

# Benefits 2012

Shelly's Medication Services and RxDN, Inc. Participants



*Reflects changes ratified 4/14/11*

Dear Shelly's Medication Services and RxDN, Inc. Participants,

Beginning January 1, 2012, there will be changes to your health care plan based on negotiations between your Union and your Employer earlier in the year. These negotiations occurred during extremely challenging economic times. However, we are confident that the new plan meets your needs and addresses your health care concerns.

The negotiated agreement continues our commitment to provide the best coverage possible for Shelly's Medication Services and RxDN, Inc. participants in the UFCW Local 1776 and Participating Employers Health and Welfare Fund (the "Fund"). In addition to fair and competitive benefits, one of our main goals is to give participants the tools to develop and maintain healthy habits and a healthy lifestyle. The new health care benefits provide a wide variety of tools to achieve this goal. The Fund is pleased to introduce the Independence Blue Cross Personal Health Profile ("PHP") as one of these tools. The PHP helps create a culture of healthy living while giving you the opportunity to save on monthly cost of coverage.

Please read this booklet and use it as your guide to your new health and welfare benefits. For details regarding the plans, including limitations and processes, please refer to the collective bargaining agreement, insurance contracts, and Summary Plan Descriptions.

We encourage you to use available resources to learn about all features of your health care benefits, become a wise health care consumer, and to make healthy choices in your life. Start by completing the PHP offered through Independence Blue Cross.

If you have any questions about your benefits, please contact the Fund Office directly at 610-941-9400 ext 121 or toll free 1-800-458-8618, or by email at [fund@ufcw1776benefitfunds.org](mailto:fund@ufcw1776benefitfunds.org).

Sincerely,

*Wendell W. Young, IV*

Wendell W. Young, IV  
Chairman

*Daniel R. Dosenbach*

Dan Dosenbach  
Secretary

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## Highlights of Benefit Changes

### **Medical Plan Changes**

Implementation of a \$200 individual/\$400 family calendar year deductible. Under Personal Choice, the deductible applies to all non-preventive services except emergency room visits. The Personal Choice plan's primary care office visit copay is increasing from \$10 to \$15. See page 5.

### **NEW! Choice Plan Enrollment 2012**

If you or your spouse has other medical coverage available to you, you or your spouse may opt out of this coverage through the Fund. Or, if there is no other medical coverage available you, you and your family could switch to the Keystone Point-of-Service ("KPOS) plan for medical coverage. In exchange for opting out or switching medical plans, you can receive up to \$200 per month in cash or benefit credits to spend on healthcare expenses you incur and receive "wrap around" coverage through the Fund. Under the "wrap around" coverage, you will receive payment from the Fund for copay and co-insurance expenses you incur under your other coverage of up to \$6,500 per eligible family member per year. See page 8.

### **New! \$100 Preventive & Wellness benefit**

You can use this new benefit to pay for "well visits" to the doctor or other out-of-pocket wellness-related expenses. See page 9.

### **New! Value Based Plan**

This innovative Plan is designed to lower out-of-pocket costs for participants with certain chronic health conditions. If you are identified with a chronic condition, your prescription copays will be reduced and you can be reimbursed for a portion of the office visit copays for treatment related to the condition. See page 10.

### **Spousal Surcharge**

If coverage from another source is available to your spouse, you can avoid a \$50 per month contribution by **not** enrolling your spouse in your Fund-provided coverage. See page 11.

### **Improve Your Health and Save**

Beginning January 1, 2012, you will be charged a \$10 per month penalty for not participating in IBC's disease management programs and not completing a Health Risk Assessment ("Personal Health Profile" or "PHP"). You will have opportunities to obtain a waiver of this penalty. See page 12.

## Medical Plan Changes

### *What You Need to Know: Important Deductible and Copay Information*

#### **Deductible**

Effective January 1, 2012, the medical plan will include a \$200 individual/\$400 family calendar year deductible. Once you have satisfied the deductible, all services you receive will be covered at the applicable copay and/or coinsurance.

