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Are You Ready to Stop Smoking?

Think about why you want to quit and write it down. The sooner you stop smoking, the sooner your body can begin to heal. Over time, quitting lowers your risk for disease and improves your ability to exercise. It also helps you save money.



Winter 2019/2020

Could E-Cigarettes Impact Your Lungs?

E-cigarettes, or electronic nicotine delivery systems, have been sold in the United States for about a decade.

E-cigarettes are sometimes called Juuls, vapes, and vape pens. They are the most commonly used tobacco products among kids and young adults. But what do we really know about their use?

What Research Says

E-cigarettes normally contain nicotine and, like cigarettes, can be addictive. A study from the University of North Carolina found that the two primary ingredients found in e-cigarettes—propylene glycol and vegetable glycerin—are toxic to cells. The greater the number of ingredients in the e-liquid and the more the user inhales or vapes, the higher the toxicity.

E-cigarettes also contain acrolein—toxic by all exposure routes. The U.S. surgeon general has warned about the risks of inhaling the secondhand chemical cocktail created by e-cigarette emissions.

A report from the National Academies of Sciences, Engineering, and Medicine in 2018 made it clear that using e-cigarettes causes health risks. It concluded that e-cigarettes both contain and emit several potentially toxic substances.

Harmful Health Effects

E-cigarettes have been associated with more than 200 possible cases of severe pulmonary disease. A woman in her 30s was hospitalized with a critical pulmonary disorder and died.

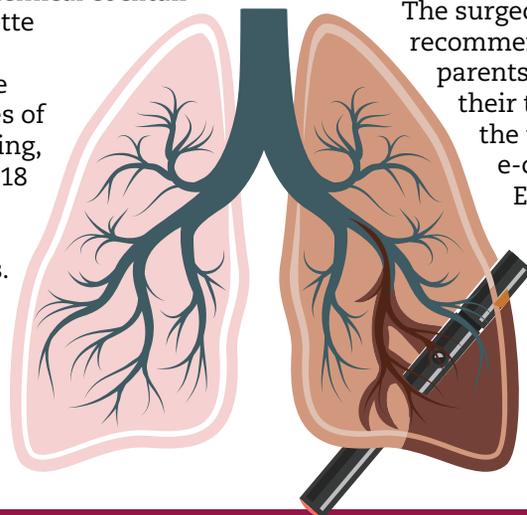
All patients reported using e-cigarette products. Officials believe their illnesses were associated with vaping, but no single ingredient or device could be targeted as causing their illnesses.

All patients suffered from respiratory symptoms, including coughing, shortness of breath, chest pain, and difficulty breathing. Some were seriously ill in the intensive care unit with oxygen support from ventilators or intubation. Most were in their late teens and 20s, with no other health problems.

The Centers for Disease Control and Prevention warns that teens, young adults, pregnant women, and adults who currently do not use tobacco products should avoid e-cigarettes altogether.

The surgeon general recommends all parents speak to their teens about the use of e-cigarettes.

E-cigarette use among youth and young adults has become a public health concern.



For More Information

Go to <https://e-cigarettes.surgeongeneral.gov/knowtherisks.html>.



HOW TO FILE for New Jersey Temporary Disability Benefits

File online for faster claim processing at <https://myleavebenefits.nj.gov>.

Here's how to apply for disability or family leave benefits through the state of New Jersey.

How to Complete the Claim for Temporary Disability Benefits

- The DS-1 application form is for disability leave. If you want to claim benefits for family caregiving or bonding, complete the application for family leave benefits (form FL-1).
- You must complete the first two pages of the form (Parts A and B).
- You will need to provide your employer's Federal Employer Identification Number on Part B. You can get this number from either your last year's W-2 form or your human resources office. Your employer is not required to complete this form, but you can ask them to help you with any questions on Part B.

Things to Remember

- You must complete every question accurately and write legibly.
- Any missing information may cause your claim to be denied.
- Demographic questions have no effect on the approval or denial of your claim.
- Write your name and Social Security number on each page of your claim and on all attachments.
- You must give exact dates. Do not write "present" or "current."
- If you need to list more than two employers, make a copy of Part B to list additional employment.
- If you return to work while you are claiming temporary disability benefits, report this date immediately to the Division of Temporary Disability Insurance to avoid overpayment.

How to Send Your Claim Form

There are two options for you to submit this form. Choose only one, as sending multiple copies will delay processing. If you filed your claim online, you do not need to also submit a paper application.

Submit your form by:

- 1 **Fax:** 609-984-4138

Or

- 2 **Mail:** Division of Temporary Disability Insurance
P.O. Box 387
Trenton, NJ 08625-0387

After Submitting Your Claim

- After being approved for temporary disability benefits, you may receive a P-30 form ("Request to Claimant for Continued Claim Information"). Use this form to claim additional benefits. You and your health care provider can complete your parts online to ensure uninterrupted benefits.
- You can find information and check your claim status at <https://myleavebenefits.nj.gov>.
- For more help on your claim, call Customer Service at 609-292-7060.

