



For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

www.associated-admin.com

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Protect Your Family with a Will

The following article applies to participants and their spouses who are eligible for legal benefits under the Fund.

The year 2016 has begun and it is a good time to resolve to have a will prepared if you have not already done so. Having a will gives you the opportunity to control how your property and assets will be distributed upon your death and allows you to appoint a guardian to take care of your children.

Why Have A Will?

- You can decide who gets your assets/property when you die. Without a will, state laws determine how your property will be distributed,
- You can designate whom you wish to be the guardian of your minor children rather than depending on a court to decide for you,
- You can name a custodian or guardian to manage the assets of your minor children,
- You can name whom you want to act as personal representative for your estate,
- Having a will speeds up the probate process which allows your beneficiary(ies) to get the assets sooner, and
- Having a will may reduce the chance of family disputes over property.

The Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund covers the preparation and execution of a will. This service is available to both you and your spouse, but not to your dependent children, for up to six (6) hours per calendar year (January 1 – December 31). These hours represent the total hours used by the family as a whole, not by each individual in the family and regardless of whether both spouses are participants.

The Plan only covers legal services associated with the preparation and execution of your will or your spouse's will. It does not cover legal services provided to you or your spouse concerning, for example, the preparation or execution of a family member's will naming you or your spouse as a beneficiary. You are responsible for any additional legal fees beyond six legal hours.

How to Obtain Legal Services

The Board of Trustees has contracted with Steven M. Sindler, Esq. to provide legal services to Fund participants. 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. Contact Mr. Sindler's office at (410) 551-9323 or toll free (877) 293-8730.



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Summary of Material Modifications During The Past Year

There were no changes to the Warehouse Employees Union Local No. 730 Health and Welfare Fund, the Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund, and the Warehouse Employees Union Local No. 730 Pension Fund.

Temporary ID Cards Can Be Printed From Your Home Computer

The following article applies to eligible **Class E** and **Class C** participants.

If you need a copy of your medical or prescription drug identification ("ID") card, you can print a temporary card by logging onto the provider's website and printing the card from home.

Before you begin, you will need to have the following:

1. A computer with internet access
2. Your customer ID or Social Security Number

Class E Participants Use Cigna HealthCare's Website

Eligible participants in Class E and retirees who have prescription drug coverage through the Fund will first have to establish an account by logging onto www.myCigna.com. Once you have registered for myCigna, you can access your account over the internet in a safe, secure environment.

Detailed instructions:

1. Go to the myCigna website at www.myCigna.com and then click on the button marked "REGISTER NOW."

2. Enter your name and city into the required fields and then click on the button marked "Search."
3. Enter your personal information into the field and then click on the button marked "Next."
4. The registration procedure will prompt you in how to proceed.
5. On the bottom of the myCigna homepage, click on "Request New ID Card."
6. Follow prompts to print your ID card.

Class C Participants and Pre-Medicare Retirees Use UnitedHealthCare HMO

Eligible participants in Class C and pre-Medicare retirees with HMO benefits will have to establish an account by logging onto www.uhc.com. Complete the registration process by creating a username and password. Once created, you will be directed to the "myuhc" home page. On the right side of the page you will see the question "What would you like to do today?" Click on "Print an ID Card."

Besides using the internet to print ID cards, participants can always call the Fund Office at (800) 730-2241 to request one.

You Must Use Cigna's CareCentrix When Durable Medical Equipment Is Needed

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

If you require durable medical equipment, you **must** use CareCentrix (a subsidiary of Cigna) program's durable medical equipment network. This provides for the sale and/or rental of medical equipment for some of the items mentioned below.

- Durable medical equipment, such as beds, wheelchairs, walkers,
- Respiratory equipment (e.g., oxygen CPAP, ventilators),
- Enteral nutrition (e.g., pumps and nutritional support),
- Home health care (e.g., nursing, therapies, social work and home health aides),

- Home infusion products, and
- Other specialty services (e.g., insulin pumps and supplies, CPM machines and supplies, wound vacuums and supplies).

Because Cigna has a contract with certain suppliers, Cigna is able to offer this equipment at significant savings. Durable medical equipment is covered under your Comprehensive Medical benefits at 80%, so these savings also reduce *your* out-of-pocket expenses.

Cigna is available seven days a week, twenty-four hours a day by calling Member Services toll-free at 1-800-244-6224 (also listed on the back of your Cigna ID card).



Form 1095-B Were Mailed To You

The Affordable Care Act is a federal law that requires almost everyone in the United States to have medical coverage. Starting in tax year 2015, people who don't have at least a minimal level of coverage could have to pay a fine to the Internal Revenue Service (IRS). The Form 1095-B is proof that you and your covered dependents had medical coverage, so you can report it on your 2015 tax filing and avoid paying the fine.

