



# I.E.B.C. NEWSLETTER

FOR ACTIVE AND RETIRED IRONWORKERS AND THEIR FAMILIES

131 No. El Molino Avenue Suite 330 Pasadena, CA 91101  
Tel. 1.800.527.4613

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## IMPORTANT INFORMATION REGARDING PRESCRIPTION DRUG BENEFITS BEGINNING ON JANUARY 1, 2010

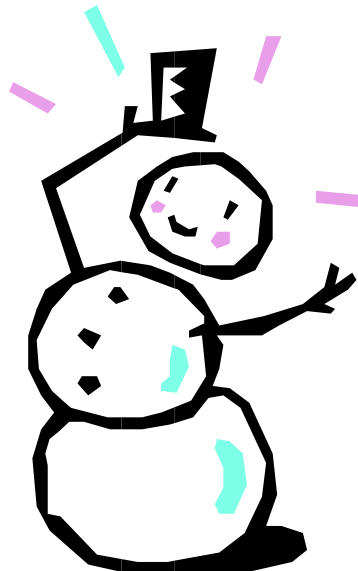
As you may know by now, effective January 1, 2010, Prescription Solutions will no longer be the Prescription Benefit Manager for the California Ironworkers Field Welfare Plan. Prescription drug benefits for all Active and Retired participants **except** for those enrolled with Kaiser Permanente, Health Plan of Nevada and the Secure Horizons Direct Private Fee For Service Plan will be administered by **EnvisionRxOptions**.

**There will be no change from the current Plan co-payments** and you will still have the option to choose either mail order or retail pharmacy by which to obtain your prescriptions. More information, as well as new identification cards will be issued in mid-December 2009.

If you have any questions regarding this change, please feel free to contact the Trust Fund Office at (800) 527-4613.

Be sure to visit our website!

[www.ironworkerbenny.com](http://www.ironworkerbenny.com)



Happy Holidays and we wish you a safe and prosperous 2010!  
**HAPPY NEW YEAR!**



Didn't find what you are looking for.....  
call the Trust Fund Office at (800) 527-4613

We are here for you Monday thru Friday from 8am to 5pm.  
Notary services available for Trust Fund business.

**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.



### Attention Retirees!

Are you close to retirement and thinking about finding that perfect spot on the beach?

Please be aware that the active benefits and the retiree benefits on the Fee-For-Service Plan are not all the same. You need to compare benefits so that you don't use providers or seek services that are not covered at the same level when you were actively employed.

We have Benefit Summary listings for both active and retired that you can use to compare your benefits but it is still your responsibility to read the Summary Plan Description to determine if your benefits will change substantially when you choose to retire. Just because it was covered in the past when you were active - that doesn't mean it will be a covered benefit when you retire.

**Call us today at 1.800.527.4613 with any questions** regarding the differences in benefits for active and retired participants.

## **What is the difference? Pre-authorization vs. Pre-certification**

**What is a pre-authorization?** The process of obtaining prior approval for health care coverage based on a plan's requirements for coverage. A pre-authorization does not guarantee coverage. A pre-authorization is necessary when benefits are in question, such as "is a breast reduction medically

necessary, or is it for cosmetic purposes?" It determines medical necessity for proposed services.

**What is a pre-certification?** A review of a proposed hospital or healthcare facility admission or of certain services or procedures prior to receiving them, in order to determine whether the

proposed admission or services meets the medical necessity criteria for payment and to receive the maximum benefits available under the healthcare plan.

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## What's the Difference?

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This is a typical list of services that may require pre-certification. Refer to your Summary Plan Description (SPD) for specific requirements for all services requiring pre-certification.

- Inpatient hospitalization
- Select covered outpatient procedures or surgeons (dermatological procedures, potentially cosmetic procedures, breast reduction)
- Rental or purchase of medical equipment or supplies
- Obesity treatment programs and surgery
- Home health care services
- Admission to extended care facilities
- Hospice care
- Purchase of prosthetic devices
- Organ/bone marrow transplant services

**CHECK YOUR BENEFITS FIRST!**



## Beneficiary Information

Is your beneficiary information up to date? Any life events that would require a change (divorce, death, dependent birth)?

If something happened to you tomorrow – are you sure the correct beneficiary is listed on your record and that all of your dependents are reported and listed. It is your responsibility to make sure we have all of the correct information. We cannot be responsible if you wanted everything to go to “Dear Aunt Alice” and the listed beneficiary on your record is “Pinky La Rue”.

Make sure everything is up –to-date.

## Things You Need to Know About Your Health Plan

### IDENTIFICATION CARDS

You must identify yourself with any of the health plan providers using your correct and most up-to-date identification cards. Failure to present your card could result in reduced or unpaid benefits. Did you lose your cards? Call the Trust office and we will send you a replacement.

Present your card when you check-in. Think about it before it's too late.....it's your responsibility.



### Mail Order Prescriptions

Using the mail order service to refill your prescriptions? Be sure to check all medications when they arrive in the mail. Don't assume anything. Check the paperwork to make sure you ordered the correct medication(s) and then make sure you received what you ordered. If they don't seem

the same or you are not familiar with the pill – call the provider for clarification. Make sure it is the right medication for you.

