

Benefits Basket

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

Winter/Spring, 1998

Dental Claims...Where Are You?

Each year, a sizable part of our group does not submit any medical claims. This is not a surprise; we're glad that so many people have been able to maintain their health. But also each year, a sizable number of you submit no *dental* claims. This is a surprise, since most of our plans have dental coverage which pays a good portion of the cost of cleaning, diagnostic x-rays, and examination by a dentist.



These are services that you should receive annually, even if you are not experiencing any dental problems. Dental conditions caught early (or avoided entirely!) save you lots of trouble and save both you and the Fund lots of money.

So schedule a dental appointment today. If you are not sure, call the Claims Office to see if you have dental coverage for yourself or family members.

Social Security Administration Offers Update for Your Review

Were you aware that the Social Security Administration offers a free Personal Earnings and Benefit Estimate Statement? This statement shows your Social Security earnings history and estimates how much has been paid in Social Security taxes. It also estimates your future benefits and tells how you can qualify for those benefits. It is recommended by Social Security that you request this information about every one to three years. A regular review of the information is important to make sure that your earnings history is accurate and complete.

Contact the Social Security Administration to obtain an Earnings and Benefit Estimate Statement request form. It is estimated that it will take you about five minutes to complete the request form. You will then receive your statement in six weeks or less.

For information, contact the Social Security Administration:

- Toll-Free: 1-800-772-1213
- Internet: <http://www.ssa.gov>

*Thanks for this information to
Carpenter's Welfare and Pension
Fund of Illinois*

Think Ahead! What Hospital Should You Use?

Many direct mailings and issues of our newsletter have encouraged employees to use hospitals participating in the Blue Cross/Blue Shield Preferred Provider Organization (PPO). When you use a PPO hospital, both you and the Fund receive a considerable discount off the hospital bill. Also, your benefits will be paid at 90%, instead of the basic level normally paid under your Plan.

There is another reason to use a PPO hospital. The Fund, the PPO hospital and Blue Cross (or Health Dynamics in Missouri) have already agreed to the appropriate level of hospital charges. There will be no dispute over the amount charged for a particular component of your hospital treatment, such as a supply or an x-ray.

This is not the case in a non-PPO hospital. If the non-PPO hospital

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Think Ahead! What Hospital...

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overcharges for any item, your benefits will be limited to the “usual and customary charge” for that item. This can be a problem for you if there is a gross overcharge by the hospital.

Now we are all used to seeing things on a hospital bill that are expensive. The charges reflect the cost of the item plus the hospital's overhead related to the supply or medication. But look at the charges recently received on one claim from a non-PPO hospital in Chicago:

- One pre-operative EKG was billed twice. Further, EKG electrodes are available for about \$1 per 3. The charge on the bill was \$32.61.
- Surgical gloves which cost 75¢ were billed at \$44.31.
- A quantity of lactated ringers which costs less than \$3 was billed at \$70.75.
- Tegadern can be obtained for about 60¢ a tablet. The charge on the bill was \$41.26.

This patient chose a non-PPO hospital for a non-emergency medical procedure. Because our benefits, like the benefits in most plans, are limited to the usual and customary charge, the Fund does not cover all of the costs of the overcharges listed above. This means that the patient had to pay extra. It is also possible that the hospital will commence legal collection action against the patient and the Fund, since the patient assigned benefits to the hospital.

This can be avoided by using a PPO hospital. Almost all good hospitals in the Chicago area and many throughout Illinois, Missouri and northwest Indiana are in the PPO. If you are under active medical care, discuss where you might get hospital treatment with your doctor. If you are not under medical care, you should still think ahead. Where will I go if I need emergency room care, testing or hospitalization? There is a good hospital close to you that is in the PPO.

Where Are You? We Need Your Current Address!

Put us on your list and give us a call with your new address whenever you move.

