
FOR YOUR BENEFIT

THE LOCAL 295/LOCAL 851 EMPLOYER GROUP BENEFIT FUNDS NEWSLETTER
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SOME THINGS TO KNOW ABOUT GOING OUT OF NETWORK

All hospital, medical, surgical, diagnostic and other health care services are being provided through the Empire Blue Cross/Blue Shield Preferred Provider Organization (PPO). This PPO plan covers all active participants and their dependents as well as all of the eligible retirees and spouses who are not covered by Medicare.

Not all providers are in the PPO...

Ask each of your health care providers if they are in the Blue Cross/Blue Shield network. Some of the providers may have signs or literature announcing that all insurance is accepted but those can be misleading.

Even if you are in a network facility, your doctor or other health care provider may not be in the network. For example, many anesthesiologists do not participate in the networks and that is often the case for many other hospital specialists and lab and radiology services as well.

In the past, emergency room doctors were on the staff of a hospital and if the hospital was in the network, the doctors fees were paid as network claims.

The emergency room doctors are now independent contractors and most of them do not participate in any network such as Blue Cross-Blue Shield.

If the health care provider is not in the Blue Cross/Blue Shield network, their claims have to be processed under the major medical coverage of the Plan. That's when your out-of-pocket costs will suddenly increase.

Cost is usually higher than the permissible plan charges...

The Welfare Plan pays for out-of-network services based on the permissible plan charges. The permissible plan charges are based on 250% of the National Medicare Physician Fee Schedule and are usually less than the fees that are paid to network providers for the same services.

Deductible and co-insurance...

Major medical claims are subject to an annual deductible. After the annual deductible is met, the Welfare Fund payment rate is 75% of the remaining allowed charges that are over and above the deductible amount. The 75% - 25% cost sharing is referred to as the co-insurance rates. The deductible amount is \$400 per individual per calendar year and the family maximum is \$1,200 per calendar

year. When three persons in the family have met the annual deductible (a total of \$1,200), the deductible for all of the family members is \$0 for the remainder of that year.

First \$400 goes to the deductible...

No payment will be made for the first \$400 of allowed charges of an out-of-network claim. The entire \$400 will be applied to the annual deductible. For a claim of \$500 of allowed charges, the Welfare Fund will issue payment for just \$75.

For a claim of \$5,000, the Fund will pay \$3,450 and the patient will have to pay \$1,550 out of pocket. Patients are also responsible for any amount of the provider's charges that are over and above the allowed charge.

Major medical coverage is limited...

The major medical maximum coverage is \$250,000 per illness. Out of network expenses that are over and above the \$250,000 maximum are the patient's responsibility. A hospital bill for a one-week confinement could easily use up all of the major medical coverage.

You can double check that a provider is in the network...

Make sure that your health care provider is in the network by calling 1 800 810 BLUE (2583). You can also go to the Blue Cross site on the internet. The address is www.empireblue.com.

WESTCHESTER MEDICAL CENTER IS NOW IN THE NETWORK

Empire Blue Cross/Blue Shield announced that they have reached a new three-year agreement with the Westchester Medical Center. The new agreement is effective as of April 1, 2012. The new agreement applies to all of the various plans of benefits provided through the Blue Cross network. Unfortunately, claims for services at this facility previous to the new agreement effective date must be processed as out-of-network claims.

DENTAL PLAN PPO

The Local 295/Local 851 Employer Group Welfare Fund Dental Plan is provided through DDS, Inc.

Much like the health plan of benefits, persons needing dental services can choose between PPO participating dentists or dentists who do not participate in the PPO. If you receive covered services from dentists who are not in the DDS PPO, your out-of-pocket expense will be much higher.

Finding a PPO dentist... Contact DDS, Inc. to find a participating PPO dentist or to verify if your dentist is on the panel of participating dental providers.

You should also contact DDS, Inc. to obtain benefit allowance information or to check on the status of a claim.



The DDS, Inc. address is 1640 Hempstead Turnpike, East Meadow, NY 11554.

The telephone numbers are 516.794.7700 and 800.255.5681.

Website address:
www.ddsinc.net

The office hours are Monday through Friday, 9:00A.M. to 4:30 P.M., Eastern Time, except holidays.

