



Not every article in this newsletter applies to you. Please check your Plan of Benefits first.

# For Your Benefit

The Warehouse Employees Union Local No. 730 Trust Funds

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

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## Call Cigna's Care Management Program to Pre-Certify Outpatient Procedures

The following is a Summary of Material Modification for Active participants in Class E. Please keep this with your Plan booklet.

Effective September 1, 2016, the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund require pre-certification for outpatient procedures through Cigna's Care Management Program. Cigna Care Management will assist you and your dependents to 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 helps 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 drugs
- Durable medical equipment (insulin pumps, specialty wheelchairs, etc.)
- Home health care/home infusion therapy
- Dialysis (to direct to a participating facility)
- External prosthetic appliances
- 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.



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The purpose of this newsletter is to explain your benefits in easy, uncomplicated language. It is not as specific or detailed as the formal Plan documents. Nothing in this newsletter is intended to be specific medical, financial, tax, or personal guidance for you to follow. If for any reason, the information in this newsletter conflicts with the formal Plan documents, the formal Plan documents always govern.

# 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 (“MA/SA”) treatment. Inpatient treatment for MA/SA 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](http://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](http://www.uhc.com). Select “Find A Physician.” You will be directed to the General Directory. Click on “Find a Mental Health Clinician or Facility.”

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## Life and Accidental Death & Dismemberment Insurance

### **Life Insurance**

Participants of Classes C and E are eligible for Life and Accidental Death & Dismemberment (“AD&D”) benefits provided through Voya Financial Life Insurance Company under Group Policy Number GL-61 I82-4. 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. Be advised that 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](http://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.

*continued on page 3*

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.

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.





# The Importance of Designating a Beneficiary

Voya Financial is the Health and Welfare Trust Fund's vendor for life insurance benefits for eligible Plan participants. If you are an active participant, your beneficiary may be entitled to the life insurance benefit in the event of your death. Refer to pages 10 and 12 of your Summary Plan Description for the amount of your benefit.

It is important that the Fund Office have your completed and signed Enrollment Form on file in the event of your death. If the beneficiary you designate dies before you, or dies with you, the secondary beneficiary you have named may be entitled to the Health and Welfare life benefit. You will need to provide the name(s), indicate the relationship (i.e., spouse, son, daughter, brother, etc.) and include their addresses in the designated spaces on the Enrollment Form.

Unfortunately, some participants don't take the time to name a beneficiary, and upon the participant's death, benefits are not paid to the person he/she intended. Sometimes the participant never changes the person he/she has on record with the Fund Office and still has a former spouse named as beneficiary even though remarried. Even if you are legally remarried, if your former spouse is named as the beneficiary, he/she may receive the life insurance benefit.

## Designating or Changing Beneficiary

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.

## Beneficiary for Pension Benefits

If you are a vested participant in the Warehouse Employees Union Local No. 730 Pension Trust Fund, the beneficiary is

always your spouse (if you have been legally married for at least one year). If you die prior to receiving your pension, the only person eligible to receive your pension benefit is your surviving spouse. This is referred to as the Survivor Death Benefit.



## Check the Status of Your Medical Claims Easily

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

**Note: Class C participants** should call United Healthcare at (800) 815-8958. Use your policy number 729899 to identify yourself as a Warehouse Employee Union Local No. 730 Health and Welfare HMO participant.

# Reviewing Your Dental Benefits

The following article applies to eligible Active participants in Class C and Class E who have Fund coverage.

Your dental benefits are provided through Dental Health Centers & Associates, and certain covered expenses are paid in full when performed by a participating dentist. (See the list of covered services below). Be sure to make your appointment with a dentist that participates with Dental Health Centers & Associates. If you contact the provider (dentist) yourself, make sure you confirm that he/she still participates with Dental Health Centers. This is very important! If the provider no longer participates, you may be required to pay for services. You are required to pay for any services not covered by the Plan. As long as you use a Dental Health Centers & Associates provider, you will receive a 25% discount off the cost of non-covered services.

Services that are covered at 100% when performed by a participating dentist include the following:

## Covered Services

1. Routine examinations and emergency examinations,
2. X-rays--including those needed for a complete diagnosis, and any required due to accidents, emergencies, or unusual circumstances,
3. Consultations,
4. Cleaning with fluoride paste and routine plaque removal,
5. Sealants on children 14 and under;
6. Restorative dentistry--silver and tooth-colored fillings, with local anesthesia.
7. Children's restorations by a general dentist or a pediatric dentist, including nerve treatment and stainless steel crowns where needed.
8. Emergency gum treatment for infection, and emergency treatment for toothaches, and oral pain not requiring hospitalization,
9. Oral surgery under local or general anesthesia by a general dentist or oral surgeon to include extractions, impactions, bone reshaping for dentures, biopsies, and other surgical procedures not requiring hospitalization.
10. Prosthetic procedures required to make new full and partial dentures every five years, and
11. Unlimited repair and relining of dentures when necessary.
12. **Plan E participants only** - Endodontic benefits are included with a 25% co-payment at any participating general dentist or specialist who participates in the endodontia program. Services covered with the co-payment include exam/consultation with the endodontist, endodontic therapy (root canals), apicoectomy, retrograde amalgams, and root amputations.
13. Reimbursement of charges for emergency care, performed anywhere in the United States and paid

for by the participant, up to a maximum of \$50 per person, per year upon presentation of paid bill to Dental Health Centers.

