



Not every article in this newsletter applies to you. Please check your Plan of Benefits first.

For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

www.associated-admin.com

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Coverage For Emergency Room Treatment

The following article applies to **Class E** eligible participants whose medical coverage is provided under the Fund, not an HMO.

The decision to seek treatment in an emergency room is often made under very stressful conditions. When you or your family member is injured or sick, a quick decision is sometimes required. In order to be prepared for this kind of situation, it is important to understand the Fund's guidelines for coverage of emergency room services.

respiration, and other acute conditions. Of course, this is not a complete list and there could be other conditions which require immediate treatment.

Hospital expenses incurred at a hospital emergency room or ambulatory care center are NOT payable for non-emergency illnesses.

Your Plan will cover a visit to an emergency room if the emergency illness is a sudden and unexpected illness which, from a physician's point of view, presents an immediate threat to life or vital bodily functions. Some examples of medical emergencies which require immediate treatment may include a heart attack, cardiovascular accidents, poisonings, convulsions, a loss of consciousness or

The general rule of thumb is that your symptoms, including the degree of severity, must be such that immediate medical care would normally be required. The emergency room should be reserved for these urgent problems and should not be used for general illnesses/injuries that could be treated for at urgent care facilities, MinuteClinics, or at the doctor's office during regular office hours.



Helpful Phone Numbers & Websites. Cut and Keep. See Page 3.

Certify Any Chiropractic Visit Over the Eighth

The following article applies to eligible participants in **Class E** whose medical benefits are provided through the Fund, not an HMO.

Your Plan covers up to 8 visits per calendar year to a chiropractor without pre-authorization. However, if you will need more than 8 visits in one calendar year, **you must, before your 9th visit, get pre-authorization** from CareAllies. CareAllies is a utilization review firm which helps the Fund control the cost of hospital admissions by reducing unnecessary admissions and finding alternative treatment settings which are effective and medically sound.

Be Careful. Because of the delay in billing time, we may not know you are nearing 8 visits until you've already gone over that amount. If CareAllies does not certify the visits over 8 as medically necessary, you may be responsible for all charges for the uncovered visits. If you think there is a possibility that you may go over 8 chiropractic visits, it's a good idea to call CareAllies, just in case. CareAllies toll-free number is (800) 768-4695.

Note: All treatment performed by a chiropractor will be considered chiropractic care, even if the chiropractor submits a bill as physical therapy or other treatment.

In order to be covered, the treatment must be medically necessary to improve your condition. Treatment to maintain a level of function is not considered medically necessary.

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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.

Enroll Your New Dependent Within 30 Days

Once you have satisfied the waiting period for coverage (worked at least 600 hours in six consecutive months for a participating employer), you may add a newly eligible dependent to your benefit coverage by notifying the Fund Office and completing a new enrollment form. In order for coverage to begin right away, you must enroll your new dependent – new spouse, newborn child, or adopted child – within 30 days from the date he or she became your dependent.

For example, in the case of a newborn, you must enroll him or her within 30 days from the date of birth for coverage to begin at birth. For a new spouse, enroll him or her within 30 days from the date of marriage for coverage to begin on the date of your wedding.

To ensure that your dependent has coverage from the first possible date, request a new enrollment form from the Fund Office **before** you have the baby (or get married, or whatever the situation may be) so you can mail it with supporting certifications to the Fund Office as soon as the event occurs.

How Do I Enroll My New Dependent?

- Log on to www.associated-admin.com, click on the words “Your Benefit” located at the left side of the screen, select “Warehouse Employees Local 730,” and under “Downloads (Forms)” print the enrollment form, or
- Call the Fund Office at (800) 730-2241 and ask for an enrollment form.
- Complete the form and return it to the Fund Office along with supporting documentation (baby’s

birth certificate, adoption papers and/or marriage certificate). Be sure to include your dependent’s Social Security Number on the enrollment form. This is very important! Enrollment will not be processed until we receive both the enrollment form (with your dependent’s Social Security Number) and the required proof of dependent status.

When You Don’t Enroll Within 30 Days Fund Coverage (Class E)

- If you fail to enroll your new dependent when he/she is first eligible, coverage will begin on the first day of the month following the date the Fund Office receives the enrollment form and documentation.

