



For Your Benefit

Bakers Union & FELRA Health and Welfare Fund

September 2017 Vol. 11 No. 1

Open Enrollment for Medical Coverage Runs October 1 – December 1

The following article applies to actively working participants in Plans 1, 2 and 3.

Starting October 1, 2017, you have the option to choose your medical coverage. You will receive an enrollment form in the mail – if you do not receive it, you may call the Fund Office at 866-662-2537 and request one.

If you are a full-time participant, your hire date will determine your

plan. The following table shows the hire dates for Plans 1, 2, and 3. For detailed information on eligibility, please refer to your Summary Plan Description (“SPD”) booklet, pp. 30-32. Eligibility details for part-time participants in Plans 3 and 4 are also provided in your SPD.

PLAN	ACTIVE STATUS	HIRE DATE
Plan 1	Full Time	Local 118: before Oct. 17, 2004 Local 68: before Oct. 31, 2004
Plan 2	Full-Time	Local 118: on or after Oct. 17, 2004 Local 68: on or after Oct. 31, 2004
Plan 3	Full-Time	Local 118: on or after Dec. 9, 2014 Local 68: on or after Nov. 13, 2014

Adding Dependents to Your Coverage Isn't Complicated

So you've just gotten married or you've just had a baby and you want the new addition(s) to your family to have health coverage. It's easy to add dependents to your Plan – simply enroll the new person(s) within 30 days from the date they become your dependent.

Contact the Fund Office at (866) 662-2537 and ask for an enrollment form. To ensure that your new dependent has coverage from the first possible date, return the form with supporting documentation to the Fund Office as soon as the event (birth, marriage, adoption) occurs.

Continued on page 2

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.

Notice of Creditable Coverage
Cut and keep. See page 4.



This Issue—

- Open Enrollment for Medical Coverage Runs Oct. 1–Dec. 1 1
- Adding Dependents to Your Coverage Isn't Complicated..... 1
- Privacy Statement Available Upon Request 2
- Precertification/Authorization Required for Hospital Admissions..... 3
- Life Benefit: Make Sure Your Beneficiary Receives Payment 3
- Important Notice about Your Prescription Drug Coverage and Medicare 4
- Call Cigna Shared Administration When Lab Work Is Needed..... 6
- You Must Use a Doctor/Hospital in the Cigna Shared Administration Network for Medical Coverage..... 6
- Update Your Benefit Information With the Fund Office 6
- Coordination of Benefits Update Form 7
- WHCRA Allows Reconstructive Surgery Following Mastectomy 8
- Landover Fund Office Moved to New Location on April 1st..... 8

Enrolling newborns and adopted children

Include a copy of your newborn's birth certificate with the enrollment form. If you haven't received the birth certificate yet, send the birth verification notice from the hospital. We will accept that until you receive the birth certificate. We still need a copy of the actual birth certificate once you receive it, so be sure to follow up.

If you have adopted a child under the age of 26, or have a child placed with you for adoption or legal custody, you must enroll him/her within 30 days from the date he or she became your new dependent to receive coverage the first of the month following the date of adoption, or placement for adoption.

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.

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.

Enrolling Spouses

To enroll a spouse, simply fill out the enrollment form and send it to the Fund Office within 60 days from the date of marriage. Include a copy of your marriage license.

If you become legally separated, you may keep your spouse as a dependent until the divorce is finalized.

There is no medical and prescription drug coverage for spouses of participants in Plan 3.



Student Dental Coverage

In order for a dependent over the age of 19 to receive dental coverage, they must be a full-time student. This coverage can last until the dependent reaches the age of 23. A student certification needs to be requested and sent in every year.

Where do I mail the enrollment form and documentation?

Send the information to:

Bakers Union and FELRA
Health and Welfare Fund
Eligibility Department
911 Ridgebrook Road
Sparks, MD 21152-9451

Dependent coverage remains in effect as long as your coverage is current. If you lose your coverage, so do your dependents. Other reasons for loss of dependent coverage include divorce, a child reaching age 26, or if the dependent "abuses Fund benefits or fails to comply with reasonable requests by the Fund." Upon your death, dependent coverage may continue for up to one year (see pg. 39 of your SPD for more information).

Privacy Statement Available Upon Request

In accordance with federal law, the Fund has established Privacy Practices, which are the rules on how protected health information (PHI) about you may be used and disclosed by the Fund and other parties under the Health Insurance Portability and Accountability Act of 1996 and how you can get access to this information.

