

For Your Benefit

Operating Engineers Local No. 77

October 2024 Vol. 24, No. 4

www.associated-admin.com



SUMMARY ANNUAL REPORTS IN THIS 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. Annuity Fund
- Coordination of Benefits Form on page 3. Complete and Return

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.

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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.

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 

Who Should Get The Shingles Vaccine?

Your plan of benefits covers the shingles vaccine for participants age 60 and older when administered through your doctor's office or a CVS Caremark pharmacy. But who should get the shingles vaccine? According to the Centers for Disease Control and Prevention ("CDC"), whether you've had shingles or not, adults age 60 and older should get the shingles vaccine (Zostavax). Although the vaccine is also approved for use in people ages 50 to 59 years, the CDC isn't recommending the shingles vaccine until you reach age 60.

According to James M. Steckelberg, M.D., the shingles vaccine protects your body from reactivation of a virus — the chickenpox (varicella-zoster) virus — that most people are exposed to during childhood. When you recover from chickenpox, the virus stays latent in your body. For unknown reasons, though, the latent virus sometimes gets reactivated years later, causing shingles. The shingles vaccine usually prevents this reactivation.

The shingles vaccine isn't fail-safe; some people develop shingles despite vaccination. The shingles vaccine is a live

vaccine given as a single injection, usually in the upper arm. The most common side effects of the shingles vaccine are redness, pain, tenderness and swelling at the injection site, and headaches.

The shingles vaccine isn't recommended if you:

- Have ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin or any other component of the shingles vaccine
- Have a weakened immune system due to HIV/AIDS, lymphoma or leukemia
- Are receiving immune system-suppressing drugs, such as steroids, adalimumab (Humira), infliximab (Remicade), etanercept (Enbrel), radiation or chemotherapy
- Have active, untreated tuberculosis
- Are pregnant or trying to become pregnant

The above article is from MayoClinic.com.

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 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.

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
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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, 2023 through December 31, 2023. 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 \$39,558,419 as of December 31, 2023 compared to \$36,388,719 as of January 1, 2023. During the plan year the Plan experienced an increase in its net assets of \$3,169,700. 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 \$19,628,201. This income included employer contributions of \$16,669,193, employee contributions of \$811,480, realized gain of \$57,402 from the sale of assets, appreciation of assets of \$929,322, gains from investments of \$1,002,543, gains from investments of \$47,546 and other income of \$110,715. Plan expenses were \$16,458,501. These expenses included \$1,385,599 in administrative expenses and \$15,072,902 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, 911 Ridgebrook Rd. Sparks, MD 21152, 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, 911 Ridgebrook Rd. Sparks, MD 21152 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

8400 Corporate Drive, Suite 430
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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, 2023 to December 31, 2023. 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 \$3,180,643. These expenses included \$346,901 in administrative expenses and \$2,833,742 in benefits paid to participants and beneficiaries. A total of 3,130 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 \$46,291,283 as of December 31, 2023 compared to \$39,894,528 as of January 1, 2023. During the Plan year, the Plan experienced an increase in its net assets of

\$6,396,755. 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 \$9,577,398, including employer contributions of \$2,454,984, employee contributions of \$1,060,703, other contribution income of \$0, interest income of \$9,894, and a net gain from investments of \$1,222,296.

The Plan has contracts with Empower 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

Be Aware of the Deadline When Filing A Claim or an Appeal

FILING A CLAIM

• One Year (365 Days) To File Medical Claims

You must file all Medical claims and Death and Dismemberment claims within **365 days** from the date of an event. An “event” is defined as the accrual of charges for medical care, the date of injury, disease or illness, the date of disability, date of accident or sickness or date of death or injury which causes dismemberment.

Actively working participants and non-Medicare primary retirees should show their ID card to the provider of service. The provider will generally file their claim for the participant and retiree. Virtually all claims from a CareFirst provider will be filed electronically with the Fund. No claim form is necessary.

If you used a non-CareFirst provider, send an itemized bill directly to the Fund at the address shown below. Be sure the participant’s ID number is marked clearly on the bill. The Fund may have you sign an “Assignment of Benefits” statement allowing payment to be made directly to the provider.

