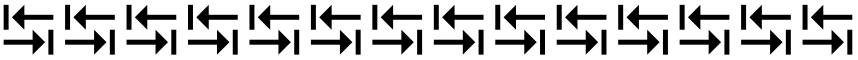


**UAW/UMASS
HEALTH &
WELFARE
TRUST FUND**

Plan Year
**20
09**



**● guide to
● benefits for
● graduate
● employees**

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Uniting
Academic
Workers

Solidaridad de
Trabajadores
Académicos

為學生
學者
服務

توحيد عمال الأكاديمية

GEO

Room 201 Student Union
UMass Amherst
Amherst MA, 01003
413 545 5317
413 545 1457 (fax)
geo@external.umass.edu
<http://www.geouaw.org/>

a unit of

UAW Local 2322

4 Open Square Way, #406
Holyoke, MA 01040
413 534-7600
413 534-7611 (fax)
<http://uaw2322.org/>

GEO Dental Plan

413 534-7618
www.hwtrust.geouaw.org
uawdental@external.umass.edu

1st deadline for enrollment:

Wednesday, October 7th at Noon

The 2009-10 benefits plan year is
November 1, 2009–October 31, 2010.

September 15, 2009

Dear Graduate Employee:

The Graduate Employee Organization GEO/UAW Local 2322 and the University of Massachusetts Amherst have a collective bargaining agreement that provides for a Health & Welfare Trust Fund. The purpose of this fund is to extend a variety of benefits to GEO-eligible employees. These benefits include:

- **high quality dental & vision insurance plans for individuals (free) & their spouses, domestic partners and children (family dental is \$100 for the year)**
 - **contributions toward keeping health care affordable**
- **child care vouchers specifically reserved for grad employees & free slots in the University's Center for Early Education and Care's Flexible Schedule Classroom**
- **an employee assistance program for short-term, problem-solving based counseling & referrals**
 - **a wellness reimbursement benefit of \$80/per year**

The benefits above are described at length in this guide—take a moment to familiarize yourself with them! The fund has provided graduate employees with benefits since 2000 and has increased and improved the benefits offered each year. All of the benefits are FREE (with the exception of dental coverage for families). We started with just a dental plan, and now we provide over seven types of benefits to employees! We encourage you to make the most of your benefits—sign up early and use the benefits. They were hard-won in your union contract by fellow graduate student employees.

In solidarity,

Tim Sutton
President, GEO/UAW 2322

Leslie Edwards
Benefits Administrator
UAW/UMass Health & Welfare Trust Fund

Please note that employees currently enrolled in the dental and/or vision plans and who continue to be eligible for coverage **MUST RE-ENROLL** to maintain coverage beyond October 31, 2009.

Graduate Student Employees Organized since 1991



Who Can Enroll in the Health & Welfare Trust Fund Plans

To be an eligible participant, you must be an enrolled graduate student (program fee meets this guideline) at the University of Massachusetts Amherst and be working in a GEO-eligible position earning the minimums described in the Eligibility section of this guide. Those on non-working fellowships and post-doctoral students are unfortunately not eligible for the plans.

To be an eligible dependent, you must be the spouse, domestic partner or child of an eligible participant.

DENTAL

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Delta Dental's PPO Plus Premier Dental Insurance Plan

We offer a superior dental plan, with high rates of coverage, an extensive national network of dentists and a calendar year maximum coverage of \$2000. See full dental plan benefits description below.



Delta Dental PPO Plus Premier

**Coverage Summary for
GEO/UMass Health &
Welfare Trust Fund
Group #
002388**

**Deductible: \$50 per individual. Deductible waived for Diagnostic, Preventive categories.
Plan Year Maximum: \$2,000 per person.**

| Category / Procedure | Qualifications | Co-insurance | |
|---------------------------------|--|--------------|-----------------|
| | | In Network | Out of Network* |
| Diagnostic | | 100% | 100% |
| Comprehensive Evaluation | Once every 60 months per dentist. | | |
| Periodic Oral Exam | Once every 6 months. | | |
| Full Mouth X-rays | Once every 60 months. | | |
| Bitewing X-rays | Once every 6 months. | | |
| Single Tooth X-rays | As needed. | | |
| Preventive | | 100% | 100% |
| Teeth Cleaning | Once every 6 months. | | |
| Fluoride Treatments | Once every 6 months for members under age 19. | | |
| Space Maintainers | Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. | | |
| Sealants | Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. | | |
| Chlorhexidine Mouthrinse | This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. | | |
| Fluoride Toothpaste | This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery. | | |
| Restorative | | 80% | 80% |
| Silver Fillings | Once every 24 months per surface per tooth. | | |
| White Fillings (Front Teeth) | Once every 24 months per surface per tooth. | | |
| White Fillings (Back Teeth) | Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge. | | |
| Temporary Fillings | Once per tooth. | | |
| Stainless Steel Crowns | Once every 24 months per tooth. | | |
| Oral Surgery | | 80% | 80% |
| Simple Extractions | Oral surgical benefits not provided when rendered in a surgical day care or hospital setting. | | |
| Surgical Extractions | Oral surgical benefits not provided when rendered in a surgical day care or hospital setting. | | |
| Periodontics | | 80% | 80% |
| Periodontal Surgery | Periodontic benefits not provided when rendered in a surgical day care or hospital setting. | | |
| Scaling and Root Planning | Once in 24 months, per quadrant. | | |
| Periodontal Cleaning | Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings. | 100% | 100% |
| Endodontics | | 80% | 80% |
| Root Canal Treatment | Once per tooth. | | |
| Vital Pulpotomy | Limited to deciduous teeth. | | |
| Prosthetic Maintenance | | 80% | 80% |
| Bridge or Denture Repair | Once within 12 months, same repair. | | |
| Rebase or Reline of Dentures | Once within 36 months. | | |
| Replacement of Crowns & Onlays | Once per tooth. | | |
| Emergency Dental Care | | 80% | 80% |
| Minor treatment for Pain Relief | Three occurrences in 12 months. | | |
| General Anesthesia | Allowed with covered surgical services only. | | |
| Prosthetics | | 65% | 65% |
| Dentures | Once within 60 months. | | |
| Fixed Bridges and Crowns | When part of a bridge. Once within 60 months. | | |
| Implants | An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once per 60 months per Implant. | | |
| Major Restorative | | 65% | 65% |
| Crowns | When teeth cannot be restored with regular fillings. Once within 60 months per tooth | | |

Orthodontics: Covered at 50% of Maximum Plan Allowance charges to any age. \$1,000 separate LIFETIME maximum.