## Locating a Provider

To locate a participating dentist, call the Dental Health Centers at (301) 583-1400 Tuesday through Saturday. You can also check the list of participating dentists on the web at [www.dhcandassociates.com](http://www.dhcandassociates.com).

## Emergency Care

For 24-hour emergency service, call your regular participating Dental Health Centers & Associates affiliated dentist, or call Dental Health Centers at (301) 583-1400. If you are unable to contact and be treated by any of the participating dentists or the emergency staff at Dental Health Centers, see any dentist you can.

Send a copy of **the itemized ADA claim form and paid receipt, along with** a note explaining why you were unable to be treated by a participating dentist to:

Dental Health Centers & Associates  
1450 Mercantile Lane – Suite 131  
Largo, MD 20774

You will be reimbursed up to \$50 for the emergency treatment.

## Charge for Non-Covered Services

Participating general dentists and specialists have agreed to provide services not covered under the Fund at a 25% reduced rate (from their usual fee) to Fund participants. The list of participating specialists will be provided by the Fund upon request. If you need to see a participating specialist, let him/her know about your Fund affiliation **before** you have any work done.

## Exclusions

The following procedures are not covered under your Dental Benefits:

1. Inlays and onlays,
2. Crowns, implants,
3. Bridges,
4. Space maintainers,
5. Periodontia,
6. Hospital dentistry,
7. Plastic surgery,
8. Temporomandibular Joint Syndrome (TMJ) treatment,
9. Orthodontia, and
10. Any other services not listed under "Covered Services."

## Dental Complaints

For problems or complaints, send to Dr. Robert P. Cohen, Director of the Dental Health Centers, 1450 Mercantile Lane, Suite 131, Largo, MD 20774. Telephone: (301) 583-1400.



## How to Spot Common Childhood Illnesses

Get to know some of the most common childhood illnesses so you're ready to help when your child isn't feeling well. This is just a guideline. If you have questions, talk with your child's doctor.

|  | Watch for symptoms  | Contagious period  | When to see a doctor   |
|--|---|--|--|
| <b>Croup<sup>1</sup></b>                         | Loud, barking cough that may be worse at night; hoarse voice and labored or noisy breathing   | Varies   | If your child makes high-pitched breathing sounds or struggles to breathe.   |
| <b>Fifth disease<sup>2</sup></b>                 | Starts with fever, runny nose and headache. A red rash may appear on the face and body a few days later.  | Most contagious before the rash appears                                    | Symptoms can usually be managed at home. Call a doctor with questions.   |
| <b>Gastroenteritis (stomach flu)<sup>1</sup></b> | Diarrhea, nausea, vomiting, dehydration, fever  | A few days up to two weeks or longer                                       | If your child can't keep fluids down.  |
| <b>Hand, foot, and mouth disease<sup>2</sup></b> | Starts with fever and sore throat. Painful sores may appear in the mouth one or two days later. A skin rash with flat, red spots may develop on palms of hands and soles of feet.                       | Most contagious during the first week of the illness                       | Symptoms can usually be managed at home. Call a doctor with questions.   |
| <b>Influenza (flu)<sup>2</sup></b>               | Fever, chills, headache, muscle aches, cough, sore throat, runny nose   | One day before symptoms start until symptoms end                           | Symptoms can usually be managed at home. Call a doctor with questions.   |
| <b>Pinkeye<sup>1</sup></b>                       | Redness and itchiness in one or both eyes, tearing and discharge that forms a crust on the eyelid   | Up to two weeks  | As soon as you suspect pinkeye. A doctor may prescribe antibiotic eye drops if the infection is caused by bacteria.                  |
| <b>Strep throat<sup>1</sup></b>                  | Throat pain, difficulty swallowing, red and swollen tonsils, tiny white spots on roof of the mouth, fever, headache, rash, stomach ache   | Up to 24 hours after starting antibiotics                                  | If sore throat lasts longer than 48 hours, fever is higher than 101° F in older children or your child has a sore throat and a rash. |
| <b>Whooping cough<sup>2</sup></b>                | Starts with cold symptoms, followed by severe coughing attacks one to two weeks later. The cough may end with a "whoop" sound.<br>Note: Infants may not cough. Instead they may have trouble breathing. | About the first three weeks; or until five days after starting antibiotics | If your child has severe and prolonged coughing spells or struggles to breathe.  |

