



Connection

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Los Angeles County Fire Fighters Local 1014 Medical Plan and Trust

You! Save Yourself 20%!

As a reminder, you **MUST** contact the Local 1014 Medical Plan’s Patient Care Coordinator at 1-800-322-1014 **BEFORE** you obtain certain health care services (shown in the chart below). If you do not speak with the Patient Care Coordinator before you obtain these services, *your Plan benefits will be reduced by 20%!*

Pre-notifying the Local 1014 Medical Plan’s Patient Care Coordinator is part of a process called “utilization review (UR)” which is spelled out in more detail on pages 41-42 of *A Guide to Your 2004 Medical Benefits (Summary Plan Description)*. Local 1014 mailed each Plan member a copy of the Guide on CD-ROM. If you did not receive your CD-ROM and would like a copy, please call the Plan at 1-800-660-1014.

Why Pre-notify?

When you pre-notify, you give the Plan an opportunity to:

- **Be “up front” with your health care providers.** The Plan is willing to share general descriptions about what is covered under the Local 1014 Medical Plan—and what is not. This helps get everyone on the “same page” before services are delivered,


and let’s the provider know that the services and charges will be reviewed by a panel of his/her peers.

- **Conduct a review of the costs.** After the Plan receives the claim, a panel of the provider’s peers will review it and determine if the claim is reasonable and customary.

It’s Your Responsibility!

Sometimes, but not always, the doctor’s office or hospital will notify the 1014 Medical Plan’s Patient Care Coordinator for you. Regardless, it is **YOUR** responsibility to make sure that the Plan receives notification.

Consequences

If you do not pre-notify the 1014 Medical Plan’s Patient Care Coordinator (according to the chart below), and *if* the Plan covers the service/item, your benefit payment will be reduced by 20%. *Save that 20% by making a phone call to the 1014 Medical Plan’s Patient Care Coordinator at 1-800-322-1014 BEFORE obtaining any of the services or items in the chart below.* 

Services/Items Requiring Pre-notification:	To Ensure Eligibility & Maximum Coverage:
Durable medical equipment	Speak with (notify) the Patient Care Coordinator before arranging for or obtaining any durable medical equipment.
Elective inpatient hospital admissions	Speak with (notify) the Patient Care Coordinator at least five working days before admission.
Elective outpatient procedures*	Speak with (notify) the Patient Care Coordinator at least five working days before admission.
Emergency/urgent admissions or procedures	Speak with (notify) the Patient Care Coordinator within two working days after the admission/procedures.
Home health care, home infusion therapy	Speak with (notify) the Patient Care Coordinator before arranging for or obtaining any home health care services, treatments, or therapies.
Hospice care	Speak with (notify) the Patient Care Coordinator before arranging for or obtaining hospice care.
Infertility testing	You must have the Patient Care Coordinator’s written authorization before receiving infertility tests
Maternity	Speak with (notify) the Patient Care Coordinator within two working days after the admission/procedures.
Rescheduled or modified procedures	Speak with (notify) the Patient Care Coordinator of your rescheduled date. If the rescheduled date is more than 30 days from the original date of service OR if a provider or a procedure is modified, your original notification is void and you MUST pre-notify the Patient Care Coordinator again.

* Elective outpatient procedures include services such as surgeries performed at a hospital or ambulatory surgical center, invasive diagnostic procedures, sleep studies, refractive eye surgery, and surgeries performed in a doctor’s office (where the charge might exceed \$1,000). Be sure to read pages 41 and 42 of *A Guide to Your 2004 Medical Benefits (Summary Plan Description)* for details.

Confused About Generic Drugs?



Today, almost half of all prescriptions are filled with generic drugs, saving consumers anywhere from 30 percent to 70 percent. But are they risking safety or decreasing effectiveness by switching to a generic? Not according to the Food & Drug Administration (FDA). Here are some answers to frequently asked questions about generic medications.

- 1. What are generic drugs?** A generic drug is a copy of a brand-name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use.
- 2. Are generic drugs as safe as brand-name drugs?** Yes. The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand-name counterparts.
- 3. Do generic drugs work like brand-name drugs?** Yes. Generic drugs work in the same way and in the same amount of time as brand-name drugs. The FDA requires generic drugs to have the same quality, strength, purity, and stability as brand-name drugs.
- 4. Why are generic drugs less expensive?** Generic drugs are less expensive because generic drug manufacturers do not have the same research, development, marketing, and patent protection costs as brand-named manufacturers. But, when the patent expires, other drug companies may introduce competitive generic versions (after the generic has been thoroughly tested and approved by the FDA).

Because manufacturers of generic versions do not have the same start-up costs, they can sell generics at substantial discounts. Also, once the FDA approves a generic, competition keeps the price down. It is interesting to note that brand-name manufacturers make about 50 percent of all generic drugs. It is common for them to make copies of their own brand-name medication (or other brand names) and sell them under a different name.

