



# Connection

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Los Angeles County Fire Fighters Local 1014 Medical Plan and Trust

## Sign Up for Local 1014's Medical Plan During *Choices* Open Enrollment

Sign up for the Local 1014 Medical Plan during the Los Angeles County *Choices* open enrollment (October 1-31). Why choose our Plan? *Because we take care of our own!* Fire fighters created our plan. Not the County. Not the government. Your health and well-being will *always* be priority with us. *No other health plan can make that statement!*

### Health Care Costs Continue to Soar

The national health care situation is front-page news. Last year's brutal rate hikes compelled many employers to take serious steps to cut costs, including changing plan design, reducing coverage, and eliminating plans altogether.

Our Local 1014 Medical Plan Trustees have worked hard to continue offering you comprehensive Plan coverage at affordable rates. *We are proud that our rate increase for 2005 is less than the national average.* However, to maintain the Plan and be able to offer the new VSP vision benefit, it is necessary to make the following Plan changes.

### Plan Changes Effective January 1, 2005\*

- **Vision Service Plan (VSP)**—In response to your requests, we are proud to report that we have negotiated new vision benefits with VSP. VSP coverage for exams, lenses,

frames or contact lenses replaces the old vision benefit of \$120/year.

- **Annual deductible**—The annual deductible will change from \$250 person/\$500 family to \$300 person/\$600 family.
- **Out-of-network coinsurance**—The out-of-network coinsurance amount (the amount the Plan pays/the amount you pay, after deductible) will change from 80%/20% to 70%/30%.
- **Maintenance Rx Copay**—The copay for maintenance prescription drugs (for a 90-day supply) will change from a single one-month copay to two and one-half (2-1/2) times the cost of the single one month copay. For example, if you purchase a generic drug as a "regular" prescription, your copay will be \$10. If you purchase this same drug as a maintenance prescription, your copay (for a 90-day supply) will be \$25 ( $\$10 \times 2.5 = \$25$ ).
- **Fertility Benefit**—Coverage for fertility testing will continue in 2005. Coverage for fertility treatment was discontinued January 1, 2004.
- **Domestic Partner Benefit**—Local 1014 will begin offering domestic partner coverage to comply with the County of Los Angeles' requirements. For details, please contact Local 1014's Medical Plan Insurance Office.

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#### Actives Members Only\*

HOW TO ENROLL IN  
THE LOCAL 1014  
MEDICAL PLAN

FOLLOW THESE STEPS  
TO ENROLL

Be sure you are a Member  
of Local 1014.

Complete the County of Los  
Angeles *Choices* telephone  
enrollment process **BEFORE**  
October 31, 2004.

After you enroll with the  
County, call LOCAL 1014  
for a Local 1014 member-  
ship application and  
benefits enrollment form.

Submit your completed  
Local 1014 membership  
application and benefits  
enrollment form to Local  
1014 **BEFORE** December 31,  
2004. Be sure to list your  
name and the names of all  
dependents you want to  
cover. Attach copies of your  
marriage certificate and  
children's birth certificates.

\**Choices* enrollment applies  
only to active Members of  
Local 1014, not retirees.

