

new jersey CARPENTERS benefits watch

Publication of New Jersey Carpenters Funds

november 2011

level 1 & 2 costs **increased** for early retirees and active members

To offset rising costs for the carpenters' basic health care coverage, the Board of Trustees has authorized a premium increase for early retirees for Levels 1 and 2 coverage.

As of the start of the next plan year (April 1, 2012), annual premiums for early retirees (those under age 65 and not eligible for Medicare) will increase from \$5,500 to \$7,500 for Level 1 coverage and from \$7,500 to \$8,500 for Level 2.

The premium increase for early retirees follows an increase in employer contributions for active member coverage previously authorized by the board. Beginning April 1, 2012, contractor contributions needed during the 2011 calendar year for an active member to receive Level 1

coverage will be \$6,000; contributions for Level 2 coverage will be \$8,000.

"We appreciate the hardships that these increases will have upon our active members and early retirees, but they are unavoidable given our current circumstances," said Funds Administrator George R. Laufenberg. *"Health Fund expenses and payouts exceeded contributions and investment earnings by more than \$36 Million in 2010. While we have seen some improvement in our income to expenses ratio so far in 2011, we are still experiencing a nearly \$9 Million deficit during the first nine months alone."*

"The belt-tightening that the trustees have enacted for the Health Fund over the past three years has had a positive impact on the fiscal

stability of the Fund. But, we must maintain our efforts at least for the immediate future to ensure an adequate level of health care benefits for our members and their families as we go forward."

Members are again reminded that the Banking Credits Provision within the Health Fund has been reduced from two years to one year. Also, only that portion of a member's bank that is in excess of the actual cost of coverage per carpenter (\$10,000 for 2010 banked monies) can be used to maintain coverage. In addition, in order to activate your bank from 2010, a member must work at least 250 hours, or have earned \$2,000 in employer contributions during the 2011 calendar year.

additional medicare-eligible members to be enrolled in **MEDCO Part D** program

As part of the NJ Carpenters Health Fund's efforts to control retiree prescription drug costs and lower administrative expenses, beginning January 1, 2012 all pensioners who are Medicare eligible (with Medicare as their primary payer) will be moved to the Medicare Part D Prescription Drug Plan administered by MEDCO.

Specifically, the new policy will apply to approximately 350 members, including:

- Some 150 pensioners who are over 65 years of age with a spouse who is under 65 years of age, or the pensioner is under age 65 with a spouse over age 65. (Dependents and the member or spouse under the age of 65 will remain in the Carpenters regular prescription drug program, also administered by MEDCO.)
- Some 200 disabled members or spouses who have been granted a Social Security Disability Award Letter and have Medicare as their primary coverage and the NJCF Retired Health Plan as their secondary coverage. (Individuals with the NJCF Retired Health Plan as primary will remain in the regular prescription drug program.)

The new groups of enrollees are added to those participants in the Carpenters Medicare Eligible Retired Supplemental Plan who were previously moved to the MEDCO Part D Program as of January 1, 2011. Under the program, the Carpenters Health Fund pays a monthly premium per individual

to MEDCO, which administers a fully insured Medicare Part D program.

While there are no deductibles levied for prescription drugs as part of MEDCO's Part D program, there are modest co-pays imposed for varying supplies of generic, preferred brand, or non-preferred brand name drugs that are purchased either through a retail pharmacy or a mail order house.

Although generic drugs covered under Part D are subject to the same basic co-pay amounts while a participant is in the so-called "donut hole" coverage gap, brand name drugs **are not** covered within the "donut hole." However, the pharmaceutical industry will assist by covering 50% of brand name costs. Once a participant's out-of-pocket prescription drug costs are enough to pass through the "donut hole" (approximately \$4,550 a year), he or she will pay only 5% of all remaining drug costs for the year.

It is important for all members to be informed consumers regarding the purchase of prescription drugs. Some retail chain pharmacies periodically offer discounts on certain prescription drugs. Also, there may be instances when some generic drugs are available for \$10 or less for a 90-day supply at a specific pharmacy.

A description of the Medicare Part D Prescription Plan and accompanying information and materials will be sent to new enrollees by MEDCO prior to January 1, 2012. As always, if you have any questions, please contact the Health Fund at 1-800-624-3096.

New Jersey CARPENTERS Funds

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fees increased for medicare retired supplemental plan

Due to ever-escalating health care costs, monthly premiums for eligible retired participants and disabled members to participate in the Medicare Retired Supplemental Plan will be **increased** from \$125 to \$150 per person, per month, as of January 1, 2012.

For retirees who have Medicare as their primary coverage, the fee will be \$150 per month for the eligible member and \$300 per month if they add an eligible spouse. For disabled members who are Medicare primary, the fee will be \$150 per month if they are single. If they have dependents, the fee will be an additional \$150 per month to cover all dependents.