Dependent Eligibility: Eligible dependents up to age 26 or for two years past the loss of dependent status, whichever occurs first.

Additional Benefit Information

| |
|---|
| Deductible waived for periodontal cleanings. |
| Domestic Partner Coverage |
| Temporomandibular Joint Treatment is paid at 65% and subject to a \$500 lifetime maximum. |
| <i>This plan is eligible for Rollover Max. See the benefit guide for details.</i> |

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental PPO Plus Premier

Easy Access and Great Value — Your Delta Dental Networks

As a Delta Dental PPO Plus Premier subscriber, you have access to two of Delta Dental's extensive national networks—Delta Dental PPO, with 116,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with over 194,000 dentist locations. Three out of four dentists nationwide and 96% of Massachusetts dentists participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the **Delta Dental PPO** or **Delta Dental Premier** networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from **Delta Dental Premier** network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting **Delta Dental PPO** network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Simply visit www.deltadentalma.com to find a participating dentist in your area.

Learn More at deltadentalma.com

You can find more information about your benefits plan in the *Delta Dental Member Guide*, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how the claims and appeal processes work, and more about keeping a healthy mouth for life.

Visit www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist.

If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate.

Your Plan is Administered by:
Delta Dental of Massachusetts
 1-800-872-0500



Delta Dental of Massachusetts
 465 Medford Street, Boston, MA 02129
www.deltadentalma.com

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Obtaining Your Dental Card

You can easily order a card by logging in to your account on Delta's website using your subscriber id number: https://www.deltamass.com/members/logged_frameset_idcard.asp You can use your coverage before you receive your cards if you have your subscriber id and group #, which can be found in the email confirming your enrollment.

Your subscriber id number is no longer your SSN—it is a unique number assigned by Delta. To find this number, you can look at your Delta insurance card, or log in at our website using your user name and password to view your subscriber id, or call the benefits administrator. Delta's site will allow you to log in and check the status of your coverage, find information about your recent dental visits, the results of your pre-treatment estimate requests...and more.

Getting a Pre-treatment Estimate

Even with insurance, dental work beyond routine preventive care will generally incur costs not covered by the plan, such as a deductible and a co-payment--sometimes this can amount to a lot of money. Ask your dentist to submit a "pre-treatment estimate" to Delta for the procedures you need done. Delta will then send you a letter within about 2 weeks outlining how much they will cover and how much you'll have to pay. Dental offices often do not have accurate information about what our insurance plan will and won't cover. The UMass/UAW Health & Welfare Trust cannot intercede on your behalf when it comes to disputes with your provider. It's best to ask questions upfront and get a pre-treatment estimate to guard against surprises.

White Fillings vs. Amalgams

White Fillings - when your dentist asks you if you'd rather have white fillings or silver fillings, be aware that white fillings are only covered for front teeth (only rarely for other teeth). White fillings are substantially more expensive, so you will end up paying much more out-of-pocket for white fillings. If you want white fillings you should ask for a pre-treatment estimate (see above). Please note that when the plan description lists coverage for "single surface only on back teeth" this does not mean that Delta will pay for a single portion of a double surface on a back tooth.

Choosing a Dentist

If possible, you might want to see a dentist who is in the DeltaPreferred network - though our plan gives you the freedom to choose from a much larger network, the % you'll pay on procedures at a Preferred dentist will be smaller because the amount they can charge Delta is pre-negotiated and smaller. In a sense, this is Delta's discount network. Our plan is not limited to dentists in MA: you can see a dentist in-network in any state. See http://www.deltamass.com/find_a_dentist/search.asp to search for a dentist.

Note on Oral Surgery

Delta doesn't cover procedures done in a hospital, even if a Delta dentist refers you. This issue arises mainly with oral surgery - make sure your oral surgeon is covered by Delta before you go in for services.

Roll-over Maximum Dollars

This is Delta's way of rewarding those who access preventative care but do not utilize their maximum benefit dollars each year. More details are available at <https://geouaw.org/hwtrust/downloads/285%20Roll-Max%20Bro.pdf>

EyeMed Vision's "Select" Vision Plan

We offer a high quality vision plan, which includes \$120 allowance for frames, \$135 allowance for contacts and coverage for lenses for your glasses and contact lenses in the same 12 month period. See full vision plan benefits description below.



UMASS/UAW - GEO Vision has selected EyeMed as your vision wellness program. This plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed SELECT network.

To see a list of participating providers near you go to www.enrollwitheyemed.com and choose SELECT from the provider locator dropdown box. You can also call 1-866-299-1358.

Enroll today to take advantage of an affordable way to help ensure a lifetime of healthy vision.