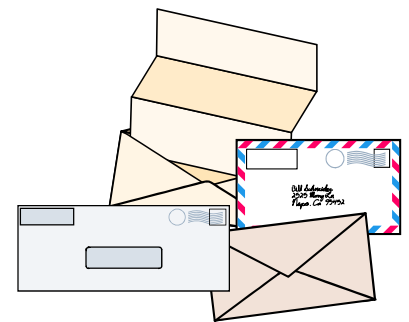
Retiring Soon or Do You Know a Retiree

Even though you are retiring, we need to have your current address if you will be receiving a pension from us. Many retirees move and do not notify the Pension Office—because their check is deposited directly into their bank account, it just does not occur to them to notify us of an address change.

Sharon, in the Pension Office, reminds you that once you've retired, drop us a line with your new address or give us a call. For security purposes, we will ask you for specific identifying information before we will accept your address change over the phone. If you know a retiree who has recently moved, please pass this info on.

Health Benefit Checks Get Returned to Us

Sometimes an employee-member will move while a health claim is in process. Letters, and sometimes a benefit check, get returned to us marked “Moved...” The Claims Office cannot finish processing the claim until an address can be found. The Claims Office asks that you please keep us informed of your current address.



Women's Health Connection

Christine, in the Health Information Services Office, suggested that people might be interested in a program sponsored by Resurrection Health Care in Chicago.

The “Women's Health Connection” is designed to meet the health care needs of women. It offers services to meet women's physical, emotional, spiritual and educational needs. There are numerous benefits to the free membership.

To get further information or to sign up, call 773-545-8500.



“Light” cheeses can slash fat content radically. But they can also be bland, rubbery, and difficult to cook with. Another alternative is to use a strong cheese, such as blue, Gorgonzola, or Roquefort, or a hard grated cheese, such as Parmesan or Romano. You can substitute just a little of one of those flavorful cheeses for a larger portion of a milder variety.

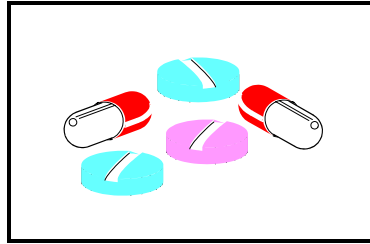
*Consumer Reports on Health,
January, 1998*



We All Save Big with Generic Drugs (Including Zantac)!

Use of generic drugs instead of "brand-name" drugs results in considerable savings to both you and the Benefits Fund. You pay a lower deductible and the cost of the drug to the Fund is considerably less.

UFCW workers have clearly gotten the message. More than 40% of the drugs dispensed are generics!



On any new prescription, remember to ask your doctor if a generic may be used. Also, new generic drugs are hitting the market all the time. So, you should check with your doctor every so often to see if a drug you use regularly has a generic equivalent.

Here's an example. One of the most commonly-prescribed drugs for our group of workers is Zantac, a drug used for ulcers and other gastrointestinal conditions. This drug has only been available on a brand-name basis until just a few

months ago. The generic name is Ranitidine. Right now, only 7% of our prescription activity for this drug is generic. If you are a Zantac user and you and your doctor think that Ranitidine is a good alternative, both you and the Benefits Fund will save. Please remember that Tagamet, a similar drug, also is available in generic form as Cimetidine.

Unlike some other health plans and HMO's, we have no Plan requirement that a generic be used. This is between you and your doctor. But if you can save yourself and the Fund money, it's worth discussing it.

And, speaking of Zantac, most of our prescriptions are for patients who take a 150 mg tablet twice per day. There is a 300 mg version of Zantac or Ranitidine that is taken *once* per day. If your doctor feels the 300 mg tablet is right for you, you might find one tablet a day more convenient.

Anti-Fraud Efforts Continue

Fighting health care fraud continues to be a challenge. Every dollar paid on a fraudulent bill or overcharged for a service is a dollar that is not available to maintain or increase benefits. Becoming aware of possible fraud on any *one* claim means that *all* claims must be examined carefully. Your patience and assistance in providing information is greatly appreciated.

In the past few months, anti-fraud efforts have helped the Benefits Fund to discover a series of forged drug prescriptions. Refunds were received from the patient and the forgery was reported to the proper authorities.

