

# Benefits Basket

Food for thought from the UFCW Unions & Employers Midwest Benefits Funds

Fall, 2001

## Don't Use a Non-PPO Surgical Facility!

### Urgent Message to UFCW Members:

For many years, the Benefits Fund Office has encouraged patients to use hospitals, doctors and other facilities that participate in the BlueCross BlueShield PPO. When a PPO provider is used, a higher benefit is paid and you are guaranteed that the bill will not exceed the Plan's allowance. Employee-members have responded fantastically; over 90% of claims come from PPO providers.

**However, a critical problem exists and seems to be getting worse.** Routinely, outpatient surgery is performed in non-PPO surgical centers. These centers charge far in excess of the Plan's allowable amount. The employee-member is left with thousands of dollars in bills that are not covered by the Plan.

### Use the BlueCross BlueShield PPO

Using a PPO surgical facility makes much more sense. An outpatient foot surgery at one of the non-PPO surgical centers can cost \$10,000. The same surgery at Christ Hospital, Lutheran General Hospital or Loyola Medical Center, for example, would be \$4,000. There are numerous prestigious medical centers in the PPO where you can have outpatient surgery—and there are many convenient and qualified outpatient surgical centers that are PPO facilities.

*Don't expose yourself to thousands of dollars in uncovered medical charges.* Use a BlueCross BlueShield PPO facility for your surgery. This may take a little work on your part. Most of us do not have a personal surgeon and do not plan to have surgery until the need comes upon us, often unexpectedly. But when surgery is recommended, be sure to verify that the surgery will be performed in a PPO facility. There are so many good PPO centers that there is no reason

that any qualified doctor will not have treating privileges at a PPO location.

### Verify that the Provider is in the PPO

Don't take a doctor or surgical center's word for it that "everything will be okay with your insurance." It may not be okay. **Call the Benefits Fund Office if you are in doubt as to whether or not the surgical facility is in the PPO.**

Besides the unfortunately large number of claims we receive from non-PPO surgical centers, we have also witnessed outright fraud on some claims. In one call, a doctor advised that he did not have treating privileges with any hospital other than a small surgical center in the Chicago area. When we checked, we found that this was simply a lie. He had "attending" rights at two PPO hospitals. Why did this doctor lie? We think it was because he would have received a financial "kickback" from the surgical facility.

Recently, an employee-member was told by a doctor that there were no other facilities for gynecological cancer treatment in Illinois other than a suburban Chicago surgical center. This news would be a surprise to the Prentiss Pavilion at Northwestern Memorial Hospital, a premier facility for women's health treatment. In addition, there are numerous other hospitals where this woman could have received ovarian cancer therapy. Employee-members have these therapies every day all over Illinois, Indiana, Wisconsin, Iowa, Missouri and Arkansas.

Don't let this happen to you or a family member. Verify that a surgical facility is in the BlueCross BlueShield PPO. Check with the facility, call the Benefits Fund Office, or contact BlueCross Blue shield at 1-800-810-BLUE or [www.bluecares.com](http://www.bluecares.com) (follow the web site instructions to find "Health Care Anywhere").

## Act Promptly to Protect Your and Your Family's Health Coverage

Sometimes events occur that will cause health coverage to terminate: you switch jobs, your hours are reduced, you get divorced, a child turns age 19 or loses eligibility as a student, etc. When these types of events occur, you may often continue coverage on a self-pay basis. **But, you must always take some action to be sure that coverage continues.**

Federal law gives you certain rights to make payments to continue health coverage after it would otherwise end. The law that governs these rights is commonly referred to as COBRA. If you wish to elect continuing coverage under COBRA, you must act within 60 days of the date that coverage would end.

Coverage ends for most employee-members when they quit their job, work less than the minimum required hours, or do not return to work from a disability leave at the end of the free extension provided by the health plan (either 2 months or 6 months, depending on your plan of benefits).

Coverage for your husband, wife or children can end when your hours drop, when there is a divorce, when a child turns 19 or 23 or when a student drops out of college (coverage is provided for full-time college students until age 23 when the employee works full-time).

Your UFCW Benefits Fund knows when you are no longer actively at work or when your hours drop below the minimum required for personal or family coverage. We will send you a notice advising you of your COBRA rights. Be sure to respond to the notice within 60 days if you want to pay for continuation coverage.

*However, your UFCW Benefits Fund does not know when personal events happen in your life.* If a divorce occurs, or if a child turns 19 or 23 or drops out of college, you must notify us within 60 days of the event occurring. If we are not notified, you will lose your right to COBRA coverage.

It can be a terrible event for health coverage to lapse without you realizing it. Don't let this happen to you.

# Pension Benefits Improved, Again!

The Board of Trustees has announced a pension benefit improvement. The monthly pension rate has been increased by \$3 for each year of Credited Service for employee-members whose employers pay 52¢ or more per hour. The new pension rates are:

- 52¢ Hourly Contribution Rate = \$48 per month for each year of Credited Service
- 57¢ Hourly Contribution Rate = \$53 per month for each year of Credited Service

The improvement applies to employee-members who worked at least 400 hours of Covered Employment in 2000 or later and whose pension payments became effective on or after December 1, 2000.

This benefit improvement is possible despite the overall losses incurred by the stock market in the past two years. Through diversified investing, careful planning, and control of administrative costs, sufficient funds are available to make this improvement.

## United Food and Commercial Workers Unions and Employers Midwest Health Benefits and Pension Funds

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### Need to contact the Benefits Fund Office?

Call us ..... 847-384-7000  
1-800-621-5133  
TDD 847-384-0199

FAX us ..... 847-384-0197

Write us ..... 1300 Higgins Road  
Park Ridge, Illinois 60068-5713

*Some readers are not covered under the Pension Plan (particularly, meatcutters)—call the Benefits Fund Office if you do not know whether you are covered.*

### Request Forms by Phone

You can request claim forms 7 days a week, 24 hours a day. If you need medical, dental, vision, disability or prescription claim forms, all you need to do is call and leave us a message. You can also request a Dental Schedule of Benefits.

Just call us at 847-384-7000 or toll-free at 800-621-5133 and follow the message options. Leave your social security number, name, and address and the forms will be sent to you. Be sure to include a daytime area code/phone number in case we need to reach you regarding your forms request.