EyeMed
VISION CARE®

UMASS/UAW - GEO VISION

| Vision Care Services | Member Cost | Out-of-Network Reimbursement |
|--|--|------------------------------|
| Exam with Dilator as Necessary | \$10 Copay | Up to \$46 |
| Contact Lens Fit and Follow-up: (Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.) | | |
| Standard** | Up to \$40 | N/A |
| Premium** | 10% off retail price | N/A |
| Frames: | \$0 Copay, \$120 Allowance; 20% off balance over \$120 | Up to \$60 |
| Standard Plastic Lenses: | | |
| Single Vision | \$10 Copay | Up to \$42 |
| Bifocal | \$10 Copay | Up to \$78 |
| Trifocal | \$10 Copay | Up to \$120 |
| Standard Progressive | \$25, 20% off Retail Price less \$55 Allowance | Up to \$78 |
| Lens Options (paid by the member and added to the base price of the lens): | | |
| Tint (Solid and Gradient) | 20% off Retail Price | N/A |
| UV Coating | 20% off Retail Price | N/A |
| Standard Scratch-Resistance | 20% off Retail Price | N/A |
| Standard Polycarbonate | 20% off Retail Price | N/A |
| Standard Anti-Reflective | 20% off Retail Price | N/A |
| Premium Progressive (Add-on to Bifocal) | 20% off Retail Price; less \$45 | N/A |
| Other Add-Ons and Services | 20% off retail price | N/A |
| Contact Lenses (allowance covers materials only): | | |
| Conventional | \$0 Copay, \$135 Allowance; 15% off balance over \$135 | Up to \$108 |
| Disposables | \$0 Copay, \$135 Allowance; balance over \$135 | Up to \$108 |
| Medically-Necessary | \$0 Copay, Paid in Full | Up to \$200 |
| LASIK and PRK Vision Correction Procedures: | 15% off retail price OR 5% off promotional pricing | N/A |
| Frequency: | | |
| Exam | Once every 12 months | |
| Frames | Once every 12 months | |
| Standard Plastic Lenses and Contact Lenses | Once every 12 months | |

Additional Purchases and Out-of-Pocket Discount

Member will receive a 20% discount on remaining balance of Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Members also receive a 40% discount off complete pair eye glass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Anisokonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivision thereof; Plans (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care. Certain brand name Vision Materials are within 31 days from the date of such order. Last or broken lenses, frames, glasses, or contact lenses will not be replaced except under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Last or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lenses not covered - fund as Bifocal Lenses. Standard Progressive Lenses covered - fund Premium Progressive as a Standard.

**Standard Contact Lens Fitting-spherical clear contact lenses in conventional wear and planned replacement (examples include but not limited to disposable, frequent replacement etc.) **Premium Contact Lens Fitting-all lens designs, materials and specialty fittings other than Standard Contact Lenses (examples include toric, multifocal etc.)

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC19/NC20, form number MW929. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional value-added features including:

- **Additional Eyewear** - Save up to 40% off additional complete pairs of glasses after the initial benefit has been used. This money-saving program is available at any participating provider.
- **Eye Care Supplies** - Receive 20% off retail price for eye care supplies like cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
- **Laser Vision Correction** - Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- **Replacement Contact Lens Purchases** - Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.

LENSCRAFTERS

PEARLE VISION

Sears
Optical

OPTICAL

EyeBuy

PRIVATE PRACTICES

Obtaining Your Vision Card

You can request a card by going to the Member section of EyeMed's website and logging in as a member at <http://portal.eyemedvisioncare.com/wps/portal/emweb/members> or you can request one by calling their Customer Care Center at 866-9EYEMED. You can use your coverage before you receive your cards if you have your subscriber id (which is your SSN in EyeMed's system) and group #, which can found in the email confirming your enrollment.

Registering at EyeMed's site allows you to access your benefit information, information about laser vision correction, locate providers, or obtain an Out of Network claim form.

Choosing a Provider

Our vision care plan can be used at University Health Services, as well as at a number of private vision care practices & chain stores. To find a provider, go to <http://portal.eyemedvisioncare.com/wps/portal/emweb> and use the "Locate a Provider" option on the left side of the page. When asked to choose a plan, ours is "Select."

Notes on Using the Plan

In store promotions for vision care cannot be combined with member benefits. If you choose to use the in-store promotion, you may use your benefits for a secondary pair of glasses or contact lenses, but not for the products or services for which the in-store discount was applied.

Some tips: 1) members will receive a 20% discount on their remaining balance (after your coverage has been applied) at participating providers beyond plan coverage, which can't be combined with other discounts or promotional offers and does not apply to EyeMed's Providers' professional services or disposable contact lenses, 2) Non-prescription sunglasses are not covered under the plan (expect for a 20% discount).

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The Trust Fund's \$80 Wellness Reimbursement

For plan year 2009-10, eligible employees can be reimbursed for up to \$80 per year towards the cost of wellness/fitness programming they have purchased. See full guidelines for the benefit below.

Eligible activities

Eligible wellness activities are physical activity programming that promotes exercise, fitness and stress reduction through exercise and fitness. Examples of eligible activities include: a gym membership, a yoga class, a dance class, a martial arts class, an aerobics class.

Both on campus and off campus programs are eligible. Yearly membership fees, monthly service fees and equipment fees associated with a gym or classes are eligible; late fees are not. There is no reimbursement for receipts for family member's wellness/fitness costs.

How to Obtain the Benefit

The wellness reimbursement is accessed through the same online enrollment & authorization form as the dental & vision plans, except that you must include a copy of a valid receipt demonstrating your payment of membership fees/fees/tuition to an institution or organization. If you are turning in a receipt separate from your dental & vision enrollment, attach a wellness reimbursement form to your receipt, available on our website. Multiple receipts may be bundled and submitted together; however, receipts will not be accepted more than twice per year per individual.

