NAME: **SS#:**
REGARDING:

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER:	Giant	**LOCAL:**	118
DATE OF HIRE:	September 1, 1999	**STATUS:**	Full Time
PLAN:	I		

ISSUE: Hospital/Medical – Nonparticipating Provider, Late Appeal #M13/118-4132

FUND RULE:

"IMPORTANT REMINDER
Starting on September 1, 2008, you MUST use a doctor, hospital or other health care provider who is in the CIGNA network…."
(Quoted from the Reminder Notice mailed to all participants August 19, 2008)

"CIGNA HealthCare is your new PPO Provider
Effective September 1, 2008, CIGNA HealthCare replaced OneNet as your new PPO. You must use a provider (whether a hospital, physician, or other health care provider) who is in the CIGNA network, in order to be covered (with limited exceptions)."
(Quoted from the "For Your Benefit" newsletter, January 2009)

"Use A Provider in the CIGNA Shared Administration Network for Medical Coverage
Before you make an appointment to see a doctor (whether a general practitioner, OB/GYN, pediatrician, etc.), and before scheduling any non-emergency hospital procedure (inpatient or outpatient), ***you must be sure the doctor and/or hospital is a CIGNA Shared Administration provider. If you don't use a CIGNA provider, services will not be covered and you will have to pay the bill.***"
(Quoted from the *For Your Benefit* newsletter, April 2010)

"MAJOR MEDICAL BENEFITS
13. Chiropractic care is covered under Major medical as follows:
Plan 1 & 2 Participants: payment for chiropractic treatment is limited to $40 per visit after satisfying the deductible. There is a $5.00 co-pay per visit, payable by participant or dependent to the provider at the time of service. The maximum payable for chiropractic treatment is $500 per person per calendar year, and $1,000 per family per calendar year."
(Bakers Union and FELRA Health and Welfare Fund SPD, Page 98)

"If your claim is denied, you (or your authorized representative) may, within 180 days from the receipt of the denial, request a review by writing to the Board of Trustees."
(Bakers Union and FELRA Health and Welfare Fund SPD, Page 107)

SUMMARY:

Date(s) of Service:	October 17, 2011 - November 8, 2011	
Received:	October 27, 2011 - January 17, 2012	
Denied:	November 7, 2011 - January 23, 2012	
Appeal Received:	May 22, 2013	(485-562 days)

The **participant's daughter** is appealing for payment of claims that were denied because the provider does not participate with CIGNA. The participant's daughter states the provider advised her that the Fund would cover $1,000.00 of the total amount for chiropractic treatment. She states, "After a few sessions, I was informed that the bills were submitted but were declined." In addition, the participant's daughter states she recently received a bill for the balance due from an attorney representing the provider.

Continued

Fund records indicate Essential Health Center submitted claims for the participant's daughter for chiropractic care. The claims were denied because Essential Health Care does not participate with CIGNA. Fund records further indicate the participant's daughter called the Fund office on November 15, 2011, and was advised that claims from Essential Health Care were denied because the provider does not participate with CIGNA.

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