

THE WIRE



4th District IBEW Health Fund
**KEEPING YOU WIRED TO BENEFITS
NEWS AND INFORMATION**

IN THIS ISSUE

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WINTER 2012

Get a healthy start to the New Year with this edition of the Wire. We get down to business in the **Fund Business** section and explain the benefit eligibility cycles and provide some helpful hints on how you can save money by using in-network providers, generic medications and Sav-Rx participating pharmacies. However, it's not all about business. Check out the **Health Corner** to help raise your "health awareness" on how Fund benefits cover certain services and care. Finally, we hope you and your family enjoy the healthy chicken chili recipe found in the **Fund Stuff** section.

Fund Business

Who's Eligible for Benefits and When?

It is not uncommon for our members to have questions about the eligibility requirements for their benefits. For example: Am I eligible? How do I know if I'm eligible? When do my benefits begin? There are three components to the eligibility cycle—the requirements, eligibility determination date and effective date.

Eligibility requirements. You first become eligible for benefits once your Dollar Bank reaches the required amount for your classification. Then, on a month-to-month basis, your eligibility is maintained as long as you continue to have the required balance in your Dollar Bank or, if not, you make a self-payment. Eligibility is based on Dollar Bank balance requirements and employer contributions because this is how the Fund covers the cost of coverage. Once you are eligible for benefits, your benefit effective date is determined.

Eligibility determination date and benefits effective date. On a month-to-month basis, the Fund Office completes the eligibility determination process by reviewing Dollar Bank balances and contributions before coverage can be effective. It is important to remember that there is a two-month processing time between the months you work enough to qualify and the effective date of your coverage. During this time, the Fund Office collects contributions from contributing employers, reviews Dollar Bank balances, and notifies participants who have to self-pay because their Dollar Bank balance is too low.

When you put it all together, the benefits eligibility cycle for a bargaining unit employee who worked during the month of November would look like this:

Timing	What Happens	Description
NOV	Work month.	A bargaining unit employee works for two employers during the month of November.
DEC	Employers make contributions.	Those employers make the applicable contributions to the employee's Dollar Bank based on hours worked in November.
JAN	Eligibility is determined.	The Fund Office reviews the employee's Dollar Bank balance to ensure the required amount is available to cover the cost of coverage; if it isn't, a self-payment is required to make up the difference. This is the Eligibility Determination Date .
FEB	Benefits are effective.	Benefit coverage is effective. This is the Benefits Month .

A Dollar Bank is the "holding area" for employer contributions made on behalf of bargaining unit employees. Your Dollar Bank balance determines your eligibility for benefits. You can track your Dollar Bank balance, benefits eligibility and employer contributions through the Member Dashboard on the Fund's website. If you have not registered yet, go to www.4thdistricthealthfund.com and click on the "New User Registration" link.

We hope that the information provided in this section helps answer any questions you may have. If not, please contact the Fund Office at 1-304-525-0331 or 1-888-466-9094.

Save Money with In-Network Providers

When you need care, you have the option to go in- or out-of-network. Our medical plans use the Anthem Blue Cross and Blue Shield Preferred Provider Organization (PPO) network.

When you use a PPO provider, you receive the highest level of benefits because the providers have agreed to charge negotiated, discounted rates. Pre-negotiated rates offer savings for you and the Fund when you need care. Plus, the calendar year deductible is lower when you use in-network providers, and the Plan pays a higher percentage of the covered expense (80% for in-network, 60% out-of-network). If you use providers outside the PPO network, your deductible and out-of-pocket expenses are higher because non-PPO providers do not offer negotiated rates. It is important to remember that if your doctor recommends you receive inpatient care, additional testing, or refers you to a specialist, you should check to see if that provider is in the PPO network before scheduling the appointment.

How to find a network provider. Visit Anthem online at www.anthem.com to use their “Find a Doctor” tool. The Basic Information search is a public search function where you select the type of provider and search parameters from pre-populated, drop-down menus. You can also call the number on the back of your ID card or call the Fund Office at 1-304-525-0331 or 1-888-466-9094.

