



For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

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You Cannot Have Fund Coverage and Medicare Part D Coverage at the Same Time

The following article applies to Class E retirees with Fund prescription coverage.

A Notice of Creditable Coverage was sent to you in the July 2014 issue of the **For Your Benefit** newsletter. The Notice explained that your prescription drug benefit through the Warehouse Employees Union Local No. 730 Health and Welfare Trust 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.

If you are considering enrolling in a Medicare Part D prescription plan

with another vendor, check with the Fund Office before you enroll!

You cannot have both Fund prescription coverage and Medicare Part D prescription coverage at the same time. If you enroll in a Medicare Part D Prescription Plan and decide you don't like it, you cannot come back to Fund coverage.

If you need another copy of the Notice of Creditable Coverage, call the Fund Office at (800) 730-2241.

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

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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.

Call CIGNA's 24 Hour Health Information Line When Help Is Needed

The following article applies to eligible Class E participants with Fund coverage.



It's 3 a.m. and your child wakes with a fever, or you are away from home and don't feel well, or you have questions regarding a new prescription.

Who do you call?

The CIGNA 24 Hour Health Information Line no matter what time it is, as a Class E participant with Fund coverage, you have a registered nurse or clinical specialist available to you 24 hours a day, 7 days a week to rely on for:

- Advice on where and when to seek medical treatment,
- Information on a specific health issue,

- Questions about a new prescription,
- Locating nearby doctors, health care facilities and pharmacies, and
- Receiving access to a pre-recorded health information library on over 1,000 health topics.

How can you reach a nurse?

Call 1-800-768-4695.

The call is always free! Please take a moment to put this phone number into your cell phone or personal contact list as a reminder of this service.

Be Aware of Deadlines When Filing Appeals

If your claim was denied in whole or in part, you may appeal the decision by writing to the Board of Trustees.

Up to 180 Days to Appeal Medical Claims:

The Board of Trustees must receive your written appeal letter within 180 days from the date of the denial. If it is not received within that time, the appeal will be denied due to late filing.

Up to 60 Days to Appeal Pension Claims:

You must send a written request to the Board of Trustees within 60 days

from the date your claim was denied. If it is not received within that time, the appeal will be denied due to late filing.

If you choose to appeal a claim denial, send a letter to:

Board of Trustees
Warehouse Employees Union
Local No. 730
911 Ridgebrook Road
Sparks, MD 21152-9451
Attn: Appeals Dept.

A written appeal should include the participant's name and Social Security Number, the date(s) of service, and the reason you believe the claim should not have been denied. Include any additional information in support of the appeal. Once the Board of Trustees has made a decision on your appeal, the Board will send you notice of its decision within 5 days of the date the decision is made. The decision of the Board of Trustees is final and binding.

You Can Continue Your Eligibility for Benefits By Making Self-Payments

If you are no longer employed full-time, or have taken a reduction in hours and haven't worked 300 hours for your Contributing Employer in the current Calendar Work Quarter, or 600 hours in the preceding two Calendar Work Quarters, you may make personal contributions ("self-pay") for up to 300 hours for the **current** Calendar Work Quarter in order to maintain your health benefits. You can "self-pay" for a maximum of **two consecutive** Calendar Work Quarters.

Let's review this. The hours worked in Calendar Work Quarter of October, November and December 2014 allow you to receive benefits during the benefit quarter of March, April and May 2015. If you failed to earn either of the necessary hours mentioned above, you can continue **(if you are eligible)** to make personal contributions to make up missing hours from full employment. **The Fund Office will send you a notice to inform you that you are eligible to make self-payments to continue eligibility and the amount of payment due. The amount due for continuing eligibility must be paid before the Benefit Quarter begins.**

For more information on Self-Pay, see page 18 of your Summary Plan Description, entitled "Personal Contributions – Self Pay."

What happens when my eligibility ends?

The Fund Office will send you a packet of information letting you know what options you have to continue eligibility. In this packet, you will receive an Election form, information about your rights under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985), and how you can continue coverage. The Election form must be completed, signed and returned to the Fund Office within sixty (60) days from the later of: (1) the date of the notice or (2) the date your Plan coverage terminates.

Under COBRA, coverage for you and your dependents may be continued for up to 18 months following the date on which coverage is lost due to termination or reduction in hours of employment. (See your Summary Plan Description booklet, pages 24-27, for more information.) Failure to notify the Fund on time will result in forfeiture of COBRA rights.

Manage Your Health Care Benefits by Using UnitedHealthcare's myClaims Manager

The following applies to Class C (Adams Burch) participants and pre-Medicare Retirees who have HMO coverage through UnitedHealthcare.

You can manage your health care benefits by logging on to www.myuhc.com and selecting **myClaims Manager**. The "Manage My Claims" section provides information to help you understand and track your health care claims. The enhancements provide an easier-to-understand explanation of claims, treatments and costs.

