
FOR YOUR BENEFIT


NEWSLETTER OF THE LOCAL 295 IBT EMPLOYER GROUP BENEFIT FUNDS
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Local 295 holds “BENEFITS FORUM”

As part of their ongoing efforts for complete transparency and to keep you fully aware of the state of your Benefit Funds and other Union perks, Local 295 Union President Lou Calemine and the Executive Board held a “Benefits Forum” on Sunday March 11, 2018 at the Plattdeutsch Catering Hall in Franklin Square.

The meeting was attended by well over 100 members who were given presentations by Lou and the other Professionals who provide services to your Funds.


Presentations were given by the Fund’s Investment Consultant, Attorney and Third-Party Administrators. Each described in detail what their roles are in supporting your Funds.



The meeting started with Mr. Calemine recalling the struggle that the Funds had to endure due to the triple whammy of the investment crash of 2008, the drastic reduction in membership due to the DHL contraction and the additional requirements placed on the Pension Fund by the Pension Protection Act. All three of these occurred at roughly the same time. Members remembered a similar meeting held in 2009 that addressed these issues. One of the


main purposes of this meeting was to let you know just how far the Funds have improved since those dark days.

In fact, Lou reported to the membership that since 2001 the Pension Fund has paid out over half a BILLION dollars in benefits and the Welfare Fund has paid out more than 400 million in claims to members and their dependents. Mr. Calemine stressed the fact that the overwhelming concern of the Union is that the Funds continue to provide quality healthcare coverage and to sustain the pension benefits payable to you for many years to come.



One of the Fund’s attorneys, Walter Kane of the firm Cary Kane, described in detail just what type of pension fund you have and how it is structured under law. The Funds are what are termed jointly managed “Taft-Hartley” Funds. Your funds are managed by a Board of Trustees that is comprised equally of Union and management representatives. Mr. Kane pointed out, that quite unlike corporate pension fund that are solely managed by the company, you have a voice in your funds because of Union representation. Your pension Fund is a “Defined Benefit” fund.

Mr. Kane pointed out that, quite unlike 20 years ago, this type of fund is now very rare. Management cannot, as it has done in the overwhelming bulk of cases, freeze or eliminate the plan and replace it with another type of plan called a Defined Contribution plan (most of these plans you are familiar with as 401(k)’s). In a defined contribution plan all the investment risk is placed on the participant. In your defined benefit plan, investment decisions are made by the Board of Trustees based on expert advice and your benefit is protected except under the most extreme cases. Imagine if you were about to retire in 2009 with a 401(k) and a very large portion of your retirement nest egg vanished. In your pension plan, no one’s benefit was ever reduced due to investment experience. The next presenter was Mark Lotruglio, of QuanVest Consulting. He has been your investment consultant since 2009 and has provided guidance and advice to the Board concerning your Fund’s investments, both for the Pension and Welfare Benefit Funds. The Investment



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consultant does not actually manage any of your monies. That is done by investment managers. Mr. Lotruglio described the ongoing processes of asset allocation, investment monitoring and comparing the managers to their benchmarks. When appropriate, Mr. Lotruglio recommends to the Board changes to any of the above. He informed the membership as to the vastly improved change in the state of the invested assets from the dark days of 2009 to now. Mr. Lotruglio then answered questions from the floor concerning your investments.

The next presenters were representatives from your Third-Party Administrators, Savasta and Company, Inc. Linda Kellner explained the types of pension available to you and briefly discussed the active and retired membership characteristics.

Albert Cardillo went over the benefits available to you in your Welfare Fund and gave examples of why it is important to stay in-network when possible and to use generic drugs. Mr. Cardillo stressed that proper usage of the Welfare Fund will result in the lowest possible cost to you and that using the benefits wisely, such as using generic drugs and in-network services, will enable the Fund to continue to provide quality health care to you and

your dependents. Proper use will also save you the most out-of-pocket expense and keep costs down so that the Fund can continue to provide these valuable benefits for many years to come.

Mr. Cardillo then stressed the importance of responding to the Fund's Wellness provider, HMC Healthworks, when they reach out to you. If they have identified any health issue that they feel is important to your well-being, they will write or phone you. They will offer specific suggestions on how best to manage your condition and maximize your health. This is a very valuable service that the Welfare Fund provides to you, at no cost, and should always be used.

After a round of questions from the floor all of which were answered by the appropriate professional, Lou wrapped up the meeting by thanking everyone for their attendance and again stressing your Union's determined efforts to ensure that these very important parts of you and your family's security remain intact. After the presentation was over, the professionals stayed to answer individual member's concerns and specific issues.

SAY YES!! TO A COLORECTAL CANCER TEST

Who among us hasn't procrastinated? Most of us do it at some point. But if you

are putting off screening for colorectal cancer, you are missing out on a test that can save your life.

Screening may spot colorectal cancer early, when it may be easier to treat. Better yet: Getting tested might even help prevent the disease.

Most colorectal cancers start as growths in the colon or rectum called polyps. Some screening tests allow doctors to find and remove polyps before they turn into cancer.