To file a claim directly with the Fund, send to:

Operating Engineers Local No. 77
Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

If you used a CareFirst provider, the provider will file the claim electronically to CareFirst for you. If you or the provider files a paper claim send to:

CareFirst/Network Leasing
P.O. Box 981633
El Paso, TX 79998-1633

• Sixty (60) Days To File Weekly Accident and Sickness Claims

Weekly Accident and Sickness claims must be filed within **60 days** from the date that the disability began as certified by a doctor. If you return to work before 60 days, then you have 60 days from the date your doctor certifies that you are disabled in which to file a claim. If, on the other hand, you are disabled for longer than 60 days, then you must file a claim BEFORE you return to work. In no event may a claim for Accident and Sickness Benefits be filed later than your doctor certifies that you are disabled. Also, in no event may a claim be filed after 60 days and after you return to work.

Weekly Accident and Sickness claims should be mailed to:

Fund Office
Operating Engineers Local No. 77
PO Box 1065
Sparks, MD 21152-9451

You Must Provide Information to the Fund upon Request

The Fund has the right to request further information in order to properly process a claim under the Plan’s provisions. If a claimant fails to provide the necessary information within a reasonable period not to exceed thirty (30) days, the Fund shall have no duty to pay the claim until such time as the documents are provided, but in no event later than 365 days.

FILING AN APPEAL

If your claim has been denied, the Fund will send you a written denial that includes the reason for the denial and a reference to the Plan provision or rule on which it is based. If you have a claim that has been denied, in part or in full, you have the right to appeal the decision to the Board of Trustees. Be sure to file your appeal on time.

• 180 Days to File Appeals for Weekly Accident and Sickness or Medical Claims, and

• 60 Days to File Appeal for Pension Claims and Death Benefit Claims

To file an appeal, you must make a written request to the Board of Trustees at the address below:

Operating Engineers Local No. 77
911 Ridgebrook Road
Sparks, MD 21152-9451

Include the participant’s name, Social Security Number, the patient’s name (if different from the participant’s), the dates of service and the reasons why you think your claim should be reconsidered.

Remember, your letter of appeal for either Medical Claims or Weekly Accident & Sickness Claims must be received by the Fund within **180 days after your claim has been denied** for the filing deadline to be met. Otherwise, the appeal will be considered late.



Enhancing Athletics: The Crucial Role of Vision for Performance

No matter the sport, athletes work to ensure their body is in the best shape to perform at the highest level. Vision is a critical component to performance as it influences coordination, reaction times, and spatial awareness.

Check out what to look for in your performance eyewear.

1. Precision and Clarity

Precision and clarity are crucial in sports for maintaining awareness of your surroundings to prevent accidents and enhance strategic decisions. When looking for high-performance eyewear, search for frames with minimal distortion and maximum clarity, whether you are looking ahead or glancing sideways.

2. Adaptability in All Conditions

Athletic activities often take place in varied environments and under different lighting conditions. Finding frames

that work in diverse surroundings ensures optimal vision, whether you are in bright sunlight, overcast skies, or low-light conditions.

3. Enhanced Comfort and Fit

Comfort is another critical performance factor. High-performance eyewear should be lightweight and ergonomic, reducing pressure points and staying securely in place throughout vigorous activity. This level of comfort allows athletes to focus entirely on their performance without the distraction of adjusting their eyewear.

4. Protection Against the Elements

Athletic eyewear must also protect against environmental factors. UV rays, wind, dust, and debris can all impact an athlete's performance and safety. Comprehensive protection is essential for maintaining peak performance and preventing eye injuries.

The above article was provided by Vision Service Plan (VSP).

Spouse Not Eligible for Benefits upon Divorce or Legal Separation

If you are divorced or legally separated, your spouse is no longer eligible for coverage under the Health and Welfare Plan. If you and your spouse are physically separated, but not legally separated, he/she may remain a dependent until the earlier of: (a) three years from the date of physical separation, or (b) the date of divorce or legal separation. If your spouse loses coverage due to divorce, your spouse has a right to continue coverage under COBRA, and should contact the Fund Office within 60 days of losing coverage to request COBRA coverage.

