





IBEW-NECA

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The Trust Fund Bulletin for Active Participants

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Announcing the *New* Life Insurance Benefit Option Enhancement Effective October 1, 2009

A new optional benefit under the Life Insurance program insured by Metropolitan Life Insurance Company will allow early access to Life Insurance Funds. This new optional benefit, called the Accelerated Benefits Option (ABO), becomes effective October 1, 2009 and is available to terminally ill active and participants disabled active (active participants receiving Worker's Compensation or state disability benefits).

Active and disabled active participants who become terminally ill, (which means they have a life expectancy of less than 12 months), may cash out up to 80% of the Basic Term Life Insurance benefit before death. The Basic Term Life Insurance benefit is \$50,000. The ABO allows the member to access between 40% and 80% of the \$50,000. This means the maximum payout is \$40,000 and the minimum ABO The remaining life payout is \$20,000. insurance benefit (which equals the difference between the ABO amount cashed out and the \$50,000 maximum benefit) will be paid out at death to the participant's designated beneficiary. Proof of the illness will need to be submitted at the time the participant applies for the ABO payment.

ABO is applicable to the Basic Term Life Insurance coverage only. It does not apply to dependents Life Insurance or Accidental Death & Dismemberment Benefits.

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According to Metropolitan Life the ABO benefit is intended to qualify for favorable tax treatment under both the federal and California tax law. However these tax laws are complicated and change from time to time. Certain limitations may depending upon the active apply participant's situation. ABO proceeds may affect the participant's-and/or family eligibility for public assistance programs such as Medi-Cal, Temporary Assistance to Needy Families (TANF), Supplemental Social Security Income (SSI) and drug assistance programs. You should consult with social service agencies and your tax advisor before accessing ABO.

To obtain the application for the Accelerated Benefit Option, visit www.scibew-neca.org and click on the "Forms" link. For additional information about the ABO contact Health Advocate at www.healthadvocate.com or call I-866-695-8622.

New Health Advocate Benefit Offers You Help To Get The Most Out of Your Healthcare Experience

The team at Health Advocate, consisting of personal Health Advocates, medical directors and administrative professionals, are expert at navigating the healthcare system, both clinically and

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From the Desk of the Fund Administrator

Contained within this Fall 2009 edition of the Trust Fund Bulletin are announcements regarding new benefits available to participants and in some cases their eligible dependents, reminders about previously announced Plan benefits and some helpful advice for managing school related stress.

The Board of Trustees of the Southern California IBEW-NECA Health Plan is able to provide benefits to Plan participants, their spouse and dependents partially as a result of your allocation of collectively bargaining monies to the Health Plan. Our Summer 2009 edition offered a summary and perspective of the benefit improvements made available by allocations and Trustee action.

The additional services available from Health Advocate are an example of the Board's effort to assist Plan participants and eligible dependents with navigating the uncertainty of the health care industry and another resource for assistance that staff of the Trust Funds Administrative Office is unable to provide due to HIPAA (Health Insurance Portability and Accountability Act) restraints.

Finally, may I urge all participants, spouses and dependents to visit our website for helpful and timely information regarding your benefits, the means to access those benefits and the on-line availability of many forms that when accessed on-line eliminate delays incurred in the mail.

Your Trust Funds' website may be found at www.scibew-neca.org

> George Wallace Fund Administrator

New Health Advocate Benefit, (continued)

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administratively. They can help you with clinical and administrative issues involving medical, hospital, vision, dental, pharmacy and other healthcare needs. They can provide you with the help and information you need while protecting your privacy and confidentiality.

On your first call to Health Advocate, you or one of your eligible family members will be assigned to your own "Personal" Health Advocate. You will be asked to complete and sign a simple one-page HIPAA Authorization Form, which provides Health Advocate with your permission to talk and interact with your healthcare providers. The comprehensive service provided by Health Advocate is not a substitute for your current health insurance plan. Rather, it is a service that provides a range of services to complement the existing health coverage that the SC IBEVV-NECA HealthTrust Fund provides for you and your eligible dependents. Health Advocate can be accessed 24-hours a day to help and assist you when you encounter a healthcarerelated problem or issue. Normal business hours are Monday-Friday between 8am and 9pm Eastern Time. After hours and during weekends, staff is available for assistance with issues that need to be addressed during non-business work hours. Members do not need to register to use Health Advocate's service.

The HIPPA Authorization Form is available online at *www.healthadvocate.com/authorization_form.aspx* or *www.scibew-neca.org*. During your initial call your "Personal" Health Advocate will instruct you on the completion and the fax submission of the form so that they can immediately begin working on your behalf.

It's simple to use Health Advocate. All you have to do is call I-866-695-8622 (toll-free). To review additional information regarding this benefit you may also visit the Trust Fund website at www.scibew-neca.org.

