

UNITE HERE HEALTH



Your guide to the Food Service Plan in D.C. and Baltimore



Introduction

Congratulations! You collectively bargained to get your health benefits through UNITE HERE HEALTH (“UHH” or “the Fund”), which exists just for union members of UNITE HERE.

This manual is intended for union shop stewards and other leaders to help UNITE HERE HEALTH members learn how to best use their health benefits and access quality care.

You and your co-workers work hard every day to maintain quality, affordable healthcare for yourselves and your families.

Unfortunately, quality, affordable healthcare for working people is in danger.

We can protect our pot of money for healthcare, control out-of-pocket costs, and help keep great benefits by using them wisely.



*UNITE HERE HEALTH is **your**
pot of money just for healthcare.*

This manual covers Food Service Plan Legacy and Food Service Plan II. Each worksite will eventually bargain over from FSP Legacy to FSP II.

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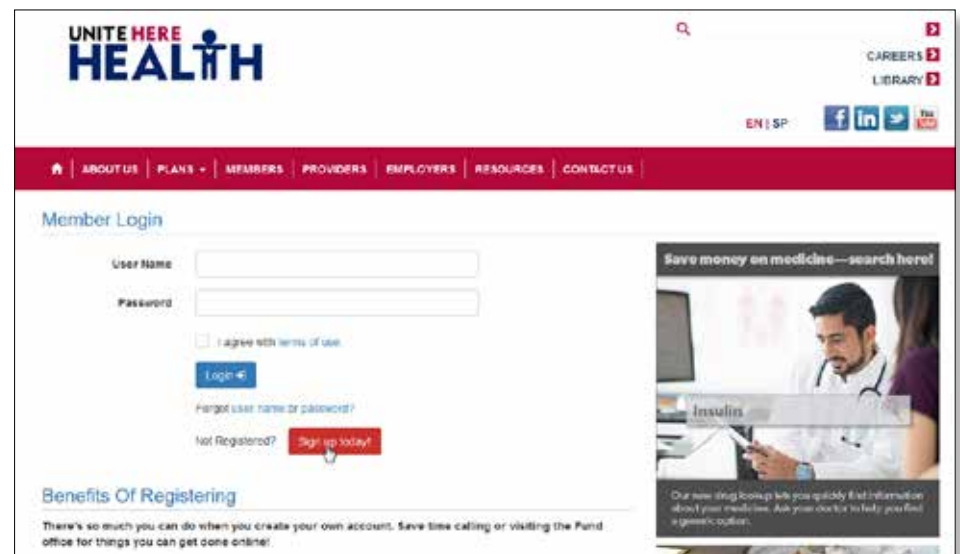
Food Service Plan

Register for an account on our online member portal

1. Visit uhh.org and click on the "Members" tab.



2. Click on the "Sign up today!" button to create a new account.



**Call the
Fund first!**

(833) 637-3519

9:00 a.m. – 7:30 p.m. Eastern,
Monday through Friday

Visit uhh.org/fsp
for more info!

Find:

- A primary care provider or urgent care center near you
- Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries

You can also login to our enrollment portal to:

- View your current benefits
- View the specific benefit summaries that apply to you

To register, go to uhh.org then click on "Members."

3. The member then enters his/her information and clicks "Register" to create a new account.

Member Registration

Fill out the form below to create an account with your Health Fund! Please note that this is a secure area for members only. (Accounts for dependents are not available at this time.)

Already Registered? [Log In](#)

Social Security Number: 000-00-0000

First Name: _____

Last Name: _____

Birth Date: mm/dd/yyyy

Phone: (999) 999-9999

Email: _____

Language: _____

User Name: _____

Password: _____

Confirm Password: _____

Security Question: _____

Security Answer: _____

I agree with terms of use.

[Register](#)

Save money on medicine—search here!

Insulin

Our new drug lookup lets you quickly find information about your medicine. Ask your doctor to help you find a generic option.

