For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

www.associated-admin.com

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You Must Call CareAllies To Pre-Certify Non-Emergency Hospital Stays As Well As Emergency Stays

*The following article applies to **Class E** eligible participants whose medical coverage is provided under the Fund, not an HMO.*

The Fund uses CareAllies Utilization Management to certify hospital stays. CareAllies is a subsidiary of CIGNA HealthCare and is contracted by the Fund to review hospital admissions, determine medical necessity, and certify your length of stay.

For scheduled hospital stays call CareAllies at (800) 768-4695 between 8:00 am to 8:00 pm EST, Monday – Friday, before you go into the hospital and tell the representative that you are being scheduled for an inpatient hospital stay. You should call them at least two weeks before the scheduled admission. The CareAllies representative will walk you through the process. Often, your physician's office will pre-certify for you and that is fine. But remember, it's ultimately up to you to be sure CareAllies has been contacted, so you may prefer to do it yourself. If you fail to pre-certify a non-emergency admission, it will not be covered through the Fund.

For emergency stays, someone must contact CareAllies within 48 hours of an emergency admission. If the patient is unable to do so, a family member or someone from the hospital must take care of this. If you do not certify your inpatient stay, it will not be covered, and you will be responsible for paying the full amount. Be sure your spouse or other family member or friend knows that you must certify your hospital stay so that, in the event that you are unable to do it yourself, it will be taken care of for you.

Coordination of Benefits Form – Complete & Return. See page 3.

Class E: Routine Care Is Not Covered

*The following article applies to **Class E** eligible participants whose medical coverage is provided under the Fund, not an HMO.*

Your Plan of benefits provides payment for medically necessary visits to a doctor, but **not** for routine care or treatment. Routine care may include annual checkups, lab work, PAP (Papanicolaou) test for women, mammograms, colonoscopies, PSA (Prostate-Specific Antigen) test for men, and other routine screenings and tests.

If you are not sure if a particular procedure or test is covered, contact the Fund Office.

This issue—

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.

Coordination of Benefits: When You (Or Your Spouse) Are Covered under More Than One Plan

Many couples are covered under two different group health plans when both spouses work and each has health and welfare coverage through his/her employer. For example, a participant may be covered under this Plan and also under his/her spouse's plan. In order to determine which plan pays first and which pays second, the Fund (like most other group health plans) has what is called Coordination of Benefits ("COB") rules. These rules ensure that the Fund does not pay benefits on claims for which it is not liable. Nor will the Fund pay benefits beyond the actual medical expenses incurred.

How does it work?

If a person has coverage under two or more plans, or if a person is covered by the Fund both as a participant and a dependent, the order in which benefits are paid is determined as follows:

1. If you have primary coverage with the Fund, those benefits are paid first. Any remaining balance should be submitted to your spouse's plan for processing as the "secondary" payor. If the claim is for your spouse, his/her plan pays first. Any remaining balance should be submitted to the Fund (along with a copy of the Explanation of Benefits showing how the primary carrier processed the claim).

2. If a covered child is the patient, the plan covering the parent whose birthday falls earlier in the year pays first (except children of legally separated or divorced parents. See page 91 of your Summary Plan Description for more information).

3. When the rules mentioned above do not establish an order of benefit determination, the benefits of the plan which has covered the person for the longer period of time shall be determined first.

What about HMO coverage?

If you or your eligible dependent has other coverage through an HMO (Health Maintenance Organization), be very careful! If the HMO coverage is primary and you don't use an HMO provider, you will not be eligible for secondary benefits under the Fund, since most HMOs cover all charges, if used properly.

Prescription Drug Benefits

*The following article applies to **Plan E** eligible participants and retirees who have prescription drug coverage through the Fund.*

Request A Generic Drug

When you need to have a prescription filled, ask your doctor to prescribe a generic drug if one is available. Generic drugs meet the same government standards as brand name drugs but are less expensive. Take your prescription to a participating pharmacy and present your CIGNA HealthCare medical/prescription card to the pharmacist. The Fund will cover the cost of the prescription, after you have paid your $1.00 co-payment, ***if it is a generic drug, or a brand name drug with no generic alternative.*** If a brand name drug is filled when a generic is available, you are responsible for the difference in cost between the generic drug and brand name drug.

NOTE: Prescriptions filled at a WalMart pharmacy are not covered since they are not part of the CIGNA HealthCare network.

What's Not Covered?

