



Connection

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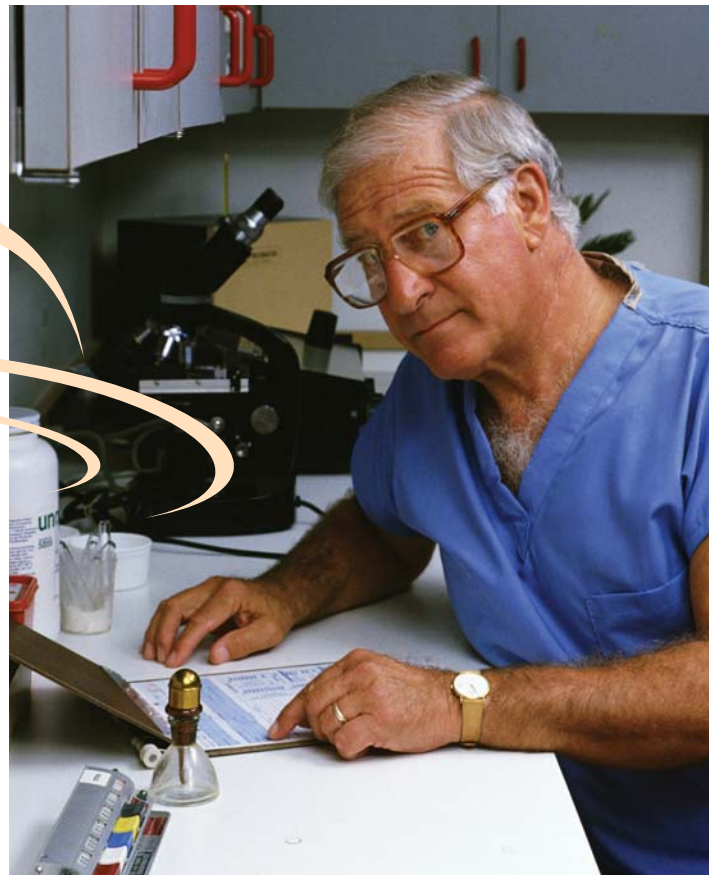
Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

1014 Medical Plan: Now More Than Ever The Best Plan for Local 1014 Members

Despite everything you may have heard about soaring medical costs, decreased budgets and reductions in benefits, the Los Angeles County Fire Fighters Local 1014 sponsored Medical Plan will continue to support our valued members with a generous Plan of benefits targeted to the real needs of fire fighters and their families.

In fact, the Plan's Board of Trustees has approved a series of outstanding benefit enhancements for 2010 to even more closely align the 1014 Plan with the needs of you, our union fire fighter member both active and retired and your families. The following Plan enhancements have been approved by the Board of Trustees:

- 1 A new Adult and Child Orthodontia benefit with a \$2,000 lifetime maximum.
- 2 A new \$1000 annual "excess" dental benefit for all covered individuals who exceed their annual dental plan maximum
- 3 An increase in the 100% "Wellness" benefit from \$550 to \$600
- 4 Coverage at 100% of all medically necessary immunizations for persons age 2 and over as part of the \$600 Wellness benefit. Babies under age 2 are covered under the separate 100% "well baby care" provision.
- 5 Coverage for the following disease management benefits
 - a. One smoking cessation program per year up to \$250
 - b. Instruction for self-care and disease management for newly diagnosed diabetics up to \$250
 - c. Improved medically managed weight-loss program. The BMI requirement with no co-morbidities has been reduced from 35 to 30 and coverage for prescribed weight loss medications has been added.
- 6 An increase in the allowable expense for the acupuncture benefit from a flat \$50 to the Anthem Blue Cross contract rate for in-network services and the reasonable and customary charge for out-of-network services.



The Plan's Board of Trustees has approved a series of outstanding benefit enhancements to even more closely align the 1014 Plan with your needs.

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Maximize Your 1014 Medical Plan Benefits

Get the most from your benefit Plan while protecting yourself from unexpected expenses

Los Angeles County Fire Fighters Local 1014, who sponsors the Medical Plan believes they have created the best Plan of health care benefits available to any employee of LA County. In order to gain maximum value from the Plan there are a few things that you need to consider when accessing services.



