FOR YOUR BENEFIT

THE LOCAL 295/LOCAL 851 EMPLOYER GROUP BENEFIT FUNDS NEWSLETTER
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THE AFFORDABLE CARE ACT AND ITS TIMETABLE Federal legislation known as The Affordable Care Act was signed into law on March 30, 2010.

Some of this new legislation affects health care insurance coverage, including the Local 295/Local 851 IBT Employer Group Welfare Fund as well as Medicare and Medicaid.

The law has a long list of provisions that will be phased in over a number of years beginning with 2010 and continuing until 2018. More than two dozen of the provisions go into effect in 2010. The full text of the legislation is slightly more than 2,400 pages long.

Several provisions apply to benefit plans such as the Local 295/Local 851 Welfare Fund…

- Sons and daughters will be able to remain covered through their parents' health insurance plans until the age of 26.
- Insurers and self funded welfare plans will be prohibited from imposing lifetime limits on benefits.
- The use of annual limits by insurers and self funded welfare funds will be tightly regulated.

Other provisions of the new law apply to Medicare and Medicaid, new health plans, public health programs, provide student loans and tax relief for health care professionals.

The Fund Office has been receiving a lot of telephone calls about the Affordable Care Act, particularly about covering sons and daughters until the age of 26.

We do not have a lot of information as of now. We do know that the age 26 requirement applies to plans in the individual market, new employer plans and existing employer plans, unless the adult son or daughter has an offer of coverage through his or her employer. This extension of coverage to young adults will go into effect for this Fund no earlier than July 1, 2011

Details regarding the eligibility requirements and the cost of this coverage are subject to federal regulations. Those regulations are being developed by the United States Department of Health and Human Services (HHS). When the regulations are finalized and released, we will provide an up-to-date report. ■

BEEN DISABLED? IF YOU REPORT THAT TO THE FUND OFFICE YOU COULD GET NO COST HEALTH COVERAGE AND SOME 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 twenty-six 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 twenty-six 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.

If you have any questions about this free coverage regulation, please contact the Fund Office at (212) 308 4200. ■

TRY DIRECT DEPOSIT Direct deposit or electronic funds transfer (EFT) is the way to make sure that you receive your pension benefit on time.

Direct deposit eliminates the chances of lost or stolen checks. You don't have to wait for the mail delivery, you'll make less trips to the bank and you won't have to wait for cleared funds in your account.

Call the Pension Fund Office at 212 308 4200 and ask for a direct deposit form. After you sign up for direct deposit, you'll receive one more check in the mail while we send test information to your bank. After that, your benefit will be in

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your account on the first business day of every month.

Almost 90% of the Pension Fund retirees have chosen EFT as the fast and safe way to get their monthly benefit payment. The Pension Fund Office has never received a complaint about this free service. ■

OUT OF NETWORK MEANS OUT OF POCKET Out-of-network claims are paid under the major medical coverage of the Welfare Fund. Charges for out-of-network medical and surgical services are processed using a schedule of permissible plan charges.

Each person has to first meet the annual deductible of $400. After the deductible has been met, the remainder of a permissible plan charge is paid at the rate of 75%.

If the permissible plan charge is $400, for example, no payment would be made by the Plan. The full amount of the $400 would go toward the annual deductible.

A claim for $500 of permissible plan charges would result in a payment of just $75 and the patient would have to pay $425, plus the provider's fees that are over and above the permissible plan charges.

You can greatly reduce or eliminate your out-of-pocket expense by making sure that your medical service providers are in the Blue Cross-Blue Shield network.

Finding a network provider … You can find a network provider by calling 1 800 810 2583. The telephone call is toll free. You can also find a Blue Cross-Blue Shield network provider by signing on to the internet. www.empireblue.com is the internet address.

Most emergency room doctors are not in the network… In the past, emergency room doctors were on the staff of a hospital and if the hospital was in the network, the fees of the doctors were paid as network claims. The emergency room doctors are now independent contractors and most of them do not participate in any network such as Blue Cross-Blue Shield.

As a result, charges for the services of an emergency room doctor must be processed as an out-of-network claim and there will be out-of-pocket expense to the patient as a result.

The Welfare Fund Office receives a lot of appeals for payment of the balances due on claims for emergency room doctors' services. Regretfully, no additional payment can be made under the Welfare Fund's regulations and the balance due is the patient's responsibility.

Ask for a fee reduction… If your claim has been processed by the Welfare Fund and you are being billed for the balance, you can write a letter of appeal directly to the emergency room doctor. If the doctor uses a billing service don't write your letter to the billing service.

Be sure to include your name, address and telephone number in the letter. Tell the doctor who the patient was, the date of service and the amount of the fee.

Fully explain the situation… Explain to the doctor that you have health plan coverage through the Welfare Fund and the claim was processed by the Fund Office. Also mention that the doctor is not in the Welfare Fund's Blue Cross-Blue Shield network so the claim was paid at the out-of-network rate. Out-of-network claims are processed using a schedule of charges and you have to first meet an annual deductible of $400. After the deductible is met, the remainder of the allowed charge is paid at the rate of 75%. (You do not have to meet the deductible if the claim was for an emergency.)

Offer to pay an amount that will bring the total payment to about one-half of the total fee.

Ask the doctor to write off the balance… If you are not able to pay anything, ask the doctor to write off the account balance.

Include some information as to why you cannot pay the balance. If you are not currently employed, add a couple of sentences about that. If you have been having some financial hardship, add a couple of sentences about that. ■

IS THIS ER TRIP NECESSARY? Helping to decide if your emergency is an emergency… Is it really necessary to go to the hospital emergency room? Unfortunately, the hospital emergency room is some times used as a substitute for a visit to the doctor's office. To help in determining if there is true emergency situation at hand, the Prudent Layperson Standard/Medical Emergency definition was developed.