Another way to save money is to consider using a walk-in or urgent care clinic instead of the emergency room. If it is not a true emergency, these types of clinics can save you time and money, as their wait times are usually shorter and they don’t charge emergency room prices. **MedExpress, Kroger, and Walgreens** are all walk-in clinics in Anthem’s network. Of course, never hesitate to go to the emergency room in the event of a life-threatening or other true emergency.

An example of how PPO providers can save you money.

Comprehensive Major Medical Plan	PPO Hospital	Non-PPO Hospital
Hospital Charge	\$4,381	\$4,381
PPO Network Discount	\$1,593	n/a
Net Covered Charges	\$2,788	\$4,381
Deductible (paid by member)	\$350	\$700
Expenses Subject to Reimbursement	\$2,438	\$3,681
Plan Pays	\$1,950.40 (80% of \$2,438)	\$2,208.60 (60% of \$3,681)
Member Pays	\$837.60 (20% of \$2,438 + deductible)	\$2,172.40 (40% of \$3,681 + deductible)

Rx Update: Lipitor has Generic Alternative

New generic medications come into the market all the time as the patents on brand name drugs expire. In fact, the recent launch of Atorvastatin, which is the generic alternative for Lipitor, has been referred to as the largest U.S. generic drug launch ever. If you are currently taking Lipitor, talk to your doctor about switching to the generic Atorvastatin. The cost comparison below shows how you can save with the generic versus the non-preferred brand name drug. It is based on the estimated cost for a 30-day supply purchased at a retail pharmacy.

- ▶ Lipitor: You pay \$49.55 (30% non-preferred brand name coinsurance x \$165.17*)
- ▶ Atorvastatin: You pay \$13.21 (10% generic coinsurance x \$132.15*)

Note: Costs are based on estimates from SavRx. Actual costs may vary.

In addition, once Atorvastatin has been on the market for six months, other manufacturers are expected to offer a generic alternative for Lipitor. This should help to further lower the cost.

Whether you’re currently on medication, or have a new prescription to fill, ask your doctor if a generic equivalent is available and the right choice for you. If it is, you’ll pay less out of your pocket when you fill the prescription, since your copayment is substantially less for a generic drug, as shown below.

Prescription Drug Benefit Summary

- ▶ At a retail pharmacy (up to a 34-day supply or 100 units, whichever is greater):
 - Generic – You pay 10% with a \$10 minimum/\$100 maximum copay per initial fill and refill
 - Preferred Brand – You pay 20% with a \$15 minimum/\$100 maximum copay per initial fill and refill
 - Non-Preferred Brand – You pay 30% with a \$30 minimum/\$100 maximum copay per initial fill and refill.
- ▶ Through mail order (up to a 90-day supply):
 - Generic – You pay a \$15 copay per initial fill and refill
 - Preferred Brand – You pay 20% with a \$40 minimum/\$200 maximum copay per initial fill and refill
 - Non-preferred Brand – You pay 30% with a \$60 minimum/\$200 maximum copay per initial fill and refill.

When you have your prescriptions filled at a participating Sav-Rx pharmacy, you save money. Locate participating retail pharmacies at www.savrx.com and enter in group number “IBEWD4” or call Sav-Rx at 1-866-233-IBEW.

In each issue, **Health Corner** highlights hot topics in health care, as tracked in the National Health Observances calendar, to help you raise your “health” awareness of those topics and show you how the Health Fund’s benefits cover related services and/or care.