**The following example shows how the deductible works if you have Personal Choice, and there are three members in your family:**

<b>Family Member 1</b>	
Receives a doctor's office bill of \$50	Family Member 1 pays bill and \$50 is applied towards the deductible.
<b>Family Member 2</b>	
Receives a hospital bill of \$5,000	Family Member 2 pays \$200 of the bill and has satisfied his/her individual deductible for the rest of that calendar year. In addition, the \$200 is applied towards the family deductible. All future services in that calendar year for Family Member 2 will be covered at the applicable copay and/or coinsurance.
<b>Family Member 3</b>	
Receives a Specialist office visit bill of \$150	Family Member 3 pays bill and \$150 is applied towards the deductible. At this point the family deductible has been satisfied. All future services for the remainder of the calendar year for all family members will be covered at the applicable copay and/or coinsurance.

**IMPORTANT Note:** The deductible **DOES NOT** apply to the services listed on the following page.

#### **Office Visit Copay**

Effective January 1, 2012, the copay under Personal Choice for primary care physician ("PCP") office visits will increase to \$15 per visit (effective May 1, 2012, the co-pay will increase to \$20). The \$15 copay will apply to:

- Primary care physician office visit;
- Routine gynecological exam; and
- Maternity (first OB visit).

# Coverage for Preventive Services



As a result of health care reform, your plan now includes 100% coverage for in-network preventive services. This means that you no longer have to pay copays, coinsurance, or deductibles when these services are billed as preventive care.

The complete list of covered preventive services is listed below.

<b>Preventive Evaluation and Management/Counseling</b>
Alcohol misuse behavioral counseling intervention
Behavioral dietary counseling for patients with Hyperlipidemia
Counseling children on the use of oral fluoride when primary water source is a deficient source
Counseling patients on the prevention of sexually transmitted infections
Counseling patients on the use of aspirin for the prevention of cardiovascular disease
Counseling pregnant patients on daily supplement of folic acid
Counseling on tobacco use and tobacco-caused disease
Diabetes self-management training
Discussion of chemoprevention for patients at high risk for breast cancer
Initial preventive physical exam (IPPE)
Nutritional counseling for weight management
Obesity counseling and behavioral interventions
Pediatric and adult preventive exams
Preventive GYN exams
Primary care interventions to promote breastfeeding

<b>Prescription drugs</b>
Folic acid supplementation
Iron supplementation
Oral fluoride supplementation

<b>Immunizations</b>
Diphtheria, Tetanus, Pertussis (DTaP)
Hepatitis A
Hepatitis B
Human Papillomavirus (HPV)
Inactivated Poliovirus
Influenza
Measles, Mumps, Rubella (MMR)
Meningococcal
Pneumococcal
Rotavirus
Varicella

<b>Screenings and Tests</b>
Adult aortic aneurysm screening
Alcohol misuse screening
Asymptomatic bacteriuria screening
Breast/Ovarian cancer – genetic risk assessment and BRCA mutation testing
Cervical cancer screening (Pap smear)
Chlamydial infection screening
Cholesterol screening
Colorectal cancer screening (colonoscopy, fecal occult blood testing, and sigmoidoscopy)
Complete Blood Count (CBC) to check the red and white blood cell levels
Congenital hypothyroidism screenings
Depression screening
EKG screening for Initial Preventive Physical Exam
Glaucoma screening
Gonorrhea screening
Hearing loss screening
Hemoglobin/Hematocrit testing for red blood cells
High blood pressure screening
HIV screening
Iron deficiency anemia screening
Lead Poisoning screening
Major depressive disorders screening
Mammogram
Obesity screening
Osteoporosis screening (bone mineral density testing)
Phenylketonuria (PKU) screening
Prostate Cancer screening – Digital Rectal Exam (DRE)
Prostate Specific Antigen (PSA) screening
Rh (D) (blood typing and antibody testing) incompatibility screening
Rubella Titer testing
Sickle Cell Disease screening
Syphilis Infection screening
Thyroid Function testing
Type 2 Diabetes Mellitus screening
Urinalysis testing
Visual impairment screening

This list is subject to change. Services may be subject to frequency and/or gender guidelines. Not all plans have 100% coverage for preventive services. If not, preventive services may be subject to cost-sharing. Please check your summary of benefits, member handbook, and/or benefit booklet to determine if you have 100% coverage for in-network preventive services.