In another case, the Fund received a large bill for emergency care in an Asian country. Even though foreign claims are difficult to interpret, we could tell that there was probably overcharging and fraudulent billing. The Fund contacted First Services, a claims investigating company with national and international personnel. They had someone in the area and were able to document the extensive overcharging. Even after paying for First Service's fee, the Fund saved substantial money by paying only the valid cost of valid services.

Reminder—Your Responsibilities if You Want COBRA Coverage

When employer-paid health coverage for you or for a family member is about to terminate, coverage can be continued for a limited time by making self-payments directly to the Benefits Fund Office. This is commonly referred to as "COBRA continuation coverage." It is your responsibility to let us know that you want COBRA coverage:

When you terminate employment or have a drop in hours, we send you a "COBRA notice" asking if you want to continue coverage...



If you want COBRA coverage, send the notice back to us indicating your choice of coverage.

When your dependent child turns 19, loses college full-time student status, or moves out of your home; or if you get a divorce...



If you want COBRA coverage, you must call us because we do not know when these types of events happen to you.

And, of course, make sure we always have your current address. You have only 60 days to make a COBRA decision and an old address (or even no address) on our file could substantially delay your mail delivery.



Paper Claims Slow Down Claims Processing!

When you receive treatment from a Blue Cross/Blue Shield PPO physician or hospital, the doctor or hospital should bill Blue Cross directly. When this happens, your share of the PPO discount is computed properly and our Chicago Claims Office receives and pays the bill electronically. There is no paper document involved and bills flow smoothly through the claims processing system. If you or the doctor's office submit a paper bill to the Fund, it needs to be sorted, reviewed for whether or not the doctor is a PPO participant, microfilmed, and keypunched into our system. This delays the processing of the claim.

Cross/Blue Shield requires that they bill first through the Blue Cross system. Advise us if a Blue Cross/Blue Shield PPO doctor refuses to submit the billing through Blue Cross.

- Send us non-medical claims—dental, vision, and disability income (Income Protection) claims *should be sent* to us at the UFCW Benefits Fund Office.



Right now, over 90% of activity comes in electronically through Blue Cross/Blue Shield. This is excellent response to our request to have the doctor or hospital bill us through the Blue Cross system. But the other 10% that still come in on paper slows down all claims processing.

What Can You Do?

You can help speed the processing of your claim by:

- Show your ID Card—employee-members should show their Blue Cross/UFCW Fund ID card whenever they get medical treatment. Even if you go to the same doctor all the time, be sure the doctor's office has the information from your ID card. One doctor in Peoria tells us that many patients have not shown their latest ID card to the receptionist.
- Don't pay if it is a PPO provider—if you use a Blue Cross/Blue Shield PPO provider, do not pay for the service at the time you are treated—and do not take a bill to submit to us. The doctor's contract with Blue



Don't put away the sunscreen for next summer. There may be less sunlight in winter, but it can still damage the skin.

And skiers take note: Ultraviolet radiation increases with altitude. At 5000 feet, for example, the sun's UV rays are 20 percent stronger than at sea level. And snow reflects 85 to 100 percent of sunlight.

Consumer Reports on Health, December, 1997

Vacationers...Be Advised

Most of us receive our vacation pay just before we take our vacation time. But when your vacation time overlaps into the next month, it may cause a problem with your health coverage if you are covered under Plan DH or Plan 9. Under these two plans, you must maintain a certain number of average hours to continue individual or family health coverage. Vanessa, in the Billing Department, hopes that this article will help you avoid coverage problems.

Here's How the Problem Can Occur

You request the last week of January and the first week of February as vacation. You receive your pay for these two weeks in January and take off for fun in the sun.

Meanwhile, your employer makes a health contribution to us each month for every covered hour for which you are paid (this includes vacation hours). So the January contribution is made for all of January and for the first week of

February. The February contribution will then be one week short because the first week was paid in January. This may give the appearance that you did not have enough covered hours in February to maintain coverage.

