



# For Your Benefit

Bakers Union & FELRA Health and Welfare Fund

September 2016 Vol. 10 No. 1

## Two New Plans Introduced, Eligibility Changes Announced

The Trustees of the Bakers Union and FELRA Health and Welfare Fund announce the following changes to your health plan effective January 1, 2015:

• **Two new Plans were added:**

- **Plan 3** covers full-time Local 118 Participants hired on or after Dec. 9, 2014, full-time Local 68 Participants hired on or after Nov. 13, 2014, and all contractual part-time employees who meet the Affordable Care Act (“ACA”) hours eligibility requirements.
- **Plan 4** was added for part-time employees who do not meet the ACA hours eligibility requirements.

• **Effective January 1, 2015, the following eligibility-related changes were made to the Plans to comply with ACA rules:**

- The current initial eligibility for contractual full-time employees

should be adjusted to the first of the month following 1,200 cumulative hours of service to the employer plus 60 days.

- The current initial eligibility for employees who meet the ACA full-time hours eligibility requirements is adjusted to the first of the month following 13 months from hire or the maximum permitted by law.
- Current eligibility periods for part-time employee additional benefits remain unchanged (Note: 18 months for part-time employees). Spouses and dependents shall be eligible for dental and vision coverage.
- **Beginning July 2014, and each July thereafter, the Fund will certify whether the Plan offers ACA full-time employees affordable coverage.**



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## New Summary Plan Description Sent

A new 2016 Summary Plan Description (“SPD”) booklet was recently sent to you. In addition to detailed descriptions regarding your Plan, the SPD contains information on:

- Life benefits
- Accidental death and dismemberment benefits
- Hospitalization
- Prescription drugs
- Vision and dental
- When you become eligible
- How to file claims and appeals
- Privacy practices

**Please be sure to keep your new SPD in a safe place so you can refer to it when needed.**

*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.*



# 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 Bakers Union and FELRA Health and Welfare 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 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 standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Bakers Union and FELRA Health and Welfare 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 15 to December 7.

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 Bakers Union and FELRA Health and Welfare Fund coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

**You cannot have both Medicare prescription drug coverage and prescription drug coverage through the Fund at the same time. If you do decide to join a Medicare drug plan and drop your Bakers Union and FELRA Health and Welfare prescription drug coverage, be aware that you and your dependents may not be able to get the same coverage back.**

## 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 Bakers Union and FELRA Health and Welfare 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 19 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) 638-2972 or (410) 683-6500. **NOTE:** You'll



get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Bakers Union and FELRA Health and Welfare 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'll get 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, 2016  
Name of Entity/Sender: Fund Office  
Bakers Union and FELRA  
Health and Welfare Fund  
911 Ridgebrook Road  
Sparks, MD 21152  
Phone Numbers: (800) 638-2972  
(410) 683-6500



## **ACA Preventive Services Benefits**

**T**his Fund provides coverage for certain preventive services as required by the Patient Protection and Affordable Care Act of 2010 ("ACA"). Coverage is provided on an in-network basis only, with no cost sharing (for example, no deductibles, coinsurance, or copayments).

Coverage is provided on an In-network preventive services that are identified by the Fund as part of the ACA guidelines will be covered with no cost sharing. This means that the service will be covered at 100% of the Fund's allowable charge, with no coinsurance, copayment, or deductible.

If preventive services are received from a non-network provider, they will not be eligible for coverage under this preventive services benefit.

For a list of services covered under the Fund's preventive services benefit, please see page 77 of your Summary Plan Description booklet.



# Call CareAllies before Going to the Hospital

CareAllies is a health management company which helps the Fund ensure that you receive quality and cost-effective healthcare through its medical care programs. CareAllies provides a broad portfolio of services such as pre-certification, complex case management, specialty case management, 24-Hour Nurse Line programs, and web tools to help improve your health and well-being.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

For ALL hospital admissions, you (or your family member/caregiver or provider) **must** call CareAllies for authorization in order for the Fund to pay benefits. **If you fail to call CareAllies, you may be responsible for paying up to \$1,000 or 20% of the cost (whichever is less), in addition to any other deductibles or co-payments.**



## How do I obtain precertification/authorization for my hospital admission?

- Before your admission, call CareAllies at (800-768-4695) to pre-certify all planned (non-emergency) or elective hospital stays. For an emergency admission, call CareAllies within 48 hours of the admission.
- If CareAllies determines that your admission is medically necessary, you will receive an authorization letter from CareAllies which includes the number of days approved. Be sure to take a copy of the authorization

letter with you when you go to the hospital to be admitted.

