



# For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

[www.associated-admin.com](http://www.associated-admin.com)

September 2018 Vol. 22, No. 4

## Adams Burch Participants Now Have Medical and Prescription Drug Coverage through Cigna HealthCare

On August 1, 2018, Adams Burch participants and eligible dependents in Class C changed to Class E level of benefits. Your medical and prescription coverage provider changed from United Healthcare to Cigna HealthCare Shared Administration PPO. You are now a member of Class E under the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund.

Only your medical and prescription provider changed. Your optical and dental providers remain the same.

### Medical Claims Paid by Fund Office

Your medical claims are now paid by the Fund Office, not by an HMO.



### Check the Status of Your Medical Claims Easily

The Fund Office has an Automated Benefit Information System available to check on medical claims 24 hours a day, seven days a week. Dial (800) 730-2241, press #1, and follow the prompts.

### Existing/Already Enrolled Dependents

Your dependents that are already enrolled will remain under your coverage and automatically be enrolled under Class E. You do not need to take any action with respect to already enrolled dependents.

### Adding New Dependents

If you wish to add a new dependent, you can print an enrollment form by logging onto [www.associated-admin.com](http://www.associated-admin.com) and clicking on "Your Benefits," located at the left side of the page. Select "Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund" and print the enrollment form under "Downloads (Forms)". You can also call the Fund Office at (800) 730-2241 for the form. A dependent must be added within 30

days of a qualifying event (here, becoming eligible for Class E benefits) or coverage will be effective the first month following receipt of all the needed documentation.

### Important Materials Sent

Adams Burch participants and eligible dependents were sent a temporary identification card from Cigna HealthCare, a Summary Plan Description ("SPD") booklet (explaining your medical, prescription drug, optical, dental, Accident & Sickness benefits, and much more), Summary of Material Modifications (changes to your benefits since the SPD was printed), Summary of Benefits and Coverage, and a Coordination of Benefits form to complete and return. If you have not received your permanent identification card, please contact the Fund Office at (800) 730-2241.

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## When You Have Health Coverage Under More Than One Plan

Many couples are covered under two different group health plans when both spouses work and each has health and welfare coverage through his/her employer. For example, a participant may be covered under this Plan and also under his/her spouse's plan. In order to determine which plan pays first and which pays second, the Fund (like most other group health plans) has what is called Coordination of Benefits ("COB") rules.

### How Does It Work?

If a person has coverage under two or more plans, or if a person is covered by the Fund both as a participant and a dependent, the order in which benefits are paid is determined as follows:

1. If you have primary coverage with the Fund, those benefits are paid first. Any remaining balance should be submitted to your spouse's plan for processing as the "secondary" payor. If the claim is for your spouse, his/her plan pays first. Any remaining balance should be submitted to the Fund (along with a copy of the Explanation of Benefits showing how the primary carrier processed the claim).
2. If a covered child is the patient, the plan covering the parent whose birthday falls earlier in the year pays first (except children of legally separated or divorced parents. See page 91 of your Summary Plan Description for more information).
3. When the rules mentioned above do not establish an order of benefit determination, the benefits of the plan which has covered the person for the longer period of time shall pay first.



**Complete and  
Return this Form**

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## Pre-Certification Is Required for Inpatient and Outpatient Procedures

You are required to pre-certify inpatient and outpatient procedures through Cigna's Care Management Program. Cigna Care Management will help you and your dependents receive the right care, at the right time, in the right place.

### With Cigna's Pre-Certification Process, You Can:

- Get the most appropriate inpatient and outpatient care
- Find lower cost services
- Avoid unnecessary or uncovered medical treatment or procedures
- Improve your health with case management services, which are available when you need extra assistance

### How Pre-Certification Works

If you use an in-network provider, you don't need to do anything for pre-certification. The provider is responsible for getting the pre-certification for all required non-emergency in-network services.

If you use an out-of-network provider for non-emergency services, you are responsible for pre-certification. To do this, call the customer service phone number on the back of your Cigna ID card. A service representative will walk you through the pre-certification process.

### What Services Need to Be Pre-Certified?

Your doctor will help you decide which procedures require a hospital stay and which can be handled on an outpatient basis. Inpatient services require you to stay overnight in a hospital or related facility. Outpatient services don't require an overnight stay.

### Examples of Outpatient Services

- High-tech radiology (MRIs, CAT scans, PET scans, nuclear radiology)
- Injectable/Infused drugs
- Durable medical equipment (insulin pumps, specialty wheelchairs, etc.)
- Home health care/home infusion therapy
- Dialysis
- External prosthetic appliances/equipment
- Cosmetic or reconstructive procedures
- Sleep management
- Transplants
- Radiation

**Important:** Even if CareAllies certifies that a procedure is medically necessary, **it does not guarantee payment of benefits.** Be sure the service you are receiving is covered under your Plan. For questions about your coverage, contact the Fund Office.