Here are a few highlights of the enhanced claims display:

- New design to help you understand how your claims were processed.
- New claim management tools that allow you to add your own notes and flag claims for follow-up — plus you can mark claims you've already paid to help with record-keeping.
- Improved claim summary with more search and filter options for your claims.
- Enhanced claim detail with simplified explanations and colored visuals.



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 July 2014 – ReliaStar/ING changed its name to Voya Financial, which applies to Plan C and Plan E participants who have Life Insurance benefits and Accidental Death and Dismemberment benefits under the Plan. The new name reflects the company's relationship to its parent company Voya Financial. Nothing else has changed – the address, phone number, policy, and coverage all remain the same.

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.



Tips for Filing Medical Claims

The following article applies to Class E participants who have Fund medical coverage.

Below are some reminders which will help ensure your claims are processed quickly and correctly.

- **Respond immediately to the Fund Office when you get something in the mail.**

If the Fund Office sends you an inquiry in connection with a claim, the sooner you respond, the sooner your claim can be processed. Often we will need a copy of your Explanation of Benefits (EOB) from another insurer (if you have one), Coordination of Benefits (COB) form, accident, details, etc., before we can process your claim. **If the Fund Office does not receive the requested information from you, your claim may be denied.**

- **Send your Explanation of Benefits (EOB).**

If the Fund is your secondary medical coverage, please send your EOB from the primary carrier as soon as possible. The EOB will show how the primary carrier processed the claim and will allow us to properly process your claim as the secondary coverage.

- **Send your COB information.**

The Fund Office may ask you to send us a copy of your other benefits information so we can coordinate benefits with another insurance carrier you may have.

- **Provide details of any accident.**

If you or your dependent is involved in an accident, be sure to provide the Fund Office with the details. Remember, not all accidents are car accidents. An accident could be a bad fall or a severe cut to the hand.

- **New group coverage for you or a family member?**

If you or your dependent(s) are offered, elect to enroll in, or lose coverage under another group health plan, please notify the Fund Office immediately at (800) 730-2241.

- **Change in dependent status?**

If you have a change in dependent status, be sure to file a new enrollment form with the Fund Office within 30 days. Also, remember to keep your life insurance beneficiary updated.

- **Keep your address updated.**

Very important—tell the Fund Office every time you have a change in address (even if temporary), name, home/cell phone number, or dependent status (which could be due to marriage, divorce, birth, adoption, etc.).



Save Money on Hearing Aid Devices by Calling GVS

The following article applies to eligible participants who have Health and Welfare Fund coverage.

The EPIC Hearing Savings Program, administered through Group Vision Service, offers members a savings of 30 – 60% off the manufacturer's suggested retail price on all hearing aid devices.

Members should call EPIC Hearing Healthcare at (866) 956-5400 to locate a provider and access savings.



Use A GVS Provider for Your Vision Needs

The following article applies to eligible Active participants in Class C and Class E who have Health and Welfare benefits through the Fund.

Your vision benefits are provided through Group Vision Services ("GVS") which has many providers available through its relationship with EyeMed Vision Care. Using the GVS Select Provider Network, you have the option of going to independent providers or retail locations including LensCrafters, Sears Optical, Target Optical, JCPenney Optical and participating Pearle Vision locations. **You must use a vision provider in the GVS network.**

- You will be responsible to pay the provider at the time of service for any co-payment or other cost that exceeds the plan coverage.

Please refer to pages 82 - 86 of your Summary Plan Description booklet for a description of your vision benefits.

Locating a GVS Network Provider

- Find network providers at www.gvsmd.com. Click on "Provider Locator."
- Contact GVS customer service or use the Interactive Voice Recognition (IVR) system at (866) 265-4626 between 8:00 a.m. to 11:00 p.m. EST, Monday through Saturday, and 11:00 a.m. to 8:00 p.m. EST on Sunday.
- Schedule an exam with the provider of your choice. When scheduling your appointment, inform the provider that you are a GVS/EyeMed member and provide your name and date of birth. The provider will verify your eligibility and plan benefits prior to your appointment.
- Show your ID card at the time of service or provide your name and date of birth for quick verification of eligibility and plan coverage. It is **not** necessary to have your ID card when you go to your vision provider. They can verify your eligibility through your name and date of birth. If, however, you would like an ID card, call the Fund Office at (800) 730-2241 and we will be happy to send one to you.



Start 2015 with a Healthier Lifestyle. CareAllies Can Help

The following article applies to eligible **Class E** participants who have **Health and Welfare Fund** coverage.

CareAllies, a subsidiary of CIGNA HealthCare, offers support and information to help you choose a healthy lifestyle. **These are savings programs offered by CIGNA and are not benefits offered by the Fund.** CareAllies' single focus is to help you improve your health. To learn more, log onto to www.myCareAllies.com, and type in your **password: LOCAL730**. Note: Do not leave a space between the words Local and 730, or the password will not work.

