

This edition of HealthLine is to update you on some important changes and announcements concerning your Health & Welfare Plan. The following issues are covered:

- Elimination of the Looking for Work Rule
- A clarification of the definition of an eligible spouse
- Elimination of chiropractic benefits for dependents under age 16
- Implementation of the Davis Vision Laser Vision Surgery Network
- Redaction of social security numbers on EOBs
- Clarification of how the Plan coordinates benefits if you have other coverage through an HMO
- Announcement of new communications via ID cards, Summary Plan Document and web site
- Information regarding a mailing to update census card information
- An updated list of outpatient surgical procedures that require pre-certification

Elimination of Looking for Work Rule - The Board of Trustees has voted to eliminate the Looking for Work rule that resulted in members losing earned coverage under the Health & Welfare Plan when the Plan did not receive current employer contributions on your behalf or you were not actively working in the trade or not actively looking for work. Effective April 1, 2004, members who have earned their coverage based on their active work hours will retain that coverage unless they have voluntarily left covered employment and work for an employer in this category of employment who is not required to make contributions under the Collective Bargaining Agreement.

Covered Spouse - The Board of Trustees has voted to clarify the definition of a spouse under the Plan to mean an individual who is legally married, except that the terms Legal Spouse or Spouse shall not include an individual of the same gender as the participant.

Chiropractic Benefits - Effective immediately, dependents under age 16 will no longer be covered under the chiropractic benefit. Children with musculoskeletal problems should be seen by medical physicians with possible treatment via physical therapy if prescribed by a physician.

Davis Vision Laser Vision Network - Although the Plan does not cover laser vision surgery, special discounts are available for laser vision surgery when you receive care from eye surgeons in the Davis Vision Laser Surgery network. Providers in this network provide a 25% discount off their retail charges or 5% off any advertised special. For more information visit www.davisvision.com or call Davis Vision at 1-800-999-5431. Note that the Medical Plan will not cover any complications arising from this non-covered service. You assume any risk associated with this procedure.

Redacted Social Security Numbers - The Plan has begun to redact (hide) the last 4 digits of your social security number as a means of providing more security on your Explanation of Benefits forms, as these documents are sent through the mail. Social security numbers now appear, for example, as 123-45-XXXX instead of the full 9 digits.

Coordination of Benefits with HMOs - As the Summary Plan document states, this Plan does not coordinate with HMO Plans. The Plan will, however, reimburse you for co-pays your spouse or children pay under an HMO Plan. Additionally, they will be covered for services not covered under their HMO Plan. The Plan will not, however, reimburse you for balances they incur because



they did not follow the HMO Plan's managed care procedures for referrals, pre-authorizations or network use.

New Communications - The Plan is in the process of printing new ID cards, a new Summary Plan Document (SPD) and updating the new web site to include all of the information in the new SPD. All of this is expected to be rolled out this summer. The web site will be accessible at www.local4benefits.org. It is still under construction for Health & Welfare information but will be available very soon. Not only will you be able to view the benefit plan online but you can also email the Plan with your questions about benefits or payment explanations. Those questions can be directed now to office@local4.org

Census Card Mailing - This summer the Fund Office will be coordinating a mailing to some members for completion of an updated census card if Plan records show that you have not completed an updated card in over 3 years. The Plan will require an updated card whether or not your personal information has changed. (Those members who have updated a census card more recently, but who have changed information with respect to spouse, marital status, covered dependents, address, other insurance or beneficiary information should call the Fund Office for a new card as well).

As part of completing the census card you should consider whom you have designated as your beneficiary. If you have named a minor child as beneficiary you should be aware that death benefits are not payable to dependents under age 18 until a guardian has been appointed. Also, if you are legally married you may not designate an alternative beneficiary for the Pension Plan or Annuity and Savings Plan without written consent from your spouse. If you name more than one beneficiary, you need to list on separate paper the names, addresses, birth dates and percentage distribution designation from each Plan.

Pre-certification - Following is an updated list of outpatient surgical procedures that must be pre-certified by the Plan's Nurse Case Manager. To avoid a pre-cert penalty of \$50 or having services reviewed retrospectively and denied as not medically necessary, your surgeon should contact the Plan at 1-800-772-4270 at least one week before the requested procedure.

You will note that the Plan no longer requires a pre-cert on MRIs, Cat Scans, or Colonoscopies, although such services must be performed for medically necessary reasons. Colonoscopies performed for screening purposes are covered after deductible and coinsurance, once every 10 years after age 50, unless there are symptoms that justify a more frequent test. (Virtual colonoscopies are not covered, as there is insufficient clinical information to justify their increased cost over the standard test).

Inpatient admissions must always be pre-certified in advance by the Plan for elective procedures or within one business day for emergency admissions. Failure to pre-certify an inpatient admission will result in a \$250 penalty on the hospital bill and a potential denial if retrospective review determines the admission was not medically necessary. Inpatient Mental Health or Substance Abuse admissions must be authorized by Modern Assistance Programs.

These outpatient surgical procedures require pre-approval by the Plan:

Adenoidectomy	Hemorrhoidectomy
Arthrodesis Surgery (selected procedures)	Laparoscopy
Arthroscopic Surgery (knee or shoulder)	Laparoscopic cholecystectomy
Back or Neck Surgery (selected procedures)	Myringotomy (tubes)
Blepharoplasty	Reduction Mammoplasty
Bunionectomy	Sclerotherapy (for Varicose Veins)
Carpal Tunnel Release	Septoplasty or Rhinoplasty
Dental Surgery in a hospital setting	TMJ Surgery
Hand Surgery (selected procedures)	Ulnar Nerve Surgery (arm or elbow)
	Varicose Vein Stripping

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