Reimbursements are made for purchases made during our plan year, 11/1/09 through 10/31/2010. If you pay on a monthly basis, only receipts dated after 11/1/09 are eligible. If you purchase semester or yearly plans, the period of the receipt must include at least part of the plan year to be eligible (i.e. UMass gym fees for fall semester *are* eligible).

Receiving your Reimbursement Check

Reimbursements will be mailed directly to you (not to vendors) and will generally be made no later than the last day of the semester in which the form & receipt were submitted, provided they are submitted to us at least 30 days prior to the last day of the semester. Checks are mailed to the address you have on file with the Health & Welfare Trust Fund office: to update this address, please visit our website. The Trust Fund Trustees reserve the right to deny reimbursements that fall outside the scope outlined above.

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The Trust Fund's Graduate Student Employee Assistance Program (GSEAP)

For plan year 2009-010, eligible employees can access a graduate student employee assistance program, which provides free & confidential, short-term, problem-solving focused counseling and referral services on campus. See full guidelines for the benefit below.

What the Program Can Help With

- emotional and psychological issues;
- alcohol and other drug use;
- relationship and family problems;
- job-related or personal stress;
- work performance;
- financial concerns;
- legal issues;
- career problems;
- health matters; and more

An FSAP counselor can help you clarify issues and find ways to resolve problems. Referrals to other services can be provided; most are covered entirely or in part by health insurance. FSAP use is voluntary and completely private. Information will not be disclosed without your written permission and won't be included in personnel or medical records.

How to Access the Program

The services are located on the ground floor of UHS, 150 Infirmery Way. Hours are by appointment, Monday – Friday, 8:30 a.m. – 5 p.m. For information or an appointment, call 545-0350. Program details can be found at <http://www.umass.edu/uhs/services/fsap/>.

This benefit is for employees *and* their immediate family members and follows the same plan year of Nov 1-Oct 31 and eligibility guides are the same as dental & vision.

The Trust Fund's Support for Families

For plan year 2009-10, there are three ways families with small children may benefit from Trust Fund support: through free child care slots in the University's Center for Early Education and Care Flexible Schedule Classroom; through child care vouchers that can be used to pay for care on and off campus; and through accessing the breastfeeding glider chair purchased by the Trust for the breast feeding space operated by the Office of Family Resources.

Flexible Schedule Classroom

The University operates a flexible schedule classroom in its Center for Early Education and Care (CEEC) facility, located at 21 Clubhouse Drive, University of Massachusetts, Amherst, MA 01003. The Trust Fund contributes sufficient funds to the CEEC each year to ensure that all families eligible for \$1 and \$2/hour care receive *free* child care. Contact CEEC at (413) 545-6907 to get on the waiting list for care and to obtain more information about the program.

Child Care Vouchers

The Trust Fund contributes \$45,000 yearly in funding to the Graduate Student Senate, which in turn provides vouchers specifically earmarked for eligible grad employees' families. The deadline for the Fall 2009 GSS voucher program is September 21, 2009. To print out the application, go to <http://umassgss.org/child-care.html>. You may also apply for vouchers each spring.

Breast Feeding Space

The Trust Fund purchased a breastfeeding glider chair for the breast feeding space operated by the Office of Family Resources (OFR), Rm. 428 Student Union Building. We encourage you to make use of this unique space!

The Trust Fund's Eligibility Guidelines

The eligibility criteria are very similar to those for the student health insurance waiver (though the plans and their application processes are completely separate).

Full Year's Eligibility

Earnings from May 24, 2009 through May 22, 2010 in a GEO position totaling at least **\$7258*** (or full responsibility for teaching two three-credit course sections) make a graduate student employee eligible for all trust benefits (dental, vision, EAP and the wellness reimbursement) for the period of November 1, 2009-October 31, 2010. If your earnings occur only in the spring semester, but will total at least **\$7258***, you are eligible to enroll in the plans for November 1; however, your enrollment application must be accompanied by a copy of your employment contract or your letter of appointment.

Six Month's Eligibility: November-April

Earnings from May 24, 2009 through January 9, 2010 (basically fall semester earnings) in a GEO position totaling at least **\$3629*** (or full responsibility for teaching one three-credit course section) make a graduate student employee eligible for all trust benefits for one (1) six-month period: November 1, 2009-April 30, 2010. ^

Six Month's Eligibility: May-October

Earnings from January 10, 2010 through May 22, 2010 (basically spring semester earnings) in a GEO position totaling at least **\$3629*** (or full responsibility for teaching one three-credit course section) make a graduate student employee eligible for all trust benefits for one (1) six-month period: May 1, 2010 - October 31, 2010. ^

Eligibility for Spring-Entering Grad Student Employees

The same guidelines apply, however, if you are eligible for a full year of coverage, your coverage will start with the first day of the spring semester (January 19, 2010) through October 31, 2010. If you are eligible only for one period of coverage, your coverage will be from May 1, 2010-October 31, 2010.

*These are subject to change when the University recalculates the minimums. ^In cases where an employee's contract spans both time periods outlined above such that the appropriate coverage period cannot be definitively determined, the applicant may be offered the option to choose which of the two six month coverage periods he or she would prefer. In all other cases, the employee's coverage must be designated for the six month period that overlaps the majority of their term of employment.

Eligibility for the Wellness Reimbursement

If you are eligible for at least one 6-month period of dental & vision, you're eligible for a maximum of \$80/per year.

Eligibility for the Employee Assistance Program

All eligible graduate employees are automatically enrolled in this program and can access this benefit directly at University Health Service (UHS) through their Faculty & Staff Assistance Program. You do not need to fill out any additional enrollment forms for this benefit.

When Grad Employees Become Ineligible for the Plans

If you graduate, you will lose your eligibility at the end of the plan period you are currently enrolled in (i.e. if you are enrolled for the spring period of the plan and you graduate in May, your coverage will end October 31; if enrolled for the spring period of the plan and you graduate in September, your coverage will end October 31; if enrolled for the fall period of the plan and you graduate in February, your coverage will end April 30).

