Automobile Mechanics' Local #701 Welfare Fund

BENEFITS & BEYOND

CONNECTING YOU TO YOUR BENEFITS

FALL 2026 / INAUGURAL EDITION

WELCOME TO BENEFITS & BEYOND

A message from Anne Penney, Welfare Fund Manager

One thing I've learned throughout my time with the Welfare Fund is that understanding your benefits can make a tremendous difference, especially when life takes an unexpected turn.

Whether you're preparing for a medical procedure, navigating a difficult diagnosis, dealing with a denied claim, or planning for retirement, the last thing you should have to worry about is figuring out where to turn for answers.

That's why I'm excited to introduce Benefits & Beyond.

Our goal is simple: ***to put helpful, practical information in your hands before you need it.***

Through this newsletter, we'll share important benefit updates, answer frequently asked questions, clear up common misconceptions, and provide information to help you make informed decisions about your healthcare coverage.

But I also want you to know something equally important: ***You are not just a member ID number or a claim to be processed.***

Behind every phone call, claim, and question is a person or family who deserves to be heard, treated with respect, and given the attention they need.

That's the approach I believe in, and it's the standard our Member Services team strives to uphold every day.

My hope is that Benefits & Beyond becomes a resource you recognize, trust, and look forward to receiving.

Thank you for allowing us the opportunity to serve you. We look forward to keeping you informed, connected, and confident in understanding your benefits.

Be well,

Anne

IN THIS INAUGURAL ISSUE

Your benefits at a glance • Short Term Disability • Myths & Facts • Retirement • Contacts

Your Welfare Fund Benefits: What You Should Know Before You Need Them

Most of us do not think about our benefits until a medical need arises. Inside, you will find practical steps for checking coverage, understanding prior authorization, handling a denied claim, and preparing for important life changes.

YOUR WELFARE FUND BENEFITS: WHAT YOU SHOULD KNOW BEFORE YOU NEED THEM

Understanding your benefits ahead of time can help prevent unnecessary frustration, delays, and unexpected expenses. Here are some important things every member should know.

1 Know where to find your Plan information

Visit www.mech701-benefits.org and select Welfare → Your Plan for the Schedule of Benefits, Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), and Plan updates. Use Ctrl + F (Windows) or Command + F (Mac) to search a document.

2 Verify your providers and facility

A provider saying they "accept BCBS" does not necessarily mean they participate in your specific network. Before care, verify your physician, facility, and other applicable providers at www.bcbsil.com or 800-810-2583.

3 Ask about prior authorization

Certain services require prior authorization. Your provider should contact Conifer Health at 844-213-5660 to determine requirements and complete the process. Non-urgent determinations may take up to 14 days; urgent determinations may take up to 72 hours.

IMPORTANT

Prior authorization is NOT a guarantee of payment. Claims remain subject to Plan provisions, eligibility, and applicable requirements.

4 A denied claim does not always mean you owe the bill

Sometimes a claim needs additional documentation, a completed form, corrected billing, or other information. Contact Member Services to understand the denial and possible next steps. If you disagree with a determination, review your SPD for applicable appeal procedures and deadlines.

5 Review your Explanation of Benefits

Keep your EOBs and provider bills, and compare them carefully. If something looks wrong, contact Member Services before paying a questionable bill.

BEFORE A MAJOR PROCEDURE

Call the Fund Office at 708-482-0110 to ask about benefits and any required Coordination of Benefits, Accident/Injury, or disability forms.

BENEFIT SPOTLIGHT | SHORT TERM DISABILITY

If an illness, injury, or surgery prevents you from working, you may be eligible for Short Term Disability benefits through the Welfare Fund. These benefits can help provide financial assistance during a qualifying temporary disability.

WHEN DO BENEFITS BEGIN?

NON-OCCUPATIONAL INJURY: Day 1 Benefits | ILLNESS: A 7-day waiting period applies.

The Short Term Disability benefit is $500/week for up to 26 weeks. The benefit is taxed and will be listed under "Third Party Sick Pay" on your W2 from your employer.

Contact the Fund Office as soon as possible. Claims require documentation from you, your employer, and your treating physician. Additional medical information may be needed if the disability continues. Eligibility, payment amounts, and duration depend on Plan provisions.

For Short Term Disability assistance, contact Melanie Mulheron at 708-588-8140.

WELFARE FUND MYTHS & FACTS

MYTH "If my doctor orders it, the Fund must cover it."

A provider recommendation does not by itself establish Plan coverage. Review your SPD or call the Fund Office.

FACT "I may be able to appeal a denied claim."

Members generally have appeal rights for adverse benefit determinations. Your SPD explains the procedures and deadlines.

MYTH "Prior authorization guarantees payment."

Authorization does not replace eligibility, coverage, or other Plan requirements.

MYTH "A denied claim always means I must pay."

Not necessarily. Missing information or billing errors may be resolved. Call Member Services for help.

MYTH "If I have other insurance, I don't need to tell the Welfare Fund."

Coordination of Benefits information helps determine which plan pays first. Missing or outdated information can delay claim processing.

MYTH "If I haven't been in an accident, I don't need to complete an Accident/Injury Form."

The Fund may require an Accident/Injury Form to determine how an injury occurred, even if it wasn't caused by a traditional accident. Missing information can delay processing.

PRESCRIPTION COVERAGE TIP

If a pharmacy cannot verify your coverage, ask them to confirm your member ID and the Rx BIN, PCN, and Group information on your BCBS card. You can also add your prescription card in the Express Scripts app to the wallet on your phone for easier access and to avoid confusion. For assistance, call Express Scripts at 866-903-9635 or Member Services.

LIFE CHANGES? KEEP THE FUND OFFICE INFORMED

Marriage, divorce, a new child, or moving may require updated information or documentation. Contact the Fund Office promptly to avoid potential coverage complications.

For marriage or birth, submit the required documentation within 90 days to establish coverage effective as of the event date, subject to Plan requirements. For divorce, provide a certified divorce decree and review beneficiary designations. For a move, request the notarized Change of Address form.

THINKING ABOUT RETIREMENT?

Retirement brings important healthcare decisions. Contact Kristin Link at 708-588-8129 to discuss potential eligibility for Pre-Medicare Retiree coverage or coverage through Retiree First. Start the conversation before your retirement date.

FROM THE FUND OFFICE

Our Member Services team can help explain benefits, navigate claims, and identify next steps when questions arise. When calling about a claim, have your BCBS member ID and the date of service or billed amount available so we can assist you efficiently.

Please share this newsletter with family members who help you manage healthcare matters. For questions involving personal claims or medical information, contact the Fund Office directly rather than sharing sensitive details publicly.

✂ ---------- CUT HERE ---------- ✂

KEEP THESE NUMBERS HANDY

General Fund Office / Member Services 708-482-0110
Anne Penney, Welfare Fund Manager 708-588-8127
Kristin Link, COBRA & Retiree Benefits 708-588-8129
Melanie Mulheron, Short Term Disability 708-588-8140
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All benefits are subject to applicable Plan provisions, eligibility requirements, limitations, and exclusions.