

FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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When You Need Medical Services, You Must Use a CareFirst In-Network Provider

The following article applies to active participants in Plans Y, Y20 and Y30 who have Fund coverage, not HMO coverage.

Active participants in Plans Y, Y20 and Y30 must use a CareFirst in-network provider to have coverage for hospital, medical, or surgical benefits under the Fund, with the exception of:



1. services provided by pathologists, anesthesiologists, and radiologists at in-network facilities,
2. emergency admissions,
3. emergency room services, and
4. emergency ambulance services.

Exceptions

You are covered for services provided by out-of-network pathologists, anesthesiologists, and radiologists, **if** the services are performed at in-network facilities. You are also covered for emergency services, including emergency ambulance services, and admission to the hospital for **urgent/emergency reasons only** (not for scheduled procedures) both in-network and out-of-network. Emergency service is the care given for the sudden onset of a medical condition with severe symptoms, such as heart attack, poisoning, severe breathing difficulties, convulsions, loss of consciousness, and other acute conditions that may be considered life threatening.

CareFirst reprices claims when you use a participating provider, but **CareFirst is not your insurance carrier.** Your coverage is provided through the Fund.

To Locate a CareFirst Provider

Contact CareFirst at the number listed on your ID card.

- If your ID card has blue print (“Net Lease” or “Local Lease”), call (800) 235-5160.
- If your ID Card has black print (“Flexlink”), call (800) 810-2583.

Note that the numbers above are only for finding a participating CareFirst provider. **No other questions (claims, eligibility, etc.) are answered on these lines.**



This issue—

When You Need Medical Services, You Must Use a CareFirst In-Network Provider	1
Weekly Disability Continuation Forms	2
COBRA Rates Change June 1st.	3
Really “Seeing” Your Vision Benefits.	4
Stay in Touch with the Fund Office.	4
Retiree Information Forms Mailed	5
Legal Benefits Are Available	5
Understanding the “Hold Harmless” Provision.	6
Diabetic Supplies Covered If Purchased at a Participating Pharmacy	6
Preventive Services Benefits	6
Health Corner: Six Tips for a Good Night’s Sleep	7

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. Those documents always govern.

Continued from page 1

Verify that the health care provider you selected participates with CareFirst when you make your appointment, as provider information is subject to change. At your appointment, show your Fund ID card and tell the physician or facility that you participate with CareFirst. If you have a white ID card with blue print (“Net Lease” or “Local Lease”), make sure your provider participates in CareFirst’s Net Lease/Local Lease network. If the provider states that he/she participates with CareFirst, be sure to explain that the Plan generally only covers services rendered **in CareFirst’s Net Lease/Local Lease network**. If your Local Lease/Net Lease provider does not file electronically, you or the provider should send the claims to:

CareFirst/Network Leasing
PO Box 981633
El Paso, TX 79998-1633

CareFirst will reprice the claim and forward it to the Fund Office for processing. A CareFirst provider should **not** require payment for covered services at the time of service

unless the service is not covered under the Plan or if your deductible has not been met. If the provider attempts to collect payment for covered services at the time of your visit, remind the provider that payment will be made by the Fund after CareFirst reprices the claim. The amount of the reduced charge which the patient is responsible for paying will be shown on the Explanation of Benefits (EOB) sent to you and your provider after your claim has been processed.

Participants in Plans Y, Y20, and Y30

Important: For laboratory services to be covered, you must use either LabCorp or Quest Diagnostic Laboratories (except for laboratory services performed when you are an inpatient in the hospital). Lab services performed in your doctor’s office or other locations will not be covered. To find the nearest LabCorp location, call (888) 522-2677 or log onto their website at www.labcorp.com/psc/index.html. To find the nearest Quest location, call (800) 377-7220 or go to their website at www.questdiagnostics.com/appointment.

Weekly Disability Continuation Forms

If you are out on sick leave and are receiving Weekly Disability benefits (also referred to as Accident & Sickness benefits), a Notice of Continuation or Termination of Disability for Group Accident & Sickness Benefits form (“Continuation form”) is automatically sent to you after you’ve been out five weeks. The form requires your doctor to certify that your illness or disability is still continuing and that you are requesting continued Weekly Disability benefits.

Generally, the Continuation form will be accepted for up to another six weeks of disability, depending on what your doctor projects as the amount of time you will be out of work. If your doctor is unsure about your return to work date, he/she can state that you will continue to be disabled through your next scheduled appointment so that you can be evaluated at that time. The Continuation form must be returned to the Fund Office within four weeks from the date it is sent.

