

IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK

Affordable Care Act and You

Although the Individual Mandate of the Affordable Care Act (“ObamaCare”) starts January 2014, the Fund Office has been working on implementing aspects of the law since 2010. Pieces of the law have taken effect prior to this coming January. Examples of those changes, which may have already affected you, include coverage for adult dependents until they reach the age of 26, removal of limits on pediatric vision and dental, and the elimination of some annual maximums on certain benefits.

The law is complex and confusing, but what does it mean for you? As far as your medical or dental benefits, nothing will change. The Fund Office will still be administering your benefits. As long as you maintain active coverage with the Fund, or another qualified group health plan, you will not be subjected to the tax penalty. Note that no penalty will be applied if your coverage lapses 3 months or less in a single calendar year.

If you should lose coverage, you can look into self-paying for coverage from the Fund Office or shop at the State Exchanges. The insurance premiums on the Exchanges may be based on where you live, your family size, the type of plan you select, and your age.

Premiums paid for health insurance coverage purchased through one of the Exchanges are not eligible for reimbursement from your Supplemental Fund.

Open Enrollment for the Exchanges runs from October 1, 2013 to March 31, 2014.

For information about health insurance within NY State, go to www.nystateofhealth.ny.gov or call 855-355-5777.

For information outside of NY State, go to www.healthcare.gov or call the federal information line at 1-800-318-2596.

Fact: Thanks to Iron Workers and other construction trades, the “Freedom Tower” is now the tallest building in the Western Hemisphere. The 408 foot-tall, 758 ton spire for the new tower was added to bring the total height of the building to 1,776 feet high.

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Employee Assistance Program (EAP)

The Fund Office is proud to announce our new Employee Assistance Program “EAP”! We have partnered with Workforce Development Institute (“WDI”) and ESI group to offer services for all aspects of your life. EAPs are intended to help employees deal with personal problems that might adversely impact their work performance, health, and well-being. EAPs include short-term counseling and referral services for employees and their household members. The EAP phone line is staffed 24/7 by licensed clinicians who are available to discuss problems in a confidential, helpful manner. The counselor may refer you to other professional services and resources within your community for further information and assistance.

Some of the areas in which they can assist you include:

- ❖ substance abuse
- ❖ emotional distress
- ❖ major life events, including births, accidents, adoptions, and deaths
- ❖ financial or non-work-related legal concerns
- ❖ family/personal relationship issues
- ❖ concerns about aging parents
- ❖ discounts for weight loss or smoking cessation classes

Go to www.theEAP.com to see all that is available to you at your fingertips.

Don’t have access to a computer? Call them at (800) 252-4555 or (800) 225-2527.

Supplemental Disability Benefit

Injuries and illnesses can prevent you from doing your job and result in loss of current income. A disability can have serious financial consequences for you and your family. The Welfare Fund's Supplemental Disability benefit helps you and your family maintain your standard of living. The Plan pays you a weekly benefit for disability during which you are prevented from working. You must be **active and enrolled in the Welfare Plan at the time the injury or illness occurred** in order to be eligible for this benefit. In addition to this benefit, you may be eligible for State Disability or Workers' Compensation benefits. Also, members of Local 9 and Local 33 may be eligible for additional Supplemental Disability or Supplemental Workers' Compensation benefit payments under the Wage Replacement Account ("WRA").

Under the Welfare Fund's Supplemental Disability benefit, your disability benefit will commence on the eighth day of disability and is payable for a maximum of 26 weeks. Claims **must** be reported to the Fund Office within 21 days of the injury. Benefits are only payable for those days you are under the care of a physician and those days which you are not performing work.

The benefit amount is \$200 a week, minus applicable taxes.

In addition, you will be credited 20 hours per week for Welfare Fund benefits and 40 hours per week for Pension Fund benefits.

As soon as you become disabled, contact the Fund Office for the paperwork to begin your disability claim. Inform the Fund Office if the illness or injury is work related. Note: NYS Disability claim forms are available at the Fund Office.

Updating Your Beneficiary Forms

Have you checked who is listed on your beneficiary forms lately? If not, you may find that your designated beneficiary is not who you think it should be, especially if you have divorced, remarried or had children since the last time you completed the form.

A beneficiary form is a legal document that outlines your desire to have the funds paid out in a particular way upon your death. In the event of your death, the assets go directly to the beneficiaries named on the accounts. A beneficiary can be one or more individuals or organizations, such as a trust or charity. It is a good idea to review your beneficiary forms and keep them updated. This will make it much easier on your family members to file a claim and receive the benefits quickly.

There are specific beneficiary forms for the Pension and Annuity Plans.