Other important phone numbers

**Kaiser Permanente
24/7 medical service
and appointments**
(800) 777-7904
kp.org

**Kaiser Permanente
Member Services**
(800) 777-7902
kp.org

Kaiser EZ Rx Refill Line
(800) 700-1479

Davis Vision
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davisvision.com

Cigna Dental Care
(800) 244-6224
mycigna.com

Text POWER to 97779
Text messaging updates

Common terms

You should know a few common terms:

Premiums—how much your benefits cost per month

Co-premiums—how much you pay toward the premium, if anything (this is negotiated between you and your employer); co-premiums are almost always paid through payroll deductions by your employer

Deductible—how much you have to pay, if anything, before your benefits will start paying

Copay—how much you pay for a medical service or office visit, usually at the time of the visit; a fixed amount for the service

Co-insurance—how much you pay for a medical service; a percentage of the total service charge

UNITE HERE HEALTH members have top-tier coverage

You and your employer collectively bargained for the following:

- Benefits offered
- Waiting period
- How many hours you have to work to be eligible for benefits
- Co-premiums

Being part of UNITE HERE HEALTH allows members access to a higher level of benefits than can be found elsewhere.

Food Service Plan Kaiser Signature pays more than 90% of healthcare costs.

With other plans, the person pays up to **40%** of medical costs (through deductibles, copays, and co-insurance) *after he/she pays the monthly premium.*



Cristina, UHH member, and husband, Carlos

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Coverage differences between the Food Service Plans

	Food Service Plan Legacy	Food Service Plan II
Options to add dependents	<p>3 Tiers:</p> <ul style="list-style-type: none"> • Employee • Employee + 1 (Could be child or spouse) • Family 	<p>4 Tiers:</p> <ul style="list-style-type: none"> • Employee • Employee + Spouse • Employee + Child or Children • Family
Coverage starts	<p>2 months after the employee and employer start making contributions (payments).</p> <p><i>Example: Contributions start in January, coverage will begin in March</i></p>	<p>Same month for which the employee and employer start making contributions, which usually start the month before the coverage starts.</p> <p><i>Example: Contributions start in January, coverage starts in February.</i></p>

Some great things about Food Service Plan

- \$15 copays for primary care, mental health, and substance abuse counseling (**Select High coverage has different copays. Members with Select High should check the Select High Benefits at a Glance at uhh.org/fsp*)
- No deductible
- On-the-ground health promoter (healthcare organizer)
- Certain diabetic supplies for **FREE**
- **FREE** Family Dental and Vision coverage for most members

Other important phone numbers

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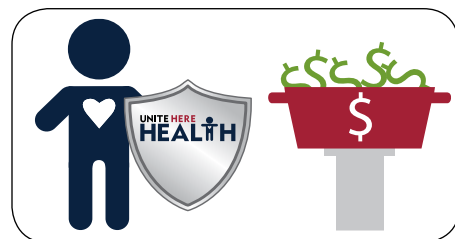
- **FREE** Better Living program for people with on-going conditions
- Low prescription copays
- Mail-order pharmacy offers even lower-priced prescriptions
- After bargaining to transition to the newer Food Service Plan II, members can choose from 4 coverage tiers: Single, Single + Spouse, Single + Child/Children, and Family
- After bargaining to transition to the newer Food Service Plan II, coverage begins on the first day of the month for which premium payments are made (new hires no longer have to pay for 2 months before coverage begins)

For more details about coverage offered through Food Service Plan, review the Benefits-at-a-Glances located at uhh.org/fsp

Where it asks what plan you have, select "Kaiser." Select "DC/Baltimore Area" when it asks you where you live. The Benefits-at-a-Glances are under "Benefit Summaries" in the lower right hand corner of the page.

Protecting your pot of money

UNITE HERE HEALTH is a non-profit governed by both union and employer trustees. Our mission is for you and your fellow members to receive the best quality care for your money.

