

# FOR YOUR BENEFIT

Summer 2013



## Make smart decisions about visits to the Emergency Room

**E**mergency rooms exist to help people when they suffer a major traumatic event, like a heart attack, stroke or accident. Less serious conditions can be treated by your primary care provider or at an urgent care center. This reduces the stress on emergency rooms and is less costly to the Fund and its participants.

Fund participants often visit the ER for conditions that could be treated elsewhere.

The average ER visit costs several times more than a visit to an urgent care center or primary care provider.

### What you can do

If you suffer from a minor injury or illness or if your child needs non-emergency care, it's best to call your primary care doctor. If you don't have a primary care doctor, you should act without delay to choose one from the wide range of in-network doctors. PPO Plan doctors

(Please see page 2)

*For Your Benefit* is a newsletter designed to keep all members informed about how to use their benefits most effectively. Members also may contact their Union's Benefit Clerks or call the Trust Fund office directly at **(800) 552-2400**. Phone hours for the Trust Fund office's Health and Welfare Services Department are 7:30 a.m.-5:30 p.m., Monday-Friday. Or visit us online at [www.ufcwtrust.com](http://www.ufcwtrust.com).

**¿Le gustaría una versión en Español de este boletín de noticias?**  
**Would you like a Spanish version of this newsletter?**

**Visite [www.ufcwtrust.com](http://www.ufcwtrust.com), haga clic en el menú de Recursos y seleccione formas para elegir un tema.**  
**Visit [www.ufcwtrust.com](http://www.ufcwtrust.com), highlight the Resources menu and select Forms to choose an issue.**

**ALSO  
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## Focused, one-on-one care with the Disease Management program

**A** select number of active participants covered under the 2007 and 2012 collective bargaining agreements who are enrolled in the PPO Medical Plan have access to the innovative Disease Management program as part of their benefits.

This program, which helps manage health and well-being, is free and **completely confidential**. It features one-on-one telephone support from a nurse or other health care professional, tailored to each specific situation.

Participation in the Disease Management program is *by invitation only*. It is used to help participants suffering from asthma, coronary artery disease (CAD) or diabetes. These conditions have one very important thing in common: participants have the power to take an active role in understanding and managing their conditions.

This program is designed to improve the quality of life for these

participants by preventing or minimizing the effects of these diseases. It will support the relationships and treatment plans they have with their doctors and help reduce unnecessary hospitalizations, absences from work and health care costs.

Participants who are invited to take advantage of this program have the opportunity to save money and improve their health.

The Disease Management program will help the Trust Fund save money for all participants, since a significant portion of the Trust Fund's medical claims are paid for asthma, CAD and diabetes. The program is proven to reduce medical and prescription drug claim costs over time.

Participants who recently moved or changed their telephone numbers should update their contact information with the Trust Fund to ensure that all eligible participants can be reached. Log in to your account at [www.ufcwtrust.com](http://www.ufcwtrust.com) and update your information using the online Change of Contact Information form.

**Note:** Effective June 2012, participants who have been invited to join the Disease Management program by Healthways may have their deductibles raised by up to \$500 if they decline to participate.

If you are part of the Health Care Partnership (HCP) for 2013, the UEBT requires HCP-enrolled members to participate in Health Coaching calls each month in addition to any calls for the Disease Management program. Health Coaching is administered by MedExpert and is separate from the Disease Management program, so each month you need to complete both calls.

If you have questions about the Health Coaching requirement for the UEBT Benefit Plan, please call (800) 999-1999 to speak with someone from MedExpert or visit your Trust Fund website at [www.ufcwtrust.com](http://www.ufcwtrust.com) for additional information.



*For Your Benefit* is the official publication of the UFCW & Employers Benefit Trust. This bulletin describes particular benefits and does not include all governing provisions, limitations and exclusions, which may vary from plan to plan. Refer to the Summary Plan Description and Evidence of Coverage and Disclosure Form for governing information. The information in these articles is for general use only and should not be taken as medical advice. In an emergency, you are advised to call 9-1-1.

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[www.ufcwtrust.com](http://www.ufcwtrust.com)

## Make smart decisions about visits to the Emergency Room

(Continued from front page)

can be researched under the "Resources" tab at [www.ufcwtrust.com](http://www.ufcwtrust.com). Select "Find A Provider" from the pulldown menu. See page 3 of this *For Your Benefit* newsletter for more details on finding a PPO provider.

