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# FOR YOUR BENEFIT

NEWSLETTER OF THE LOCAL 295 IBT EMPLOYER GROUP BENEFIT FUNDS  
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## WELFARE BENEFITS PLAN UPDATE- MEDICAL IDENTIFICATION CARDS

As eligible participants in the Local 295 IBT Employer Group Welfare Fund we have written you recently about your receiving new membership cards from Anthem Blue Cross Blue Shield ("Anthem") and OptumRx. These cards needed to be issued because Anthem, your network of doctors, hospitals and laboratories required us to make this change. *The new cards became effective February 1, 2022.*

*We want to emphasize, that your benefit plan is not changing.* You will continue to have the exact same valued coverage. Please present your new identification cards to all your medical providers and pharmacy and advise them of the change which was effective February 1, 2022. This new Anthem number starts with the *same "LLX" prefix as on your prior card*, but the numbers have changed, and *a new suffix of "SV" has been added.*

Any of your dependents who are currently eligible will remain eligible for both medical and pharmacy benefits. Both Anthem and OptumRx have full eligibility files indicating their eligibility and can be located by your providers using your Member ID number.

We understand that these new cards being issued has caused some confusion and inconvenience to you. You now have two separate membership numbers and two separate cards – one for medical providers and one for your prescription drugs. We wish we did not have to do this, but Anthem gave us no choice.

In addition to these new cards, changes have been made to the way your information is being sent to your Dental Provider, DDS, Inc. In the past DDS identified you using your Social Security Number. This is no longer the case. *You will now be identified using your "LLX" number that is on your Optum card.* You will not be receiving a card for dental services but now, instead of giving your Social Security Number to your provider you will be using your "LLX" Optum identification number.

If you have not received both sets of cards, please contact the Fund Office at 212.308.4200 and speak to one of our dedicated Member Services Representatives so cards can be issued.



## WELLNESS AND YOU

## 10 MOST COMMON AND COSTLY CHRONIC HEALTH CARE CONDITIONS

A recent survey conducted determined what the *10 most common and costly chronic health care conditions were that affected Fund participants*. Some are no surprise at all but a few of the results are unexpected.

The # 1 condition was *heart disease and Stroke*- This disease affects both men and women.

2. *Diabetes*- This disease may lead to blindness, kidney disease, amputations of toes and legs and heart disease.

3. *Arthritis* - This disease affects nearly 25% of Americans.

4. *Alcoholism* - Alcohol related deaths amount to nearly 100,000 a year in the USA. Alcoholism is a disease just like any other disease.

5. *Cancer* - Although it doesn't seem like it, this is better news than what it would have been ten years ago. It would have probably topped the list then.

6. *Obesity* - People who are morbidly obese can suffer from all types of health conditions. Getting down to your recommended weight is certainly not easy but if you are obese, it is the single best thing that you can do.

7. *Alzheimer's Anyone* who has a loved one who suffers from this disease knows how truly awful it is. While at present there is no effective treatment, research continues to give us all hope. If you have a loved one suffering from this disease, you know what a toll it takes on other family members. Reach out to TCS for help.

8. *Smoking* - Smoking costs Health Funds like ours hundreds of billions of dollars a year as well as taking a toll on your health. Talk to your doctor about the best way for you to quit smoking.

9. *Tooth Decay*- Surprisingly, in addition to the expenses relating to the dental aspects of this, such as losing teeth or gum disease, it can also negatively impact on your overall health. Annual visits to your dentist are recommended.

10. *Epilepsy* - Regular medical checkups and maintenance of your medications can ease its burden on you.

While we have little control over some diseases, there are many more that we do. A healthy diet and lifestyle can help you maintain conditions caught early.

*To get started today for a healthier you, contact one of the Local 295 Welfare Funds programs available to eligible members:*

Health maintenance organization, HMC, Inc helps members combat several diseases, contact HMC Healthworks at <https://wellnesstherightway.hmchealthworksco.com> or at 1.877.834.4596

Teamster Center Services ("TCS") is available to help you with substance abuse and mental health at 1.800.433.4827

Remember, your annual physical has a \$0 copay, so contact the Fund Office at 212.308.4200 to find out more.