When colorectal cancer is caught early the survival rate is 90 percent. You may not have symptoms until the disease is advanced and much more difficult to treat. Less than 2/3 of US adults age 50 or older get the tests they need. This cancer can actually be prevented by screening. So, go get tested. Screening is recommended for most people starting at age 50. For people with average risk of colon cancer, experts suggest using 1 or more tests. These options include a stool test, a flexible sigmoidoscopy and a colonoscopy.

Talking with your doctor is the best way to determine which test to have – and how often. It is a conversation that may add years to your life. Here is a list of questions that you should ask your doctor. Bring these with you next time you go:

- When should I have my first screening test?
- Are there ways I can reduce my risk of colorectal cancer?

SHOULD I GO TO THE EMERGENCY ROOM?

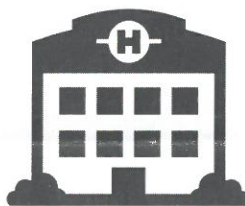
ARE THERE BETTER OPTIONS?

When you have a life-threatening situation, such as chest pain, severe trauma or heavy bleeding, dialing 911 is your best option. This allows the trained emergency medical technicians to assess your needs and take the best course of action. This will almost always result in the most rapid and appropriate care for your emergency.

If you have a lesser medical condition, then a visit to the emergency room may still be appropriate. Conditions that may fall into this category are difficulty in breathing, loss of consciousness or broken bones. Calling 911 may still be a better option for these sudden and serious conditions. Only you can judge which option is better for you.

Please keep in mind that going to the emergency room of a New York metropolitan area hospital can be a time-consuming and expensive occurrence. In 2016 the average time spent for an emergency room visit for more than 50 area hospitals was more than 3 ½ hours. That is a very long time to wait if you are in pain. The state of New York ranks 46th nationally in the length of time for emergency room visits.

In addition, there is also a substantial cost factor for an emergency room visit. Your Welfare Fund reimburses these visits at only 75% of the in-network allowable charge if it is determined that the visit is not an emergency. The Fund uses the “prudent man” rule to determine what is, and what is not, an emergency. If it is determined that your visit is not an emergency, you are responsible for the remainder of the charges. As the cost for just the hospital portion of an emergency room visit can exceed \$2,000, you can see how expensive this can be. On top of the hospital charges there will be physician and other charges. It is possible that these charges could be for out-of-network providers. In an emergency room situation, you do not have the



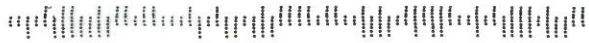
ability to determine if the attending physician, supporting physician and other personnel are in-network. If they are not, the Welfare Fund will only pay 75% of allowable charges after the annual deductible is met. The out-of-network providers are free to charge whatever they want. Based on the above, you could potentially pay thousands for this visit.

However, there are better options. If your child has an ear ache do you really think it necessary to go to the emergency room and subject yourself to all the above potential charges? Call your pediatrician and get an appointment as soon as possible. If you have other conditions that need immediate attention, first try arranging something with your personal physician. Remember, all you will pay for an in-network doctor office’s visit is the \$20 co-pay.

If your doctor is not available, then the next best option is to go to an urgent care center. There are more than 550 urgent care centers in the New York metropolitan area. Many are open for extended hours. A visit to an in-network urgent care center has the same \$20 co-pay as a doctor’s office visit.

Do It Now.

Find an in-network urgent care center near you now so you will have this information when you need it most. Write down the phone number and location and keep it with your emergency contact information. You can find Urgent Care Centers near you by either phoning Blue Cross toll free at 1.800.810.2583, option 2 or by logging on to the Blue Cross website at www.bcbs.com. The “Find an Urgent Care Center” button is right on the front page. A New York State Health Agency study done in 2013 determined that most emergency room visits were not true emergencies. Do not put yourself in the position of having to pay hundreds, if not thousands, of your dollars when a \$20 co-pay would get you the care you need.



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YOU'RE GETTING A NEW MEDICARE CARD!

You will be getting a new Medicare Card between April 2018 and April 2019. The cards are being mailed by geographic locations. The Tri-State area is slated to start receiving cards after June 2018.

Your Social Security Number will be removed to keep your information more secure and to prevent identity theft. You will get a new card with a Medicare Beneficiary Identifier (MBI) that is unique to you and it will only be used for your Medicare coverage. The new card will NOT change your coverage or benefits. You will get more information from Medicare when your card is mailed.

Here's how you can get ready:

- Make sure your address is up to date. If your address needs to be corrected, contact Social Security at ssa.gov/myaccount or call

800.772.1213. Of course, if you need to change your address with the Fund, contact the Fund Office as well at 212.308.4200.

- Beware of anyone who contacts you about your new Medicare Card. Social Security will NEVER ask you to give them personal or private information to get your new card.
- Understand that mailing these new cards will take some time. Your card might arrive at a different time than your friends or neighbors. However, if you haven't received a new card by May 2019 contact Social Security at the website or phone number above.
- When you receive your new card, bring the card with you to any of your providers so that they can update your records. They will need this information to process your claims. There is a transition period in 2019 to allow for the use of both numbers but claims will only be accepted in 2020 with the new MBI.

