

# LEVEL

FALL 2010

Chicago Regional Council of Carpenters Welfare and Pension Funds



## From the Fund Office

In this Fall issue of *on the LEVEL*, you will learn about some upcoming benefit changes that will take effect in the new year and how together, we will reduce unnecessary health care costs through a dependent verification initiative. Read about using your Member Assistance Program (MAP) to minimize or avoid any extra anxiety experienced throughout the holidays. Finally, this issue provides pointers on how to seek health insurance coverage if your eligibility for the COBRA subsidy is ending.

As your Board of Trustees and Fund Office, we are responsible for ensuring that your benefits offer quality and value. We provide you with a plan of benefits that is both comprehensive and meets the needs of you and your family. It is no secret that with high unemployment rates, reduced work hours, and increasing health care costs, providing you with quality benefits remains a challenge. As a result, we need to make some changes to secure the Plan and maintain the Fund's stability. We remain committed to keeping you informed about your benefits and providing you with sound health benefits. Be sure to keep "up-to-speed" on your benefits by accessing the Fund's website at [www.cdccbenefts.org](http://www.cdccbenefts.org).



## A New Year — Changes in Plan Design

As the new year approaches, we want to share some important information regarding benefit changes for 2011. Effective January 1, 2011, the hospital and major medical benefits will be combined into a single comprehensive plan of benefits. Simply, this means **hospital** and **major medical benefits** will no longer be separate and most **medical benefits** will be subject to **deductibles** and **coinsurance**.

Highlights of the Plan changes beginning January 1, 2011 include:

- Grandchildren will no longer be considered eligible dependents and the Plan will no longer provide coverage;
- Changes to coinsurance, deductibles and out-of-pocket maximums;
- Change to emergency room co-payment if not admitted to a hospital;
- Reduced chiropractic benefits for spouses and elimination of chiropractic benefits for dependent children; and
- Changes to co-payments/coinsurance for prescription drugs.

### Do You Have a Grandchild Covered Under the Plan?

**As of January 1, 2011, the Plan will no longer cover grandchildren. If you currently have a grandchild covered under the Plan, that child will no longer be considered an eligible dependent.**

**Full details about this change were included in a Summary of Material Modifications sent to you in September. You can obtain the announcement by accessing the Fund's website at [www.cdccbenefts.org](http://www.cdccbenefts.org) or by contacting the Fund Office.**

### Plan Changes as of 1/1/2011

	In-Network	Out-of-Network
<b>Medical Benefits</b>		
Calendar Year Deductible	\$300 per individual \$900 family maximum	\$600 per individual \$1,800 family maximum
Annual Coinsurance Maximum	\$2,000 per individual \$6,000 family maximum	\$6,000 per individual \$18,000 family maximum
Coinsurance for all medical and behavioral health services	80% paid by Plan; 20% paid by Covered Individual	60% paid by Plan; 40% paid by Covered Individual
Emergency Room Co-Payment	\$250 per visit, waived with a hospital admission	
Chiropractic Benefit Calendar Year Maximum	\$3,000 for Participant, after deductible and coinsurance \$1,000 for Spouse, after deductible and coinsurance Chiropractic care is not covered for dependent children	
<b>Prescription Drug Benefits</b>		
Retail Pharmacy	Generic: \$5 co-payment Single source brand: 20% coinsurance (\$10 minimum) Multisource brand: 35% coinsurance (\$20 minimum)	
Mail Order Pharmacy (90-day supply)	Generic: \$12.50 co-payment Single source brand: 20% coinsurance (\$25 minimum) Multisource brand: 35% coinsurance (\$50 minimum)	
Specialty Care Pharmacy	20% coinsurance (\$20 minimum, \$100 maximum)	

**NOTE:** Starting January 1, 2011, the Trustees are implementing *Medco's Preferred Drug Program*. If you require a proton pump inhibitor (medication that helps certain stomach disorders) or are prescribed sleep aids, you will receive information directly from Medco Health Solutions about this program.

### Low Cost Medical Plan Changes as of 1/1/2011

	In-Network	Out-of-Network
<b>Medical Benefits</b>		
Calendar Year Deductible	\$600 per individual; \$1,800 family maximum	
Annual Coinsurance Maximum	\$7,000 per individual; \$21,000 family maximum	
Coinsurance for all medical and behavioral health services	70% paid by Plan; 30% paid by Covered Individual	50% paid by Plan; 50% paid by Covered Individual
Emergency Room Co-Payment	\$300 per visit, waived with a hospital admission	
Chiropractic Benefit Calendar Year Maximum	\$3,000 for Participant, after deductible and coinsurance \$1,000 for Spouse, after deductible and coinsurance Chiropractic care is not covered for dependent children	

## Working Outside of the Jurisdiction

If you are or have been working in a jurisdiction outside of Cook, Lake or DuPage County, you may receive credit for your hours worked. To receive credit toward this Plan, **you must** request to transfer your hours to this Fund. This is particularly important if you have never worked outside the jurisdiction before! *Please note that most reciprocating funds have a lower rate than this Fund, so you may not receive an hour for hour transfer.*

- Contact us before you go to work outside the jurisdiction. Call the Fund Office's Contributions Department at 312-787-9455, Menu Option 5. In some cases, we are able to contact the reciprocating funds to initiate transfers on your behalf without any paperwork. In most cases we will need to send you a form.
- Once you receive the form, complete and mail it back to the Fund Office in the envelope provided.
- When the Fund Office receives the hours and contributions from the reciprocating fund, you will receive credit.