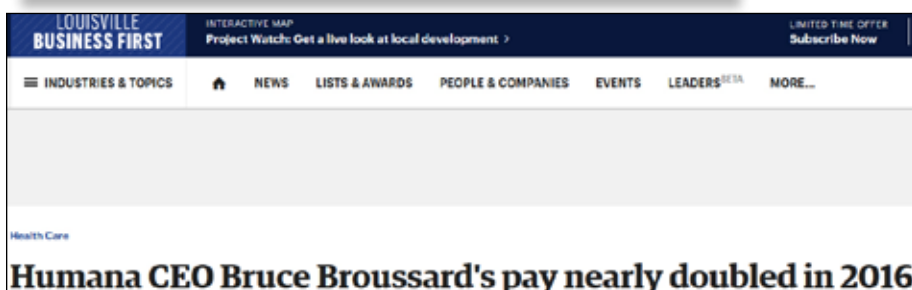


We're always trying new ways to offset rising healthcare costs.

UHH medical professionals, analysts, and regional specialists work hard to protect your money from the healthcare profiteers who are making headlines.

Private insurance giants

Private insurance companies focus on profits. Here are some examples:



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The pharmaceutical industry

Increasingly, some drug companies are bending the rules to overcharge for life-saving medications.

Here are examples of pharmaceutical companies reported in the news:

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The Fund's paperless move to save you money

Did you know the Fund spends hundreds of thousands of dollars on printing and postage every year? Encourage members to sign up for email to help reduce printing and postage costs.



Members can visit uhh.org/email to get legally required notices sent via email, which will also stop big packets of paper getting sent to your home. (Members who do this must have a working email account and Internet access in order to participate.)

They can also sign up to go paperless during online enrollment. Finally, members can get great health tips by following UNITE HERE HEALTH on Twitter or liking us on Facebook.

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How to enroll

Enrollment overview

Enrollment steps	How you can help the process go smoothly
1. A new employee is hired or moves into a benefit-level position.	
2. The employee's on-site manager should immediately report him/her to UNITE HERE HEALTH. <ul style="list-style-type: none"> ➤ If the employee works for certain Compass locations or for Sodexo, the manager reports these changes to the corporate benefits office, who then sends it to UNITE HERE HEALTH. 	<p><i>Remind managers to report new employees to the Fund right away. If they don't know how to report new hires to UHH, they can check with their manager, Labor Relations, or call UHH.</i></p>
3. Once notified, UNITE HERE HEALTH will mail an enrollment letter to the employee, who should receive it 3-5 business days later. The employee should follow the instructions on the letter to enroll (they can enroll online or call UHH).	<p><i>If a new hire hasn't received an enrollment letter within 2 weeks of being hired or moving to a benefit-level position, check with his/her manager to see if the employee has been reported. The employee can also call UHH to see if they are in the Fund's system. (If the employee is not in the system, their manager has not yet reported him/her as a new hire.)</i></p>
4. After the employee enrolls himself/herself and any dependents, and <u>after any probation/waiting period required by his/her Collective Bargaining Agreement (CBA)</u> , the employer will start paying monthly health benefits contributions. <ul style="list-style-type: none"> ➤ The employee will start paying his/her co-premium, if applicable, as well. 	<p><i>If payroll contributions deductions don't start on time, check with the employee's manager. Payroll contributions deductions are an issue between members and employers. The Fund is unable to resolve these issues.</i></p>

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Enrollment overview (continued)