- Non-prescription drugs or medicines
- Diet drugs, even if prescribed by a physician
- Birth control or fertility drugs
- Vaccinations or immunizations
- Drugs taken by injection (except insulin, blood or blood plasma, biological sera, or a prescription that cannot be taken orally)
- Drugs prescribed for more than a 34-day supply or over 180 tablets (whichever is greater) without requiring a refill. Drugs which are prescribed for more than a 34-day supply or 180 tablets will require pre-authorization.

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COMPLETE AND RETURN

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

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (800) 730-2241
www.associated-admin.com

4301 Garden City Drive, Suite 201
Landover, Maryland 20785-6102
Telephone: (800) 730-2241
www.associated-admin.com

COORDINATION OF BENEFITS UPDATE

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

Participant Name:_____
Participant 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) Birth date:
_____
d) Spouse's Employer:
_____ Co. Name
_____ Address
_____
(_____) _____ Phone No.
_____ Benefit/HR Dept. (Contact Name)

If Other Dependent:
a) Name:
_____
b) SSN:
_____
c) Birth date:
_____
d) Spouse's Employer:
_____ Co. Name
_____ Address
_____
(_____) _____ Phone No.
_____ Benefit/HR Dept. (Contact Name)

Coverage is from:
___ Medicare A ___ Medicare B ___ Medicare D ___ Spouse's Employer
___ Other ___ Participant's Employer at Another Job

Insurance Co. Name:_____
Address: _____
Phone Number: _____**Group Policy #:** _____**Effective Date:** _____

If more than one family member has more than one additional coverage, or if an individual is covered by <u>more</u> than one other policy, attach a sheet listing the information for each.

Is it an Active or Retiree Plan? ___ Active ___ Retiree
If other group coverage is for a dependent child, is the child's natural parents legally separated or divorced? ___ Yes ___No
Are you/your dependent eligible for Medicare coverage? ___Yes ___No

Participant's Signature _____ **Date** _____

Fax to (410) 683-7788 or mail to:

Fund Office
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund
911 Ridgebrook Rd.
Sparks, MD 21152-9451

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- More than eight Erectile Dysfunction pills per month
- Compound drugs

No Coverage under Certain Conditions

The Fund also does not pay for drugs received under the following conditions:

- When you get the drugs free of charge
- When you receive the drugs while in a hospital, rest home, or mental health facility
- When the cost of drugs is covered under a government plan or law, such as Social Security or Workers' Compensation
- When you get the drugs after your eligibility for benefits from the Fund has ended
- When the drugs are prescribed for injury or sickness due to war or acts of war

Where can I learn more information?

You can access the CIGNA member website by logging in to www.mycigna.com. Here you can receive information regarding your prescription drug benefits, locate local network pharmacies, compare your co-payment at each pharmacy, access an exercise calculator via "Healthy Links," and receive information about dietary guides and recipe substitutes. To access the website enter your member identification number (ID), located on your prescription card, and your date of birth in the "Members Login" box located on the right side of the screen; then click "Login."

You may also contact the Customer Service Department toll-free at (800)-CIGNA24 for general prescription drug benefit information. Other benefits questions should be directed to the Fund Office at (800) 730-2241.

Legal Guidance When You Buy, Sell Or Lease A Home

The following article applies to eligible participants in the Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund.

Your Plan covers the cost for you (the employee only) to meet with an attorney in connection with the purchase, sale or lease of a house as your primary residence. You can receive up to 6 hours per calendar year (January 1st – December 31st) for the preparation of documents and representation at the real estate closing. The Plan pays only for the attorney's time and ***not*** for taxes and other expenses or filing fees of the transaction.

You are responsible for paying the attorney for any additional legal fees beyond these hours. However, because the Fund has negotiated special rates for Plan participants, the normal fee charged by the attorney is ***significantly*** less.

Whom do I contact for legal service?

Contact the law firm of Steven M. Sindler at (410) 551-9323 or toll-free (877) 293-8730. Mr. Sindler will either handle the matter in his office or refer you to an attorney in the Plan's attorney network. Prior authorization is required for all services in order to receive benefits.

Retiree Information Forms Will Be Mailed Soon.
You Must Complete and Return This Form.

The The Fund Office will send all retirees a Retiree Information Form (RIF) within the next few months 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. To assist you, the Fund Office will include a postage-paid return envelope with the first mailing.

Helpful Reminders

- Let the Fund Office know if you have a new telephone number. **This is very important.**
- 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.
- **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 such 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.

