



I.E.B.C. Newsletter

For Active and Retired Ironworkers and Their Families

Spring 2010 Vol. 1 No. 1
131 No. El Molino Avenue Suite 330
Pasadena, CA 91101
Tel: (800) 527-4613

ASK THE EDITOR:

- Q.** My doctor said he accepted my insurance but my claim wasn't paid according to the PPO contract and I am confused. Why wasn't the bill paid in full?
- A.** Most doctors will accept your insurance but the key is whether or not your provider is "CONTRACTED" or "NON-CONTRACTED". The benefits paid are completely different depending on the contract status of the provider.
- Q.** What does it mean when a provider is "contracted"?
- A.** A contracted provider is one who participates with the network offered by the Plan. In the case of the Ironworkers, Anthem Blue Cross in California and Coventry First Health outside of California.
- Q.** What does it mean when a provider is "non-contracted"?
- A.** It means that your provider will accept your insurance but your benefits will be paid at a percentage of what is billed based on the benefits as stated in your Summary Plan Description. In some cases you will be required to meet an annual deductible before your coverage will pay on your submitted claims. The provider may or may not bill you directly for the remaining balance.

When in doubt about whether or not a provider is "contracted" you may log on to the network's website: California - www.anthembluecrossca.com or Outside CA - www.firsthealth.com
You may also call the Trust Office to assist in locating providers in California.
To locate providers outside of California - call First Health at (800) 226-5116.

NEED HELP WITH YOUR BENEFITS?
Call the Trust Office for assistance.

1-800-527-4613

- Q.** You paid all of my claims from my doctor last year and now you are saying he is "NON-CONTRACTED". I don't understand.
- A.** Providers choose to be contracted or non-contracted at different times and they constantly negotiate their contracts with the providing networks (i.e-Blue Cross, First Health, etc.). You should always confirm your doctor's status with the doctor's office first.

**It is your responsibility to confirm your provider's participation in the network.
It is always changing and updated on a regular basis. CALL FIRST!**

- Q.** What does it mean when a provider (i.e. -doctor, surgery center, etc.) participates in the network?
- A.** If a provider "participates in the network" or is "contracted with the network" he has agreed to a pre-determined payment for services. A provider simply accepting your insurance does not mean that you will not be responsible for any unpaid balance. Your doctor or provider may or may not notify you that he/she is no longer participating in the network and you will be responsible for a deductible and any unpaid balances.

If a provider voluntarily terminates his contract with the network, they may or may not notify you and benefits will be considered "out-of-network" and paid as such.

IMPORTANT NUMBERS

**Fee-For-Service Medical
Eligibility Verification**
(866) 983-4353

Health Net
(877) 452-2671

Health Plan of Nevada
(800) 777-1840

Kaiser (No. and So. California)
(800) 464-4000

Pacificare of California
(800) 624-8822

Pacificare of Arizona and Nevada
(800) 347-8600

Managed Health Network
(800) 977-7962 (see pg. 4)

Envision Rx Options
(800) 361-4542
Effective January 1, 2010

Assurant Employee Benefits
(800) 443-2995

Health Net Dental
(800) 880-8113

United Concordia
HMO (800) 357-3304
PPO/FFS (800) 332-0366

Vision Service Plan (VSP)
(800) 852-7600

Spectera Vision Plan
(800) 839-3242

The Vanguard Group
(800) 523-1188

MEDICAL PROVIDERS

DENTAL PROVIDERS

VISION PLANS



We know you receive lots of mail every day but we urge you to read all of your mail that you receive from the Ironworkers Trust. Often times you will receive notices and updates regarding your benefits that are important. Review your mail and call the Trust immediately with any questions or concerns. If we ask you to return some information or a form to our office, please so do in a timely manner so as to not jeopardize your benefits.



ANNUAL NOTICE: WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Your plan is required to provide you annually with the following notice, which applies to breast cancer patients who elect to have reconstructive surgery in connection with a mastectomy.