If you withdraw as a student from the university, fail to be enrolled as a student, or terminate your employment prior to earning the minimum earnings required above, you will lose your eligibility thirty (30) days after the aforementioned event occurs.

If you lose your eligibility, you have the option of continuing your coverage for up to 18 months by paying 102% of your monthly premium, per the federal COBRA legislation.



Important Deadlines for Obtaining Benefits

Priority Coverage Deadline

The priority enrollment deadline for November 1st coverage is **Wednesday, October 7th, 2009 at Noon** (you must apply online and then return your signed enrollment authorization form to the GEO office by this deadline). We cannot guarantee against gaps in coverage if an application is received later than this deadline.

You may still enroll after this deadline—but we cannot guarantee coverage start dates or retroactive coverage for late applications. Don't wait to apply until you find yourself in an emergency situation, when it takes only a few minutes to plan ahead!

Benefits Fair

You can enroll and sign your form in one quick step **at the GEO BENEFITS FAIR (Thursday, September 24, 10am-4pm, Campus Center Concourse)**. If you do not want to enroll in the plans, please fill out the enclosed postcard and drop in Campus Mail by Oct. 7—this will be a huge help to us to ensure we have reached all prospective applicants.

Deadline for University Payroll Deduction

In order to pay for the family dental plan premium (\$100/year) through University Payroll Deduction, your payroll deduction authorization form is due along with your benefits authorization form by **Wednesday, October 7th, 2009 at Noon**. Payroll deduction cannot be used as payment after this date.

Deadline for Submission of Receipts for the Wellness Reimbursement

The last day we can accept receipts for the 2009-10 wellness reimbursement is June 30, 2010.





3 Easy Steps

Step 1: Online Application

Please visit <http://www.hwtrust.geouaw.org> to apply for all of the plans requiring enrollment (dental, vision & the wellness reimbursement). There you will find useful information, as well as a link to our online enrollment application website. To complete this application, you will need your Social Security Number (SSN) and UMass Student ID number. If you do not have a SSN, you should contact the Benefits Administrator at uawdental@external.umass.edu or (413) 534-7618. Please write down the login and password you create for the online enrollment form for use in the future.

Step 2: Turning in Your Signed Authorization Form

After filling out the online application, you will be asked to print out and sign an enrollment authorization form which you will need to bring to the GEO office (201 Student Union) before your application can be processed. This authorization form is the same for all benefits requiring enrollment (dental, vision & the wellness reimbursement). If you choose family dental coverage and elect to pay by payroll deduction, you will be asked to print and sign the payroll deduction form and bring this to the GEO office as well.

Step 3: Enrollment Confirmation

Completion of your application will be followed by verification of your eligibility. It may take up to 2 weeks to verify your eligibility and complete your enrollment, so make sure your coverage is in effect before scheduling an appointment. You will receive a confirmation email regarding your coverage, usually within 2 weeks of completing your application, or in the week prior to November 1 if you have met the priority enrollment deadline.

For questions regarding enrollment and benefit coverage that are not already explained on our website <http://www.hwtrust.geouaw.org> please contact the Benefits Administrator at (413) 534-7618 or via email at uawdental@external.umass.edu

COSTS

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Most Plans are Free!

All plans are free except Family Dental (the Family Dental Premium is just \$100/year!)

How Much?

All of the plans offered are free for individuals. The exception is dental insurance for families—the cost of the family dental plan is \$100* for the year. The family vision plan is free of charge. Payment is due when you submit your application. If you are choosing the family dental plan on your form, you will be asked to check that you certify your payment has been made simultaneous to your application. Family members will not be enrolled in the absence of payment.

Methods of Payment

You may pay for your family dental plan premium using any of the following methods:

- 1) **Payroll Deduction:** Your request form must be brought to the GEO office by October 7, 2009 at Noon in order to pay by payroll deduction. \$20.00 will be taken out of 5 paychecks starting October 16, 2009.
- 2) **Credit Card:** Payment is made on the web via PayPal's secure server.
- 3) **Check:** Write a check for the full amount of \$100 made out to "UAW/UMass BOT" and attach it to your signed authorization form. Alternatively, your check may be mailed to UAW/UMass Health& Welfare Trust Fund, 329 Middlesex House, 111 County Circle, Amherst, MA 01003.

*Please note: Family plan participants are charged \$100.00 (or \$50 in the case of those eligible for only ½ the year) regardless of what date they choose to submit their enrollment application—the cost cannot be pro-rated. There are no reimbursements for subscribers who lose eligibility before the plan ends.

How to Find a Provider

The websites for Delta & EyeMed have the most up to date listing of providers who accept the plans. See information about how to access these websites in the Benefit section of this guide.

2009-10 Quick Guide Local Providers

Our plans have nationwide networks and you can search for lists of providers at their websites.

However, we've also provided a quick guide to some providers in our area for your convenience. We do not make recommendations, guarantees or warranties about their services—this is only a random sample. You should verify they still accept the insurance when you contact them—this list is only updated yearly.

DENTAL PROVIDERS AMHERST

Hunt & D P Plich
148 Amity St
Amherst, MA 01002
(413) 549-5270

Amherst Dental Group LLP
650 Main St No 1
Amherst, MA 01002
(413) 253-9582

1st Advantage Dental
31b Hall Dr
Amherst, MA 01002
(413) 253-9505
241 King St No 120
Northampton, MA 01060
(413) 585-5425
489 Bernardston Rd.
Greenfield, MA 01301
(413) 773-3850

Gordon Freed
28 University Dr
Amherst, MA 01002
(413) 549-3608

Tufts University Dental at Amherst
6 University Dr No 202
Amherst, MA 01002
(413) 549-1727

Triangle Family Dental
203 Triangle St
Amherst, MA 01002
(413) 549-6270

Roger Sonier
196 N. Pleasant St
Amherst, MA 01002
(413) 253-7628

ALAN BRANCH DMD PC
51 Locust St.
Northampton, MA 01060
(413) 584-3741

Michael O'Brien
41 Locust St.

