
FOR YOUR BENEFIT

THE LOCAL 295/LOCAL 851 EMPLOYER GROUP BENEFIT FUNDS NEWSLETTER
VOL. V, ISSUE 2, SEPTEMBER, 2006

IS YOUR BENEFICIARY RECORD UP TO DATE?

Most of the persons who are covered by the Welfare Plan of benefits have life insurance and/or death benefit coverage in force.

When a covered dependent dies the Welfare Plan regulations provide that the death benefit amount is automatically paid to the member. When a covered member dies, however, the death benefit and life insurance proceeds have to be paid to the person who has been designated in the Fund Office records as the beneficiary.

Unfortunately, some of the covered members have not kept their beneficiary designations up to date. For example, a member may not have been married when originally enrolling in the Plan and they named a friend or their parents or some other family member as beneficiary at that time. If the member gets married and doesn't change the beneficiary designation and dies, the Welfare Fund would have to pay the designated beneficiary instead of the spouse.

Updating your beneficiary designation is easy to do. You may change your beneficiary at any time without the consent of your spouse or beneficiary. Simply contact the Welfare Fund Office at (212) 308 4200 to request a change form. Fully complete the form and mail it to the Local 295/Local 851 IBT Employer Group Welfare Fund, Sixty Broad Street, 37th Floor, New York, New York 10004. All changes become effective when your form is received at the Fund Office.

You can get more information about the death benefit and life insurance coverage of your Welfare Plan in your Summary Plan Description. If you have any questions after reading the booklet, contact the Welfare Fund Office.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Under the Women's Health and Cancer Rights Act of 1998 (WHCRA), a group health plan participant or beneficiary who is receiving benefits in connection with a mastectomy,

and who elects breast reconstruction in connection with the mastectomy is entitled to coverage for the following:

- all stages of reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications of mastectomy, including lymph edema.

Coverage for these benefits or services will be provided in a manner determined in consultation with the Participant's or Beneficiary's attending physician.

If you are a Participant in the Plan and you are currently receiving, or in the future receive benefits under the Plan in connection with a mastectomy, you are entitled to coverage for the benefits and services described above in the event that you elect breast reconstruction. Your eligible Dependents are also entitled to coverage for these benefits or services on the same terms.

Coverage for the mastectomy-related services or benefits required under WHCRA will be subject to the same Deductibles and coinsurance or co-payments provisions, if any, that apply to any other medical or surgical benefits provided under the terms of the Plan.

HIPAA AND PROTECTED HEALTH INFORMATION

A law, known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and privacy rules issued under that law, give you certain rights with respect to your health information. It is required that the Local 295/Local 851 Employer Group Welfare Trust protect the privacy of your personal health information and establish a formal policy and procedures for maintaining the privacy of your Protected Health Information (PHI).

HIPAA regulations also allow special enrollment periods for you and eligible Dependents, and reduce
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or eliminate the period during which a group health plan or insurer may exclude or limit coverage for pre-existing conditions if you had previous coverage under another group health plan.

HIPAA regulations also require your health plan or insurer to provide you with a certificate of creditable coverage at the time your coverage or that of any Dependent should be terminated.

HIPAA and its privacy regulations, give you certain rights with respect to your health information. The Trust will protect the privacy of employees' and Dependents' protected health information. The Trust will also require contracting providers and business associates such as the Trust's lawyers, accountants and third party professionals to protect such PHI. PHI is health information that includes the name, Social Security number or other information that reveals the identity of the employee or Dependent. Employees or Dependents may generally see and receive copies of their PHI, correct or update their PHI, and ask the Trust Fund Office for an accounting of certain disclosures of PHI.

The Trust may use or disclose PHI for treatment, payment and health care operations purposes, including health research and measuring the quality of care and medical services. The Trust is sometimes required by law to give PHI to government agencies or in judicial actions. In addition, the employee's or dependent's identifiable medical information is shared with employers only with specific authorization or as otherwise permitted by law.