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Extended Life Insurance Coverage for Disabled Active Employees

Active employees covered by Metropolitan Life Insurance Company's \$50,000 Life Insurance benefit, may be eligible to continue their Life Insurance coverage after losing Trust Fund eligibility due to a total disability. However, this Extended Life Insurance coverage does not include Dependents Life Insurance or Active Employees Accidental Death & Dismemberment Benefits.

In order to be eligible to continue or "extend" the life insurance coverage, your disability must start before you have reached age 60, and must be classified as a total disability which means that you are expected never again to be able to do your job, and expected to never again be able to do any work for wage or profit. Your coverage for the Extended Life Insurance Benefit will begin only after your disability has been on-going for 9 consecutive months (the required waiting period). To establish eligibility for the extended coverage you will need

to submit an application to Metropolitan Life. The application may be submitted within the 9 month disability waiting period, but no later than 12 months after the onset of the disability. You will also have to provide annual disability notices to Metropolitan Life as proof of your continued disability. Metropolitan Life may also request that you be examined by one of their doctors, but never more than once in a 12 month period.

Extended Life Insurance coverage will be provided to you at no cost while you are totally disabled, as long as you have applied for and been granted the disability extension described in this article. The extended coverage will continue for the rest of your life as long as you remain totally disabled, but will end if you recover from the disability.

Contact Health Advocate at www.healthadvocate.com or I-866-695-8622 for further details. To obtain the application for the Life Insurance Premium Waiver, visit www.scibew-neca.org and click on the "Forms" link.





As educational requirements get more stringent in all levels of education, students

everywhere experience considerable school stress. Here are some student stress relief tips and tools that students can use to learn study skills, prepare for exams and minimize their school stress levels to make learning easier.

Here's How:

Manage Time Wisely. Give yourself plenty of time to work on your studies. Setting up a schedule for study, breaking up your studies into smaller chunks, and other time management skills are essential.

Get Organized. Have a system of organization for note-taking, keeping track of assignments, and other important papers.

Create a Good Study Environment. Creating

a soothing environment can reduce stress *and* help you learn.

Know Your Learning Style. We don't all learn in the same way so it's important to know whether you're a visual, kinesthetic or auditory learner, as you can tailor your study practices around your particular learning style and make success easier to attain.

Practice Visualizations. Take a few minutes each day and visualize, in detail, what you'd like to happen, whether it's giving a presentation without getting nervous, acing an exam, or something else that will support your success.

Get Enough Sleep. Research shows that those who are sleep-deprived have more trouble learning and remembering, and perform more poorly in many areas.

Learn Study Skills. Develop more specific study skills and techniques. The more prepared you are, the less stressed you'll be!

Dreaming Naps Dramatically Improve Performance

Have to solve a problem? Try taking a nap.

But it has to be the right kind of nap-one that includes rapid eye movement, or REM sleep, the kind that includes dreams.

Researchers lead by Sara C. Mednick, an assistant professor at the University of California, San Diego, gave seventy-seven volunteers wordassociation tests under three before-and-after conditions: spending a day without a nap, napping without REM sleep and napping with REM sleep.

Just spending the day away from the problem improved performance; people who stayed awake did a little better on the 5pm test than they had done on the 9am test. Taking a nap without REM sleep also led to slightly better results. But a nap that included REM sleep resulted in nearly a 40 percent improvement over the pre-nap performance.

The study, published June 8 in The Proceedings of the National Academy of Sciences, found that those who had REM sleep took longer naps than those who napped without REM, but there was no correlation between total sleep time and improved performance. Only REM sleep helped.

"Dreams are fanciful," Dr. Mednick said. "They incorporate strange ideas that you would never have put together in waking life. In REM sleep, it becomes more likely that ideas might come together in a solution."



Americans spend more than \$200 billion each year on prescription drugs alone.

Specialized Footwear (Orthotic) Benefit Reminder

The Southern California IBEW -NECA Health Trust Fund previously announced a new orthotic benefit that became effective April 15, 2009. The orthotic benefit is now available to all participants covered under the Active Health Plan.

Orthotics are custom-made footwear in the form of rigid inserts for the shoes or custom-made orthopedic shoes. This new benefit will reimburse you up to \$400 per year for costs you incur to be fitted with orthotic footwear used in connection with the treatment of foot disfigurement. Foot disfigurement may be the result of a medical condition such as cerebral palsy, arthritis, polio, spina bifida or diabetes, or it may result from an accidental injury or other abnormal condition. The \$400 annual benefit is available to you as well as to each of your covered dependents.

To be eligible for reimbursement, the orthotic

footwear must be fabricated and fitted by an orthotist, prosthetist, pedorthist, or other provider certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics.