To find an urgent care center near you, select "Find A Provider" from the Resources tab at [www.ufcwtrust.com](http://www.ufcwtrust.com). When searching for a facility, make sure that the "Urgent Care Centers" box is checked.

In an emergency situation, you should always call 9-1-1 or visit an emergency room. However, if you feel your condition could be treated by your primary care provider or, if more immediate care is necessary, by an urgent care center, take advantage of those options to help keep our Fund healthy for the future.

### Active Plan spin-off

Effective Jan. 1, 2013, the portion of the Fund covering active employees was spun off into a separate, stand-alone plan. As a result of this change, only retirees remain covered by the original Fund. Active employees are covered by Active Plan 502 and the benefits are as described in the 2013 Open Enrollment materials. If you are a retiree, your benefits are as described in the 2013 Open Enrollment informational materials.

# How to FIND A PROVIDER online

*This article details how PPO plan participants can search for in-network providers and facilities on [www.ufcwtrust.com](http://www.ufcwtrust.com). Kaiser HMO plan participants should visit [www.kaiserpermanente.org](http://www.kaiserpermanente.org) to search for providers.*

**T**he list of providers and facilities that are in-network is constantly changing. It is your responsibility to confirm with the service provider or facility that it is a Blue Shield PPO in-network provider or facility.

Failure to use an in-network provider will result in a higher out-of-pocket expense.

Remember to check with your provider when you make an appointment. An in-network provider's referral to another provider or facility *does not* guarantee that the provider or facility is also in-network.

PPO participants can search for in-network providers and facilities on [www.ufcwtrust.com](http://www.ufcwtrust.com). Move your cursor over "Resources" and select "Find A Provider" from the pulldown menu. On the Provider Contacts page, participants can locate Blue Shield doctors, urgent care facilities and hospitals both inside and outside of California.

Also, in-network providers are listed for HMC (mental health), PPOC (podiatry), VSP (vision) and Liberty, Delta and Premier providers (dental).

## To locate a Blue Shield PPO doctor in California

Select "Find a doctor inside of California." You will be taken to the Blue Shield of California "Find a Provider" page.

From there, you will be able to find the right doctor for you by narrowing down the choices according to gender, language preference and medical specialty. Doctors also can be searched by name. Additional resources listed under "Provider Rating" at the bottom of the page will give you patient feedback on the providers.

## To locate a Blue Shield PPO hospital in California

Select "Find a hospital inside California." From there, you can search for hospitals in your area and use advanced search features that help locate specialized facilities.

## To locate a Blue Shield PPO doctor or hospital outside of California

Select "Find a doctor/hospital outside of California." From there, you can search for providers and hospitals in an area of your choosing. Be sure to enter the first three let-

ters of your Member ID before searching in order to find in-network results.

To search for providers outside of the United States, select "LOCATE DOCTORS WORLDWIDE" at the bottom of the page.

## Obtain preauthorization before using a new health care provider or facility

"Preauthorization" means that a service or procedure must be reviewed in advance by professionals from your health plan and deemed medically necessary. If a participant does not receive preauthorization for a service, the benefits paid for the service may be reduced.

Please refer to your Blue Card medical ID card for carrier phone numbers to obtain a preauthorization.

Preauthorization for medical services is not always required, but it is highly recommended. It is best that you verify with Blue Shield whether a preauthorization is required prior to receiving any services.



The EOB is designed to make it easier to understand how your claim was processed.

# Your Explanation of

Whenever you receive an Explanation of Benefits from the Trust Fund, follow these easy steps to guide you through the form and help you stay informed about your medical benefits.

**Note:** An EOB is a statement sent to you and your provider explaining how a claim was processed. Your EOB is not a bill.

Look over your EOB carefully to find out how your claim was processed. The EOB will include a description and cost of services you received, the amount the Trust Fund paid, your co-insurance amount and any amounts that may have been applied toward your deductible.

**Make sure to carefully read any notes or explanations printed on your EOB for information on any action you may need to take.**

Participants should receive an EOB for every visit and service they receive (and sometimes multiple EOBs if multiple providers were involved, as with a surgery). If you don't receive an EOB within four to six weeks, contact the provider to ensure the claim was filed.

