

**I.U.E. DIVISION OF COMMUNICATION WORKERS OF
AMERICA, AFL-CIO**

**THE UNITED FURNITURE WORKERS
BENEFIT PROGRAM**

FOR THE

Retirees of Local 76B & Its Divisions

150-47 Hillside Avenue
Jamaica, NY 11432
Telephone: (718) 526-8000

IUE-CWA
AFL-CIO

Provided by
**THE UNITED FURNITURE WORKERS
INSURANCE FUND
1910 AIR LANE DRIVE
NASHVILLE, TN 37210
615/889-8860**

PROCEDURE FOR FILING CLAIMS

1. To receive the Fund's proper claim form, telephone or write the Fund's Insurance Department at:

LOCAL 76B AND ITS DIVISIONS,
FWD/IUE, AFL-CIO
150-47 Hillside Avenue
Jamaica, NY 11432
ATTN: Insurance Department
Telephone: (718) 526-8000

2. A. As soon as you receive notification (Explanation of Benefits Form) from the Medicare Carrier, send a completed and signed claim form and bill from the attending physician listing charges, services, and diagnosis, together with the Explanation of Benefits Form, to the above address.

B. If you are a Disability Pensioner not yet eligible for Medicare, send a completed and signed claim form and bill from the attending physician listing his charges, services and diagnosis, to the above address.

3. Any benefits you may be entitled to will then be paid by the United Furniture Workers Insurance Fund.

TIME LIMIT FOR FILING CLAIMS

All claim forms must be properly completed and returned to the Fund Office within 90 days after the date on which the illness and injury begins or you may lose the benefits. Improperly or partially completed forms will delay the payment of your claim.

Claim forms submitted after 90 days but prior to one year from the date on which the illness or injury begins may be honored only if the Fund Office determines that the delay was unavoidable. No claims will be honored if submitted more than one year from the date which the illness or injury service, for which you are claiming benefits, was performed.

ELIGIBILITY

- I. 65 Years of Age with Medicare

If you are at least 65 years of age, in receipt of pension benefits from the UFW Pension Fund A, and the last employer you worked for is still a contributing employer to the UFW Insurance Fund, you will be eligible for:

1. Death Benefit
2. The Benefit Program that is coordinated with Medicare
3. Optical Expense Benefits

- II. Under Age 65 Without Medicare

If you are less than age 65, in receipt of an Early Pension Benefit from the UFW Pension Fund A, and the last employer you worked for is still a contributing employer to the UFW Insurance Fund, you will be eligible for a Death Benefit until you attain age 65; upon attainment of age 65 you will be covered for the full program of benefits.

- III. Disability Pensioner Under Age 65 Without Medicare

If you are less than age 65, in receipt of a Disability Pension or a Disability Award Pension Benefit from the UFW

Pension Fund A, and the last employer you worked for is still a contributing employer to the UFW Insurance Fund (provided that you are not eligible for Medicare), you will be eligible for:

1. Death Benefit
2. Hospital Expense Benefits (up to a maximum of \$5000 per year for a maximum period of two years; thereafter Medicare will provide coverage.)
3. Surgical Expense Benefits
4. Laboratory and X-Ray Expense Benefits
5. Optical Expense Benefits

IV. Disability Pensioner Under Age 65 With Medicare

1. Death Benefit
2. The Benefit Program that is coordinated with Medicare
3. Optical Expense Benefits

V. Over Age 65 Without a Pension

If you are at least age 65 and retired after the age of 60 from all gainful employment or self-employment, and you are not in receipt of pension benefits from the UFW Pension Fund A, and had contributions made on your behalf for Retirees' Benefits for not less than five years (60 months), during the last 10 years immediately prior to your retirement by an employer who is still a contributing employer to the UFW Insurance Fund, you will be eligible for:

1. Death Benefit
2. The Benefit Program that is coordinated with Medicare.

VI. Dependent Spouses of Eligible Retired Members

Dependent spouses of Eligible Retired Members, who are at least age 65, and eligible for Medicare, are eligible for the same benefits as are provided to Eligible Retired members (except Death Benefit). Dependent spouses cease to be eligible for benefits upon the death of the Eligible Retired Member.