Enrollment steps	How you can help the process go smoothly
<p>5. Coverage becomes active after payments are made.</p> <ul style="list-style-type: none"> › For those in the newer Food Service Plan II, the employee's coverage will become active on the first day of the month for which payments are made. › For those who are in Food Service Plan Legacy, the employee's coverage will become active after 2 months of employer and employee payments (the "lag period"). 	
<p>6. The employee will receive an ID card from Kaiser within the first month of medical coverage.</p>	<p>If cards don't arrive within the first few weeks of coverage, the member should contact the Fund. If the employee needs to use his/her benefits before receiving the ID card, the employee just needs to give his/her Social Security number to Kaiser.</p>
<p>7. A UNITE HERE HEALTH welcome packet arrives after the employee's benefits start. It contains important benefit information that the employee should review before he/she uses his/her benefits.</p>	
<p>8. If the employee has Cigna Dental, the Cigna ID card arrives in a separate envelope shortly after his/her benefits start.</p>	
<p>9. If the employee has VSP or Davis Vision, he/she does not need an ID card to receive vision services.</p>	

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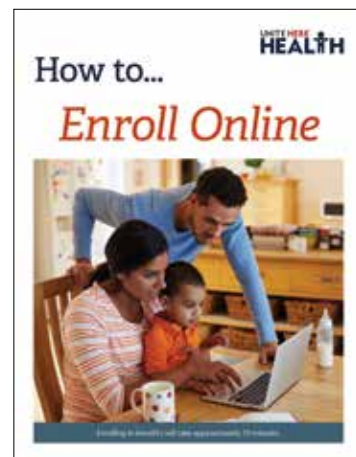
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on "Members."

How to enroll online

Employees can visit uhh.org/enroll to start the online enrollment process. Employees will first need to register. To enroll new dependents, they will need to upload, email, or fax a marriage certificate for a spouse and a birth certificate for a child **BEFORE** their enrollment deadline.

- Email: docs@uhh.org
- Fax: (630) 236-4392



We've created a quick guide to help members enroll online. It can be found at uhh.org/resources under the "Employer and Union Toolkits" heading. Click on the "Step-by-Step Online Enrollment Guide."

To enroll over the phone, have the employee call UHH.

Enrolling new hires

Q: How can new hires get enrolled on time?

A: Make sure the employer immediately reports the new hire to UNITE HERE HEALTH.

Step 1: Whenever a new employee is hired into a benefit-eligible position, the employer needs to notify UNITE HERE HEALTH **immediately**, even before the employee has completed any probation/waiting period required by his/her CBA.

Employers must report their new hires to their assigned representative at UNITE HERE HEALTH. These representatives make sure the employer is paying healthcare premiums correctly.

If the employer does not know who their representative is, ask the employer to call the Fund for help.

- For certain Compass locations and for Sodexo, the worksite manager needs to report new hires to their corporate benefits office, who then reports to UHH. If they do not know how to report to corporate benefits, ask them to call the Fund for help.

*UNITE HERE HEALTH (the joint union and employer health fund) is not the same as UNITE HERE (the union). The employer needs to notify the **Health Fund** of new hires.*

Step 2: Once notified, UNITE HERE HEALTH will mail enrollment letters to employees who are newly eligible to enroll.

Step 3: The employees have 30 days to enroll from the date this enrollment letter is mailed out. They must also send any documents for dependents in this timeframe (see the “Adding dependents” section). Members can enroll online at uhh.org/enroll or call UHH.

Members should NOT wait until after they complete their probation/ waiting period to enroll or inquire about enrolling or they will miss their enrollment deadline.

Example The language in the union contract for this worksite reads:

“The employer will begin making contributions to the Fund for eligible employees the first of the month following 2 months of employment.”

This means that there is at least a 2-month waiting period.

1. Wilfred gets hired on 7/15 into a benefit-level position.
2. His manager reports this to the corporate benefits office on the same day, which sends his information to UNITE HERE HEALTH on the same day.
3. Because of the timely notifications, Wilfred gets his enrollment letter in the mail 3-5 business days after his 7/15 hire date.

Other important phone numbers

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4. Wilfred enrolls at uhh.org/enroll within 30 days of the date the letter was sent.
5. Wilfred completes his 2-month waiting period on 9/15 and per his CBA, his employer starts making contributions **for** the following month of October.
6. Wilfred also starts paying his co-premium through payroll deductions by his employer.