Under the Carpenters Retired Supplemental Plan, the Health Fund will cover all Medicare deductibles and co-pays for Parts A & B. Also included as part of the premium payment is participation in the Medicare Part D program, insured and administered by MEDCO.

Charges not approved by Medicare and services not covered by Medicare are ineligible under the limits of the Medicare Retired Supplemental Plan. Among the services and items not covered by Medicare are:

- | | |
|---|---|
| Long-term care | Dental care |
| Cosmetic surgery | Acupuncture |
| Hearing aids | Exams for fitting hearing aids |
| Orthotics | Laboratory testing not approved by Medicare |
| Healthcare services incurred outside the U.S. | |

Ask your doctor or supplier in advance if they accept Medicare assignment. If you use a provider who has "opted-out" of Medicare, you must pay the full amount of whatever the provider charges for services rendered. No reimbursement will be made by the Funds Office. For a complete list of Medicare providers, or to learn whether Medicare covers a service, contact Medicare at 1-800-633-4227, or go on-line at www.medicare.gov.

NOTICE

nj carpenters funds participation in early retirement insurance program

As a member of the NJ Carpenters Funds, you are either a plan participant, or are being offered the opportunity to enroll as a plan participant in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a federal program that was established under the Affordable Care Act. Under the terms of the program, the federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members participating in the plan. By law, this program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor **may choose** to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor **chooses** to use the Early Retiree Reinsurance Program reimbursements in this way, you as a plan participant may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and the plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

call ahead for an appointment



To avoid confusion and needless delays, please include either your Social Security number or your United Brotherhood membership number when corresponding with the NJ Carpenters Funds Office. This information will help the Funds' staff expedite a response to your inquiry or request. Also, whenever possible, please make an appointment before making a visit to the Funds' office. This will enable us to better prepare for your visit and gather the information needed to answer your questions. As a reminder, the Funds office has evening hours every Tuesday and Thursday until 6:00 pm. **TO MAKE AN APPOINTMENT, PLEASE CALL: 1-800-624-3096.**



board of trustees authorizes health reimbursement accounts

Beginning January 1, 2012, the Board of Trustees will institute a new healthcare benefit that will assist active members in meeting the rising demand of medical expenses. Starting with the New Year, every member will have a Healthcare Reimbursement Account, referred to as an HRA. The start-up of these accounts will initially begin with a re-direction of 1% of a member's 25% Health & Welfare employer contribution into an HRA administered by the Funds Office.

An HRA is not an insurance program, but rather a financial reimbursement plan funded by an employer. Members are offered several options in which to use their account to pay

for qualified out-of-pocket medical expenses, deductibles, insurance premiums, co-insurance, and pharmacy expenses, including some basic over-the-counter necessities. An HRA also represents a method in which members can pay for private dental and vision insurance and expenses.

In order to activate your HRA for reimbursable expenses, active members will need to achieve a balance of \$2000. Once your account is activated, you may submit expenses to the Funds Office on a monthly basis for reimbursement for all eligible medical expenses. If your balance is reduced to \$1000 after your account was activated, it may only be used to pay for insurance premiums. Once your balance rises above the

\$1,000 minimum, it will again be available for all eligible expenses. Your HRA balance will be rolled over from year-to-year and can continue to be used into your retirement to pay for medical expenses.

Some of the other reimbursable expenses for which you may use your HRA, include eyeglasses, contact lenses, orthodontic braces, prescription drugs, allergy medications, antacids, Pedialyte and even cough drops. A complete list of eligible expenses will be made available in the near future.

More information on HRAs will be communicated to the membership as the Fund moves forward with this initiative.



direct deposit & pension fund forms due back by 12/31/11

Beginning January 1, 2012, the NJ Carpenters Funds will adopt **mandatory** direct deposits for all monthly benefit payments, including Pension, Annuity and Medicare Part B reimbursements. Application forms were mailed to all eligible members in early October. They must be completed and returned to the Funds Office by December 31st, or you may experience an interruption in your regular benefit payments.

At the same time, members should have received a NJ Carpenters Pension Fund 2011 Affidavit of Signature and Verification, seeking updated contact information to be included in your personnel records. This document must be completed, signed, notarized and also returned to the Funds Office by December 31st, or you **will** face a temporary suspension of your benefit payments.

"To save money and maintain the financial stability of our benefit funds in this time of high unemployment, the NJCF is constantly develop-

ing and instituting new efficiencies within the daily operations of the Funds Office," said Administrative Manager George R. Laufenberg.

"We believe direct deposits can relieve much of the confusion surrounding current post office closings and the general uncertainty regarding the future of the U.S. Postal Service. Direct deposit will offer quicker access to personal benefits and provide cost savings for the Funds Office by reducing manpower and mailing costs.

"Likewise, our previous experience with updating contact information in 2008 enabled the Pension Fund to improve its operational efficiency and enact significant cost savings. We're confident that this current initiative can generate similar results during these difficult economic times."