### Sources:

1. Mayo Foundation for Medical Education and Research. [www.mayoclinic.org](http://www.mayoclinic.org) (accessed June 16, 2015)

2. The Centers for Disease Control and Prevention. [www.cdc.gov](http://www.cdc.gov) (accessed June 16, 2015)

The above article was provided with permission from CareAllies,VitaMin. It is intended to be general health information and not medical advice or services. You should consult your doctor for medical advice or services, including seeking advice prior to undertaking a new diet or exercise program.

## Helpful Phone Numbers & Websites

Below is an updated list of phone numbers, hours of operation, and websites for Fund providers.  
Keep it handy so you'll have the number when you need it.

| Contact  | Telephone Number  | Purpose   |
|--|---|---|
| Fund Office<br><a href="http://www.associated-admin.com">www.associated-admin.com</a>  | (800) 730-2241<br>Call 8:30 a.m. - 4:30 p.m.                                    | General benefits information, eligibility questions, and claims inquiries.<br>Download and print forms from website.  |
| Fund Office<br>Interactive Voice Response ("IVR") system   | (800) 730-2241<br>Call 24/7   | To check the status of a claim 24 hours a day, 7 days a week.   |
| Cigna HealthCare<br><a href="http://www.cignasharedadministration.com">www.cignasharedadministration.com</a>   | (800) 768-4695<br>Call 8:00 a.m.-5:30 p.m.                                      | PPO for hospital, physician, or other health care providers. Applies to <b>Class E</b> participants with Fund coverage.   |
| Cigna HealthCare<br><a href="http://www.cignasharedadministration.com">www.cignasharedadministration.com</a>   | (800) Cigna24 or<br>(800) 244-6224<br>Call 24/7                                 | Prescription drug services for <b>Class E participants</b> who have prescription drug coverage through the Fund.  |
| CareAllies, a subsidiary of<br>Cigna HealthCare<br><a href="http://www.cignasharedadministration.com">www.cignasharedadministration.com</a><br>Select "For Taft-Hartley Plan Members" at bottom of site. | (800) 768-4695<br>Call 24/7   | Utilization Management (UM) provider. Contact to pre-certify <u>ALL</u> hospital admissions for <b>Class E</b> participants with Fund coverage. Contact for inpatient and outpatient treatment for Mental Health/Substance Abuse. |
| CareAllies 24-Hour NurseLine<br><a href="http://www.myCareAllies.com">www.myCareAllies.com</a><br>Password: LOCAL730   | (800) 768-4695<br>Call 24/7   | Receive helpful information from registered nurses for <b>Class E</b> participants with Fund coverage.  |
| CareCentrix, a subsidiary of Cigna HealthCare<br><a href="http://www.cignasharedadministration.com">www.cignasharedadministration.com</a>  | (800) Cigna24 or<br>(800) 244-6224<br>Call 24/7                                 | Contact for Durable Medical Equipment. Applies to <b>Class E</b> participants with Fund coverage.   |
| Dental Health Centers & Associates<br><a href="http://www.dhcandassociates.com">www.dhcandassociates.com</a>   | (888) 802-6970<br>Tues-Fri 9 a.m.-5 p.m.<br>Saturdays 9 a.m.-1 p.m.             | Dental Benefits   |
| Group Vision Services ("GVS")<br><a href="http://www.gvsmd.com">www.gvsmd.com</a>  | (866) 265-4626<br>Call 8 a.m.-11 p.m.<br>Mon-Sat.<br>11 a.m.-8:00 p.m. Sundays. | Vision Benefits for all Active participants in <b>Class C and Class E</b> who have Health and Welfare benefits through the Fund.  |
| Law Office of<br>Steven M. Sindler   | (410) 551-9323 or<br>(877) 293-8730<br>Call 9:00 a.m.-5:00 p.m.                 | Contact for legal services.   |
| United Healthcare HMO<br><a href="http://www.uhc.com">www.uhc.com</a><br>Use your Policy Number 729899 to identify yourself.   | (800) 815-8958  | HMO medical and prescription drug benefits for <b>Class C participants</b> with HMO benefits.   |
| Voya Financial<br><a href="http://www.voya.com">www.voya.com</a><br>Group Policy Number is 61182-4.  | (800) 625-7440  | Life Insurance benefits and Accidental Death and Dismemberment benefits for <b>Class C and Class E</b> participants.  |

**THE WAREHOUSE EMPLOYEES  
UNION LOCAL NO. 730 TRUST FUNDS**

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