

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

111 East Wacker Drive, 25<sup>th</sup> Floor, Chicago, IL 60601-4205

## FUND NEWS AND NOTES

October, 2008

To All Participants:

The bulk of this newsletter, pages 2 and 3, are required text to be distributed to any participant eligible for Medicare or who may become eligible for Medicare during 2009. Fund statistics show that 7.3% of eligible participants are over age 64. Another 8.2% of our eligible population has no date of birth on file, so we cannot calculate your age. This is the primary reason we are sending this information to our entire mailing list of active employees.

Another reason to send this news to all eligible participants is to continue to encourage you and your family to utilize your Union Pharmacy Service (UPS) for prescription drug needs.

Your doctors at Union Health Service (UHS) have continued to recommend increases in the list of drugs available (formulary). The effective date and items recently added are listed below.

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The following were added to the Union Pharmacy Service formulary on 6/1/08.

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<u>Generic Name</u>	<u>Brand Name</u>	<u>Common Use</u>
Diabetes testing meter and strips	Freestyle	Diabetes (monitoring)
Actos		Diabetes (treatment)
Humalog Mix		Diabetes - Mixed duration insulin
Lantus		Diabetes - Long-acting insulin
Amoxicillin/Clavulanate suspension	Augmentin	Antibiotic suspension for kids
Cefdinir suspension	Omnicef	Antibiotic suspension for kids

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The following were added to the Union Pharmacy Service formulary on 10/15/08.

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Divalproex Sodium	Depakote	Seizures
Oxcarbazepine	Trileptal	Seizures
Risperidone	Risperdal	Mental illnesses
Ziprasidone	Geodon	Mental illnesses
Venlafaxine	Effexor	Depression
Escitalopram	Lexapro	Depression
Albuterol Nebulizer Solution		Asthma
Ipratropium Br Nebulizer Solution		Asthma
Pulmicort Respules for Nebulizer		Asthma
Meloxicam	Mobic	Pain / inflammation
Pravastatin	Pravachol	Cholesterol lowering agent
Enalapril / HCTZ	Vaseretic	Lowers blood pressure
Bromocriptine	Parlodel	Hormonal imbalances, Parkinsons
Isoniazid		Tuberculosis
Clarithromycin	Biaxin	Antibiotic

## **Important Notice from the Local 25 S.E.I.U. Welfare Fund about Your Prescription Drug Coverage and Medicare**

*This notice is for all persons eligible for Medicare, even if Medicare is not the person's primary health plan. The information in this notice applies only to participants who are eligible for Medicare, or who become eligible for Medicare during 2009.*

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Local 25 S.E.I.U. Welfare Fund and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The Local 25 S.E.I.U. Welfare Fund (the Fund) has determined that the prescription drug coverage offered by the Fund is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Local 25 S.E.I.U. Welfare Fund. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

You can keep your current coverage from the Local 25 S.E.I.U. Welfare Fund. However, because your coverage is non-creditable, 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 join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully—it explains your options.

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you decide to drop your current coverage with the Local 25 S.E.I.U. Welfare Fund, since it is employer/union sponsored group coverage, you will be eligible for a two (2)-month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Local 25 S.E.I.U. Welfare Fund.

### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

Since the coverage under the Local 25 S.E.I.U. Welfare Fund is not creditable, depending on how long you go without creditable prescription drug coverage, you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Local 25 S.E.I.U. Welfare Fund coverage will terminate—you cannot have prescription drug coverage through both the Local 25 S.E.I.U. Welfare Fund and a Part D drug plan. You will still be eligible to receive all of your other health benefits from the Local 25 S.E.I.U. Welfare Fund, but you will receive your prescription drug coverage through the Medicare drug plan in which you enroll. **You must notify the Fund Office if you do decide to join a Medicare Part D drug plan.** Your self-payment for this Plan's coverage will not change if you drop your drug coverage.

*If you do decide to join a Medicare drug plan and drop your current Local 25 S.E.I.U. Welfare Fund coverage, you and your dependents will be able to get this coverage back if you later drop your Medicare Part D drug plan coverage.*

### For More Information about this Notice or Your Current Prescription Drug Coverage . . .

Contact the Fund Office at (312) 233-8888 for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through the Local 25 S.E.I.U. Welfare Fund changes. You also may request a copy of this notice at any time.

### 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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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Date:	October 2008
Name of Plan:	Local 25 S.E.I.U. Welfare Fund
Name of Contact:	Ms. Patricia Parker, Member Services Department
Address:	111 East Wacker Drive, Suite 2500
Phone Number:	(312) 233-8888

## REMINDERS

1. There is still evidence that many participants think they have “BlueCross insurance”. That is not the case. The Welfare Fund does utilize BlueCross BlueShield of Illinois (BCBSIL) to access discounts at participating hospitals and some specialty providers, BUT when you are in need of medical care, YOUR FIRST CALL MUST BE TO YOUR PRIMARY PHYSICIAN AT UHS (312) 423-4200.

Going to a hospital emergency room not only will cost you more money, it will not provide the same continuity of care that your own UHS physician is capable of providing. Call UHS at (312) 423-4200 and make an appointment with your doctor today.

2. Dental benefits for eligible employees and their covered dependents are provided through the BlueCare Dental DMO Plan 740, a dental plan provided by BlueCross BlueShield of Illinois. Under this plan, preventive and diagnostic care is covered at 100 percent when received inside the network. If you have not selected a dental office, BlueCross has assigned one to you. If you do not know who your dental provider is, or you would like to change providers contact BlueCare at (866) 431-1594.
3. If you move, please call the Fund Office at (312) 233-8888 to report your new address.