If Wilfred works at a worksite that is in FSP Legacy with the lag:	If Wilfred works at a worksite that is in FSP II with no lag:
7. Wilfred and his employer make contributions for October and November. This is the 2-month lag period.	7. Wilfred will get coverage on 10/1 .
8. Wilfred will get coverage on 12/1 .	

Enrolling current employees who become newly eligible to enroll

Q: How does an employee who is promoted to a full-time position or starts working enough hours get benefits on time?

A: The employer must report the change in hours to UNITE HERE HEALTH on time.

When someone starts working enough hours or moves from a part-time position into a full-time position and becomes benefits eligible per the CBA, **the employer needs to notify UNITE HERE HEALTH immediately.**

To do this, they must contact Corporate Benefits (Sodexo and some Compass locations) or the UNITE HERE HEALTH representatives (most other employers), using the same process explained previously.

- **Note:** Some CBAs may include a probationary period for people who move from part-time to full-time.

Adding dependents



Q: *When can someone add dependents?*

A: *Members can add dependents when they first enroll, during annual open enrollment, or if they have a special situation (see the "Qualifying life events" section).*

Members can enroll dependents (a spouse, child, or stepchild) for benefits. Children or stepchildren can be covered under the benefits until the end of the month in which they turn 26.

Members can add dependents when they first enroll, or during open enrollment, typically in October. If a member adds dependents during open enrollment, his/her dependents can begin using their benefits on January 1.

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When enrolling a dependent, the member will need to submit documents proving his/her relationship with the person ("proof documents"), which are:

- Marriage Certificate to enroll a spouse
- Birth Certificate to enroll a child/adult dependent
 - The birth certificate must list the parents' names. In some states (CT, NJ), this information is only found on the long-form birth certificate.

If adding the dependent(s) increases the tier of coverage (to Single + Spouse or Child/ren or Family level coverage), and the member pays a co-premium at his/her shop, he/she will start paying the new, higher co-premium. For members who have the "lag" period, he/she will start paying the new, higher co-premium for 2 months before dependents can use their health benefits.

Adding newborns, adding a new spouse, and handling coverage emergencies ("qualifying life events")

A "qualifying life event" grants a special enrollment period. Examples of qualifying life events are:

- Getting married
- Having a baby
- Adopting a child
- A spouse or dependent under age 26 suddenly loses coverage
- A dependent moves into the US
- The member or a dependent becomes eligible for state financial assistance under a Medicaid plan or State Child Health Insurance Program to help pay for the cost of UNITE HERE HEALTH's Dependent Coverage

The member has up to 60 days from the date of the qualifying life event to add a family member to the benefits. **Enrollments received after 60 days will not be accepted.**

Newborn children are covered from birth. However, the member must still enroll his/her newborn and submit the required proof documents to UNITE HERE HEALTH.

For a spouse and other dependents, members have 2 options for when that coverage will begin.

- **Option 1:** "Prospective," meaning coverage begins **the first of the month after the Fund is notified and approves the special enrollment (for members with a lag, coverage begins the first of the month after the 2-month lag period)**. If the member has a co-premium, his/her payroll deductions will increase if adding the dependent increases the member's coverage tier.
 - For example, a member gets married on January 20th and notifies the Fund on March 15th (within the 60-day special enrollment period) and the special enrollment is approved shortly thereafter. Coverage for the spouse would begin on April 1st (June 1st for members with a 2-month lag period).
- **Option 2:** "Retroactive," meaning coverage begins on **the first of the month following the qualifying life event**. If the member has a co-premium, extra money will be taken out of the member's paycheck, according to company policy, until he/she is caught up. This is called "arrears" and it is usually an **additional** one-half of the member's co-premium per pay period, so he/she would pay 1 ½ times the normal deduction until he/she is caught up.
 - For example, a member gets married on January 20th, notifies the Fund on March 15th, and the special enrollment is approved shortly thereafter. Coverage for the spouse would be retroactive back to February 1st (members with a lag period would have to pay the co-premium amount owed back to December 1st).

