
FOR YOUR BENEFIT

THE NEWSLETTER OF THE LOCAL 295/851 EMPLOYER GROUP BENEFIT PLANS
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Drug Costs are Approaching the \$4 Million Mark

Most of your healthcare costs have been escalating at an alarming rate over the past several years. Provider charges for medical, surgical and hospital care have been increasing at a pace of 6% to 8% a year while prescription drug costs have lead the inflationary race at more than twice the rate – 16% to 18% a year.

During its most recent fiscal year, the Local 295/Local 851 Employer Group Welfare Fund paid almost \$3,720,000 for your drug claims. But, that's not the full story about the drug expense for our covered participants, retirees and dependents. Many of the retirees who are on Medicare have drug coverage through their risk HMOs.

Average price has increased . . .

Prescription claims were filed at the rate of 5,874 per month last year. The Welfare Fund covered 70,497 prescription fills in that twelve-month period. The average cost was \$52.74 for each prescription, up from about \$40 just two years earlier, an increase of almost 32%.

This 32% increase doesn't tell the entire inflation story. In the same time frame, the patient co-payments for drugs have been increased and that helped to keep the Welfare Fund's costs down.

Retirees cost more . . .

Retirees need more drugs and the drugs they need usually cost more than those of active employees and dependents. While the overall average cost per prescription was \$52.74 last year, the average retiree prescription cost was nearly \$68 and the average active worker or dependent prescription was at a cost of \$48.

45 families had very high costs . . .

Slightly more than \$803,000 was paid for the prescription drugs of 45 families that are covered by the

Welfare Fund. The highest family total was nearly \$51,000 and the highest cost single prescription covered by the Welfare Fund's drug program was \$1,248.

Generic drugs are less costly . . .

Generic drugs are priced at the pharmacy at a fraction of the cost of brand-name drugs. Companies that market generic drugs have to submit data to the Food and Drug Administration to prove that the drugs are equivalent to the original brand-name drug. When your doctor writes a prescription for you, ask if there is a generic equivalent available instead of paying a much higher amount for a brand-name drug. When you request generic drugs the cost to the Welfare Fund is much lower and your out-of-pocket co-payment amount is just \$10 instead of \$20 or \$25 for the more costly brand name.

Special drugs are much more expensive . . .

Some special drugs were among the 70,497 prescriptions filled last year. Special drugs are the highly advertised brand names which we are all accustomed to seeing advertised both on television and in the newspapers and magazines. These drugs are outrageously expensive. In most cases equivalent drugs are available at a much lower cost.

Impact of special drugs is questionable . . .

According to a survey by the Kaiser Foundation, 30% of consumers who saw a drug advertisement say they asked their doctor about the drug and thirteen percent of those who saw the ads said their doctors prescribed the medicine for them.

There is, however, no research showing whether this impact improves health so it is suggested that patients use the same healthy skepticism used in buying other consumer products. It's suggested that patients ask their doctor about whether an equivalent drug is available at a lower cost. ■

Defusing Stress

Everyone has stress, at least to some degree. Some bear it well and others not so well. A little stress keeps you alert and on your toes. Stress is, however, like the tension on a guitar string. When turned too tightly, the string will break and when too loose it won't play. If handled poorly and the warning signals are ignored, stress can lead to health problems such as high blood pressure, ulcers, asthma, an overactive thyroid gland or heart disease and weakening of other body organs.

Stress can sneak up on you . . .

Sometimes you are not aware that you are reacting to stress. If you are tense for a long time you will become exhausted physically and mentally. Pay attention to the signs of stress as they may signal serious problems.

Anyone who leads an active, involved life cannot expect to be completely free of stress but can learn to keep stress from building up. If you are angry or upset, try to "blow off" a little steam by running, playing a game, walking or mowing the yard.

Although easier said than done . . .

You should also train yourself to relax. Stretching, deep breathing or regular exercise can reduce tension. When you relax you loosen up and are more at ease. When you feel tension building up, take a break before you break something.

Change is one of the main causes of stress, particularly an unexpected or unpleasant change such as a job assignment, the death of a relative or friend, divorce, accidents, illnesses and unemployment.

You can counter the stress by taking charge of your life. When stress builds, postpone important decisions and resist new demands. Practice saying "no" when someone urges you to take on more than you can fit into your schedule. Refuse to do anything that violates your personal values.

Fatigue increases your stress . . .

Try to get enough sleep. Lack of sleep lessens your ability to deal with stress. If stress repeatedly prevents you from sleeping, inform your doctor.

Talk over problems with a friend, family member a teacher or counselor. Sometimes simply talking about a situation can help you see things in a different light.

The quick escape doesn't work very well . . .

Don't use alcohol or drugs to calm down. These will usually add to your stress later on. They may seem to offer a shortcut to communication and friendship but they do not and then you'll have two problems. By trying to duck life's struggles, users postpone the development of coping skills needed to manage stress and anxiety.

The way we deal with stress determines to a great extent the kind of lives we lead. Stressful situations can shatter us, or make us stronger. Feeling helpless in the face of stress is the real enemy.