Northampton, MA 01060
(413) 586-0716

Lisa Emerzian & Assoc.
12 Center St.
Northampton, MA 01060
(413) 586-4510

Gheorghe Bene
41 Locust St
Northampton, MA 01060
(413) 586-0157

James Clayton Jr DMD P
243 King St Ste 112
Northampton, MA 01060
(413) 584-5199

Jeffrey Traft
16 Center St
Northampton, MA 01060
(413) 584-3721
339 Federal St
Greenfield, MA 01301
(413) 774-4131

Thomas H & Michele N Atkinson
69 Bridge Street
Northampton, MA 01060
(413) 584-1722

Patricia Bonner DMD
241 King St, #22
Northampton, MA 01060
(413) 586-4200

S. DEERFIELD
James Reid DDS
4 Park Ave.
S. Deerfield, MA 01373
(413) 665-4575

Charles Cohen
97b Sugarloaf St.
S. Deerfield, MA 01373
(413) 665-4393

HADLEY
The Valley Dentists LLP
138 Russell St.
Hadley, MA 01035
(413) 584-6275

Edward Smola
63 East St.
Hadley, MA 01035
(413) 584-6557

HOLYOKE
Holyoke Health Center
230 Maple St
Holyoke, MA 01040
(413) 420-2210

Kool Smiles
217 South St
Holyoke, MA 01040
(413) 534-3931

Small Smiles Dental Center
2255 Northampton St
Holyoke, MA 01040
(413) 534-8700

GREENFIELD AREA

Greenfield Dental Assoc.
126 High St
Greenfield, MA 01301
(413) 774-2871

Bagley, Goodwin & Hirinda
207 Silver St
Greenfield, MA 01301
(413) 772-0842

Montague Dental
4 Dell St.
Turners Falls, MA 01376
(413) 863-9656

Avenue A Dental PC
173 Avenue A
Turners Falls, MA 01376
(413) 863-2296

SPRINGFIELD

Chien Duong DMD PC
586 Belmont Ave.
Springfield, MA 01108
(413) 734-1077

Caring Health Center
532 Summer Ave.
Springfield, MA 01108
(413) 739-1100

Gentle Smiles LLC
1410 Carrow St
Springfield, MA 01104
(413) 739-4500

George R Hurlley
106 Cleveland St
Springfield, MA 01104
(413) 736-5800

Khai Bui DMD
302 Summer Ave
Springfield, MA 01104
(413) 781-0598

Anthony Breglio
167 Maple St
Springfield, MA 01104
(413) 734-5522

Bicentennial Dental
275 Bicentennial Hwy, #207
Springfield, MA 01118
(413) 782-6777

VISION PROVIDERS

AMHERST AREA

Eyecare Specialties
22 University Dr
Amherst, MA 01003
(413) 549-9400

University Health Services
150 Infirmery Way
Amherst, MA 01003
(413) 577-5383

Belchertown Eye Care LLC
142 N Main St.
Belchertown, MA 01007
(413) 323-1196

NORTHAMPTON
Andrew Maciaszek OD
152 N. King St.
Northampton, MA 01060
(413) 584-3159

Florence Opticians
78 Maple St.
Florence, MA 01062
(413) 584-8212

Kelly Bado OD
12 Mountain Laurel Path
Florence, MA 01062
(413) 835-5758

HOLYOKE

Holyoke Opticians
185 High St.
Holyoke, MA 01040
(413) 536-7670

Super Target Optical
50 Holyoke St.
Holyoke, MA 01040
(413) 534-9000

GREENFIELD
Crosby & Nichols Optical
21 Mohawk Trail
Greenfield, MA 01301
(413) 772-0841

Greenfield Eye & Lasik Center
33 Riddell St.
Greenfield, MA 01301
(413) 774-7016

SPRINGFIELD
LensCrafters
1655 Boston Rd, Ste 120
Springfield, MA 01129
(413) 543-6833

Papale Eye Center
1515 Allen St.
Springfield, MA 01118
(413) 782-0030

Richard Luftman MD
299 Carrow St, Ste 301
Springfield, MA 01104
(413) 734-6414

Dr. Daniel Bausch
289 Bridge St.
Springfield, MA 01103
(413) 734-8366



Important Information About HIPAA

The U.S. Department of Health and Human Services has issued detailed privacy rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The rules are designed to protect your health care information. The Privacy Rules will also affect how the Plan operates. In particular, we will have to change some of the ways we use your health care information, provide information to you, and work with others that in the past may have had a need for this information.

Protected Health Information

HIPAA limits the use and disclosure of information about you which relates to your past, present or future physical or mental health or health care services from which you can be identified. In most cases, such information, when created or received by a health care provider (like your doctor) or a health plan (like the Plan), is deemed "protected health information" or "PHI". PHI will include any health care information that identifies you and the services you receive from your health care providers. It includes not just diagnosis and treatment data, claim detail, and payment information, but also personal information such as your name, address, birth date, sex, or any of a host of other information that could be used to identify you.

In the past this information has been used by the Plan to pay your claims and make certain your records are accurate and up to date. This will not change. However, the Plan must take steps to make sure this information remains confidential and secure.