Here's How You Find Out the Problem Occurred

It's now March and you're at the pharmacy filling a prescription, maybe for the illness you caught on vacation. The pharmacist says your RPX Prescription Drug Card is being rejected because the computer indicates you have not maintained minimum hours in February and have lost coverage.

Here's What You Can Do to Avoid the Problem

There will not be a problem if you take vacation within the month. But this is not always possible. If you think your average hours per month may be affected by your vacation time, call us when you get back from vacation. We can then make an adjustment to allocate the hours to the correct month.





Some Stores are Twice Connected

There are hundreds of companies that are participating employers in the Health and Pension Funds. But in the case of thirteen of these employers, we actually have *two* relationships. Most importantly, they help fund your benefits by paying the contributions negotiated for you by your UFCW local union—but they also have a pharmacy that participates in the RPX Prescription Drug Program. These stores help to pay for benefits *and* they also receive your benefit dollars when they provide pharmacy services to you.

Participating employers who accept the RPX card at their pharmacies are:

Dominick's Finer Foods, Inc.*

Eagle Food Centers*

The Kroger Company*

Cub Foods*

Strack and Van Til*

Consumers Market (Missouri)*

Hideg Pharmacy,
Belleville, IL

Ashmann Prescription Pharmacy,
Collinsville, IL

Turner Prescription,
Galesburg, IL

Camp Drug Store,
Wood River, IL

Family Drugs,
Carterville, IL

Moroni Drugs,
Herrin, IL

Gem Rexall Drugs,
Collinsville, IL

**Not all store locations may have a pharmacy*

Contact the Benefits Fund Office if you need information on the RPX Prescription Drug Program or on locating a participating pharmacy.



To squeeze short bouts of exercise into your day, try these tips:

- Walk briskly at least part of the way to or from work.
- Use stairs whenever possible.
- Take a brisk walk at lunchtime.
- Ride a stationary bicycle while reading the newspaper.
- Jump rope while watching television.
- Do some thorough housecleaning.
- Bicycle to do errands or visit friends.
- Play actively with your children or your grandchildren.
- Walk the dog. If you don't have a dog, borrow one.

*Consumer Reports on Health,
January, 1998*

Listen to This...



We have a new automated telephone answering system at the Benefits Fund Office. Some of you are no doubt saying "It's about time!" while others are

moaning "Oh, no! I hate those menu systems!"

Our volume of calls is ever-increasing and we have had only limited success with past efforts to streamline the process of calling us. We believe that the automated answering system is the best solution for getting your phone call quickly directed to the right department. So far, it appears to be working very well.

When you call us during normal business hours (8:00 AM–4:30 PM ET, Monday through Friday), you may select from the following five choices:

- Press 1 for RPX Prescription Drug Program
- Press 2 for Health, Dental, Vision Claims
- Press 3 for employer contributions, hours worked, COBRA
- Press 4 for Pension
- Press 0 for switchboard operator

If you know your party's extension, you may enter the extension and be directly connected.

For those of you who are not calling from a touch-tone phone, simply stay on the line and the operator will answer your call.

Pension Status Report

Each year we send a "Pension Status Report" to all active employees. The Status Report includes contributions received for you from your employer during the preceding calendar year. Kathy, in the Pension Office, says to let you know that this is an important document because it is our record of your employment and pension credit for that year. She suggests that you take some time to compare the report against your paycheck stubs. Indicate any discrepancies or errors on a copy of the report and send it to us, together with a copy of your paycheck stub(s). We will investigate and adjust your hours, if necessary. The sooner we find out about any problem, the easier it will be to correct it! We don't mean

to imply that there are errors to be found in the Pension Status Report.

a strong track record of accurate reporting. But it is still worth a look. It's your pension!





Our participating employers have





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

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1-800-572-5822 Illinois Outside Chicago
1-800-621-5133 Outside Illinois

FAX us 773-878-6219

Write us 4858 N. Sheridan Rd., Chicago, IL 60640-3794

Some readers are not covered under our Pension Plan—particularly, meatcutters in the large chain and small, independent stores. Call the Benefits Fund Office if you do not know whether or not you are covered under the Pension Plan.

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