
FOR YOUR BENEFIT

THE LOCAL 295/LOCAL 851 EMPLOYER GROUP BENEFIT FUNDS NEWSLETTER
VOL. XIII, ISSUE 1, SPRING 2014

HOSPITAL SERVICES MUST BE PRE-CERTIFIED

If you are making plans to be admitted to a hospital as a bed patient or if you are scheduled to receive certain hospital out-patient services, you must contact Med Review to pre-certify the treatment. This pre-certification requirement applies to all hospital services that are not related to an emergency or pregnancy.

Pre-certification is easy to do...

When you are going to be admitted to a hospital or receive out-patient services such as:

- some same-day surgical procedures;
- MRI;
- cardiac rehabilitation;
- hospice care;
- home health care; or,
- out-patient therapy (physical, occupational, speech or vision): then,

you must contact Med Review for pre-certification.

How to contact Med Review...

The Med Review telephone number is 866.840.2466. The office hours are Monday through Friday, 8:30 A.M. to 5:00 P.M., Eastern Time. If your hospital admission is due to an emergency, Med Review must be notified within 48 hours.

Claims that are not pre-certified by Med Review are subject to a penalty. The penalty is \$100 per day of hospital confinement. You will have to pay that much of the hospital bill out of pocket. If it is determined that the services, procedures or the admission were not medically necessary, no benefits will be paid.

Don't take the risk. Get a pre-certification as soon as you find out you

need hospital services! You'll save a lot of aggravation and a lot of out-of-pocket costs.

ELIGIBLE FOR MEDICARE? NOT ENROLLING CAN BE EXPENSIVE

If you are eligible for Medicare coverage, it is important that you enroll and that you tell the Fund Office about the Medicare coverage being in force.

You can begin Medicare coverage on the first day of the month of your 65th birthday. You do not have to retire and you do not have to be receiving Social Security benefits to qualify for Medicare coverage.

**Turning 65?
Need Medicare?**

You can apply for Medicare any time in the three months prior to your 65th birthday. If you do, your coverage will start on the first day of your birthday month. You can apply during your birthday month or the three months following your 65th birthday month. If you apply in your birthday or later, the start of your coverage will be delayed. If you delay your application, your Medicare Part B premium will be 10% higher for each year that you delay the application.

Medicare eligibility changes the way your claims are paid by the Welfare Fund. If you qualify for Medicare and do not apply, you will be at risk for a lot of out-of-pocket health claim expense.

HOW MUCH DOES IT COST?

There has been a lot in the news during the past year or so about the cost of health care and health care coverage.

Did you ever wonder how much it costs to provide a plan of benefits such as the Local 295/Local 851 Employer Group Welfare Fund? The benefit plan is funded by contributions that are paid by the employers every month for all of the covered employees.

These employer contributions are not a part of the payroll and so the amounts paid into the Welfare Fund on your behalf are not subjected to any federal, state or local taxes. The contributions are not included on the W-2 form you receive at the end of each year.

The cost of the plan of benefits is reviewed and re-calculated every year by the Fund Office staff. The current cost for a family is about \$1,500 per month.

That's the rate for persons who must directly pay for continuation of their health plan coverage under a federal law known as the Consolidated Omnibus Budget Reconciliation Act (COBRA).

The COBRA premium doesn't include the cost of life insurance and death benefits and it doesn't include any of the costs to administer the health plan. Unlike commercial insurance companies, your Welfare Fund does not add a margin of profit to the monthly health plan cost. Every year, your Welfare Fund pays out millions of dollars for the claims of thousands of covered workers and family members

SOME FAQ's (FREQUENTLY ASKED QUESTIONS)

The Welfare and Pension Fund Office Staff members receive a lot of telephone calls every day and they answer lot of questions about the benefit plans. Here are some of the most frequently asked questions and the answers.

Question: I'm covered by the Welfare Fund and so is my family. Do we have to do anything to comply with the Affordable Care Act (ACA)?

Answer: You do not! As long as you remain covered by the Welfare Fund, you and your eligible dependents do not have to do anything whatsoever. The coverage provided by the Welfare Fund far exceeds the requirements of the ACA.

