



For Your Benefit

Bakers Union & FELRA Health and Welfare Fund

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Landover Fund Office Moves to New Location on April 1st

On April 1, 2017, Associated Administrators, LLC, is moving its Landover office from 4301 Garden City Drive to 8400 Corporate Drive, just a quarter mile from the current location. The new address will be:

Landover Fund Office
8400 Corporate Drive, Suite 430
Landover, MD 20785-2361

The Landover telephone number is not changing. It remains toll-free (866) 662-2537. Associated's office in Sparks, Maryland, is not moving.



Material Modifications



Group Vision Services is Your New Optical Provider

The following is a Material Modification (change) to your Health and Welfare Summary Plan Description ("SPD"). Please keep this notice with your benefits materials.

The Board of Trustees of the Bakers Union & FELRA Health and Welfare Fund is pleased to announce that Group Vision Services ("GVS") is your new optical provider **effective February 1, 2017**, and replaces Vision Service Plan ("VSP").

Featuring an extensive national network, GVS makes it convenient for participants to find a provider. Names of providers are available on the GVS website at www.gvsmd.com, and are updated regularly.

In addition to independent optometrists and ophthalmologists, members may also visit numerous retail locations such

as Lens Crafters, Pearle Vision, Sears, Target Optical and JC Penney Optical.

An ID card has been mailed to you. If you haven't received it when you go to your optician's office, you may give your name and date of birth and have the optician call GVS customer service at (866) 265-4626 to verify your eligibility.

The following benefits, available once every 24 months with no copay, from a network provider include:

- **Vision Examination** – includes dilation as indicated
- **Eyeglass Lenses** – single vision, bifocal, or trifocal in standard/basic plastic

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with standard scratch resistance, polycarbonate lenses for children under 19

- **Frames – covered in full up to \$130 retail value.** Participants receive 20% off balance for selection costing more than the Plan allowance. Frames are also available through www.glasses.com.
- **Contact lenses** – in lieu of spectacle lenses (does not include fitting and follow-up)
 - o Elective – disposable or conventional, covered in full up to \$130.00 allowance. Conventional lenses: par-

ticipants received 15% discount off balance over Plan allowance. Contacts available through www.contacts-direct.com.

- o Medically necessary – covered in full up to \$250.00.

Please mark the optical sections of your Summary Plan Description (pp. 140-144) to note GVS is your vision provider. If you have questions about this change, call the Fund Office at (866) 662-2537.

Material Modifications

Union Labor Life is New Life, AD&D Provider

The following is a Material Modification (change) to your Health and Welfare Summary Plan Description (“SPD”). Please keep this notice with your benefits materials.

Your life insurance and Accidental Death and Dismemberment benefits under the Plan are now provided by Union Labor Life Insurance Company. Their contact information is as follows:

Union Labor Life Insurance Company
8403 Colesville Road, 13th Floor
Silver Spring, MD 20910

Previously, your life and AD&D benefits were covered by Voya Financial. **Benefits remain unchanged.** For details on your life benefits, please refer to page 62 of your SPD. Information on AD&D benefits may be found beginning on page 66 of your SPD.



Nonparticipating Providers are No. 1 Reason Claims Are Denied

The most common reason for denial of a claim is when a participant has used an “out-of-network” provider.

At regularly scheduled Board of Trustees meetings, Board members of the Bakers Union and FELRA Health and Welfare Fund examine each appeal on a case-by-case basis before making their decision.



Your Cigna HealthCare PPO network has over a million primary and specialty care physicians and facilities across the United States. To find a participating provider, call (800) 768-4695 or check the Cigna website at www.cignasharedadministration.com.



MinuteClinic Can Help With Minor Health Concerns

As a Cigna HealthCare member, you have the opportunity to receive treatment for common ailments and injuries by going to a MinuteClinic health care center. Cigna HealthCare provides convenience care clinics throughout the country where you can receive high quality, affordable health care services. In our Mid-Atlantic area, these centers are called MinuteClinics and are conveniently located in select retail grocery stores and drug stores, as well as certain corporate office buildings and college campuses.