- If your medical condition requires an extension of your hospital stay, CareAllies will need to be contacted by your physician or a facility staff member. Therefore, when you become aware of the need to extend your stay, inform your physician that CareAllies will need to be contacted. You (or a family member/caregiver) should also contact CareAllies to confirm authorization for your continued stay.

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## WHCRA Allows Reconstructive Surgery Following Mastectomy

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:

- All stages of reconstruction of the breast on which a mastectomy is performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of mastectomy, including lymphedema.

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.

## ReliaStar/ING Changed Name to Voya Financial

*The following article applies to active participants only.*



Your life insurance benefits and Accidental Death and Dismemberment benefits under the Plan have long been insured through ReliaStar.

ReliaStar has changed its name to Voya Financial. The new name reflects the company's relationship to its parent company, Voya Financial. **Nothing else has changed—the address, phone number, policy, and coverage all remain the same.**



# Enroll a New Dependent for Coverage within 30 Days

Once you are eligible for dependent coverage (see page 36 of your Summary Plan Description), you may add a new dependent to your benefit coverage if you enroll him/her within 30 days from the date they became your dependent.

## Enrolling a newborn

Newborns may be covered from the date of birth if he or she is properly enrolled within 30 days. You must contact the Fund Office at (800) 638-2972 and ask for an enrollment form. Complete the enrollment form and return it to the Fund Office along with a copy of your baby's birth certificate. If you haven't received the birth certificate yet, send us the birth verification notice from the hospital. We will accept that until you receive the birth certificate. We still need a copy of the actual birth certificate once you receive it, so be sure to follow up.

## Enrolling other new dependents

If you have recently married and have a new spouse, or if you have adopted a child under the age of 26, or have a child placed with you for adoption or legal custody, you must enroll him/her within 30 days from the date he or she became your new dependent to receive coverage the first of the month following the date of marriage, adoption, or placement for adoption. **Note:** a child between the ages of 19 and 26 will not qualify for coverage if the child is eligible for his/her own employment-based health coverage, including coverage through the child's spouse (if any).

To ensure that your dependent has coverage from the first possible date, request a new enrollment form from your employer or the Fund Office **before** you have the baby (or get married, or whatever the situation may be) so you

can mail it with supporting documentation to the Fund Office as soon as the event occurs.

## How do I enroll my new dependents?

- Log on to [www.associated-admin.com](http://www.associated-admin.com), click on the words "Your Benefit" located at the top of the screen, select "Bakers Union and FELRA," and under "Downloads," print the enrollment form, or call the Fund Office at (800) 638-2972 and ask for an enrollment form.
- Complete the form and return it to the Fund Office along with supporting documentation (baby's birth certificate, adoption papers and/or marriage certificate). **Be sure to include your dependent's Social Security Number on the enrollment form.** This is very important! Enrollment will not be processed until we receive both the enrollment form (with your dependent's Social Security Number) and the required proof of dependent status.

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.

## Where do I mail the enrollment form and documentation?

Send the information to:

Bakers Union and FELRA Health and Welfare Fund  
Eligibility Department  
911 Ridgebrook Road  
Sparks, MD 21152-9451

## Privacy Statement Available Upon Request

In accordance with federal law, the Fund has established Privacy Practices, which are the rules on how protected health information (PHI) about you may be used and disclosed by the Fund and other parties under the Health Insurance Portability and Accountability Act of 1996 and how you can get access to this information.