**UFCW & Employers Benefit Trust Health and Welfare Trust Fund**  
2200 Professional Drive, Suite 200  
Roseville, CA 95661

**JOHN SMITH**  
1111 HOMESTEAD  
ANYTOWN, CA 95800

### Explanation of Benefits

Please keep this statement for your records

<b>3 Insured Information</b>	Participant: John Smith Participant ID: 1012345U6 Patient: Same Patient ID: Same
<b>4 Provider Information</b>	Provider: Claim #: Patient Acct No:
<b>5 Payment Summary</b>	Total Benefit: \$290.70 Previously Paid: \$0.00 Overpayment Applied: \$290.70 Net Payment: 01/30/2007 Claim Released Date: \$49.59 Patient's Portion:

### Claim and Payment Detail - This is Not a Bill

6	7	8	9	10	11	12	13	14	15	16
Service Date	Description	Charge	PPO Discount	Non-Covered	Covered	Deduct Applied	Co-Pay	Co-Ins	Other Ins. Paid	Total Benefit
1 03/04/2013	Services/Supplies	266.00	0.00	0.00	266.00	0.00		15%	0.00	226.10
2 03/04/2013	Services/Supplies	76.00	0.00	0.00	76.00	0.00		15%	0.00	64.60
	Claim Total:	342.00	0.00	0.00	342.00			49.59	0.00	290.70
										Total Benefit: 290.70

**17 All Items** The allowed amount was reduced to the amount specified for this service in the health care network's fee schedule.

**18 HRA Account:**  
The following information is based on ALL claims processed for this family as of this statement date: 04/25/2013

Year	Previous Balance	Claim Deduction this Claim	Current Balance
2013	0.00	0.00	0.00

Year-to-date Deductible and Out-of-Pocket:

2007	Individual Year-to-Date	Remaining	Family Year-to-Date	Remaining
<b>Deductible</b>				
In-Network	900.00		900.00	950.00
<b>Out-of-Pocket</b>				
In-Network	977.38	22.62	977.38	2,022.62

Note: Deductible and Co-payment amounts do not apply to Out-of-Pocket limits.

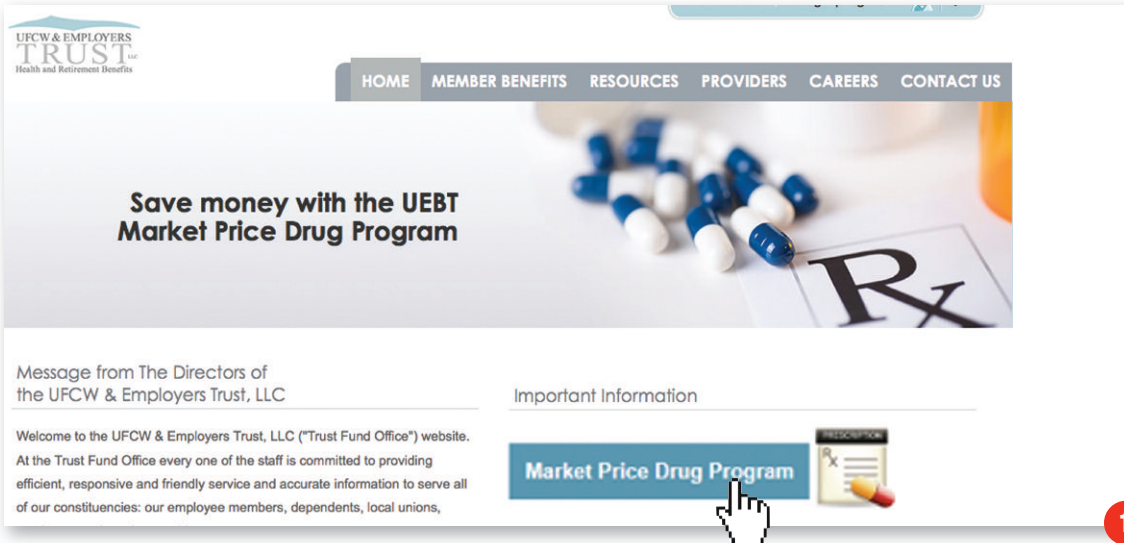
Blue Shield of California, an independent member of the Blue Shield Association, provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

If you have questions about this notice, please contact Customer Service at (800) 794-5678  
Monday - Friday 8:30 AM - 4:30 PM