The Trust will not use or disclose any person's PHI for any other purpose without his or her written authorization, except as provided in the Trust's Notice of Privacy Practices. Giving the Trust authorization is at the discretion of the employee or the dependent.

This is only a brief summary of some of the Trust's key privacy practices. The Trust's Notice of Privacy Practices describing the Trust's policies and procedures for preserving the confidentiality of medical records and other PHI is available and will be furnished to the employee or dependent upon

request. To obtain a copy of the Notice of Privacy Practices, please contact:

Sara Martin, Privacy Officer
Savasta and Company, Inc.
Sixty Broad Street, 37th Floor
New York, New York 10004
Telephone: (212) 308 4200

EDITOR'S NOTE: The following article originally appeared in the Fall, 2005 edition of For Your Benefit. We are repeating the article here because some of the obesity surgery patients have not fully complied with the health plan's requirements and their claims had to be denied. The patients then had personal responsibility for the payment of thousands of dollars for hospital and doctors' fees.

WELFARE FUND CAN PAY FOR OBESITY SURGERY

The Local 295/Local 851 IBT Employer Group Welfare Fund allows coverage for qualifying surgery to treat obesity.

The Trustees have adopted the following policy and criteria for evaluation of bariatric surgical cases.

- All proposed bariatric surgical cases must be submitted to the Fund Office for review in advance of the procedure being performed. Failure to obtain advance approval will result in denial of the claim in its entirety.
 - The patient must be at least 18 years of age.
 - The patient's body mass index (BMI) must be 40 or higher or the BMI must be 35 or higher with one or more co-morbidities such as severe sleep apnea, hypertension, obesity related cardiomyopathy, severe diabetes mellitus, pickwickian syndrome, serious musculoskeletal or neurological concerns and functional impairments that severely interfere with employment, family function and ambulation. Certification of the patient's BMI and co-morbidities, if any, must be provided by the attending physician.
 - The patient must have a long standing history of obesity and must have undergone multiple unsuccessful attempts to lose weight using non-
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surgical methods (i.e. - regular exercise and an established weight loss program such as Weight Watchers, LA Weight Loss or Jenny Craig) for at least a one-year period with no sustained weight loss. The patient must provide proof of participation in the non-surgical or conventional weight loss programs within the 1 to 2 year period prior to the request for coverage of a bariatric surgical procedure.

- The patient must have the ability to comply with dietary and behavioral changes as recommended by the weight management team and must have undergone psychiatric evaluation with a statement attesting absence of psychiatric disorder.
- The patient must have undergone nutritional assessment and routine laboratory tests including a thyroid function test.

There are two different bariatric surgical procedures that can be covered by the Welfare Fund. They are CPT codes 43847 and 43846. The procedure names are gastric roux-en-y and gastric bypass.

If the claim is approved, no more than the preferred provider organization (PPO) allowed surgical charge will be processed for either of the two eligible surgical procedures. The payment for network claims will be the PPO allowed charge less the patient's co-payment.

Out-of-network claims will be processed under the major medical portion of the plan, subject to the annual deductible and 75% - 25% co-insurance. No more than the network allowed anesthesia expense will be covered on the same basis.

The usual hospital pre-admission certification rules apply to bariatric surgical cases. The patient or their physician must Contact MedReview. The toll-free telephone number is 800 553 9603. The hours are Monday through Friday, 8:30 A.M. to 5:00 P.M., Eastern Time.

Failure to pre-certify the hospital admission will result in a part of the hospital claim not being paid by the Welfare Fund.

Weight loss treatment options . . . For anyone who has considered treatment, there is certainly no shortage of choices. Most weight loss programs are based on some combination of diet/behavior modification, drug therapy and regular exercise.

Unfortunately, even the most effective interventions have proven to be effective for only a small percentage of individuals. Published reports indicate that severely obese adults who participate in non-surgical weight loss programs often do not achieve medically significant long-term weight loss. Most of these patients regain all of the weight lost over the next five years. Sustained weight loss for patients who are morbidly obese is even harder to achieve.

