



# For Your Benefit

Operating Engineers Local No. 77

October 2021 Vol. 21, No. 4

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



## Summary of Material Modifications

The Board of Trustees of the **OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C.** "Fund" has adopted changes to the Plan, which are described in this notice. Please keep this notice for future reference.

### • Amended Coronavirus Disease 2019 (COVID-19)!

This notice, referred to as a Summary of Material Modifications (SMM), announces an amendment to the **temporary** changes to your plan of benefits to respond to the current Coronavirus Disease 2019 (COVID-19) public health threat. To ensure that participants continue to be protected during this difficult time but also to encourage participants and their covered dependents to get vaccinated for protection from the COVID-19 virus, effective immediately, the Board of Trustees has resolved to improve the plan of benefits by amending the March 2020 SMM addressing COVID-19 coverage as follows:

#### 1. 100% Coverage for COVID-19 Diagnostic Testing.

Your Health and Welfare Fund will completely cover the testing medically necessary to diagnose COVID-19, regardless of the setting in which such testing occurs. This means that such testing will be covered without any out-of-pocket cost to you, irrespective of whether the testing occurs in your physician's office, an emergency room, urgent care center, or other facility, when there is a medical reason for seeking care, such as exposure to the disease or a display of symptoms.

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### SUMMARY ANNUAL REPORTS IN THIS ISSUE!

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- Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Annuity Fund

### SUMMARY OF MATERIAL MODIFICATIONS IN THE ISSUE!

- Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Health and Welfare Program
- Operating Engineers Local No. 77 Trust Fund of Washington, D.C. Pension Fund

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100% coverage will apply for testing incurred on both an in-network and out-of-network basis, without regard to any prior authorization requirements that would otherwise apply but for those based on medical necessity.

Except as otherwise provided by law, your Health and Welfare Fund will not provide coverage for routine workplace and school testing, which has become more common as employers mandate regular testing for unvaccinated workers and some students returning to the classroom are required to undergo testing. The costs associated with these types of routine testing will be the sole responsibility of the participant and dependent, if applicable, and the Fund will not be liable for payment of any such costs.

### Conclusion

The Trustees continue to treat this public health threat with the utmost urgency and will continue to respond accordingly to ensure that all impacted individuals have access to the care and medications they medically require. In the meantime, the Trustees encourage all participants to take all possible precautionary measures recommended by the Centers for Disease Control (CDC) to protect themselves and their families, including getting vaccinated for protection from the COVID-19 virus. As always, if you have any questions regarding this notice, or the benefits offered by the Fund, please feel free to contact the Fund Office.

### • Expanded Coverage for Home Health Care benefits!

Home Health Care benefit under your Major Medical Benefits has been expanded to include coverage for out-patient surgery. Effective August 10, 2021, your Health & Welfare Plan provides Home Health Care benefits following a hospital confinement and after out-patient surgery. Home Health Care benefits are not covered under any other circumstances by the Plan.

#### 1. Cost for Pre-Medicare and Medicare Retiree.

The cost to retirees for Pre-Medicare and Medicare shall increase effective January 1, 2022, as follows:

##### Pre-Medicare:

- Single: \$550
- Retiree plus Spouse: \$650

##### Medicare: If retired and already on Medicare as of 1/1/22:

- Single: \$100
- Retiree plus Spouse: \$200

##### Medicare: If not retired as of 1/1/22 or retired but not yet on Medicare as of 1/1/22:

- Single: \$125
- Retiree plus Spouse: \$250

##### Additional cost if retiree has a child or children:

- \$100 per child (applies to all retirees both pre and post Medicare)

Board of Trustees

Operating Engineers Trust Fund of Washington, D.C.

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## Maintenance Drugs Must Be Obtained by Mail Order through Caremark or at a CVS Pharmacy

**M**aintenance drugs are prescriptions used to treat chronic or long-term conditions.

The following are some examples of conditions commonly treated with maintenance drugs:

- high blood pressure
- high cholesterol
- diabetes
- arthritis
- asthma

You must use the mail order program or a CVS pharmacy for maintenance drugs to be covered.



### How to Use the Mail Order Program

You must obtain two prescriptions from your physician. The first prescription should be for a supply of up to 30 days, which you may fill using your prescription card at a participating Caremark pharmacy. The second prescription will be used to order a larger supply through the mail order program or through a CVS pharmacy, up to a 90-day supply. Your copayment for mail order drugs is 40% of the discounted drug cost.

You may obtain a mail order form from the Fund Office or by visiting [www.caremark.com](http://www.caremark.com).

# Coordination of Benefits Procedures

*The following article applies to actively working participants who are not covered by Medicare. If you are actively working and eligible for Medicare, different rules apply.*

If you have insurance coverage under two or more group plans, there are certain rules which the Fund follows to determine which plan pays first and how the coverage works.