NEW MAIL ORDER COMPANY INFORMATION WILL BE SENT TO YOU BY

**EnvisionRxOptions.**



## New Dependent Enrollment Requirements

New reporting requirements mandate that social security numbers for each enrolled dependent be provided to the appropriate medical plan providing coverage upon enrollment; and therefore, in early 2010, the Trust Fund Office will begin the task of obtaining this information for all enrolled, eligible dependents. All eligible participants with enrolled dependents will receive a new Active Enrollment and Designation of Beneficiary Form. All of the requested information indicated on the form **is required** and must be provided.

Going forward, when adding a dependent to your benefits, it is very important that you remember to do this within 30-days of the date of the qualifying event, i.e.; date of birth, date of marriage, date of adoption, etc. **All HMO Plans require that dependents be added to the plan within 30-days of the status change or the dependent (CONTINUED ON Pg. 3)**



## New Dependent Enrollment Requirements (continued)

**will not be eligible for benefits until the next Open Enrollment period.** To add a new dependent, you must obtain and complete an Active Enrollment Form and Designation of Beneficiary, as well as the Change of Status Form for the appropriate plan of enrollment and return them to the Trust Fund Office along with the appropriate documentation as listed:



- Spouse:** ..... Copy of the certified and recorded marriage certificate
- Natural Child:** ..... Copy of the certified and recorded birth certificate(s)
- Stepchild:** ..... Copy of the certified and recorded birth certificate; member must be legally married to the birth parent
- Adopted Children:** ..... Copy of the certified and recorded birth certificate, as well as a copy of the certified and recorded adoption paperwork that has been filed w/ the court.



*Watch your mailbox in early 2010 for more information on dependent enrollment changes and requirements.*

## No Benefit Changes for Secure Horizons Direct Private Fee-For-Service Plan

Dear Members Enrolled in Secure Horizons Direct Private Fee-For-Service Plan -

You recently received a letter from Secure Horizons Direct indicating there were changes in your benefit plan. The letter was sent to you inadvertently by United HealthCare. Please disregard this notice and refer to the plan benefits as outlined in your Open Enrollment materials.

Shortly, you will be receiving a letter directly from Secure Horizons Direct indicating that **there have been no changes to your plan benefits for 2010.**

**Thank you for your understanding and patience.**

**Be sure to confirm any mental health benefits prior to contacting a provider. Contact MHN at 1.800.977.7962**



## Coventry Expands Network to Include Renown Health

Effective July 1, Coventry National-First Health is adding the entire Renown Health network of healthcare providers and services. With the new agreement, Coventry members will have access to the skill, expertise and technology available through Renown Health including Renown Occupational Health as well as the more than 90 providers and physicians within the Renown Medical Group.

This agreement provides Coventry's 1,500 local members and First Health's thousands of national members access to Renown Health's extensive services including:

- Numerous health care facilities, including a designated level II trauma center
- Specialized Children's services which include a Children's Emergency Room, Pediatric Intensive Care Unit and Children's Cancer Services.
- Renown Medical Group and Urgent Care with 16 locations throughout the area
- Programs and specialties ranging from cancer care to vascular health to women's services

"We welcome Coventry members to our network, and we are excited to partner with Coventry National-First Health," said Allan E. Hanssen, Vice President of Strategic Initiatives, Renown Health.



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PERMIT NO. 32435

**We wish you the merriest of holidays and a prosperous New Year!**

## **Need a Preferred Provider Organization (PPO) Directory?**

If you and your family are covered under the Ironworkers Fee For Service Plan (PPO) for medical coverage, finding a new provider is easy!! If you reside within the state of California, you will need to utilize an Anthem Blue Cross Provider. Participants residing in all other states must utilize a First Health Network Provider.

For our California residents, Anthem Blue Cross preferred provider organization directories that we used to provide to our membership **are no longer available** as Anthem is *'going green'*; therefore, for your convenience, below are some quick and easy ways for you to find an Anthem provider:

Follow these easy steps to find a participating California provider using our online resource:

Go to [www.anthem.com/ca](http://www.anthem.com/ca)

Click on *Find a Doctor*

Click on *Local California Providers* and follow the six-step process:

Select *Visitor Search*

Plan Type – select *Large Group Plans*

Plan Information – select your plan (e.g., *Blue Cross Prudent Buyer PPO*)

Type of Provider – select a provider type (e.g., health facility, physician, specialist, etc.)

Specialty (optional) – you may select a specialty to refine your search. To select multiple specialties, hold down the *Control* key and click on each specialty name.

Location or Name – enter location or name criteria. Receive your search results via a listing, map, or downloadable directory.

For our First Health Network members, you may obtain either a Preferred Provider Directory or the name of a participating physician in your area by contacting First Health Network directly at (888) 685-7774. You may also obtain this information on their website at [www.firsthealth.com](http://www.firsthealth.com).

If you have any questions regarding locating a provider or should you require assistance in your search, please feel free to contact the Trust Fund Office at (800) 527-4613.