

# KENTUCKY LABORERS DISTRICT COUNCIL HEALTH AND WELFARE FUND

1996 Bypass South  
Lawrenceburg, KY 40342

Telephone: (502) 839-8166

FAX: (502) 839-3558

## GENERAL INFORMATION REGARDING THE PLAN

Effective as of January 1, 2017, the following information replaces Article XIX – General Information, Section 19.1, General Information in the Plan Document Restated April 1, 2016. Please put this notice with your Plan Document.

<p><b><u>INFORMATION REGARDING CLAIMS AND ELIGIBILITY</u></b></p>	<p><b><u>FUND OFFICE</u></b></p> <p><b>Address:</b> Kentucky Laborers' District Council Health and Welfare Plan, 1996 By-Pass South, Lawrenceburg, KY 40342-9754</p> <p><b>Telephone Numbers (for all departments):</b> 800-598-7330 or 502-839-8166</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Fund Office Dept</b></td> <td style="width: 25%;"><b>Email Addresses</b></td> <td style="width: 25%;"><b>Fax Numbers:</b></td> </tr> <tr> <td>Claims Department:</td> <td><a href="mailto:jwhite@klhwf.com">jwhite@klhwf.com</a></td> <td>502-839-3558</td> </tr> <tr> <td></td> <td><a href="mailto:dwalker@klhwf.com">dwalker@klhwf.com</a></td> <td></td> </tr> <tr> <td></td> <td><a href="mailto:losborne@klhwf.com">losborne@klhwf.com</a></td> <td></td> </tr> <tr> <td>CCU Dept (Eligibility / Contributions)</td> <td><a href="mailto:ejandis@klhwf.com">ejandis@klhwf.com</a></td> <td>502-859-0976</td> </tr> <tr> <td></td> <td><a href="mailto:bwalker@klhwf.com">bwalker@klhwf.com</a></td> <td></td> </tr> <tr> <td>CDP Dept (Contrib/Dues Receipt/Disbursement)</td> <td><a href="mailto:randerson@klhwf.com">randerson@klhwf.com</a></td> <td>502-859-3558</td> </tr> <tr> <td>Assistant Administrator / Accounting Administrator:</td> <td><a href="mailto:sgriffieth@klhwf.com">sgriffieth@klhwf.com</a></td> <td>502-839-3558</td> </tr> <tr> <td></td> <td><a href="mailto:dcrouch@klhwf.com">dcrouch@klhwf.com</a></td> <td>502-859-0976</td> </tr> </table>	<b>Fund Office Dept</b>	<b>Email Addresses</b>	<b>Fax Numbers:</b>	Claims Department:	<a href="mailto:jwhite@klhwf.com">jwhite@klhwf.com</a>	502-839-3558		<a href="mailto:dwalker@klhwf.com">dwalker@klhwf.com</a>			<a href="mailto:losborne@klhwf.com">losborne@klhwf.com</a>		CCU Dept (Eligibility / Contributions)	<a href="mailto:ejandis@klhwf.com">ejandis@klhwf.com</a>	502-859-0976		<a href="mailto:bwalker@klhwf.com">bwalker@klhwf.com</a>		CDP Dept (Contrib/Dues Receipt/Disbursement)	<a href="mailto:randerson@klhwf.com">randerson@klhwf.com</a>	502-859-3558	Assistant Administrator / Accounting Administrator:	<a href="mailto:sgriffieth@klhwf.com">sgriffieth@klhwf.com</a>	502-839-3558		<a href="mailto:dcrouch@klhwf.com">dcrouch@klhwf.com</a>	502-859-0976
<b>Fund Office Dept</b>	<b>Email Addresses</b>	<b>Fax Numbers:</b>																										
Claims Department:	<a href="mailto:jwhite@klhwf.com">jwhite@klhwf.com</a>	502-839-3558																										
	<a href="mailto:dwalker@klhwf.com">dwalker@klhwf.com</a>																											
	<a href="mailto:losborne@klhwf.com">losborne@klhwf.com</a>																											
CCU Dept (Eligibility / Contributions)	<a href="mailto:ejandis@klhwf.com">ejandis@klhwf.com</a>	502-859-0976																										
	<a href="mailto:bwalker@klhwf.com">bwalker@klhwf.com</a>																											
CDP Dept (Contrib/Dues Receipt/Disbursement)	<a href="mailto:randerson@klhwf.com">randerson@klhwf.com</a>	502-859-3558																										
Assistant Administrator / Accounting Administrator:	<a href="mailto:sgriffieth@klhwf.com">sgriffieth@klhwf.com</a>	502-839-3558																										
	<a href="mailto:dcrouch@klhwf.com">dcrouch@klhwf.com</a>	502-859-0976																										
