
FOR YOUR BENEFIT

THE NEWSLETTER OF THE LOCAL 295/851 EMPLOYER GROUP BENEFIT PLANS
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Eligible for Medicare? If you don't enroll or if you reject the coverage it can be very expensive for you!

If you are covered by Medicare and the Local 295/Local 851 Employer Group Welfare Fund it's important that you tell the Fund Office about Medicare coverage being in force. Whether you have qualified for a normal retirement or disability retirement, your eligibility for Medicare coverage changes the Welfare Fund's responsibility for the payment of your claims.

The risk If you have qualified for Medicare coverage and reject it, you'll be at risk for a lot of your medical expenses. The Welfare Plan will process your claims as if you have Medicare coverage in force, and will pay only the deductibles and co-insurance amounts of the Medicare program. You'll have to pay most of your medical, surgical and laboratory bills out of pocket.

Higher Part B premium If you don't enroll or you reject the Medicare coverage when you're first eligible, your Part B premium will cost you 10% more for each year you delay. Delayed enrollment also delays the start of your Medicare coverage and increases your risk of paying for medical expenses out of pocket.

Didn't enroll? You won't qualify for Part B reimbursement You will miss out on the Part B premium reimbursement if you don't accept Medicare coverage. If you don't reject Part B of Medicare, you can apply for a reimbursement of the full amount of the premium by filing a claim with the Fund Office.

Disabled? Same rules apply All eligible retired persons who are covered by the Welfare Plan must accept Medicare's coverage and tell the Fund Office. The same rules apply to disabled persons who are on the retirement rolls as well as those who qualify for Medicare at age 65.

Medicare Risk HMO The Plan has added a

Medicare Risk HMO program for retired members and covered dependents who are Medicare eligible. Eligible persons who live in a geographic area that offers a Medicare Risk HMO plan are required to enroll. Retired members and dependents who live in an area that does not offer a Medicare Risk HMO Plan will continue coverage under the Welfare Plan in combination with the traditional Medicare coverage.

If still active at work If you are covered by the Welfare Fund because of current or active employment or the current or active employment of your spouse, the Welfare Fund is the primary payer of claims and Medicare is responsible as the secondary payer. Medicare refers to these procedures as the Medicare Secondary Payer Program. This means that the Welfare Fund will pay first on your covered bills. After the Fund has paid its part, Medicare will review the charges and payments to determine if any balances can be covered. ■

COBRA Continuation Coverage

A federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that most employers sponsoring group health plans offer employees and their families the opportunity to purchase, at their own expense, a temporary extension of health coverage (called continuation coverage) at 2% above group rates in certain instances where coverage under the Plan would otherwise end. The cost is 50% above group rates for a special disability extension period.

COBRA allows you and your covered dependents to continue coverage under the Plan for a limited period of time (generally 18, 29, or 36 months) if you lose coverage in this Plan when certain qualifying events occur, such as the termination of your employment or a reduction of your hours worked which causes you to become ineligible. Your spouse and dependent children have the right to choose COBRA coverage if health coverage under the Plan is lost should you die (continued on page 2)

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or become divorced. Under the law, you, your spouse or your other dependents must notify the Fund Office in writing, of divorce, legal separation, or a change in dependent status within 60 days of the qualifying event. If you do not notify the Fund Office within the 60-day period, you will not be able to buy the continuation coverage.

Your contributing Employer has the responsibility to notify the Fund Office of your death, termination of employment or reduction in hours within 30 days.

All of the regulations regarding COBRA continuation coverage can be found in the Welfare Plan's Summary Plan Description.

If you have any questions or if you need another copy of the Summary Plan Description, call or write to the Fund Office. ■

Some FAQs (Frequently Asked Questions)

Q. My son will be 19 years old in a couple of months. Will his Welfare Fund coverage end at that time?

A. Dependent coverage doesn't immediately end when a son or daughter reaches the age limit. Provided that your own coverage stays in effect, the Welfare Fund will cover your son until the end of the calendar year. Your son's 19th birthday is in September, 2004 so he'll remain covered through December 31, 2004. The Welfare Fund also covers sons and daughters while they attend school full time but not beyond December 31st of the calendar in which they attain age 23.