Question: Recently, I've been giving a lot of thought to retirement. When should I file an application for pension?

Answer: We suggest that you apply for your pension three months before the date you want to start receiving a pension benefit.

Question: Do I have to apply for pension in person?

Answer: You may apply in person if you wish to do so. It is not necessary. You should call or write to the Fund Office to request the forms you'll need to file an application. The forms will be mailed to you and the Fund Office staff will be happy to assist you if you have any questions about the application.

If you are old enough for Social Security benefits, you should also contact their office about three months before you want your benefit payments to start. Social Security's toll-free telephone number is 800.772.1213.

Question: I have a dependent son who has been a full-time student. He'll be 23 next month. Will he have to buy his own coverage then?

Answer: Possibly not. The Affordable Care Act extended coverage for adult children until they become age 26. Student enrollment is no longer a consideration.

Question: I'm covered by Medicare but I'm not retired and I'm still covered by the Welfare Fund as an active worker. How should my doctor file my claims?

Answer: Medicare has a "Medicare Secondary Payer" rule. If you are covered by Medicare and by an employer plan because of your current employment, Medicare is the secondary payer.

All of your claims should be filed with the Welfare Fund first. After the Welfare Fund has paid all of its benefits, the claims can then be filed with Medicare for them to consider any balances that were not covered by the Welfare Fund.

Question: What are generic drugs?

Answer: Generic drugs are copies that are exactly the same as the brand-name drugs in safety and strength, how they are taken, their overall quality, performance and intended use. Pharmaceutical companies begin producing and marketing the generic drugs at the time the patent on the brand-name drug runs out.



Question: Are generic drugs as safe as brand-name drugs?

Answer: Absolutely! The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they

have the same risks and benefits as their brand-name counterparts.

Question: Do generic drugs take longer to work in the body?

Answer: No! Generic drugs work in the same way and in the same amount of time as brand-name drugs. Companies that market generic drugs have to submit data to the FDA to prove that the generic drugs are equivalent to the original brand-name drugs before the generic drug may be put on the market. The only differences may be in the color, size or shape of the generic.

Question: Are generic drugs less expensive?

Answer: Generic drugs are priced at just a fraction of the cost of brand-name drugs. The generic drug companies don't have to undertake a lot of research and development.

Your co-payment amount is much less for generic drugs and the Welfare Fund pays less. The result is that you save money on your prescription costs and so does the Welfare Fund. Ask your doctor about generic drugs.

THIS IS A GOOD TIME TO CONSIDER CHANGING YOUR PENSION FEDERAL INCOME TAX WITHHOLDING

Now that the 2013 income tax filing deadline has passed, it is a good time to take a look at your Pension Fund Federal Income Tax withholding. Withholding is one way for you to pay a portion of your Federal Income Tax.

If no tax or not enough tax is withheld from your benefits and other sources of income, you may have to file and pay quarterly estimated taxes during the year. Otherwise, you could be charged with a penalty by the Internal Revenue Service. Whether or not you have to pay Federal Income Tax on your pension depends on the total amount of your taxable income. Your decision about having Federal Income Tax withheld is an important one. You may wish to discuss it with a qualified tax advisor before you make any changes. If you wish to change your Federal Income Tax withholding, contact the Pension Fund Office at 212.308.4200 and ask for a tax withholding form. The office hours are Monday through Friday, 9:00 A.M. to 5:00 P.M., Eastern Time.

REMINDERS FOR RETIREES COVERED BY THE MEDICARE ADVANTAGE PLAN

Your dental plan...

All eligible retirees and dependents are covered by the DDS, Inc. PPO. If you are eligible in the Medicare Advantage Plan, your dental coverage is through the DDS, Inc. PPO. Your plan of benefits is exactly the same as that of the active-at-work employees and dependents.

Your dental coverage is not through

the Medicare Advantage Plan even though the directory you received from Empire Blue Cross lists participating dentists.

For Medicare Advantage Customer Service...