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How to use your benefits

Find a Kaiser primary care provider

The best and most cost-effective way to get routine care is to visit a Primary Care Provider (PCP) regularly.

Primary care visits are never more than \$15 and annual physicals are free. Any Kaiser PCP is covered under the benefits.

To find a PCP, call Kaiser. Members can also visit the Kaiser website at kp.org. Be sure to select "Maryland/Virginia/Washington D.C." in the upper right corner. Then click on "Doctors and Locations." Members can also ask a trusted co-worker for a referral to a local PCP as long as they make sure it's a Kaiser provider.

Kaiser makes it easy for members to set up their plan on their mobile device. Download the Kaiser Permanente app and click on "Register." Members can also set up their plan on a computer at kp.org/registernow

This site/mobile app lets members:

- Refill most prescriptions and get prescription reminders
- Email their doctor's office with non-urgent questions
- Video chat with their doctor
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- View most lab test results



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Make smart choices

Encourage members to make smart choices with their benefits.

Make smart choices!

1. Save money—stay in the Kaiser network

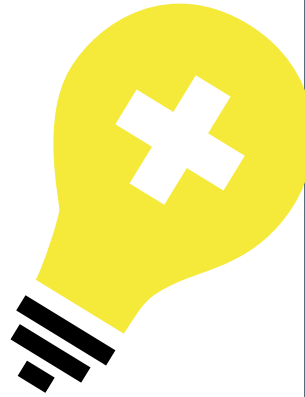
- Only urgent, emergency, and ambulance benefits are paid out-of-network.

2. Use copays to get the right care at the right price.

- PCPs know members best and have the lowest copays
- Urgent care centers have a lower copay than emergency rooms (ERs); members can walk in just like they can at ERs
- ERs cost the most

3. Know when to use a hospital

- Hospitals overcharge and cost more



Save money—stay in the Kaiser network!

For more details about the coverage offered through Food Service Plan, review the Benefits-at-a-Glances located at uhh.org/fsp The Benefits-at-a-Glances are under "Benefit Summaries" in the lower right hand corner of the page. They're broken into benefit categories.

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Find an urgent care center

This guide helps members decide where to go for medical care:

Where's the best place for medical care?

Whenever possible, members should call the Kaiser 24/7 Medical Advice Line for advice on the best place to get care.

When to go to the PCP

- Illness—examples: ear infection, flu/cold, sore throat
- Cuts, burns, sprains, muscle pain, infections
- Headaches
- Non-life threatening injuries
- Regular checkups
- Referrals to specialists
- To get or renew prescriptions
- Vaccinations

When to go to urgent care (after-hours care)

When the patient can't wait for the PCP's office to open because of:

- Non-life threatening illnesses
- Non-life threatening injuries
- Minor trauma—cuts, burns, sprains, muscle pain

When to go to the emergency room

- Severe difficulty breathing
- Chest pain or pressure
- Fainting
- Major bleeding
- Coughing or vomiting blood
- Sudden severe pain
- Poisoning

Kaiser has many urgent care centers available within Washington, DC, Maryland, and Virginia. These centers are open on weekends, evenings, and holidays. Kaiser keeps some of them open 24/7.

Visit kp.org/urgentcare/mas to find a Kaiser urgent care center or call Kaiser at **(800) 777-7904** to set up an appointment.

Suggest members keep the address of their nearest Kaiser urgent care center in their wallet.

Call the Fund first!

(833) 637-3519

9:00 a.m. – 7:30 p.m. Eastern,
Monday through Friday

Visit uhh.org/fsp
for more info!

