For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

www.associated-admin.com September 2017 Vol. 22, No.2

Procedures to Follow When You Need Hospital Admission

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

CareAllies (a subsidiary of Cigna HealthCare) is a Utilization Management ("UM") provider which helps the Fund control the cost of hospital admissions by reducing unnecessary admissions and finding alternative treatment settings which are effective and medically sound.

You must contact CareAllies toll free at (800) 768-4695 to pre-certify all non-emergency or elective hospital stays and within 48 hours after an emergency admission. If you (or a family member or the provider of service) do not contact CareAllies prior to your hospital admission (or within 48 hours of an emergency admission), the Fund will not pay for your stay.

CareAllies will verify that the admission is medically necessary--according to standard medical practices--and send you a letter of certification noting the number of days which are approved.

To Locate a CareAllies Provider:

Log on to www.cignasharedadministration.com or call (800) 768-4695. Note: CareAllies providers are the same providers as Cigna. You will not see the name CareAllies on the website. Click on Cigna HealthCare Physician or Hospital Directory to locate a provider.

To Certify Your Admission:

- Before your admission, call CareAllies at (800) 768-4695 between 8:00 am to 5:30 pm, Monday - Friday. If after hours, you may leave a message on the answering machine.
- CareAllies will send you an approval letter. Bring the letter with you when you go to the hospital.
- If your medical condition requires an extension of your hospital stay, only CareAllies, not the hospital or your doctor, can authorize it.
- Remember: Non-emergency or elective admissions must be certified prior to admission in order to be covered. Emergency admissions must be certified within 48 hours of your admission in order to be covered.

CareAllies will notify the provider of its decision via telephone or fax.

If Certification Is Denied:

CareAllies may request that you obtain a second opinion before they will certify your admission. In such a case, the Fund will cover the charges for the second opinion.

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Notice of Creditable Coverage

Cut and Keep. See page 3.

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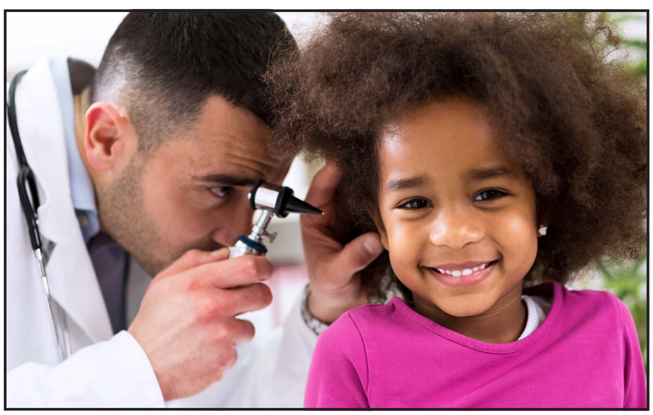
Enhancement Programs Offered by CareAllies:

CareAllies offers members enhancements such as the following programs:

- **24-hour NurseLine,** where you can receive helpful information from registered nurses, anytime, day or night. The telephone number for NurseLine is (800) 768-4695. To speak to a nurse, first select #3, "Health Information." Next, select #1 and you will be connected to a nurse.
- **Case Management Program** is a patient-focused program intended to provide assistance and care coordination to chronically or critically ill patients (i.e., cancer, serious spinal cord injury, diabetes, heart disease, etc.). You may call CareAllies at (800) 768-4695 (choose option #3) to make use of this helpful program.
- **Maternity Management Program** allows participants to receive valuable prenatal guidance and high-risk maternity screening.
- **LifeSource Organ Transplant Program** provides care coordination in transplant centers across the country as well as case management to participants and eligible dependents.
- **Healthy RewardsSM Program** is a discount program for weight management, nutrition, tobacco cessation, fitness, and a wide range of other popular health and wellness issues. These programs range from discounts on such items as vision care, dental care and gym membership.
- **myCareAllies.com** website offers secure, convenient, and fast access to your personal health and wellness.