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

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (800) 730-2241  
[www.associated-admin.com](http://www.associated-admin.com)

8400 Corporate Drive, Suite 430  
Landover, Maryland 20785-2361  
Telephone: (800) 730-2241  
[www.associated-admin.com](http://www.associated-admin.com)

**COORDINATION OF BENEFITS UPDATE**

Update for Yourself, Your Spouse, or Your Dependent(s)

**Participant Name:** \_\_\_\_\_

**Participant SSN:** \_\_\_\_\_

**There is Other Group Coverage On (Choose One):**

1)  Myself    2)  My Spouse    3)  Other Eligible Dependent

**If spouse:**

**If other dependent:**

a. Name:	_____	a. Name:	_____
b. SSN:	_____	b. SSN:	_____
c. Birth Date:	_____	c. Birth Date:	_____
d. Spouse's Employer	_____	d. Spouse's Employer	_____
Co. Name:	_____	Co. Name:	_____
Address:	_____	Address:	_____
_____	_____	_____	_____
Phone No. (    )	_____	Phone No. (    )	_____
Benefit/HR Dept.	_____	Benefit/HR Dept.	_____
(Contact Name)	_____	(Contact Name)	_____

**Coverage is from:**

Medicare A       Medicare B       Medicare D       Spouse's Employer  
 Other       Participant's Employer at Another Job

<b>Insurance Co. Name:</b>	_____
<b>Address:</b>	_____
<b>Phone Number:</b>	_____
<b>Group Policy #:</b>	<b>Effective Date:</b>

*If more than one family member has more than one additional coverage, or if an individual is covered by more than one other policy, attach a sheet listing the information for each.*

**Is it an Active or Retiree Plan?**     Active     Retiree

**If other group coverage is for a dependent child, are the child's natural parents legally separated or divorced?**     Yes     No

**Are you/your dependent eligible for Medicare coverage?**     Yes     No

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send to:**            Fund Office  
Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund  
911 Ridgebrook Rd.  
Sparks, MD 21152-9451

# Protect Your Family with A Will

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

Like many people, you've been talking about having a will prepared but never got around to doing it. With 2018 soon coming to an end, you should take advantage of the good legal benefits you have by having a will prepared.

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 decide who gets your assets/property when you die. Without a will, state laws determine how your property will be distributed.
- You designate whom you wish to be the guardian of your minor children rather than depending on a court to decide for you.
- You name a custodian or guardian to manage the assets of your minor children.
- You name the person 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.



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. The fee for these additional hours will be significantly less than

the normal fee charged by attorneys in that jurisdiction because the Fund has negotiated special rates for Plan participants.

## Contact for 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.

The Warehouse Employees Union Local No. 730 and Contributing Companies' Prepaid Legal Services Fund covers the preparation and execution of a will. This



# 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 and 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 should receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://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, 2018

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

**Appeals Must Be Filed Within Deadlines**

If your claim was denied in whole or in part, you may appeal the decision by writing to the Board of Trustees.

**Up to 180 Days to Appeal Medical Claims**

The Board of Trustees must receive your written appeal letter within 180 days after you receive written notice that your claim has been denied (within 60 days for non-medical, non-disability claims). If it is not received within that time, the appeal will be denied due to late filing.

**Up to 60 Days to Appeal Pension Claims**

You must send a written request to the Board of Trustees within 60 days from the date your claim was denied. If it is not received within that time, the appeal will be denied due to late filing.

If you choose to appeal a claim denial, send a letter to:

Board of Trustees  
Warehouse Employees Union Local No. 730  
911 Ridgebrook Road|Sparks, MD 21152-9451|Attn: Appeals Dept.

A written appeal should include the participant's name and Social Security Number, the date(s) of service, and the reason you believe the claim should not have been denied. Include any additional information that supports your appeal. Once the Board of Trustees has made a decision on your appeal, the Board will send you notice of its decision within 5 days of the date the decision is made. The decision of the Board of Trustees is final and binding.

# Life and Accidental Death and Dismemberment Insurance through Voya Financial

Active participants are eligible for Life and Accidental Death and Dismemberment benefits through Voya Financial. Your Group Policy Number is GL-61182-4.

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 Health and Welfare Enrollment Form. You may name any person(s) you choose to be your beneficiary. However, if you name a beneficiary who is under the age of 18, he/she 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.

To receive a copy of the Schedule of Benefits from Voya Financial, contact the Fund Office.

Beginning on and after your 65th birthday, Voya Financial decreases the amount of your life benefit. Voya Financial pays a percentage of the amount otherwise payable as follows:

- From your 65th birthday to age 70, Voya Financial pays 65%
- From your 70th birthday to age 75, Voya Financial pays 50%
- From your 75th birthday and after, Voya Financial pays 30%.

## Changing Beneficiary(ies)

You may change your named 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 surviving beneficiary.

To designate or change a beneficiary, follow the steps below.

1. On your computer, log on to [www.associated-admin.com](http://www.associated-admin.com) and click on "Your Benefits." Next, select "Warehouse Local 730" and under "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

## Beneficiary Should Call Fund Office Soon after Your Death.


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(ies) 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.



**THE WAREHOUSE EMPLOYEES**  
**UNION LOCAL No. 730 TRUST FUNDS**  
911 Ridgebrook Road  
Sparks, MD 21152-9451  


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## General Information for Medical and Pharmacy Services through Cigna HealthCare

### **Medical Benefit Plan:**

Cigna HealthCare Shared Administration, PPO

### **Medical/Prescription Group #: 3330986**

### **For Outpatient Pre-certification:**

For CT Scans, MRI and PET Scans, contact Cigna's Care Management Program at (866) 249-3808

### **Hospital admissions, outpatient rehabilitation and some DME items require pre-certification.**

Contact CareAllies at (800) 768-4695. Call within 48 hours after emergency admission.

**Important:** Even if CareAllies certifies that a procedure is medically necessary, **it does not guarantee payment of benefits.** Be sure the service you are receiving is covered under your Plan. For questions about your coverage, contact the Fund Office.

### **Eligibility, Benefit, and Claims Questions:**

Call the Fund Office at (800) 730-2241

### **Medical Claims Address:**

Cigna  
P.O. Box 188004  
Chattanooga, TN 37422-8004

### **Electronic Medical Claims:**

Cigna Payor 62308

### **RX Plan:**

Tier 1 - \$15  
Tier 2 - \$40  
Tier 3 - \$75



To access member pharmacy tools go to [www.mycigna.com](http://www.mycigna.com)

Pharmacy Question call (800) 244-6224