



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

October 2013 Vol. 18, No. 3

Emergency Room Visit Covered Only If It's A True Emergency

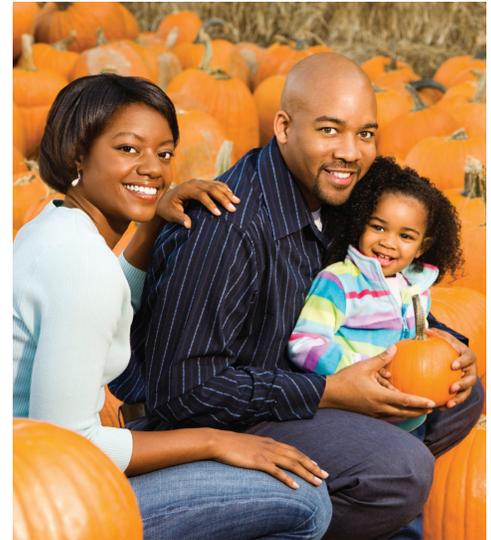
The following article applies to **Class E** eligible participants whose medical coverage is provided under the Fund, not an HMO.

Your Plan covers visits to an emergency room when your medical condition indicated that immediate medical treatment was required. Some examples of medical emergencies which require immediate treatment include a heart attack, chest pains, cardiovascular accidents, poisonings, convulsions, a loss of consciousness

or respiration, and other acute conditions. Of course, this is not a complete list and there could be other conditions which require immediate treatment.

Hospital expenses incurred at a hospital emergency room or ambulatory care center are NOT payable for non-emergency illnesses.

The general rule of thumb is that your symptoms, including the degree of severity, must be such that immediate medical care would normally be required. The emergency room should be reserved for these urgent problems and should not be used for general illnesses/injuries that could be treated in the doctor's office during regular office hours.



Pre-Certify Non-Emergency Hospital Stays As Well As Emergency Stays

The following article applies to **Class E** eligible participants whose medical coverage is provided under the Fund, not an HMO.

The Fund uses CareAllies Utilization Management to certify hospital stays. For scheduled hospital stays, it's a simple procedure — just call CareAllies at (800) 768-4695 between 8:00 am to 8:00 pm EST, Monday - Friday, **before** you go into the hospital and tell the representative that you are being scheduled for an inpatient hospital stay. He/she will walk you through the process from there.

Often, your physician's office will do this for you and that is fine. But remember, it's ultimately up to you to be sure CareAllies has been contacted, so you may prefer to do it yourself. If you fail to pre-certify a non-emergency admission, it will not be covered through the Fund.

For emergency stays, someone must contact CareAllies within 48 hours of an emergency

admission. If the patient is unable to do so, a family member or someone from the hospital must take care of this. If you do not certify your inpatient stay, it will not be covered, and you will be responsible for paying the full amount. Be sure your spouse or other family member or friend knows that you must certify your hospital stay so that, in the event that you are unable to do it yourself, it will be taken care of for you.

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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.

How To Apply For Pension Benefits

To apply for a pension benefit, write to the Fund Office at least 45 days before you plan to retire. Your letter should state your name, address, Social Security Number, and the date that you would like benefits to begin. Written requests for benefits should be sent to:

Warehouse Employees Union Local No. 730
Pension Trust Fund
911 Ridgebrook Road
Sparks, MD 21152-9451

After the Fund Office receives your request, we will send you an application form and other instructions about the application process. To help you make an informed decision, you will receive information about the methods of payment available to you as well as the amount you would receive under each method when you apply for a pension.

To receive benefits from the Fund, you must return a completed application form to the Fund Office with copies of any required documents, like your birth certificate. In certain circumstances, the Fund Office may request additional information like a marriage license or divorce decree. To receive benefits from the Fund, you must provide all the materials requested by the Fund Office.

If the Fund Office receives all of the supporting documentation at least 45 days before your retirement, pension benefits will become payable on the first day of the month following your retirement.