<p><b><u>SUBMISSION OF CLAIMS FOR:</u></b></p> <ol style="list-style-type: none"> <li>1. Medical</li> <li>2. Vision</li> <li>3. Loss of Time Disability</li> <li>4. Death</li> <li>5. Accidental Death &amp; Dismemberment</li> <li>6. Secondary Coverage (item 3→)</li> <li>7. Prescription Copays from Other Group Medical Insurance (item 4→)</li> </ol>	<p><b><u>CIGNA:</u></b> CIGNA is the Plan's Preferred Provider Organization (PPO).</p> <p><b><u>Medical and Vision Claims Submission:</u></b> Medical and Vision Providers must send all Medical Electronic Claims to CIGNA using Payor ID# 62308. Mail In-Network and Non-Network Medical and Vision claims to CIGNA, PO Box 188004, Chattanooga, TN 37422</p> <p><b><u>NOTE: THE FOLLOWING TYPES OF CLAIMS MUST BE MAILED DIRECTLY TO THE FUND OFFICE:</u></b></p> <ol style="list-style-type: none"> <li>1. Loss of Time Disability Benefit Claims</li> <li>2. Death and/or Accidental Death &amp; Dismemberment Claims</li> <li>3. Claims in which the Fund is secondary insurance and Medicare or other group insurance is primary</li> <li>4. Claims for reimbursement for Prescription Copayments when prescriptions are purchased under another group medical insurance (see Section 6.12, Item C, #22 and Section 8.17, Item E, #21)</li> </ol>																											
<p><b><u>PPO PROVIDER INQUIRIES</u></b> (To inquire if hospital, physician or ancillary provider is in PPO network)</p>	<p><b><u>CIGNA</u></b></p> <p><b>Website:</b> <a href="http://www.cignasharedadministration.com">www.cignasharedadministration.com</a>      <b>Phone:</b> (800) 798-4695</p>																											
<p><b><u>PRECERTIFICATION OF INPATIENT HOSPITAL CONFINEMENTS</u></b> (To pre-certify emergency or non-emergency hospital confinements)</p>	<p><b><u>CIGNA</u></b></p> <p><b><u>Inpatient Admission:</u></b> Your provider must call the <b>Pre-Certification Phone Number (800) 768-4695</b> to precertify inpatient hospital admissions. In an emergency, seek care immediately, then notify CIGNA within 48 hours.</p>																											
<p><b><u>DENTAL CLAIM INQUIRIES</u></b></p>	<p><b><u>DELTA DENTAL:</u></b> Delta Dental is the Plan's Dental Benefits Manager.</p> <p><b><u>For Delta Dental Plan Information or to Locate Delta Dental provider:</u></b> Register at <a href="http://www.deltadentalky.com">www.deltadentalky.com</a>. Once registered, you may look for Delta Dental providers and/or review your benefit information. You also may call Delta Dental at 1-800-955-2030.</p>																											
<p><b><u>RETAIL AND MAIL ORDER PRESCRIPTION DRUGS</u></b></p>	<p><b><u>ENVISION AND ORCHARD PHARMACEUTICAL SERVICES</u></b></p> <p>Envision / Orchard Pharmaceutical Services is the Plan's Prescription Benefits Manager.</p> <p><b><u>Retail Prescriptions:</u></b> To locate Retail Pharmacies in the Envision network, you may log on to Envision's website, <a href="http://www.envisionrx.com">www.envisionrx.com</a>, or you may call the EnvisionRxOptions Help Desk at 1-800-361-4542. You may also find the full formulary list of preferred brand name medications on the website.</p> <p><b><u>Mail Order Prescriptions:</u></b> Orchard Pharmaceutical Services provides mail order prescription drug services. You must register your information with Orchard Mail Order Pharmacy prior to mailing in a new mail order prescription. This may be done online at <a href="http://www.orchardrx.com">www.orchardrx.com</a>. You may also call Orchard Pharmaceutical Services Customer Service at 1-866-909-5170. (Once registered, your physician can fax your prescriptions to Orchard at 1-866-5171.)</p> <p><b><u>Specialty Medications:</u></b> Orchard Specialty Pharmacy provides specialty prescription drug services. <b>All specialty medications must be filled with Orchard Specialty Pharmacy.</b> Orchard Specialty Pharmacy's phone number is 1-877-437-9012.</p> <p><b><u>Compound Medications:</u></b> Orchard Compounding Services provides compound drug services. <b>All compound medications must be filled with Orchard Compounding Services.</b> Orchard Compounding Services phone number is 1-866-909-5170.</p>																											