FOR YOUR BENEFIT

NEWSLETTER OF THE LOCAL 295 IBT EMPLOYER GROUP BENEFIT FUNDS
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PREVENTIVE CARE

Preventive care has been proven to enable people to live longer, healthier and more fulfilling lives. Just a small improvement in preventive care can yield big results for you and your loved ones. It adds value to the dollars spent on health care services, because premature death and illness can be avoided. The services are cost-effective.

It makes sense and cents… Doesn't it cost less to take your car in for routine maintenance than to have your engine overhauled or to buy a new car?

Bottom line… Preventive care services are an efficient use of your health care dollars.

Knowing the importance of preventive care can literally save your life. Getting appropriate screenings can offer peace of mind and also help to identify risks or conditions when they are in their early and most treatable phase. Preventive care is truly the solution to better health.

Early detection is important… What is early detection? Now is the time to keep you and your family safe and healthy. Early disease detection is the use of screening tests, medical examinations and self-examinations to identify health problems and/or conditions before symptoms appear. Managing a disease, especially early in its course, may lower its impact on your life or prevent or delay serious complications.

Build a relationship… Build a relationship with your health care providers. Let your doctor know that you want to be a partner in your health care. Make the most of the time you have with your doctors and other health care providers. Discuss your concerns, feelings and questions about your health. Be an active participant in each appointment. Listen to what your doctors say. If you do not understand a diagnosis or treatment, ask questions.

Raise questions and address concerns… Address concerns you have about the treatment. Speak up if you feel that your health care provider is not showing respect or spending enough time with you. It may be hard to bring up concerns like these, therefore, begin by telling your health care provider that you have questions and concerns and ask for extra time to talk.

Wellness – The Right Way For Your Benefit… This benefit can be used by all of the active Welfare Fund participants and pre-Medicare retirees as well. Eligible dependents who are age 18 and older may also use this service. It provides you with ways to maintain and improve your health.

The program will cost you nothing out of pocket and it supports individuals who have high blood pressure, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, diabetes, asthma or low back pain. These are chronic medical conditions that require extensive medical care and pharmaceutical management. 44.43% of the population has one or more of these problems:

Call 1.877.834.4596 Or, enroll on their web site at http://wellnesstherightway.hmcportal.com

The silent killers are lurking…. High blood pressure and high cholesterol are usually only discovered when you get a check-up. Patients with diabetes aren't aware of it until they have their blood sugar checked. Annual physical examinations are covered in full.

MONEY-SAVING TIPS

Get your medical care from network providers. You'll save a bunch of out-of-pocket costs.

If you need dental services, contact the Fund Office to find a DDS network provider near you.

If you need eyeglasses, contact the Fund Office to get an optical voucher and to locate a network provider near you. Use the mail-away prescription drug program and you'll save some co-payment bucks. Ask your doctor to prescribe generic drugs instead of the more expensive brand-name drugs. You'll save the Welfare Fund some money and you'll save yourself some out-of-pocket expense. Go to an urgent care center instead of the emergency room when it's not a life or death emergency.

THE FLU SEASON HAS ARRIVED

Once again, we are facing the threat of the flu. Tis the season to be vaccinated.

How does the flu spread? Flu viruses are thought to spread mainly from person to person through droplets made when people with the flu cough, sneeze or talk. Flu viruses are also spread when people touch something with the flu virus on it and then touch their mouth, eyes or nose.

People who are infected with the flu can infect others beginning one day before they have any symptoms develop and they can continue to infect others up to five to seven days after becoming sick. That means you can spread the flu to someone else before you know you are sick as well as while you are sick.

Young children, those who are severely ill and those who have severely weakened immune systems may be able to infect others for longer than five to seven days.

Some preventive steps... You should avoid close contact with sick people. If you or a family member gets sick with a flu like illness, it's recommended the person stay at home for at least 24 hours after the fever is gone, except to get medical care or for other necessities.

While sick, limit contact with others as much as possible to keep from infecting them.

Cover your nose and mouth with a tissue when you cough or sneeze and throw the tissue in the trash after you use it.

Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

Avoid touching your eyes, nose and mouth.

Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.

And, get a flu shot. Exercise some caution, however, and consult with your doctor. Some people have life-threatening allergies. Most, but not all types of flu vaccine contain a small amount of egg protein. ▪

WILL IT BE ENOUGH? CHAPTER TWO

When your Social Security benefit payments begin can make a big difference in the amount you'll receive each month.

Benefit is reduced for early retirement... If you start receiving Social Security benefits at the age of 62, your benefits will be reduced because you are younger than the full retirement age. If your full retirement age for Social Security benefits is 67, you would receive about 30% less by starting Social Security at the age of 62. For each year you delay claiming your benefits after you are eligible for full benefits and before you reach the age of 70, you get an extra 8%.

The full retirement age used to be 65 for everybody. Social Security has increased this age for persons born after 1937. For persons born in 1938, the full retirement age is 65 years and two months. For each year that follows through 1942, another two months are added until the age of 66 is reached. There is no escalation in the full retirement age for persons born in 1943 through 1954. The two-month steps then resume for persons born in 1955 through 1960.

Age 67 is the full retirement age for persons who were born in 1960 and later.

Income from your job will reduce your benefit...

If you receive Social Security benefits before you reach your full retirement age, money you earn from a job that exceeds certain limits will reduce your Social Security benefits. When you reach the full retirement age, there is no limit on your earnings.

