

Benefits Basket

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

Spring, 1997

Second Round of Benefit Improvements Go into Effect!

In late 1996, the union and employer Trustees approved another series of health benefit improvements. The increased benefits went into effect on January 1st. In summary, Plans DH and DM were upgraded to include the following:

The *Lifetime Comprehensive Medical Benefit* was increased from \$250,000 to \$1 million. The Plan now provides an extra level of protection for your family against catastrophic illness or injury.

A new *Well-Child Care Benefit* was added to the Plan. This provides a \$500 benefit (with no deductible or co-payment required) for routine doctor visits and shots for covered children up to their second birthday.

The *RPX Prescription Drug Program* annual limit was increased from \$5,000 to \$7,500.

The *Lifetime Mental Health/Chemical Dependency Benefit* was increased from \$10,000 to \$15,000.

The *Transplant Expense Allowance* was increased from \$50,000 to \$100,000.

For employee-members in Plan DH, the annual *Medical Expense Benefit Out-of-Pocket Maximum* was decreased from \$1,700 to \$1,500. This is the amount that you pay for your deductible and co-payment. Decreasing your out-of-pocket amount increases the benefits paid under the Plan.

The *Preventive Care Benefits* paid under the Plan were expanded. See the separate article inside this newsletter.

Please refer to the notice which was mailed in late 1996 for further details on these and other benefit improvements.

The 1997 changes follow an earlier series of benefit improvements made in 1996. The earlier changes involved increases in dental and vision benefits as well as various medical benefit schedules.

Benefits Questionnaires Help to Guide Service Improvements

Four times a year, 250 employee-members are sent a survey in the mail to help the Benefits Fund Office learn about satisfaction with our health claim services.

Those questioned are asked to rate overall service, service on a particular claim, processing time, and how they were treated on the telephone. A very important part of the questionnaire is the space for comments. Here you can tell us of any concerns not addressed in the survey form. Your answers are used to track performance and to identify specific areas that may need attention.

Less than 25% of you actually fill out and mail the survey back to us. These surveys are important to us and help us to serve you better. If you see a survey in your mail, please help us and all your fellow workers by taking a few minutes to complete and return the questionnaire in our postage-free envelope.

Child Car Safety Seats—Free

The National Safety Council, through a government grant, distributes car safety seats at no cost to low-income families and to children with disabilities. They also can instruct parents how to use the seats properly. To find out if you are eligible for this program, contact Tim Kennedy at 1-800-621-7615, ext 2380. Diana in the Claims Office found this item of information and wanted to pass it along.

Look Inside For . . .

Self-Paying for Health Benefits
New Preventive Care Benefits
Take Along Your Pension Credit
Never File A Claim Form Again!
Osteoporosis: Reducing Risks
What's a TDD?



Your Right to Continue Health Coverage by Self-Paying

We want to provide you with some basic information about your right to continue health coverage after it would otherwise terminate. If you do not take care of your responsibility to notify the Benefits Fund Office of your interest, you run the risk of losing your right to continue coverage.

What is “COBRA”?

Commonly referred to as “COBRA,” this federal law allows an employee-member or a dependent to purchase a temporary extension of health coverage when coverage under the Health Benefits Plan would otherwise end. Coverage can be purchased because of:

- termination of employment;
- a reduction in work hours;
- divorce from an employee-member;
- death of an employee-member;
- dependent child turns 19;
- dependent child ceases being a full-time student;
- dependent child moves from parent’s home.

Your Responsibilities

Your employer notifies the Benefits Fund Office when you terminate employment or have a drop in work hours. We then send a notice to your home advising you of the opportunity to purchase coverage. **You** have 60 days from the date of the notice to let us know if you wish

to purchase coverage. If you do not respond, your right to purchase coverage terminates.

The Benefits Fund Office has no way of knowing when people get divorced, move out, turn age 19 while still living at home, or lose student status. Nor do we always know when a person who is on a no-cost disability extension of coverage is no longer disabled.

When these types of events occur, **you** must let us know within 60 days of the event that you are interested in purchasing coverage. If you do not notify us, your right to purchase coverage will terminate.

When you notify us of your interest in purchasing coverage under COBRA, we will send you a letter informing you of the cost and forms to fill out if you decide to “elect” the coverage. While you are considering electing COBRA is a good time for you to check with a personal insurance agent to see if you are interested in coverage from a source other than this Fund.

COBRA Coverage

Generally, coverage may be continued for up to 18 months. If Health Plan coverage is lost due to the death of the employee-member, due to divorce, or because of loss of eligibility as a “dependent child,” coverage may be continued for up to 36 months. If you stop working because you are disabled, you may

purchase coverage for up to 29 months less any period of time for which you received a no-cost extension of benefits under the Plan.

If you have other group coverage—from another job or a spouse’s job, for example—you may still elect COBRA coverage. However, the COBRA coverage is always “secondary.” That is, the other insurance plan pays first and we pay second.

Once you elect COBRA coverage, your monthly payment must be made on a timely basis. Payment is due by the end of each month for the next month’s coverage. Payments can be made up to three months in advance. Also, we can arrange for an automatic deduction from your bank account. This insures that coverage is never lost because a payment is not received. Failure to pay for coverage in a timely manner will result in termination.

Obviously, the Fund cannot allow a person to wait until they are sick or hurt to decide to elect coverage or pay a monthly premium. Thus, in order to protect the entire Fund, the rules regarding COBRA continuation coverage are exact and must be followed. Coverage must be elected within 60 days of the applicable event and payments must be made when required. Not doing so will result in termination of coverage.

