



Connection

DECEMBER 2004 • VOLUME 2 • ISSUE 4

Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan

Know Your Workers' Compensation Rights

On April 19, 2004, Governor Arnold Schwarzenegger signed Senate Bill (SB) 899 into law. SB 899 is all about workers' compensation benefits and procedures, and is intended to help curb rising workers' compensation costs and fraudulent claims.

Most sections of SB 899 became effective April 19, 2004. Some sections will become effective later (on the dates specified in the bill) and others are effective on a retroactive basis.

For More Information

Go online to the State of California's Division of Workers' Compensation web site:

www.dir.ca.gov/DWC/dwc_home_page.htm

This site highlights the new workers' compensation rules.

What SB 899 Means To You

This bill makes major changes in the state's workers' compensation system. It affects injured workers with an ongoing workers' compensation claim or a case before the Workers' Compensation Appeals Board (WCAB), and all employees in general. It also affects employers, insurance carriers, and health care providers. We have highlighted some of the major changes below:

• **Treatment:**

- Before April 19, 2004*—You could select your own primary treating physician. This physician controlled and regulated all of your treatment.
- As of January 1, 2005*—You must be treated by an employer's network of treating physicians. Your employer and the insurance carrier will select and approve the network of treating physicians.

• **Treatment Guidelines:**

- Before April 19, 2004*—Your employer was required to provide treatment that was reasonable and necessary based on the treating physician's opinion.
- As of April 19, 2004*—Treatment will be governed by the extremely conservative American College of Occupational and Environmental Medicine's (ACOEM) guidelines. The treating doctor's presumption of correctness has been repealed for all cases regardless of the date of injury.

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Injured at Work?

DO NOT!

If you have a workers' compensation claim, *do not* obtain health care through the Local 1014 Health and Welfare Plan.

DO!

If you have a work-related injury, refer to the *Fire Department Manual* (Volume 2, Section 7, Chapter 8) and the *Injury and Illness Reporting Guide* for detailed instructions on how to file a workers' compensation claim.

How CLAIMS Work Under the Local 1014 Plan

Medical Claims

Typically, your in-network provider will file claims for you. However, you are ultimately responsible for submitting your claims. If your provider did not submit a claim for you, you must:

1. Complete the front side of a Local 1014 Health and Welfare Plan *Benefits Claim Form—Policy #A1014*.
2. Have your provider complete the reverse side of the claim form.
3. Mail your completed claim form to:

Local 1014 Health and Welfare Plan

3460 Fletcher Avenue
El Monte, CA 91731

To obtain a Local 1014 Health and Welfare Plan *Benefits Claim Form—Policy #A1014*:

- Go online to www.local1014medical.org,
- Call Local 1014's Member Services at 1-800-660-1014, or
- Download the form from the Local 1014 Health and Welfare Plan SPD/CD-ROM.

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Mental Health/Substance Abuse Care Claims

Before obtaining *any* mental health care or substance abuse care, you must call Managed Health Network (MHN) at 1-800-777-WELL and receive authorization. Without this authorization, your visit might not be covered. MHN provides all services and handles all claims directly.



Prescription Drug Claims

When you go to an out-of-network pharmacy, you are responsible for filing your own claim. First, you must pay the

full cost of the drug. Then, you may be reimbursed for 100% of the cost minus your copayment. Submit your claims to:

Medco

P.O. Box 2187
Lee's Summit, MO 64063-2187

To obtain a Medco claim form:

- Go online to www.medco.com, or
- Call Medco at 1-800-711-0917.



Vision Care Claims

You may file a claim if you obtain vision care outside of VSP's network. To file a claim with VSP, call their Member Services department at 1-800-877-7195 and request an *Out-of-Network Reimbursement Form*. 📄

Rx Talk

Need a Prescription Filled?

To get a prescription filled, you may go to an in-network or out-of-network retail pharmacy. It's up to you. When you go to an in-network retail pharmacy, you pay your copay and that's it! When you go to an out-of-network pharmacy, you pay the entire cost of your prescription up front and then file a claim for reimbursement (minus the copay). Most short-term prescriptions include up to a 30-day supply of medication. To find a participating retail pharmacy, call Medco at 1-800-711-0917 or log on to www.medco.com.