Attention Acme Market Participants: When applying for New Jersey Temporary Disability Benefits, you must submit the paperwork to the Employee Service Center (ESC) Call Center (fax: 623-869-6150). The ESC Call Center will properly route the disability filing to the Trust Team. If you need to contact the ESC Call Center, call 888-255-2269 and ask to be transferred to the LOA Department.

Important Reminder

You will still need to print out your payment details and forward a copy to the Fund office to maintain your benefits in good standing. Benefits will be covered for a maximum of 26 weeks, as long as you are sending continuous proof of disability payments. If the Fund has not received proof, you are no longer receiving payments, or you have maxed out of your disability, the Fund will send a letter advising you of the termination of benefits, along with a COBRA notice.

Please remember to update all your eligibility records in a timely manner. It is very important that the Fund office has your correct information, including:

Your address _____
Your telephone number _____
Your email address _____
Birth of a child _____
Death of a dependent _____
Leave of absence _____
Termination of employment _____
Other insurance coverage _____
Separation or divorce _____
Proof of disability or workers' compensation _____

To update your records, call the Fund office at **800-228-7484, prompt #2**. Reminder: If you change your address or phone number with your employer or union, it DOES NOT get sent to the Fund office.

Eligibility Corner: Dependent Benefits for Ages 19 to 26

When a dependent turns 19, a Coordination of Benefits (COB) form is sent to the participant to determine continued eligibility. If this form is not returned to the Fund office within 30 days, the 19-year-old will be terminated from the benefits plan. Then both a COBRA notice and another COB form for adult children (to age 26) will be sent out.

Every May, you will receive a new COB form for your adult dependent that must be filled out and returned to the Fund office to maintain your dependent's benefits. Failure to do so will result in termination of your adult dependent's benefits. Once the form is returned, the benefits can be reinstated.

If you would like continued coverage for your adult dependent, please return the COB form to the Fund office as soon as possible to avoid any break in service.

If you have any questions about the form, please contact the Eligibility Department at **800-228-7484, prompt #2**.



Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

However, federal law does not prohibit the mother's or newborn's provider from discharging them earlier than 48 hours (or 96 hours, if applicable) after consulting with the mother.

In any case, plans and issuers may not require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay less than 48 or 96 hours.

The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998, which President Clinton signed into law on Oct. 21, 1998, states that any group plan or health insurance issuer that provides medical and surgical benefits with respect to a mastectomy must provide coverage for reconstructive surgery following the mastectomy. Specifically, if a participant or beneficiary is receiving benefits in connection with a mastectomy, the plan must provide coverage for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and physical complication at all stages of mastectomy, including lymphedemas

These services shall be provided in a manner determined in consultation with the attending physician and the patient. This coverage is subject to all the Fund's rules regarding benefits, including the Fund's annual deductibles and coinsurance provisions.

Have Questions?

Please contact the Fund office at **800-228-7484**.



Premium Assistance

Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from its Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the next page, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or call **877-KIDS NOW (543-7669)** or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a *special enrollment opportunity* and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866-444-EBSA (3272)**.

If you live in one of the states on the next page, you may be eligible for assistance paying your employer health plan premiums. The list of states on the next page is current as of July 31, 2019. Contact your state for more information on eligibility.

Alabama*

www.myalhipp.com, 855-692-5447

Alaska*

The AK Health Insurance Premium Payment Program: www.myakhipp.com, 866-251-4861, customerservice@myakhipp.com; Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

Arkansas*

www.myarhipp.com, 855-692-7447

Colorado*

www.healthfirstcolorado.com, 800-221-3943, State Relay: 771; CHIP+: www.colorado.gov/hcpf/child-health-plan-plus, 800-359-1991, State Relay: 771

Florida*

www.flmedicaidprecovery.com/hipp, 877-357-3268

Georgia*

<https://medicaid.georgia.gov>, 678-564-1162, ext. 2131

Indiana*

Healthy Indiana Plan for Low-Income Adults (ages 19-64): www.hip.in.gov, 877-438-4479; Medicaid: www.indianamedicaid.com; 800-403-0864

Iowa*

<https://dhs.iowa.gov/Hawki>, 800-257-8563

Kansas*

www.kdheks.gov/hcf, 785-296-3512

Kentucky*

<https://chfs.ky.gov/agencies/dms>, 800-635-2570

Louisiana*

<http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>, 888-695-2447

Maine*

www.maine.gov/dhhs/ofci/public-assistance/index.html, 800-442-6003, TTY: Maine relay 711

