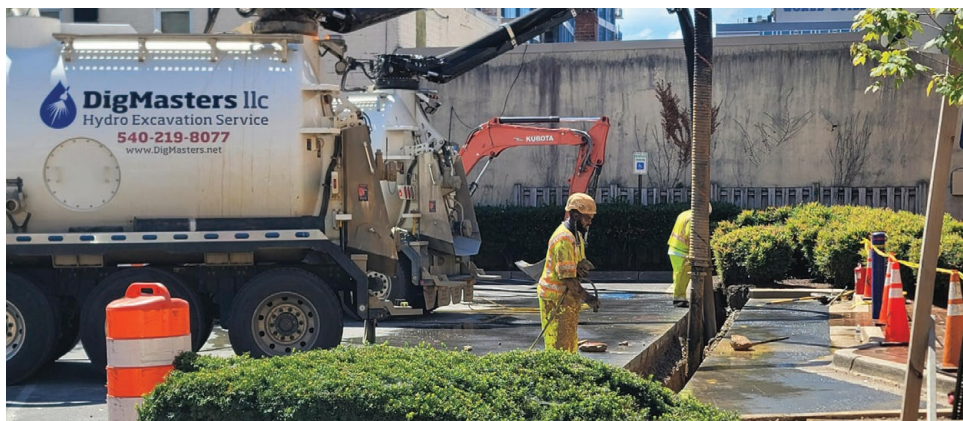


For Your Benefit

Operating Engineers Local No. 77

October 2022 Vol. 22, No. 4

www.associated-admin.com



SUMMARY ANNUAL REPORTS IN THIS ISSUE!

- Operating Engineers Trust Fund of Washington, D.C. Health and Welfare Plan
- Operating Engineers Local 77 Individual Account Plan

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 that covers the person as an employee pays before the plan that covers the person as a dependent.
2. If you are covered under two group plans, the plan that 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

Continued on Page 2

This issue—

Coordination of Benefits Procedures.....	1
Subrogation Option May Help With Medical Expenses	2
Stress Less and Smile More	2
Coordination of Benefits Form	3
2022 Health & Welfare Summary Annual Report	4
2022 Annuity Summary Annual Report	5
Attn: Medicare Eligible Retirees and Eligible Dependents!.....	6
Maintenance Drugs Must Be Obtained by Mail Order through Caremark or at a CVS Pharmacy.....	6
Introducing the New Aetna Medicare SM Plan (PPO) for 2023!.....	7
Need COVID-19 Treatment?.....	7
CONIFER CORNER: Flu Season is Upon Us.....	8

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 3 for the COB Form 

Subrogation Option May Help With Medical Expenses

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. It may take an extended period of time to recover expenses for medical bills or 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/or lost wages, and the Fund will have the right to seek a full reimbursement directly from any third party recovery, award or settlement.

Rules and obligations of subrogation:

- Submit a fully executed, originally signed Application for the Payment of Subrogated Benefits and

Repayment Agreement to the Fund Office.

- File an Accident & Sickness 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.

Stress Less and Smile More

Stress may be even more common than you think. Stress is linked to headaches, depression, sleep issues, high blood pressure, heart issues and more. It can even harm your oral health.

How stress influences your oral health:

Gum disease is also more common in people who experience stress. Gum disease is an infection of the gums and bones that support the teeth.

In addition, stress can lead to behaviors that have a negative influence on your oral health — including tobacco and alcohol usage and poor dietary and oral health habits.

Ways to reduce your stress:

- **Identify your stress triggers:** Figure out if your stress is caused by your daily routine, sudden changes in your life, or trauma.
- **Ask for support from friends and family.** Staying connected will help distract you from stress.
- **Do whatever helps you relax** — get a massage, listen to music, take a soothing bath, or practice meditation, yoga, deep breathing or muscle relaxation.
- **Get enough sleep:** Sleep allows your body and brain to recharge, which influences your mood, energy level, and concentration.

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



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

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (877) 850-0977
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, 2021 through December 31, 2021. 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 \$39,907,117 as of December 31, 2021 compared to \$39,425,102 as of January 1, 2021. During the plan year the Plan experienced an increase in its net assets of \$482,015. 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. During the plan

year, the Plan had a total income of \$18,523,915. This income included employer contributions of \$14,145,316, employee contributions of \$979,151, realized gain of \$856,124 from the sale of assets, unrealized appreciation of assets of \$722,765, gains from investments of \$78,651, earnings from investments of \$1,574,642 and other income of \$167,266. Plan expenses were \$18,041,900. These expenses included \$1,614,613 in administrative expenses and \$16,427,287 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
Telephone: (877) 850-0977
www.associated-admin.com

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

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, 2021 to December 31, 2021. 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 \$3,835,079. These expenses included \$385,970 in administrative expenses and \$3,449,109 in benefits paid to participants and beneficiaries. A total of 2,921 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 \$45,565,810 as of December 31, 2021 compared to \$40,676,315 as of January 1, 2021. During the Plan year, the Plan experienced an increase in its net assets of

\$4,889,495. 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 \$8,724,574, including employer contributions of \$2,883,852, employee contributions of \$1,058,098, other contribution income of \$4,036, interest income of \$37, and a net gain from investments of \$4,778,551.

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.

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, 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, 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

Attn: Medicare Eligible Retirees and Eligible Dependents!

