



1099Rs Will Be Mailed in Late January. Look for Yours!

For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

www.associated-admin.com

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Change in Out-of-Pocket Maximum for Active Class E Participants

The following is a Summary of Material Modifications for eligible Active participants in **Class E**. Please keep this with your Health and Welfare Plan booklet.

Effective January 1, 2018, the out-of-pocket maximum changed as follows:

- Medical In-Network is \$6,250 per individual and \$12,500 per family

- Prescription Drugs is \$1,100 per individual and \$2,200 per family



Supplement to Workers' Compensation Is Eliminated

The following is a Summary of Material Modifications for eligible Active participants in **Class E**. Please keep this with your Health and Welfare Plan booklet.

Effective January 1, 2018, the Supplemental benefits to Workers' Compensation (weekly benefit of \$70 for a maximum of 52 weeks), as described on page 47 of your Summary Plan Description booklet, is eliminated.

Very Important: If you are out on Workers' Compensation, the Fund Office still needs to receive a copy of your Workers' Compensation check stub that shows Temporary Total Disability (TTD) dates paid for eligibility purposes.



This issue—

Change in Out-of-Pocket Maximum for Active Class E Participants.	1
Supplement to Workers' Compensation Is Eliminated.	1
Mental Health and Substance Abuse Benefits.	2
Reconstructive Surgery Following Mastectomy Covered.	2
Summary of Material Modifications During The Past Year.	3
Form 1095-B Will Soon Be Mailed To You.	3
Life And Accidental Death And Dismemberment Insurance.	4
Health Care Information Right At Your Fingertips.	6
Your Eligible Children Have Coverage Until Age 26.	7

Summary of Material Modifications This Issue!

- Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund
- Warehouse Employees Union Local No. 730 Pension Fund
- Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund

Mental Health and Substance Abuse Benefits

Class E Participants

Eligible participants in Class E are not required to obtain pre-authorization before receiving outpatient mental health/substance abuse treatment. Inpatient treatment for mental health/substance abuse requires pre-authorization through Cigna (CareAllies).

Coverage is provided for both inpatient and outpatient mental health/substance abuse treatment, up to the limits of the Plan. You may receive up to 180 days for inpatient treatment only (inclusive for medical, mental abuse, and substance abuse treatment), and up to 90 days maximum for outpatient treatment, per calendar year.

In order to obtain mental health/substance abuse services in-network, you should contact Cigna/CareAllies toll free at (800) 768-4695 and select the prompt for Behavioral Health.

Locating a Provider

To locate a provider in the Cigna network, log on to www.cignasharedadministration.com. Select "For Taft-Hartley Plan Members." At the bottom of that site, click on the drop down box, bottom of page, and choose

"Cigna Behavioral" and then hit "go." From here you can select "Find a Therapist/Psychiatrist" in the list of resources and information.

Class C (Adams Burch) Participants

Mental health and substance abuse benefits are provided by UnitedHealthcare (UHC).

- There is no day limit for in-network, inpatient detoxification.
- There is no day limit for inpatient mental health/substance abuse treatment.
- There is no co-insurance due for outpatient mental health/substance abuse office visits.
- The co-payment is the same regardless if you visit your primary care physician or a specialist for mental health/substance abuse.

To locate a therapist/psychiatrist with UnitedHealthcare, log on to www.uhc.com. Select "Find A Physician." You will be directed to the General Directory. Click on "Find a Mental Health Clinician or Facility."

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.



Summary of Material Modifications During The Past Year

Below are Summaries of Material Modifications (changes) made to your Plans during the past year. Please clip this summary and keep it with your Plan booklets so you will have it for easy reference.

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

• **Effective January 1, 2018**, the out-of-pocket maximum changed as follows:

- ▶ Medical In-Network is \$6,250 per individual and \$12,500 per family
- ▶ Prescription Drugs is \$1,100 per individual and \$2,200 per family

• **Effective January 1, 2018**, the Supplemental benefits to Workers' Compensation, as described on page 47 of your Summary Plan Description booklet, is eliminated.

Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund
No changes.

Warehouse Employees Union Local No. 730 Pension Fund
No changes.