To learn more about any of the above-mentioned enhancement programs, log on to www.myCareAllies.com. The password to log on to myCareAllies is LOCAL730 (password is not case sensitive). NOTE: Do not leave a space in between the word Local and 730, or the password will not work.

Preventive Services Available At No Cost to You



The following article applies to eligible active participants and dependent(s) in ***Class E.***

Under the Affordable Care Act, you may receive preventive services at no cost to you and your eligible dependents. This includes routine physical exams, routine gynecological exams, well-child exams, mammography screenings, colonoscopy screenings, and approved contraceptives..

Reminder: Landover Fund Office Moved –On April 1, 2017, Associated Administrators, LLC moved its Landover office to 8400 Corporate Drive, Suite 430, just a quarter mile from our old location. The new address is:
Landover Fund Office,
8400 Corporate Drive, Suite 430,
Landover, MD 20785-2361.
The Landover telephone number has not changed.
It remains toll-free (800) 730-2241.
Associated's office in Sparks, Maryland has not moved.

IMPORTANT! Keep This Notice

Important Notice about Your Prescription Drug Coverage and Medicare

The following Notice of Creditable Coverage applies to all Medicare-eligible participants and/or spouses.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage under the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the Fund Office for further information at (800) 730-2241. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan or if this coverage through the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 1, 2017
Name of Entity/Sender:	Fund Office Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund 911 Ridgebrook RD Sparks, MD 21152-9451
Phone Number:	(800) 730-2241

Order Glasses or Contacts Online

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

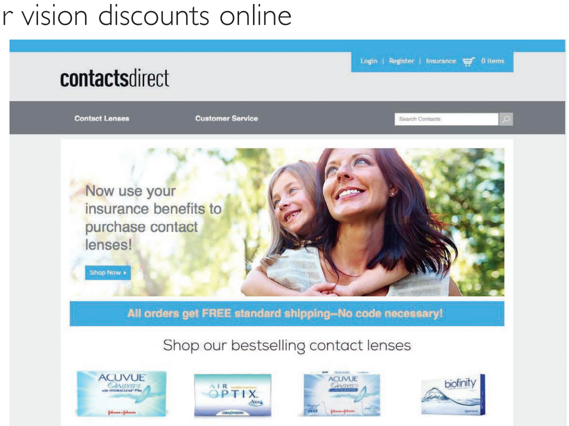
Group Vision Service, your optical provider, is pleased to announce two new services. You now have the opportunity to order glasses or contact lenses online.

ContactsDirect.com

Contactsdirect.com makes it easy to apply your vision insurance or discount vision plan to your account. All you need is your contact lens prescription and vision insurance information. Most orders are shipped the same day the prescription verifies – with free shipping. Register for an account by going to contactsdirect.com. You can even use their in-network benefit.

Register for a new account

1. Go to contactsdirect.com
2. Click on register in the top navigation
3. Fill out registration form
4. Check the box to apply your vision insurance
5. The database will be checked to find your plan and apply your vision discounts online



Glasses.com

Glasses.com is in the GVS network. This allows you to go online to buy glasses anytime, from anywhere. And you have the opportunity to "try on" glasses digitally and see what you look like wearing different frames. You also use your in-network benefits.

Features include:

- Opportunity to find a pair of glasses from thousands of name-brand frames
- Send a picture of your optical prescription or have Glasses.com call the provider for it
- Lenses are available for most prescriptions (including progressives and multifocals)
- Orders fulfilled and shipped the following day – and it's free!
- All supported by the photorealistic and geometrically accurate 3D virtual "try-on" app for iPad and iPhone

Your Benefits When Surgery Is Needed

*The following article applies to eligible participants in **Class E** who have Fund coverage.*

Your Plan of benefits covers the cost of surgical procedures performed for you and your eligible dependent(s). If two or more surgical procedures are performed at the same time in the same operative field, payment will be made for the operation with the higher value. If two or more surgical procedures are performed at the same time but in different operative fields for difference causes, payment will be made for each operation.