Don’t Ever File a Medical Claim Form Again—Well, Almost!

Vickie in the Claims Office would like to emphasize how important it is for you to show your Health ID Card to the person who is recording your insurance information when you receive medical services. This could be at your doctor’s office, at a hospital admission office, at an immediate care center, or the like. Here’s the advantage to you: If your service provider participates in the Blue Cross Blue Shield PPO, you do not have to file a claim form or pay

the bill at the time of the service. The provider will submit the bill to Blue Cross,. Then Blue Cross will apply a discount to the bill and send it to us. We will let you know how much will be paid by the Benefits Fund Office and how much is your responsibility.

The only time when you should be sending a claim form to us at the

Benefits Fund Office is if your medical provider is not participating in the Blue Cross Blue Shield PPO; if you are filing a vision or dental claim; if your medical claim involves an accidental injury; or if you have a change in other insurance information, in your address or in your name.





Newly-Expanded Preventive Care Benefits

The newly overhauled and expanded preventive care benefits will provide more money to you for routine examinations. We want to help you catch health problems before they become serious. The new benefits are modeled after the recommendations of the US Preventive Services Task Force. This government task force, backed by a reviewing network of over 700 physicians and other health professionals, recommended the types of exams and routine tests that adults should receive.

The Plan now covers, for the employee-member and spouse, the following annual expenses:

- Doctor's charges for a physical exam;
- PAP test for females;
- A "multi-channel" blood screening test, which is a standard test for a variety of conditions; and
- Colon cancer blood tests or sigmoidoscopy for patients age 50 or older.

Benefits are paid at 100% for the first \$50 in covered expenses; the balance is subject to the Plan's deductible and co-payment requirements. Remember to use a Blue Cross PPO doctor or facility to reduce both your cost and the cost to the Fund. Remember also that the Plan provides an \$85 benefit for a mammogram (one test between age 35 and 39; annually beginning at age 40).

You and your doctor might notice that there are some standard tests that are not included in the coverage. These include urinalysis and a CBC (complete blood count). These tests were not recommended for routine screening by the government task force and have not been included in the Plan's benefits. Some routine tests may be advisable in your case, but we regret that benefits may not be available for those tests. The Board of Trustees has an obligation to make the most benefit dollars available to as many people as can be afforded and is using the government task force's guidelines to assist them in that goal.

Taking Your Pension Credit with You

Suppose your spouse gets a promotion that moves you across the country—or you simply tire of Chicago winters and head for warmer surroundings. What happens to the years of credit you've accumulated toward your UFCW pension? You assume it is lost, but this may not be true.

The Pension Fund has what is called a "reciprocal agreement" with over 15 retail food funds across the country. This means that each fund agrees to accept the service credit you earned under any of the other funds. If your combined years of service under all reciprocal funds equals ten years, you will be eligible for a pension at retirement age—just as you would be if all your employment was under us.

Simply put, a Reciprocal Agreement frees you up to move from one fund to another while carrying your accumulated eligibility service with you.

When you are ready to retire, you will need to apply to all the funds. You will receive a separate benefit from each fund, representing the portion of your employment which fell under their jurisdiction.

If you're considering a move, or have questions about possible reciprocal service, contact us.

[Editor's Note: Some readers are not covered under our Pension Plan—particularly, meatcutters in the large chain and small, independent stores.]

Osteoporosis: Lifestyle Changes That Can Reduce Your Risk

Bones are living tissues composed of minerals including calcium. At around age 35, a woman's bones start becoming less dense and her calcium stores begin shrinking. This process accelerates as estrogen production decreases during menopause. Osteoporosis is when bones become very "thin" and weak. Symptoms may include backaches, back muscle spasms, and fractures, especially of the hips, wrist or spine.

Risk factors for osteoporosis include:

- a family history of the disease,
- a slender, small frame,
- Caucasian or Chinese ancestry, and/or
- a sedentary lifestyle, often involving smoking and heavy drinking.

Having a diet low in calcium or taking steroids also increases the risk.

You can make lifestyle changes which can reduce your risk:

- Eat a well-balanced diet rich in calcium and vitamin D. Vitamin D helps your body absorb the calcium. Fortified, low-fat milk is a good source of both. Other good calcium sources are oysters, sardines, shrimp, low-fat cheese, spinach, turnip and mustard greens and broccoli.
- Do weight-bearing exercises. Even the most sedentary senior citizen can benefit from starting an exercise regime. Walking and weight-lifting are two easy activities that can increase bone density. An extra benefit is that you may improve agility and flexibility and reduce your chance of falling.
- Take extra precautions to avoid accidents and falls: Keep bathroom and kitchen floors dry, place railings in bathrooms, remove throw rugs, sand icy walks.



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Unions and Employers Midwest
Health Benefits and Pension Funds**

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FUND ADMINISTRATOR Daniel W. Ryan

EDITOR Margi Devoe

TDD Number—What is it?

You may have noticed on our forms and letters, as well as on communications from other organizations, the letters “TDD” followed by a phone number. The “TDD” stands for “telecommunication device for the deaf.” This special telephone is being provided by more and more companies everywhere.

The TDD is a separate “telephone” which allows a person who cannot hear or has difficulty hearing, to communicate in writing over a phone line. It actually looks like a very small typewriter! You must have a TDD device to place a “call” (from your home or business, for example)—a regular telephone cannot be used. Instead of speaking, you would type “Hello. Will you please send me a health plan booklet.” We receive the message on our TDD and answer back in writing “Certainly. May I have your Social Security Number, please...”

Questions? Comments? Complaints? Compliments?

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