FOR YOUR BENEFIT

THE LOCAL 295/LOCAL 851 EMPLOYER GROUP BENEFIT FUNDS NEWSLETTER
VOL. V, ISSUE 1, SPRING, 2006

PROGNOSIS IS GOOD FOR QUEST CLAIM FILINGS

The Welfare Fund Office was getting telephone calls, faxes and letters in the mail about problems our participants and covered dependents were having with unpaid, overdue billings from Quest Diagnostics for laboratory services.

Many billings were never filed . . . A lot of the billings of Quest Diagnostics were not getting to the Fund Office for processing. In the meantime, the patients were being billed directly for the services. To make matters worse, information on the billings stated that they were sent to the Welfare Fund and nothing was paid. This incorrect information caused a great deal of unnecessary concern on the part of our covered participants and their family members.

We have reached an agreement . . . Through the joint efforts of our staff and our PPO, Horizon Health Care, Quest Diagnostics has now come to understand the proper procedures for filing your claims. All claims of Quest Diagnostics must be filed through the Horizon Health Care Preferred Provider Network. Horizon will carry out their part of the processing and forward the billings to the Fund Office where eligibility will be checked and the claim processing will be completed.

If you get a Quest billing, please send it directly to the Welfare Fund Office for us to process. Be sure to include your name, address and Social Security Number with the billing. The Fund Office address is One Dag Hammarskjold Plaza, 20th Floor, New York, New York 10017

DIALYSIS IS NOW LIMITED TO FORTY TREATMENTS

Dialysis is a treatment that will clean your blood if your kidneys do not function. Permanent kidney failure is referred to as end stage renal disease (ESRD). Dialysis gets rid of wastes and extra salt and fluids that build up in the body. Dialysis also helps to control blood pressure. Dialysis treatments are not a cure for permanent kidney failure. Dialysis will, however, help you to feel better and live longer.

Effective as of September 1, 2006 the Welfare Fund's coverage for renal dialysis is limited to forty treatments. The number of treatments limit applies to dialysis services received by each eligible participant or dependent. The limit applies to services provided at both network and out-of-network dialysis facilities.

Use of network facilities is encouraged . . . Out of network providers are not limited as to the amounts they may charge for their covered services. When dialysis services are provided by an out-of-network facility, coverage by the Welfare Fund is limited to the network covered rate which is currently $330 per treatment. When you receive dialysis services at a network facility, you will have no out-of-pocket expenses. If you receive dialysis services from an out-of-network provider, you will have personal responsibility for payment of all charges that are over and above the allowed rate of $330. The charges at an out-of-network facility could range from $35,000 to $45,000 for just one month.

Finding a network facility . . . If you need to locate a network dialysis facility, call the Empire Blue Cross Customer Service Department toll free at 800 553 9603 or 800 221 6331 or visit the Empire Blue Cross website at www.empireblue.com.

ESRD patients can qualify for Medicare coverage. . . Medicare is not just for people who are age 65 and older. Medicare coverage is available to persons under age 65 who have a disability including people with ESRD. If you have worked the required amount of time under Social Security, the Railroad Retirement Board or as a government employee, you can get Medicare coverage. The coverage is available no matter how old you are if your kidneys no longer work and you need regular dialysis or have had a kidney transplant. Your spouse and dependent children may also become covered by Medicare if they experience ESRD. Contact the Social Security Administration at 800 772 1213 for more information about the required amount of time needed to be eligible.

(continued on page 2)

(Dialysis Limited – continued from page 1)

Medicare coverage waiting period . . . Medicare usually will not pay anything during your first 3 months of dialysis unless you already have Medicare because of age or disability. There is a period of time when the Welfare Plan will pay first on your health care bills and Medicare will pay second. This period of time is called "the 30-month coordination period" by Medicare. If the Welfare Plan doesn't pay all of your health care bills during the 30-month coordination period, Medicare may pay the remaining costs. Medicare is called the secondary payer during this coordination period.

Other help may be available to you through Medicaid and the Veterans Administration . . . **Medicaid** is a joint federal and state program that helps pay medical costs for some people with low incomes and limited resources. States also have programs that pay some or all of Medicare's premiums and may also pay Medicare deductibles and coinsurance for certain people who have Medicare and a low income. To get more information on these programs, call 800 MEDICARE (800 633 4227) and ask for information on "Savings for People with Medicare."