Find:

- A primary care provider or urgent care center near you
- Forms for filing Short-Term Disability claims or naming Life Insurance beneficiaries

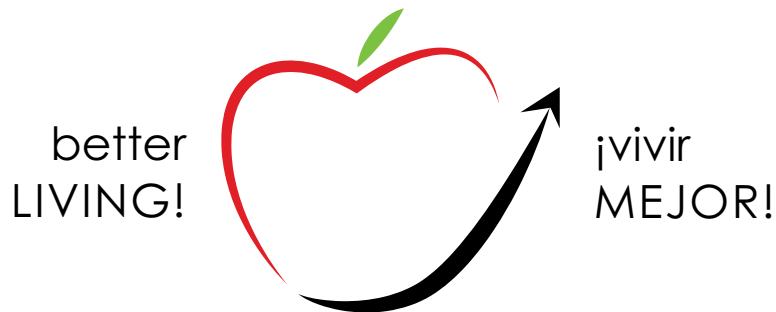
You can also login to our
enrollment portal to:

- View your current benefits
- View the specific benefit summaries that apply to you

To register, go to
uhh.org then click
on "Members."

Better Living—take charge of your on-going condition

Better Living is a free wellness program designed for members with on-going health conditions. A member's spouse or domestic partner is also eligible for the program.



The group meets once a week for 6 weeks. Many members have conditions like arthritis, asthma, high cholesterol, diabetes, high blood pressure, depression, etc.

Members support each other as they work to manage their conditions and medicines, start exercising regularly, manage stress, and achieve other goals. The group often forms a bond and reunites regularly to share updates after the program ends.

If you know a member who would benefit from joining Better Living, contact your Health Promoter, have the member contact your Health Promoter, or call the Fund.



Marie and Karen met through Better Living in 2014, graduated the program together, and became good friends.

Other important phone numbers

**Kaiser Permanente
24/7 medical service
and appointments**
(800) 777-7904
kp.org

**Kaiser Permanente
Member Services**
(800) 777-7902
kp.org

Kaiser EZ Rx Refill Line
(800) 700-1479

Davis Vision
(800) 999-5431
davisvision.com

Cigna Dental Care
(800) 244-6224
mycigna.com

Text POWER to 97779
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Make sure to use a network pharmacy

Kaiser will not pay for drugs purchased from an out-of-network pharmacy. Visit kp.org to find a Kaiser or network pharmacy.

Kaiser also has a drug "formulary" (a list of covered drugs). Visit kp.org/formulary to see the formulary. Kaiser breaks its formulary into 4 tiers. These tiers have different copays. Typically, lower tiers will have lower copays. The tiers are listed below:

- **Tier 1:** Generic Tier
- **Tier 2:** Preferred Brand Tier
- **Tier 3:** Non-Preferred Brand Tier
- **Tier 4:** Specialty Tier (split into generic, preferred, and non-preferred groups)

Below is a sample of the Kaiser Signature pharmacy benefits effective 1/1/2018. Visit uhh.org/fsp to find the most current benefit information.

Kaiser HMO Copays	Kaiser Pharmacy	Network Pharmacy	Mail Delivery
Up to a 60-day Supply	You Pay		
Generic	\$10	\$20	\$8
Preferred Brand	\$25	\$45	\$23
Non-Preferred Brand	\$40	\$60	\$38
90-day Supply	You Pay		
Generic	\$10	\$20	\$8
Preferred Brand	\$25	\$45	\$23
Non-Preferred Brand	\$40	\$60	\$38

Get half-price prescriptions through Kaiser's mail order pharmacy

Members can save money on prescriptions through Kaiser's mail delivery service. A 60- or 90-day supply usually has a lower copay than a regular 30-day-supply. Mail delivery is for "maintenance drugs" (drugs you take on a regular basis.)

Free Family Vision and Dental plan

Most UHH members in the D.C./Baltimore area have the Fund's Free Family Dental and Vision option. If a member doesn't know if he/she has Free Family Vision and Dental, check the member's CBA for details.

Dependents can be enrolled in the Free Family Vision and Dental plan any time. To do so, a member must call UHH.