At times you can't do anything about things that upset you. When the problem is beyond your control, try your best to accept it until it can be changed. When you are distressed you may be focusing too much on yourself and your situation. When this happens, it is often wise to do something for someone else and to turn your focus in another direction and seek professional help.

TCS may be able to help you . . .

The Welfare Plan has joined with Teamster Center Services (TCS) to improve and coordinate counseling for mental illness and substance abuse. TCS is staffed by experienced counselors who can provide counseling, inpatient care, or drug or alcohol rehabilitation.

Strictly confidential . . .

TCS will confidentially discuss the matter with the person in need of care and direct the person to the appropriate services. Review by a TCS counselor is required in order to receive payment by the Plan for any mental illness or substance abuse benefits.

Contact TCS at (718) 920 5115. Why wait any longer? Competent help is a telephone call away. Do it now! ■

Federal Law Requires Reporting of Some Welfare Fund Benefits

In addition to the \$50,000 of life insurance coverage, the Welfare Fund provides \$20,000 of self insured death benefit coverage to most of the active employees who are covered by the Plan. Spouses of eligible active employees have \$10,000 self insured coverage and dependent children have \$400 of coverage between the ages of 14 days and 6 months and \$2,000 of coverage between the ages of 6 months and 19 years.

Eligible retirees who retired after 1986 have \$7,500 of coverage and their spouses have \$3,000 of coverage. Lower schedules of death benefit coverage are in force for eligible persons who retired before 1987.

During the past year, the Plan paid \$359,000 of self insured death benefits to the beneficiaries of deceased eligible active workers, retirees and dependents.

Federal law requires the Welfare Plan to report self insured death benefit payments to the Internal Revenue Service. The Plan is also required to issue Form 1099 to each beneficiary showing the full amount of death benefits paid and all beneficiaries are required to report the death benefit payments as income on their year-end tax returns. ■

The Women's Health and Cancer Rights Act of 1998

A federal law known as the Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans and insurance companies that provide coverage for mastectomies to provide certain mastectomy related benefits or services to persons covered by the Welfare Fund.

This Plan has historically provided the benefits required under the WHCRA and continues to make these benefits available to eligible persons. This notice is a brief overview of the benefits required under the WHCRA and your rights under the law.

Under the provisions of the WHCRA, a group health plan eligible person 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 eligible person's attending physician.

If you are eligible in the Plan and you are currently receiving, or in the future receive benefits under this 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 the WHCRA will be subject to the same deductibles and coinsurance or co-payment provisions, if any, that apply to any other medical or surgical benefits provided under the terms of the Plan. ■

Health Care Services not Covered Unless Medically Necessary

Even if medical care or supplies are furnished by a health care provider or prescribed by a doctor, it does not mean that they are medically necessary. For coverage to be provided by the Welfare Fund, all services, treatments, supplies and hospital confinements:

- must be consistent with the diagnosis and treatment of the patient's condition; and
 - in accordance with good medical practice; and
 - required for reasons other than the convenience of the patient or provider; and
 - must be the most appropriate level of service or supply that can be safely provided for the patient. ■
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Take good care of yourself is the theme of the Professional Evaluation Medical Group where you and your dependents can get a complete medical evaluation in one day. Active eligible members and dependents who are at least 18 years of age qualify for this special well-care program sponsored by the Local 295/Local 851 Employer Group Welfare Fund.

If you use any of the Professional Evaluation Medical Group's seven facilities, you'll undergo a comprehensive examination and evaluation with no out-of-pocket cost. The examination and all testing is carried out at one location.

Arrange everything with one telephone call . . .

To schedule an examination call (516) 935 4378 or 1 800 811 PEMG (7364). After you have made an appointment you will receive a letter confirming the date, time and location for your examination.

Plan to spend about two to three hours at the facility where you will undergo a review of your medical history, a complete physical examination and review of all of your body systems.

Examination is very comprehensive

Your vision and hearing will be checked to detect the possible need for glasses or any hearing loss.

Your blood chemistry will be checked to help evaluate kidney and liver functions and they check the risk of coronary artery disease through a review of total cholesterol, lipids and triglycerides and you will be screened for diabetes and gout.

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

The staff will do a complete blood count, urinalysis and stool examination as well as some gender and age-specific tests such as electrocardiogram, sigmoidoscopy, prostate specific antigen (PSA), chest X-ray, pap test and mammogram. After your physical examination and testing is completed, you will receive a comprehensive and confidential medical report which includes all of your test results and laboratory data.

You may have to pay out of pocket if you don't go to the Professional Evaluation Medical Group

Routine physical examinations are covered by the Welfare Fund regardless of where they are provided. If you do not use the Professional Evaluation Medical Group facilities, the coverage is limited to \$200 for you and any dependents over the age of 18. For the dependents who are under the age of 18, the coverage is limited to \$120 and you may have to pay some out-of-pocket expense.

Call the Professional Evaluation Medical Group now for an appointment. ■

Need Benefit Plan Information?

The Fund Administrator is Savasta and Company, Inc. and the Fund Office is located at One Dag Hammar skjold Plaza, 20th Floor, New York, New York 10017.

The Fund Office telephone number is (212) 308 422. The facsimile number is (212) 308 4545. The office hours are from 9:00 AM to 5:30 PM Monday through Friday, except for holidays. ■