## Finding Coverage After the COBRA Subsidy: Tips to Consider

Is your eligibility for the COBRA subsidy ending soon? If it is and you are looking for private health insurance, keep in mind these points:

### Understand your health care needs by asking yourself:

How much do we have in savings? How much did we see the doctor last year? Did we spend a lot on health care expenses last year? Do we have any pre-existing medical conditions? Are there specific benefits we need and/or can we do without?

### Research health insurance carriers and obtain estimates from viable options by asking yourself:

Are there any health insurance carriers that we prefer? What are our basic needs for coverage? What are the premiums for a very basic option, a mid-level option, and an option that provides all the “bells and whistles”? What premium and deductible amounts could we manage and what amounts would be a stretch? How much coinsurance are we comfortable with paying?

### Narrow down the options and study the terms carefully. Questions to ask yourself include:

Which plans provide the benefits we must have? Which plans are within our budget for premiums, deductibles, and co-payments/coinsurance? Do we have a doctor we feel strongly about keeping, and if so, in which plan(s) does he/she participate?

By taking the time to identify your needs and researching all your options, you can find the carrier and coverage that best meets your needs. Many companies offer to assist you with your search for health care coverage, either by phone or online. Many online resources even allow you to compare health plans side-by-side.

### Other Considerations When Choosing Health Care Coverage:

- Do your “homework” and research health insurance policies.
- Understand all of your health care options.
- Know when you need coverage to begin and the cost range you can afford.
- Do not let pre-existing conditions deter your search.
- Become an informed health care consumer by understanding medical terms, costs and how plans work.

### A few examples of online resources that offer help with finding health insurance include:

- [www.eHealthInsurance.com](http://www.eHealthInsurance.com)
- [www.benepath.com](http://www.benepath.com)
- [www.GoHealthInsurance.com](http://www.GoHealthInsurance.com)
- [www.vimo.com](http://www.vimo.com)

## Initiative to Verify Dependent Eligibility

We are committed to providing you and your dependents with valuable, cost-effective health benefits. With health care costs continuing to rise and the requirement to continue dependent coverage to age 26, one way to protect your benefits is to ensure our Plan only covers eligible participants and their eligible dependents.

In order to do that, we will begin conducting a Dependent Verification initiative at the end of this month to confirm that all dependents currently covered under the Plan are eligible for benefits. The Fund will partner with a company called Secova, a nationally recognized, independent third-party vendor that specializes in dependent verification, to perform our dependent audit. We selected Secova because of their more than 15 years of dependent eligibility verification experience with Funds like ours and their reputation in the industry.

**Everyone will participate in the Dependent Verification process.** Under federal law, we have a fiduciary obligation to ensure that the Plan's assets are used exclusively for the benefit of eligible individuals. We need you to verify that your dependents are eligible to receive benefits.

Here is a brief summary on how this process will work:

- The verification period will last about 60 days.
- If you have dependents, you will receive a letter requesting that you verify your dependents and provide additional information. The letter will explain the Plan's rules regarding dependent eligibility and list your dependents currently covered under the Plan — and any documentation (such as birth certificates, marriage licenses, etc.) required to confirm their eligibility.
- To keep your eligible dependents covered under the Plan, you **must** provide the required documentation as outlined in the instructions included in the letter.
- There will be a voluntary cancellation period during which time you may drop any ineligible dependent's coverage without penalty.

This initiative will assist in our continued effort to offer a full range of quality health benefits while also maintaining the financial security of our Fund. You will receive more details about this in the coming weeks, however, if you have general questions in the meantime, please contact the Fund Office at **312-787-9455, Option 3** or log onto **[www.cdccbenefits.org](http://www.cdccbenefits.org)**.

## Minimizing the “Holiday Blues”

Some people find the holidays to be stressful and depressing. With the economy remaining uncertain, anxiety during this time may be enhanced. As the holidays are just around the corner, consider using the Plan's Member Assistance Program (MAP), which is provided to you at no charge. You are eligible for up to five **free** MAP sessions **for up to one year even after your eligibility expires.**

Your MAP is administered by ComPsych's GuidanceResources®. GuidanceResources can help you manage the “blues” and any anxiety you may experience during the holidays by providing you with:

- Access to valuable articles, information and contacts through GuidanceResources Online at [www.guidanceresources.com](http://www.guidanceresources.com);
- A GuidanceResources specialist who can help you get answers or find the information or referrals you need simply by calling 888-860-1566; or
- A contact/professional who can give you the assistance and/or answers you need.

By taking advantage of ComPsych's GuidanceResources now, you may be able to avoid some of the tension caused by the holidays. Act now to help make your holidays more enjoyable.



### Do You Know the Signs?

Someone who is depressed has feelings of sadness or anxiety that last for weeks at a time. He or she may also experience:

- Feelings of pessimism, guilt, and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once enjoyed
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating or appetite loss
- Persistent aches or pains, headaches, cramps, or digestive problems that do not improve, even with treatment

## Participant Services

### Health–Welfare Benefits:

Eligibility, Medical, Dental, Disability or Life Insurance Claim Status, Claim Appeals, Dependent Coverage or Reporting a Change of Address

**Phone:** 312-787-9455/Option 3  
**Fax:** 312-951-1515

### Pension Benefits:

Pension Credits, Applying for a Pension or Death Benefit and Supplemental Retirement Withdrawals

**Phone:** 312-787-9455/Option 4  
**Fax:** 312-951-3986

### Contributions & Collections:

Eligibility, Reporting or Discrepancy of Hours and Reciprocal Hours Transfer

**Phone:** 312-787-9455/Option 5  
**Fax:** 312-787-3212

### Administration:

**Phone:** 312-787-9455/Option 7  
**Fax:** 312-951-2996

### Website:

**[www.cdccbenefits.org](http://www.cdccbenefits.org)**