

# Iron Workers District Council of Western NY and Vicinity

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We're on the Web! Visit us at: [www.ironworkersdcwny.com](http://www.ironworkersdcwny.com)

## 2013 Annual Open Enrollment Welfare Fund

### Special Interest Articles:

- New! Wage Replacement Account
- Saving on your co-insurances
- Supplemental Disability Benefits

Open Enrollment is your annual opportunity to review your benefits and make any changes.

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. (You must provide proof of other health insurance to choose Basic coverage.)

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 2013.

Dependents over the age of 19, (students and non-students) are able to remain on your health insurance until they are 26 years of age, as long as they are not entitled to coverage from their employer or a spouse's employer.

A special "adult dependent enrollment" form is required, located on the back of the Enrollment/COB form,

**each year for dependents age 19 and older.**

Please note, that if you do not return the notarized adult dependent form, your child could lose health insurance coverage.

Those with family coverage need to complete and return the enrollment/COB form to the Fund Office on an annual basis.

Read all of the enclosed open enrollment information carefully and call the Fund Office with any questions.

### Individual Highlights:

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## Wage Replacement Account- Local 9 and Local 33

Effective July 1, 2012, Local 9 members became eligible to withdraw from their individual Wage Replacement Accounts ("WRA"). Local 33 contractors have been contributing \$.75/hour to the WRA since May 2012. Local 33 members will become eligible to withdraw from their accounts sometime in 2013. A notice and benefit packet will be sent when a date is established.

Benefits include net amounts of: \$400/ week for a non-occupational disability, \$300/ week for Workers Compensation disability, and \$1,000 for vacation pay

(limited to two weeks per calendar year). There is also a benefit for unemployment of \$700, for the initial waiting week, and \$300 for each additional week.

Individual accounts must have sufficient balances to cover all required taxes and still maintain a \$150 balance. Partial payments will not be made on any of the benefits.

To apply for payment, complete a request for payment form and a W-4 form and mail it to the Fund Office. We are not able to accept faxed copies. For those requesting

payment for unemployment, you must include a print out from the state unemployment website showing the weeks you are claiming.

This benefit also includes a \$25,000 life insurance and \$25,000 accidental death & dismemberment (AD&D) policy for those who qualify.

For more information and specifics of the Plan, visit our web site or contact the Fund Office.

## Update your beneficiary forms

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On, February 4, 1896, the International Association of Bridge and Structural Iron Workers of America was established.

Do you know who is listed as your beneficiary for the Pension, Annuity, or life insurance benefit?

A beneficiary form is a legal document that outlines your desire to have the funds paid out in a particular way upon your death.

It is a good idea to review your beneficiary forms, especially when you have a significant change in your life such as a marriage or divorce.

These types of events do

not automatically change a beneficiary election on file. Until you submit another form to the Fund Office, your original designation remains in force whether it still reflects your wishes or not.

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 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 or you may obtain them by calling the Fund Office.

## Tips on saving money when using your health insurance

The Welfare Plan is designed to give you the freedom of choosing your own health care providers. However, if you choose to stay in-network, you can save money on your co-insurances!

The Iron Workers Welfare Plan has a contract with PHCS/MultiPlan giving you access to more than 900,000 credentialed health care providers.

When using an in-network provider they agree to charge a certain fee for their services.

In addition to that savings, you pay 10% less for using in-network providers than when using an out-of-network provider.

However, this is an individual's choice whether to use an in-network or an out-of-network provider for their health care.

To find a network provider, go to [www.Multiplan.com](http://www.Multiplan.com) or call 1 (888) 987-7427.

Ever been ill or injured and your regular doctor was not available? Think about using an urgent care facility instead of an emergency room. Your co-insurances tend to be less than an emergency room and you often avoid the long wait time that is associated with the ER.

Focus on wellness! By taking care of yourself now, you may be taking care of your pocketbook in the future.

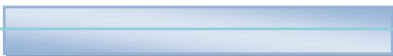
Make sure you get routine physicals, screenings, and flu shots for yourself and your family. The Fund pays up to \$150 towards a routine physical for members and their

spouses on an annual basis, including any necessary immunizations. Dependents are covered for well child visits up to the age of 19.

Talk to your doctor about switching from a brand name prescription to a generic. If you take a maintenance drug, look into using the mail order program. This will save you money each month!

Review the explanation of benefits ("EOBs") our office sends out for any provider billing errors. Make sure you are only paying for services that were provided to you or your dependents.

On our website, you will find the Plan's Summary Plan Description, which will provide more information on your benefit coverage.



# 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.

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

**\*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.

## Supplemental Disability Benefit

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 occurred** in order to be eligible for this benefit. This amount may be in addition to benefits available to Local 9 members under the WRA.

Your disability benefit will commence on the eighth day of disability and is payable for a maximum of 26 weeks. Claims should 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.

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*Iron Worker Unions were created in the early 1900's. The Union's first order of business was to give disabled Ironworkers \$5 dollars a week to compensate for lost wages.*



## Supplemental Fund: Locals 33 & 440

The Fund Office frequently receives questions about “what is reimbursable” under the Supplemental Fund. First, it is important to understand that the Supplemental Plan is a Tax deferred plan and is only to be used for qualified medical expenses.

Some examples are insurance premiums (i.e. COBRA or self-pay) and expenses not covered under your health insurance (i.e. Co-pays, expenses exceeding your annual limits, or services not covered under another plan).

The following is a sample list of some over-the-counter (“OTC”) products that are reimbursable

under the Supplemental Fund: allergy and sinus medication, pain relievers, cold and flu medications, and antacids. These OTC products require a doctor’s prescription to be submitted along with the claim form to be qualified for reimbursement.

There are some limits to what is covered under the Supplemental Plan. The following are examples of items **not eligible** for reimbursement: cosmetic procedures/items, diet foods, suntan lotions, and toothbrushes and paste.

For a list of items payable and excluded under the Supplemental Fund, visit the website or contact the Fund Office.

Make sure when submitting eligible expenses to the Supplemental Fund that the claim form is filled out completely and all necessary documentation is attached to avoid delays in payment.

For those with automatic rollover, reimbursement for your out-of-pocket expenses will be mailed the first part of the month following the month payment is made by the Welfare Plan.



## New! Summary of Benefits

You may have noticed the Summary of Benefits document that we included in this year’s open enrollment information.

Under the Patient Protection Care Act, our Plan is required to provide our members with a document detailing, in plain language, simple and reliable information about your health plan benefits and coverage. This summary of benefits and

coverage document will help you better understand the coverage you have. It will summarize the key features of our plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

It also has a uniform glossary of terms commonly used in health insurance coverage, such as “deductible” and “copayment”.

Be sure to review the summary of benefits and contact the office with any questions you have.

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“When everything seems to be going against you, remember that the airplane takes off against the wind, not with it.”  
~Henry Ford