The Notice of Privacy describes these rules. If you would like another copy of the "Statement of Privacy Practices," log onto www.associated-admin.com and click on the words

"Your Benefits," located at the left side of the screen. Select Bakers Union/FELRA and print the Statement of Privacy Notice, located under "Downloads." You can also call the Fund Office at (866) 662-2537 or write to:

HIPAA Privacy Officer
Associated Administrators, LLC
911 Ridgebrook Road
Sparks, MD 21152-9451

Precertification/Authorization Required for Hospital Admissions

The following applies to participants and eligible dependents in Plans 1, 2, and 3. Spouses are not covered in Plan 3.

Taking good care of yourself can help lessen the chances you'll need to be admitted to a hospital. However, if and when you do require admission, you **must** call CareAllies (800-768-4695) for authorization in order for the Fund to pay benefits.

If you fail to call CareAllies, you may be responsible for paying up to \$1,000 or 20% of the cost (whichever is less), in addition to any other deductibles or co-payments.

CareAllies certifies the necessity of medical procedures, but it **DOES NOT** certify your eligibility for benefits, that the procedure or *Hospital* stay is covered under the Plan, or the amount of coverage provided by the Plan. You must verify eligibility with the *Fund Office* (866-662-2537).

How to obtain precertification/authorization for hospital admissions:

- Before your admission, call CareAllies to pre-certify all planned (non-emergency) or elective hospital stays. For an emergency admission, call CareAllies within 48 hours of the admission. Trips to the emergency room

that DO NOT result in admission to the hospital do not require certification.

- If CareAllies determines that your admission is medically necessary, you will receive an authorization letter from CareAllies which includes the number of days approved. Be sure to take a copy of the authorization letter with you when you go to the hospital to be admitted.
- If your medical condition requires an extension of your hospital stay, CareAllies will need to be contacted by your physician or a facility staff member. Therefore, if you need to extend your hospital stay, tell your physician to contact CareAllies. You (or a family member/caregiver) should also contact CareAllies to confirm authorization for your continued stay.

CareAllies, a subsidiary of Cigna Healthcare, is a health management company that helps “contain inpatient hospital costs by reducing unnecessary admissions and, when appropriate, finding treatment alternatives that both you and your physician find safe and effective.”

CareAllies provides a broad portfolio of services such as pre-certification, complex case management, specialty case management, 24-Hour Nurse Line programs, and web tools to help improve your health and well-being.

Life Benefit: Make Sure Your Beneficiary Receives Payment

Death is something we all face and it's natural to want our loved ones looked after upon our passing. Fortunately, your Plan has a Life Benefit that applies to covered participants. If you die while insured, your beneficiary will be paid \$20,000.

To make sure this payment goes to a person or persons you desire, you must choose a beneficiary. A beneficiary can be any person you choose – common examples are spouses, children, parents, siblings, etc.

Your beneficiary must be living on either the date the Fund Office receives proof of your death or the 10th day following your death.

Distribution of the Life Benefit to more than one beneficiary is also possible. For example, if you want 25% to go to each of your four children, simply designate each as a beneficiary at that amount.

Covered participants are free to change their beneficiary by written request at any time. To make change, contact the Fund Office at (866) 662-2537, request an enrollment form, complete and sign it, and return it to:

Bakers Union and FELRA
Health and Welfare Fund
Eligibility Department
911 Ridgebrook Road
Sparks, MD 21152-9451

An exception to this is an *irrevocable beneficiary*, which is when you name someone as a beneficiary that you cannot change without his/her consent.

All requests to name, add, or change beneficiaries is subject to Fund Office approval.

The Life Benefit is insured by Voya Financial.



Cut and Keep!

Important Notice about Your Prescription Drug Coverage and Medicare

The following Notice of Creditable Coverage applies to all Medicare-eligible participants and/or spouses.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Bakers Union and FELRA Health and Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Bakers Union and FELRA Health and Welfare Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also

be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Bakers Union and FELRA Health and Welfare Fund coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you do decide to join a Medicare drug plan and drop your Bakers Union and FELRA Health and Welfare prescription drug coverage, beware that you and your dependents may not be able to get the same coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Bakers Union and FELRA Health and Welfare Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join

Continued on page 5



Continued from page 4

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the Fund Office for further information at (866) 662-2537 or (410) 683-6500. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Bakers Union and FELRA Health and Welfare Fund changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2017

Name of Entity Sender: Fund Office
Bakers Union and FELRA
Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152

Phone Numbers: (866) 662-2537
(410) 683-6500

Call Cigna Shared Administration When Lab Work Is Needed

Your Plan of benefits requires that you must use a laboratory in the Cigna shared administration network.

Your Responsibility

It is your responsibility to check before you make your appointment for lab services that the laboratory you are going to is in the Cigna shared administration network.