Q. My wife and I have to get four prescriptions filled every month. The drug store will only give us a 30-day supply of each and we're spending \$80 a month for the co-payments. Is there any way we can get a 90-day supply and cut down our co-payment expense?

A. There is a way for you and your wife to get 90-day supplies of your maintenance drugs and you'll reduce your co-payments as well and you don't have to go to the drugstore. You should change over to the Welfare Fund's drug mail away program.

The mail away co-payment for each refill is just \$10 and you will get 90-day supplies of the four maintenance drugs. Your four prescriptions will cost

you a total of \$40 of co-payments instead of the \$240 you are spending in the drug store for three 30-day supplies of the same drugs. For the price of a stamp you'll save \$200 of out-of-pocket expense and three trips to the drug store. Call the Fund Office at (212) 308 4200 and ask for a drug order form.

Q. My wife and I are adopting a child. Can she be covered by the Welfare Fund?

A. Yes, we can add your adopted daughter to the coverage effective on the date she is placed with you for adoption. You should send the Fund Office a copy of the adoption or placement papers.

Q. Does the Welfare Fund cover stepchildren?

A. If you are an active-at-work eligible participant in the Welfare Fund, the coverage can be provided to stepchildren who reside in your household.

Q. I just became covered by the Welfare Fund on July 1st of this year. My wife and I are expecting a baby sometime next month. Will the Welfare Fund pay for any of the hospital and medical expense?

A. Yes, if your coverage is still in force when the baby is born. We checked your eligibility record. Your coverage did start on July 1st. The Fund can pay for any covered services that are provided to your wife on July 1st or later. If your wife received any medical care prior to July 1st, the Fund will not be able to pay for those services. ■

Beyond the Horizon (or, how to be sure that it is the right PPO)

As of July 1, 2004, all medical, surgical and diagnostics services have been provided through the Horizon Healthcare PPO along with Health Connecticut and the Beech Street PPO.

There are two Horizon PPOs in the tri-state area. One is based in New York and it is known as Horizon Healthcare. The other PPO is based in New Jersey and is known as Horizon Blue Cross Blue Shield of New Jersey or Horizon BCBSNJ. [The Local 295/851 Employer Group Welfare Fund PPO is Horizon Healthcare, the New York based Horizon.](#) The other Horizon (Horizon BCBSNJ) does not provide any coverage for the Welfare Fund's participants.

Since the date of the changeover from Magna Care to Horizon Healthcare, there have been some instances when members and dependents have been treated by Horizon BCBSNJ providers (the other Horizon).

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Because of the similarity of the two PPO names it is important for you to stress that Horizon [Healthcare](#) (not just Horizon) is providing their coverage. This will reduce the probability of health care providers filing their claims with the wrong Horizon.

Likewise, when you are contacting a provider to confirm that they are a participating provider it is important to ask if the provider is a participating Horizon Healthcare provider. ■

So You Think It's An Allergy?

If you suspect you have an allergy, you have to act like a detective, gathering clues as to when and in what situations your symptoms appear. You may need a doctor to help figure out if you truly have an allergy, but there's a lot you can do in the meantime to help pin down the cause of your symptoms. Here are some tips for finding the culprit:

- Record when, where and under what circumstances your reactions occur. Also note the days when you have no symptoms. This will help you identify if there is a specific season when your allergy is at its worst.
- Track changes in your home, at school and at work. Did you get new carpeting? Do you have a new pet? Have you changed perfumes? What about those flowers you picked up at the market or brought in from the garden?
- Seasonal allergies are usually caused by pollens and molds. One way to tell whether you are allergic to molds or pollens is to notice how your body reacts the day after it rains. People who are allergic to pollen usually feel better because the rain has washed away the pollen particles. The opposite is true for mold sufferers.
- Check the pollen count. This is a measure of how much pollen is in the air. Local weather reports often include the pollen count, or you can get it from the National Allergy Bureau (1 800 9 POLLEN). The count tells you the concentration of all the pollen (or of one particular type such as ragweed) in the air in a certain area at a specific time. The pollen count may help you figure out which type of seasonal allergen is giving you the most trouble.
- Keep a food diary. Write down everything you eat or drink for a one or two-week period. Note

your symptoms and how long it took for them to develop. Eggs, milk, nuts, soy, seafood, fish, corn and wheat are the most common culprits but almost any food can cause an allergy. Keep in mind that if you are allergic to a particular food, you might be allergic to related foods. For example, a person who is allergic to peanuts often cannot tolerate other members of the legume family such as peas and beans.