**Please see back for Important Information**  
Page 1 of 1

# Benefits **(EOB)** made easy!

1. **Name and address** of the Trust Fund providing benefits.
2. **Name and address** of the participant. (Log on to [www.ufcwtrust.com](http://www.ufcwtrust.com) to view and update your contact information 24/7/365.)
3. **Insured Information** lists the name and ID number of the member and the name of the patient.
4. **Provider Information** shows the name of the health care provider, the Trust Fund claim number and the patient account number assigned by the provider.
5. **Payment Summary** summarizes the amount paid to the provider or participant. The patient's portion is the amount the patient owes to the provider. This amount includes any deductible, co-pay and/or patient co-insurance. It will also include any amounts charged in excess of benefit maximums or for non-covered services. The Claim Released Date is the date the payment was processed.
6. **Service date** is the date the patient received services.
7. **Description** is a brief summary of the services rendered.
8. **Charge** is the amount billed by the provider for the service.
9. **PPO Discount** is the amount you and the Plan saved by using an in-network provider.
10. **Non-Covered** is the amount not covered by the Plan for a service or an amount that exceeds the Allowed Charges. Your provider may bill you for these charges. (See remark in the All Items section at number 17 below.)
11. **Covered** amount shows the allowable charges for covered services.
12. **Deduct Applied** is the amount of covered charges applied toward your calendar year deductible.
13. **Co-Pay** is the fixed dollar amount owed to your provider for the service.
14. **Co-Insurance** is the percentage of covered charges that the participant pays. The Plan pays a corresponding percentage to the provider. For example, if the participant's PPO co-insurance is 25%, then the Plan paid 75%.
15. **Other Insurance Paid** shows the amount paid by a primary carrier if the participant was covered by other insurance.
16. **Total Benefit** indicates the total amount paid by the Plan.
17. **All Items** provides additional information about how the claim was processed. This information is important and may include a request for further action by a provider or participant.
18. **HRA Account** summarizes the participant's HRA account for the current year. It shows the previous balance, the amount applied based on the current claim and the amount remaining in the HRA account as of the date the EOB was printed.
19. **Year-to-Date Deductible and Out-of-Pocket** summarize the patient's and family's year-to-date accumulation of deductible and out-of-pocket amounts as of the date the EOB was printed. If multiple EOBs are printed on the same day, they will show the same information after all claims were paid.



# My Medicine Cabinet

**R**etirees of the UEBT Retiree Health Plan and UEBT Active Members covered by the 2012 Collective Bargaining Agreement were notified of the Market Price Drug (MPD) program during Open Enrollment for 2013.

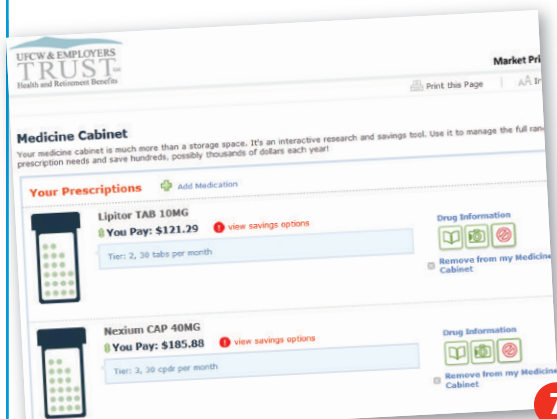
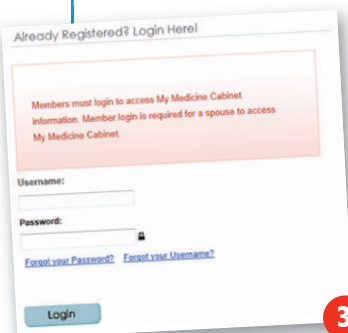
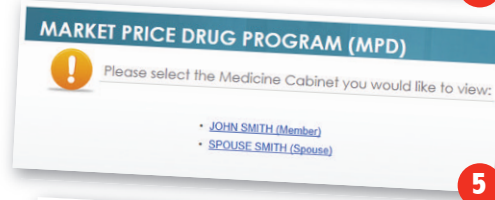
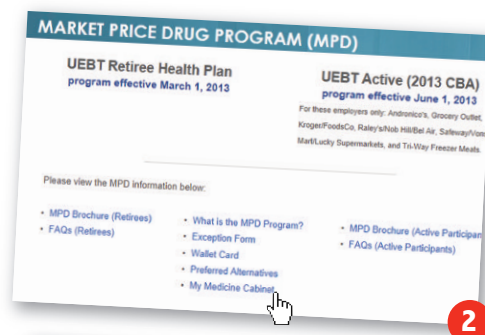
The Trust Fund has partnered with Catamaran and Safeway Health to create the “My Medicine Cabinet” feature to assist members in finding lower-cost alternative medications and managing prescriptions.