Form 1095-B is a tax form (like a W-2 or 1099-R) you should have received from the Warehouse Employees

Union Local No. 730 Health and Welfare Trust Fund as proof that you and your tax dependents had the required medical coverage. You should keep your Form 1095-B with all your tax records as supporting documentation.

If you had medical coverage through the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund in 2015 and didn't receive a Form 1095-B, please contact the Fund Office at (800) 730-2241.

Eligible Children Have Coverage until Age 26

Once you become eligible for benefits (have worked at least 600 hours in six consecutive months for a participating employer), your biological children, stepchildren, or legally adopted children may receive coverage until they turn age 26. If you have legal guardianship over a child and you provide one half of his/her support, that child may also be eligible for coverage. The Trustees may rely on evidence that the child has been claimed as a dependent on your tax return.

When Should I Enroll My New Dependent Child?

In order for coverage to begin right away for a newborn child, new stepchild, or newly adopted child, you must enroll him/her *within 30 days* from the date he or she became your dependent. For example, in the case of a newborn, you must enroll him or her within 30 days from the date of birth for coverage to begin at birth. To ensure that your dependent has coverage from the first possible date, request a new enrollment form from the Fund Office **before** you have the baby so you can mail it with supporting certifications to the Fund Office as soon as the event occurs.

How Do I Enroll My New Dependent?

- Log on to www.associated-admin.com, click on the words "Your Benefit" located at the left side of the screen, select "Warehouse Employees Union Local No. 730 Health and Welfare Fund," and under "Downloads (Forms)," print the enrollment form, or
- Call the Fund Office at (800) 730-2241 to ask for an enrollment form.
- Complete the form and return it to the Fund Office along with supporting documentation (baby's birth certificate and/or adoption papers). Be sure to include your dependent's Social Security Number on the enrollment form. This is very important! Enrollment will not be processed until the Fund Office receives both the enrollment form (with your dependent's Social Security Number) and the required proof of dependent status.

When You Don't Enroll Within 30 Days Fund Coverage (Class E)

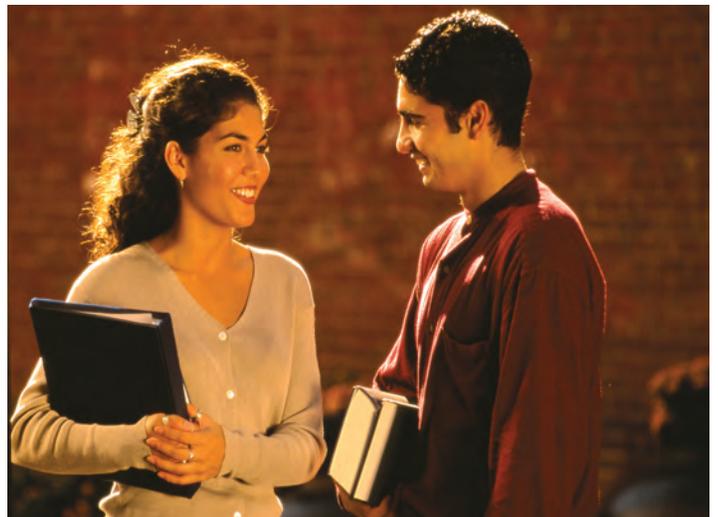
- If you fail to enroll your new dependent when he/she is first eligible, coverage will begin on the first day of the month following the date the Fund Office receives the enrollment form and documentation.

HMO Coverage (Class C – Adams Burch)

- If you don't add your new dependent within 30 days of when he/she became your dependent, you will have to wait until the HMO open enrollment in July for coverage beginning in August.
- Class C participants who have coverage through United Healthcare HMO must complete two separate enrollment forms, one for the Fund Office and one for United Healthcare.

Send Information To:

Fund Office
Warehouse Employees Union Local No. 730
Health and Welfare Trust Fund
Attn: Eligibility Department
911 Ridgebrook Road
Sparks, MD 21152-9451



Reviewing Your Vision Benefits

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

Vision benefits are provided through Group Vision Service ("GVS"). The GVS Select Network has many providers available through its relationship with EyeMed Vision Care, including independent optometrists and ophthalmologists as well as retail locations such as LensCrafters®, Sears Optical, Target Optical®, JCPenney Optical® and participating Pearle Vision® locations.

You must use a vision provider in the GVS network. An eye exam will be covered once every 12 months when performed by a participating GVS provider. You will be responsible for a \$10 co-payment per visit which is payable to the provider rendering the services.

When you use a vision provider in the GVS network, you are entitled to:

- Single vision or standard multi-focal lenses (for glasses) once every 12 months. Special features such as tinting scratch resistance, or progressive lenses are not covered by the Plan, but if you choose them from a GVS provider, they are available at a discounted rate or copayment payable by you.