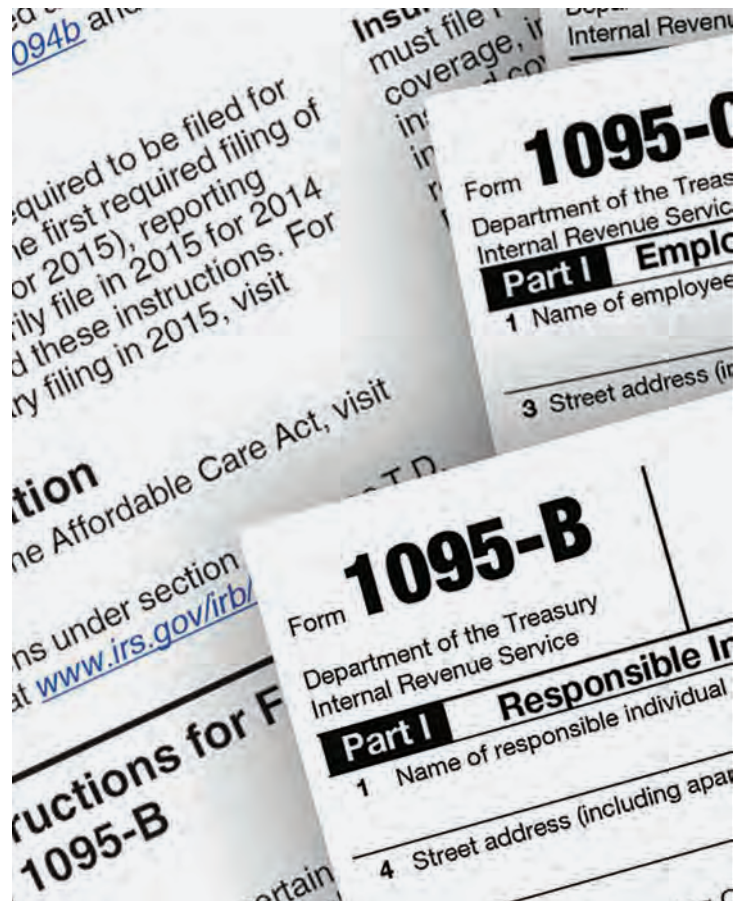
Form 1095-B Will Soon Be Mailed To You

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

The Affordable Care Act is a federal law that requires almost everyone in the United States to have medical coverage. 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 2017 tax filing and avoid paying the fine.

Form 1095-B is a tax form (like a W-2 or 1099-R) you will receive 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 are a Class E participant and had medical coverage through the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund in 2017 and do not receive a Form 1095-B by the end of February, please contact the Fund Office at (800) 730-2241. Class C participants will receive the Form 1095-B from United Healthcare.



Life And Accidental Death And Dismemberment Insurance

Life Insurance

Eligible participants in Class C and Class E receive Life and Accidental Death and Dismemberment (“AD&D”) benefits through Voya Financial Life Insurance Company, under Group Policy Number GL-61182-4. If you are still actively employed on your 65th birthday, the amount of insurance decreases.

If you die while eligible for benefits, the amount of your Health and Welfare life benefit may be paid to the beneficiary(ies) you designated on your Enrollment Form. You may name any person(s) you choose to be your beneficiary. A beneficiary under the age of 18 must have a court appointed guardian to handle all matters related to the Health and Welfare life benefit. Even a child’s mother must obtain court appointed guardianship.

Changing Beneficiary(ies)

You may change the beneficiary at any time, without the beneficiary’s consent. If you name more than one beneficiary without indicating a specific share for each, the benefits may be paid in equal shares or to the survivor.

To Designate or Change a Beneficiary, Follow The Steps Below

1. On your computer, log on to www.associated-admin.com and click on “Your Benefits.” Next, select “Warehouse Local 730” which will bring you to Local 730’s homepage. Under the heading entitled “Downloads,” you can print the “Enrollment Form” (to

name a beneficiary) or you can print the “Change in Beneficiary for Life Insurance Benefit” (to change your beneficiary).

2. You may also call the Fund Office at (800) 730-2241 and ask for either an Enrollment Form or Change in Beneficiary for Life Insurance Benefit Form.
3. Complete all sections of the form and sign it.
4. Return the Form to:

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

The person(s) you name as beneficiary(ies) should call the Fund Office within 20 days of your death to file a Life Insurance claim. The Fund Office needs to receive written proof of death (a certified copy of the death certificate) within 90 days of the date of death. You may not assign your Life Insurance Benefits to any debtor.

If the beneficiary you designate dies before you and/or you fail to designate a beneficiary, the life benefits will be paid to the first survivor in the following order:

1. Your spouse.
2. Your natural and adopted children.
3. Your parents.
4. Your estate.

Only those forms (the Enrollment Form, or if completed, the Change in Beneficiary for Life Insurance Benefit Form) that have been properly completed, signed, and received by the Fund Office prior to a participant’s death will be honored.

If You Become Permanently and Totally Disabled:

Voya Financial may waive the insurance premiums that become due for you under the Group Policy while you are totally disabled if you satisfy certain conditions. The disability must begin before your 60th birthday and you must provide proof of your total disability within one year of the date the total disability begins.



Premiums are waived until the earliest of the following:

- the date you are no longer disabled,
- the date you do not give Voya Financial proof of total disability when asked, or
- the date you turn age 65.

Other rules are applicable to this provision; contact the Fund Office for details and to obtain the proper forms.

If You Become Terminally Ill (Accelerated Death Benefit)

If you should become terminally ill, meaning you have a life expectancy of six months or less due to a specific medical condition, you may receive 50% of your life benefit after submitting proof of the terminal illness. This does not apply to the AD&D benefits. Employees must have at least \$10,000 of life insurance in force to qualify for this benefit.

Life Conversion Privilege

If you lose your life insurance because of disability, termination of employment, or transfer to an ineligible Class of employees, you may convert your insurance (without double indemnity or disability riders) to any type of individual life insurance policy then customarily issued by Voya Financial, except a term insurance policy.

