

# FOR YOUR BENEFIT

UFCW Unions & Participating Employers Health & Welfare Fund

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



## Plan Y Part Timers: Open Enrollment for Dependent Coverage Is July 1 – July 31

The following article applies to part-time participants in Plan Y.

July 1 to July 31 is the Open Enrollment period for adding dependent (“family”) coverage to your benefits. If you are eligible for dependent coverage, but did not elect it when you first became eligible, you may add your dependent(s) to your coverage during this period. If you don’t enroll your dependents in July, you must wait until the next open enrollment period in January, 2018, unless you have a special enrollment event.

### Cost

You pay 20% of the cost of the coverage and your employer pays 80%. The 20% that you are responsible for will be deducted from your paycheck by your employer, beginning in September. **Do not send payment to the Fund Office.**

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## Reminder: Landover Fund Office Moved to New Location

On April 1, 2017, the Landover Fund Office moved to the following address: **Fund Office, 8400 Corporate Drive, Suite 430, Landover, MD 20785-2361.** All phone and fax numbers remain the same. Participant Services is still (800) 638-2972.

**Annual Retiree Information Forms have been mailed. Please be sure to complete and return as soon as possible.**

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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. Those documents always govern.*



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### **Coverage Begins**

Coverage for your dependents will begin September 1.

### **Adding Dependents to Your Coverage**

As long as they are eligible dependents under the Plan (spouse, biological children, step children, legally adopted children, and children over whom you have legal custody), you may enroll as many dependents as you have. The cost is the same regardless of the number of dependents. Enrollment is subject to the rules in your Summary Plan Description booklet

To add dependent coverage during open enrollment, call the Fund Office and let us know. We'll send you an enrollment form and begin the process for starting your payroll deduction. We must have the completed enrollment form returned to us (along with any forms of proof which may be required, such as copies of birth certificates, etc.) before your dependent coverage can begin.

### **When You Need to Drop Dependent Coverage**

You may drop dependent coverage at any time by notifying the Fund Office. Call us to request the

proper form, which you must sign and return to us (it verifies that you want to stop payroll deductions). But remember, if you **do** drop the coverage, you will not be eligible to add it again until the open enrollment period following a twelve-month waiting period, except in special circumstances, including a birth, adoption, or marriage. Open enrollment for dependent coverage occurs twice a year, in January and in July.

### **What If I Don't Have Dependents Now, But I Do Later?**

If you don't have any dependents now, but you later get married, have a child, adopt a child, etc., you may add dependent coverage no matter what time of year, as long as you add the dependent within 30 days from the date he/she first became your dependent (for example, within 30 days from the date of marriage, 30 days from the date of birth, etc.).

### **Contact Participant Services**

If you have questions, contact Participant Services or the Eligibility Department of the Fund Office at (800) 638-2972.

## MemberXG – New Online Access Service

The following applies to participants in the UFCW Unions and Participating Employers Health and Welfare Fund.

The Fund is pleased to announce a new online access service called MemberXG. It replaces the NETime Benefit System mentioned in your Summary Plan Description. There is no change to your benefit Plan.

MemberXG allows you to view your benefit claim information online and through your mobile device. It provides personal benefit information to you via the Internet in a safe, secure and HIPAA compliant environment.

### MemberXG Offers the Following:

- Secure internet access to benefit information with assured privacy.
- Mobile-ready access allows you to view your benefit information 24 hours a day.
- Benefit access which allows you to track your claims and view the following:
  - Accident and Sickness Claims – displays claims submitted to the Plan on your behalf.
  - Eligibility – your past and present eligibility.
  - Summary Explanation of Benefit (EOB) information concerning claims processed by the Fund.

- Dashboard – a landing page containing quick navigation to other benefit information.
- Demographics – a demographic page displaying your address, phone number, and other information.

### How Does It Work?

- Log in to [www.associated-admin.com](http://www.associated-admin.com), select *Your Benefits*, located at the left side of the page, and select *UFCW Unions and Participating Employers Health & Welfare Fund*. Click on *MemberXG* which will take you to Member XG's site.
- Select *Create Account*, located at the upper right corner. You will be asked to create a username and password.
- If you had a password for NETime, the online access service previously offered by the Fund, it will not apply to this site. You will need to create a new username and password for MemberXG.