The purpose of the Continuation form is not just to update your expected date of return, but also to verify that you have been seen regularly by a doctor and have been receiving treatments. We know it’s not always easy to have forms signed while you’re on disability, but the

verification process ensures that benefits are administered in accordance with the Plan.

On Our Website

For your convenience, we also have the Continuation form on our website. Go to www.associated-admin.com and click on “Your Benefits,” located at the left side of the page. Select “UFCW Unions and Participating Employers Health and Welfare Fund” and under “Downloads (Forms)” you can print the Notice of Continuation or Termination of Disability for Group Accident & Sickness Benefits.”

Complete all sections of the Continuation form and sign it. Send the original, signed form back to the Fund Office, not a fax or a photocopy. This is important.

Request for Additional Information

If we ask for more information, the response is due within two weeks. If you have a correction to make to a form, that is due within two weeks from the date the original form was submitted.

If you have questions about the form or how to complete it, call the Fund Office at (800) 638-2972. Follow the prompts to get to the Accident and Sickness Department.

COBRA Rates Change June 1st

Effective June 1, 2019, new COBRA Continuation rates went into effect. Notices were sent to any participant currently on COBRA or who is in the “offer stage” (meaning a COBRA Notice has been sent and the participant is still within the time frame of deciding if he/she wants to enroll).

PLANS	COBRA INDIVIDUAL	COBRA FAMILY	COBRA INDIVIDUAL Disability	COBRA FAMILY Disability
JS	\$1,482.95	\$2,622.28	\$2,180.81	\$3,856.29
JS “Group A”	\$1,445.25	\$2,552.27	\$2,125.37	\$3,828.40
JSS2	\$935.25	\$1,661.29	\$1,375.37	\$2,443.08
Y Full Time	\$709.38	\$1,231.78	\$1,043.21	\$1,811.44
Y Part Time Individual	\$533.95	N/A	\$785.23	N/A
Y Part Time Family	N/A	\$1,661.77	N/A	\$2,443.78
Y20 Full Time	\$154.98	\$239.96	\$227.92	\$352.88
Y20 Full Time “Group A”	\$141.12	\$214.22	\$207.53	\$315.03
Y20 Part Time	\$279.18	\$649.47	\$410.56	\$955.10
Y20 Part Time “Group A”	\$265.76	\$438.51	\$390.82	\$644.86
Y30 Full Time	\$185.05	\$240.22	\$272.13	\$353.27
Y30 Full Time “Group A”	\$171.07	\$208.07	\$251.58	\$305.98
Y30 Part Time	\$140.27	\$197.51	\$206.28	\$290.46
Y30 Part Time “Group A”	\$116.58	\$173.25	\$171.43	\$254.78
Y40	\$37.19	N/A	\$54.69	N/A

Really “Seeing” Your Vision Benefits

Fund participants are fortunate to have vision benefits for eye exams and glasses. Under the Fund, vision benefits are provided by Group Vision Service (“GVS”). An eye exam and glasses will be provided once every 24 months (counting from your last date of service forward). You have a wide choice of independent optometrists and ophthalmologists, as well as retail locations such as Eyefit Vision Centers, LensCrafters, Sears Optical, JC Penney Optical, Target Optical and participating Pearle Vision Centers.

When Using A GVS Network Provider:

- When scheduling your appointment, tell the provider that you are a GVS member and provide your name and date of birth. The provider will verify your eligibility and Plan benefits before making your appointment.
- When it’s time for your appointment, be sure to show your ID card or provide your name and date of birth for quick verification of eligibility and Plan coverage.
- You are responsible for paying the provider for co-payments/costs that exceed your Plan coverage at the time of service.

When Using an Out-Of-Network Provider:

- If you visit a doctor who is not in the GVS network, you are required to pay the entire amount for the exam and eyewear at the time of service.

- Complete a claim for reimbursement with an out-of-network (“OON”) claim form that you can print from the GVS website at www.gvsmd.com. Click “Members” and then click “Forms.”
- OON amounts are the maximum reimbursable amounts that may be paid to you after you file an OON claim. See your Vision Benefit Summary for OON benefit amounts.

Personalized Member Website Access

For benefits specific to your Plan, log on to the GVS website and follow the steps below.

