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## ADMINISTRATIVE PROCEDURES MANUAL

Welcome to the Steelworkers Health and Welfare Fund (the "Fund"). We are pleased you, along with the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (the "USW") have agreed to participate in the Fund.

The Steelworkers Health and Welfare Fund is an autonomous tax-exempt trust fund for multiemployer benefits plan that is managed by a Board of Trustees appointed by the USW Executive Board.

The Fund was created to provide cost-effective and qualified group benefit plan options for Steelworker participants, retirees and their families nationwide. Benefit plan coverage through the Fund may be extended, under certain conditions, to participants from other unions as well as to non-represented and management employees.

All of the Fund benefit plans are fully insured and administered by several of the nation's strongest and most reputable insurance carriers and managed care organizations. In addition to its sponsorship and oversight of welfare benefit plans, the Fund provides additional administrative services to employer groups including processing of enrollment, changes and terminations, centralized billing and premium collection, COBRA administration, HIPAA administration, legal compliance and government reporting. Claims are processed directly by the carriers.

This Administrative Manual was constructed to provide important information and to serve as a reference guide for the personnel office, human resources department, or designated Union steward of participating employers.

Please read this information carefully and keep it for future reference. If you have any eligibility questions, call the Fund Administrative Office toll-free at 1-888-296-7493, Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern Time. To assist with claims and benefit information regarding Medical, Prescription Drug, Dental and Vision coverage, contact the Fund's Dedicated Unit at 1-800-299-1910. We have a dedicated team of experienced personnel who look forward to working with you and will be happy to answer any questions you may have.



STEELWORKERS HEALTH AND WELFARE FUND

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*Contact Information*

The Steelworkers Health and Welfare Fund Office is located in the International Headquarters building of the USW in Pittsburgh, Pennsylvania. Fund office hours are 8:00 a.m. to 5:00 p.m., Eastern Standard Time, Monday through Friday.

***Correspondence or telephone inquiries may be directed to the Fund Office at:***

Steelworkers Health and Welfare Fund  
60 Boulevard of the Allies, Seventh Floor  
Pittsburgh, Pennsylvania 15222

Phone: (412) 562-2279  
Toll Free: 1-888-831-3863  
Fax: (412) 562-2276  
[www.uswfund.org](http://www.uswfund.org)

***Fund Office Staff***

Diane Pickle, Executive Director  
Marge Bibb, Account Executive  
Moriah Jamrom, Account Executive

***Fund Administrative Office***  
***For billing, enrollment and eligibility information:***

Steelworkers Health and Welfare Fund – Administrative Office  
60 Boulevard of the Allies, Fifth Floor  
Pittsburgh, Pennsylvania 15222

Toll Free: 1-888-296-7493  
Fax: (412) 201-1138  
Email: [SHWF@cdsadmin.com](mailto:SHWF@cdsadmin.com)

***For provider information and claims issues involving medical, drug, dental and vision:***

Steelworkers Health and Welfare Fund Dedicated Unit  
1-800-299-1910

# Steelworkers Health and Welfare Fund

## Operational Chart

### Participating Employers

- Notify the Fund Administrative Office who is eligible for coverage and submit new enrollment, changes and terminations in a timely manner.
- Review and reconcile monthly invoices and submit payment to the Fund Administrative Office.
- Notify the Account Executive in the Fund Office with intent to make benefit modifications or terminate coverage.
- Determine an annual open enrollment period and conduct open enrollment accordingly. Notify the Fund of any changes to the open enrollment period designation.
- Distribute Summary Plan Descriptions (SPDs) and any applicable Summaries of Material Modification (SMM) to participants.
- Distribute SBCs to new hires and those newly enrolling in the plan.

### Fund Office

- Facilitate initial implementation for incoming Participating Employers.
- Maintain Participation and Business Associate Agreements with Employers and Carriers.
- Notify Participating Employers of annual rate renewals.
- Provide benefit modification information to assist with the collective bargaining process.
- Assist in resolving escalated claims issues.
- Contact Participating Employers when timely payment is not submitted.
- Prepares mandated benefit materials.