Health Topic	What It Is	Why It Is Important	Fund Benefits*
January is National Birth Defects Awareness Month	<p>The National Birth Defects Prevention Network has designated January to help raise awareness about and to assist state programs and others interested in promoting birth defects prevention.</p> <p>The 2012 theme focuses on congenital heart defects.</p>	<p>According to WebMD, about 3% of U.S. babies—around 120,000 newborns per year—are born with any of 45 types of birth defects. Some birth defects have only a mild impact on a child’s life, while others can be devastating, and even life-threatening. Many birth defects can be identified during pregnancy with prenatal testing.</p>	<p>Prenatal and maternity-related preventive care is covered 100%:</p> <ul style="list-style-type: none"> ▶ Anemia screening on a routine basis ▶ Bacteriuria urinary tract or other infection screening ▶ Folic acid supplements for women who may become pregnant ▶ Hepatitis B screening for pregnant women at their first prenatal visit ▶ Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk ▶ Tobacco use screening and interventions for all women; expanded counseling for pregnant tobacco users ▶ Syphilis screening for all pregnant women. <p>The prescription drug benefit covers prescribed prenatal vitamins.</p>
February is National Children’s Dental Health Awareness Month	<p>The American Dental Association (ADA) sponsors the Give Kids a Smile® program in February to help support their mission of eliminating cavities in children by 2020.</p>	<p>Going for regular dental visits and having your teeth cleaned gets rid of bacteria in the mouth that can lead to chronic infection and inflammation, which can then spread to other parts of the body. In fact, some research suggests patients who get regular dental checkups have a lower risk of heart conditions and stroke.</p>	<p>The Fund pays 100%, up to the reasonable and customary charge for preventive dental care:</p> <ul style="list-style-type: none"> ▶ Oral exams and routine cleanings: twice in a calendar year ▶ Bitewing x-rays and fluoride applications: once per calendar year ▶ Sealants and full mouth x-rays: once every three consecutive calendar years. <p>There is no deductible.</p>
March is National Nutrition Month	<p>National Nutrition Month® is a nutrition education and information campaign created by the American Dietetic Association. The campaign focuses on the importance of making informed food choices and developing sound eating and physical activity habits.</p>	<p>What you eat makes a difference in how you feel and can also help reduce your risk for certain health conditions. Do you know the USDA released a new food pyramid? Learn more at www.choosemyplate.gov.</p>	<p>The Fund pays 100% for diet counseling for adults who are at higher risk for chronic disease.</p>

* You must use PPO providers when receiving preventive, well-care services for benefits to be paid. These benefits are paid at 100%, subject to certain conditions.

February 3, 2012 is National Wear Red Day®. Wear red to show your support for women’s heart health. Do the women in your life know that heart disease is the number one killer of American women? If not, help raise their awareness about the connection between heart disease and the risk factors like high blood pressure, high cholesterol and their own personal risk factors—such as family history. A routine, annual physical is one of the best ways to get a baseline on and monitor your health. Fund benefits cover the first \$300 of an annual visit at 100%; the balance is covered at 80%. For more information about how annual physicals are covered, go to the 4th District Health Fund’s website at <http://www.4thdistricthealthfund.com/benefits/active/medical/>.

Heart-Healthy Cooking

Now that winter is here, there's nothing like a hot bowl of chili to warm you from the inside out. Try this recipe for a Quick Chicken Chili from the American Heart Association as a healthy alternative to more traditional red-meat recipes, which can have higher fat content.



Heart-Healthy Recipe

Quick Chicken Chili

Ingredients:

Cooking spray

1 pound boneless, skinless chicken breasts or tenderloins or 1 pound ground white meat chicken or turkey

1 medium onion, finely chopped

1 medium bell pepper, chopped (any color)

1 teaspoon or 3 cloves minced garlic

2 cups fat-free, low-sodium chicken broth (or 1 16-oz can)

2 (15.5 oz) cans no-salt-added or low-sodium beans, drained and rinsed (mix or match pinto, red, kidney or navy)

1/2 teaspoon pepper

1 teaspoon cumin

1/2 teaspoon chili powder (optional)

1 medium jalapeno, chopped (optional if you like spicy chili)

Chopped fresh cilantro (optional)

1/2 cup low-fat or fat free sour cream (optional)

Instructions:

- 1 Remove visible fat from chicken, cut into bite-sized pieces.
- 2 Spray large pot with cooking spray. Add chicken, onion, garlic, chili powder (optional) or jalapeno (optional), cooking over medium-heat until chicken is no longer pink (about 7 minutes).
- 3 Lightly mash the drained, rinsed beans with a fork.
- 4 Add all remaining ingredients to chicken mixture and simmer on high for 10 minutes.
- 5 Spoon chili into bowls and top with chopped fresh cilantro and/or a spoonful of sour cream (optional).

Source: American Heart Association