It seems like each year the cost for healthcare goes up and up. Our Board of Trustees of the Operating Engineers Trust Fund Local 77 is constantly looking for the best way to provide top coverage and help to save you money. After meeting with several companies, we are excited to share that we have found a way to not only save you money, but also provide better benefits. We have elected to enroll current and future Medicare eligible Retirees and eligible dependents in a Medicare Advantage plus Prescription

program called the Aetna Medicare Plan (PPO).

This fully-funded Medicare Advantage plus Prescription program offers prescription benefit enhancements reflected in the Tiered pricing shown below (see chart). It also offers the added benefit of automatic medical claims processing and adjudication, which means that you no longer need to submit your own claims or Medicare Explanation of Benefits (“EOB”).

	Current Caremark (Current Provider)	Aetna/Silverscript (New Provider)	
Network	Standard	Preferred	Standard
Deductible	\$0	\$0	\$0
Tier 1 Generic	\$5	\$4	\$5
Tier 2 Preferred Brand	40%	25%	25%
Tier 3 Non-Preferred	40%	40%	40%
90 Day Retail	\$10/40%/40%	\$8/25%/40%	\$10/25%/40%
90 Day MOD	\$10/40%/40%	\$8/25%/40%	\$10/25%/40%
Coverage Gap	N/A	Full Gap Coverage	

As a new Aetna Medicare Plan enrollee, you have access to any of the 65,000 In-Network participating pharmacies. Of these in-network pharmacies, over 25,000 offer savings as a Preferred pharmacy (such as CVS, Target, and Walmart locations), and over 40,000 offer savings as a Standard pharmacy.

Enclosed you will find an announcement letter from Aetna. This is the first in a series of required communications that will be mailed directly by Aetna, **some of which may require your response.**

If you have any questions, please feel free to contact the Fund Office.

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

Maintenance 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.

Introducing the New Aetna MedicareSM Plan (PPO) for 2023!

The Operating Engineers Local 77 Health and Welfare Fund and Aetna[®] have teamed up to provide you with medical and prescription drug coverage. **Effective January 1, 2023**, the coverage is called the Aetna Medicare Plan (PPO). It's a type of Medicare Advantage plan, and it's designed exclusively for Operating Engineers Local 77 Health and Welfare Fund.

We're working closely with Aetna to ensure a smooth transition. The Aetna Medicare Advantage PPO plan offers:

- The same coverage as Original Medicare Part A and Part B
- Similar benefits as your current plan
- Access to health and wellness programs, at no extra cost

We're here to help you understand your benefits and how to get started with the Aetna Medicare Advantage PPO plan. To start taking advantage of these benefits, you don't have to do anything. You'll be automatically enrolled into the plan.

Sincerely,

Operating Engineers Local 77 Health and Welfare Fund
Board of Trustees

What if I want to opt out of the Aetna Medicare Advantage PPO plan?

If you want to opt out of the new plan, you need to do so by December 1, 2022. Call the Fund Office at **(877) 850-0977**.

If you opt out of the new plan, you will not have coverage through Operating Engineers Local 77 since the current plan will be replaced by the new Aetna Medicare Advantage plan.

Questions?

Just call Aetna at **1-800-307-4830**

Monday–Friday, 8 AM–9 PM ET. You can also visit

[AetnaRetireePlans.com](https://www.aetna.com/retireeplans) to learn more.



Need COVID-19 Treatment?

A network pharmacist can help



Now pharmacists can prescribe and fill Paxlovid, a COVID-19 antiviral medication, for those that are eligible for treatment. Eligibility for this service is dependent on several factors, including having certain blood work completed within the last 12 months.

Pharmacists can

- ✓ **Assess** your eligibility
- ✓ **Prescribe** Paxlovid if you're eligible¹
- ✓ **Refer** you for additional evaluation if you're not eligible¹

There is \$0 cost for Paxlovid.²

When you test positive for COVID-19, getting Paxlovid can be the key to a fast recovery. **Contact a network pharmacy within 3 days of symptoms to see if you're eligible for Paxlovid.³**

Visit **Caremark.com/findapharmacy** to find a participating network pharmacy near you and contact them to see if they offer treatment for COVID-19.

You can also visit **cvs.com/Paxlovid** or scan the QR code to see if you qualify.



1. Patients must meet all eligibility requirements as defined by the U.S. Food and Drug Administration (FDA), and not all pharmacist assessments will result in a prescription. For more information, visit <https://www.fda.gov/media/155052/download>. If ineligible, you will be referred to your primary care physician or can visit a local MinuteClinic[®] location for further evaluation.
2. You will not be charged for the pharmacist assessment if your employer or plan offers coverage. There is no cost for Paxlovid medication.
3. Pfizer. Pfizer's Novel COVID-19 Oral Antiviral Treatment Candidate Reduced Risk of Hospitalization or Death by 89% in Interim

Analysis of Phase 2/3 EPIC-HR Study. Published November 5, 2021. Available at: <https://www.pfizer.com/news/press-release/press-release-detail/pfizers-novel-covid-19-oral-antiviral-treatment-candidate>. Accessed August 10, 2022.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

©2022 CVS Health and/or one of its affiliates. All rights reserved. 106-57939A 090722



Flu Season Is Upon Us.

Your annual flu shot is now available. Ask your primary care provider or local pharmacy for availability.

Want to take charge of your health?

Live a healthier life with the Conifer Health Solutions Personal Health Management (PHM) program. Your Personal Health Nurse (PHN) is dedicated to helping you and your family manage their health needs. To get started, call your PHN, Elizabeth Woodrow, BSN, RN, CCM, at 410-919-0488.