2005 Retail Rx Copayments*		
	In-Network Rx Copays	Out-of-Network Rx Copays
Generic	\$10	You pay the FULL cost of your prescription. Then, submit a claim for reimbursement. You may be reimbursed for 100% of the cost minus your copayment. Copayments are the same as for in-network pharmacy benefits.
Brand (when generics are not available)	\$20	
Brand (when generics are available)	\$30 PLUS the cost difference between the brand name drug and the generic drug	

* The Plan covers prescription drugs only for the treatment of a condition, as approved by the Food and Drug Administration.

Save On Maintenance Prescriptions!

When you buy maintenance prescription drugs (typically up to a 90-day supply) at an in-network retail pharmacy OR through Medco By Mail (you have only ONE copay! The copay for maintenance drugs is equal to two and one-half (2-1/2) times the cost of a single one month copay for a short-term prescription:

	Copays for Maintenance Rx
Generic	(\$10 x 2.5) = \$25
Brand (when generics are <i>not</i> available)	(\$20 x 2.5) = \$50
Brand (when generics are available)	(\$30 x 2.5) = \$75 PLUS the cost difference between the brand name drug and the generic drug

* The Plan covers prescription drugs only for the treatment of a condition, as approved by the Food and Drug Administration. *The Plan does not cover injectables through Medco By Mail or retail pharmacies unless approved by the Local 1014 Health and Welfare Plan Trustees. Call the Patient Care Coordinator at 1-800-322-1014 for information.*

To learn more about Medco by Mail (Medco's home delivery option), call Medco at 1-800-711-0917, or log on to www.medco.com. 📄

2005 Benefits-at-a-Glance

	In-Network	Out-of-Network
Annual deductible	\$300/person and \$600/family	
Annual out-of-pocket limit	\$1,000/person (after you pay the deductible)	\$1,500/person (after you pay the deductible)
Lifetime benefit maximum	\$3,000,000	
Preventive Care	In-Network	Out-of-Network
Immunizations	80% after deductible; \$2,000 benefit maximum; coverage effective through age 12	70% after deductible; \$2,000 benefit maximum; coverage effective through age 12
Periodic health exams	No deductible; routine exams and screenings are covered (up to a \$250 combined annual maximum); well woman, well man, well child benefits available	No deductible; routine exams and screenings are covered (up to a \$250 combined annual maximum); well woman, well man, well child benefits available
Medically Necessary Care	In-Network	Out-of-Network
Ambulance	80% after deductible, up to \$5,000; 100% thereafter	
Doctor's office visits	80% after deductible, up to \$5,000; 100% thereafter	70% after deductible, up to \$5,000; 100% thereafter
Emergency room	\$50 copay per visit (waived if admitted)	\$50 copay per visit (waived if admitted)
Hospital care	80% after deductible, up to \$5,000; 100% thereafter; pre-notification required	70% after deductible, up to \$5,000; 100% thereafter; pre-notification required
Maternity	80% after deductible, up to \$5,000; 100% thereafter; you must notify the Plan Administrator within two working days of hospital admission for the birth	70% after deductible, up to \$5,000; 100% thereafter; you must notify the Plan Administrator within two working days of hospital admission for the birth
Surgery	80% after deductible, up to \$5,000; 100% thereafter; pre-notification required	70% after deductible, up to \$5,000; 100% thereafter; pre-notification required
X-ray and lab tests	80% after deductible, up to \$5,000; 100% thereafter (excludes periodic health exams)	70% after deductible, up to \$5,000; 100% thereafter (excludes periodic health exams)
VSP Vision Care	In-Network	Out-of-Network
Exams	Covered in full every 12 months	\$45
Prescription glasses	Lenses are covered in full every 24 months	<ul style="list-style-type: none"> • Single vision = \$45 • Lined bifocal = \$65 • Lined trifocal = \$85
Frames	Frame of your choice is covered up to \$120 once every 24 months, plus 20% off other costs.	\$47
Contacts	When you choose contacts instead of glasses, the \$120 allowance (for frames) applies once every 24 months to the cost of contacts, fitting, and exam. This is a separate exam from your regular vision exam.	\$105
MHN Mental Health Care	In-Network	Out-of-Network
Outpatient care	<i>Assessment:</i> 1-3 visits every 6 months (\$0 copay) <i>Individual sessions:</i> 1-5 visits (\$0 copay) / 6-50 visits; (\$20 copay)	No coverage available.
Inpatient care	<i>80% no deductible:</i> <ul style="list-style-type: none"> • Combined maximum of 30 days/calendar year for mental health and substance abuse care • Combined lifetime maximum of 60 days for mental health and substance abuse care 	No coverage available.
Additional Benefits	In-Network	Out-of-Network
Chiropractic care	Up to \$75 for first visit; 80% thereafter (\$45 benefit maximum per visit); 30 visits/year maximum	Up to \$75 for first visit; 70% thereafter (\$45 benefit maximum per visit); 30 visits/year maximum
Home health care	80% after deductible, up to \$5,000; 100% thereafter (maximum 100 visits/year)	
Hospice care	80% after deductible, up to \$5,000; 100% thereafter (\$12,000 lifetime maximum)	
Physical therapy	80% after deductible, up to \$5,000; 100% thereafter	70% after deductible, up to \$5,000; 100% thereafter