Please notify the Fund Office immediately if your spouse is covered under the Plan and you become divorced, legally separated or physically separated from him/her. If you don't notify the Fund and the Fund continues to pay benefits to your spouse after the date of divorce or legal separation, or after three years of physical separation, you and your spouse/former spouse will be responsible for repaying all claims processed by the Fund after that date.

Dentists Can Help Diagnose Diabetes

Because the symptoms of diabetes may be subtle, many people with this disease aren't aware they have it. About a third of people with diabetes have not been tested or diagnosed with the disease.

Dentists could play an important role in helping correct this, according to an article in the Journal of Periodontal Research. Because of high glucose levels, people with diabetes often have problems with their teeth and gums: Increased glucose helps bacteria thrive.

Asking patients with serious periodontal (gum) disease about their family and personal medical history could help dentists steer individuals likely to have diabetes to their regular doctor for help.

In addition to gum disease, diabetes also makes people more susceptible to:

- Sore or loose teeth
- Dry mouth
- Fungal mouth infections
- Cavities
- Mouth ulcers

People with diabetes who have good control of their blood sugar are less apt to develop these problems.

Article provided by Dentegra/Delta Dental.

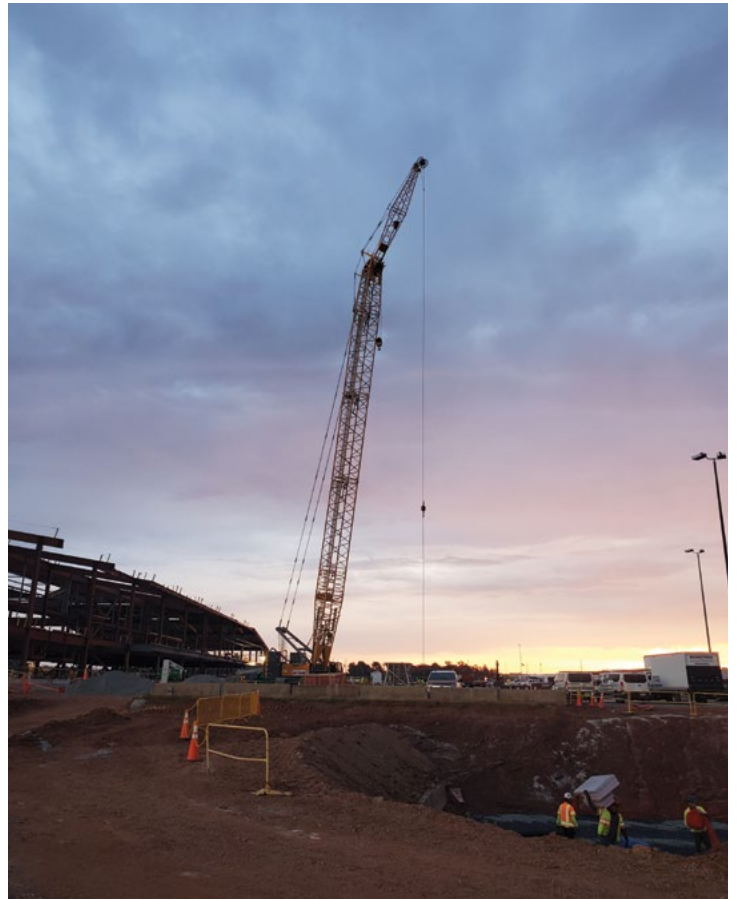
Reminder: Once Pension Benefits Begin, You May Not Make a Change

You have three payment options for receiving your Pension: the 36-Month Payment Guarantee Benefit, the 50% Joint and Survivor Annuity, and the 75% Joint and Survivor Annuity.

If you are married, a Joint and Survivor option will automatically be chosen for you (as required by law) unless both you and your spouse choose another method before your pension begins.

You cannot make a change to your pension option once you are in pay status. For example, if you are getting paid under the 36-Month Payment Guarantee option and you later get married, you are not able to change to a Joint and Survivor option.

Please be aware that you must be married at the time you apply for retirement and commence your benefit in order to be eligible for a Joint and Survivor Pension Benefit.



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