



For Your Benefit

Operating Engineers Local No. 77

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

The Fund Office will soon be sending Retiree Information Forms (“RIFs”). These forms must be completed and returned to the Fund Office to avoid suspension of pension benefits. The RIF has questions about your current address, beneficiary information, and employment information (if you are employed after retirement). This form must be completed every year even if nothing has changed.

It is very important that you review all sections of this form to be certain the information is correct. If necessary, mark corrections on the form and promptly send it back to the Fund Office. To assist you, the Fund Office will include a postage-paid, return envelope with the first mailing.

No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of the Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, the Retiree must sign an “X” on the RIF and this must be notarized, showing the Notary Public seal.

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.

This issue—

Retiree Information Forms Will Be Sent: Return Promptly to Avoid Suspension of Pension Benefits.....	1
Always Review Your EOB.....	2
Translation Service Is Available to Help Participants.....	2
How to Defend Your Eyes Against Digital Eye Strain	3
Please Open and Reply to Fund Office Mail.....	3
When Rehabilitative Care Is Necessary	4
If You’re Involved in an Accident, Contact the Fund Office	4
Contributions Can Still Be Made When You Work Outside Your Area.....	5
Sports Mouth Guards to Protect Against Dental Injuries.....	6
Moving? Remember to Let Us Know!.....	6
CONIFER CORNER: Living with Pain?.....	7
When Home Health Care Services Are Necessary	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.

Always Review Your EOB

An Explanation of Benefits (“EOB”) is a statement sent to participants each time a medical claim is processed. Even though it resembles a medical bill, it is not a bill, and states that at the top of the first page.

An EOB contains a summary of services and items you have received and how much you may owe for them. It also lists how much your provider billed, the approved amount the Plan will pay, and how much you owe the provider, if anything. It explains how the service was covered and what percentage or dollar amount was applied toward satisfying your annual deductible. If any amount/ service was not covered, the EOB will state that also.

You should always hold onto your EOBs, as they may later be needed as proof of what costs have been covered and/or paid. They can also be a also powerful and priceless fraud and abuse detection tool, should you see that billed services were not incurred by you or your eligible dependent. Should you ever notice this on an EOB, please contact the Fund office right away.



Translation Service Is Available to Help Participants



The Fund Office subscribes to a service to help us talk with people for whom English is not their primary language. By using a telephone aid provided by Language Line Services, we can have a three-way telephone conversation that includes the participant, a participant services representative from the Fund Office, and a translator.

Language Line Services allow the Fund Office to speak with participants in a variety of languages. Most users are Spanish-speaking, but the Fund Office has also used this service to speak to people in French, Mandarin, Vietnamese, and Burmese.

If you know of participants or dependents that haven't called the Fund Office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak. Call (877) 850-0977.

Servicio de Traducción es Disponible para Ayudar a los Participantes

La Oficina del Fondo se suscribe a un servicio para ayudarnos a hablar con personas para quienes el inglés no es su idioma principal. Al utilizar una ayuda telefónica provista por Language Line Services, podemos tener una conversación telefónica de tres vías que incluye al participante, un representante de servicios a los participantes de la oficina del Fondo y un traductor.



Language Line Services permite que la Oficina del Fondo hable con más personas y en una variedad de idiomas. La mayoría de los usuarios son participantes que hablan español, pero la Oficina del Fondo también ha utilizado este servicio para hablar con personas en francés, mandarín, vietnamita, birmano y otros idiomas.

How to Defend Your Eyes Against Digital Eye Strain

Our daily activities could be contributing to digital eye strain. Due to exposure to digital devices, you could be subjected to symptoms like dry eyes, blurred vision, tired eyes, sore eyes, and watery eyes. Whether we are scrolling through social media, working on a computer screen all day, or even watching TV to wind down at the end of the evening, our eyes can be affected.

Some of the top contributors to their eye discomfort are: keeping their smartphone display on full brightness (51%), sitting too close to the TV or computer screen (48%), and watching TV in the dark (44%).