We're here for you every step of the way.  
[www.ibx.com](http://www.ibx.com)

HMO products underwritten and administered by Keystone Health Plan East. Personal Choice PPO products underwritten and administered by QCC Insurance Company. Subsidiaries of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

The following chart highlights the Personal Choice (in-network) and KPOS (referred care) level of benefits for some of the most common services:

	Personal Choice In-network Care	Keystone Point-of-Service (KPOS) Referred Care
Calendar-year deductible	\$200 per person; \$400 per family	\$200 per person; \$400 per family
Out-of-pocket maximum	None	None
Primary care office visit	\$15 copay after deductible* (\$20 effective 5/1/12)	\$15 copay** (\$20 effective 5/1/12)
Specialist office visit	\$20 copay after deductible	\$25 copay, after deductible
Pediatric immunizations	100%, no deductible	100%, no deductible
Influenza vaccine (no age or frequency limit)	100%, no deductible	100%, no deductible
Routine Gynecological exam/pap	100%, no deductible	100%, no deductible
Mammogram	100%, no deductible	100%, no deductible
Outpatient laboratory	100%, no deductible	100%, no deductible
Outpatient x-ray/radiology	\$20 copay, after deductible	\$25 copay**
Inpatient hospital services	100%, after deductible	100%, after deductible
Outpatient surgery	100%, after deductible	100%, after deductible
Emergency room	\$100 copay (not waived if admitted); does NOT apply to deductible	\$100 copay (not waived if admitted); does NOT apply to deductible

\* The deductible does not apply to these services IF the service is for a preventive care listed on the previous page.

\*\* The deductible does not apply to these services in the KPOS plan.

Note: Both the KPOS and Personal Choice plans feature out-of-network and self-referred benefits.

## Choice Plan Open Enrollment 2012

Effective January 1, 2012, Shelly's Medication Services and RxDN, Inc. eligible participants will be able to participate in the Fund's Choice Plan. This means that you can enroll in the Choice Plan for 2012, whereby you can earn benefit credits for waiving your Personal Choice coverage in return for supplemental ("wrap around") coverage under the Fund. You may also elect to waive just your spouse's medical coverage through the Fund in exchange for wrap around coverage and benefit credits. You may also elect to change your medical plan from Personal Choice to KPOS. If you have at least five years of service, and are age 30 or older, you are eligible to participate in the Choice Plan through the Dual Income Option under the Fund. For more information on how to enroll, contact the Fund Office at 610-941-9400 ext. 117, or toll free at 1-800-458-8618 ext 117.

Here's a summary of the Choice Plan Options:

Choice Plan Option	Key Facts	Benefit Credits
<b>Dual Income Option A</b> Waive the Fund's medical coverage for yourself, your spouse, and your eligible dependents.	<ul style="list-style-type: none"> <li>■ Must provide proof of other medical coverage</li> <li>■ Earn the most benefit credits</li> <li>■ Be provided with "wrap around" medical coverage of up to \$6,500 per person per year</li> </ul>	\$200/month
<b>Dual Income Option C</b> Waive spouse's medical coverage only.	<ul style="list-style-type: none"> <li>■ Spouse must provide proof of other medical coverage</li> <li>■ Earn significant benefit credits</li> <li>■ Spouse will be provided with "wrap around" medical coverage of up to \$6,500 per year</li> <li>■ Participant and eligible dependent children retain the Fund's coverage</li> </ul>	\$100/month
<b>Keystone Point of Service (KPOS)</b> Change medical coverage from Personal Choice to KPOS for you and your eligible dependents.	<ul style="list-style-type: none"> <li>■ Maintain comprehensive medical coverage</li> <li>■ Each family member must select a PCP</li> </ul>	\$30/month