5. If brand-name drugs and generic drugs have the same active ingredients, why do they look different?

In the United States, trademark laws do not allow a generic drug to look exactly like the brand-name drug. However, a generic drug must duplicate the active ingredient. Colors, flavors, and certain other inactive ingredients may be different.

Name Brand	Generic	Wholesale Cost* (30 pills)	
		Brand	Generic
Vicodin	Hydrocodone/APAP	\$18	\$8
Synthroid	Levothyroxine	\$15	\$5
Tenormin	Atenolol	\$62	\$19
Prozac	Fluoxetine	\$116	\$38
Prinivil	Lisinopril	\$36	\$16
Glucophage	Metformin	\$24	\$11

* Costs are Average Wholesale Prices (AWP) provided by the drug manufacturers and approximate what the Plan pays for these medications.

Save \$\$\$ Using Generics!

When you buy a generic medication, your copay is only \$10. If the cost of the drug is less than the copay, you pay the lower amount. In light of the fact that prescription drug costs continue to soar, this is a good deal. Not only do you save money, you save the Plan money when you buy generics. And this savings translates into future benefits under the Plan.

Listed in the table above are the medications most frequently prescribed/used by members of the Plan.

- 6. Does every brand-name drug have a generic counterpart?** No. Because a patent typically protects brand-name drugs for 20 years from the patent submission date, not all drugs have a generic counterpart.
- 7. What is the best source of information about generic drugs?** Talk with your physician or pharmacist about generic drugs. You can also do some research by visiting these web sites:

Food & Drug Administration	www.fda.gov
WebMD	www.medmd.com
MEDLINEplus (a service of the U.S. National Library of Medicine and the National Institutes of Health)	www.nlm.nih.gov/medlineplus/druginformation.html

- Sources:
- WebMD
 - FDA/Center for Drug Evaluation and Research
 - Pro Pharma Pharmaceutical Consultants, Inc.

Q. How can I get a mail order form for the prescription home delivery service?


A. If you take long-term, maintenance medications, you can save money by ordering them through the Medco Health home delivery program. To take advantage of this cost-saving feature, you can ask your doctor to fax your prescription (typically for a 60- or 90-day supply) to Medco Health, or you can mail your prescription along with a mail order form. To obtain a mail order form, call Medco Health's toll free Member Services number (1-800-711-0917) or go to www.medcohealth.com. When you receive your prescription, there will be extra mail order forms included in the delivery packet. See page 39 of *A Guide to Your 2004 Medical Benefits (Summary Plan Description)* for more information. If you need a copy of the Guide, please call the Insurance Office at 1-800-660-1014.

Q. Are sports physicals for children covered?

A. Although the Plan does not cover sports physicals per se, it does cover charges for wellness care up to \$250 per calendar year for screening X-rays, preventive lab tests, and examinations other than those covered under preventive cancer examinations. No diagnosis is required, the deductible does not apply, and there are no copays. *If you want your child's sports physical to be covered under the wellness benefit provision, you MUST notify the Plan in advance, or the physical will not be covered.*

Q. I'm confused about our vision coverage. What type of coverage do we have?

- A. The Local 1014 Medical Plan covers two vision-related expenses:
1. *Eye exams* - The Plan pays 100% of the cost of eye exams, up to a maximum benefit of \$120 per calendar year. The Plan's deductible does not apply to eye exams.
 2. *Refractive eye surgery* - After you pay the Plan's calendar year deductible, the Plan will pay 50% per eye up to \$1,000 per eye (per lifetime).

Do you have a "burning" question about Plan benefits or how the Plan works? If so, please e-mail or fax your question to the Insurance Office. We might use it in the next issue of the Connection. 

REALLY Important Stuff!

1. **Swap out your card!** Are you still carrying the old Member ID card in your wallet? You know the one...it has the old St. James address on it. Toss that thing and start using the new card today. And, please tell your health care providers about our new address. Thanks!
2. **Hurt on duty?** Please, please, a million times please! Call the Insurance Office and tell them about any Workers' Compensation conditions, no matter how big or small. It will help us get your claim processed more efficiently.
3. **Have a Medicare-related claim?** Please, in all cases, have your doctor bill your Medicare claim. If your doctor is unable to do so and you want Local 1014 to process your claim, you **MUST**:
 - Attach your itemized bill (for the Medicare-covered services you received) to the Medicare explanation of benefits (EOB) form.
 - Send the bill and the EOB form *together* to the Insurance Office.



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We Want To Hear From You

What do you think of the *Connection*? Does it provide helpful information? Is it attractive and easy to read? What topics would be interesting, timely, and valuable (to you) that we could cover in future issues of the *Connection*? Please forward any comments to our Editor at: syndine.capstone@verizon.net. Thank you.



Next Issue:

- **"Retiree Corner" Returns!** Meet two retired fire fighters who share their secrets for staying young and fit.
- **"Health Hints" Returns!** Stamp out summer sniffles with these tips from the experts.

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