Unfortunately, 57% of people power through visual discomfort and eye fatigue to continue the activity they are doing.

• Eye Care is Self-Care

Now more than ever, as we find ourselves surrounded by numerous digital eye straining activities, it is important to visit your VSP network eye doctor at least once per year.

• How to Combat Digital Eye Strain

You may be wondering what you can do to defend against digital eye strain. Don't worry, we've got you covered. Here are a few tips:

1. Schedule yearly eye exams to learn ways to improve your visual comfort and keep track of your eye health and overall health and wellness.
2. Did you know, an eye exam may detect early signs of serious health conditions including diabetes, and high blood pressure



3. Try the 20-20-20 rule. Give your eyes a break every 20 minutes and spend 20 seconds looking at something at least 20 feet away. Also, blinking more often helps to moisten your eyes, which may help reduce visual discomfort.
4. Sit farther away from the TV and try to limit watching anything in the dark.
5. Lower your phone and computer screen brightness to reduce digital eye strain while working or scrolling.
6. Set screen time limits on apps to help manage time spent looking at your phone.
7. Take time to participate in activities that won't strain your eyes, such as exercising, spending quality time with friends and family, going outside, etc.

The above information was provided by Vision Service Plan.



Please Open and Reply to Fund Office Mail

Whether requests for additional information regarding benefit claims, requests to complete a form, or other forms the Fund does send mail to participants.

Each mailing you receive from the Fund may be important as it may protect your coverage, and/or ensure proper administration of your benefits.

When you receive mail from the Fund Office, please open and reply as soon as you can if a reply is necessary.

We thank you.

When Rehabilitative Care Is Necessary

Your Plan of benefits allows inpatient rehabilitative care if certified by Conifer Health Solutions. Outpatient rehabilitation does not require pre-authorization.

If you obtain inpatient preauthorization, the Plan covers acute intensive physical rehabilitation services such as physical, occupational, speech or cognitive therapy when medically necessary for coordinated interdisciplinary rehabilitative services. Services may be provided by a free-standing hospital, a distinct unit of an acute hospital, or skilled nursing facility.

Rehabilitation due to an injury or sickness will be covered only to the extent of restoration to the pre-trauma level. Speech therapy will be covered only to the extent of restoration to the level of the pre-trauma, pre-sickness, or pre-condition speech function. Rehabilitative care is to be terminated when further progress toward the established rehabilitation goal is unlikely or it is appropriate to assume

progress can be achieved in a less intensive setting. Treatment will only be covered as long as sustainable, measurable progress is demonstrated. Treatment to maintain an existing level of function is not covered.

Short Term Rehabilitative Therapy Coverage

Short-term therapy is defined as inpatient and/or outpatient services which, in the opinion of the Fund, can be expected to result in significant improvement of the participant's condition. If therapy is determined to be short-term, based upon diagnosis, services are covered as long as sustainable, measurable progress is demonstrated. Short-term speech therapy is covered when judged necessary to correct an impairment of organic origin due to an injury or sickness, or following surgery to correct a congenital defect. Therapy performed to correct impairment resulting from a functional nervous disorder is not covered.



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 to the workers' compensation insurance carrier. Work-related claims can be submitted with verification of Workers' Compensation carrier payment to the Fund office. This allows us to keep you "eligible" for other benefits under the Plan rules even though you are not working.



Contributions Can Still Be Made When You Work Outside Your Area

There are times when, for one reason or another, you may be required to work in another jurisdiction. You still want coverage of Health and Welfare benefits, and you want to make sure any contributions made on your behalf continue. Fortunately, Local 77 has a reciprocity agreement with many Locals outside your area that enables the transfer of these contributions.

When you find yourself working outside your local area, contact the Fund Office (877-850-0977) and request a form to make sure your benefits are properly transferred.

You should state the Local where you will be working, the starting date, and (upon termination) the date of termination.

The Fund Office works with the other Locals to ensure hours worked are credited to your record. Contributions, normally paid on a monthly basis, are paid quarterly or sometimes semi-annually when you are employed at another Local. Be sure to check with the Fund Office regarding your eligibility status.