# Steelworkers Health and Welfare Fund Operational Chart (continued)

## Fund Administrative Office

- Process enrollment, changes and terminations provided by Participating Employers.
- Submit enrollment files to carriers.
- Send monthly billing statements, posts payments to Participating Employer's accounts upon receipt and notifies the Fund Office of delinquent payments.
- Assess delinquency fees to Participating Employers who fail to remit timely payment.
- Submit payment to appropriate carriers.
- COBRA administration.
- Mail mandated benefit materials prepared and approved by the Fund Office.

## Carriers

- Load enrollment from Fund Administrative Office and reports back discrepancies.
- Mail identification cards directly to participants.
- Process claims and provides Explanations of Benefits (EOB) to participants.
- Send HIPAA certificates and conversion notices to participants upon termination of coverage.
- Offer Dedicated Customer Service to participants to assist in finding participating providers, confirming benefit provisions and resolving claims issues. Customer Service can be reached by calling the number on the back of the participant's identification card.



STEELWORKERS HEALTH AND WELFARE FUND

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*Enrollment and Enrollment Changes*

## **Eligibility**

Those persons eligible to participate in benefits from the Fund are:

- An employee or former employee;
- The spouse of the employee or former employee;
- Children under the age of 26 (married or unmarried)
- Dependent adult children who became disabled prior to age 26. A Disabled Dependent Questionnaire will be provided for those participants and should be completed by the participant and healthcare provider. A sample is included in this manual.

Refer to the Summary Plan Description (“SPD”) for additional eligibility information.

## **Enrollment Kits**

An appropriate supply of Fund Enrollment Booklets will be mailed to you under separate cover from Highmark Blue Cross Blue Shield approximately 10-14 days after completing the initial implementation process with the Fund. These booklets contain information about your plan choices and support services. It also provides the participant with a Prescription Drug Mail-Order form and a Summary of Benefits for each line of coverage. These booklets should be provided to your participants for their information and reference.

In the event you require additional enrollment booklets, contact your group’s Account Executive.

## **Open Enrollment**

The employer is responsible for conducting an annual open enrollment and forwarding all changes to the Fund Administrative Office for processing. The open enrollment period will be established during the implementation process. Annual open enrollment should be extended to all current and COBRA participants.

## **New Enrollment**

The employer can submit initial enrollment using our paper enrollment form or the provided spreadsheet template. Once initial enrollment is processed, future enrollment, terminations, and changes can be made using our online portal or ongoing 834 file transfer. **To use the Enrollment/Change Form:**

*Employee:* Complete the Employee Information section on the Enrollment/Change Form. Sign and date the form.

*Employer:* Complete the Employer Information Section making sure to include the appropriate group number. Verify the accuracy and completeness of the employee’s information. Sign and date the form.

Mail, fax or email a copy of the completed enrollment form and any required documentation to:

Steelworkers Health and Welfare Fund – Administrative Office  
60 Boulevard of the Allies, Fifth Floor  
Pittsburgh, PA 15222-1219

Fax: (412) 201-1138  
Email: SHWF@cdsadmin.com

***NOTE: Please check all forms for legibility and accuracy prior to submitting them to the Fund Administrative Office. There may be a delay in processing if enrollment forms are not completed accurately and in a legible manner.***

Samples of the Enrollment/Change form as well as the Disabled Dependent Questionnaire are included in this Manual.

**To Use the Enrollment Spreadsheet:**

Read both tabs of the provided spreadsheet carefully and populate all fields accurately and completely.

Make sure to include the appropriate group numbers assigned for plan design, active employees (Union/Non-Union), and retired employees (Union/Non-Union/Pre-Medicare/Medicare).

**Adding New Dependents to Existing Enrollment**

New Dependents must be added to the policy within 30 days of the qualifying event. Dependents not enrolled within 30 days must wait until the open enrollment period.

The employer can make these changes using the Enrollment/Change Form, online portal, The Fund's spreadsheet template, or ongoing 834 file transfer. The Steelworkers Health and Welfare Fund Administrative Office will reach out with instructions on how to use our online enrollment tool. Contact The Steelworkers Health and Welfare Fund Administrative Office to set up an ongoing file transfer or questions about enrollment.

- Adding a new Spouse: Submit a completed Enrollment/Change Form to the address above, or using the online portal, spreadsheet, or ongoing file transfer. A copy of the marriage certificate is also required outside of open enrollment.
- Adding a Dependent Child: Submit a completed Enrollment/Change Form to the address above, or using the online portal, spreadsheet, or ongoing file transfer. A copy of the birth certificate, adoption papers or documentation of legal guardianship is also required outside of open enrollment.

