

Frequently Asked Questions About Your Health Fund

1. How do I become eligible to enroll for coverage?

You must work for an employer who is required by your Union Contract to make contributions on your behalf. You must work the hours required by the Union Contract to establish and maintain eligibility. You must also complete any waiting period (30 days, 90 days, etc.) required by your Union Contract.

2. Who are my eligible dependents for coverage purposes?

Eligible dependents are spouses, children up to age 26 years old, and same- or opposite-sex domestic partners.

3. How do I enroll myself or my eligible dependents?

Once you become eligible to enroll, you will receive a packet in the mail from UNITE HERE HEALTH (your Fund) that will give you instructions on how to enroll. You can also enroll by calling your **Care Coordinators at 866-686-0003**. You have 30 days to enroll once you become eligible. If you do not enroll within those 30 days, you must wait for Open Enrollment.

To enroll your dependents, you will need to submit a birth certificate (for children) or a marriage certificate (for spouses) to UNITE HERE HEALTH. Additional documentation is required for domestic partners – call your **Care Coordinators** for more information.

4. What is open enrollment, and when is it?

Open enrollment takes place each year during the entire month of October. If you have met the eligibility requirements (see #1 above), you can enroll yourself or your dependents or make changes to your coverage for any reason during this time. You can enroll your domestic partner at any time of the year with appropriate documentation.

5. What if I miss open enrollment or a family member urgently needs health insurance?

In certain circumstances, including if you get married, have or adopt a child, or if you, your spouse or your child lose insurance coverage, you may be able to enroll immediately.

6. How can I keep my out-of-pocket costs low?

- Choose and visit a Primary Doctor. You only pay a \$10 copay to see your Primary Doctor, and he or she can find little problems BEFORE they become big, expensive problems. Call your **Care Coordinators at (866) 686-0003** to find an in-network Primary Doctor close to your home or work, many of whom have extended hours that work for working families.
- Use an Urgent Care Center if your doctor's office is closed, and you have a problem that is NOT life threatening. You pay only \$20 to use an Urgent Care Center, many of which are open late and on weekends. Call your **Care Coordinators at (866) 686-0003** to find the in-network Urgent Care Center nearest you.
- Use the hospital emergency room only when there is a true life threatening situation to avoid an average out of pocket cost of \$500. Get the care you need by going to your Primary Doctor at the first sign illness. Know where your closest Urgent Care Center is located. Not sure if it's an emergency? Call your Primary Doctor and ask.
- In general, your out-of-pocket costs will be lowest when treatment is furnished by in-network providers. You will pay more when treatment is furnished by non-network providers. Call your **Care Coordinators** to identify in-network providers in your area.

7. Why do I need to pre-notify for any services or procedures outside of my Primary Doctor's office?

When you and your physician tell us ahead of time about services or procedures outside of your Primary Doctor's office, it allows your **Care Coordinators** to make sure we have all the information we need, and it can eliminate incorrect bills or miscommunication between providers. Services and procedures that require pre-notification are listed on the back of your ID card – just hand the card to your doctor to check if he or she is recommending a service or procedure that requires pre-notification.

8. Why should I open the mail I receive from UNITE HERE HEALTH?

Every time we receive a claim from a provider, we send you an Explanation of Benefits (EOB). *This is not a bill.* It explains how much the provider charged for the services, what the BCBS discount is (if you went to an in-network provider), how much your Fund paid, and how much is your patient responsibility.

9. Why do I need to return an Accident Form or a Request for Other Insurance Information when that doesn't apply to me?

If you receive these forms attached to an EOB, it is because the Fund needs to hear from you before we can pay your claim that your claim was not the result of an accident, or that your dependents don't have other insurance. It is important that any forms attached to an EOB are filled out and returned to UNITE HERE HEALTH so that we can process your claim. Or you can call your **Care Coordinators** to give them the information requested over the phone.

10. What do I do if I have more questions or receive forms I do not understand?

Your Fund's **Care Coordinators** are available from 8:30am until 10:00pm Eastern Time. We can help you with ANY questions related to your health fund - health questions, paperwork, advice or problems.

Call Us...(866) 686-0003