Start Medicare at age 65...

You don't have to retire or wait until you reach full retirement age for Medicare coverage to start. You can begin Medicare coverage as soon as you reach the age of 65. Medicare Part A is free and covers many of your hospital care expenses. You will have to pay for Medicare Part B which covers doctors' services, outpatient hospital care, physical and occupational therapy and some home health care. You can also purchase Part D coverage to help cover your prescription drug costs.

You can apply for Medicare up to 3 months before the month you reach the age of 65.

You can also enroll for Medicare during your birthday month and for 3 months after that.

COORDINATION OF BENEFITS

Some persons have health care coverage under two plans. When this happens, the two plans will coordinate their benefit payments. This process is known as coordination of benefits ("COB").

Primary plan and secondary plan... The plan that pays first is known as the "primary" plan and the plan that pays second is known as the "secondary" plan. The primary plan will pay first and the secondary plan will pay for the remaining expenses up to the maximum of the allowable charges for the covered services. In no event, however, will the amount of benefits paid by this Welfare Fund exceed the amount which would have been paid if there were no other plan involved.

Should file claims with both... If you have coverage in two plans, you should file claims with both so that you receive all the benefits available to you. When you submit claims to the Local 295 Plan, you must include information about other coverage.

The primary/secondary rules...

- If one of the two plans does not have COB provisions, it is the primary plan.
- The plan covering a person as an employee is the primary plan for that person. The plan covering a person as a dependent is the secondary plan for that person.
- The Local 295 Plan is always the secondary plan to automobile insurance coverage and for any eligible retiree or dependent who has coverage provided by their employer or another welfare plan, even if they have to pay for the coverage.
- If a dependent child is covered by both parents' plans, the birthday rule applies. The plan of the parent whose birthday occurs earlier in a calendar year is the primary plan and the plan of the parent whose birthday is later in the calendar year is the secondary plan.
- When the parents are divorced or separated there are some special rules regarding the primary/secondary plans.

Automobile insurance coverage... Group or individual automobile insurance coverage that provides medical coverage, including no-fault insurance, is always considered as primary coverage, and this Plan will only provide secondary coverage regardless of whether an individual actually enrolls in the automobile medical insurance coverage.

Coverage coordinated with Medicare... The Welfare Plan applies the Medicare Secondary Payer program rules to determine how its benefits are coordinated with the benefits of Medicare.

ANNUAL NOTICE ABOUT THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

A federal law known as the Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans and insurance companies that provide coverage for mastectomies to provide certain mastectomy related benefits or services to persons covered by the Welfare Fund.This Plan has historically provided the benefits required under the WHCRA and continues to make these benefits available to eligible persons. This notice is a brief overview of the benefits required under the WHCRA and your rights under the law. Under the provisions of the WHCRA, a group health plan eligible person who is receiving benefits in connection with a mastectomy, and who elects breast reconstruction in connection with the mastectomy is entitled to coverage for:

- all stages of reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses and treatment of physical complications of mastectomy, including lymph edema.

Coverage for these benefits or services will be provided in a manner determined in consultation with the eligible person's attending physician.

If you are eligible in the Plan and currently receiving, or in the future receive benefits under this Plan in connection with a mastectomy, you are entitled to coverage for the benefits and services described above in the event that you elect reconstruction of the affected breast.

Eligible dependents are also entitled to coverage for these benefits or services on the same terms. Coverage for the mastectomy-related services or benefits required under the WHCRA will be subject to the same deductibles and coinsurance or co-payment provisions, if any, that apply to any other medical or surgical benefits provided by the Welfare Fund.

LOCAL 295 IBT EMPLOYER
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OUT-OF-NETWORK SUBSTANCE ABUSE TREATMENT FACILITIES POTENTIAL ABUSIVE BILLING PRACTICES

Participants in the Local 295 Employer Group Benefit Funds have free access to Teamster Center Services (TCS).

The TCS staff provides confidential, professional advice and referral services to over 28,000 Teamster families. If you suspect that you, your spouse or your covered dependent child has a substance abuse problem – TCS should be the first call that you make. The TCS staff will help you to properly assess the level of care needed and direct you to high- quality in-network treatment programs that will truly accept your insurance coverage.

Contact TCS at 212.235.5003. The offices are open from 8:30am to 4:30pm Monday through Thursday and until 4:00pm on Fridays.

TCS has found that many out-of- network treatment programs are filing high dollar claims for their services and subjecting patients to frequent and expensive drug tests. The majority of these programs are located in Florida and California. The common tactic of these programs is to tell the patient that they "accept their insurance" no matter which insurance carrier is providing coverage for the patient. Sometimes the programs offer to house the patient for free, or at a low monthly fee at a sober house as long as the patient attends a preferred outpatient treatment program. These programs bill for treatment at rates that are sometimes ten times what in-network programs accept as full reimbursement. In addition, the programs drug test patients several times per week and use out-of-network laboratory services that may bill as much as $4,400 for one drug test. The result of being admitted to one of these predatory treatment programs can be that the patient will be billed for several thousand dollars in unpaid treatment and drug testing costs. You can avoid being scammed by an unscrupulous treatment program by contacting TCS for their guidance and certification of the admission.

Editor's note: This article was written by Andy Johnson, Administrator of TCS. Thank you Andy for your contribution.