## THE MORE YOU KNOW: NO SURPRISE ACT

Effective July 1, 2022, the Local 295 IBT Employer Group Welfare Fund will be subject to a new law recently passed by Congress and signed by the President called the “No Surprises Act”. This new law protects you from some “Out-Of-Network” balance billing, which means, providers or facilities that not in the Anthem Blue Cross Network.

### *What is the “No Surprise Act”?*

This law applies when you receive a “surprise bill” which is an unexpected balance bill from an out-of-network provider. This law recognizes at times you can’t control who provides your medical care such as: emergency situation, scheduled a in-network provider visit and treated by an out-of-network doctor. The law does not apply if you “choose” to see an out-of-network provider and you will be subject to all deductibles, co-insurance and any balance billing.

### *Under the provision of the new law, you are protected from balance billing for:*

**Emergency services** – “Emergency services” from an out-of-network provider or facility, may only be billed to you at your plan’s in-network cost sharing amount, i.e. co-payments. Services received after you are in stable condition are included unless you give written consent to give up these protections. You cannot be balanced billed for emergency services.



**Certain Services at an in-network hospital or ambulatory surgical center** - Services from these sites may be provided by specific providers that may be out-of-network. The most these providers may bill you is your plan’s in-network cost sharing amount, such as a copayment. Applies specifically to emergency room personnel, anesthesia, pathology, radiology, neonatology, assistant surgeons, and other hospital services.

### *What to do if you are asked to sign a consent form by any medical facility?*

You have the right to refuse to sign and demand an in-network provider.



If an in-network provider is not available, then the provision of the No Surprises Act applies. You can only be billed as in-network. ***You are NEVER required to give up your protections from balance billing. You also aren’t required to get care out-of-network.*** You can choose a provider or facility in your plan’s network. Anthem Blue Cross Blue Shield has one of the largest metro area networks. Visit their website at [www.EmpireBlue.com](http://www.EmpireBlue.com) for in-network providers.

### *When balance billing isn’t allowed, you also have the following additional protections:*

- You are only responsible for paying your share of the cost that you would pay if the provider or facility was in your network.
- The Fund will pay out-of-network providers and facilities directly just as it pays in-network providers.

### *Under the provision of the new law, the Local 295 IBT Employer Group Welfare Plan will do the following:*

- Cover emergency services without requiring you to get approval for services in advance (prior authorization)
- Cover emergency services by out-of-network providers
- Base what you owe the provider on what you would pay an in-network provider.

If you believe you are wrongly billed, please contact the Fund Office at 212.308.4200 for assistance.



LOCAL 295 IBT EMPLOYER  
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EMPLOYER GROUP WELFARE FUND  
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### A BANNER YEAR FOR OUR FUNDS!

The Local 295 IBT Employer Group Welfare and Pension Funds Plan Year performance ending June 30, 2021:

<b>Welfare Fund</b>	Investments increased from \$27.9 million to \$36.06 million, roughly \$4.8 million in investment returns and approximately 17% in returns.
<b>Pension Fund</b>	Investments increased from \$517 million to \$626 million, roughly \$140 million in investment returns and approximately 27% in returns.

*Welfare Fund:* 1,250 plus active, pre-Medicare members and more than 550 retired members are covered under one of the Funds Plans. Roughly \$34 million dollars in contributions were collected from participating Employers and \$29.8 million dollars in benefits and expenses by the Fund. The Fund continues operating on a sound basis.

*Pension Fund:* Approximately 1,350 active members and 1,600 members have rights to a future pension. 2,400 plus retirees and beneficiaries collect a monthly pension benefit and were paid more than \$40 million in pension benefits. Participating Employers contributed more than \$16.8 million. While the Pension Fund had terrific annual returns, it is still in "critical" status. Guidelines prohibit benefit improvements currently. No one knows what the future holds for the current Plan Year, but rest assured that the Trustees of both Funds continue to monitor the soundness of each fund and will take any action necessary to safeguard these benefits for you and your family.