1. Register on the GVS website – www.gvsmd.com
2. Under the **MEMBER** tab, select “**View Your Benefits.**”
3. Welcome to the GVS Member - Click **here** to Login/ Register.
4. Select “**Register for an account.**”
5. When you enter the Member Site to Register for an Account, use the **last four digits** of your Social Security Number and pick your own user ID.
6. The site will send you an email confirmation and password selection information.



Stay in Touch with the Fund Office

When you move, remember to let the Fund Office know your new address. Also let us know if you have a new telephone number. The Fund Office sends out important information about your benefits, including Plan booklets and this **For Your Benefit** newsletter. To update your mailing address and telephone number, call the Fund Office at (410) 683-6500 or (800) 638-2972.

Retirees: For your protection, we need your change of address in writing. You can print a Change of Address form by logging on to www.associated-admin.com and click on the words “Your Benefits.” Select UFCW and PE Pension Fund. Under downloads, you can print the form. Send the completed form to: Fund Office, 911 Ridgebrook Road, Sparks, MD 21152-9451.

Retiree Information Forms Mailed - Please Return This Form or Benefits May Be Suspended

The Fund Office recently sent all retirees a Retiree Information Form (RIF) to be completed and returned to the Fund Office. The form asks questions about your current address, your beneficiary, whether you and/or your spouse have other health coverage, and whether you are employed.

This form must be completed and returned every year, even if nothing has changed. It is very important that the retiree complete all sections of this form and promptly send it back to the Fund Office. If we don't receive your RIF, your benefits may be suspended until it is received. To assist you, the Fund Office included a postage-paid return envelope with the first mailing.

Please note that we have added a request for an email address to the RIF. The email address will be stored in our secure database and will only be used for communications from our office.

Helpful Reminders

- Do not attach checks or claims to the RIF.
- Report any earnings from all employers.
- Let us know if you or your spouse has other health coverage.
- Provide a copy of your Medicare card for you and/or your spouse, if you have it.
- Be sure to sign the RIF.



No one but the Retiree can sign the RIF, unless an individual holds a Power of Attorney for the Retiree. A copy of any Power of Attorney must be on file with the Fund Office. If, for health reasons, the Retiree is unable to sign the form and there is no Power of Attorney on file, then the Retiree must sign an "X" on the RIF and have it notarized by a Notary Public.

Legal Benefits Are Available

The following article applies to Actively Working Shoppers employees who are participants in Plans Y, Y20, Y30, Y40, JS and JSS2.

You may not be aware of this, but most participants covered by a Collective Bargaining Agreement have legal benefits available at **no cost**.

Refer to the UFCW Unions & Contributing Employers Legal Benefits Fund Summary Plan Description ("SPD") booklet for the complete schedule of benefits. This SPD is posted on our website at www.associated-admin.com.

Below are some of the legal benefits available:

- Preparation of Simple Wills
- Preparation of Power of Attorney
- Landlord Tenant Disputes
- Real Estate Settlements

- Contested or Uncontested Divorce or Annulment
- Child Neglect Representation
- Misdemeanor or Felony Representation
- Bankruptcy
- Consumer Rights/Problems with Credit Ratings
- Driving While Intoxicated

Call for Legal Assistance

Akman and Associates, P.C. is the Legal Fund provider. It has locations in Lutherville, MD (410) 337-9400, Landover, MD (301) 241-2300, Salisbury, MD (410-749-6118, Alexandria, VA (703) 347-7180, and Washington, D.C. (202) 507-6256.

Understanding the “Hold Harmless” Provision

As you may know, under certain circumstances, the Fund will defend participants and dependents who are being pursued by a provider for payment of a claim if the reason for the Fund’s denial was that the provider was late in submitting it. However, in order for the Fund to defend you, the following requirements must be met:

1. If you receive a bill or lawsuit from the provider for services that were provided to you, and you believe these “hold harmless” rules apply, contact the Fund Office within two weeks of when you receive the bill to notify us that the provider is pursuing you and to request that the Fund defend you against attempts by the provider to collect payment. **If you don’t notify the Fund Office within this two-week period, the Fund will not defend you** and the provider can hold

you responsible. Notify the Fund Office upon the first collection attempt by the provider, as well as any follow-up attempts.