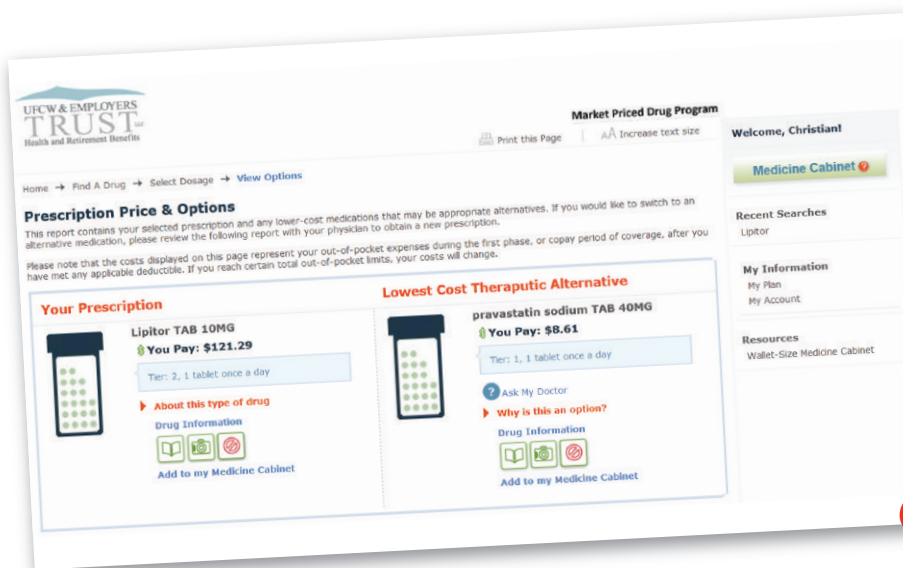
In order to use this feature, visit the Trust Fund website at [www.ufcwtrust.com](http://www.ufcwtrust.com) and click on the MPD link (1). You will then find a link to My Medicine Cabinet (2), where you will need to log in using your user name and password (3).

Your enrolled spouse/domestic partner will have the ability to view his/her Medicine Cabinet by using the member’s login, with the member’s permission, and clicking on his/her own My Medicine Cabinet icon. If you are already logged in to your account, you can click on the My Medicine Cabinet button (4).

You will be prompted to choose which Medicine Cabinet you would like to view (5). You will then be prompted to activate your account (6).

Once you are logged into the site, click on the Medicine Cabinet icon. Your current prescriptions will appear (7).





You can click on your medications to obtain a list of lower-cost alternatives referred to as “Preferred Alternatives” (8). Several informational resources are available, such as pictures of the drugs and possible dangerous interactions and side effects (9).

As you are exploring the Preferred Alternative drugs, My Medicine Cabinet will calculate annual costs and savings and assist you in requesting a prescription change from your physician.

If you have discussed the preferred prescription drug alternatives with

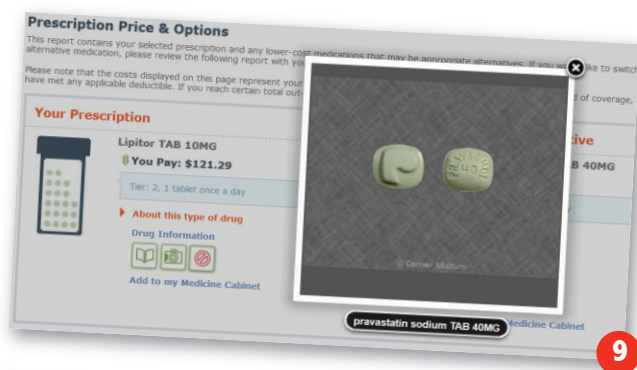
your doctor and the consensus is that the non-preferred drug is more suitable to your condition, your doctor will be able to call Catamaran and request an Exception form to fill out on your behalf. You still will be able to receive the drug of your physician’s choice if it is approved by the Trust Fund.

You or your doctor also can obtain an exception form by visiting the Trust Fund website (www.ufcwtrust.com) and clicking the MPD link/Exception Form to download the form.