## Which Plan Pays First?

The plan that covers you as an employee pays before a plan that covers you as a dependent. For example, if you work for Clark Construction Group, Inc., the Fund is primary for you. If your spouse works for Clark Construction Group, Inc. and you are covered as his/her dependent, the Fund is secondary for you if you have other coverage through your own employer. When the Fund is primary, it will process your claim first (under the terms of your plan's coverage).

## Benefit Coordination

If a person is covered by two or more group plans, the order in which benefits are paid is determined as follows:

1. The plan which covers the person as an employee pays before the plan which covers the person as a dependent.
2. If you are covered under two group plans, the plan which has covered you the longest pays first. There are two exceptions to this rule: (1) a group policy that covers a person for reasons other than being laid off or retired will determine the benefits that are paid first and (2) a group policy that covers a person as a laid-off or retired employee will determine the benefits that are paid second.

**Benefits are coordinated between plans based on these rules. You may not choose which plan to use as primary.**

When the Fund is secondary, it will pay covered charges that remain after the primary coverage has paid its portion, but it coordinates with the primary carrier so that both plans together pay no more than 100% of the claim. In order for the Fund to cover you as secondary, you must have followed the rules of the primary plan. For example, if the other plan requires you to see a doctor or facility in their network, you must have done so. If it requires you to file your claim within a certain time frame in order to be covered, you must have done that also.

If the Fund is secondary, benefits will be paid only if you followed the rules of the primary carrier.

## Complete and Return the COB Form

If you or your dependent(s) have coverage through another plan, please complete the form on page 3 and return it to the Fund Office at the address shown at the bottom of the form.

See Page 6 for the COB Form 



## Relief for Allergy Sufferers

Autumn has arrived. While this season can be beautiful, it can also be miserable for those who suffer from seasonal allergies. In our Northeast region, the most common source of fall allergies is ragweed, a tall plant with yellow flowers. It can be seen growing along highways, open lots, and fields, and its presence causes great discomfort to many.

The good news is that your Plan of benefits covers the cost of diagnosis and treatment through the injection of allergy serum. Antihistamine injections are not covered, however.

Your Plan covers the cost of treatment at 80%, up to the Usual, Customary and Reasonable ("UCR") amount, with a \$300 deductible per year.



**Operating Engineers Local No. 77  
Trust Fund of Washington, D.C.  
Health And Welfare Program**

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (877) 850-0977  
[www.associated-admin.com](http://www.associated-admin.com)

**SUMMARY ANNUAL REPORT  
OPERATING ENGINEERS TRUST FUND OF WASHINGTON, D.C. AND VICINITY**

This is a summary of the annual report for the Operating Engineers Trust Fund of Washington, D.C. and Vicinity, EIN 52-6038508, Plan No. 501, for the period January 1, 2020 through December 31, 2020. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**BASIC FINANCIAL STATEMENT**

The value of Plan assets, after subtracting liabilities of the Plan, was \$39,425,102 as of December 31, 2020 compared to \$39,524,735 as of January 1, 2020. During the plan year the Plan experienced a decrease in its net assets of \$99,633. This decrease includes unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year, and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the Plan had a total income of \$18,299,259. This income included employer contributions of \$15,207,930, employee contributions of \$935,894, realized gain of \$106,181 from the sale of assets, unrealized appreciation of assets of \$583,867, gains from investments of \$89,100, earnings from investments of \$1,204,237 and other income of \$172,050. Plan expenses were \$18,398,892. These expenses included \$1,633,275 in administrative expenses and \$16,765,617 in benefits paid to participants and beneficiaries.

**YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC, who is the Administrative Manager, 8400 Corporate Drive, Suite 430 Landover MD 20785, telephone (877) 850-0977. The charge to cover copying costs will be \$.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the office of the Plan, Associated Administrators, LLC, 8400 Corporate Drive, Suite 430 Landover MD 20785 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, Suite N-1513, Frances Perkins Building, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210.

**BOARD OF TRUSTEES**



## Operating Engineers Local No. 77 Annuity Fund

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
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[www.associated-admin.com](http://www.associated-admin.com)

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Landover, Maryland 20785-2361  
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### SUMMARY ANNUAL REPORT

#### OPERATING ENGINEERS LOCAL 77 INDIVIDUAL ACCOUNT PLAN

This is a summary of the annual report for the Operating Engineers Local 77 Individual Account Plan, (Employer Identification No. 52-2241121, Plan No. 001) for the period January 1, 2020 to December 31, 2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### BASIC FINANCIAL STATEMENT

Benefits under the Plan are provided by a Trust (benefits are provided in whole from Trust funds). Plan expenses were \$2,003,954. These expenses included \$359,301 in administrative expenses and \$1,644,653 in benefits paid to participants and beneficiaries. A total of 2,852 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was \$40,676,315 as of December 31, 2020 compared to \$34,200,259 as of January 1, 2020. During the Plan year, the Plan experienced an increase in its net assets of \$6,476,056. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. The Plan had total income of \$8,480,010, including employer contributions of \$2,897,491, employee contributions of \$920,439, other contribution income of \$33,124, interest income of \$785, and a net gain from investments of \$4,628,171.