Your employer’s contributions are made the month after you have performed work. Because of this, the three-month “look back” period for each eligibility month is shown below.



Eligibility Month	Look-back Period
January	September, October, November
February	October, November, December
March	November, December, January
April	December, January, February
May	January, February, March
June	February, March, April
July	March, April, May
August	April, May, June
September	May, June, July
October	June, July, August
November	July, August, September
December	August, September, October



Sports Mouth Guards to Protect Against Dental Injuries

What are sports mouth guards?

Sports mouth guards, also called mouth protectors or athletic mouth guards, are devices that are used to protect the teeth, gums, and soft tissues of the mouth from sports-related injuries. The American Dental Association recommends people of all ages use a mouth guard if they are participating in contact sports or other activities that could cause mouth or dental injury.

Occlusal guards, or nightguards, which are used to prevent clenching and bruxism, as well as sleep apnea devices, are sometimes associated with the mouth guard category. However, these are separate oral devices that we cover in a separate article.

Who needs a sports mouth guard?

Sports mouth guards are intended for people of all ages who participate in an activity that poses a risk of damaging the mouth, whether competitively or recreationally.

A sports mouth guard is recommended if you play contact sports. This includes, but is not limited to, football, soccer, boxing, basketball, field hockey, ice hockey, volleyball, and wrestling. Sports mouthguards can also be used for other non-contact sports and recreational activities that may cause damage to the mouth, such as gymnastics, biking, skateboarding, and ice- and roller-skating.

Types of sports mouth guards

- 1. Stock (ready-made)** – Ready-made mouth guards are the least expensive and most commonly available type. These are typically available at department and sporting goods stores and do not require a visit to the dentist. Stock mouth guards come in a range of sizes and are not personalized for each individual mouth.
- 2. Mouth formed (boil and bite)** – These self-adapting mouth guards soften when placed in hot water and are then adapted to the wearer's individual mouth through bite pressure and manipulation of fingers and tongue. Dentists may assist with final molding, but otherwise, you can these types of mouth guards at many retail establishments and sporting goods stores
- 3. Custom mouth guards** – These mouth guards are created in a laboratory or dental office from a patient's bite impressions. A custom mouth guard provides the best fit, comfort, and efficiency, but is also the most expensive option and require dental visits. Comfort is an important aspect to keep in mind during the selection process because a mouth guard only works if it is worn.

The Article Above was provided by Delta Dental.



Moving? Remember to Let Us Know!

It's important that you tell the Fund Office when your contact information changes. Often the Fund Office sends out important information about your benefits, coverage change notices, Plan booklets, not to mention even this *For Your Benefit* newsletter. If we don't have the correct information, we may not reach you and that may affect your benefits.

Call the Fund Office at (877) 850-0877 to let us know where you've re-located to so we can keep you updated on your benefits.



Living with pain?

Pain that lasts for 3 months or longer is called chronic and can be a sign that something else is going on within your body. Exercising and sleeping enough may help reduce chronic pain. If you are living with chronic pain, talk to your provider to discuss treatment options and possible causes.

Want to be healthier in the New Year?

Conifer Health Solutions and your Personal Health Nurse (PHN) are dedicated to helping you and your family to live their healthiest life. To get started, call your PHN, Lindsey Luma, at 410-919-0520.

When Home Health Care Services Are Necessary

Home Health Care services are covered **following a hospital confinement only**. The home health care must have been recommended by your doctor and must have been approved by the Fund Office. You must certify Home Health Care services with Conifer Health Solutions in order to be covered. Services are subject to Fund approval. Services under Home Health Care include:

- Registered nurse services and licensed practical nurse services;
- Physical, respiratory and occupational therapist services;
- Rental of durable medical equipment;
- Hemodialysis services and equipment;
- Medical/surgical supplies;



- Professional ambulance services to or from a hospital, up to the limit set forth in the Schedule of Benefits for Ambulance Services.
- Amputation Therapy
- Colostomy Care

Operating Engineers Local No. 77 Funds

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