement is an agreement between Local No. 77 and another local outside this area. The agreement applies when you work outside the Local No. 77 area and it requires the other local to transfer contributions made on your behalf for Health and Welfare 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 Local 77 is your Home Local. Check with the Fund Office to determine with whom the Fund has local reciprocity agreements.

**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, noting:

- The Local where you are working;
- starting date; and
- upon termination, date of termination.

The Fund Office corresponds with these Locals and attempts to obtain your hours employed and the contribution. Upon receipt of the contributions paid on your behalf in these areas, the hours of employment will be credited to your record in this Fund as if you were employed here.

When you are working 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 a result of this arrangement, your eligibility status with this Fund may not be current. If you find yourself in this situation, please notify the Fund Office. We will do everything possible to help bring your eligibility status to a current standing.

# Retirees: If You Go Back to Work, Your Pension Benefits May Be Suspended

Under the rules of the Operating Engineers Local No. 77 Pension Plan, you must notify the Fund Office about your re-employment after you retire. Under the rules of the Plan, if you engage in certain employment as a retiree, your pension benefits may be suspended while you are working. You are required to report when you are working to the Fund Office. Failure to provide such notification may result in a suspension of your pension benefits.

## Follow the Rules

- You are required to notify the Fund Office immediately if you return to work or expect to return to work in any capacity including self-employment. This includes work for a non-contributing employer to the Plan.
- If you return to work but fail to notify the Fund Office and/or the union office and if the Fund Office discovers that you are working, your pension benefits will be immediately suspended.

Under the so-called presumption rule, adopted by this Plan in accordance with federal regulations, it is presumed that a retiree who fails to notify the Fund Office about his return to work is working under circumstances that should result in a suspension of his benefits.

The suspension of benefits will be continued by the Plan until you provide the Fund Office with sufficient information to prove that you are or were not engaged in work that permits a suspension of benefits under the Plan's rules.

- If your benefits are suspended, you must notify the Fund office as soon as you stop working (or work less than 40 hours a month if you are between the ages 65 and 70 ½).



Benefit payments will **not** be resumed until the requested information is received by the Fund Office and the accuracy of the information has been checked by the Fund Office. You may be required to submit a letter from your employer on the employer's letterhead.

- If you receive a pension payment for a month in which you were working and your benefits should have been suspended, you are liable to repay the total amount of any overpayment(s).
- Any overpayment(s) will be recovered under the Plan's offset rule. Under the offset rule, future pension payments will be reduced until the full amount of any overpayment is recovered.
- If you feel that an error was made in any decision to suspend your pension benefits or to recover overpayments, you may ask the Trustees to review the decision in accordance with the Plan's claims review procedures, as set forth in your Plan Booklet.

## Reminder: Complete/Update Information on Enrollment Application

If you haven't completed an enrollment application or if your information has changed, please take a moment to complete the enrollment. Both new and current participants may access the form on the Associated Administrators LLC Website ([www.associated-admin.com](http://www.associated-admin.com)). From the homepage, click "Your Benefits" on the left side of the screen, select "Operating Engineers Local 77" and

choose the "Enrollment Form" from *Downloads (Forms)*. Mail the form to:

### Fund Office

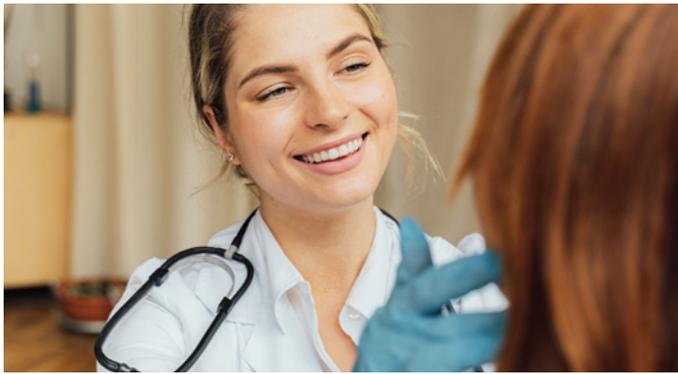
Operating Engineers Local No. 77  
8400 Corporate Drive, Suite 430  
Landover, MD 20785-2361

# Chiropractic Visits

Your Plan will cover up to eight visits to a chiropractor per calendar year without prior authorization. If it is determined that more visits will be necessary, you must obtain authorization from Conifer Health Solutions before your ninth visit.

Your treatment must be medically necessary to improve your condition in order to be covered. Treatment aiming to maintain a level of function is not considered medically necessary by your Plan.

Because of potential delays in the billing process, it is possible that the Fund may not know that you are about to exceed or have already exceeded your initial eight visits until it is too late. You may be responsible to cover charges for your ninth visit and beyond if they are not deemed medically necessary by Conifer Health Solutions. You should call Conifer Health Solutions at (844) 739-8913 if you are unsure.



## 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.

## Procedures/Treatments that Must Be Pre-Certified with Conifer Health Solutions

Conifer Health Solutions is a cost containment program that reviews hospital admissions and treatments to determine medical necessity and to find treatments in alternative settings when appropriate.

For example, should your physician call for a procedure to be performed in an inpatient setting, Conifer Health Solutions would review the treatment plan and may find that it is ordinarily performed in an outpatient setting. They would review your medical records to determine if this is an option for you.

While it is not a complete list, the following procedures and treatments must be certified by Conifer Health Solutions in order to be covered:

1. Sub-acute care;
2. Outpatient surgery;
3. Surgery performed at a hospital on an outpatient basis;
4. Inpatient rehabilitation;
5. Physical therapy (for more than 8 visits);
6. Skilled nursing facilities;
7. Home health care;
8. Chiropractic care (for more than 8 visits).

Consult your SPD ("Summary Plan Description") for the thorough list and more extensive information.



**Avoiding too much sun can save your life.**

The best ways to prevent skin cancer are to avoid the sun from 10 a.m. to 4 p.m., wear sunscreen daily with an SPF of 30 or more, shade your skin with a hat and protective clothing, and to talk with your provider about marks or spots on your skin that concern you.

**Want to protect your health more?**

Conifer Health Solutions and its Personal Health Nurses (PHNs) are a great option for you and your family's health needs. To get started, call your PHN, Lindsey Luma, at 410-919-0520.

**UV Exposure and Your Eye Health**

You're exposed to more eye health risks than you may realize. UV rays are present year-round, yet people don't wear sunglasses regularly. According to eyewear brand Maui Jim, even in the summer months, only 80% of consumers wear sunglasses. Wearing sunglasses that provide 100% UV protection is one of the easiest ways to reduce several eye health risks.

Sun damage can be harmful to your eye health and can put you at risk for a corneal sunburn, redness and irritation, and long-term effects like age-related macular degeneration, cataracts, blindness, and even eyelid skin cancer. In fact, 5-10% of skin cancer occurs around the eyes.

People with lighter colored eyes have an increased risk for developing eye diseases related to UV exposure because more UV light can pass through the iris. For that reason, people with light colored eyes may also experience more light sensitivity than people with darker eyes.

And, don't forget about the kids. Sunglasses are also important for kids as their eyes are still developing. Sun exposure from a young age can contribute to the development of eye disease later in life.

*The above article was provided by Vision Service Plan.*



**Operating Engineers Local No. 77 Funds**

911 Ridgebrook Road  
Sparks, MD 21152-9451

1ST CLASS PPSRT  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 1608  
BALTIMORE, MD