FOR YOUR BENEFIT

THE LOCAL 295/LOCAL 851 EMPLOYER GROUP BENEFIT FUNDS NEWSLETTER
VOL. VII, ISSUE 2, AUGUST, 2008

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 hours 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. ■

UP TO 12 WEEKS OF FREE HEALTH COVERAGE THROUGH THE FAMILY MEDICAL LEAVE ACT

If your employer is covered by the Family Medical Leave Act of 1993 (FMLA) and you are on an approved FMLA leave of absence, your coverage may be continued for a period of up to 12 weeks of approved unpaid leave.

You may be entitled to have contributions made to the Welfare Fund 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 may be eligible for a maximum of 12 work weeks of unpaid leave during any twelve-month period because of:

- the birth of a child and to care for the child;
- placement of a child with the employee for adoption or foster care;
- 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.

You should check with your employer to determine if your employer is covered by the FMLA and if the leave you wish to take is covered by the FMLA.

If you are approved for family medical leave, your employer must continue to make payments to the Welfare Fund on your behalf even if your leave is unpaid. Your benefits must continue at the level of coverage that you would have received as an active employee.

If you qualify for a leave and then inform your employer that you are not returning to work, the Fund will consider your employment as having been terminated, your coverage will cease and you will be eligible to begin COBRA continuation coverage. ■

DEPENDENTS ARE COVERED AT NO ADDITIONAL COST

If you have eligible dependents at the time your active employee or retiree coverage starts, the coverage of your dependents will begin on the same day. Dependent coverage is provided for active employees and eligible retirees at no additional cost.

Dependents of active at work employees can be added later… If you are active at work and have no eligible dependents when your coverage starts, dependent coverage can begin later when a person becomes your eligible dependent and is properly enrolled in the Plan.

Coverage for a dependent son or daughter will begin on the child's date of birth. Coverage for an adopted child goes into effect on the date the child is placed with you for adoption.

Coverage for a dependent spouse starts on the first day of the month after the date of marriage.

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For active employees, eligible dependents are your lawful spouse and children……The term "spouse" means a person who is the opposite sex of the employee and is lawfully married to the employee as husband or wife.

The term "child" means your unmarried dependent child who is under the age of 19. Child includes your biological child, a legally adopted child or a child placed with you for adoption or a stepchild who is living in your household. Children over the age of 19 can be covered up to the age of 23, if they are full-time students at an accredited school.

Disabled children can also be covered….. The Welfare Fund will cover an unmarried dependent child of an active worker who has reached age 19 if the child is mentally or physically handicapped and incapable of earning his or her own living and if the child is covered as a dependent on the day immediately preceding his or her nineteenth birthday. If the mental or physical incapacity is due to alcoholism or drug dependency, the coverage will not be provided.

Coverage ordered by the court….. The Welfare Fund is required to recognize court orders, called Qualified Medical Child Support Orders (QMCSOs), directing you to provide health benefit coverage for your dependent children, even if you do not have custody of the children.

Retiree dependents have coverage….. If you are retired and have met the eligibility requirements for continuing health care coverage, the plan of benefits is provided to your lawful spouse and any disabled child if the child is mentally or physically handicapped and incapable of earning his or her own living and if the child is covered as a dependent on the day immediately preceding his or her nineteenth birthday. If the mental or physical incapacity is due to alcoholism or drug dependency, the coverage will not be provided.

Enrollment forms and documentation required….. You must complete a beneficiary designation/enrollment card and furnish appropriate documentation to the Fund Office before any claims can be paid for you or any of your eligible dependents. All documents will be copied in the Fund Office and returned to you.

If you are married, you will have to furnish the Fund Office with certified copies of your marriage and birth certificates. You must also submit certified copies of decrees of divorce if either of you has been previously married.

If you have eligible dependent children, certified copies of their birth certificates or placement or adoption papers must be submitted with your beneficiary designation/enrollment card.

If you wish to cover your stepchildren, you must submit a certified copy of your marriage certificate and a copy of the court order showing that your spouse has legal custody of the stepchildren.

In the case of a disabled son or daughter, proof of incapacity and dependency must be furnished at least annually and at any other times as may be required by the Trustees and the Fund Office.

If a dependent child is a full-time student, under the age of 23, coverage may be continued if you provide the Fund Office with a current original letter from the school registrar for each semester verifying the son's or daughter's full-time student status.

College student coverage automatically terminates every semester….. The coverage of all dependent college students will be terminated as of August 31, 2008 unless the Fund Office receives a letter from the registrar's office that the dependent will be a full-time student for the Fall, 2008 semester. Coverage will again be terminated as of January 31, 2009 and will only be reinstated if the Fund Office receives a letter from the registrar's office confirming student status for the Spring semester. The same procedure will be followed for every semester. The Fund Office cannot accept report cards, grade reports or tuition bills. ■

DON'T LET YOUR PENSION PAYMENTS STOP In September the Pension Fund will be sending a letter and a form to everybody who is on the pension benefit rolls. The purpose of this mailing is to get a certification that individuals who are receiving benefits from the Pension Fund are still eligible to receive those benefits.

Form has to be completed and returned….A form will be included in the mailing. The form must be completed by each person who is

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receiving pension benefits. This form must be notarized and returned to the Pension Fund Office within a month.