WHERE TO TURN FOR HELP

The Welfare Plan has joined with Teamster Center Services (“TCS”) to improve and coordinate counseling for mental illness and substance abuse. TCS has been assisting members of Teamsters Joint Council 16 for almost 50 years and is staffed by experienced counselors. If you or a covered dependent need mental illness or substance abuse services, such as counseling, inpatient care, or drug or alcohol rehabilitation, TCS must be contacted first at 212.235.5003 or 800.433.4627. TCS will confidentially discuss the matter with the person in need of care, and will direct the person to the appropriate services or program. Review by a TCS counselor is required in order to receive payment by the Welfare Plan for any mental illness or substance abuse benefits.

Major medical coverage for some services...

The major medical benefits portion of the Welfare Plan provides coverage for the treatment of mental illness and substance abuse.

Major medical benefits generally are available to you and your covered dependents for treatment of a mental illness or substance abuse.

These benefits are subject to the following limitations:

- \$80 per visit to a Physician or psychologist; and
- \$60 per visit to an accredited certified social worker.

Hospitalization benefits for inpatient mental health care...

The Welfare Plan also covers mental health care on an inpatient basis for you and your eligible dependents. For confinements in an in-network mental health treatment facility or participating Blue Cross Hospital, coverage is limited to 30 days per calendar year.

For treatment of substance abuse, the Welfare Plan also covers:

- Inpatient chemical dependence detoxification for up to 7 days in an in-network facility, and
- Outpatient counseling for up to 60 visits per calendar year, including up to 20 visits for family counseling.

The Plan does not cover inpatient chemical dependence rehabilitation. With respect to confinement in a mental health treatment facility or non-participating Blue Cross Hospital for treatment of a Mental Illness or substance abuse, coverage is limited to 30 days in any 12-month period. The covered medical expense limit is the approved rate negotiated by TCS in a non-participating Blue Cross facility. This rate includes all hospital charges.

You must pre-certify mental illness and substance abuse services in advance by contacting TCS at 212.235.5003 or 800.433.4827. When you are admitted in an emergency to a hospital or another inpatient facility for mental illness or substance abuse treatment, you (or someone on your behalf) must call TCS within 2 business days or as soon as is reasonably possible. For more information, visit the TCS website:

www.teamstercenter.com

Everything is strictly confidential...

Remember, your call and the counseling and care will be treated as strictly confidential. Help is just a telephone call away. Take control of your life!

LET'S TAKE THE CONFUSION OUT OF FOOD NUTRITION LABELS

Have you ever read the nutrition labels on the cans, jars and packages of food that you're buying? Are you confused? Well, you're not alone!

Most people do read the label...

Surveys have shown that while almost everyone reads at least part of the nutrition label, most of the shoppers say that they find it difficult to understand, even those who have a clear understanding of their nutrition needs.

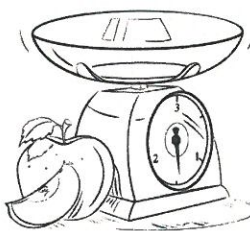
So, what's a g? What's an mg?

A "g" is the shorthand term for gram and "mg" is a milligram. They are the metric measurements printed on the nutrition label.

How do they translate into something that's easier to understand? A gram is equal to one fourth of a teaspoon. So, one teaspoonful is equal to four grams. A gram is .03527 ounces or about 1/3 of an ounce. If the label shows that a serving is 60 grams, that's about 15 teaspoons or 5 tablespoons of the food.

If you would like to visualize how much a milligram is, think of a small thimble that holds one milliliter of water. One milligram is 1/1000 of that milliliter or roughly 1/2 of a drop. So, if the label reads 300mg of sodium, for example, you can equate that measure to 150 drops or about 1/3 of a thimble.

How about the calories?



Check the total calories per serving. You should also look at the size of a serving. Some servings may be quite small. A jar of salsa shows two tablespoons as the size of a serving. That's about enough to have with two or three chips. If you double or triple the servings you eat, you double or

triple the calories and the nutrients, including the Percent Daily Value (%DV).

%DV is based on 2,000 calorie diet...

The normal calorie intake for an adult is 2,000 calories a day. You may need to consume less or more than 2,000 calories depending upon your age, gender, activity level and whether you're trying to lose, gain or maintain your weight.