However, if your completed application is filed less than 45 days before your retirement, pension benefits will not begin until the first day of the month following receipt of the completed application. **Actual payment of the benefit will begin on the first of the month following the administrative processing of your completed application, which requires up to 45 days following receipt, and will include any applicable retroactive payments.**

While you may elect the method of payment in which you would like to receive your pension benefit, your election cannot be changed. **This means that you may only elect the method of benefits once.** If your benefits are suspended under the Re-Employment Rules, you **may not** make a new benefit election when your benefits resume.

If you die before your Beneficiary, your Beneficiary should notify the Fund Office as soon as possible after your death. If your pension benefits have already started, the Fund will make the appropriate adjustments for the survivor benefits, if applicable. If your pension benefits have not begun at the time of your death, your Beneficiary must complete the application process described above. Additionally, an application must be completed for any Survivor Death Benefit.

Use EFT For Your Pension Benefits

Electronic Funds Transfer (“EFT”) is the secure, convenient and efficient way to receive your pension check. Instead of receiving your pension check in the mail and going to the bank, you’ll know that your check is safely deposited into your checking or savings account electronically.

Security

By having EFT, you no longer have to worry about lost, stolen or misplaced checks.

Convenience

You no longer have to be concerned about weather conditions and depositing your check. With EFT you will have the peace of mind knowing that whatever the circumstance (whether you’re ill, away from home, or have bad weather conditions), your check is in your account the morning of the payment date.

Reliability

You don’t have to wait for your pension check to arrive in the mail. If you’re on vacation, you’ll know that your check is not sitting in your mailbox, but is securely in your account on time.

Sign Up Now

To take advantage of this convenient option you can:

- Log on to www.associated-admin.com. Click on “Your Benefits,” located at the left side of page and select “Warehouse Local 730.” From here you will be able to print the “Electronic Funds Transfer (EFT)” form.
- Call the Fund Office at (800) 730-2241 and we will send an EFT enrollment form for you to complete and return. At that point, we’ll contact your bank and set up the transaction.

Join the other pensioners who enjoy this service!

Your Prescription Benefits

The following article applies to **Plan E** eligible participants and retirees 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. Take your prescription to a participating pharmacy and present your CIGNA HealthCare medical/prescription card to the pharmacist. The Fund will cover the cost of the prescription, after you have paid your \$1.00 co-payment, **if it is a generic drug, or a brand name drug with no generic alternative**. If a brand name drug is filled when a generic is available, **you** are responsible for the difference in cost between the generic drug and brand name drug.

NOTE: Prescriptions filled at a WalMart pharmacy are not covered since they are not part of the CIGNA HealthCare network.

What's Not Covered?

- Non-prescription drugs or medicines
- Diet drugs, even if prescribed by a physician
- Birth control or 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 information?

You can access the CIGNA member website by logging onto 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.



Medical Claims Must Be Filed Within One Year

The following article applies to eligible participants who have medical coverage through the Fund, and not through an HMO.

You have **365 days (one year)** from the date of service to file a medical claim with the Fund Office. After that time, your claim will be considered late and **will be denied**. If your doctor's office or the hospital says it will file the claim for you, that's fine, but it's ultimately your responsibility to be sure that the bill has been sent to the Fund Office. Dental or Prescription Drug claims are handled through the provider. They are not processed through the Fund Office.

When the Fund Office processes a medical claim, you will receive an "EOB" (Explanation of Benefits). If you haven't received an EOB within a couple of months from your date of service (it takes providers a while to submit the bills sometimes), check with the Fund Office. If we haven't received a bill, contact the provider to see if one was sent.

Remember, you are the one who is responsible for the bill if your provider fails to submit it to the Fund Office, so it's in your best interest to follow up.

Request for Additional Information

If a claim is not complete, the Fund Office will deny the claim within a 30-day period. If your claim is denied for lack of response, but you then get the information to us —

within the original 365 days — your claim will be processed as usual. An inquiry on the phone about whether a service is covered (except an urgent claim) is not a claim.