# 10 reasons to sign up for the Local 1014 Medical Plan during Choices open enrollment:

1. **We take care of our own**—Fire fighters created the Local 1014 Medical Plan to accommodate our unique health care needs. No other plan can say that. For instance, the County's plans offer minimum (or no) chiropractic coverage. We know you need this coverage so our Plan offers up to \$75 for the initial visit, then 80% (up to a \$45 maximum benefit) per visit.
2. **Personal service**—You are top-priority when you call our Member Services department (1-800-660-1014). With other plans, you have to slog through frustrating phone trees and put up with rude call representatives. *Our friendly staff is at your service.*
3. **Freedom of choice**—Our Plan is a fee-for-service Plan with a PPO option. This means you may choose your own licensed providers—and most PPO providers do the paperwork for you!
4. **Affordability**—Although soaring health care costs have forced us to raise the annual deductibles—our Plan continues to be a great choice and pays for most services at 80% (after deductible) up to \$5,000, and 100% thereafter.
5. **Retiree coverage**—The Local 1014 Medical Plan is the ONLY plan offered through LA County's Choices program that covers you (as a retiree) with the same benefits you had before retirement.
6. **Survivor coverage**—If you die while covered under our Plan, your covered spouse and children will continue to be covered under our Plan as long as they are eligible.
7. **New provider! Vision Service Plan (VSP)**—Effective January 1, 2005, you will be able to get vision exams, lenses, frames or contact lenses through VSP (no deductible). And, the Plan will continue covering LASIK and radial keratotomy (pre-certification required) at 50% up to \$1,000/eye, after deductible.
8. **High lifetime maximum benefit**—Our lifetime maximum benefit is \$3,000,000 per person!
9. **Lower out-of-pocket maximum**—When you use a PPO provider, our plan pays 100% of all covered expenses after you pay your deductible and only \$1,000 of out-of-pocket costs! Out-of-pocket maximums for the County of Los Angeles' plans can run into the thousands of dollars.
10. **Fertility benefit**—Although many plans do not cover fertility testing, our plan does.

## New Vision Coverage for 2005!

Beginning January 1, 2005, Local 1014 Members (who are covered under the Local 1014 Medical Plan) will be covered automatically under VSP. To learn more about VSP, visit their web site at [www.vsp.com](http://www.vsp.com).

JANUARY 1, 2005 VSP BENEFITS *			
Expense	How Often You May Receive Benefits	In-Network Coverage	Out-of-Network Coverage
Comprehensive eye examination	Once/12 months	100%	\$45
Lenses (single vision, lined bifocal, and lined trifocal)	Once/24 months	100%	<ul style="list-style-type: none"> <li>• Single vision = \$45</li> <li>• Lined bifocal = \$65</li> <li>• Lined trifocal = \$85</li> </ul>
Frame	Once/24 months	Frames of your choice covered up to \$120. Plus, 20% off any out-of-pocket costs.	\$47
Contact lenses (instead of eyeglasses)	Once/24 months	When you choose contacts instead of glasses, your \$120 allowance applies to the cost of your contacts, the fitting, and evaluation exam. This exam is in addition to your vision exam to ensure proper fit of contacts. Visit <a href="http://vsp.com">vsp.com</a> for more details on contact lens value programs.	\$105
*There is \$25 copay for eye exams and prescription glasses. There is no copay for contacts.			
<b>Extra Discounts and Savings</b>			
<b>LASER VISION CORRECTION DISCOUNTS</b>			
<b>Prescription Glasses</b>		<b>Contacts*</b>	
<ul style="list-style-type: none"> <li>• Polycarbonate lenses for dependent children covered in full</li> <li>• Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives</li> <li>• 20% off additional prescription glasses and sunglasses*</li> </ul>		<ul style="list-style-type: none"> <li>• Exclusive pricing on annual supplies of popular brands</li> <li>• 15% off cost of contact lens exam (fitting and evaluation)</li> <li>• Available from the same VSP doctor who provided your eye exam within the last 12 months</li> </ul>	
<i>VSP guarantees service from VSP network doctors only.</i>			

# Local 1014's Rx Benefit: Big Value

When stacked against the competition, our prescription drug coverage wins hands down. As prescription drugs costs climb steadily at a rate of 18-20% per year, many plans are controlling costs with formularies. With our Plan, you avoid the hassle of formularies, and you get great coverage, straightforward copays, and excellent service.

## Everyone Can Help

Although the Trustees devote quite a bit of energy to managing Local 1014's pharmacy benefits, our costs continue to rise. But, unlike our competitors, we have chosen (for now) not to impose

Name		Wholesale Cost* (30 pills)	
Brand	Generic	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. This is a good deal. Copays under other PPO plans are typically much higher. When you buy generics, you save money and the Plan saves money. 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.

strict cost control measures that our competitors are employing. This means that we all need to pitch in and work harder at managing costs. Here are some tips on how we can do this:

- **Generics**—Ask your doctor to prescribe a generic drug whenever possible. *A generic drug is a copy of a brand-name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use. 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. The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and work the same way (in the body), they have the same risks and benefits as their brand-name counterparts.*
- **Buyer beware!**—Drug companies have saturated TV advertising with promotions for their “designer” drugs. Check with your doctor about alternatives that could work just as well, and cost less.
- **Preferred docs**—Be sure your doctor is a CCN “preferred provider.” If s/he is not in CCN's PPO network, you could get stuck paying additional costs.
- **Do your homework**—Talk with your physician or pharmacist about generic drugs. You can also do some research by visiting these web sites:

<b>Food &amp; Drug Administration</b>	<a href="http://www.fda.gov">www.fda.gov</a>
<b>WebMD</b>	<a href="http://www.medmd.com">www.medmd.com</a>
<b>MEDLINEplus</b>	<a href="http://www.nlm.nih.gov/medlineplus/druginformation.html">www.nlm.nih.gov/medlineplus/druginformation.html</a>

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

## FORUM

### Q. *Is there well child coverage under the 1014 Medical Plan?*

**A. Yes.** The Plan pays for covered expenses incurred for well child office examinations and immunizations (not incidental to treatment of illness or injury) before the child's twelfth birthday, including hepatitis B immunizations for children of any age, up to \$2,000 per lifetime.

### Q. *Do I need a referral if I want to go to an acupuncturist or a physical therapist?*

**A. No.** Under the Local 1014 Medical Plan, you have freedom of choice! This is one of the advantages of being covered under our plan.

**Acupuncture benefit**—If you have a prescription from a licensed physician, you may self-refer to any physician or licensed acupuncturist (the Plan allows up to \$50 per visit; 12 visits per 12-month period).

**Physical therapy benefit**—The Plan pays for covered physical therapy expenses when prescribed by a physician and performed by a physician, registered physical therapist, or occupational therapist. The table below shows the schedule of benefits (which may be changed if medically necessary):

Weeks 1-6	3 times per week
Weeks 7-12	2 times per week
Weeks 13-19	1 time per week

## Thank You Big Time!

As a “family” of fire fighters, we have the power to minimize the wallop that health care costs have on our wallet—and the Plan. By being good stewards of our health (and safety), and by choosing prescription drugs and health care services wisely, you have helped control soaring costs. Because of you, we are able to continue our Plan and keep our 2005 rate increase below the national average. We salute you.

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the Plan and is not a summary plan  
description, official Plan document,  
or contract of Local 1014 membership.  
Local 1014 does not offer medical or  
legal advice.

**Contact Information**

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(800) 660-1014  
e-mail: [medicalplan@local1014.org](mailto:medicalplan@local1014.org)  
[www.local1014.org](http://www.local1014.org)

(continued from front page)

- **Actives rates**—If you are an active Member of Local 1014, your 2005 monthly rate for coverage (depending on your coverage election) will increase between 14 percent and 16 percent. As a result of the increase in rates, your portion of the rate increase (i.e., additional out-of-pocket) will be as follows:

Coverage Election	2005 Monthly Rate	2005 Out-of-Pocket
Members only	\$395	\$20
Member plus one	\$756	\$70
Family rate	\$892	\$85

If you are a retired Member of Local 1014, your monthly rate for coverage was already increased on July 1, 2004 and no additional increase will occur on January 1, 2005.

CONTACT INFORMATION			
Topic	Contact	Phone	Web Site
Local 1014	CCN	1-800-226-5116	<a href="http://www.ccnusa.com">www.ccnusa.com</a>
Medical Plan	Local 1014 Member Services	1-800-660-1014	<a href="http://www.local1014.org">www.local1014.org</a>
Prescription drug benefits	Medco Health	1-800-711-0917	<a href="http://www.medcohealth.com">www.medcohealth.com</a>
Vision benefits	Vision Service Plan (VSP)	Pending	<a href="http://www.vsp.com">www.vsp.com</a>
Mental health/ substance abuse	MHN	1-800-777-9355	<a href="http://www.mhn.com">www.mhn.com</a>
Changes in qualified status	County of Los Angeles Local 1014 Member Services	1-888-822-0487 1-800-660-1014	<a href="http://www.buckhrsolutions.com/countyla">www.buckhrsolutions.com/countyla</a>

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