DEATH BENEFITS

In the event an eligible retired member dies, from any cause, the Fund will pay a Death Benefit to their designated beneficiary in accordance with the following schedule:

1. For a member in receipt of a Normal, Early, or Disability Award Pension Benefit from the UFW Pension Fund\$1,500.00
2. For a member who retired after the age 60 but is not in receipt of or entitled to apply for pension benefits from the UFW Pension Fund, who had contributions made on their behalf for Retirees' Benefits for not less than 5 years (60 months), during the last 10 years immediately prior to their retirement.....\$750.00

The death benefit shall be paid to any person designated by the member as their beneficiary, upon application for same. The member can change their beneficiary at any time by signing the appropriate form, which can be obtained from the Fund Office. If the beneficiary named by the member dies before the member does, or if the member does not name a beneficiary, their death benefit shall be paid to the following: to his widow

or her widower, or if they die before the member, to their children in equal shares, or if they are not survived by any children, to their parents in equal shares, or to their one surviving parent, or if neither parent is living, to their estate.

No death benefits, as mentioned above, shall be subject in any manner to anticipation, alienation, sale, transfer, assignment, pledge, encumbrance, or charge, and any attempt to so anticipate, alienate, sell, transfer, assign, pledge, encumber, or charge the same shall be void.

**COORDINATION OF FUND'S
BENEFIT PROGRAM WITH
MEDICARE FOR ELIGIBLE RETIRED
MEMBERS AND THEIR ELIGIBLE
SPOUSES**

Benefits provided under this program will be coordinated with the benefits provided under Medicare for all persons age 65 or older and for some who may be entitled to Medicare prior to age 65.

Under no circumstances will the Fund make payment for any claim which is payable under Medicare or would be payable if the covered person were properly enrolled for both the Basic Part A and Supplementary Part B programs. No one will receive double payments or overlapping payments.

OPTICAL BENEFITS

An allowance of up to \$60.00 will be paid once every 24 months for an eye examination and/or prescribed eyeglasses for you and/or your eligible spouse.

Any retired member or eligible spouse who is entitled to Optical Benefits, may have his eyes examined and glasses prescribed by anyone who is licensed to perform these services and the Fund will pay the doctor's usual charges for the examination and/or glasses, but no more than \$60.00.

**NO REIMBURSEMENT WILL BE
MADE FOR SUNGLASSES.**

HOSPITAL BENEFITS

What To Do About Hospital Benefits

Whenever you or your eligible spouse applies for admission to a hospital, remember to bring along your Medicare Card and your UFW Insurance Fund Hospital Identification Card.

The United Furniture Workers Insurance Fund provides these hospital service benefits through direct systematic relations with participating hospitals. If you run into any problem with a hospital, call the Fund's local insurance department at (718) 526-8000. The Fund's local insurance department will supply any information that may be needed and help you solve any issue that may arise.

The following benefits will be paid if as the result of any non-occupational accidental bodily injury, or disease for which no benefits are provided under any Workers' Compensation Law or Act, you or your eligible spouse are confined in any legally constituted hospital, (as defined under DEFINITIONS, attached), other than a hospital owned or operated by the Veterans' Administration or

elsewhere at Federal Government expense.

Confinement must be for 18 or more consecutive hours for a room and board benefit to be paid. If you are confined in a hospital for less than 18 consecutive hours as a result of a surgical operation or for emergency care within 24 hours of an accident, charges by the hospital (excluding physician's fees) will be paid.

For each hospital confinement for a different accident or sickness for you or your eligible spouse, the Fund will pay the full semi-private charges for room and board and miscellaneous hospital expenses (and charges for Intensive Care Units in excess of the average semi-private room rate), for up to 201 days.

Miscellaneous hospital expenses include operating room, recovery room, X-rays, laboratory tests, drugs, oxygen, use of blood transfusion equipment (excluding charges for blood or blood plasma), anesthesia and administration thereof if administered by a hospital employee and ambulance service to a hospital, when the patient is admitted as an in-patient.