Before coverage begins, you must meet the required deductible of $800 per person or $1,600 per family, each calendar year. After the deductible has been met, payment will be made at 80% on covered charges for the rest of the calendar year, up to the usual, customary, and reasonable ("UCR") amount. You pay 20% of the cost of the facility fee (e.g., ambulatory surgery center) and 20% of the cost of the physician/surgeon fees, up to the UCR.

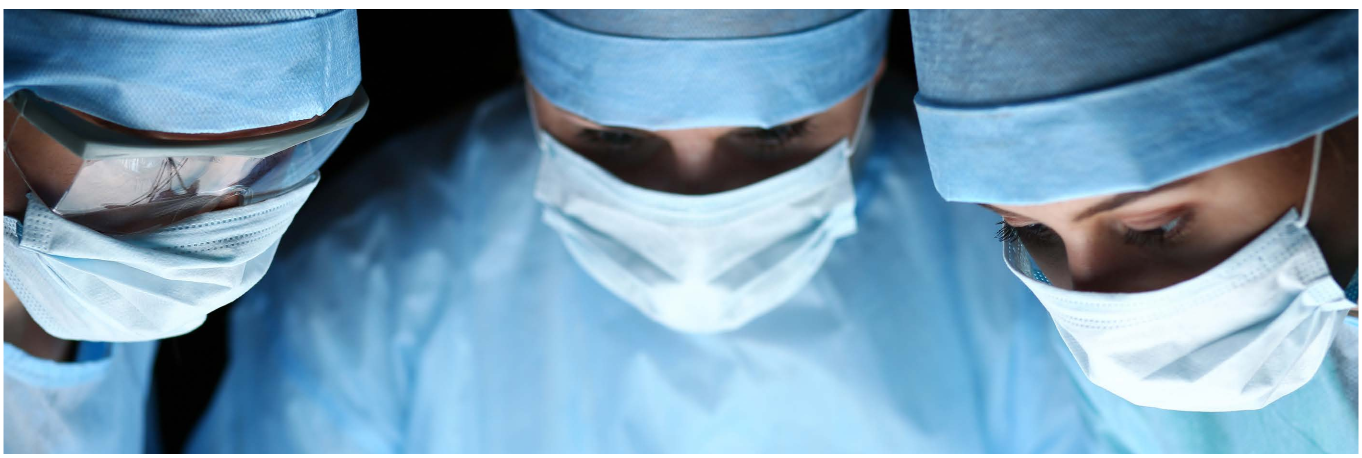
Outpatient Surgery

The Fund keeps a list of surgical procedures which do not require prior pre-authorization and will only approve such surgeries on an outpatient basis unless prior approval was obtained through CareAllies.

If you are planning to be admitted to the hospital for any of the surgeries on the list, have your physician contact CareAllies at least two weeks before the scheduled admission. Pre-authorization is required for outpatient services. You and your physician will be notified in writing whether hospital confinement benefits have been approved for the proposed procedure. Pre-authorizations may be made over the phone, but must be followed up immediately in writing by your physician.

If hospital confinement is approved for the surgery, benefits will begin on the day before surgery is scheduled, unless your physician has provided evidence that an earlier admission is medically necessary. Normally, the Fund expects all pre-admission testing to be done on an outpatient basis (covered under your Outpatient Diagnostic X-Ray and Laboratory Benefits).

No benefits are payable for elective, cosmetic, or reconstructive surgery (except breast reconstruction following mastectomy and sterilization for the participant or participant's eligible spouse). However, if the cosmetic or reconstructive surgery is to repair the effect of an accidental injury incurred while you are eligible, it will be covered if you are still eligible when the surgery is performed.



Legal Services Are Available 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.

Prescription Drug Benefits

*The following article applies to eligible Active **Plan E** participants 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. You must request generic drugs, if available. If you purchase a brand name drug where an approved generic is available, you must pay the difference in cost between the generic and the brand name. Take your prescription to a participating pharmacy and present your Cigna HealthCare medical/ prescription card to the pharmacist.