If you lose your life insurance because the Master Policy is replaced or amended, and if you have been insured under the policy for at least five years, you may convert your insurance for an amount equal to the **difference between** your former policy and the amount of life insurance for which you may be eligible under any new policy.

You will have 31 days after termination of your insurance to apply for conversion and pay the required premium. If you die within the grace period and had not yet applied for conversion, your beneficiary will be paid the amount to which you were entitled to convert.

If your life insurance benefit is paid under your previous group policy, your beneficiary will receive no payment under the converted policy. Any premiums you may have paid for the converted policy will be refunded.

Contact the Fund Office for further details on the Life Conversion Privilege.

Accidental Dismemberment Insurance

Your Accidental Dismemberment benefits are provided through Voya Financial. The full amount is payable for losses occurring within 180 days of an accident, as the result of accidental bodily injury and independent of all other causes, for loss of life, two limbs or eyes, or any combination thereof. Half the full amount is payable for the loss of one hand, one foot, or the sight of one eye. No more than the full amount can be paid for losses resulting from a single accident. Dismemberment benefits are only payable to the participant (not to your beneficiary).

Accidental Dismemberment & Loss of Sight claims should be filed with the Fund Office as soon as possible. Within 20 days after your accident, you must notify the Fund Office; written proof of your injury should be sent the Fund Office within 180 days. Contact the Fund Office to obtain the proper forms.

Accidental Death claims are filed like any other Life Insurance claims. Follow the procedures outlined under "Life Insurance."

The Fund will **not** pay for losses that occur as a result of suicide or self-inflicted injury, physical or mental illness, bacterial infection unless from a cut or wound caused by an accident, riding in or descending from an aircraft as a pilot or crew member, armed conflict, injury sustained in the military service, injury occurring during the commission of a felony, voluntary use of any drug, narcotic, or hallucinogen which is illegal and not prescribed by a doctor or taken as directed.

There are many details of the Fund's group insurance plan for life and AD&D benefits which are not mentioned here. For the benefit description provided by Voya Financial, please contact the Fund Office. The certificate from Voya Financial governs.

Personalized Health Care Information Right at Your Fingertips

Effective January 1, 2018, Cigna announced a new Health Matter Plus website that is offered to eligible Class E participants in the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund.

A wealth of information

myCigna.com is an engaging website that provides valuable health and wellness information, cost comparison tools, and the ability to customize how you view and manage your plan. To help you get the most from your myCigna experience, we've divided the site into two easy-to-navigate sections: My Plans and My Health.

Getting started

If you have taken a health assessment before, use your login information to begin.

Or, simply register as a new member.

- If you're already registered, simply log in to myCigna with your current information and begin taking advantage of all the site has to offer by taking your health assessment.
- Just provide your name, birthday, Zip code and ID card number to create an account.

My Plans

The My Plans section helps you manage your plan in many different ways. But mostly, it's about helping you save on health care.

Find a doctor or specialist:

Personalized search results make it easy to find the right doctor for you. Search by name, specialty, procedure, location and other criteria.

Network information:

Find a nearby doctor for a checkup, procedure or immediate care, and easily view cost estimates for a variety of health-related services.

Quality of care:

Quality distinctions and cost-efficiency ratings for doctors appear with every search result, with quality-designated doctors appearing at the top of your list.

My Health

The My Health section on myCigna is all about helping you create health and wellness goals, reaching them and keeping the momentum going. Some of our most helpful tools and features include:

New gamelike health assessment:

Identifying your health goals has never been simpler or more fun.

- The health assessment is an easy online confidential questionnaire about your health and well-being. It takes about 15 to 30 minutes to complete. The health assessment helps you save on future health costs by making you aware of your risk of more serious illnesses and the costs they bring.
- Accessing the health assessment is easy.
 1. Log in or register on myCigna.com
 2. Click on the My Health tab at the top of the page
 3. Select My Health Assessment
 4. On the next page, click Take My Health Assessment

Apps & Activities

The Apps & Activities tool on myCigna.com puts the power to improve your health right at your fingertips. Get personal recommendations, track your progress and have fun challenging others. Best of all, you can see and do it all in one place.

Connect and compete — Start or join a fitness challenge, then compete with friends, family and coworkers.

Pursue success — Improve your health one step at a time by starting "pursuits" and sticking with them.

Programs and resources

WebMD tools — You can store, organize and manage your health information in one private location. How cool is that?

My Health Assistant — Get help with nutrition, exercise, emotional well-being or other health concerns.

Healthy Rewards — Enjoy discounts on health products and programs for nutrition and weight management, vision and hearing care, fitness and alternative medicine.

myCigna App

Life can be busy and complicated. Now you can get tools and resources in a simple-to-use tool that can help make your life easier while you're on the go.

Your 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 the end of the month in which 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. If you are a Class C participant, you need to request a United Healthcare enrollment form in addition to the Fund's 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



**The Warehouse Employees
Union Local No. 730 Trust Funds**

911 Ridgebrook Road
Sparks, MD 21152-9451



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