- Adding a Disabled Dependent Child: Disabled Dependent certification is not required until the Dependent reaches age 26 (if under age 26, see “Adding a Dependent Child,” above). If the dependent child is incapable of self-support due to physical or mental incapacity that existed before he or she reached age 26, submit a completed Disabled Dependent Questionnaire with the Enrollment/Change form to the address above the address above, or using the online portal, spreadsheet, or ongoing file transfer. Once the certification has been received and approved by the Claims Administrator, the dependent will be enrolled. The Claims Administrator may periodically request continued proof of incapacity.

### **Terminations, Coverage Changes and Changes to Personal Information**

- Submit a completed Enrollment/Change Form to the address above, or using the online portal, spreadsheet, or ongoing file transfer. All changes and terminations must be submitted to the Fund within 30 days of the date of the change or termination.
- The Fund is only able to process eligibility changes retroactively 90 days from the date you provide notice of any eligibility changes.
- Terminations that are qualifying events under COBRA must be reported to the Fund within 30 or 60 days depending on the event that causes the loss of coverage. These terminations must be reported to the Fund within 30 days of receipt from the participant. See the COBRA section for additional information.



STEELWORKERS HEALTH AND WELFARE FUND

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*Billing*

## **Premium Invoices**

Invoices for monthly premium contributions are sent to the billing contact and will be available online on the 20<sup>th</sup> business day of each month for the next month's coverage. The Steelworkers Health and Welfare Fund Administrative Office will reach out with instructions and login information for the online billing tool.

***Payment in full is due to the Fund by the 10<sup>th</sup> of each coverage month. The total amount billed should be paid and any discrepancies will be reflected on the next month's billing cycle.***

Enrollments or enrollment changes received by the Fund by the 15<sup>th</sup> of the month will be reflected on the invoice for the following month. Changes received after the 15<sup>th</sup> will be reflected on the invoice for the next following month.

We encourage you to reconcile the additions, changes and terminations submitted to the Fund against the Premium Billing Invoice. Please contact the Fund Administrative Office immediately if there is a discrepancy between the Invoice/Billing Detail Report and the changes submitted during the month that should be reflected on the invoice. Every effort is made to ensure that your eligibility is accurate.

A sample of the billing invoice is included in this manual. The invoice includes the name, birth date, age and the first three digits of the social security number of the employee, the effective date of coverage, the type of coverage and the coverage tier.

## **How Coverage Additions and Terminations Affect Billing**

Monthly premium contributions are not pro-rated for changes that occur during any month. These situations are handled as follows:

### **When adding coverage:**

- If the effective date of change is the 15<sup>th</sup> calendar day of the month or earlier, the full monthly premium is required.
- If the effective date of the change is the 16<sup>th</sup> calendar day of the month or later, no premium is required for the month in which the change occurs.

### **When terminating coverage:**

- If the effective date of termination is the 15<sup>th</sup> calendar day of the month or earlier, no premium is required for the month in which the termination occurs.
- If the effective date of termination is the 16<sup>th</sup> calendar day of the month or later, the full monthly premium is required for the month in which the termination occurs.

***Reconcile additions, changes and terminations against the monthly billing invoice keeping these guidelines in mind.***

## **ACH Debit Authorization**

Through ACH Debit authorization, monthly premium payment would be made by authorizing the Fund to electronically debit the employer's business checking account for the invoice amount on the 15<sup>th</sup> business day of each month. Using direct payment eliminates the worry of late payment, avoids delinquency charges, and ensures that a payment is never missed. You will still receive your regular monthly invoice.

If you wish to take advantage of the ACH Debit option, complete and sign an ACH Debit Authorization Form and return it to the Fund Administration Office. A sample of this authorization form is included in this manual.

## **Delinquency**

Monthly premium payments must be paid in full and must be postmarked and/or received by the 10<sup>th</sup> of the coverage month. If not, under the terms and conditions of the Participation Agreement and the Agreement of Declaration of Trust, payments are considered delinquent and are subject to any costs of collection and interest at the rate set forth in the Trust Agreement.

ACH Debit payments are due by the 15<sup>th</sup> business day of the coverage month. Late and/or NSF (non-sufficient fund) ACH payments will be considered delinquent.

