

NAME:  
REGARDING:

SS#:

UFCW LOCAL 1500 WELFARE FUND

## TABLED APPEAL

LOCAL: 1500  
STATUS: Retired

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ISSUE: Hospital/Medical – Emergency Treatment #M13/176-4144

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**FUND RULE:**

"Hospital Benefits

\*Full coverage for outpatient Emergency Room service within 72 hours of an accidental injury, for minor surgery, or emergency care within 12 hours of the onset of a sudden or serious illness (for Hospital charges only)"

(UFCW Local 1500 Full Time Retirees Group Benefit Plan SPD, Page 36)

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**SUMMARY:** Date(s) of Service: May 9, 2013  
Denied: August 8, 2013  
Appeal Received: November 25, 2013

The **participant's spouse** is appealing for payment of claim that was denied. The participant's spouse states, Upon receiving the UFCW insurance card on February 22, 2013, I called the number on the paper... and was told I was able to use this card for hospital care and would be covered."

Fund records indicate the participant's spouse called Associated Administrators on February 22, 2013 with questions about her new insurance card. Fund records indicate Emergency Physicians of Tidewater submitted a claim for the participant's spouse with the diagnosis, "other malaise and fatigue." The claim was denied because physician's fees related to emergency room treatment are not covered under the participant's plan. A copy of hospital discharge instructions received with the appeal, indicates the participant's spouse was seen in the emergency department of Sentara Princess Anne Hospital on this date of service (Thursday, unknown time), for a urinary tract infection, fatigue, and depression. An antibiotic was prescribed, and the participant's spouse was discharged home the same day (unknown time).

Note: Emergency room facility fees are covered under the plan. To date, a claim has not been received for emergency room facility charges for this date of service.

**ACTION:** Approved ☐ Denied ☐ Tabled ☐

**COMMENTS:**

NAME:  
REGARDING:

SS#:

UFCW LOCAL 1500 WELFARE FUND

## TABLED APPEAL

LOCAL: 1500  
STATUS: Full Time

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ISSUE: Hospital/Medical – Excluded Services #M14/102-8957

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**FUND RULE:**

"Empire EPO Medical In-Network Coverage  
EPO Medical Limitations and Exclusions

Along with all general Plan Exclusions, the following benefits are not covered through the EPO program:

- Treatment, services, prosthetics, or orthotic appliances which, in Empire's judgement, are not medically necessary or appropriate."

(UFCW Local 1500 Full Time Employees Benefit Plan SPD, Page 47)

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**SUMMARY:**

|                     |                   |
|---------------------|-------------------|
| Date(s) of Service: | August 26, 2013   |
| Received:           | November 7, 2013  |
| Denied:             | November 13, 2013 |
| Appeal Received:    | January 13, 2014  |

The **participant's spouse** is appealing for payment of a claim that was denied. The participant's spouse states, "This claim was for a removal of a Mirena IUD (intra-uterine device). This device had been placed back in May of 2008 and was covered at 100% at the time by your plan. The Mirena IUD lasts for a period of five years and then must be removed. Obviously, this device must be removed by a physician and that is why I returned to my physician's office on August 26, 2013 for removal of the IUD. It was medically necessary to have the device removed as there is a high risk of infection and/or other complications if left in place past the five year expiration date. I believe that your denial of this claim is unethical, since as a patient, I clearly would not have been able to remove the device myself."

Dr. Angelo Garrido submitted a claim for an office visit and removal of an IUD with the diagnosis "encounter for removal of IUD". The claim was denied because the implantation and removal of an IUD is not a benefit of the Plan. Associated Administrators confirmed with Aria that the insertion and removal of an IUD was not covered under the Fund.

Note: Empire advised Associated Administrators on January 31, 2014 that a claim was previously paid for the insertion of an IUD on May 13, 2008.

**ACTION:**      **Approved** ☐      **Denied** ☐      **Tabled** ☐

**COMMENTS:**