In addition, there are two separate forms for the life insurance benefit under the Welfare Plan and the WRA Plan (for Local 9 and Local 33 members).

Make sure your wishes are carried out and your loved ones are protected. Update your beneficiary forms today!

These forms are available on our website at www.ironworkersdcwny.com or you may obtain them by calling the Fund Office

“One only needs two tools in life:
WD-40 to make things go, and duct
tape to make them stop.”

- G. Weilacher

Open Enrollment and Split Options

Open Enrollment is your annual opportunity to review your benefits and make changes. This year it's more important than ever to review the information because the Fund Office is making changes due to the Affordable Care Act ("ObamaCare").

During this period, you will be able to add or drop eligible dependents from your health insurance.

If other coverage is available to you through a spouse or parent, you can opt out of the Plan's coverage and elect only Basic coverage. (To elect the Basic coverage option and still receive Supplemental Fund contributions, you must be enrolled in other group health coverage that meets the minimum value requirements of the Affordable Care Act.)

Eligible dependents include: a spouse, a child by birth, a child by adoption or placed for adoption, or those covered by a Qualified Medical Support Order.

If an eligible dependent(s) has not been previously covered, we would need a copy of a marriage license or birth/adoption certificate to enroll them effective January 2014.

Due to the Affordable Care Act, we will be changing the process for the Enrollment/COB and Split Options forms.

HEALTH INSURANCE

ENROLLMENT/COB FORM:

We will be requiring that ALL members complete and return an Enrollment/COB form. This includes members who have previously opted out of the Plan. If you have opted out of the plan and do not return an Enrollment/COB form, you will be automatically enrolled under Single Coverage.

For those with dependents over the age of 19, we are no longer requiring you to complete the adult dependent form. They are able to remain on the policy until they reach age 26. However, to avoid a possible delay in claim payments, return the completed COB/Enrollment form by December 31, 2013.

ANNUITY/ SUPPLEMENTAL FUNDS SPLIT OPTIONS FORM:

Starting in 2014, if you don't return your split option form, contributions will be directed to your Annuity Fund (Default Option). Again, this change is necessary due to the new rules under the Affordable Care Act. If you would like to choose a different option, you need to complete the Split Option form and return it to the Fund Office by December 31, 2013.

Please note that requests will not be accepted after this date.

Contact the Fund Office with any questions.

Delinquent Employer Contributions

When you get a statement from the Fund Office, such as a Pension or Annuity statement, take a look at the hours and contributions made on your behalf. You can also log onto our website to view this information.

Make sure you are not missing any hours that you worked in which contributions should be made to the Fund Office. If there are any discrepancies with your hours, please contact the Fund Office as soon as possible so we can follow up with the contractor.

Eligibility for Welfare Fund Benefits

New employees or those returning to the trade after being absent for more than a year, become eligible for Welfare Fund benefits the first month after they have worked 400 hours in six (6) consecutive months.

After initial eligibility, an employee who works at least 200 hours during each three month period shall be covered for the corresponding three month Eligibility Period. (See chart)

If an employee works at least 100 hours in a work period, but less than the 200 required, they can self-pay to continue coverage. If you are eligible for the self-pay option, you will be notified by mail of the number of hours you are short and the amount needed to maintain coverage. Individual eligibility information is available on our website. Please contact the Fund Office with any discrepancies with hours worked or for a user name and password to the website.

Exception- Winter Month Rule: If you work at least 400 hours from October thru March (6 months), you will be eligible for benefits for the June thru August eligibility period.

Work Period	Eligibility Period
January through March	June, July, and August
April through June	September, October, November
July through September	December, January, February
October through December	March, April, May

Dental Benefits

Unlike the medical (Welfare) benefit, the dental benefit does not have a network of dentists. The Fund reimburses 80% of reasonable and customary (“R&C”) rates, up to an annual maximum of \$1,500 for adults. Note that dependents age 18 and younger are not subject to the \$1,500 annual max.

If your dentist charges more than the R&C rates, you would be responsible for the difference.

You are eligible for an exam and cleaning every six (6) months and bitewing x-rays every twelve (12) months.

Other procedures may have other frequency limits. If you are looking to have extensive dental work

done, the best way to know what your coverage would be is to ask the dental office to send a “pre-determination” of benefits to our office. This will give you and your dentist a detailed explanation of what is covered and what your out-of-pocket expense would be.

Under the Plan, you and your eligible dependents are also entitled to \$2,050 worth of orthodontics per individual, per lifetime. The orthodontic benefits are paid out over a period of up to twenty months.

If you have questions about the dental benefit, please call the Fund Office at (585) 424-3510.

Visit our website at: www.ironworkersdcwny.com