Weight loss surgery provides longest period of sustained loss . . . Bariatric (or weight loss) surgery when compared to other interventions has provided the longest period of sustained weight loss in patients when all other therapies have failed. That is the key reason that more than 140,000 weight loss surgical procedures were performed in 2004. After 5 years, only 2% to 5% of the diet and exercise patients maintained their weight loss by comparison to 0% of the drug therapy patients and 70% of the weight loss surgical patients.

Before you have the surgery, you should know about the risks . . . While bariatric (or weight loss) surgery provides longer term sustained weight loss and marked improvement in the patients' co-morbid conditions, it was found that the chances of dying within a year after obesity surgery are much higher than previously thought. Some previous studies of people in their 30s to their 50s (the most common ages for obesity surgery) found death rates well under 1 percent. A study involving more than 16,000 Medicare patients who underwent obesity surgery between 1997 and 2002 was recently published in the Journal of the American Medical Association. It was noted in the Medicare patient study that more than 5 percent of men and nearly 3 percent of women in the age 35 to age 44 range were dead within a year following the surgery. Slightly higher death rates were noted in patients in the age 45 to age 54 range. Among the patients between the ages of 65 and 74, nearly 13 percent of men and about 6 percent of women died. Among the patients who were age 75 and older, half of the men and 40 percent of the women died. The study lumped together all of the deaths with no breakdown on the causes. Researchers said that one reason men may have higher post-surgery death rates is that men wait longer than women to get medical help and may be sicker when the weight loss operation is performed.

WE CAN DEPOSIT YOUR PENSION CHECK FOR YOU

According to the Federal Government's estimate, more than 4 million paychecks are lost or stolen each year. It's also estimated that 2,000 fraudulent checks are cashed each day in the United States. The Pension Fund Office has fifteen to twenty checks returned by the Postal Service every month. The envelopes are stamped "addressee unknown" or "moved, left no forwarding address." In most cases the checks have been returned to us incorrectly but unfortunately this causes a delay in the benefits being delivered.

Each month some of the checks do get lost in the mail. Then, we have to enter stop payment orders and re-issue checks. The benefit payments are delayed by 15 more days while we wait for the bank to confirm that the missing check has not cleared the checking account.

Direct deposit is a proven method of rapidly, accurately and securely depositing your monthly retirement benefits. Direct deposit is also known as electronic funds transfer (EFT). With this system, your monthly benefit payments are electronically transferred from the Pension Fund to your personal account.

Using EFT is safe because it eliminates the possibility of mail delays, misdirected mail, or lost or stolen checks. There is no need to endorse your check and you do not have to go to the bank to make a deposit.

You do not have to wait for cleared funds because

**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**

your benefit payment will be available to you on the first banking day of every month.

Your account can be at any bank, savings and loan, credit union or investment firm, which is a member of the National Automated Clearing House Association (NACHA).

You can make an easy changeover to direct deposit. Call the Pension Fund Office (212) 308 4200 and ask for a direct deposit form. Complete your part of the form and take it to your depository for them to fill in the routing information and return the form to the Pension Fund Office.

If you later change banks or open a new account, you just have to tell us and we will send you a form to make the change.

BENEFIT FUND OFFICE HAS MOVED TO A NEW ADDRESS

The Local 295/Local 851 IBT Employer Group Pension Trust Fund and Employer Group Welfare Fund Office has been moved to the financial district in New York City. The new Fund Office address is Sixty Broad Street, 37th Floor, New York, New York 10004. Sixty Broad Street is located one city block from Broadway near Exchange Place. There are several nearby subway stops.

The telephone number has not changed. It is (212) 308 4200. The facsimile number has not changed. It is (212) 308 4545. We have a new facsimile number for our claims department. The number is (212) 847 2426.