To Find A Participating MinuteClinic Near You:

- Log on to www.cignasharedadministration.com
- Select “Medical PPO Provider Directory” and then the category called “Cigna Facility and Ancillary Directory”
- Enter a zip code and click on “Continue Search.” Scroll down the screen and select “Specialty.” After you click

on “Convenient Care Centers,” you will be able to view all the various MinuteClinics in your area.

Advantages

- No waiting for an appointment. When you need care, you walk in, and appointments usually take about 15 minutes.
- Open seven days a week, including evening hours.
- Receive high-quality medical care in a facility overseen by doctors and staffed by certified nurse practitioners and physician assistants.
- The Fund covers the cost for eligible services and treats MinuteClinic visits the same as primary care physician office visits, with appropriate co-payments and deductibles.

REMINDER: *If you are given a prescription, do not get it filled at a MinuteClinic since it is NOT in the pharmacy network. To receive coverage for your prescription, you must use a pharmacy that is in-network (Giant/Super G, Safeway, Acme, Pathmark, ShopRite or Rite Aid pharmacy).*

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.



Enroll Your Newborn Baby Within 30 Days of Birth

To be sure your new baby's expenses are covered, you must enroll him/her with the Fund Office within 30 days (assuming you are eligible for dependent coverage). If you don't enroll your baby within 30 days, your baby will not have coverage until the beginning of the following month after which we receive your paperwork. To ensure that your baby has coverage from the first possible date, request an enrollment form before you have the baby.

Enrolling is easy – just call the Fund Office at (866) 662-2537 and ask for an enrollment form. You can also print the form from your computer by logging onto www.associated-admin.com. Click on "Your Benefits" located at the left side of screen and select the fund "Bakers Union/

FELRA." From the Bakers Union and FELRA homepage, you can select and print the Enrollment Form. Complete the form and return it to the Fund Office along with a copy of your baby's birth certificate. Be sure to include your baby's Social Security Number on the enrollment form. If you haven't received the birth certificate yet, send us 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. 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.



Reminder: Reading of Heart Monitors Must be Performed by a Cigna Provider

If you have been prescribed to wear a heart monitor holster, be sure the monitor is sent to a provider in the Cigna Shared Administration (“Cigna”) network for analysis. Just because the doctor that ordered and placed the monitor on you is in the Cigna network, does not mean that the provider that does the reading of the monitor is also in-network. Claims will only be paid if the provider reading the heart monitor is in the Cigna Shared Administration network.

To locate the most current providers in the Cigna Shared Administration network, log on to its website at www.cignasharedadministration.com. The names of providers are updated regularly. You can also call Cigna at (800) 768-4695 to verify that a provider is in-network.

Keep Track of Your COBRA Continuation Coverage

If you are receiving COBRA Continuation Coverage, it is your responsibility to keep track of how long you have received coverage. Generally, you may continue COBRA Continuation Coverage for up to 18 months, unless there is a second qualifying event occurring within the 18-month period. When a second qualifying event occurs, you may be eligible for an additional 18 months of coverage, not to exceed a total of 36 months. An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration to be disabled.

The Fund does not bill you for monthly COBRA payments, nor do we send a notice telling you your coverage is ending. It is your responsibility to remember to mail your COBRA payments to us. Naturally, we will return your check if you make a payment for a month for which you are not eligible. Keeping track of your length of coverage protects you from incurring a claim you thought would be covered, but in fact, is not.

If you have any questions or wish to request additional information about COBRA continuation coverage, please contact the Fund Office at (866) 662-2537.

How to File for Weekly Accident & Sickness Benefits

If you are unable to work because you are sick or injured, you may be paid Weekly Accident & Sickness (“A&S”) pay.

How do I apply?