The Fund will notify the employer in writing by facsimile and U.S. mail when the contributions are not paid by the 10<sup>th</sup> of the coverage month. A second notification will be sent in writing and by facsimile advising that the Fund will terminate coverage retroactively to the first of the coverage month in which payment was due.



**STEELWORKERS HEALTH AND WELFARE FUND**

***COBRA***

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## **COBRA**

The Fund offers the administration of the continuation coverage provisions under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). This includes:

- Mailing the initial COBRA notice to new participants and dependents;
- Mailing the COBRA notice and Election Form to qualified participants upon notification of a qualifying event; and
- Billing and collection of COBRA premium.

## **Employer Responsibilities**

Should the employer elect the Fund responsible for COBRA administration, the employer will notify the Fund of the following qualifying events within 30 days of the event:

- Termination of employment.
- Reduction of hours resulting in change in employment status.
- The death of the employee.
- The employee becoming Medicare eligible.

The employer is responsible for notifying the Fund of the following qualifying events within 60 days of the event:

- Divorce or legal separation.
- A dependent child ceasing to qualify as an eligible dependent.

Once notification of a qualifying event is received, the employer must notify the Fund within 30 days. The Fund will then offer COBRA continuation coverage to each qualified beneficiary. Those qualified employees who elect COBRA continuation coverage will receive a monthly invoice from the Fund and will remit the required premium directly to the Fund. Individuals continuing coverage under COBRA will not appear on monthly billing invoices from the Fund.



**STEELWORKERS HEALTH AND WELFARE FUND**

**HIPAA**

The Steelworkers Health and Welfare Fund is committed to protecting the privacy of the information it maintains that identifies plan participants and relates to their physical or mental health or the provision or payment of health services for you (“health information”). In accordance with applicable law, participants have certain rights, as described in the Fund’s Privacy Policy, related to their health information.

The Fund’s privacy policy informs participants of the Fund’s legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the related regulations (“federal health privacy law”). Notice of the Fund’s privacy policy is included in the Summary Plan Description.

The Fund has a legal obligation to:

- Maintain the privacy of health information;
- Provide a privacy notice describing the Fund’s legal duties and privacy practices with respect to health information; and
- Follow the terms of the privacy notice.

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), terminated participants will be sent a Certificate(s) of Prior Creditable Coverage upon termination of benefits directly from Highmark Blue Cross Blue Shield. This certificate constitutes evidence of coverage that was provided to the participant and their dependent(s).

If you have any questions or concerns about the Fund’s privacy practices, or if you wish to obtain additional information about the Fund’s privacy practices, please contact:

HIPAA Privacy Officer  
Steelworkers Health and Welfare Fund  
5 Gateway Center, 7th Floor  
Pittsburgh, PA 15222  
Phone: (412) 562-2279  
Fax: (412) 562-2276



## STEELWORKERS HEALTH AND WELFARE FUND

*Life Insurance,  
Accidental Death and Dismemberment,  
and Disability Benefits*

The Fund offers Life Insurance, Spouse Life Insurance, Dependent Life Insurance, Short-Term Disability, Long-Term Disability and Accidental Death and Dismemberment Benefits. These lines of coverage are insured by OneAmerica, which also provides support services.

### **Life/Accidental Death and Dismemberment Beneficiary Designation**

If Life Insurance and/or Accidental Death and Dismemberment benefits were elected, each policy holder must complete and submit a Beneficiary Designation form. A sample Beneficiary Designation form is included in this manual.

*When completing beneficiary designation forms, indicate OneAmerica's policy number: 00619129.*

Submit completed forms by mail, fax or email to:

Steelworkers Health & Welfare Fund – Administrative Office  
60 Boulevard of the Allies, Fifth Floor  
Pittsburgh, PA 15222-1219

Fax: (412) 201-1138  
Email: [SHWF@cdsadmin.com](mailto:SHWF@cdsadmin.com)

### **Filing a Life/Accidental Death and Dismemberment Claim**

File a Life/Accidental Death and Dismemberment claim by completing the Life Claim Form. File the Claim Form with the Fund Administrative Office via the means listed above.

A sample of OneAmerica Life Claim Form is included in this manual. Copies of this form are available upon request. Please contact your Account Executive in the Fund Office to obtain claim forms.