Veterans Administration Benefits may also be available. If you are a veteran the U. S. Department of Veteran Affairs can help pay for ESRD treatment. For more information, call the U. S. Department of Veterans Affairs at 800 827 1000. If you or your spouse are retired from the military, call the Department of Defense at 800 538 9552 for more information.

HOSPITAL SERVICES MUST BE PRE-CERTIFIED

Pre-admission certification is required for inpatient and outpatient hospital admissions that are not an emergency or because of pregnancy. Pre-certification is also required prior to certain diagnostic tests and procedures and for certain types of equipment and supplies.

Failure to pre-certify will result in a portion of your claim not being paid by the Welfare Fund.

If you plan to be admitted to a hospital for non-emergency medical care or surgery, you must contact Med Review to pre-certify the treatment.

Call Med Review toll free at 866 840 2466, 8:30 AM to 5:00 PM, Eastern Time, Monday through Friday.

For emergency admissions, you must call Med Review within 48 hours of being admitted to the hospital.

FAQs (Frequently Asked Questions)

Q. I have been thinking about retiring soon. When should I file an application for pension?

A. You should start the application process about three months before your targeted retirement date. In most cases, with about 90 days of lead time, the Pension Fund will be able to issue your first benefit payment on your retirement effective date.

It's important for you to know that no pension benefits can be paid until an application has been fully completed and submitted to the Fund Office.

Call or write to the Pension Fund Office to get an application for benefits. 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.

Q. Do I have to apply for pension in person?

A. No! But if you wish to come to the Fund Office and apply for pension in person, please call to schedule an appointment. Otherwise you only have to call or write to us and we'll guide you through the application process.

Q. If I retire do I have to sign up for direct deposit?

A. You don't have to sign up for direct deposit but we encourage you to do so. EFT (electronic funds transfer) is a secure and effective way of getting your pension benefit into your bank account. When you enroll for EFT you have cleared funds available in your bank account on the first business day of every month, you don't have to wait for mail delivery, there's no danger of your check being lost or stolen and you don't have to go to the bank.

Q. If I retire will I still be covered by the Welfare Fund?

A. If you meet either of the two retiree eligibility rules, your coverage can be continued in the Welfare Plan. You must, however, file an application for the retiree coverage before it can be put into effect. The coverage does not automatically begin when you retire. Retiree coverage will not be provided unless you have filed the application and furnished all of the required documents. Check your summary plan description for more information regarding the retiree eligibility rules.

(continued on page 3)

(FAQs – continued from page 2)

Q. My employer announced that a lay off is coming soon. Will I still be covered by the Welfare Plan?

A. Your coverage won't end right away. Under the Welfare Plan's eligibility rules, your coverage will continue for one additional month after the calendar quarter in which you have worked less than 36 days in covered employment. The calendar quarters are January through March, April through June, July through September and October through December of each year. For example, if you work 35 days or less during April, May and June, 2006, your coverage will continue until at least July 31, 2006.

Q. I've been out of work because I got hurt on the job. Am I still covered?

A. If you have been injured on the job or if you have a non-occupational illness or injury, you can extend your eligibility in the Welfare Plan for a period of up to 26 additional weeks. You must apply for this extension of coverage. You have to send proof to the Welfare Fund Office that you are receiving Workers' Compensation benefits or weekly accident and sickness benefits. Call the Fund Office at (212) 308 4200 for more information.

Q. When I run out of coverage should I start shopping around for an insurance plan?

A. Not necessarily! If your coverage is ending because of a reduction of your hours or the termination of your employment (for other than gross misconduct), you can apply to the Fund Office for continuation of coverage. A federal law known as the Consolidated Omnibus Reconciliation Act (COBRA) allows you to apply for (and pay for) continuation of your coverage. If you have any dependents who were also eligible in the Welfare Plan, they can obtain this continuation of coverage. Refer to the COBRA section of your Summary Plan Description for more information.

TREATMENT FOR MENTAL ILLNESS OR SUBSTANCE AND ALCOHOL ABUSE

The Welfare Plan has joined together with Teamster Center Services (TCS) to provide counseling for mental health/substance abuse.