- Frames once every 24 months, up to a retail allowance of \$120. On frames over the allowance, members receive 20% on the difference between the actual cost of the frame and the \$120 retail allowance.
- Contact lenses in lieu of glasses once every 12 months. A \$105 allowance is available for the purchase of any prescription contact lens. There is a \$40 copayment for the fitting and evaluation fees which is over and above the routine eye exam copayment of \$10. You are responsible for any cost above \$105.

Out-of-network benefits are not payable under this Plan, except when approved in advance by GVS, and only under limited circumstances. Contact GVS at (866) 935-5277 to request authorization prior to obtaining out-of-network services.

Scheduling an Exam

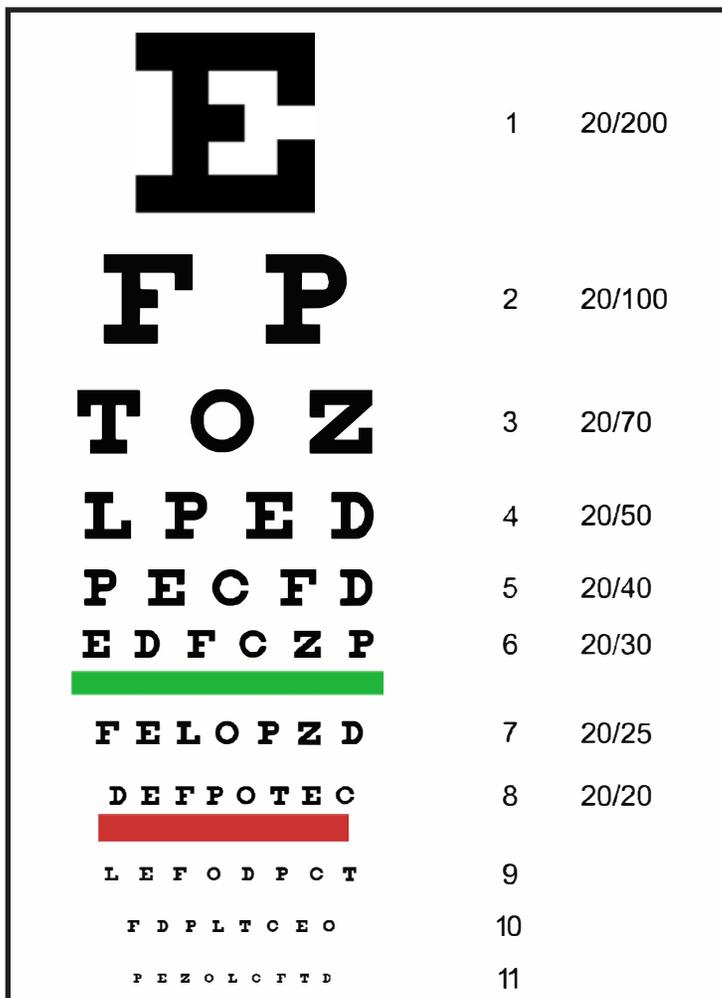
An ID card was sent to you when you first became eligible. However, **you don't need this card when you go to your vision provider.** Simply call the provider's office and identify yourself as a GVS/EyeMed member. Give your name and date of birth for quick verification of eligibility and plan benefits. You are responsible for paying any costs beyond your plan coverage at the time of service.

Locating a Network Provider

- Find network providers at www.gvsm.com. Click on "Provider Locator."
- 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.
- If you have already made an 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.
- You will be responsible to pay the provider at the time of service for any co-payment/cost that exceeds plan coverage.

Call GVS for Assistance

If you need help regarding your vision coverage, 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.



Translation Service Is Available to Help Participants

The Fund Office subscribes to a service to help us speak with people for whom English is not their primary language. Language Line Services provide us with the ability to have a three-way telephone



conversation that includes the participant, a Participant Services representative from the Fund Office, and a language translator.

Language Line Services allow the Fund Office to speak with people in a number of languages, including Spanish, French, Mandarin, Vietnamese, Burmese and more.

To reach the Language Line Services, call (800) 730-2241 and when the pre-recorded message comes on, select option 2 (to speak to an Agent). You will be connected with a Participant Services representative who will be glad to assist you.

If you know of participants or dependents who have not called the Fund Office because they don't feel they speak English well enough, tell them we're ready to help. All we need to know is what language to speak.

Servicio de Traducción Está al Alcance para Ayudar a los Participantes

La Oficina del Fondo se suscribe a un servicio para ayudar en la comunicación con quien el Inglés no es su idioma principal. Language Line Services nos provee la capacidad de tener una conversación telefónica de tres vías que incluye el participante, un representante de los participantes de los servicios de la oficina del Fondo, y un intérprete.