HIPAA'S Affect on You

As of April 14, 2004, we were not be able to share your PHI with others unless you so authorize the Plan to do so. This means that your spouse or child cannot get information about your health care – whether it is claim information or claim status - without your written permission. Likewise, your union representative will not be able to get this information absent written authorization from you. Any such authorization has to be very specific. There are some exceptions to this strict protection, such as if the Plan is served with a court ordered subpoena to release your information. The Plan's staff will also have to take extra steps to make sure of your identity when you contact us, whether it is in writing, over the phone, or even when you visit the Plan office.

In addition, the new law provides you with new rights of access to your PHI that is kept not only by the Plan, but by insurance carriers, your doctor, hospital and other providers as well.

How do I authorize my spouse or Union Representative to help me in dealing with the Plan?

In the absence of written authorization from you, your spouse or Union Representative will not be able to get specific information from the Plan about you. For your convenience, we are enclosing written authorization forms which permit the Plan to disclose necessary information about you to the person or persons that you have designated on the authorization form.

Security

The Plan must also take specific measures to ensure that your information is secure. The Plan office has been set up so as to prevent unauthorized access to your PHI. Our staff is being trained to ensure your privacy through a variety of procedural changes and security measures.

Trust Fund Notice of Privacy Practices

This Notice was effective April 14, 2004

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

DISCLOSURE AND USE OF PROTECTED HEALTH INFORMATION

What follows is a Notice of Privacy Practices of the UAW Local 2322 Dental and Vision Plan (the "Plan"). The Notice establishes the circumstances under which the Plan may share your protected health information with others in accordance with the Health Insurance Portability and Administrative Accountability Act of 1996 (HIPAA) Privacy Rules.

The Plan may use your protected health information ("PHI") for purposes of making or obtaining payment for your care and conducting health care operations. The Plan has established a policy to guard against unnecessary disclosure of your health information.

YOUR PROTECTED HEALTH INFORMATION MAY BE DISCLOSED OR USED IN THE FOLLOWING CIRCUMSTANCES AND FOR THE FOLLOWING PURPOSES:

To Make or Obtain Payment. The Plan may use or disclose your PHI to make payment to or collect payment from third parties, such as other health Plans or providers, for the care you receive. For example, the Plan may provide information regarding your coverage or health care treatment to other health Plans to coordinate payment of benefits.

To Conduct Health Care Operations. The Plan may use or disclose PHI for its own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan's participants and beneficiaries. Health care operations includes such activities as:

- a. Quality assessment and improvement activities.
- b. Activities designed to improve health or reduce health care costs.
- c. Clinical guideline and protocol development, case management and care coordination.
- d. Contacting health care providers, participants and beneficiaries with information about treatment alternatives and other related functions.
- e. Health care professional competence or qualifications review and performance evaluation.
- f. Accreditation, certification, licensing or credentialing activities.
- g. Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- h. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- i. Business planning and development including cost management and planning related analyses and formulary development.
- j. Business management and general administrative activities of the Plan, including member services and resolution of internal grievances.
- k. Certain marketing activities.

For example, the Plan may use your PHI to conduct case management, quality improvement, disease management, utilization review, or to engage in member service and grievance resolution activities.

For Treatment Alternatives. The Plan may use or disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Distribution of Health Related Benefits and Services. The Plan may use or disclose your PHI to provide to you information on health related benefits and services that may be of interest to you.

For Disclosure to Plan Sponsor. The Plan may disclose your PHI to the Plan sponsor, the Trustees of the Plan, for Plan administration functions performed by the Trustees on behalf of the Plan. In addition, the Plan may provide summary health

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information to the Trustees so that the Trustees may solicit premium bids from health insurers or modify, amend or terminate the Plan. The Plan may also disclose to the Trustees information on whether you are participating in the Plan.

Where Required or Permitted by Law. The Plan also may use or disclose your PHI where required or permitted by law. In that regard, HIPAA generally permits health Plans to use or disclose PHI for the following purposes: where required by law; for public health activities; to report child or domestic abuse; for governmental oversight activities; pursuant to judicial or administrative proceedings; for certain law enforcement purposes; for a coroner, medical examiner, or funeral director to obtain information about a deceased individual; for organ, eye, or tissue donation purposes; for certain government-approved research activities; to avert a serious threat to an individual's or the public's health or safety; for certain government functions, such as related to military service or national security; or to comply with Workers' Compensation laws.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Except as stated above, the Plan will not disclose your PHI other than with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI that the Plan maintains:

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your PHI. You have the right to request a limit on the Plan's disclosure of your PHI to someone involved in the payment of your care. However, the Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact the Plan's Privacy Officer (see Contact Person below).

Right to Receive Confidential Communications. You have the right to request that the Plan communicate with you in a certain way if you feel the disclosure of your PHI could endanger you. For example, you may ask that the Plan only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing and mail to the Plan's Privacy Officer (see Contact Person below). The Plan will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Protected Health Information. You have the right to inspect and copy your PHI, with some limited exceptions. A request to inspect and copy records containing your PHI must be made in writing and mailed to the Plan's Privacy Officer (see Contact Person below). If you request a copy of your PHI, the Plan may charge a reasonable fee for copying, assembly and postage, if applicable, associated with your request.

Right to Amend Your Protected Health Information. You have the right to request an amendment to your PHI records that you believe are inaccurate or incomplete. The request will be considered as long as the information is maintained by the Plan. A request for an amendment of records must be made in writing and mailed to the Plan's Privacy Officer (see Contact Person below). The Plan may deny the request if you do not state why you believe your records to be inaccurate or incomplete. The request also may be denied if your PHI records were not created by the Plan, if the health information you are requesting to amend is not part of the Plan's records, if the health information you wish to amend includes information you are not permitted to change, or if the Plan determines the records containing your PHI are accurate and complete.