If you have any questions about a claim that you see on MemberXG, please call the Participant Services Department at (800) 638-2972.

**Note: The information provided on the MemberXG website is not a guarantee of coverage. It is possible that the information shown is inaccurate or is not fully up to date.**

## Plan Y, Y20 and Y30 Participants: You Must Use LabCorp or Quest When Lab Work Is Needed

Plan Y, Y20 and Y30 participants **must** use Lab Corporation (“LabCorp”) or Quest Diagnostic Patient Service Centers (“Quest”) in order for laboratory services to be covered under the Fund. LabCorp and Quest are participating providers in the CareFirst PPO network.

### Inform Your Doctor

Be sure your doctor knows before the lab work is performed that you will be covered for lab work only if the bill comes to the Fund directly from a LabCorp or Quest facility. Even if your doctor has a contract with LabCorp or Quest to perform lab work in his/her office, tell him/her that only lab work performed at a LabCorp or Quest facility will be covered. Your Plan will not pay for lab work performed and billed from your doctor's office.

### Locating Labs

To locate the most current list of LabCorp or Quest facilities, log on to their websites or call them:

- [www.labcorp.com](http://www.labcorp.com) or with their patient customer service (800) 845-6167, or
- [www.questdiagnostics.com](http://www.questdiagnostics.com) or by telephone at (800) 377-8448.

## Different Forms of Pension Benefit

Under the UFCW Unions and Participating Employers Pension Fund, you may elect to receive your pension, if you are eligible, in one of the following benefit forms:

- **50% Joint and Survivor Pension (if married)** – If you are married for at least one year at the time of your retirement or for at least one year as of your date of death, your monthly pension benefit under this form is actuarially reduced so that 50% of that reduced monthly pension is payable to your spouse after your death. The amount of the reduction depends on your age and the age of your spouse at the time you retire.
- **66 2/3% Joint and Survivor Pension (if married)** – Your monthly pension benefit under this form is actuarially reduced so that 66 2/3% of that reduced monthly pension is payable to your spouse after your death.
- **75% Joint and Survivor Pension (if married)** – Your monthly pension benefit under this form is actuarially reduced so that 75% of that reduced monthly pension is payable to your spouse after your death.
- **100% Joint and Survivor Pension (if married)** – Your monthly pension benefit under this form is actuarially reduced so that your spouse will continue to receive the same amount you were receiving before your death.
  - You do not need your spouse's consent to choose one of these other forms of the Joint and Survivor Pension (the 50% Joint and Survivor Pension is the automatic benefit form if you are married, unless waived through a signed and notarized form).
  - If you elect to receive your pension in any Joint and Survivor Pension form and your spouse dies before you, your pension benefit will not increase and no further benefits will be payable on your behalf after your death (unless you pass away prior to receiving 60 monthly payments as described in the Single Life Annuity with Five Year Certain section below).
  - If you elect to receive your pension in any Joint and Survivor Pension form and you and your spouse later divorce, the Joint and Survivor option cannot be changed and your former spouse will still be entitled to the survivor benefit if you predecease her.
  - You can also choose the Single Life Annuity benefit form if you and your spouse waive these Joint and Survivor Options within 90 days before the date your benefits are scheduled to start.
- **Waiver must be signed and notarized by both you and your spouse on the form provided by the Fund Office, and you must return the signed and notarized waiver form to the Fund Office before your pension begins.**
- **Lump Sum Pension Benefit** – If the current value of your pension is \$5,000 or less when you retire, you will receive your benefit in a single lump sum payment. No other optional forms of benefit are available under this form of benefit.
- **Single Annuity with Five Year Certain Benefit** – Under this form, you receive a monthly benefit over the course of your lifetime. If you die before receiving 60 monthly payments (five years), the unpaid part of those 60 payments will be paid to your beneficiary as a monthly payment. You do not have to be married; the beneficiary can be any person you designate.