TCS is staffed by a group of experienced counselors who have been assisting Teamster members of Joint Council 16 for more than 20 years.

If you or one of your dependents needs any mental health or substance abuse services (such as counseling, in-patient care, or drug or alcohol rehabilitation) TCS must be contacted first at (718) 920 5115.

A TCS counselor will confidentially discuss the matter with the person in need of care and will be able to direct the person to the appropriate services or program within our provider network.

Review by a TCS counselor is required in order to receive payment by the Plan for any mental health or substance abuse benefits. Failure to undergo TCS evaluation will result in denial of the benefits.

All out-of-network care requires pre-certification by TCS. Payment of benefits will be denied by the Fund Office for all services that have not been pre-certified.

The price for not making a telephone call will be very high. Please remember, for mental illness or substance and alcohol abuse, call TCS first. If you don't make the call, the Welfare Plan cannot pay your claim.

USERRA – UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) requires employers to reemploy you and preserve your job security and pension and welfare benefits if you have a period of qualifying military service.

USERRA applies to your performance of duty on a voluntary or involuntary basis in the uniformed services. The term "uniformed services" applies to all branches of the Armed Forces, including the Army and Air National Guard for training, the full-time National Guard and the commissioned corps of the Public Health Service.

The term "armed forces" includes the Army, Navy, Marine Corps, Air Force, Coast Guard and the reserve components of each branch of the service.

Employer may have to make pension contributions for you . . . USERRA generally requires employers to make any contributions to retirement plans that the employer would have made if you had not been absent as a result of qualifying military service. And you must return to

(continued on page 4)

(USERRA – continued from page 3)

covered employment before the contributions have to be paid.

Welfare Plan must also comply . . . If you enter the Armed Forces of the United States while you are still covered by the Welfare Plan, you may elect to continue your Welfare Plan coverage and that of your eligible dependents under USERRA. If the period of your military service is thirty days or less, your coverage and your dependents' coverage will continue during the period of military service. The coverage will be provided at no cost to you or your dependents for this thirty-day period.

If the period of military service exceeds thirty days, you and your dependents can elect continuation coverage and you are required to pay the applicable USERRA continuation coverage premium. The USERRA continuation coverage premium is the amount that the Welfare Plan will charge for COBRA continuation coverage. If you elect to continue your health coverage during a military leave, it can be continued until the earlier of 24 months or the end of the period in which you must apply for reemployment.

If you do not elect to continue coverage, and if you are honorably discharged, you will be entitled to have your coverage reinstated on the date you return to covered employment with a contributing employer. You must notify the employer of your intent to return to covered employment within the time period specified in USERRA. This law only applies to reemployment occurring on or after December 12, 1994.

LOCAL 295/LOCAL 851 IBT EMPLOYER GROUP PENSION TRUST FUND AND EMPLOYER GROUP WELFARE FUND
One Dag Hammarskjold Plaza, 20th Floor
New York, New York 10017

HAVING TROUBLE GETTING A GOOD NIGHT'S SLEEP?

If so, you may be experiencing sleep apnea. Apnea means "stop breathing." People with sleep apnea temporarily stop breathing during their sleep 10 or more seconds at a time. This can occur up to 30 times in one hour.

What happens? The throat closes (or the airway collapses) somewhere behind the tongue. To protect the brain, the body fights to reopen the airway. The battle rages all night, not allowing the time in deep sleep required to feel rested in the morning. Instead of getting a steady flow of oxygen all night, the body gets spurts of oxygen. This deceases the overall amount of oxygen the body and brain get throughout the night.

What are the consequences? Decreased oxygen and interrupted sleep can lead to long-term consequences including increased incidence of stroke or sudden death, high blood pressure and heart disease, inability to concentrate and decreased sexual drive. Tired drivers cause over 50,000 motor vehicle accidents and 1,500 fatalities per year. Tired drivers cannot react as quickly as alert drivers. Studies liken the effects of drowsy driving to drunk driving.

The symptoms of sleep apnea include snoring, breathing pauses, jerking limbs, morning headaches, daytime sleepiness, irritability and memory loss.

About 18 million Americans are estimated to have sleep apnea. Only 10% are being treated. The Local 295/Local 851 Employer Group Welfare Fund provides coverage for the diagnosis and treatment of sleep apnea.