If Your Medical Claim is Denied

If part or your entire claim is denied, you will be notified in writing. The notice will explain:

- The reason(s) for the denial,
- The specific Fund rule on which the denial is based,
- Notice that you may receive, upon request and free of charge, reasonable access to and copies of all documents and records relevant to the claim, and
- A statement that you have the right to bring an action under ERISA.

The Fund Office will send you this notice within 90 days after receipt of your claim for benefits, unless there are special circumstances which require more time to process your claim. In that case, the claimant will be notified of the need for an extension in writing, before the expiration of the initial 90 days.

Appeals Must Be Filed Timely

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, Social Security Number, the date(s) of service, and any documentation in support of the appeal. Include all the facts relating to

your claim as well as the reasons you feel the denial was incorrect.

You may, at your own expense, have legal representation at any stage of these review procedures. Regardless of the outcome of your appeal, neither the Board nor the Fund will be responsible for paying any legal expenses that you incur during the course of 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.

Legal Help Is 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.



Keep The Fund Office Informed If You've Moved

If you've moved, it is important to let the Fund Office know your new address by calling (800) 730-2241. If you are a Retiree, for your protection, we need your change-of-address **in writing** to prevent theft of your pension benefit. Please mail your information to:

Fund Office
Warehouse Employees Union Local No. 730
911 Ridgebrook RD
Sparks, MD 21152

Remember, telling the union or your employer is not the same as telling the Fund Office. Tell us where you live so we can send you important information regarding your benefits, claims, changes, etc. Thank you!



CIGNA's 24-Hour Health Information Line Is Available To Help

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

As all of you are aware, the cost of health care continues to rise. The Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund is committed to helping members and their families have the best access to health care available. Our benefit plan encourages you and your family to seek the care you need, in the best setting, from the best providers available. We strongly recommend that you get the preventive services you and your family need in order to keep yourselves healthy and prevent illness from occurring.

We understand that emergency situations do arise from time to time. When such emergencies occur, we encourage you to seek care at the most appropriate place. When time is of the essence, you need to get care as soon as possible. However when the situation **is not an emergency** but something where you could be seen in a non-emergency setting, we ask that you consider several options that are available.

Having a relationship with a Primary Care Physician is always a good policy. They can act as a resource, they know your history and will often times be able to work

you in to be seen in the office. If the doctor's office is closed and the doctor cannot be reached by calling his/her office or answering service, you may want to try calling the **24 Hour Health Information Line at 1-800-768-4695**. This is a service the Warehouse Employees Union Local No. 730 Health and Welfare Trust Fund and CIGNA provide that allows you to call and speak with a registered nurse, 24 hours a day, 7 days a week. After speaking with you, he or she can then direct you to an Urgent Care Center or perhaps some other place for evaluation. He or she may even be able to give you some things that you could try at home instead of having to go to an emergency room or that would tide you over until your doctor is available to see you.

We never want you to not get care when it is needed. What we would like to see is that the care that is delivered be at the best possible place that is appropriate for the condition. We again encourage you to work with your Primary Care Physician or check with the 24 Hour Health Information Line nurse if there is time.



What's Your Heart Rate?

The key to a good cardio workout is staying within your target heart rate range. These rates are average, so use them as a general guideline.

| Age | Heart Rate Range | Maximum Heart Rate |
|-----|------------------|--------------------|
| 20 | 126 – 164 | 194 |
| 30 | 122 – 159 | 187 |
| 40 | 117 – 153 | 180 |
| 50 | 112 – 147 | 173 |
| 60 | 107 – 141 | 166 |

Get a pulse on your heart rate.

Here's how to take your heart rate. It's also called "taking your pulse."

1. First, stop exercising while you take your heart rate.
2. Put the tips of your index and middle finger over the artery at your neck, wrist or chest.
Hint: Don't use your thumb.
3. Press lightly until you feel the pulse.
4. Count the number of beats you feel in 30 seconds. Then multiply it by two. That's your heart rate.

The above information was provided by CareAllies, a subsidiary of CIGNA HealthCare.



THE WAREHOUSE EMPLOYEES
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Sparks, MD 21152-9451

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