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. Call the Fund Office toll free at (866) 662-2537 and we will send you an Accident & Sickness (“A&S”) claim form.
2. You can also print the form from our website. Go to www.associated-admin.com and click on “Your Benefits,” located at the left side of the homepage. Select “Bakers Union and FELRA.” You will be directed to a list of forms. Click on the Accident & Sickness claim form and from there you can print it.

This claim must be filed within 24 months (two years) from the date your disability began.

What do I do next?

1. Answer all the questions on the form;
2. Sign the form;
3. Write the date you signed the form;
4. Take the form to your doctor to have him/her complete the physician’s section; and
5. Mail the form to the address written on the top of the form.

Once we receive your completed A&S form, and if there are no questions regarding your sickness or injury, your claim will be processed. If the Fund Office sends you questions about the disability, you must answer within two weeks from the date mailed by the Fund. If approved, weekly checks will begin for the period you are disabled. You may be eligible for A&S benefits at \$200 per week for up to a maximum of 26 weeks.

If you are disabled because of an illness, the Fund will start paying benefits on the 8th day of your disability. If you are disabled because of an injury, benefits will begin on the 1st day of your disability.

For further details about your A&S benefits, refer to your Summary Plan Description booklet on pages 70-74.





Subrogation: What It Is and How It Works

What is subrogation?

Suppose you're in a car accident and it is clearly not your fault. Your car is wrecked and your neck and back have been injured. Expenses relating to the accident are mounting, but the person (or his/her insurance) responsible for paying your (or your eligible dependent's) expenses has not yet paid you. As a service to you, the Fund will pay your (or your eligible dependent's) benefits with the understanding that you are required to reimburse the Fund in full for any recovery you or your eligible dependent may receive from the responsible third party. This is called subrogation.

How does this work?

After you submit a claim to us to pay for your injuries, we will send you a Subrogation Agreement, which you and your attorney (or your dependent and his/her attorney) must complete and return to us. This form must be completed and returned to the Fund with any other forms the Fund may need before the Fund will pay claims related to the accident.

Whatever amount the Fund pays for the accident, you must reimburse the Fund out of anything you receive from the responsible party (the other driver's car insurance, for

example). By signing the Subrogation Agreement, you (or your dependent) and attorney agree that if you are successful in your claim against the third party, the Fund will be reimbursed first, even before your attorney collects fees.

Rules and obligations of subrogation:

- To pay back the Fund Office first for any benefits related to an accident once you recover those costs from a third party;
- To authorize any insurance company that is obligated to make any payment to you to first directly pay the Fund the amount that was advanced to you;
- To provide the Fund with a lien against any monies recovered;
- To keep the Fund updated on developments in any litigation against a third party;
- To authorize the Fund to intervene in any suit or other proceeding to recover losses because of your non-work related accident, injury or illness; and
- To notify the Fund before accepting any payment prior to the initiation of a lawsuit.



HEALTH CORNER

If your total cholesterol is over 199 mg/dl, and especially over 240 mg/dl, it's time to make a change. The first step is altering what you eat, a few meals at a time. The Mayo Clinic recommends swapping high-fat dishes for these five cholesterol-busting foods:

1. **Oatmeal** – Try eating about 1.5 cups of oatmeal daily. Add apples or bananas for an extra boost of flavor and soluble fiber, which helps prevent cholesterol from entering your bloodstream.
2. **Fish** – The omega-3 fatty acids in fish like albacore tuna, salmon and lake trout help reduce blood pressure and the risk of blood clots. Enjoy at least two servings of baked or grilled fish each week.
3. **Walnuts** – Just a handful of unsalted, unsugared walnuts, almonds, pistachios or other nuts each day may reduce your risk of heart disease.
4. **Olive Oil** – The antioxidants in this oil help lower cholesterol. Replace butter, margarine or other fats with two tablespoons of extra virgin olive oil each day.

Best Foods to Fight High Cholesterol



5. **Fruits and Vegetables** – The fiber in these foods help sweep cholesterol from your body. Go for five to nine servings a day for best results.

This information is general and is not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition. The above information was provided by Segal Multiemployer Publications.