The Fund Office has been receiving a lot of telephone calls asking about how to contact the Empire Blue Cross Customer Service. That telephone number is 866.205.6551. Write it down and keep it handy by your telephone.

PREVENTION 101

Practicing 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 costs less to take your car in for routine maintenance than to have your engine overhauled. The difference is that a dead engine can be revived but a dead person most likely can't. Bottom line? Preventive care services are an efficient use of your health care dollars.

A new and innovative wellness and health education program was put into effect last year. It is 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 new and unique service.

Enrollment is easy. Call 1.877.834.4596. You can also enroll on their web site. The address is <http://wellnesstherightway.hmcportal.com>



Go ahead – make the call.

The program will cost you nothing out of pocket.

YOUR DENTAL PREFERRED PROVIDER ORGANIZATION CAN SAVE YOU A LOT

Your welfare plan of benefits includes dental coverage. The coverage is provided to all of the active and retired workers and eligible dependents through a Preferred Provider Organization (PPO). The PPO is DDS, Inc. Much like the health plan of benefits, persons needing dental services can choose between the PPO participating dentists or dentists who do not participate in the PPO.

Out of network usually means out-of-pocket...

If you receive covered services from dentists who are not in the PPO, your out of pocket expense will be higher. Also, if you get dental services out of the network, you have to pay the dentist and then file a claim. You can save a lot by getting your dental services through the PPO.

Participating dentists...

Contact DDS, Inc. to find a participating PPO dentist or to verify that your dentist is in the PPO. You should also contact DDS to obtain benefit allowance information or to check on the status of a claim.

The DDS, Inc. address is 1640 Hempstead Turnpike, East Meadow, New York 11554. The telephone numbers are 516.794.7700 and 800.255.5681. The DDS website address is: www.ddsinc.net

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

LOCAL 295/LOCAL 851 IBT EMPLOYER
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EMPLOYER GROUP WELFARE FUND
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SOME THINGS STINK WHEN THEY'RE OPENED. YOUR MOUTH SHOULD NOT BE ONE OF THEM

No need to be embarrassed! We all experience morning breath from time to time. Typically, our morning brushing routines get rid of it. But, people wonder where morning breath comes from. And, they wonder what to do if it continues throughout the day.

Primarily caused by dry mouth...

Bad breath can be from a variety of causes such as diet, oral hygiene habits or some systemic disease. It, most often, stems from dry mouth.

What if morning breath continues beyond the morning?

If you have chronic bad breath, ask yourself if you're up to date with your regular dental checkups. Sometimes a good cleaning can help. Even more importantly, bad breath can be a symptom of more severe problems such as gum disease or tooth decay.

Your dentist can help...

The morning breath problems can be taken care of by calling your dentist to make an appointment for a dental check up. Even if you don't have any dental problems, it's a good idea to go to your dentist every six months or so.

Use the Dental PPO network...

When you make a dental appointment, be sure to call one of the participating dentists in the Dental Preferred Provider Organization (PPO). The Dental PPO is DDS, Inc. You can find the name, address, office hours and telephone numbers in the article on page 2 of this newsletter.

In the meantime, here are some tips that will help you to combat morning breath...



1. Always brush your teeth (and tongue) before going to sleep. Cut down on the sugars, acids and bacteria in your mouth.

2. Clear your sinuses. Breathing through the nose help will help to prevent your mouth from drying out overnight.



3. Have a drink of water before bed time and have another right after you wake up in the morning.

Saliva is helpful...

While you're sleeping, saliva production slows. Your body does that to help you sleep. Otherwise you would have to swallow all the time. Saliva is vital to your oral health because it rinses away food particles, makes your mouth less acidic and helps to keep your mouth bacteria in check. So, when saliva stops doing its thing during sleep, the bacteria goes wild! This creates a buildup of gas and that stinks! Some folks call it elephant breath.

DID YOU MOVE? BE SURE TO TELL US!

If you have recently moved, please send a change-of-address card to the Welfare and Pension Fund Office to make sure that you will continue receiving benefit checks, announcements, newsletters, etc. You can get a free supply of change-of-address cards at the local office of the U. S. Postal Service.