Vision Plus: Davis Network

Using a Davis Vision network provider is very easy. At the appointment, the member must tell the provider that he/she has Davis Vision and give his/her Social Security number.

An ID card isn't needed, but members will receive one in case they want to use it instead of their Social Security number.

Visit uhh.org/fsp for the most current vision benefit information.



Cigna Dental HMO

Members have to go to a dentist in the Cigna Dental Care HMO network. If a member doesn't go to a dentist in this network, Cigna will not pay for any bills (except for covered emergencies). *Make sure the first thing members do is call Cigna and tell them the name of the dentist they've chosen.*

If they don't tell Cigna which dentist they want to go to in the DHMO network, Cigna will pick one for them.

If a member hasn't received an ID Card, call Cigna. If members are paying more out of pocket than they think they should be, call Cigna.



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If members are having issues that are not getting resolved by calling Cigna, call UNITE HERE HEALTH.

Here's an idea of what you should be paying:

Cigna DHMO	
Coverage for network benefits only	You Pay
Routine Oral Exams/Cleanings	\$0 copay
Most X-Rays	\$0 copay
Fillings Amalgam	\$0 copay
Crowns 1 per person every 5 years	\$100 – \$210 copay, depending on type
Root Canal	\$50 – \$135 copay, depending on type
Orthodontics — Child under 19 24-month max	\$1,104 copay total (\$46 copay per month)
No deductible; no non-orthodontic maximum	

To see your detailed copay chart, download the mobile app or create an account at mycigna.com

Members can also find a network dentist at mycigna.com

1. Click on "Find a doctor" at the top of the screen.
2. Click on "For plans offered through work or school."
3. Choose the "Dentist" tab.
4. Enter search location—city, state, or zip code.
5. Click on the "pick" button, then select "Cigna Dental Care HMO" and click "Choose."

Life and Accidental Death & Dismemberment (AD&D) Benefits

Who's eligible

- Members who are eligible to enroll in medical benefits under their CBA
- Members who are eligible for medical benefits but waived their medical benefits are still eligible for Life and AD&D Benefits
- Only UHH members (not their dependents) are eligible for Life and AD&D benefits

Choose a beneficiary

A member should name a beneficiary (a person UHH would pay if the member dies). Members can name as many beneficiaries as they want and can change beneficiaries at any time. Members can choose a beneficiary during online enrollment, download a beneficiary form at uhh.org/fsp, or call the Fund to update their information.

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Navigating Short-Term Disability claims

Tips to help speed up the process

- File the claim immediately
- Get the form at uhh.org/fsp
It can be found under "Forms" at the bottom of the web page or call to get it mailed.
- Fill out the form completely; there are 3 sections that must be filled out by the member, doctor, and employer.
- Member needs to make sure the doctor submits **ALL** progress notes/records to UHH until he/she gets a release to go back to work.



Coverage begins

- **Day 1**—for an accident or injury
- **Day 8**—for a pregnancy or sickness

Special cases

Short-Term Disability benefits for pregnancy start the 8th day after the delivery. If the member can't work before her delivery, her doctor must submit documentation.

Intermittent illness (an ongoing illness that re-occurs randomly) may be considered as *multiple disability periods*. A 7-day waiting period applies to each new disability period.



Call UHH for help. Email forms to disability@uhh.org or fax forms to **(630) 786-1674**.

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Include a cover letter that says:

Attention—Disability Claims

Subject—Member's name, medical ID number

Reminder

- Benefits are for members only
- Weekly payment and maximum number of weeks are based on the member's CBA
 - The actual number of weeks (disability period) is determined by several factors, including the member's specific illness or injury
 - First payment is mailed within 14 days after UHH gets claim
 - Taxes are taken out of the benefit check
- If the accident, illness, or injury was caused by the member's job duties, the member should **NOT** apply for Short-Term Disability benefits. Instead, have him/her apply for Workers' Compensation through the employer.

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