2. If you receive a bill from a provider, it could be because the Fund Office has not received or paid it yet. The hold harmless protection applies when the Fund has denied the claim for lateness and the provider then attempts to collect the amount from you. In other words, just because you receive a bill, don’t automatically apply for hold harmless protection. Contact the Fund Office to make sure we’ve received it.

Finally, please note that the Fund will not defend you against a provider’s collection attempts if the reason for the provider’s late filing of the claim was your failure to inform the provider of your Fund coverage.

Diabetic Supplies Covered If Purchased at a Participating Pharmacy

The following article applies to participants and eligible dependents with Fund medical coverage, not HMO coverage.

Diabetic supplies such as blood sugar monitors (like Glucometer and Accu-Check), test strips, lancets and glucometers are covered under your medical benefits. Participants in Plans Y, Y20 and Y30 must use a Shoppers pharmacy, or an online medical or diabetic supply company in the CareFirst network, in order to be covered. Read below to see how the benefit works and how to correctly submit a claim for reimbursement.

All participants pay **in full** for the supplies up front, but you’ll be reimbursed by the Fund if you send your paid receipt to the Fund Office, along with a note from your physician verifying that you (or your eligible dependent) have Diabetes Mellitus, and that the supplies are related to the treatment of

your illness. Be sure to include your name (or patient’s name, if supplies are for a covered dependent), the participant’s ID Number, the name of the pharmacy where the diabetic supply was purchased, and the date purchased (it’s not always on the receipt).

You will be reimbursed under your medical benefit at 80% for Plans Y, J and JSS2, 75% for Plan Y20, and 70% for Plan Y30, after satisfying the annual deductible.

Buying Online

The Fund Office will accept receipts for diabetic supplies purchased online provided that you purchase from a *medical supply* or *diabetic supply* company and, for participants in Plans Y, Y20 and Y30, the supply company participates with CareFirst. We will not accept receipts from Amazon or other online “shopping” sites such as eBay. The purchase must be from an actual pharmacy or medical supply company. Shipping is not covered.

If you have questions about how diabetic supplies are covered or if you may use a particular place to purchase them, contact the Fund Office.

Preventive Services Benefits

The Fund provides coverage for certain preventive services as required by the Patient Protection and Affordable Care Act of 2010 (ACA). In-network preventive services are provided to Plan Y, Y20, Y30, JS and JSS2 participants with no cost-sharing (for example, no deductibles, coinsurance, or copayments).

For more on preventive services, log in to www.associated-admin.com. Click on “Your Benefits” located at the left side of screen and choose “UFCW Union and PE Health and Welfare Fund.” On the UFCW homepage, under “Important Notices,” you can view the Preventive Services Benefits.



Six Tips for a Good Night's Sleep

If your daily life is busier than ever, it may be tempting to trade sleep for getting more done.

But it's important to consider the hidden costs of poor sleep to your overall health and quality of life. Proper sleep not only helps with a better quality of life, but also has other benefits. Restful sleep:

- Improves productivity, physical performance, attention, creativity, problem solving, and decision making,
- Enhances the immune system, and
- Promotes physical health including hormone function, blood sugar regulation, and maintaining a healthy weight

Insufficient sleep increases your risk of developing conditions like obesity, diabetes, and heart disease. It can cause irritability and increased stress.

Chronic insomnia may increase the risk of developing a mood disorder, such as anxiety or depression.

Tips to Get a Better Night's Sleep:

- 1. Stick to a sleep schedule.** Go to bed and rise at the same time each day, even if it's not a work day.
- 2. Develop a sleep ritual, a nightly routine.** Try a hot shower to calm your mind and body, or do some light

stretching, deep breathing, or meditation to help your body and your mind relax.

- 3. Avoid electronic devices starting 30 minutes before bedtime.** Finding out any news—good, bad, or indifferent—can keep your mind wandering.
- 4. Exercise early.** If you exercise later in the day, make sure it's at least two hours before bedtime. You want your body to have time to relax well before going to sleep.
- 5. Get outside during the day.** Make sure you get outside for at least 30 minutes of natural sunlight each day.
- 6. Limit food and drinks late at night.** Large meals can cause indigestion that gets in the way of sleep. Too many fluids can cause more trips to the restroom. And skip the caffeine late in the day. The caffeine in coffee can take up to eight hours to wear off.

The above article was provided by Beacon Health Options/Achieve Solutions. This is for informational purposes only and should not be treated as medical, health care, psychiatric, psychological or behavioral health care advice. If you have concerns about your health, please contact your health care provider.