NOTE: If you are changing your beneficiary or tax deduction, please call the Fund Office. We will send you the necessary form to be completed and returned to the Fund Office. No changes will be made until the proper form is completed.

Failure to return the RIF may result in an administrative hold on your pension payments. Once you receive the RIF, be sure to complete and return it to the Fund Office as soon as possible.

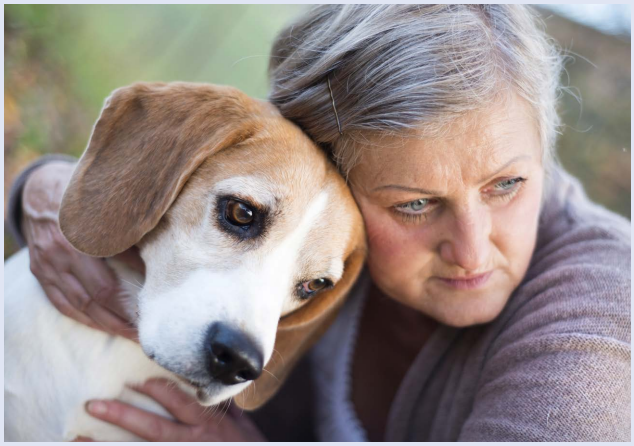
HEALTH CORNER

Need A Hug? It's Good For Your Heart

A warm hug can lift your mood and relieve stress. But did you know that hugs and laughter can also help lower blood pressure and protect your heart?

Hug a loved one. Hugging someone you care about gives a positive boost to the brain, the heart and other body systems. Research suggests that hugs can increase levels of oxytocin (a feel-good hormone) and lower blood pressure.[1] Being a hugger may have a positive and protective effect on the heart.

Laugh it up. Laughter and a sense of humor may help protect against heart attacks. Mental stress, anger and hostility may contribute to fat and cholesterol build-up in the coronary arteries that can lead to a heart attack.[2] Laughter is good medicine, so find a funny movie or have a game night with family or friends.



Tap into your social network. Heart-healthy lifestyles can spread through social networks with positive results. Changing your diet and lifestyle can be a challenge, especially if you're trying to lose weight or quit smoking. It's easier when you share your experience with a group of supportive friends and family.

Snuggle a pet. Spending time with a furry friend can help you relax and also decrease your blood pressure and cholesterol levels.[3] Pets can help you get exercise and stay positive, too.

The above article was provided by CIGNA, VitaMin, 874671 02/15.

1. Psychosomatic Medicine. "Effects of partner support on resting oxytocin, cortisol, norepinephrine, and blood pressure before and after warm partner contact." 2005 Jul-Aug. http://www.ncbi.nlm.nih.gov/pubmed/16046364?dopt=Abstract (accessed April 16, 2014)

2. University of Maryland Medical Center. "Laughter is the Best Medicine for Your Heart," July 14, 2014. http://umm.edu/news-and-events/news-releases/2009/laughter-is-the-best-medicine-for-your-heart (accessed April 15, 2014)

3. Centers for Disease Control and Prevention. "Health Benefits of Pets." http://www.cdc.gov/healthypets/health-benefits/index.html (accessed August 8, 2014)

Procedures To Follow For Work-Related Incidents

If you have an illness or injury which may be work-related, there are certain steps to follow in order for your claim to be processed. Below is a review of those procedures.

1. Submit your claim to the Fund Office as usual. Be sure to file within the time frame required (within 365 days from the date the injury/illness began).

2. At the same time, file your claim with your employer's Workers' Compensation carrier.

3. The Fund Office will deny the claim as work-related because it falls under Workers' Compensation. Importantly, your claim will be on record as received on time by the Fund Office.

4. If your claim is denied by Workers' Compensation as "non-compensable under Workers' Compensation law," you may choose to file an appeal with the Workers' Compensation Commission. ***Filing an appeal does not guarantee eligibility for benefits.*** In order to maintain eligibility, a claim must be paid by Workers' Compensation or Accident & Sickness.

5. If your claim is approved by Workers' Compensation, the Workers' Compensation carrier will process your bills.

6. The Fund Office will pay a supplement to the Weekly Temporary Total Disability paid by Workers' Compensation ***(Class E participants only).***

7. **If the Commission disallows your claim** on the grounds that the claim is non-compensable under Workers' Compensation (meaning the claim was determined NOT to be work-related), the Fund will process your claims. We must receive verification of this information – such as a copy of the denial by the Commission. We will process any bills received in accordance with the Plan.

