
FOR YOUR BENEFIT

NEWSLETTER OF THE LOCAL 295 IBT EMPLOYER GROUP BENEFIT FUNDS
VOL. XV, ISSUE 2, SUMMER, 2016

ACA YOUNG ADULT TERMINATION HAS CHANGED



When the Affordable Care Act (ACA) first went into effect, we were advised that coverage

must be continued for young adult sons and daughters up to the date of their 26th birthday. It is now reported to us that the termination date has been changed to the last day of the month of the son or daughter's 26th birthday.

GETTING DIVORCED? PLEASE REPORT THAT

The Welfare Fund coverage of a spouse is terminated on the date of divorce from a covered employee. If the divorcing spouse does not have other coverage, he or she may apply to the Welfare Fund for continuation of coverage under the terms of a federal law known as COBRA.

Not reporting the divorce can be expensive... If any covered worker fails to tell the Fund Office about his or her divorce, he or she will be responsible for repayment of any claims that are paid after the divorce effective date.

A hospital confinement of several days can ring up a bill of \$50,000 or more.

BEEN DISABLED? REPORT THAT TO THE FUND OFFICE FOR FREE HEALTH COVERAGE AND PENSION SERVICE

If you have become disabled, on or off the job, and if you are receiving workers' compensation benefits or state disability benefits, you should report that information to the Welfare and Pension Fund Office.

If your coverage in the Welfare Fund is in effect at the time your disability begins, you could have your eligibility extended in the Welfare Fund for a period of up to 26 weeks. To keep your Welfare Fund coverage in force, simply send a copy of your weekly payment information to the Fund Office. Your coverage will be extended just as if you were still at work.

You can also receive pension service for any periods of absence due to disability, up to 26 weeks.

If you prove that you have been receiving workers' compensation or non-occupational benefits, your pension record will be credited with the weeks just as if you were actually active at work.

Don't delay sending your payment information. If you delay, your Welfare Fund coverage might terminate.

FREE COVERAGE DURING FMLA LEAVE

You may be entitled to have contributions made on your behalf while you are on an approved leave under the terms of the Family Medical Leave Act of 1993 (FMLA). Under FMLA you could be eligible for a maximum of 12 work weeks of unpaid leave during any 12-month period because of the birth of a child and to care for the child, or placement of a child with you for adoption or foster care, or the need to care for a parent, child or spouse with a serious health condition; or your inability to perform the functions of your position because of a serious health condition.

This federal law applies to employers with 50 or more employees and you must apply to your employer and provide the reason or reasons for requesting the leave.

If your employer is covered by the FMLA and if the leave you wish to take is covered by the FMLA, the leave should be approved.

If you are approved for leave, your employer must continue to make payments to the Welfare Fund on your behalf, up to a maximum of 12 weeks, even if your leave is unpaid. Your coverage must be continued at the same level that you would have in effect as an active employee.

COORDINATION OF BENEFITS

Some participants have health care coverage under two plans. When this happens, the two plans coordinate their benefit payments so that the combined payments do not exceed the actual expenses. This process, known as coordination of benefits (“COB”), establishes which plan pays first and which one pays second.

Primary plan and secondary plan... The plan that pays first is known as the “primary” plan. The plan that pays second is known as the “secondary” plan. The primary plan will pay your claim first and the secondary plan will pay for the remaining expenses up to the maximum of the allowable charges for the covered services. The amount of benefits paid by the Local 295 Employer Group Welfare Fund will never 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 Employer Group Welfare Fund, you must include information about other coverage available to you. The Welfare Fund will then be able to coordinate your benefits with your other coverage. When claims are filed for your spouse or any covered adult son or daughter, the Welfare Fund will always ask for information about any other coverage being in effect.

The primary/secondary rules... Here are the rules for determining when a plan is primary or secondary:

- If one of the two plans does not have coordination-of-benefits provisions, it is the primary plan.
- The plan covering a person as an employee is the primary plan for that person. If your spouse or child has his or her own coverage, their plan is primary for their claims.
- The plan covering a person as a dependent is the secondary plan for that person.
- The Local 295 Plan is always the secondary plan for any eligible retiree or dependent who has coverage provided or available through their employer or another multiemployer welfare plan,

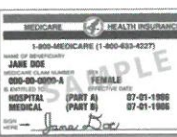
even if they have to pay for the coverage.

- 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 and there is a court decree that states that one parent is responsible for the child’s health care expense, the plan of that parent will be the primary plan.
- If the parents are divorced or separated and there is no court decree, the plan of the parent with custody is primary and the plan of the parent without custody is secondary.
- If the parent with custody of the child has remarried, the plans should pay in the following order: 1) the plan of the parent with custody; 2) the plan of the step-parent; 3) the plan of the parent without custody.

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 insurance medical coverage. This means that, even if an active employee or a retiree or a dependent opts out of the medical coverage available under his or her automobile insurance policy, the Plan will only provide coverage to that individual to the extent it would have if the individual had not opted out of the available automobile insurance medical 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.

If a Medicare-eligible person is covered under the active employee Plan of the Welfare Fund, the Welfare Fund is the primary plan and Medicare is the secondary plan.

Coordination of benefits saves your Welfare Fund a lot.

