

For Your Benefit

Vol. 3 Issue 3

UFCW-EMPLOYERS BENEFIT PLANS OF NORTHERN CALIFORNIA

Spring 2005

FAQS

Frequently Asked Questions about Claims, Costs and Other Medical Plan Issues

What paperwork do I need to submit claims?

Usually, the doctor or health care provider submits claims on behalf of patients.

Upon payment of a claim, you will receive an "Explanation of Benefits" (EOB). It will show the charges for the services you received and the amount of payment.

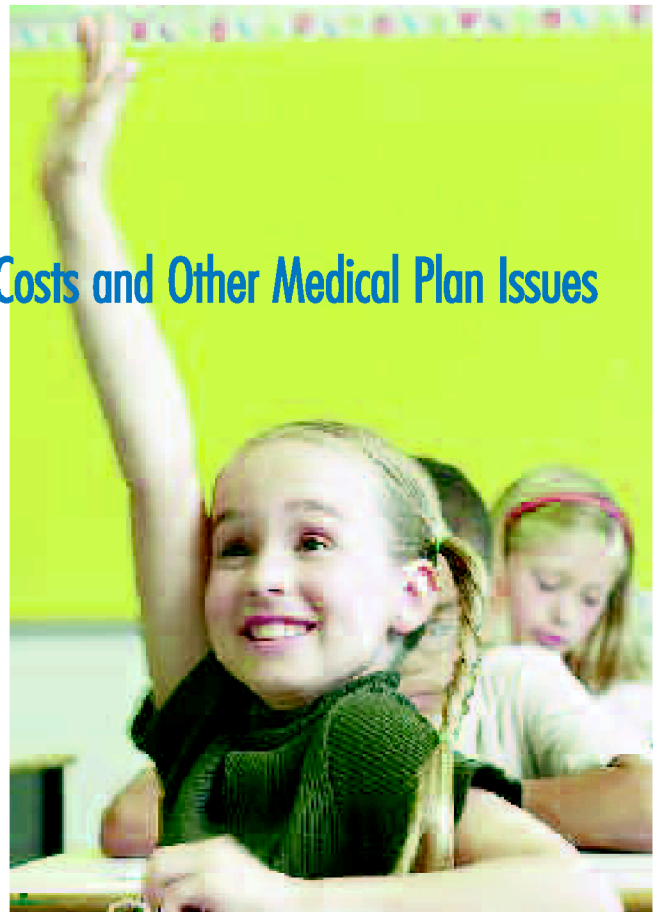
You should receive an EOB within approximately two months after the claim is received. If you do not receive your EOB, call your provider to be sure that the claim has been filed.

If you receive a statement from your doctor asking you to pay the entire bill, send the itemized statement to the Trust Fund. It is best to attach it to a completed claim form.

What if I am covered by more than one plan?

The claim should first be sent to the plan that covers you as an *employee* (your *own* employer's plan). Usually, your doctor or health care provider will do this for you.

(Please see page 2)



For Your Benefit is a quarterly newsletter designed to keep all participants informed about how to use their benefits most effectively.

Participants also may contact their Union's Benefit Clerks or call the nearest Trust Fund office directly:

Walnut Creek:
800-794-5678

Roseville:
800-552-2400

Also in this Issue . . .

- S FAQs on Health Care Coverage
- S Network Pharmacies Save Money
- S New PPO Cards Coming Soon
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