In general, as you think about the amount of calories in a food serving, remember that for a 2,000 calorie diet, 40 calories per serving is considered low, 100 calories

per serving is considered moderate and 400 or more calories per serving is considered high. The %DV section of the label tells you the percent of each nutrient in a single serving, in terms of the daily recommended amount. As a guide, you should try to consume less of the nutrients such as saturated fat, cholesterol and sodium. You can choose foods with a lower %DV – 5 percent or less is low. If you want to consume more of a nutrient such as fiber and vitamins, look for foods with a higher %DV – 20% or more is high.

The product claims...

You have seen product claims such as Calorie Free, Sugar Free, Fat Free and more printed on the food packaging. What do these claims really mean? You'll find out in the next issue of this newsletter. We'll be listing all of the product claims and their true meanings according to the FDA. The next time you go grocery shopping, try to catch up on your reading.

Nutrition Facts	
Serving Size: 1 (1 sandwich)	
Amount Per Serving	
Calories 130	Calories from Fat 18
	% Daily Value*
Total Fat 2g	3%
Saturated Fat 1g	5%
Trans Fat	
Cholesterol 0mg	0%
Sodium	
Total Carbohydrate	
Dietary Fiber 2g	8%
Sugars	
Protein	
Calcium	
* Percent Daily Values are based on a 2,000 Calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol ¹	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
*Calories per gram: Fat 9 Carbohydrate 4 Protein 4	

GENERIC DRUGS DON'T COST AS MUCH AS BRAND NAME DRUGS

Generic drugs are priced at the pharmacy at a fraction of the cost of brand-name drugs. Companies that market generic drugs have to submit data to the Food and Drug Administration to prove that the drugs are equivalent to the original brand-name drug. When your doctor writes a prescription for you, ask if there is a generic equivalent available instead of paying a much higher amount for a brand-name drug. When you request generic drugs the cost to the Welfare Fund is much lower and your out-of-pocket co-payment amount is much less.



LOCAL 295/LOCAL 851 IBT EMPLOYER
GROUP PENSION TRUST FUND AND
EMPLOYER GROUP WELFARE FUND
Sixty Broad Street, 37th Floor
New York, New York 10004

TIME FOR A PHYSICAL EXAM?

How long has it been since you had a physical exam? A year? Two years? Five years? Never? Maybe it's time to get that done. Contrary to the old expression, what you don't know can hurt



you – or kill you! Some diseases just sneak up on you and then kill you. Many serious health conditions

have no symptoms. High blood pressure and high cholesterol are usually only discovered when you get a checkup. Patients with diabetes aren't aware of it until they have their blood sugar checked. Employees and spouses and other eligible dependents are covered for routine physical examination expense up to the amount of the permissible plan charges. As of February 1, 2012 the \$20 co-payment is no longer required.

So, call your doctor now. What have you got to lose?



THE TERRIBLE TOO'S

No, that's not a typographical error in the title and the article isn't about toddler children. It's targeted at emphasizing how too much of our stress and poor health conditions are caused by our own doing. These are all things that we do to ourselves. A study by a large nationwide insurance company showed that more than half of what happens to us is within our control. Too many of us exercise little or no control over those events.

A bunch of too's...

We drink too much, smoke too much, eat too much, spend too recklessly, have too much debt, too much stress, laugh too little, drive too fast, get too angry, stay up too late, get up too tired, read too little, and watch TV too much. Our blood pressure is too high, our cholesterol reading is too high and our blood sugar is, too. We've learned how to make a living, but not a life. We've added years to life but no life to years. We conquered outer space but not inner space. These are the times of fast foods and slow digestion. These are also the days of quick trips, disposable diapers, throwaway overweight bodies, and pills that do everything from cheer to quiet, to kill.

It just doesn't add up...

Too, plus too, plus too, plus too just won't add up to anything but more stress in your life, deterioration of your health, a bad case of indigestion and more time spent in the doctor's office. Take a long hard look at your lifestyle and decide if anything should be changed. Then, make a resolution to do something about it. Plan to spend more time with your family and friends, make an effort to cut down or quit smoking.

Promise yourself to get more rest and, if you have a drug or alcohol problem, consult confidentially with the good people at Teamster Center Services. If you're overweight, try eating smaller portions and ask your doctor to recommend a healthy diet for you. It's time to take control. You'll be glad you did. You'll spend a lot less time and money on health care and you'll increase the odds that you'll live long enough to collect a pension and Social Security benefits.

GIVE DIRECT DEPOSIT A TRY

A Pension Fund can send your monthly benefit payment directly to your bank account. You'll have available funds in the account on the first business day of every month. Call 212.308.4200 for a form.