Massachusetts†

<http://www.mass.gov/eohhs/gov/departments/masshealth>, 800-862-4840

Minnesota*

<https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>, 800-657-3739

Missouri*

www.dss.mo.gov/mhd/participants/pages/hipp.htm, 573-751-2005

Montana*

<http://dphhs.mt.gov/montanahealthcareprograms/hipp>, 800-694-3084

Nebraska*

www.accessnebraska.ne.gov, 855-632-7633, Lincoln: 402-473-7000, Omaha: 402-595-1178

Nevada*

<http://dwss.nv.gov>, 800-992-0900

New Hampshire*

www.dhhs.nh.gov/oii/hipp.htm, 603-271-5218

New Jersey†

www.state.nj.us/humanservices/dmahs/clients/medicaid, 609-631-2392 (Medicaid); www.njfamilycare.org/index.html, 800-701-0710 (CHIP)

New York*

www.nyhealth.gov/health_care/medicaid, 800-541-2831

North Carolina*

<https://medicaid.ncdhhs.gov>, 919-855-4100

North Dakota*

www.nd.gov/dhs/services/medicalserv/medicaid, 844-854-4825

Oklahoma†

www.insureoklahoma.org, 888-365-3742

Oregon*

<http://healthcare.oregon.gov/Pages/index.aspx>, 800-699-9075

Pennsylvania*

www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram, 800-692-7462

Rhode Island*

www.eohhs.ri.gov, 855-697-4347

South Carolina*

www.scdhhs.gov, 888-549-0820

South Dakota*

<http://dss.sd.gov>, 888-828-0059

Texas*

www.gethipptexas.com, 800-440-0493

Utah†

<http://health.utah.gov/chip>, <https://medicaid.utah.gov>, 877-543-7669

Vermont*

www.greenmountaincare.org, 800-250-8427

Virginia†

www.coverva.org (Click on Programs, then Premium Assistance), 800-432-5924 (Medicaid), 800-242-8282 (CHIP)

Washington*

www.hca.wa.gov, 800-562-3022, ext. 15473

West Virginia*

<http://mywvhipp.com>, 855-MyWVHIP (855-699-8447)

Wisconsin*

www.dhs.wisconsin.gov/publications/p1/p10095.pdf, 800-362-3002

Wyoming*

<https://wyequalitycare.acs-inc.com>, 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa, 866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers
for Medicare & Medicaid Services
www.cms.hhs.gov, 877-267-2323, Menu option 4, ext. 61565



Key: * = Medicaid † = Medicaid and CHIP



It's Time to Submit a Claim Form for 2019

Members with AmeriHealth and CareFirst cards must submit a yearly claim form for themselves and each of their dependents to the Fund office. For your convenience, on the next page is a claim form you can use. Please complete the form and return it to the Claims Department.



ADMINISTRATIVE UPDATE

by Frank Vaccaro
Contract Administrator

6 Ways to Make Your Health Benefits Work for You

The Employee Retirement Income Security Act of 1974 (ERISA) is celebrating its 45th birthday this year. President Gerald Ford signed ERISA into law to provide employees protections by setting minimum standards for pension plans and guaranteeing payment of certain benefits through the newly created Pension Benefit Guaranty Corporation.

Today, private employee health and welfare and retirement

benefits are required to comply with ERISA. The U.S. Department of Labor is responsible for administering and enforcing the provisions of ERISA. Under your collective bargaining agreement (CBA), your employer has agreed to contribute to the trust fund established under the plan. The plan is administered by the trustees designated by the union and the employers. The health and welfare benefits are paid by you and your employer as required under the terms of the CBA. The plan's fiduciaries run the plan solely in the interest of its participants and beneficiaries and for the exclusive purpose of providing benefits and paying plan expenses.

Here are some ways to make your health benefits work for you:

- 1 Read your plan's Summary Plan Description (SPD) for the wealth of information it provides. The SPD outlines your benefits and legal rights.
- 2 Once your health coverage starts, use it to help cover medical costs for services.
- 3 Understand your plan's mental health and substance abuse coverage. Be aware of how your benefits work and where to call for services.
- 4 Look for wellness programs available to you to stay your healthiest.
- 5 Know how to file an appeal if your health benefit claim is denied and understand your plan's procedure.
- 6 Be aware that changing jobs and other work events can affect your health coverage.

For More Information

Visit www.dol.gov/agencies/ebsa.