Charges for hospital services will not be reimbursed if they are incurred after the maximum period for which hospital board and room benefits are payable. These benefits are payable only if hospital confinement and the hospital services rendered are recommended by a legally qualified physician or surgeon. While board and room benefits are limited for any one continuous period of disability, the number of such periods of disability in any year is not limited.

Successive periods of hospital confinement will be considered as having occurred during one continuous Period of Disability unless there is complete recovery from the accident or illness which caused the previous confinement or unless such successive periods of confinements are due to entirely unrelated causes.

SURGICAL BENEFITS

Retired Members and their eligible spouses are eligible for surgical benefits as specified in the \$750.00 Schedule of Surgical Benefits, which is attached. Surgical Benefits are paid only if:

1. the operation or procedure is recommended, approved and performed by a legally qualified physician or surgeon; (The rules for the Mandatory Second Opinion for Elective Surgery is attached) and
2. the operation or procedure is for a non-occupational injury or disease not covered by Workers' Compensation Legislation; and
3. the operation is not for cosmetic purposes.

The amount of Surgical Benefits paid shall not exceed the amount actually charged the Retired Member or eligible spouse, nor shall they be in excess of the maximum amount specified for the operation or procedure in the Schedule of Surgical Benefits. Up to the maximum allowance in accordance with the Schedule of Surgical Benefits will be paid for one or more operations during any one continuous period of disability.

If two or more operations are performed through the same abdominal incision, the amount payable will be for the operation for which the largest benefit is provided. If more than one operation is performed (except for cancer) at any one time, the total payment for all such operations shall not exceed one and one-half times the maximum payment specified in the Schedule for that one of such operations for which the largest amount is payable.

Successive operations shall be considered as having been performed during one continuous period of disability unless complete recovery from the accidental bodily injury or disease which caused the previous operation has taken place before the subsequent operation is performed.

No Surgical Benefits shall be paid for operations or procedures performed in Veterans' Hospitals or elsewhere at Federal Government expense.

LABORATORY AND X-RAY BENEFITS

Up to \$100 will be paid for all x-ray and laboratory procedures during any one calendar year.

WIG BENEFIT

If you or your eligible spouse receive chemotherapy or radiation treatment, either for a benign or malignant condition, the Fund will pay up to \$100 every two years for a wig.

ANESTHESIA BENEFITS

A member and his eligible spouse are eligible for anesthesia benefits if the anesthesia is administered by a non-staff anesthetist of a hospital in connection with a surgical procedure specified in the Schedule of Surgical Operations. Anesthesia benefits shall be paid up to 20 percent of the allowance for the specified reimbursable procedure, up to a maximum of \$150.00 for members and for their eligible spouse. To receive anesthesia benefits a separate charge must be made for the administration of anesthesia and the bill sent to the Fund Office. Anesthesia benefits shall also be paid if administered in the office of a legally qualified medical physician or medical surgeon, provided the administration is in connection with a reimbursable surgical procedure. The minimum anesthesia benefits

shall be \$15.00 except when the actual charge is less than \$15.00; in this event, the smaller actual charge shall be the anesthesia benefits payable by the Fund.

DEFINITIONS

1. "Legally qualified medical doctor, physician or surgeon," as used in this booklet, means a legally qualified Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.), or a Licensed and Certified Nurse Midwife.

A Dentist (D.D.S.), performing services not covered under a Dental Expense Benefits Program will be recognized as a legally qualified physician when performing services in his speciality which, if performed by an M.D. or D.O., would be covered.

A Licensed and Certified Nurse Midwife will be recognized as a legally qualified physician when performing services in their speciality which, if performed by an M.D. or D.O., would be covered.

Nevertheless, payment will not be made for expenses, whether incurred with respect to the services of a Doctor of Medicine, or a Doctor of Dental Surgery, or otherwise, when they are for care of the teeth and dental structures and the alveolar processes, including but not limited to dental caries, extractions (except for impactions), gingivitis, periodontal or dentoalveolar abscess, orthodontia and prostheses.

A Doctor of Podiatry (Pod. D.) will be recognized as a legally qualified physician when performing services in his speciality which, if performed by an M.D. or a D.O., would be covered.