# Physical Therapy Must Be Certified through Conifer Health Solutions

The Fund Office covers the cost of physical therapy under your Medical benefit up to the approved number of visits, if the physical therapy is **medically necessary** and you are covered by Fund medical coverage. This does not apply to Kaiser HMO or Plan Y40 participants. The Fund's medical adviser, Conifer Health Solutions, will determine how many treatments are necessary. It is wise to submit a treatment plan so that you are aware of any treatments which would be found not medically necessary before you have services and incur charges.

Your physical therapist **must contact Conifer Health Solutions ("Conifer") at (866) 290-8147 to be sure your treatment is covered.**

## How Many Visits Will the Fund Cover?

The Fund generally provides benefits for two visits per week

for six weeks. If you need treatment beyond six weeks, your provider must certify the additional care with Conifer.

## Example

Let's say you hurt your back and, after Conifer determined that physical therapy was medically necessary, you have physical therapy twice a week for six weeks. If your doctor decides you need additional treatment, he/she must contact Conifer to certify the additional sessions. **Don't wait until your final week of therapy to re-certify, because additional visits may be denied while the new information is being reviewed.**

Remember, you are responsible for any charges not authorized by Conifer.

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## Reviewing Your Vision Benefits

Your vision benefits under the Plan are insured by Group Vision Service ("GVS"). You have a choice of independent optometrists and ophthalmologists, as well as retail locations such as LensCrafters, Sears Optical, JCPenney Optical, Target Optical and participating Pearle Vision locations.

### When Using A GVS Network Provider:

- Schedule an exam with the provider of your choice. When scheduling your appointment, inform the provider that you are a GVS member and provide your name and date of birth. The provider will verify your eligibility and Plan benefits prior to your appointment.
- If you have already made an 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.
- You are responsible for paying the provider at the time of service for co-payments/costs that exceed your Plan coverage.

### When Using An Out-Of-Network Provider:

- If you visit a doctor who is not in the GVS network, you are required to pay the entire amount for the exam and eyewear at the time of service.

- Complete a claim for reimbursement with an out-of-network ("OON") claim form that you can print from the GVS website at [www.gvsmd.com](http://www.gvsmd.com). Click "Members" and then click "Forms".
- OON amounts are the maximum reimbursable amounts that may be paid to you after you file an OON claim. See your Vision Benefit Summary for OON benefit amounts.

### Personalized Member Website Access

For benefits specific to your Plan, log on to the GVS website and follow the steps mentioned below.

1. You must first register on the GVS website – [www.gvsmd.com](http://www.gvsmd.com)
2. Under the **MEMBER** tab, select **"View Your Benefits."**
3. Welcome to the GVS Member - Click **here** to Login/Register.
4. Select **"Register for an account."**
5. When you enter the Member Site to Register for an Account, use the **last four digits** of your Social Security Number and pick your own user ID.
6. The site will send you an email confirmation and password selection information.



## Continuation Forms for Weekly Disability Automatically Generated Every Four Weeks

If you are out on sick or disability leave and are receiving Weekly Disability benefits, a continuation form is automatically generated by our system after you've been out four weeks. The form certifies that your illness or disability is still continuing and that you should continue to receive Weekly Disability benefits.

Generally, the continuation form is accepted for up to another six weeks of disability, if your doctor is projecting that you'll be out of work that long (of course, it could be less time, such as two weeks, etc.). If your doctor is unsure about your return to work date, he/she may indicate you are disabled through your next scheduled appointment so you can be evaluated at that time.

The purpose of the Continuation or Termination of Disability form is not just to update your expected date of return, but also to verify that you have been regularly seen by a doctor and have been receiving treatments.

### On Our Website

For your convenience, we also have the continuation form on our website. Go to [www.associated-admin.com](http://www.associated-admin.com) and click on "Your Benefits" on the left column. Then choose

your Fund – in your case, the UFCW Unions and PE Health and Welfare Fund. Then choose "Downloads and Forms" and look for the "Notice of Continuation or Termination of Disability for Group Accident & Sickness Benefits."