In-network Co-pay for Prescription Drugs

- Co-pay for generic prescriptions is $15
- Co-pay for brand formulary prescription drugs is $40
- Co-pay on brand prescription drugs, non-formulary, is $75. If a brand name drug is filled when a generic is available, you are also responsible for the difference in cost between the generic drug and brand name drug.
- Mail-order prescription drugs for a 90-day supply have co-pays double the amount of the above stated co-pays of $30/$80/$150 respectively; i.e., the co-pay for mail-order generic drugs is $30.

The out-of-pocket maximum per year is $1,050 per person or $2,100 per family.

What's Not Covered?

- Non-prescription drugs or medicines
- Diet drugs, even if prescribed by a physician
- 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.
- 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?

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..

Notify The Fund Office When You Change Bank Accounts

Notify the Fund Office

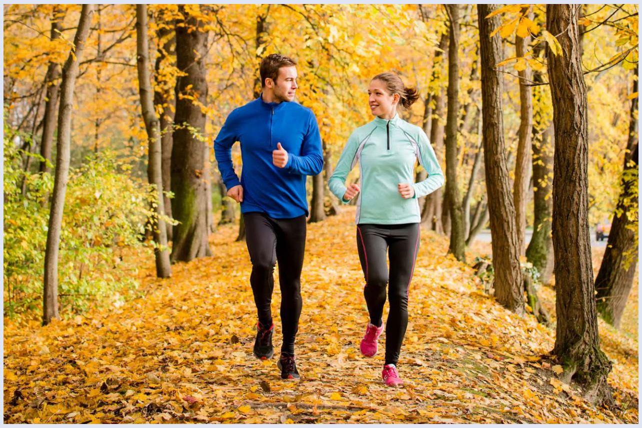
If you are eligible for pension benefits, you have the option of having your pension electronically transferred (through direct deposit) into your bank account. This is a safe and convenient way to receive your pension benefits. If you change banks and have a new account, ***please notify the Fund Office 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)."

HEALTH CORNER

Make the Most of Your Workout With Interval Training



What is interval training?
Interval training is all about variety – changing your speed or alternating different activities. Get started by adding short bursts of intense activity to your exercise routine. Here are some ideas.

- **Walking:** Go for a 30-minute walk at a comfortable pace. When you're ready, add in bursts of brisk walking for 30 seconds.
- **Walking/jogging:** Walk at a brisk pace for 30 minutes. Mix in 30-second bursts of jogging at intervals you choose.
- **Jogging/running:** Jog at your regular pace for 30 minutes. Add bursts of faster-paced running.

Interval training can be used with cycling, swimming and other aerobic activities. You can keep things fresh by adding different activities to your routine.

Interval training can help fire up your fitness routine by:

- **Burning calories and fat.** Adding intense activities to your routine helps you burn more calories and fat.
- **Improving your fitness.** Interval training raises your heart rate so that you can build up your cardiovascular fitness. That's good for your heart and your health.
- **Fighting boredom.** Interval training helps keep your workouts fresh and fun.
- **Find your pace.** No matter your approach, try to get the recommended 150 minutes of moderate aerobic exercise or 75 minutes of vigorous exercise per week.

FITNESS BENEFITS					
Activity	Calorie burning	Cardiovascular fitness	Upper-body strength	Lower-body strength	Bone strength
Walking	X	X		X	X
Brisk walking Incline walking Jogging or running	X	X		X	X
Cycling	X	X		X	
Swimming	X	X	X		

The above article was provided by CareAllies, VitaMin. This information is general and is not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.

Locating A GVS Vision Provider

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

Your vision benefits are provided through Group Vision Services ("GVS") which has many providers available through its relationship with EyeMed Vision Care. Using the GVS Select Provider Network, you have the option of going to independent providers or retail locations including LensCrafters, Sears Optical, Target Optical, JCPenney Optical and participating Pearle Vision locations.

Locating A Provider

Network Providers

- Find network providers at www.gvsmd.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.
- 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. It is not necessary to have your ID card when you go to your vision provider. They can verify your eligibility through your name and date of birth. If, however, you would like an ID card, call the Fund Office at (800) 730-2241 and we will be happy to send one to you.
- You will be responsible to pay the provider at the time of service for any co-payment or other cost that exceeds the plan coverage.

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