Nevertheless, payment will not be made for expenses, whether incurred with respect to the services of a Doctor of Medicine, or a Doctor of Podiatry or surgical chiropody or otherwise, when they are for:

- (a) the treatment of flat foot conditions and the prescription of supportive devices therefore; or
- (b) the treatment of subluxation of the foot; or
- (c) routine foot care, including the cutting or removal of corns or calluses, the trimming of nails, and other routine hygienic care. "Routine Hygienic Care" includes hygienic and preventive maintenance care of the feet, of the type which is ordinarily within the realm of self-care, such as observation and cleansing of the feet, use of skin creams to maintain skin tone of both ambulatory and bedfast patients, nail care not involving surgery, prevention and reduction of corns, calluses and any services performed in the absence of localized illness, injury or symptoms involving the foot.

2. "Hospital," as used in this booklet, means a legally constituted and operated institution for care and treatment of sick and injured persons; which is accredited as a general acute care hospital by the Joint Commission on Accreditation of Hospitals; which provides bed care, which has on its premises full diagnostic, surgical and therapeutic facilities under the supervision of a staff of legally qualified physicians; and which provides 24-hour nursing service by registered nurses. No institution shall be considered to have met these requirements by reference to facilities or services available at any other institution, regardless of the existence of any contract, agreement or understanding with such other institution.

The term "Hospital" shall not include: a college or university infirmary; any institution which is an old age, rest, nursing, or convalescent facility; or institution primarily devoted to rehabilitation, physiotherapy, treatment of addiction, alcoholism, or nervous or mental disorders. The exclusions set forth in this paragraph shall apply to any institution described in this paragraph, notwithstanding that such institution meets the requirements set forth in the immediately preceding paragraph.

SCHEDULE OF SURGICAL BENEFITS

Description of Operation	Maximum Payment for Each Operation
ABDOMEN	
Appendectomy, freeing of adhesions or surgical exploration of the ab- dominal cavity	\$375
Gastro-enterostomy	562
Resection of stomach or bowel	750
Removal of, or other operation on gall bladder	562
Tubal ligation of one or both tubes By laparoscopy	150
By any other approach	375
ABSCESSSES (See Tumors)	
AMPUTATIONS	
Thigh, leg	465
Upper arm, forearm, entire hand or foot	375
Finger's or toes, each	52
BREAST	
Removal of benign tumor or cyst requiring hospital confinement	187
Simple amputation	375
Radical amputation	562
CHEST	
Complete thoracoplasty, transthoracic approach to stomach, diaphragm, or esophagus; sympathectomy, or laryngectomy	750
Removal of lung or portion of lung ...	750
Bronchoscopy, esophagoscopy	150
Induction of artificial pneumothorax, initial	90
Refill each (not more than 12)	37
DISLOCATION, REDUCTION OF	
Hip, ankle joint, elbow or knee joint (patella excepted)	127
Shoulder	90
Collar bone	75
Lower jaw, wrist or patella	52

For a dislocation requiring an open operation, the maximum will be twice the amount shown above.

SURG. 750

Description of Operation	Maximum Payment for Each Operation
EAR, NOSE, OR THROAT	
Fenestration, one or both ears.....	750
Mastoidectomy, one or both sides, simple.....	375
radical.....	562
Tonsillectomy, adenoidectomy, or both	112
Sinus operation by cutting (puncture of antrum excepted).....	187
Submucous resection of nasal septum	187
Tracheotomy.....	277
any other cutting operation.....	52
EXCISION OR FIXATION BY CUTTING	
Hip Joint.....	562
Knee or elbow joint.....	465
Shoulder, semilunar cartilage, wrist or ankle joint.....	375
Removal of diseased portion of bone, including curettage(alveolar processes excepted).....	187
EYE	
Operation for detached retina or corneal transplant.....	750
Cataract, removal of.....	562
Any other cutting operation into the eyeball (through the cornea or sclera) or cutting operation on eye muscles.....	375
Removal of eyeball.....	375
Any other cutting operation on eye- ball.....	75
FRACTURE, TREATMENT OF	
Thigh, vertebra or vertebrae, pelvis (coccyx excepted).....	277
Leg, kneecap, upper arm, ankle (Pott's)	187
Lower jaw (alveolar process excepted). collar bone, shoulder blade, fore- arm, wrist (Colles'), skull.....	90
Hand, foot.....	52
Fingers or toes, each.....	37
Nose.....	37
Rib or ribs, three or more.....	90
fewer than three.....	37

SURG. 750

Description of Operation	Maximum Payment for Each Operation
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The amounts shown above are for simple fractures.