Right to an Accounting. You have the right to obtain a list of disclosures of your PHI made by the Plan for any reason other than for treatment, payment or health care operations, unless you have authorized the disclosure. The request must be made in writing and mailed to the Plan's Privacy Officer (see Contact Person below). The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. The right to an accounting does not extend beyond six (6) years back from the date of your request. The Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost based fee. The Plan will inform you in advance of the fee, if applicable.

Right to a Copy of this Notice. You have a right to obtain and receive a copy of this Notice at any time, even if you have received this Notice previously. To obtain a copy, please contact the Plan's Privacy Officer (see Contact Person below).

DUTIES OF THE PLAN

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The Plan is required by law to maintain the privacy of your PHI as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice by providing you with a copy of a revised Notice within sixty (60) days of the change and by making the new Notice provisions effective for all health information that it maintains. If the Plan changes its policies and procedures, the Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the Plan and to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Plan should be made in writing and mailed to the Plan's Privacy Officer (see Contact Person below). The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Plan has designated Leslie Edwards as its contact person ("Privacy Officer") for all issues regarding patient privacy and your privacy rights. You may contact this person as follows:

Leslie Edwards, Benefits Administrator
UAW/UMass Health & Welfare Trust Fund, 329 Middlesex House, 111 County Circle, UMass Amherst 01003
(413) 534-7618 (phone)
(866) 795-2684 (fax)
uawdental@external.umass.edu (email)

EFFECTIVE DATE

This Notice is effective April 14, 2004.



Trust Fund Financial Report

We are pleased to report that the Trust Fund is financially healthy and solvent, with an appropriate reserve, invested in a responsible manner, to cover the Fund's expenses should the costs of benefits increase or funding decrease in the future. The Trust's net assets as of our last audited financial statements for year end 10/31/2008 were \$3,318,373.

In 2006, the Fund was in a position to begin making expenditures beyond funding a dental plan, by making contributions toward childcare costs and toward reducing health care costs for eligible employees. For plan year 2007-08, the Trustees decided that the Fund's healthy financial status warranted making long-term plans to offer additional and improved benefits, and that year the trustees significantly improved the dental plan offered and added a vision plan. For plan year 2008-09, the Trustees again improved and expanded the Fund's offerings, by upgrading the vision plan, adding a wellness reimbursement, a graduate student employee assistance program, and contributing funds toward childcare reimbursements. The trustees have also invested in upgrades and improvements in structural, organizational and staffing areas of the Fund. Also during plan year 2008-09, the Fund rebated the full cost of the student health insurance plan fee to all eligible graduate employees who paid it—in the amount of \$148 per individual and \$519 per family plan.

The Fund's Trustees are dedicated to continuing the financial health and viability of the Fund with the long-term goal of improving and increasing the benefits offered to meet the health and welfare needs of graduate student employees.

COBRA COVERAGE**101**

The Consolidated Omnibus Budget Reconciliation Act (COBRA)

Extending Coverage

If you are a February, May or September graduate, or if you lose your eligibility for dental and vision coverage due to loss of employment or student status, you are eligible to extend your coverage for up to 18 months by paying the premiums yourself through the Consolidated Omnibus Budget Reconciliation Act (COBRA). Only dental & vision benefits are eligible for COBRA extension.

Costs

2009-10 COBRA Monthly Premium Rates

| (includes a 2% administrative fee) | Individual Coverage | Individual +1 Coverage | Family Coverage |
|--------------------------------------|---------------------|------------------------|-------------------|
| Delta Dental PPO Plus Premier | \$29.80 per month | Not applicable | \$88.42 per month |
| EyeMed Vision Care | \$6.60 per month | \$12.54 per month | \$18.36 per month |

How to Apply

To extend coverage using COBRA, fill out and return a COBRA application (available on our website) to the Health & Welfare Trust Fund office, 329 Middlesex House, within sixty (60) days of losing your coverage.

New COBRA Subsidies

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for premium reductions and additional election opportunities for health benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly called COBRA. Eligible individuals pay only 35 percent of their COBRA premiums and the remaining 65 percent is reimbursed to the coverage provider through a tax credit. The premium reduction applies to periods of health coverage beginning on or after February 17, 2009 and lasts for up to nine months for those eligible for COBRA during the period beginning September 1, 2008 and ending December 31, 2009 due to an involuntary termination of employment that occurred during that period. The TAA Health Coverage Improvement Act of 2009, enacted as part of ARRA, also made changes with regard to COBRA continuation coverage.



UAW/UMASS HEALTH & WELFARE TRUST FUND

Why to go here: ask detailed questions, find out if you're covered, deal with enrollment problems, get your subscriber id, turn in COBRA forms, update your address

329 Middlesex House, 111 County Circle, Amherst, MA 01003

phone: (413) 534-7618 email: uawdental@external.umass.edu fax: (866) 795-2684

website: www.hwtrust.geouaw.org

DELTA DENTAL OF MASSACHUSETTS

Why to go here: get a pre-treatment estimate, ask how much benefit you have left for the year, find out whether a claim has been paid, order a card

465 Medford St., Boston, MA 02129

phone: (800) 872-0500 website: www.deltamass.com

EYEMED VISION

Why to go here: find out whether a claim has been paid, obtain an out of network claim form, order a card

phone: (866) 299-1358 website: www.eyemedvisioncare.com

GRADUATE EMPLOYEE ORGANIZATION

Why to go here: turn in authorization forms and wellness receipts

201 Student Union, Amherst, MA 01003

phone: (413) 545-0705 email: geo@external.umass.edu website: www.geouaw.org



GRADUATE STUDENT SENATE

Why to go here: fill out an application for child care vouchers

phone: (413) 545-2896 email: gss-info@grad.umass.edu website: <http://umassgss.org>

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