Whether or not you are able to pinpoint the source of your symptoms, check in with your health care provider. He or she can go over what your options are for treatment and help you design and implement a course of action so that you can live comfortably.

If you need to locate an allergist, you can find the names and addresses of Horizon Healthcare participating providers on their web site and you can get door-to-door directions and detailed street maps on line by logging onto www.horizon-healthcare.com or by calling the customer service center. The toll-free telephone number is 1 877 237 1840. ■

Do You Need

. . . . mental health or substance abuse services?

Contact the Teamster Center Services (TCS) at 718 920 5115. TCS is staffed by experienced counselors who can provide counseling, inpatient care, or drug or alcohol rehabilitation. TCS will confidentially discuss the matter with the person in need of care and direct the person to the appropriate services. The price for not making that telephone call can be very high. Review by a TCS counselor is required in order to receive payment by the Plan for any mental illness or substance abuse benefits.

. . . . to locate a Horizon Healthcare Provider?

Check your Horizon Healthcare Provider directory or call the Horizon Healthcare Customer Service Center toll free at 1 877 237 1840 or log onto the Horizon website at www.horizon-healthcare.com.

When you make an appointment please confirm that the doctor or facility is still in the Horizon Healthcare PPO.

. . . . to locate a participating dentist, check on the status of a dental claim or obtain dental benefit allowance information?

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Contact DDS, Inc. The telephone numbers are 516 794 7700 and 800 255 5681. The Customer Service Department hours are Monday through Friday, 9:00 A.M. to 4:30 P.M., Eastern Time.

.to get information about reimbursement for covered hospitalization costs?

Contact Empire Blue Cross and Blue Shield. The toll-free telephone number is 800 221 6331. The Customer Service Office hours are Monday through Friday, 9:00 A.M. to 5:00 P.M., Eastern Time.

.to obtain preauthorization for a hospital admission?

Contact MedReview. The toll-free telephone number is 800 553 9603. The hours are Monday through Friday, 8:30 A.M. to 5:00 P.M., Eastern Time.

Pre-admission certification is required before you get inpatient or outpatient hospital services that are not due to an emergency or because of pregnancy. Pre-certification is also required prior to certain diagnostic tests and procedures and for certain types of equipment and supplies.

Failure to pre-certify will result in a part of your claim not being paid by the Welfare Fund.

For emergency admissions, you must call MedReview within 48 hours of being admitted to the hospital.

.to get information about your eligibility, ask about a medical, surgical or laboratory claim or

**LOCAL 295/851 – IBT EMPLOYER GROUP
PENSION TRUST FUND AND
EMPLOYER GROUP WELFARE FUND
One Dag Hammarskjold Plaza, 20th Floor
New York, New York 10017**

ask a question about the benefits available under the Plan?

Contact the Fund Office. The telephone number is 212 308 4200. The Fund Office hours are Monday through Friday, 8:30 A.M to 5:30 P.M. The Fund Office address is One Dag Hammarskjold Plaza, 20th Floor, New York, New York 10017. ■

The Top Six Reasons to Sign Up for Direct Deposit of Your Pension Benefit

6. No lost or stolen checks!
5. Don't have to wait for the mail to be delivered!
4. Less trips to the bank and waiting in line!
3. Don't have to wait for cleared funds in your account!
2. It's safe and your privacy is assured!
1. It's easy to do!

Follow these three easy steps:

- Call the Pension Fund Office at 212 308 4200 and ask for a direct deposit form.
- You and your bank representative complete the form.
- Return the completed form to the Pension Fund Office.

After you sign up for direct deposit, you'll receive one more check in the mail while we send test information to your bank. After that, your benefit will be available to you as cleared funds in your bank account on the first business day of each month. **Just three easy steps! Sign up now!** ■