For a compound fracture, the maximum will be one and one-half times the amount for the corresponding simple fracture, but will not exceed the maximum benefit.

For a fracture requiring an open operation, the maximum will be twice the amount for the corresponding simple fracture (bone grafting or bone splicing or metallic fixation at point of fracture considered an open operation) but will not exceed the maximum benefit.

GENITO-URINARY TRACT

Removal of, or cutting into, kidney ...	750
Fixation of kidney	562
Removal of tumors or stones in ureter or bladder	
By cutting operation	375
By endoscopic means	127
Cystoscopy	90
Removal of prostate by open operation	562
Removal of prostate by endoscopic means	375
Circumcision	45
Varicocele, hydrocele, orchidectomy, or epididymectomy,	
single	187
bilateral	277
Hysterectomy	562
Other cutting operations on uterus and its appendages with abdominal approach	375
Cervix amputation	187
Dilatation and curettage (non- puerperal), cervix cauterization or conization, polypectomy, or any combination of these	90
Vaginal operation for cystocele or rectocele	277
Vaginal operation for cystocele and rectocele combined	375
Vasectomy for sterilization	
Elective	75
Non-elective	
Unilateral	187
Bilateral	277

SURG. 750

Description of Operation	Maximum Payment for Each Operation
GOITRE	
Removal of thyroid, subtotal	562
Removal of adenoma or benign tumor of thyroid	375
HERNIA	
Single hernia	375
More than one hernia	465
JOINT	
Incision into, tapping excepted	90
LIGAMENTS AND TENDONS	
Cutting or transplant, single	187
multiple	277
Suturing of tendon, single	127
multiple	187
PARACENTESIS	
Tapping	45
PILONIDAL CYST OR SINUS	
Removal of	187
RECTUM	
Hemorrhoidectomy, external	90
Internal, or internal and external	187
Cutting operation for fissure	90
Cutting operation for thrombosed hemorrhoids	52
cutting operation for fistula in anus, single	187
multiple	277
SKULL	
Cutting into cranial cavity (trephine excepted)	750
Trephine	90
SPINE OR SPINAL CORD	
Operation for spinal cord tumor	750
Operation with removal of portion of vertebra or vertebrae (except coccyx, transverse or spinous process)	562
Removal of part or all of coccyx, or of transverse or spinous process ...	187

SURG. 750

Description of Operation	Maximum Payment for Each Operation
TUMORS	
Cutting operation for removal of one or more benign or superficial tumors, cysts or abscesses:	
Requiring hospital confinement	90
Not requiring hospital confinement.....	30
Malignant tumors of face, lip or skin	187
VARICOSE VEINS	
Injection treatment, complete procedure, one or both legs.....	150
Cutting operation, complete procedure one leg.....	187
both legs.....	277
OBSTETRICAL PROCEDURES	
Delivery of child or children.....	750
Caesarean section.....	750
Abdominal operation for extra-uterine pregnancy.....	750
Miscarriage or abortion.....	180
D & C.....	135

Except for operations expressly specified in the Schedules, the Board of Trustees shall, subject to the terms and conditions of the Benefit Programs, determine a payment for any cutting operation not listed in the Schedules, consistent with the payment for any listed operation of comparable difficulty and complexity, but in no event shall such payment exceed the applicable maximum Surgical Benefit.

SURG. 750

This comprehensive Benefit Program
was developed for its membership by the
United Furniture Workers Insurance Fund.

**UNITED FURNITURE WORKERS
INSURANCE FUND**

1910 Air Lane Drive
Nashville, TN 37210

(615) 889-8860
(800) 800-8860

P.O. Box 100037
Nashville, TN 37224

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The United Furniture Workers Insurance Fund Benefit
Program is the Best Plan of Protection in the Industry