To be reimbursed under the orthotic benefit, you must first obtain and pay for custom footwear fabricated by an eligible provider, complete a claim form (available from the Trust Funds Administrative Office and at the website) and submit it, along with the itemized receipt for the professional services rendered, to Allied Administrators at this address:

ALLIED ADMINISTRATORS, INC. P.O. BOX 2500 SAN FRANCISCO, CA 94126

Upon receipt of a fully-completed claim form with the necessary documentation, Allied will reimburse you for the eligible expenses you incur, up to the \$400 maximum annual benefit.

If you have questions about this new benefit, please contact Health Advocate at www.healthadvocate.com or call 1-866-695-8622.

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PHARMACY BENEFITS NEWS

Communication with your physician or provider and pharmacy is key to maximizing your prescription drug benefits. Below are some helpful suggestions for you when filling prescriptions.

Up to 100 day supply	Under your plan, you can expect that prescriptions written by your physician or provider for up to a 100-day supply will be filled as written. Exceptions include:
	where the manufacturer's packaging guidelines require dispensing an amount of medication less than the amount prescribed; or when filling the prescription as
	written is not consistent with state or federal pharmacy regulations.
Ask the pharmacist	Before leaving the pharmacy counter, make sure that your prescriptions have been filled for the quantity prescribed by your physician or provider. For maintenance medications the maximum quantity may be up to a 100-day supply consistent with the above comments. If the quantity dispensed does not match the quantity prescribed, ask to speak to the pharmacist for an explanation.
Diabetes guidance	Diabetic patients whose insulin needs may fluctuate: You should ask your physician or provider to write "sliding scale usage" in the directions section of the prescription to minimize refill problems if your insulin requirements fluctuate. Ask your physician or provider to indicate the number of vials you will need for the supply prescribed. For example, if the prescription is for a 100-day supply, and you use on average 4 vials per 100 days, ask your physician to write "100-day supply = 4 vials".
Prescription Expiration	Carefully review the number of refills remaining and the prescription expiration
Date	date which is usually printed on your prescription label. This will identify if your prescription is refillable. If the label indicates: "No Refills Remaining" please contact your pharmacy at least 7 days before you run out of medication or contact your physician or provider's office as soon as possible to see if a follow up office visit will be required. Your Prescription label may indicate that you have refills remaining before a specific date. For example, "One refill remains before November 1, 2009." It is important to note that this refill is only valid before the date of November 1, 2009. After this date, you physician or provider will need to be contacted by the pharmacy for refill authorization or you may contact your physician or provider for an office visit. If the prescription label does not include refill or expiration date information, ask to speak with the pharmacist. Most prescriptions for non-controlled substances with refills remaining will expire one year from the date it was originally written, unless the physician indicates otherwise. (Some prescriptions for controlled substances may expire before six months because of applicable state an federal regulations.

New COBRA Rates

The new COBRA rates effective October I, 2009 are now available on the Trust Fund's website at *www.scibew-neca.org* or by contacting the Trust Funds Administrative Office for the rates applicable to your specific situation.

Reminder to Delta Dental PPO Members

Delta Dental PPO Plan members are provided with two cleanings (or a dental procedure that includes a cleaning) each calendar year. To take advantage of the calendar year cleaning benefit, make sure that you schedule your appointment time with your Delta Dental Dentist prior to the end of the year. In order for your preventative benefit to be paid at 100% (without any additional out-of-pocket expenses to be paid by you) remember to use a dentist that belongs to Delta Dental's PPO network. If you use a dentist that does not belong to the Delta Dental PPO network your benefit will be paid at 100% of the Delta Dental allowance, leaving an additional amount for you to pay to the out-of-network dentist.

This newsletter contains only highlights of certain features of the Southern California IBEW-NECA Health Trust Fund. The full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.





Southern California IBEW-NECA

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www.liveandworkwell.com

MAP—Your Member Assistance Program Provided through PacifiCare/Optum Behavioral Health

Liveandworkwell.com has partnered with KidsHealth to bring you expert information from the largest and most visited site on the web providing doctor-approved health information about children before birth through adolescence. "My Healthy Family" gives you access to the latest information and articles pertaining to topics which affect you and your children. Current topics such as the seasonal flu, and the HINI flu, is written to assist both children and parents in understanding (what the health officials are calling), the new **pandemic.** For example:

"As we head into fall-the flu season-you'll be hearing more about swine flu, also known as influenza A (HINI). To prevent people from getting this new virus, a vaccine (shot) is being manufactured. Some HINI vaccine is expected to be available in October.



People, including kids, will probably need two shots about three weeks apart to be protected from this virus.

HINI Is a New Flu

The shot will be different than the seasonal flu shot that many kids and grownups get. So to be protected against both HINI and the regular flu, a person will need three shots."

To read the article in its entirety and receive free online information regarding your benefits and other support tools, log onto:

www.liveandworkwell.com

If you do not have access to a computer the member assistance program (MAP) is also available to you by telephone, 24 hours a day, 365 days a year at: (877) 22-LABOR (52267)