### **Filing a Disability Claim**

File a Disability claim with OneAmerica at 1-855-517-6365 or online at [OnaAmerica.Claims@customdisability.com](mailto:OnaAmerica.Claims@customdisability.com). A sample of OneAmerica's Disability Claims Submission instructions and Claim Packet is included in this manual. Please refer to this form for guiding your employees through the claim process.

As always, the Fund Office is available Monday through Friday from 8:00 AM to 5:00 PM if additional assistance is needed.



STEELWORKERS HEALTH AND WELFARE FUND

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***Mandated Benefits Materials***

### **Summary Plan Description Booklet (“SPD”)**

The Summary Plan Description (“SPD”) is intended to provide a complete summary of participants’ benefits. It identifies the particular benefits available to your group and describes services, regulations and limitations important to participants.

An appropriate number of SPDs will be mailed to your office within 90 days of the effective date of coverage. Upon receipt of the booklets, each qualified participant should be provided a copy.

Should benefits or language within the SPD change significantly, a new booklet will be issued within 60 days and should be distributed to participants as appropriate.

### **Summary of Benefits and Coverage (“SBC”)**

The Summary of Benefits and Coverage (“SBC”) is a summary document required under the Patient Protection and Affordable Care Act of 2010, which describes certain covered services, cost-sharing obligations, benefit limitations, exclusions and certain other coverage information.

These documents will be mailed directly to participants in accordance with applicable state or federal requirements each year prior to open enrollment. SBCs will also be re-issued in the event that certain benefit modifications are implemented.

A supply of SBCs will be sent to the employer to be distributed to new hires and those who waive coverage but who are eligible for the plan.

### **Summary of Material Modifications (“SMM”)**

A Summary of Material Modification (“SMM”) is prepared by the Fund Office in the event a plan change has been made and should be inserted into the appropriate section of the Summary Plan Description booklet.

Copies should be distributed to the enrolled participants for insertion into their Summary Plan Description booklet for a complete and accurate description of benefits.

### **Creditable Coverage Notice**

A Creditable Coverage Notice is required to be sent to each participant annually and has information about your employee’s coverage and their options under Medicare’s prescription drug coverage. This information can help them decide whether or not they want to join a Medicare drug plan.

If they are considering joining, they should compare their current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare drug coverage in their area. Information about where they can get help to make decisions about their prescription drug coverage is included in this notice.

## **Summary Annual Report**

A summary of the annual report is required to be sent to each participant indicating that the report has been filed with the Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

A participant can request a full copy of the report by contacting the Fund Administrative Office at 888-296-7493.

## ***Frequently Asked Questions***

**Q: How long does it take for employees to receive ID cards?**

A: ID cards are generally sent within 7-14 days after the enrollment forms have been received and processed at the Fund Administrative Office. ID cards are produced by the Claims Administrator at Highmark Blue Cross and Blue Shield based on eligibility information that is electronically transmitted by the Fund and mailed directly to participants.

**Q: My billing invoice does not reflect changes that were recently submitted to the Fund. Should I make these changes on the invoice and pay an adjusted amount?**

A: No. Pay as billed. Changes received after the 15<sup>th</sup> of each month will be reflected on the invoice for the following month. Any errors in billing will be credited.

**Q: Who should employees call for information on coverage and benefits, claim status or problems or to request ID cards?**

A: Employees should contact the Dedicated Member Services unit for assistance with health benefits at the toll-free number on the back of their ID cards.

**Q: One of our employees contacted the Member Services Unit, but is still having trouble getting a claim paid. Who should they contact?**

A: Participants with escalated claim problems should contact your group's Account Executive or the Fund Office's toll-free number at 1-888-831-3863.

**Q: We have employees in several different states. How do they locate In-Network providers?**

A: To locate an In-Network provider, employees can visit [www.highmarkbcbs.com](http://www.highmarkbcbs.com) or contact the number on the back of their ID card.

**Q: Who should I contact for additional supplies of Enrollment/Change forms?**

A: Contact the Fund Administrative Office at 1-888-296-7493.

**Q: What is the time period for submitting additions or changes to enrollment?**

A: Eligibility changes must be reported to the Fund Administrative Office as soon as possible within 30 days of the event that causes a change in coverage status. In no event will the Fund provide retroactive rate credit for changes reported more than ninety 90 days after the effective date of the change.