The Plan has contracts with Massachusetts Mutual Life Insurance Company which allocate funds toward individual policies.

#### MINIMUM FUNDING STANDARDS

Enough money was contributed to the Plan to keep it funded in accordance with the minimum funding standards of ERISA.

#### YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Insurance information including sales commissions paid by insurance carriers, and
4. Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participants.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Associated Administrators, LLC who is the Administrative Manager, 8400 Corporate Drive, Suite 430 Landover MD 20785, phone (877) 850-0977. The charge to cover copying costs will be \$.25 per page for any part thereof.

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liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

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#### **BOARD OF TRUSTEES**

# OPERATING ENGINEERS LOCAL NO. 77 HEALTH AND WELFARE TRUST FUND

## COORDINATION OF BENEFITS UPDATE

Update for Yourself, Your Spouse, or Your Dependent(s)

Participant Name: \_\_\_\_\_

Participant SSN: \_\_\_\_\_

There is Other Group Coverage On (Choose All That Apply):

1)  Myself    2)  My Spouse    3)  Other Eligible Dependent(s)

**If Spouse:**

a) Name: \_\_\_\_\_

b) SSN: \_\_\_\_\_

c) Birth date: \_\_\_\_\_

d) Spouse's Employer:

\_\_\_\_\_ Co. Name

\_\_\_\_\_ Address

( ) \_\_\_\_\_ Phone No.

\_\_\_\_\_ Benefit/HR Dept.

(Contact Name)

**If Other Dependent(s):**

a) Name: \_\_\_\_\_

b) SSN: \_\_\_\_\_

c) Birth date: \_\_\_\_\_

d) Spouse's Employer:

\_\_\_\_\_ Co. Name

\_\_\_\_\_ Address

( ) \_\_\_\_\_ Phone No.

\_\_\_\_\_ Benefit/HR Dept.

(Contact Name)

Coverage is through:

Medicare A

Medicare B

Medicare D

Spouse's Employer

Other

Participant's Employer at Another Job

Insurance Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Group Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

- If more than one family member has more than one additional coverage, or if an individual is covered by more than one other policy, attach a sheet listing the information for each.

Is it an Active or Retiree Plan?  Active  Retiree

If other group coverage is for a dependent child, are the child's natural parents legally separated or divorced?  Yes  No

Are you/your dependent eligible for Medicare coverage?  Yes  No

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to (410) 683-7788 or mail to:

Fund Office  
Operating Engineers Local No. 77  
Health and Welfare Trust Fund  
911 Ridgebrook Rd.  
Sparks, MD 21152-94



## Tips to Maximize Your Vision Benefit

Who doesn't want to get the most out of their vision benefit? With VSP®, it's easy to maximize your vision plan to ensure you pay the lowest out-of-pocket costs and have access to great doctors and quality eyewear. To find out what your vision plan includes, simply create an account at [vsp.com](https://vsp.com) and log in for detailed benefit information.

### Make your plan work for you:

#### 1. Find a conveniently located VSP network doctor

As a VSP member, you'll get the most out of your benefits when you visit a Premier Program location. Don't have an eye doctor? Visit [vsp.com](https://vsp.com) to find a Premier Program location near you. At your appointment, just let them know you have VSP.

#### 2. Choose from a wide selection of stylish frames and lenses

Finding the right eyewear for you and your family is easy when you see a VSP network doctor. Plus, you'll get an extra \$20 to spend when you choose a featured frame brand and you'll save up to 40% on lens enhancements. Also, take advantage of the Virtual Try-On Tool at [Eyeconic](https://Eyeconic.com)® and come face-to-face with the perfect frames for you.

#### 3. Take advantage of your second-pair eyewear discount

Save up to 20% on a second pair of glasses not to mention lens enhancements—like anti-glare coating,



progressives, and light-reactive lenses—when you purchase from your VSP network doctor within 12 months of your last exam.

#### 4. Shop Eyeconic – The only online eyewear store to partner with the VSP DoctorNetwork

Most VSP members can use their benefit to buy eyewear online at [Eyeconic](https://Eyeconic.com)—including stylish frames, lens enhancements, and contacts. It's the only online store where qualifying VSP members can apply their vision benefit to their order and enjoy in-network savings. Visit [Eyeconic](https://Eyeconic.com) and see how seamlessly you can connect your eyewear insurance coverage with your doctor's expertise.

*The above article was provided by VSP.*



**October is Breast Cancer Awareness Month.**

Early detection is the most important way to treat breast cancer. Women should perform monthly self-exams, talk to their providers about breast changes and be sure to adhere to properly scheduling mammograms. Breast cancer can be diagnosed in men too.

**Want to protect your health more?**

Conifer Health Solutions and its Personal Health Nurses (PHNs) are the perfect option for you and your family's health needs. To get started, call a PHN:

- Lea, at 800.459.2110, ext. 2917
- Renee, at 800.459.2110, ext. 2552, or
- Michelle, at 800.459.2110, ext. 2061

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