Language Line Services permite que la oficina del Fondo hable con más gente en varios idiomas, incluyendo Español, Francés, Mandarín, Vietnamita, Birmano y más.

Para comunicarse con Language Line Services, llame al (800) 730-2241 y cuando escuche el mensaje pregrabado, seleccione la opción 2 (para hablar con un agente). Usted será conectado con un representante de Servicios de Participantes que estará encantado de ayudarle.

Si usted sabe de participantes o dependientes que no han llamado la Oficina del Fondo porque sienten que no hablan Inglés bastante bien, avíseles que estamos listos para ayudar. Todo lo que necesitamos saber es qué idioma hablar.



How to File a Claim

In general, in-network providers handle the claims process for you. If you receive services or materials out-of-network because you have been permitted to do so by GVS, you will have to pay the provider and seek reimbursement through the claims process. Claims must be filed no later than 12 months from the date of service. Claims will generally be paid within 30 days of receipt. For reimbursement for out-of-network services, you must submit the GVS/EyeMed Out-of-Network Claim form and all applicable receipts to the GVS claims department via facsimile (866) 293-7373, or mail to:

EyeMed Vision Care
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Telephone inquiries concerning claims should be directed to:
Group Vision Services Claims/Appeals Department at (866) 723-0514.

If a claim is partially paid, you will receive a written notice explaining how the claim was processed and given notice of your appeal rights as to the unpaid portion. If a claim is denied in whole, a written Notice of Benefit Determination will be sent to you.



Rules Regarding Prescription Drug Coverage for Retirees

The following article applies to Class E Retirees only.

Prescription drug coverage is available to retirees if you have been actively working at the time you retire and are eligible to receive a pension from the Warehouse Union Local No. 730 Pension Trust Fund upon retirement. You must immediately go from being a working employee covered by this Plan into retirement.

If you are eligible and do not enroll in United Healthcare HMO, or once you become eligible for Medicare and United Healthcare coverage ends, you will have retiree prescription benefits only through Cigna HealthCare. Spouses are not eligible for prescription drug coverage. There is currently no cost for this coverage.



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.

Changing Bank Accounts?

Notify the Fund Office

If you are eligible for pension benefits, you have the option of having your pension electronically transferred (through direct deposit) into your bank account. This is a safe and convenient way to receive your pension benefits. If you change banks and have a new account, **please notify the Fund Office immediately**. We have no way of knowing when you make a change to your bank account – you must tell us.

If we deposit your pension into a closed account, the bank returns the payment to us and we then have to send you a paper check for that month, which delays your payment.

Call the Fund Office at (800) 730-2241 when you close or change a bank account. If you need an Electronic Transfer Form for direct deposit of your pension check, call us and we will be glad to send one to you. You can also print this form from our website: www.associated-admin.com. Click on “Your Benefits” located on the left side of page. Select “Warehouse Employees Union Local No. 730 Pension Fund” and then print the Electronic Funds Transfer form located under “Downloads (Forms).”



Cigna’s New Health Care Directory Can Help You Find the Right Health Care Professional

Cigna simplified the search for healthcare professionals and hospitals at www.Cignasharedadministration.com.

You can now enjoy:



Better navigation with a new look and feel.



An intuitive search that spell corrects and fills in the blanks with smart suggestions arranged by subject.



Information to help you easily refine your search results by distance, years of service, quality designations, gender, and more.



HEALTH CORNER

Preventing Low Back Pain

If you have never experienced low back pain, you’re in the lucky minority and you would probably like to keep it that way. And if you have experienced low back pain, you know that it’s unpleasant and can get in the way of everyday activities. Luckily, there are many things you can do to protect yourself from developing this type of pain. According to the American Academy of Orthopaedic Surgeons, to keep your back happy, stay active, maintain a healthy weight, avoid cigarettes, and learn good body mechanics.

How to prevent back pain

1. Achieve and maintain a healthy body weight.
2. Exercise regularly and avoid sitting for long periods.
3. Quit smoking (nicotine in cigarettes robs the spine of nutrients).
4. Manage stress.
5. Modify activities that can lead to back pain.
6. Learn proper lifting techniques (squat down, lifting by straightening your legs and keeping your back straight).
7. Practice good posture.
8. Sleep in a position that supports your back (lie on your side with knees bent and a pillow between your legs, or on your back with a pillow under your knees).
9. Sit with your back supported.
10. Wear comfortable, low-heeled shoes.
11. Maintain a positive attitude about life. Unhappy people tend to have more back problems.

This information is general and is not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition. The above information was obtained from the American Academy of Orthopaedic Surgeons.

**THE WAREHOUSE EMPLOYEES
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