The Notice of Privacy describes these rules. If you would like another copy of the "Statement of Privacy Practices," log onto [www.associated-admin.com](http://www.associated-admin.com) and

click on the words "Your Benefits," located at the left side of the screen. Select Bakers Union/FELRA and print the Statement of Privacy Notice, located under "Downloads." You can also call the Fund Office at (800) 638-2972 or write to:

HIPAA Privacy Officer  
Associated Administrators, LLC  
911 Ridgebrook Road  
Sparks, MD 21152-9451

## You Must Use a Doctor/Hospital in the Cigna Shared Administration Network for Medical Coverage

**B**efore you make an appointment to see a doctor (whether a general practitioner, OB/GYN, pediatrician, etc.), and before scheduling any non-emergency hospital procedure (inpatient or outpatient), **you must be sure the doctor and/or hospital is a Cigna Shared Administration provider. If you don't use a Cigna provider, services will not be covered and you will have to pay the bill.** It doesn't matter if you make your appointment months or a couple of days ahead, you still need to check again on the day of the visit to be sure he/she is still in the Cigna Shared Administration network.

### Locating Providers

To locate the most current providers in the Cigna network, log on to its website [www.cignasharedadministration.com](http://www.cignasharedadministration.com). The names of providers are updated regularly. You can also call Cigna at (800) 768-4695.

## Update Your Benefit Information With the Fund Office



**I**f you, your spouse, or your dependents have benefit coverage in more than one group health plan, the Fund Office needs to know. Why? Because there are Coordination of Benefits ("COB") rules to determine which plan processes the claim first, second and even third (if you have coverage under three group plans).

Virtually every group health plan has COB rules. They are designed to protect the Fund (and all group health and welfare plans) from paying claims for which it is not liable. The Fund's COB rules are described in your Summary Plan Description on page 42.

Even if you have completed a COB form before and nothing has changed, please complete the form on the next page and return it to the Fund Office at the address shown at the bottom of the form.

Remember, updating this information NOW saves time LATER (when you have a claim waiting to be processed). If you do not tell the Fund Office about the other coverage and it is discovered later (after claims have been paid), you will be billed for the amount that was paid in error. Do not let this happen to you.



## The "Language Line" Can Help

**T**he Fund Office can help you if English is not your primary language. Call **(800) 638-2972** to reach the Fund Office. Press #2 on your phone to talk with someone from Participant Services who will help you if you need a translator to answer your questions.

The Fund Office has helped many people who have difficulty speaking English and whose main language is Vietnamese, Burmese, Mandarin, French, Spanish or others.

If you haven't called the Fund Office (or you know someone who hasn't) because you think you/they won't be understood, go ahead and **call!**

**The language line is a service provided to help you so that you may ask questions about your benefits. Take advantage of it.**

**Bakers Union and FELRA  
Health and Welfare Fund**

911 Ridgebrook Road  
Sparks, MD 21152-9451  
Telephone: (410) 683-6500  
Toll Free: (800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

4301 Garden City Drive, Suite 201  
Landover, MD 20785-6102  
Telephone: (301) 459-3020  
Toll Free: (866) 662-2537  
[www.associated-admin.com](http://www.associated-admin.com)

**COORDINATION OF BENEFITS UPDATE**

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

**Participant's Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

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

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

**If Spouse:**

- a) Name: \_\_\_\_\_
- b) SSN: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_
- d) Spouse's Employer:

\_\_\_\_\_ Co. Name  
\_\_\_\_\_ Address  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ Phone No.  
\_\_\_\_\_ Benefit/HR Dept.  
(Contact Name)

**If Other Dependent:**

- a) Name: \_\_\_\_\_
- b) SSN: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_
- d) Spouse's Employer:

\_\_\_\_\_ Co. Name  
\_\_\_\_\_ Address  
\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ Phone No.  
\_\_\_\_\_ Benefit/HR Dept  
(Contact Name)

**The coverage is from:**

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

**Insurance Co. Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Group Policy #:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**NOTE:** If more than one family member has more than one 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

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

**(PLAN 2 Participants Only) [1] Was your spouse offered other coverage where the employer pays at least 70% of the premium?** \_\_\_ Yes \_\_\_ No. **[2] Was the coverage accepted or rejected by the Spouse?** \_\_\_ Yes \_\_\_ No.

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

**Send to:** Bakers Union and FELRA  
Health and Welfare Fund  
911 Ridgebrook Road  
Sparks, MD 21152-9451