My Medicine Cabinet is an easy and organized way to keep track of your prescriptions and your annual savings. Once you have chosen your Preferred Alternative drugs, you can enter your Medicine Cabinet at any time and see your prescription and savings history (10).

For easy access to your prescription details, don’t forget to print out your wallet card (11). This can come in handy when you visit your pharmacy or physician, or if you have a medical emergency.

For more information about the Market Price Drug program and the My Medicine Cabinet feature, visit www.ufcwtrust.com.



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

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

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

**Allergies:** \_\_\_\_\_

**Emergency Contact Information:** \_\_\_\_\_

Medications:	Details:
Lipitor TAB 10MG	30 TABS per month Tier: 2
Nexium CAP 40MG	30 CPDR per month Tier: 3



## Retiree Health and Welfare Eligibility Change

Effective Jan. 1, 2014, the eligibility requirement for the UEBT Retiree Health Plan will increase from 15 to 20 years of service. However, any participant who has satisfied the prior "15 years of service" requirement on or before 12/31/13 shall be grandfathered at the 15 years of service requirement. The retiree must meet all other requirements to be eligible for coverage.



## Trust Fund 101

# What is the Trust Fund?

**S**ometimes the concept of a Trust Fund can be a little confusing. There are employers, Unions, the UFCW & Employers Benefit Trust (UEBT) and the UFCW & Employers Trust, LLC. How do these all fit together and what is their goal?

For Union members, it starts with your ratified Collective Bargaining Agreement (CBA). This contract outlines the rules for benefits such as health and pension, including the amounts of money contributed by your Employer on your behalf. Several laws, starting with the Taft-Hartley Act of 1947, cover the use of these funds.

UEBT is the Trust Fund where the money is pooled together for members of four Unions working at more than 94 Employers. UEBT is nonprofit and provides health benefits to each of its participants (members, retirees and eligible dependents).

### How it works

The Board of Trustees, which has Employer and Union representatives, oversees the Fund and provides the agreed-upon health benefits. Consultants and legal counsel, as well as other advisors, advise the Trustees.

The UEBT Trustees do not run the health plan on a daily basis. This is the role of the UFCW & Employers Trust, LLC, also called the Trust Fund Office (TFO).

The TFO has a Board of Directors like most companies. In this case, it too is run by labor and management representatives

The Trust Fund Office continues to improve its operations in many ways.

and manages two health and welfare funds (one being UEBT) and four pension funds.

When you call or visit the TFO, Health and Welfare Service representatives can answer your questions about benefits, open enrollment, eligibility, medical and sick leave claims, etc. The TFO has locations in Walnut Creek and Roseville.

The Trust Fund Office continues to improve its operations in many ways. In fact, each TFO department has set goals to reduce costs and gain efficiencies, with an emphasis on providing excellent member service.

Everyone involved with the UFCW & Employers Trust, LLC, including Trustees, Employers, Local Unions and TFO staff, share responsibility in protecting the Fund's assets. As a member of UEBT, you hold an important role in this as well. We'll discuss that role in the next issue of *For Your Benefit*.

# Reminders

## Open Enrollment 2014

The Open Enrollment process for 2014 will take place this fall.

Participation is mandatory for all members, even if you recently completed Open Enrollment for 2013. Failure to participate in Open Enrollment will result in termination of coverage for you and any enrolled dependent(s).

During Open Enrollment, members are able to make changes to their benefits and add spouses and dependents to their plan, among other actions.

Please look for more information from the Trust Fund later this year.

## Visit the Trust Fund website to manage your benefits

If you are a 2012 CBA-ratified UEBT active employee, make sure you have completed your Open Enrollment. You can go to [www.ufcwtrust.com](http://www.ufcwtrust.com) and select the link from the main page for a step-by-step process. You will need to complete your Open Enrollment to make sure you and your dependents do not lose coverage.

Also, a description of your benefits is available in video format. Select the "My Benefits" page to watch a short walk-through of the 2012 CBA UEBT plan changes that were implemented on June 1, 2013. In the future, the Trust Fund will provide more informational videos as we expand and grow.

For questions about your benefits, use our new and improved "Questions" section under the "Contact Us" tab. A Health and Welfare Services representative will respond to you via e-mail within two business days after you submit an inquiry.

Lastly, in order to receive the latest information from the Trust Fund, you must keep your contact information current. Log in and select the "My Contact Info" icon and make your changes directly online. Your contact information will be updated within one business day.