Use in-network providers whenever possible. The Plan uses the Anthem Blue Cross PPO network; the largest PPO network in California. As you are probably aware, after the annual deductible is satisfied the reimbursement percentage for in-network providers is 90% versus 70% for out-of-network providers. The annual family out-of-pocket maximum for in-network charges after satisfaction of the deductible is \$1,000, but for out-of-network providers it is \$1500. Most importantly, however, is that while PPO providers are limited in their charges to the contracted amount, out-of-network providers can charge anything they want, which is frequently over the "reasonable and customary" amount. If the Plan can not negotiate a reduction in an out-of-network charge the member is stuck with the bill for the excess in addition to their deductible and coinsurance.

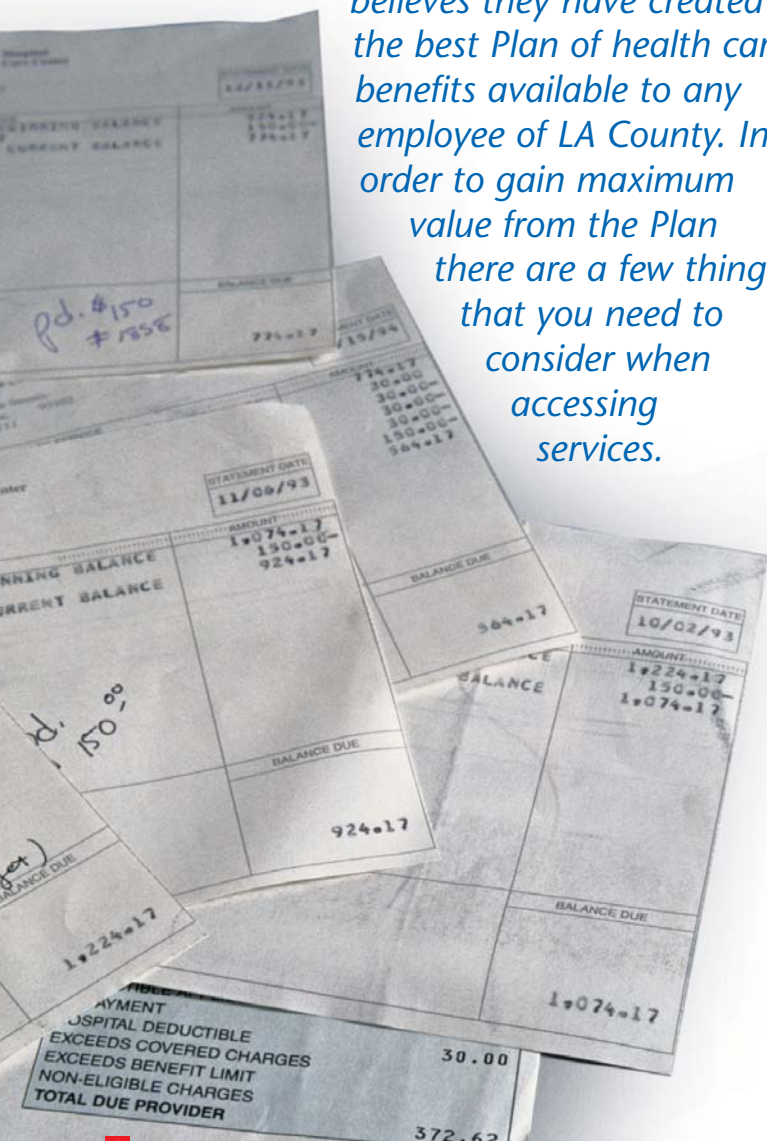
Next year there will be two types of services for which **only very specific** in-network services will be reimbursed. Coverage for Organ and Tissue Transplants was added in 2008. These services are only reimbursed when they are performed through the Anthem Blue Cross Centers of Expertise Program (COE). *In 2010 the Plan will adopt the Anthem Blue Cross Centers of Expertise Program (COE) for all weight-reduction surgical procedures.* Services provided outside these two COE programs will not be considered allowable expenses under the Plan.

Use generic drugs.

The 1014 Plan is one of the very few plans that doesn't use a "formulary" to steer members to certain medications. You will find, therefore, that 1014 Plan participants enjoy a wider choice of brand and generic prescription drugs than participants in most other plans.