Under federal law, group health plans, insurers, and HMO's that provide medical and surgical benefits in connection with a mastectomy must provide benefits for reconstructive surgery, in a manner determined in consultation with the attending physician and the patient, for:

- ^ Reconstruction for the breast on which the mastectomy was performed;
- ^ Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- ^ Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage is subject to a plan's deductibles, co-insurance or co-payment provisions.

If you have any questions about whether your plan covers mastectomies or reconstructive surgery, please contact the Trust Office at 1-800-527-4613.

CHANGE OF ADDRESS! Once you have notified the Trust Fund Office of your change of address, don't forget to notify your local union! The Trust Fund Office and the local union need separate notifications when you move. Please contact your local for more information on how to notify them of your change.

DIRECT DEPOSIT?

Tired of standing in line to cash your vacation checks? Recently moved and you're not sure your vacation check will find you? Sign up for direct deposit for worry free delivery of your vacation check or your pension check. With direct deposit, it doesn't matter if you've moved, are on vacation or if you're working out of town; your money will be in your bank account on the 1st day of the disbursement month. Contact the Employer Accounts department at extension 2153 for more information.

CORRECTION TO THE Summary Annual Report for the California Ironworkers Field Pension Trust

Correction is shown in "red"



Basic Financial Statement

Benefits under the plan are provided by a trust. Plan expenses were \$133,141,723. These expenses included \$6,802,396 in administrative expenses and \$126,339,327 in benefits paid to participants and beneficiaries. A total of 20,643 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits. The value of plan assets, after subtracting liabilities of the plan, was \$1,264,313,205 as of May 31, 2009 compared to \$1,680,250,134 as of June 1, 2008. During the plan year, the plan experienced a decrease in its net assets of \$415,936,929. This decrease included unrealized appreciation or depreciation in the value of plan assets; that is, the difference in the value of plan assets at the beginning of the year or the cost of assets acquired during the year. The plan had total deficit of \$282,795,206 including employer contributions of \$104,211,500, losses of \$164,498,255 from the sale of assets, unrealized **depreciation** on assets held of \$276,430,055, earnings from investments of \$53,783,466, and other income of \$138,138.

Attention! Retirees! Reminder!



Annuity Account balance information can be obtained by calling The Vanguard Group at (800) 523-1188 or on the web at www.vanguard.com.

Requests for Pension Benefit information or pension credit information must be submitted in writing to the Trust Fund Office, or you can come in to the Trust Fund Office for the information. For privacy and security reasons, information will not be given out on the telephone.

It is critical that you return your *Annual Confirmation Letters (ACL)*. Each year you will receive an ACL that must be returned to the Trust Fund Office. Please return it as soon as possible in order to not suffer an interruption in receiving your monthly Pension benefit. Please contact the Pension Department with any questions at (800) 527-4613 x2152.



Welcome Aboard!

EnvisionRx Options
Customer Service Help
Desk
1-800-361-4542

Effective January 1, 2010, EnvisionRx Options became the provider and will administer your prescription drug benefit. They are headquartered in Twinsburg, Ohio. EnvisionRxOptions has provided pharmacy benefit management services nationally since 2001. The following information is an overview of the California Ironworkers Field Welfare Plan prescription benefit with EnvisionRxOptions.



Copayments, the portion of the drug cost that you are responsible to pay, are listed in the table below. The copayment structure is the same as your current provider.