HMO Coverage (Class C – Adams Burch)

- If you don’t add your new dependent within 30 days of the event, you will have to wait until the HMO open enrollment in July for coverage beginning in August.
- Class C participants who have coverage through United Healthcare HMO must complete two separate enrollment forms, one for the Fund Office and one for United Healthcare.

Send Information To:

Fund Office
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund
Attn: Eligibility Department
911 Ridgebrook Road
Sparks, MD 21152-9451



IMPORTANT!
Keep This List

Helpful Phone Numbers & Web Sites

Below is an updated list of phone numbers, hours of operation, and websites for Fund providers.
Keep it handy so you'll have the number when you need it.

Contact	Telephone Number	Purpose
Fund Office www.associated-admin.com	(800) 730-2241 Call 8:30 a.m. - 4:30 p.m.	General benefits information, eligibility questions, and claims inquiries. Download and print forms from website.
Fund Office Interactive Voice Response ("IVR") system	(800) 730-2241 Call 24/7	To check the status of a claim 24 hours a day, 7 days a week.
CIGNA HealthCare www.cignasharedadministration.com	(800) 768-4695 Call 8:00 a.m.-5:30 p.m.	PPO for hospital, physician, or other health care providers. Applies to Class E participants with Fund coverage.
CIGNA HealthCare www.cignasharedadministration.com	(800) CIGNA24 or (800) 244-6224 Call 24/7	Prescription drug services for Class E participants and Retirees who have prescription drug coverage through the Fund.
CareAllies, a subsidiary of CIGNA HealthCare www.cignasharedadministration.com Select "For Taft-Hartley Plan Members" at bottom of site.	(800) 768-4695 Call 24/7	Utilization Management (UM) provider. Contact to pre-certify ALL hospital admissions for Class E participants with Fund coverage. Contact for inpatient and outpatient treatment for Mental Health/Substance Abuse.
CareAllies 24-Hour NurseLine www.myCareAllies.com Password: LOCAL730	(800) 768-4695 Call 24/7	Receive helpful information from registered nurses for Class E participants with Fund coverage.
CareCentrix, a subsidiary of CIGNA HealthCare www.cignasharedadministration.com	(800) CIGNA24 or (800) 244-6224 Call 24/7	Contact for Durable Medical Equipment. Applies to Class E participants with Fund coverage.
Dental Health Centers & Associates www.dhcandassociates.com	(888) 802-6970 Tues-Fri 9 a.m.-5 p.m. Saturdays 9 a.m.-1 p.m.	Dental benefits for eligible Class C and Class E participants.
Group Vision Services ("GVS") www.gvsmd.com	(866) 265-4626 Call 8 a.m.-11 p.m. Mon-Sat. 11 a.m.-8:00 p.m. Sundays.	Vision Benefits for all Active participants in Class C and Class E who have Health and Welfare benefits through the Fund.
Law Office of Steven M. Sindler	(410) 551-9323 or (877) 293-8730 Call 9:00 a.m.-5:00 p.m.	Contact for legal services.
United Healthcare HMO www.uhc.com Use your policy number 729899 to identify yourself.	(800) 815-8958	HMO medical and prescription drug benefits for Class C participants and pre-Medicare Retirees with HMO benefits.
Voya Financial www.voya.com	(800) 625-7440	Life Insurance benefits and Accidental Death and Dismemberment benefits for Class C and Class E participants. Group Policy Number is 61182-4.

Medical Claims Must Be Filed Within One Year

The following article applies to eligible participants who have medical coverage through the Fund, and not through an HMO.

You have **365 days (one year)** from the date of service to file a medical claim with the Fund Office. After that time, your claim will be considered late and **will be denied**. If your doctor's office or the hospital says it will file the claim for you, that's fine, but it's ultimately your responsibility to be sure that the bill has been sent to the Fund Office. Dental, Optical and Prescription Drug claims are handled through the provider. They are not processed through the Fund Office.

When the Fund Office processes a medical claim, you will receive an "EOB" (Explanation of Benefits). If you haven't received an EOB within a couple of months from your date of service (it takes providers a while to submit the bills sometimes), check with the Fund Office. If we haven't received a bill, contact the provider to see if one was sent.

Remember, you are the one who is responsible for the bill if your provider fails to submit it to the Fund Office, so it's in your best interest to follow up.

Request For Additional Information

If a claim is not complete, the Fund Office will deny the claim within a 30-day period. If your claim is denied for lack of response, but you then get the information to us – *within the original 365 days* – your claim will be processed as usual. An inquiry on the phone about whether a service is covered (except an urgent claim) is not a claim.