If the fully completed form is not returned to the Fund Office, the payment of benefits will be stopped. ■

DENTAL BENEFIT PLAN HAS BEEN IMPROVED Several improvements have been made in the dental program of the Local 295/Local 851 IBT Employer Group Welfare Fund.

The changes are effective as of July 1, 2008. The changes provide broader coverage for dental patients who get their dental services through the dental preferred provider organization, DDS, Inc. as well as any non-participating provider.

More than a dozen covered services added….. As of July 1, 2008, coverage is provided for a list of dental services that were previously excluded from the plan. The newly covered services include:

- pulp vitality tests and diagnostic casts;
- sedative fillings;
- temporary crowns for fractured teeth;
- pulp caps (both direct and indirect);
- therapeutic pulpotomies;
- pulpal debridement;
- retrograde fillings and root amputations;
- bone replacement grafts and pedicle soft tissue grafts;
- immediate and complete maxillary and mandibular dentures;
- adjustments of maxillary and mandibular dentures;
- adjustments of partial maxillary and mandibular dentures;
- stress breakers and precision attachments;
- removal of full bony-impacted teeth;
- tooth reimplantation;
- tooth transplantation;
- surgical access of unerupted teeth;
- alveoloplasties;
- sedation analgesia and occlusal guards.

Coverage for implants….. Next in line is the addition of a benefit of $500 toward the cost of implants. This new $500 of coverage for implants is subject to the $2,500 annual benefit maximum.

Exclusions and limitations….. Some limitations or exclusions still apply to the dental program. Coverage will not be provided for the following services and supplies:

- any dental procedure for cosmetic reasons or with respect to congenital malformation;
- replacement of an existing denture more often than once every three years;
- orthodontic treatment for any participant other than an eligible unmarried dependent child;
- replacement of a lost or stolen appliance;
- dental supplies or services for which benefits are provided under any Workers' Compensation policy or for treatment provided at a Veterans Administration Hospital or clinic;
- services not performed by a licensed dentist;
- periodontic treatment, when rendered with any other services on the same day;
- services that do not meet the standards of dental practice accepted by the American Dental Association;
- myofunctional therapy, athletic mouthguards, oral hygiene, dietary or plaque control programs or other educational programs, duplicate prosthetic devices or appliances, porcelain veneered crowns or pontics placed on or replacing a tooth posterior to the second bicuspid, to the extent the charges exceed the charge that would have been covered under the Plan for acrylic veneered crowns or pontics.

All dental claims will be subject to the Welfare Fund's coordination-of-benefits provisions.

PPO versus non-participating….. Much like your medical plan, your dental plan is composed of two options – the DDS, Inc. PPO or a non-participating provider. The DDS, Inc. PPO is a network of dental providers.

When you utilize the services of a DDS, Inc. PPO provider, there are no out-of-pocket costs for any of the covered services, except for the $100 co-payment for crown, bridges and dentures.

Each person is covered for $2,500 of dental services per year.

If you utilize a non-participating provider, then (continued on page 4)

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you must initially pay for the cost of the services or treatment provided, and file a claim with the dental plan. The Plan will reimburse you for the dental claim according to a schedule of benefits. You will then be responsible to pay any amount in excess of the Plan's allowed charge. Non-participating dentists are not limited as to the amounts they can charge you so, you will almost always have out-of-pocket expense when you go to a dentist who is not in the DDS, Inc. network of dentists

Finding a PPO dentist is easy… Contact DDS, Inc. to find a participating PPO dentist or verify if your dentist is on the panel of participating dental providers. You should also contact DDS, Inc. to obtain benefit allowance information or to check on the status of a claim.

The DDS, Inc. address is 1640 Hempstead Turnpike, East Meadow, NY 11554.

The telephone numbers are (516) 794-7700 and (800) 255-5681.

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

NEED INFORMATION ABOUT YOUR PENSION PLAN OR YOUR WELFARE PLAN COVERAGE?

If you need information about your benefits, contact the Fund Office by calling (212) 308 4200.

The Fund Office is located at Sixty Broad Street, 37th Floor, New York, New York 10004. Office hours are Monday through Friday, 9:00 A.M. to 5:00 P.M., Eastern Time, except holidays. ■

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

PHARMACY BENEFIT CLAIM FILING HAS BEEN IMPROVED

The Welfare Fund's pharmacy benefit manager, Broadreach Medical Resources, Inc. (BMR) has updated its claim filing programs. Your pharmacist can now send your claim for secondary coverage through the BMR system.

If you have more than one coverage for drugs, your pharmacist should submit your prescription to your primary carrier first. When the pharmacist gets payment information, they can submit it to BMR using the coordination-of-benefits indicator and supplying the amount paid by the primary carrier.

If your pharmacist should have any questions about this system improvement, they should contact BMR's customer service. The telephone number is (866) 718 2375, extension 4. ■

TOP SIX REASONS TO SIGN UP FOR PENSION DIRECT DEPOST

6. No lost or stolen checks!
5. Don't have to wait for mail delivery!
4. Less trips to the bank and waiting in line!
3. Don't have to wait for cleared funds.
2. It's safe and privacy is assured!
1. It's easy to do!

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 your account on the first business day of every month. ■