If you have any questions about coordination of benefits, please contact the Welfare Fund Office at 212.308.4200.

WORK AND PLAY SMARTER

Almost everyone exercises some poor judgement from time to time and that, unfortunately, can lead to an accident and some serious consequences.

We often get so busy and involved in our everyday affairs that we forget to assess the possible dangers and we don't take action to prevent possible injuries.

Here is a check list of things to take into consideration at home and on the job.

- ☉ Look both ways, twice, when crossing the street. Don't assume you have the right of way.

- ☉ If you are walking, wear light colored clothing to be more visible to drivers.

- ☉ Make sure that teens follow curfew rules.

- ☉ Keep a couple of fire extinguishers in your home. Make a mental note that baking soda can put out a grease fire and water will not.

- ☉ Install carbon monoxide and smoke detectors in your home. Carbon monoxide is an odorless gas that can suffocate you and your family members.

- ☉ Keep your home safe for elderly persons by using no slip shower mats, railings and ramps.

- ☉ Keep your house cool with air conditioners and fans. Be sure to clean air conditioners so that they operate efficiently and do not blow out dust and allergens.

- ☉ If you have small children, make sure that you have the proper car seats for them. Other children should ride in the back seat of your vehicle and wear their seat belts.

- ☉ No child should be left alone in a parked vehicle, even if you

are only going to be gone for a minute.

- ☉ During periods of hot weather, wear light colored, loose fitting clothing and stay hydrated to avoid heat exhaustion.

- ☉ If you have small children, install gates at the top of your stairs and make sure all of your household cleaning supplies and chemicals are out of their reach.

- ☉ When you are at the pool, or the beach, or the park, don't let your children get out of your sight. If they need to use a restroom, escort them in and wait for them.

- ☉ If you operate machinery at work, wear eye protection. Metal shavings, bits of dirt and other debris can blind you.

- ☉ If you have long hair, tie it back or wear a hat so that your hair can't become entangled in any machinery.

- ☉ If you are required to wear a safety helmet and protective clothing on the job, please follow the company rules.

- ☉ If you work with chemicals, you may need to wear a respirator and rubber gloves.

- ☉ Make sure that your work shoes are suitable for the job. You may want to consider steel toed work boots.

LOWER PRICES IN OPTICAL PLAN

The Welfare Plan's optical providers offer savings to the patients who use the networks. Contact the Fund Office and request an optical voucher and then go to any one of the optical networks for an eye examination, a pair of glasses or contact lenses each calendar year. You will not

have any out-of-pocket expense for covered services. If you utilize a non-participating optical provider you will have to pay for the services and then file a claim with the Fund Office. You will, most likely, have to pay a balance to the non-participating provider.

Out-of-network means out of pocket... You may instead choose to get your examination and glasses from a non-participating optical provider. If you do, however, you will have to pay for the services and then file a claim with the Fund Office.



BAYONNE HOSPITAL

OUT OF THE NETWORK

The Fund Office has received notice that the Bayonne Hospital is no longer in the Blue Cross network. That means any claims for services at this facility will be processed differently than claims for services at a network hospital.

Inpatient hospital services are limited to a maximum benefit of \$500 per day. Emergency room coverage is limited to a payment of 75 percent of the allowed charge and outpatient testing charges are processed under major medical which has an annual deductible and then pays 75 percent of the allowed charges.

In every case, the allowed charges at an out-of-network facility are much less than the allowed charges at a network facility.

All patients will have personal responsibility for the payment of all balances out of pocket. Anyone needing hospital services should go to a participating network hospital to avoid high out-of-pocket expense. *Out-of-network means out of pocket...*



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



PRESORTED
FIRST CLASS
U.S. POSTAGE
PAID
WILKES-BARRE, PA
PERMIT #188

GENERIC VERSUS BRAND NAME

When generic drugs first went on the market, many people thought they were inferior. It was thought they were not as effective as the brand-name drugs.

We have published a number of articles in this newsletter reporting that generic drugs are safe and must be as effective as the brand-name drugs.

The doubt continues, however, so we went to the foremost authority, the United States Food and Drug Administration (FDA) on a fact finding expedition.

The FDA has released a three-page report on the facts about generic drugs. Each of the facts is followed by supportive information that substantiates the particular fact.

Because of space limitations, we are reporting the facts specified in the FDA report. They are:

- The FDA requires generic drugs to have the same quality and performance as brand-name drugs.
- Research shows that generics work just as

well as brand-name drugs.

- Contrary to the rumor, the FDA does not allow a 45 percent difference in the effectiveness of the generic drug product.

- When it comes to price, there is a big difference between generic and brand-name drugs. On average, the cost of a generic drug is 80 to 85 percent lower than the brand-name product.

- Cheaper does not mean lower quality.
- The FDA monitors adverse events reports for generic drugs.

- The FDA is actively engaged in making all regulated products, including generic drugs, safer.

WE NEED SOCIAL SECURITY NUMBERS OF DEPENDENTS

The Welfare Fund Office is required to get the Social Security numbers of dependents for governmental reporting purposes.

If you are contacted by the Fund Office and asked to furnish the Social Security number for any of your dependents, your cooperation will be appreciated.