	30-Day Retail			90-Day Orchard Mail Order		
	Generic	Brand	Brand With Generic Available	Generic	Brand	Brand with Generic Available
Co-Pay	\$5.00	\$20.00	\$40.00	\$10.00	\$20.00	\$40.00

[The new benefit plan may have certain refill restrictions. Please refer to the Summary Plan Description \(SPD\) or contact the Trust Office at 1.800.527.4613. Additional information about your prescription benefit can be found by registering at www.envisionrx.com. Drug prices or locating a participating pharmacy can be found on the website or by calling the EnvisionRxOptions Help Desk at 1-800-361-4542.](#)

Orchard Pharmaceutical Services (Mail Order Service Provider ONLY)

Your new mail order service provider is Orchard Pharmaceutical Services, located in North Canton, Ohio. Please call Orchard Pharmaceutical Services Customer Service at 1-866-909-5170 if you have any questions. Orchard received all of your refill transfer files from Prescription Solutions (PSI). The file should have contained all your Mail Order prescriptions that are current, have remaining refills, and are not controlled substances. **You may wish to obtain NEW 90 Day supply prescriptions from your physician.**

Before you mail in a new prescription, you must REGISTER with Orchard Mail Order Pharmacy. If your prescription was transferred you are automatically registered. Please contact the Orchard Help Desk to update and activate your profile. If you have not yet registered with Orchard, you may use any of the following 3 easy registration options:

- 1. Online: (Recommended method if you do not have a transferred prescription from PSI).** Visit www.orchardrx.com and select "Not Registered". Your account will activate within 24 hours. By registering online, members can also track the progress of their orders.
- 2. Phone: (Recommended method if you have a transferred prescription from PSI)**
Call Orchard Pharmaceutical Services Customer Service at 1-866-909-5170 to speak with a representative.
- 3. Mail: Complete the Registration and Prescription Order Form enclosed in this packet.**



Once registered, your Physician can fax your prescription(s) to Orchard at 1-866-909-5171. Only faxes sent from a physician's office will be valid.

Mail order is an excellent way to receive prescriptions you will be taking for a long time with no worries about availability of supply at the local pharmacy. For individuals who are taking maintenance medications, you may want to consider utilizing the mail order service for the convenience of home or office delivery.

Walgreens Specialty Pharmacy (Specialty Medications Only)

EnvisionRxOptions has selected Walgreens Specialty Pharmacy to provide **specialty medications** as part of your prescription drug plan. You and your family will receive personalized care and the expertise of Walgreens Specialty's dedicated pharmacists, which is essential to successful therapy. **Walgreens Specialty Pharmacy goes beyond traditional retail pharmacy in helping you get the most from your specialty medication therapy.**



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PRESORTED
FIRST CLASS MAIL
**US POSTAGE
PAID**
LOS ANGELES, CA

PRE-SORT FIRST CLASS

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IMPORTANT! PLEASE READ!

Michelle's Law: Effective June 1, 2010, the California Ironworkers Field Welfare Plan will be amended to comply with Michelle's Law which applies to medical leaves of absence from school for dependent children over the age of 19. When you receive this notice (during April) please read it carefully and if it applies to any of your dependents, please call the Trust Office. Receipt of the notice does not constitute a determination of your eligibility. After reading the notice, if you wish to verify eligibility, or if you have any questions regarding this Plan change, you will need to contact the Trust Office.

MANAGED
HEALTH
NETWORK



1-800-977-7962

PROJECT INFORMATION!

If you haven't received a request from the Trust regarding verification of your member and dependent information, you will shortly. Please look for it in the mail.

FAILURE TO RESPOND MAY RESULT IN AN INTERRUPTION OF YOUR BENEFITS!!!!

A new mandatory reporting law requires that insurers exchange eligibility data with the centers for Medicare and Medicaid Services (CMS). CMS requires plan administrators, third-party administrators and insurers to provide eligibility data including social security numbers. You will be required to provide a social security number for all covered participants. Please return the completed form as soon as possible so we can confirm and verify all of your information in our system.

Any **dependents not listed on the form with complete information will be terminated** from your coverage(s) even if they are currently eligible for benefits.

Mental Health Benefits:

You should first contact MHN to verify eligibility and receive authorization for services before proceeding with a consultation or treatment. These special services are provided to you under the Plan but are not part of your regular medical benefits. Active and retiree coverage can be different and should be verified before the start of any treatment.