**UNITED FOOD AND COMMERCIAL WORKERS UNION
AND PARTICIPATING FOOD INDUSTRY EMPLOYERS
HEALTH AND WELFARE FUND**

27 Roland Avenue, Suite 100, Mt. Laurel, NJ 08054-1056
800-228-7484 856-793-2500 Fax- 1-856-793-3102

SELF INSURED SUPPLEMENTAL REIMBURSEMENT HOSPITAL-MEDICAL-SURGICAL, AND MAJOR MEDICAL CLAIM FORM

INSTRUCTIONS

- (1) Please answer all questions 1 through 19 below.
- (2) If you wish to assign your benefits to be paid directly to the provider of service, please sign the Authorization to Pay Insurance Benefits below.
- (3) If you are covered by any other plan, please submit all bills to the other plan FIRST, then submit itemized bill(s) with a copy of the other plan's Explanation of Benefit Statement(s)
- (4) ALL claims should be sent to: **UFCW HEALTH AND WELFARE FUND**
27 Roland Avenue, Suite 100,
Mt. Laurel, NJ 08054-1056

1. Employee's Name _____
Social Security No. _____
Address _____
City _____ State _____ Zip _____
Employer _____ Group# _____

2. Is this an Accident Sickness?
If Accident, describe HOW, WHEN, WHERE (if necessary, attach a letter giving details)

3. Date of Accident or Onset of Sickness _____
4. Is Accident/Sickness due to employment?
Yes No
5. Do you work for another Employer? Yes No

6. Name of other Employer _____
7. Address of other Employer _____

8. Does your other Employer provide Group Hospital, Surgical and/or Major Medical Insurance?
Yes No
9. Do you attend school full-time? Yes No
10. Name & Address of School _____

If you are married, divorced, or separated answer 11a - 14a

11a. Name of your Spouse _____
12a. Is he or she employed? Yes No
13a. Name of your Spouse's Employer _____
14a. Address of your Spouse's Employer _____

If you are single, answer 11b - 14b

11b. Name of your Parent(s) _____
12b. Is either parent employed? Yes No
13b. Name of your Parent(s) employer _____
14b. Address of your Parent(s) employer _____

15. Does the Employer named above in 13a or 13b provide Group Hospital and Surgical Insurance for you or your children as a Dependent?
Yes No

16. Name of dependent for whom claim is made _____

17. Relationship _____ Birth Date _____
18. Is this dependent employed? Yes No
19. If yes, please indicate name/address of employer _____

AUTHORIZATION TO PAY INSURANCE BENEFITS: I hereby authorize payment directly to the Provider of Service the benefits specified and otherwise payable to me but not to exceed the balance due of the Provider's regular charges for this period of treatment. I understand I am financially responsible to the Provider for charges not covered by this Agreement.

Date _____, 20____ Signed _____

© 2019. Articles in this newsletter are written by medical professionals who strive to present reliable, up-to-date health information. Our articles are reviewed by medical professionals for accuracy and appropriateness. No publication, however, can replace the care and advice of medical professionals, and readers are cautioned to seek such help for personal problems. All models used for illustrative purposes only. Developed by StayWell. (5531M)



**UFCW and Participating Employers
Health and Welfare Fund**
27 Roland Ave., Suite 100
Mt. Laurel, NJ 08054-1056

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PERMIT #864
LONG PRAIRIE, MN

At the close of another year,
the Fund gratefully pauses
to wish you a warm and
happy holiday season.

Wear red
on February 7, 2020,
to raise awareness
for women's
heart health.



Are we in touch?

If you are aware of any coworkers who are not receiving the *in touch* newsletter on a quarterly basis, please advise them to call the Health and Welfare Fund office at **800-228-7484, ext. 2504**.

The Fund distributes the *in touch* newsletter to present reliable, up-to-date health information, including updates about programs and benefits available to eligible participants. Call the Fund office to obtain the status of your eligibility and verify your current address.

Your ideas are important! Let us know if there is a particular topic that you would like included in your *in touch* newsletter.



Cranberry Spiced Cider

- 4 whole cloves
- 4 whole allspice
- 1 cinnamon stick, broken in half
- 2 star anise
- 5 cups apple cider (nonalcoholic)
- 3 cups cranberry juice
- ¼ cup brown sugar, packed
- 3 or 4 orange slices

Place cloves, allspice, cinnamon stick, and star anise in a cheesecloth square and tie ends together. In a large saucepan, combine spice bag, apple cider, cranberry juice, brown sugar, and orange slices. Bring to a boil, then reduce heat and simmer, covered, for 10 minutes, stirring occasionally. Remove from heat and let stand for 30 minutes. Discard spice bag and orange slices, then pour into mugs.

Serves eight. Serving size is 1 cup. Each serving provides about 149 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 8 mg sodium, 38 g carbohydrates, 0 g fiber, 7 g sugar, 1 g protein.

Eligibility for specific benefits varies among our participants. Call the Health and Welfare Fund office to inquire about your eligibility for any of the benefits described in this newsletter. Call **800-228-7484, prompt #2**.