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If you have been injured or you have a medical emergency you should contact your personal physician for advice. Your personal physician will direct you to the appropriate care setting.

If you cannot contact your personal physician in advance, call an ambulance or go directly to the emergency room of the nearest hospital. If possible, go to the emergency room of the hospital where your personal physician is affiliated.

Medical emergency defined… A medical emergency is the need for treatment of a medical or behavioral condition which has a sudden onset.

The condition manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, having average knowledge of medicine and health could reasonably expect the absence of immediate medical attention to result in:

- placing the health of the afflicted person in serious jeopardy;
- or in the case of a behavioral condition, placing the health of the afflicted person or others in serious jeopardy; or
- serious impairment to the afflicted person's bodily functions; or
- serious dysfunctions of any bodily organ or part of such person; or
- serious disfigurement. ■

ELIGIBLE FOR MEDICARE? BE SURE TO TELL THE WELFARE FUND OFFICE

If you are eligible for Medicare coverage and you are covered by the Welfare Plan of benefits it's important that you tell the Welfare Fund about Medicare even if you are not retired.

If still active at work… If you are covered by the Welfare Fund because of current or active employment or the current or active employment of a spouse, the Welfare Fund is the primary payer of claims and Medicare will be responsible as the secondary payer of claims. Medicare refers to these procedures as the Medicare Secondary Payer Program. This means that the Welfare Fund will pay first on hospital and medical bills and Medicare will then review what the health plan paid for Medicare-covered health care services and pay any additional costs up to the Medicare-approved amount.

In addition to telling the Welfare Fund about being eligible for Medicare, it is important that you tell your doctor and hospital that you have insurance coverage other than Medicare so they will know how to handle your billings correctly.

All patients and the Welfare Fund are obligated to follow these very strict Medicare regulations.

Different rules if you have retiree health plan coverage… The primary and secondary responsibilities are reversed when you are eligible for Medicare and a retiree health plan. Then, Medicare is primary for all of your claims and the Welfare Fund is secondary. Medicare will process your hospital and medical bills and send you their Explanation of Medicare Benefits form (EOMB). When you receive the EOMB forms from Medicare, you should then file your claims with the Welfare Fund.

The Fund Office staff will review what Medicare paid for your covered health care services and pay the balance of your costs up to the Welfare Fund's limits.

If you are eligible for Medicare but have not enrolled in the coverage, the Welfare Fund will still process your claims as if you had Medicare coverage in force.

You can get free information from Medicare… Medicare has a free booklet available. The title is "Medicare and Other Health Benefits: Your Guide to Who Pays First" (CMS publication Number 02179).

You can get this booklet and any of the other Medicare publications by signing on to the web at www. Medicare.gov or by calling 1 800 633 4227.

Medicare covered persons can also contact the Fund Office for more information about how Medicare coverage is coordinated with the Welfare Fund plan of benefits.

Call or pay a visit to the Welfare Fund Office. The Fund Office is located in the Financial District of Manhattan at 60 Broad Street, 37th Floor, New York, New York 10004. The telephone number is (212) 308 4200.The office hours are Monday through Friday, 9:00AM to 5:00PM, Eastern Time. ■

KNOWING WHAT YOUR NUMBERS TELL YOU Doctors need the results from various screenings to help them assess the quality of your health.

Doctors use these screening numbers as a guide to help them evaluate a patient's overall health. High numbers can indicate that you are at risk for developing heart disease, stroke, diabetes and several forms of cancer.

If your numbers are high, your doctor will take into account other disease risk factors such as obesity before setting your numbers goals. The doctor may prescribe some medication and recommend a diet and exercise program.

Knowing about your blood glucose numbers… A blood glucose test measures the amount of sugar in your blood. It is used to help diagnose diabetes and to monitor those who already have the disease.

Blood Glucose Ranges…

Less than 100 mg/dl	Normal
100-125 mg/dl	Pre-diabetes
126 or higher	Diabetes

Knowing about your blood pressure numbers… Blood pressure readings can vary greatly depending on when and where you take them and the type of monitor used.

If you have a blood pressure monitor, you should alert your doctor if your readings are consistently over 140/90.

Blood Pressure Ranges…

Less than 120/80	Optimal
120-139/80-89	Hypertension Risk
140/90 or higher	Hypertension

LOCAL 295/LOCAL 851 IBT EMPLOYER GROUP PENSION TRUST FUND AND EMPLOYER GROUP WELFARE FUND SIXTY BROAD STREET, 37TH FLOOR NEW YORK, NEW YORK 10004

Knowing about your cholesterol numbers… Cholesterol is a fat-like substance that can clog arteries, leading to heart disease. Cholesterol tests check the levels of your total blood cholesterol, LDL, HDL and triglycerides.

Total Blood Cholesterol Ranges…

Less than 200mg/dl	Desirable
200-239mg/dl	Borderline High
240mg/dl or higher	High

LDL Ranges	Less than 100mg/dl	Optimal
	100-129mg/dl	Near Optimal
	130-159mg/dl	Borderline High
	160-189mg/dl	High
	190mg/dl or higher	Very High

HDL Ranges… Less than 40mg/dl for men and 50mg/dl for women increases the risk for heart disease. An HDL level of 60mg/dl or more helps lower your risk for heart disease.

Triglycerides Ranges…

Less than 150mg/dl	Normal
150-199mg/dl	Borderline High
200-499mg/dl	High
500mg/dl or higher	Very High

Knowing about your body mass index (BMI)… Body mass index is a measure of your weight relative to your height. Your waist measurement indicates abdominal fat. In combination, these numbers indicate whether you are overweight or obese and at risk for a variety of health problems. A normal BMI level is 18.5 to 24.9. ■