**ENROLLMENT DEADLINE IS DECEMBER 16, 2011  
FOR A JANUARY 1, 2012 EFFECTIVE DATE!**

**SAVINGS  
OPPORTUNITY!**

**Review your medical plan options through the Fund.  
The one that fits your lifestyle best  
may also save you money.**

## **New Fund Preventive & Wellness Benefit**

To enhance the Fund's focus on wellness, effective January 1, 2012, your Fund benefits will include a new \$100 Preventive & Wellness benefit. If you have an out-of-pocket expense related to preventive or wellness care, such as a deductible, copay, or coinsurance, you can submit the expense to the Fund Office, and you will be reimbursed up to \$100 per eligible family member. Examples of eligible expenses\*:

- Routine office visit (history and physical);
- Pap test/Pelvic exam (females);
- Mammogram;
- Baby well examinations;
- Prostrate Screening (males 50+);
- Colonoscopy;
- Diabetes Screening;
- Cholesterol Test; and
- Other routine preventive and wellness care services.

\*Certain restrictions apply.

**SAVINGS  
OPPORTUNITY!**

**You can use the new \$100 Preventive & Wellness benefit  
to pay for part of the medical plan deductible!**

## New Value Based Plan

The Fund is pleased to introduce a new, innovative program called the Value Based Health Plan for 2012 (“the Value Based Plan”). The Value Based Plan is specifically designed for those participants with certain health conditions such as Diabetes, Congestive Heart Failure (“CHF”), Chronic Obstructive Pulmonary Disease (“COPD”), or Coronary Artery Disease (“CAD”). The Value Based Plan is designed to lower your out-of-pocket costs as an incentive for you to continue to get the care that you need to manage your condition.

### ***Help for Participants With Certain Chronic Conditions***

Managing a chronic health condition, such as diabetes, CHF, COPD or CAD, can be difficult. So, it is important that participants with these conditions take their medications prescribed and get the necessary tests and screenings in order to prevent more serious complications.

If you are identified as being eligible for the Value Based Plan, the Fund will reimburse you for 50% of any office visit copay you incur for treatment related to your chronic health condition(s). In addition, the Fund will also pay 50% of your copays for medications you use to treat your chronic health condition(s). However, instead of being reimbursed by the Fund, you will be charged the reduced copay amount at the pharmacy or through the mail order program when you obtain your medication.

**Please note:** Participants who are identified as having a chronic condition will be notified and will be sent more information about how to use the Plan. **Only** the participants who are identified and receive the communication will be eligible for the office visit copay reimbursement program and reduced prescription drug copays.

## **Spousal Surcharge *Effective January 1, 2012***

### ***\$50 Monthly surcharge for spouses with other coverage***

If you would like to continue to cover your spouse under the UFCW Local 1776 and Participating Employers Health and Welfare Fund, there is a monthly \$50 surcharge. The surcharge may be waived if the coverage that is available to your spouse costs more than \$125 per month or your spouse does not have other coverage available to them. In order to have the surcharge waived, you must complete a spousal surcharge waiver form which will be sent to you under separate cover.

The following are some criteria in which you can receive a waiver of the surcharge:

- My spouse is not employed.
- My spouse is employed, but does not have health insurance coverage available through his/her employer.
- My spouse is employed, but the health insurance coverage available to him/her exceeds \$125 per month.