Sometimes the system will generate additional forms, but if you've already turned in a Continuation Form for the same time period, simply disregard the extra one.

Be sure to send the Fund Office an original for the completed sections, not a fax or a copy. This is important.

### Request for Additional Information

If we ask for more information, the response is due within two weeks from the date on the request. Likewise, if you have a correction to make to a form, that is also due within two weeks from the date the original form was submitted.

You can always call the Fund Office and speak to a Weekly Disability representative if you have questions about the form or how to complete it. Call (800) 638-2972 and **select the buttons to get to the Weekly Disability department.**

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## Coverage for Ambulance Charges

Your Plan covers ambulance charges at the percentage for medical under your particular Plan: 80% for RNK1 and 70% for RNK2 and RNK3, after you have satisfied the annual deductible – **to a maximum of \$25 for any one charge.**

Be aware that the maximum payment is \$25. The balance remaining can be billed to you by the ambulance company.



# How Families Can Help, or Hinder, Recovery

**R**ecovery from addiction is both a wonderful thing and, at times, a difficult process for everyone involved. No one intuitively knows how to deal with someone else's addiction or recovery. Without adequate knowledge about addictive disease and its impact on relationships, this turmoil can be overwhelming.

As a result, families, friends, and co-workers “tip toe” around the person with the problem in fear that they may cause him to get angry and relapse. This all-too-common behavior is based on the faulty belief that we are somehow responsible for the mood and bad choices of another. The result—everyone stays sick.

### What is recovery?

Recovery from addictive disease—which includes alcohol and substance use disorders, compulsive gambling, and sexual addiction—is a *process* of learning, accepting, making responsible choices, and letting go of fear.

For families, recovery begins when the decision is made to quit covering up, lying or making excuses for the person with an addiction. In other words, you can choose to be responsible for yourself and your happiness and allow the other person to be responsible for his/her choices.

Recovery is much more than stopping the addictive behavior. Some of the most miserable people are those who have stopped an addictive behavior but have not found inner peace, forgiveness or joy. They just seem to stay angry. Recovery involves restoration of the body, mind, and relationships. The same can be said for the family members who have also been hurt by addiction.

### How to help

How can those closest to someone with an addiction help him in recovery? First, admit that you do not have the power to cause someone to use drugs or gamble—but you do have some influence. Therefore, there are things that help, and things that do not. As trite as it may sound, you have to start with your own thinking and choices.

Here are some suggestions for what helps and what does not:

- **Don't take your loved one's addiction, relapse, or even success personally.** Remember—you did not cause it, and you cannot cure it. The hallmark of co-dependency is when the actions of another control how you feel or behave. Remember that those with an addiction choose their way toward happiness or toward relapse—so do you.
- **Acknowledge and affirm.** Recovery can be difficult. In your own words, let your loved one know that you recognize how hard recovery can be. Affirm her good choices and tough decisions.
- **Empower whenever possible.** For those with an addiction, early recovery seems like a long list of things they cannot do or things they must give up. Give your loved one choices about little things, such as where to go for dinner, or about how to handle kids and family life. Ask for his advice or opinion on things in your life. Be aware. This is harder than you think, especially for spouses who, out of necessity, may have spent years trying to control almost everything.
- **Celebrate milestones in recovery together.** Let your loved one know that you are proud of her accomplishments. Thirty days, 90 days, and one year of sobriety are especially big markers. Plan accordingly.
- **Lose the drama.** Creating emotional distance between you and the person's “drama of the day” will keep you objective and healthy. When a problem or crisis arises, become a non-anxious presence and simply ask what he wants from you. Remember, never do for a person with an addiction problem what he is capable of doing for himself, even when it is hard.

Recovery from addiction offers tremendous hope for a better future, but it is not easy. If you need more help, call toll-free 800-454-UFCW (8329) and speak with a professional.

*The above article was obtained with permission from Beacon Health Options. This information is general and not intended to replace the advice of your doctor. Consult your personal physician about your own medical condition.*

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