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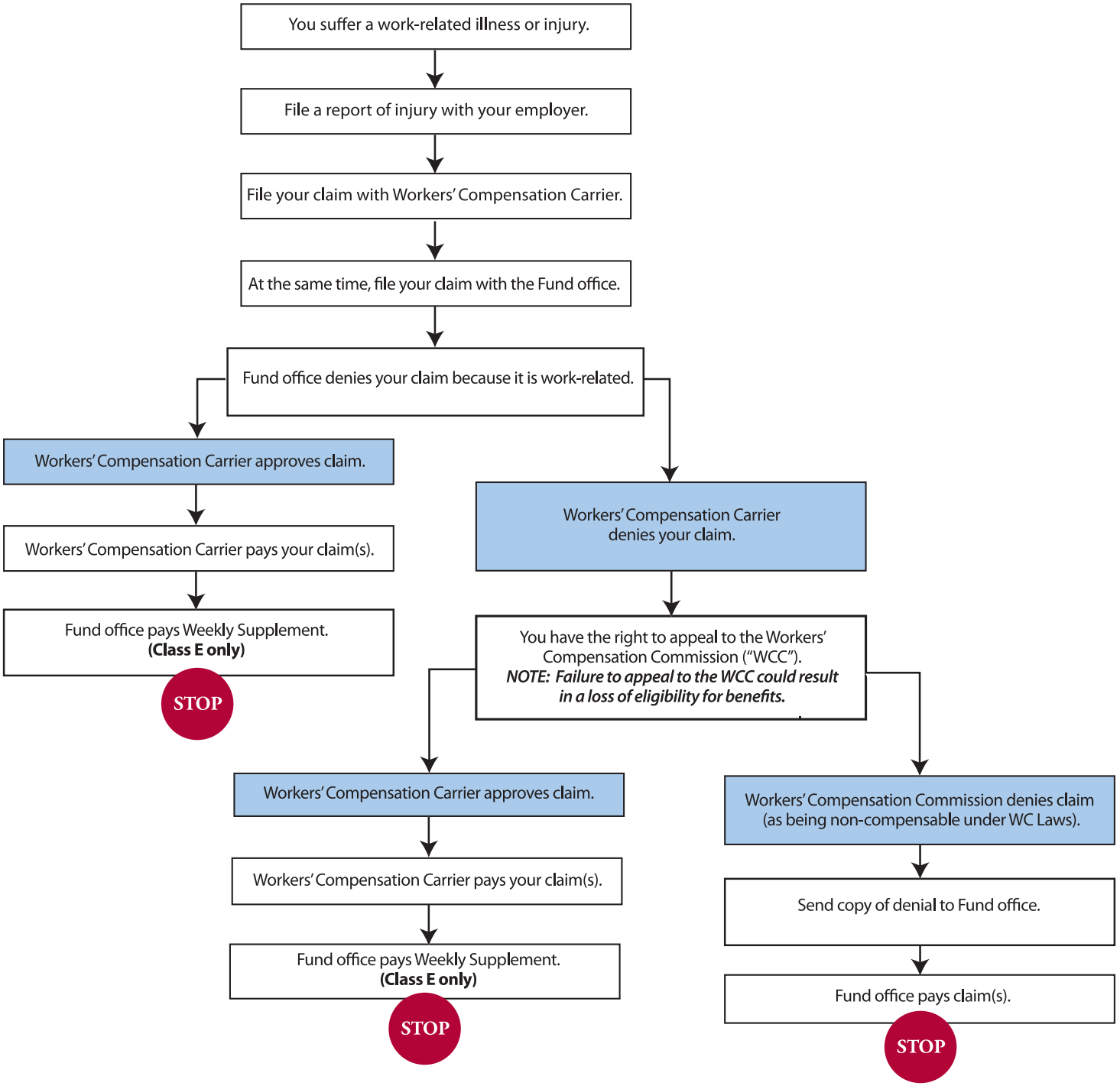
8. **If the Commission awards benefits** because your claim is determined compensable, the Workers' Compensation carrier will process your claim.

9. Submit copies of your Temporary Total Disability checks to the Fund Office. The Fund will then pay a Supplement to the Weekly Workers' Compensation payment not to exceed the 52 weeks allowed according to the Plan ***(Class E participants only).***

The chart below explains these steps in easy to follow directions.

If you have questions about what to do if your claim may be work-related, contact Participant Services at (800) 730-2241.

Claims Process for Work-Related Incidents



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