**SPOUSAL SURCHARGE WAIVER FORMS ARE DUE BY  
DECEMBER 16, 2011**

## Improve Your Health and Save

### ***What You Need to Know to Avoid a \$10 per month Penalty***

Beginning January 1, 2012, participants with medical coverage will be charged a \$10 per month penalty (\$2.31 per week) for non-compliance with required cost-containing programs, including completing a Health Risk Assessment (“Personal Health Profile” or “PHP”). The penalty will be deducted from your paycheck. To obtain a waiver of the penalty for the period of January 1, 2012 through June 30, 2012, you must complete a PHP by December 16, 2011.

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**Every Fund participant with medical coverage must complete a PHP by December 16, 2011 to avoid a \$10 per month penalty. All covered dependents (18 and over) are encouraged to complete the PHP.**

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***PHP COMPLETION DEADLINE IS DECEMBER 16, 2011!***

### ***There are three ways to complete a new PHP:***



(1) Go to the website [www.ibxpress.com](http://www.ibxpress.com) and complete a new PHP on your own computer, print out the Physician’s Summary Report page, and return it to the Fund Office by December 16, 2011.

(2) Call or e-mail the Fund Office (1-800-458-8618, ext. 118 or [fund@ufcw1776benefitfunds.org](mailto:fund@ufcw1776benefitfunds.org)) to request that a paper version of the PHP be mailed to you, complete the paper PHP at your convenience, and return your PHP to the Fund Office by December 16, 2011.



(3) Call or e-mail the Fund Office (1-800-458-8618, ext. 118 or [fund@ufcw1776benefitfunds.org](mailto:fund@ufcw1776benefitfunds.org)) to schedule an appointment with a Fund Office representative to complete the PHP with you over the phone by December 16, 2011.

**Regardless of which method you choose, you must complete a PHP by December 16, 2011, in order to obtain a waiver of the \$2.31 per week surcharge for the period January 1 through June 30, 2012**

**Instructions on how to complete a PHP online are listed on the following page.**

## ***How to register an ibxpress account and complete the PHP on-line:***

**Log on to [www.ibxpress.com](http://www.ibxpress.com) to start. If you're already registered:** Simply enter your user name and password to log into your account. Then, follow steps #1-10 below. **If you're NOT already registered:**

- Click *Register* at the bottom left-side of the ibxpress.com home page.
- Select *Member*.
- Enter your personal information. You will be required to enter either your Independence Blue Cross Member ID Number or your Social Security Number.
- Create a user name and password.
- Once your registration is complete, enter your user name and password at the ibxpress.com homepage to log into your account. Then, follow steps #1-10 below.

**Once you are logged into your account:**

1. Click *Personal Health Profile* under the "My Health" section.
2. Click the box that states you have read and agree to the terms and conditions, then click submit.
3. Select your interests.
4. Select Continue without pop-ups.
5. Click *Take Personal Health Profile now* to complete the questionnaire.
6. Once complete, you will receive a score.
7. To the left of the score you received, there is an option entitled "Physician Summary"
8. *Click on Physician Summary*
9. Print this page and it will serve as your Certificate of Completion.
10. Send a copy of the Physician Summary page to the Fund Office at 3031 B Walton Road, Plymouth Meeting, PA 19462 or fax it to 610-941-5325.

## **About This Booklet**

This booklet, “2012 Benefits for Shelly’s Medication Services and RxDN, Inc. Participants” highlights the key features of the changes to your Health and Welfare plan of benefits.

This booklet is considered a Summary of Material Modifications (or SMM) for the UFCW Local 1776 and Participating Employers Health and Welfare Fund benefit plans. More detailed information can be found in the collective bargaining agreement, insurance contracts (as applicable) and other official plan and administrative documents.

Taken together, this booklet and these other materials, including enrollment or schedule of benefits information provided by the carriers, and the individual benefit descriptions, are considered your Summary Plan Description, as required by the Employee Retirement Income Security Act of 1974 (ERISA).

This booklet provides highlights of your benefits; it is not a complete description. Complete information may be found in the Plan documents. In case of any question about Plan provisions, the official Plan documents and/or contracts will govern over this booklet or any other enrollment or communication material.