Contact Information			
Topic	Contact	Phone	Web Site
Local 1014 Health and Welfare Plan	CCN Local 1014 Member Services	1-800-226-5116 1-800-660-1014	www.ccnusa.com www.local1014medical.org
Prescription Drug Benefits	Medco Health	1-800-711-0917	www.medco.com
Vision Benefits	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Mental Health/Substance Abuse Benefits	MHN	1-800-777-9355	www.mhn.com
Changes in Qualified Status	County of Los Angeles Local 1014 Member Services	1-888-822-0487 1-800-660-1014	www.buckhrsolutions.com/countyla www.local1014medical.org

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Loren Myers + Associates

Printer

Seaside Printing

Publisher

Local 1014 Health and Welfare Plan publishes *Connection* four times a year (March, June, September, and December) for Local 1014 members and retirees. *Connection* only highlights the Plan and is not a summary plan description, official Plan document, or contract of Local 1014 employment or membership. Local 1014 does not offer medical or legal advice.

Contact Information

3460 Fletcher Ave.
El Monte, CA 91731
(800) 660-1014

e-mail: medicalplan@local1014.org
www.local1014medical.org

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—*Before January 1, 2004*—You were entitled to all chiropractic care, and physical or occupational therapy necessary to cure you or provide you with relief from the effects of the injury.

—*After January 1, 2004*—You are only entitled to a maximum of 24 chiropractic, physical, and occupational therapy visits.

—*Before April 19, 2004*—You had the right to predesignate your personal physician as your treating doctor.

—*After April 19, 2004*—If your employer offers a group health/insurance plan for medical conditions that are unrelated to work, you may predesignate a physician who agrees to be predesignated (as long as this physician has treated you in the past).

• **Permanent Disability:**

—*Before January 1, 2005*—Permanent disability was based upon work restrictions, subjective complaints of pain, objective findings modified by the injured workers age, occupation and ability to compete in the open labor market.

—*After January 1, 2005*—The treating doctor's description of your medical problems, and limits on the work you can do, must be based on the guidelines published by the American Medical Association (AMA).

• **Distribution of Benefits:**

—*Before April 19, 2004*—An employer had to prove the existence of disability at the time of a new injury to reduce the monetary recovery based upon the subsequent injury.

—*After April 19, 2004*—There is a conclusive presumption of permanent disability if a prior award exists.

• **Temporary Disability:**

—*Before January 1, 2005*—An injured worker was entitled to unlimited temporary disability benefits during the time s/he was recovering from an injury.

—*After January 1, 2005*—An injured worker is only entitled to a maximum of two years of temporary disability benefits from the start date of benefits. 📌

**If you have been injured on the job, contact your attorney
to discuss how the new legislation impacts your case.**

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