Below are resources that can help you take action to have a healthier lifestyle during 2015:

WEIGHT AND NUTRITION

- **Healthyroads Weight Management Program — Save up to 10%.**

Use telephone coaching sessions to incorporate four important elements of weight management control: nutrition, exercise, guided imagery, and relaxation techniques. Includes personal progress reports to track your improvements.

- **Registered Dietitian — Save Up to 25%**

Registered Dietitians are food and nutrition experts who can tailor a plan to your specific medical and nutritional needs.

- **Jenny Craig® Special Savings**

The Jenny Craig program is about balancing food, body, and mind, the three essential components of successful weight management. Together with one-on-one support, Jenny Craig will design a personalized comprehensive program that fits your lifestyle. Each day your menu includes three pre-packaged and portion-controlled meals and snacks chosen from over 75 delicious Jenny's Cuisine™ menu items. Other program options are available to you and your eligible dependents.

- **Weight Watchers® Discounts**

Walk in, log in or stay in — you'll save on your Weight Watchers membership no matter which program you choose.

- **Weight Management Scales**

Need a scale? Take advantage of our special scale offer with drugstore.com. Get \$10 off a variety of scales.

- **Fitness Club and Equipment Discounts**

Choose a participating facility and you'll have access to fitness activities from aerobics to weight-lifting — at a discounted rate! Choose from Curves, select

Bally Total Fitness, Gold's Gyms, and others. CIGNA members receive an additional \$10 off their gym membership activation fee. Save on home fitness equipment also.

- **Just Walk 10,000 Steps-a-Day™**

Become more active and take control of your health just by taking 10,000 steps a day.

TOBACCO CESSATION

- **Healthyroads Tobacco Cessation Program — Save up to 10%.**

Tobacco cessation psychologists, qualified support staff, online tools, print material and product discounts all come together to offer smokers encouragement, tips, incentives and proven methodologies to help become smoke-free.

- **Tobacco Solutions™**

Expanded program now offers savings on a variety of supplies including patches, gum and lozenges. You can also request the eight-week nicotine replacement therapy program that uses the Novartis Habitrol Nicotine Transdermal System (nicotine replacement patch). You'll receive significant savings on:

- » Eight weeks of step-down therapy using the Habitrol Take Control Support Program Total Therapy Stop Smoking Aid Kit™;
- » 56 nicotine patches to cover eight weeks of step-down therapy for people who smoke at least 10 cigarettes a day;
- » Stages of Change booklet with an eight-week calendar of activities to guide you through the program;
- » Stages of Change compact disc.

- **QuitNet®**

QuitNet uses methods proven to help people quit smoking and combines them into one easy-to-use online program. Save 35% and receive a lifetime online membership, giving you 24/7 access to social support, personalized content, professional counseling and more.

MIND/BODY

- **Healthyroads Mind/Body Program — Save up to 10%.**

The use of positive mental visualization and relaxation techniques (such as meditation) can help you to lose weight, reduce stress, quit smoking, reduce pain, prepare for surgery or even cope with chronic illness.

- **Yoga Journal (Subscriptions, DVDs, yoga conference discounts)**

Yoga is the joining or uniting of the mind, body, and spirit to enrich the quality of one's life and to enhance one's health. Yoga can reduce your stress, and increase flexibility and strength. And more people are practicing Yoga than ever before. Members can now save money through several Yoga offers.



- **SpaFinder™ — Save up to 10%.**

Relax and de-stress with access to over 5,000 spas worldwide, including day, destination, hotel, and medical spas. Get 10% off, free Fedex Ground Shipping plus a free SpaFinder Directory on gift certificates over \$100. Let SpaFinder help you find the perfect well-being experience.

DENTAL CARE

- **Anti-cavity products through Epic — Save up to 50%.**
Toothpaste, mouthwash, mints, gum and sweetener

can help protect your teeth from cavities throughout the day.

- **Special discounts on other dental products**

A healthy mouth contributes to overall improved health and well-being. Take advantage of these special discounts on three top dental products through drugstore.com.

» \$10 off the Oral-B Smart Series 5500 Rechargeable Power Toothbrush

» \$3 off Crest White Strips Advance Seal

» \$3 off the Waterpik Ultra 100 Dental Water Jet

An additional 5% discount will be taken off at checkout for every purchase on drugstore.com.

WELLNESS PRODUCTS

- **Blood Pressure Monitor Offer**

Monitoring your blood pressure at home under your doctor's supervision can help determine whether you really have high blood pressure and, if you do, whether your treatment plan is working. Enjoy a 15% discount on this selected monitoring device.

- **ChooseHealthy™ (discounts on natural supplements) — Save up to 40%**

Order vitamins and herbal supplements at a discount. Shipping is free, too!

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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