If Your Medical Claim Is Denied

If part of your entire claim is denied, you will be notified in writing. The notice will explain:

- The reason(s) for the denial,
- The specific Fund rule on which the denial is based,
- Notice that you may receive, upon request and free of charge, reasonable access to and copies of all documents and records relevant to the claim, and
- A statement that you have the right to bring an action under ERISA.

The Fund Office will send you this notice within 90 days after receipt of your claim for benefits, unless there are special circumstances which require more time to process your claim. In that case, the claimant will be notified of the need for an extension in writing, before the expiration of the initial 90 days.



How To File For Benefits If You're Injured On The Job

If you have an illness or injury which may be work-related, there are certain steps to follow in order for your claim to be processed. Below is a review of those procedures.

1. Submit your claim to the Fund Office as usual. Be sure to file within the time frame required (within 365 days from the date the injury/illness began).
2. At the same time, file your claim with your employer's Workers' Compensation carrier.
3. The Fund Office will deny the claim as work-related because it falls under Workers' Compensation. Importantly, your claim will be on record as received on time by the Fund Office.
4. If your claim is denied by Workers' Compensation as "non-compensable under Workers' Compensation law," you may choose to file an appeal with the Workers' Compensation Commission. **Filing an appeal does not guarantee eligibility for benefits.** In order to maintain eligibility, a claim must be paid by Workers' Compensation or Accident & Sickness.
5. If your claim is approved by Workers' Compensation, the Workers' Compensation carrier will process your bills.
6. The Fund Office will pay a supplement to the Weekly Temporary Total Disability paid by Workers' Compensation (**Class E participants only**).
7. **If the Commission disallows your claim** on the grounds that the claim is non-compensable under Workers' Compensation (meaning the claim was determined NOT to be work-related), the Fund will process your claims. We must receive verification of this information – such as a copy of the denial by the Commission. We will process any bills received in accordance with the Plan.
8. **If the Commission awards benefits** because your claim is determined compensable, the Workers' Compensation carrier will process your claim.
9. Submit copies of your Temporary Total Disability checks to the Fund Office. The Fund will then pay a Supplement to the Weekly Workers' Compensation payment not to exceed the 52 weeks allowed according to the Plan (**Class E participants only**).

If you have questions about what to do if your claim may be work-related, contact Participant Services at (800) 730-2241.

Coverage For Mental Health And Substance Abuse

Class E Participants

Participants in Class E are not required to obtain pre-authorization before receiving outpatient mental health/substance abuse ("MA/SA") treatment. Inpatient treatment for MA/SA requires pre-authorization through CIGNA (CareAllies).

Coverage is provided for both inpatient and outpatient mental health/substance abuse treatment, up to the limits of the Plan. You may receive up to 180 days for inpatient hospital treatment, per calendar year.

In order to obtain mental health/substance abuse services in-network, you should contact CIGNA/CareAllies toll free at 800-768-4695 and select the prompt for Behavioral Health.

To locate a provider in the CIGNA network, log onto www.cignasharedadministration.com. Select "For Taft-Hartley Plan Members." At the bottom of that site, click on the drop down box, bottom of page, and choose "CIGNA Behavioral" and then hit "go." From here you can select "Find a Therapist/Psychiatrist" in the list of resources and information.

Class C (Adams Burch) Participants

Mental health and substance abuse benefits are provided by UnitedHealthcare (UHC). Based upon the Mental Health Parity and Addiction Equity Act, the following apply:

- There is no day limit for in-network, inpatient detoxification.
- There is no day limit for inpatient mental health/substance abuse treatment.
- There is no co-insurance due for outpatient mental health/substance abuse office visits.
- The co-payment is the same regardless if you visit your primary care physician or a specialist for mental health/substance abuse.

To locate a therapist/psychiatrist with UnitedHealthcare, log onto www.uhc.com. Select "Find A Physician." You will be directed to the General Directory. Click on "Find a Mental Health Clinician or Facility."

Plan Ahead Before You Retire

So, you've met the age and service requirements and looking forward to your first pension check. The best way to make sure that happens is to contact the Fund Office **at least 45 days before** you plan to retire.

What Should I Do First?

