

Local 25 S.E.I.U. Welfare Fund

Local 25 S.E.I.U. & Participating Employers Pension Trust

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FUND NEWS AND NOTES

“Participant Education, One Person at a Time.” That is how the claim review process was recently described. This, you will agree, is a very inefficient way to communicate the rules of the Plan to the participants.

Secondly, there is no shortage of new, federal government regulation in both the Welfare Fund administration and Pension Trust funding areas. Some of these required disclosures are written in such “legalese” that the Fund Office staff is inundated with requests to answer the question “What did that mean?”

These are just some of the reasons we have decided to create and distribute this newsletter. If you have general questions about your benefit plans, chances are your fellow employees do also. Please jot one down and send it in to our editor to be considered for a future publication.

Which is Witch?

Happy Halloween - October, 2007

Like the English language (in which two words can sound the same, but are spelled differently and have totally different meanings), throughout this newsletter and in upcoming editions, you will undoubtedly see a reference to you, but depending on which entity is the author, you may be referred to differently:

To the Union, you = Member

To your Employer, you = Employee

To the Fund Office, you = Participant

To Union Health Service, you = Subscriber

To complicate things further, when the government refers to a participant, they are talking about you, your eligible spouse, and each of your eligible dependents. You are many things to many people, and you are important to us. Thanks for reading. We hope you find “Fund News and Notes” helpful.

Claim Appeals

Any individual whose claim is denied has the right to file a claim appeal.

This formal meeting process is chaired by a rotating (Labor or Management) Trustee. Meetings are held monthly in the Fund Office. The intent of the process is to review, on the claimant's behalf, the handling of a claim for benefits by either UHS or the Fund Office that the participant feels should be paid. Participants are invited (but not required) to support their written objection with a personal appearance.

The Fund Office is responsible for paying claims according to the Plan of Benefits in a consistent manner. The Trustees are responsible for interpreting the Plan of Benefits and evaluating any mitigating circumstances presented.

In the past several years, the single most appealed issue is the non-emergency use of hospital services when the same urgent care needs could have been met at UHS or via the phone to UHS medical staff.

It is important to note that although UHS should always be called at (312) 423-4200; the call itself does not guarantee that the treatment will be considered an emergency.

We have asked the UHS medical director, Dr. Angelo Creticos, to describe this issue for all participants.

Message from the Medical Director, Union Health Service (UHS)

TO SEIU LOCAL 25 WELFARE FUND MEMBERS IMPORTANT FACTS TO REMEMBER ABOUT YOUR HEALTH SERVICES

I welcome the opportunity to address you on several issues that greatly affect your being properly and satisfactorily served by your HEALTH CARE PROVIDER (Union Health Service). These I address because we find that members are surprised by the fact a service they sought and received was not approved for payment thereby leading to misunderstanding and unhappy members.

1. Union Health Service (UHS) is prepared to assist you 24 hours a day, 7 days a week.
 - a) The number to call is 312-423-4200. During hours the health facility is open you will be guided by a "telephone menu" to help you select the service you seek at the UHS location you desire. The menu selection is either in English, Polish or Spanish.
 - b) If your issue relates to a medical problem you will be referred to a special nurse assigned to properly advise and help you.
 - c) If your call occurs after our work hours it will be intercepted by our answering service which will direct your call to the proper professional on call. He/She in turn will assist you via a return phone call.

2. Union Health Service (UHS) is your health care provider.

You do NOT have BlueCross BlueShield of Illinois (BCBSIL) for your health coverage. The Local 25 SEIU Welfare Fund does have a contract with BCBSIL to obtain discount prices at hospitals, but you must be directed by a UHS physician first. The confusion is caused by the BCBSIL identification card.

CAUTION - Anytime you use your BCBSIL ID card, make sure that the back of the card is read where instructions are given to you and to administrative personnel of a hospital or elsewhere about your health plan coverage. The explanation is clear and would help you and any provider avoid mistakes.

A requirement of your health plan is that you use its services and follow its directions when health issues arise. UHS will work with you to properly resolve these issues and by first contacting UHS you will not risk incurring costs that may not be covered.

Sincerely,
Angelo P. Creticos, M.D., F.A.C.C.
Medical Director

IMPORTANT NOTICE FROM THE LOCAL 25 S.E.I.U. WELFARE FUND ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

YOU DO NOT NEED TO READ THIS NOTICE UNLESS YOU ARE ELIGIBLE FOR MEDICARE.

To All Plan Participants:

THE INFORMATION IN THIS NOTICE APPLIES ONLY TO THE FOLLOWING PERSONS WHO HAVE MEDICARE:

- Active employees age 65 or over
 - Active employees' spouses age 65 or over
 - Disabled active employees on Medicare
 - Active employees' disabled dependents on Medicare
 - Active employees on Medicare due to end stage renal disease
 - Active employees' dependents on Medicare due to end stage renal disease
 - PLUS anyone who will enter one of the above categories sometime in 2008
1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. These plans are often referred to as "Medicare Part D Plans." All Medicare Part D plans provide at least a standard level of coverage set by Medicare. Some Part D plans may also offer more coverage for a higher monthly premium. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare Part D coverage in your area.
 2. You should consider enrolling in a Medicare Part D program because most standard Part D plans will offer better coverage. **The Local 25 Plan is NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Non-Creditable Coverage. This is important, because for most individuals eligible for Medicare, enrolling in Medicare prescription drug coverage means you will get more assistance with drug costs than if you had prescription drug coverage exclusively through the Local 25 Plan's prescription drug program.**
 3. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully—it explains your options.

CONSIDER ENROLLING IN A MEDICARE PART D PLAN.

Because the coverage you have under the Local 25 prescription drug program through UHS is on average for all Plan participants, NOT expected to pay out as much as the standard Medicare Part D plan will pay, consider enrolling in a Medicare Part D plan. Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Persons who lose their group coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

This may mean that you will have to wait to enroll in a Medicare Part D plan, and that you may pay a higher premium (a penalty) if you join later and you will pay that higher premium as long as you have a Medicare Part D plan.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium will go up at least 1% per month for every month after May 15, 2006, that you did not have that coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay.

You will still be eligible to receive all of your current Medicare Part A and Part B supplement benefits from the Local 25 Plan if you enroll in a Part D plan. (However, you will NOT be able to continue using the Local 25 prescription drug program through UHS after your Medicare Part D coverage starts—You cannot have both types of prescription drug coverage at the same time.)

You need to make a decision.

When you make your decision, you should also compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

For more information about this notice or your current prescription drug coverage...

Contact our office for further information. NOTE: You will receive this notice annually and at other times in the future such as before the next period you can enroll in a Medicare Part D plan, and if this coverage through the Local 25 Plan changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook from Medicare. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227)—TTY users should call 1-877-486-2048

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

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Date:	November 2007
Name of Plan:	Local 25 S.E.I.U. Welfare Fund
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Phone Number:	(312) 233-8888

KEEP THIS NOTICE! YOU MAY NEED IT IF YOU ENROLL IN A MEDICARE PART D PLAN.