You can do this by:

1. Calling Cigna at 800-768-4695, or
2. Logging online to the Cigna provider directory at www.cignasharedadministration.com. Select "Provider Directory" shown on the horizontal bar located at the top of your screen. Next, choose the "Facility and Ancillary Directory." After questions #1 and #2, choose "Laboratory Services" under specialty, and click on "Continue Search." You will be directed to a listing of various labs located near the zip code you entered.

Be sure your doctor knows this before having laboratory work done. If your doctor, nurse or surgeon performs lab work in the office, explain that your lab work must be sent to a lab that is in the Cigna shared administration network in order for the claim to be covered.

Remember, labs can be in the Cigna network one month and not be in the network the next month. So it is very important for you to confirm your lab's status prior to any testing.

You Must Use a Doctor/ Hospital in the Cigna Shared Administration Network for Medical Coverage

Before you make an appointment to see a doctor (whether a general practitioner, OB/GYN, pediatrician, etc.), and before scheduling any non-emergency hospital procedure (inpatient or outpatient), **you must be sure the doctor and/or hospital is a Cigna Shared Administration provider. If you don't use a Cigna provider, services will not be covered and you will have to pay the bill.** It doesn't matter if you make your appointment months or a couple of days ahead, you still need to check again on the day of the visit to be sure he/she is still in the Cigna Shared Administration network.

Locating Providers

To locate the most current providers in the Cigna network, log on to its website www.Cignasharedadministration.com. The names of providers are updated regularly. You can also call Cigna at (800) 768-4695.

Update Your Benefit Information With the Fund Office

If you, your spouse, or your dependents have benefit coverage in more than one group health plan, the Fund Office needs to know. Why? Because there are Coordination of Benefits ("COB") rules to determine which plan processes the claim first, second and even third (if you have coverage under three group plans).

Virtually every group health plan has COB rules. They are designed to protect the Fund (and all group health and welfare plans) from paying claims for which it is not liable. The Fund's COB rules are described in your SPD on page 42.

Even if you have completed a COB form before and nothing has changed, please complete the form on the next page and return it to the Fund Office at the address shown at the bottom of the form.

Remember, updating this information NOW saves time LATER (when you have a claim waiting to be processed). If you do not tell the Fund Office about the other coverage and it is discovered later (after claims have been paid), you will be billed for the amount that was paid in error. Do not let this happen to you.

See page 7 for COB Form

**Bakers Union and FELRA
Health and Welfare Fund**

911 Ridgebrook Road
Sparks, MD 21152-9451
Telephone: (410) 683-6500
Toll Free: (800) 638-2972
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, MD 20785-2361
Telephone: (301) 459-3020
Toll Free: (866) 662-2537
www.associated-admin.com

COORDINATION OF BENEFITS UPDATE

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

Participant's Name: _____ **Last Four Digits of SSN#:** _____

There is Other Group Coverage On (Choose One):

- 1) Myself 2) My Spouse 3) Other Eligible Dependent

If Spouse:

- a) Name: _____
b) SSN: _____
c) Date of Birth: _____
d) Spouse's Employer:

_____ Co. Name
_____ Address

() _____ Phone No.
_____ Benefit/HR Dept.
(Contact Name)

If Other Dependent:

- a) Name: _____
b) SSN: _____
c) Date of Birth: _____
d) Spouse's Employer:

_____ Co. Name
_____ Address

() _____ Phone No.
_____ Benefit/HR Dep
(Contact Name)

The coverage is from:

- Medicare Part A Medicare Part B Medicare Part D
 Spouse's Employer Other Participant's Employer at Another Job

Insurance Co. Name: _____

Address: _____

Phone Number: _____

Group Policy #: _____ **Effective Date:** _____

NOTE: If more than one family member has more than one 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

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

(PLAN 2 Participants Only) [1] Was your spouse offered other coverage where the employer pays at least 70% of the premium? Yes No. [2] Was the coverage accepted or rejected by the Spouse? Yes No.

Participant's Signature _____ **Date** _____

Send to: Bakers Union and FELRA
Health and Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

WHCRA Allows Reconstructive Surgery Following Mastectomy

The Women's Health and Cancer Rights Act ("WHCRA") provides protections for individuals who elect breast reconstruction after a mastectomy. Under federal law related to mastectomy benefits, the Plan is required to provide coverage for the following:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;

- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

Such benefits are subject to the Plan's annual deductibles and co-insurance provisions. Federal law requires that all participants be notified of this coverage annually.

Landover Fund Office Moved To New Location on April 1st

On April 1, 2017, the Landover Fund Office relocated to the following address:

Fund Office

8400 Corporate Drive, Suite 430
Landover, MD 20785-2238

All phone and fax numbers remain the same. Participant Services is still toll-free (800) 638-2972.