When you plan to retire, write to the Fund Office and provide us with your name, address, Social Security Number, and the date that you would like benefits to begin. Send your request to:

Warehouse Employees Union Local No. 730
Pension Trust Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

After the Fund Office receives your request, we will send you a pension application and other instructions about the application process, including a list of the required documents to be submitted.

What Information Is Needed?

To receive benefits from the Fund, you must return a completed pension application form to the Fund Office with copies of any required documents, such as your birth certificate. Be sure to complete ALL sections on the form. If you aren't quite sure what a question is asking on a form, give the Fund Office a call. We'll help you. When an incomplete form comes back to us, we have to send it back to you and this slows down the whole process.

All materials requested by the Fund Office must be submitted before your application is accepted.

Can I Choose The Form Of Pension Payment I Receive?

Yes, you may elect the form of payment in which you would like to receive your pension benefit. But you cannot change your election once made. This means that you may only elect the form of benefits once. If your benefits are suspended under the Re-Employment Rules, you may not make a new benefit election when your benefits resume.

Fund Office Needs Time To Verify Service Worked

When the Fund Office receives your pension application, there are a number of steps we must take before starting your first payment. We have to contact your employer and verify all service worked (and if you've had more than one employer under the Fund over the years, we have to contact each one of them). This takes time. Telling the Fund Office ahead of time gives us a chance to do the background steps so that by the time your retirement date comes near, we've already figured out how much your pension will be and can give you your benefit and payment options.

When Can I Expect My First Pension Check?

After the Fund Office has received your completed application and all of the supporting documentation required by the Fund Office, your pension benefits will become payable on the first day of the month following your date of termination. But remember, start early.

Have Your Pension Check Deposited Directly Into Your Account

Electronic Funds Transfer ("EFT") is the secure, convenient and efficient way to receive your pension check. Instead of receiving your pension check in the mail and going to the bank, you'll know that your check is safely deposited into your checking or savings account electronically.

Security

By having EFT, you no longer have to worry about lost, stolen or misplaced checks.

Convenience

You no longer have to be concerned about weather conditions and depositing your check. With EFT you will have the peace of mind knowing that whatever the circumstance (whether you're ill, away from home, or have bad weather conditions), your check is in your account the morning of the payment date.

Reliability

You don't have to wait for your pension check to arrive in the mail. If you're on vacation, you'll know that your check is not sitting in your mailbox, but is securely in your account on time.

Sign Up Now

To take advantage of this convenient option you can:

- Log on to www.associated-admin.com. Click on "Your Benefits," located at the left side of page and select "Warehouse Local 730." From here you will be able to print the "Electronic Funds Transfer (EFT)" form.
- Call the Fund Office at (800) 730-2241 and we will send an EFT enrollment form for you to complete and return. At that point, we'll contact your bank and set up the transaction.

Join the other pensioners who enjoy this service!





HEALTH CORNER

Give Your Five Senses A Workout

Learn new things by letting your five senses guide you. Sensory experiences keep your mind active and engaged – like a workout for the brain. Research shows that staying mentally active can strengthen brain cells and the connections between them.¹

See the sights. Act like a tourist in your own area and experience museums, hiking trails and historic sites. Attend programs at your local and state parks to learn more about nature and wildlife.

Lend an ear. Music is known to stimulate the mind. Enjoy the sounds of an outdoor concert or theater performance. Or, dust off an instrument and improvise your own music.

Smell the roses. Follow your nose to the public gardens or arboretum in your area. If you have a green thumb, consider volunteering to help keep the gardens beautiful.

Taste the fare. Check out your local farmers market. Be daring. Choose interesting varieties like purple carrots, yellow beans and green tomatoes. Challenge yourself to try fruits and vegetables that are new to you.

Touch with creativity. Unleash the artist in you by taking a class in woodworking. Using your hands and mind together can be a rewarding challenge.

Source:

¹ http://www.alz.org/we_can_help_brain_health_maintain_your_brain.asp

The above article was provided by CareAllies, a subsidiary of CIGNA HealthCare.



Bereavement Counseling Available

The following article applies to eligible participants and dependents in Class C and Class E.

When you experience grief after the death of a family member who was under hospice care, you can receive help. Your Plan provides up to \$200 towards bereavement counseling if the counseling is received within three months of the patient's death.

For more information about Hospice Care Benefits, see your Summary Plan Description booklet on page 36.

THE WAREHOUSE EMPLOYEES
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