The Plan charges a co-pay of \$10 for a generic drug (30 day supply) and \$20 for a brand name drug when no generic alternative is available (single source). Out-of-pocket expenses can go much higher when brand name drugs are prescribed and there are generic equivalents available (multi-source). In these cases the



Plan charges a \$30 co-pay **plus** the difference in the cost between the brand name drug and the generic drug. This total cost can be \$80, \$100 or more per prescription. Members should work with their doctors to determine the most appropriate medication in their particular circumstance.

Use the Health Care Spending Account. The Health Care Spending Account available through LA County provides members with the opportunity to set aside money on a before-tax basis and use it to cover expenses like deductibles and out-of-pocket expenses like co-payments for medical, dental and vision care and other health care expenses like over the counter medications. For a complete list of eligible expenses you should check IRS Publication 502.

Set aside money on a before-tax basis and use it to cover expenses like deductibles and out of pocket expenses.

By using tax free dollars you lower the net cost of these items by the combined state and federal income tax that would normally apply to the income you decide to contribute to the account.

There is only one drawback: *If you decide to contribute to the account, but don't use all the funds in the account by the deadline, you will forfeit the money left over.* You should plan carefully.

File work-related injuries. Much delay in payment occurs when members don't file appropriate expenses with Worker's Compensation. Injuries that are accepted by Worker's Compensation are paid without co-payments for medical care and prescription drugs. If your comp condition has been accepted you should not use your 1014 coverage for either medical treatment or drugs. During the period of time that your condition is being evaluated by worker's compensation, 1014 will work with you and your providers.



Fire fighters have special worker's compensation provisions that have been negotiated for them by their union. These provisions are called "presumptive conditions." There are eight "presumptive conditions": hernia, heart trouble, pneumonia, cancer, tuberculosis, blood borne infectious disease, biochemical substance and meningitis. These conditions are presumed under state law to be work related and worker's compensation claims should be filed.

Please see your Summary Plan Description or call 1014 member Services at 800-660-1014 if you have any questions about your benefits. 📌

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- 7 Changing the lifetime limit for in-shoe orthotics from \$1000 to \$3000.
- 8 Removal of the limit on number of visits per year for outpatient mental health /substance abuse treatment and removal of the maximum number of days per year for medically necessary inpatient care.
- 9 Providing a limited "transitional nursing benefit" to coordinate with our inpatient, and home health nursing benefits.

In addition, there will be **no** benefit reductions; you'll still get the great 1014 fire fighter's Plan with 90% in-network coverage after a \$200 annual individual deductible. You will continue to receive the same great coverage for LASIK, Chiropractic, VSP and other fire fighter oriented benefits.

The only administrative change will be a new requirement in 2010 that **all weight loss surgery** be performed according to the **Anthem Blue Cross Centers of Expertise (COE)** program. This provision is being changed to guide our members to the best and most experienced providers of these services and avoid the truly outrageous charges being made by some non-contracting facilities. Weight loss surgery services provided by other than Anthem Blue Cross COE providers will **not** be considered eligible expenses.

In recognition of the success of the 1014 Plan and the fact that times have been challenging for everyone, your Board of Trustees voted to restrict the premium increase for active fire fighters to 1% for 2010. With this increase, the Plan's premium will remain *below* the current negotiated LA County monthly benefit allowance for active fire fighters. Retired fire fighters with 25 or more years of creditable service will continue to receive the Plan at no out-of-pocket premium cost even with the new enhancements. 📌



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Advisory Committee**

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Board of Trustees
Lynetta Lee
Carole Vassy
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Al Cain

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Printer
Seaside Printing

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Contact Information
3460 Fletcher Ave.
El Monte, CA 91731
(800) 660-1014
e-mail: medicalplan@local1014.org
www.local1014medical.org

In-Network and Out-Of-Network Comparison

The following chart compares member out-of-pocket expenses for a hypothetical surgical procedure when it is performed both in-network and out-of-network.

Hypothetical Gall Bladder Removal			
In-Network ¹		Out-of-Network ¹	
Contracted fee for surgeon	\$3,000	Non-contracted surgeon fee	\$6,000
Total	3,000	Reasonable and customary fee	4,500
Plan pays 90%	2,700	Plan pays 70%	3,150
		Member pays 30% of 4,500 plus the amount over R&C	1,350 1,500
Member payment 10%	\$300	Total member payment	\$2,850

¹ Examples assume that the individual deductible has been met

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The Best Plan for Local 1014 Members

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