Revised Notice of Privacy Practices. See pages 4–7.

For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

www.associated-admin.com

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Material Modifications

Changes To Your Health Plan Benefits Effective January 1, 2014

The following Summaries of Material Modifications (changes) apply to Class E eligible participants whose medical coverage is provided under the Fund, not an HMO. These changes to the terms of the Plan are required by the Patient Protection and Affordable Care Act (PPACA).

Plan No Longer Has Annual Major Medical Benefit Maximum on Essential Health Benefits

Effective January 1, 2014, the overall annual dollar limit on essential health benefits under the Plan is eliminated for participants and eligible dependents.

No Pre-Existing Condition Exclusion

Effective January 1, 2014, you will not be denied coverage if you or your eligible dependent(s) over the age of 19 have a pre-existing condition. Note: the pre-existing condition exclusion for dependents age 19 and under was removed January 1, 2011.

Class E Participants: Call CareAllies Before Going To The Hospital

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

Most participants know that CareAllies, a subsidiary of CIGNA HealthCare, is the company contracted by the Fund to review hospital admissions, determine medical necessity, recommend alternative treatments if appropriate, and certify your length of stay.

You ***must*** certify your inpatient hospital stay ***(whether emergency or non-emergency)*** with CareAllies in order to receive benefits through the Fund. Uncertified hospital stays will not be covered by the Fund.

If there is an ***emergency*** situation, you, a family member, the hospital or your physician must certify the admission with CareAllies within 24 hours of the emergency admission.

If you are planning to be admitted to the hospital for an ***elective*** procedure, you or your physician should contact CareAllies (800-768-4695) for pre-authorization at least two weeks before the scheduled admission. You and your physician will be notified in writing whether hospital confinement benefits have been approved for the proposed procedure. Pre-authorization may be made over the phone, but must be followed up immediately in writing by your physician.

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Summary of Material Modifications This Issue!

Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund

Warehouse Employees Union Local No. 730 Pension Fund

Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund

This issue—

Summary of Material Modifications During The Past Year

Below are Summaries of the Material Modifications (changes) made to your Plan in the past year. Please clip this summary and keep it with your Plan booklet so you will have it for easy reference.

Warehouse Employees Union Local No. 730 Health And Welfare Trust Fund

- **Effective January 1, 2014,** the overall annual dollar limit on essential health benefits under the Plan is eliminated for participants and eligible dependents. This change to the terms of the Plan is required by the Patient Protection and Affordable Care Act (PPACA).
- **Effective January 1, 2014,** you will not be denied coverage if you or your eligible dependent(s) have a pre-existing condition. This change to the terms of the Plan is required by the Patient Protection and Affordable Care Act (PPACA).
- **Effective April 1, 2013,** your prescription drug provider transitioned to OptumRx, a UnitedHealthcare Group company.

Class C And Pre-Medicare Retirees: New ID Card Sent

UnitedHealthcare mailed a new health plan ID card to Class C participants and pre-Medicare HMO retirees. Beginning April 1, 2013, it is important that you present your new card to the pharmacy when filling a prescription or to the doctor at your next doctor's visit to ensure your updated information is on file.

What Happens To My Mail Service Prescription(s)?

Most mail service prescriptions with remaining refills will automatically transfer. Prescriptions for certain medications such as controlled substances will not transfer and also expired prescriptions or those with no more refills will require a new prescription. OptumRx will contact you when it's time to process your refill order.

If there are no more refills for your medication, you'll need a new prescription from your doctor. New prescription orders are delivered by standard U.S. mail and will arrive around 10 business days from the date of OptumRx receiving your order. If you have an email address on file with UnitedHealthcare, you can expect to receive an email when your prescription ships. If you don't have an email address on file, you'll receive a phone call.

Will The Medication Look The Same?

Brand medications will look the same as your current prescription. Generics may look different, as OptumRx may use a different manufacturer for some medications. U.S. Food and Drug Administration (FDA) approved generic medications are required to be the same strength

and follow the same quality standards. If you have questions about your medications, OptumRx's registered pharmacists are available 24 hours a day, 7 days a week, by calling toll-free at 1-888-739-5820.

Specialty Medications

There are no changes to your benefits or services if you receive a specialty medication through the OptumRx Specialty Pharmacy. Please continue to order your specialty prescriptions from OptumRx by calling 1-888-739-5820.

Website

To access your prescription and mail service information online, log into www.myuhc.com and visit the "Pharmacies and Prescriptions" page. If you still have questions, call customer service at 1-800-815-8958. This phone number is also located on the back of your new ID card.

Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund

No changes.

Warehouse Employees Union Local No. 730 Pension Fund

No changes.

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If hospital confinement is not approved for surgery, or if you are hospitalized without pre-authorization and hospitalization is determined <u>not</u> to be medically necessary by CareAllies, no room and board charges will be paid. The only benefits available will be for the surgeon's fee and any hospital service charges directly related to the surgical procedure itself – these will be considered as if the procedure had been done on an outpatient basis.

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 eligible **Plan E** participants with Fund coverage.
CIGNA HealthCare www.mycigna.com	(800) CIGNA24	Prescription drug services for eligible **Plan E eligible 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 eligible **Plan 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 eligible **Plan 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 eligible **Plan E** participants with Fund coverage.
UnitedHealthcare HMO Use your policy number 729899 to identify yourself.	(800) 815-8958	HMO medical benefits for **Class C** participants and **pre-Medicare retirees** with HMO benefits. Contact for Mental Health/Substance Abuse treatment.
OptumRx (UnitedHealthcare)	(888-739-5820 Call 24/7	Prescription drug benefits for eligible Class C participants and pre-Medicare retirees with HMO benefits.
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 **Active Class C and Class E** participants who have dental benefits provided through the Fund.
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 eligible 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 for all eligible participants in the Legal Services Fund.
ING/ReliaStar Life Insurance Company	Fund Office (800) 730-2241	Life and Accidental Death and Dismemberment benefits for eligible participants in **Class C** and **Class E**. Group Policy # GR-61182-4.

Revised Notice of Privacy Practices
Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. ***Please review it carefully.***

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Date of Notice: January 2014

HIPAA Privacy Officer

Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund
911 Ridgebrook Road
Sparks, Maryland 21152-9451
(800) 730-2241

Reconstructive Surgery Following Mastectomy Covered

The following article applies to you if your medical benefits are provided through the Fund and not through an HMO. If you have coverage through an HMO, you should receive a notice directly from the HMO.

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:

1. Reconstruction of the breast on which a mastectomy is performed;
2. Surgery on the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Physical complications of all stages of mastectomy, including lymphedemas.

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.

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