If you require another copy of either document, log onto www.njcf.org for a printable version, or contact the Funds Office at 1-800-624-3096, or (732) 417-3900, ext. 232.

social security benefits to increase by 3.6%

The Social Security Administration has announced that monthly Social Security and Supplemental Security Income (SSI) benefits for more than 60 million Americans will increase by 3.6% in 2012. The cost-of-living adjustment (COLA) will begin with benefits that Social Security beneficiaries receive in January 2012. Increased payments to SSI beneficiaries begin on December 30, 2011.

The **average** Social Security recipient now receives about \$1,175 a month, or \$271 a week. In such cases, the average benefit would climb approximately \$350 a year, or \$35 a month. The adjustment in benefits is projected to raise the government's annual cost by about \$25 Billion. Higher inflation has been fueled by surging energy and food costs.

The 3.6% Social Security increase may be partially or completely offset for some beneficiaries by increases in Medicare premiums. Social Security benefits were last increased in 2008 by 2.3%. From 2003 to 2008, the average increase was 2.7%.

SPDs published for carpenter benefit plans; separate SPD issued for retirees

By now, all eligible participants in the NJ Carpenters Funds should have received their copies of Summary Plan Descriptions (SPD) for the Health, Retired Health, Pension, Annuity and Vacation plans. Updated and published at five-year intervals, the SPD's provide comprehensive information about eligibility standards and the benefits provided under the separate plans.

This is the first time that a new and separate SPD has been published specifically for participants in the Retired Health Plan. Under policies adopted by the NJ Carpenters Funds Board of Trustees, a "retired" individual is anyone who is currently receiving a pension through the NJ Carpenters Pension Fund, with the exception of those individuals who continue to work and meet ALL the eligibility requirements under the "active" level of benefits.

A retired individual qualifies for benefits and is an Eligible Retired Participant under the NJ Carpenters Retired Health Plan if all of the following conditions are satisfied:

- **AGE 55** – The individual is age 55 or over at the time of retirement and is currently receiving a pension through the NJ Carpenters Pension Fund.
- **YEARS OF ACTIVE COVERAGE** – The individual has been covered under the Active Employees Health Plan for a period of years as follows:

Hours of Service Prior to April 1, 2011:

Any individual who performed an hour of service under a Collective Bargaining Agreement requiring contributions to the NJ Carpenters Health Fund must have:

20 years of active coverage if retired prior to April 1, 2010, or

25 years of active coverage if retired on or after April 1, 2010.

Hours of Service beginning on or after April 1, 2011:

Any individual who first performed an hour of service on or after April 1, 2011, under a Collective Bargaining Agreement requiring contributions to the NJ Carpenters Health Fund must have:

30 years of active coverage upon retirement.

- **ACTIVE COVERAGE AT RETIREMENT** – The individual has a level of coverage under the Active Employees Health Plan at the time of retirement.

- **UNION DUES** – The individual's union dues are paid up to date with his or her local union.
- **PAYMENT** – The individual makes all premium payments required for coverage under this Plan on the first day of every month. Non-payment of premium results in termination.

Members are reminded that benefits mandated by the Patient Protection and Affordable Care Act (PPACA) do not apply to participants in the Carpenters Retired Health Plan. In addition to an extensive list of basic Level 1 and Level 2 benefits provided under the Plan, the following benefit options are also available for retired eligible participants and their eligible dependents. In most cases, a self-payment is required to participate in these options and eligibility rules apply:

1. **Non-Medicare Retired Health Plan** – Currently offered through the NJ Carpenter Funds to qualified members, ages 55 through 64, and their dependents up to age 22, if they are full-time students. Eligibility rules apply.
2. **Medicare Retired Supplemental Plan** – This benefit is provided for a retiree age 65 and older, and/or their eligible spouse, age 65 and older, or for permanently disabled individuals eligible for Medicare Disability Coverage. It pays all Medicare deductibles, including Part A and Part B, and 20% of all Medicare approved charges. The Medicare Retired Supplemental Plan is only available to offset medical expenses covered by Medicare Part A and Part B when the covered individual incurs a medical liability.
3. **Disability Health Provision** – Upon receiving a permanent Social Security Disability Award, along with meeting the eligibility requirements of this provision, members may qualify for the Retired Health Plan. All Retired Health Plan rules apply to members in this category.

"With the vast changes taking place in America's health care system and within our own Carpenters Health Plan, it's only natural that some members (both active and retired) may be confused about their health care coverage," said Funds Administrator George R. Laufenberg. *"It just makes sense to create a separate Summary Plan Description for the Retired Health Plan to better distinguish the benefits provided to both our active and retired members."*

If you are eligible for an SPD that you have not yet received, please contact the Funds Office at 1-800-624-3096.

obtaining diabetic testing supplies



Diabetic testing supplies are payable under the NJ Carpenters Funds' major medical benefit. You can receive these testing supplies through a participating medical equipment provider with no out-of-pocket costs. If you purchase the supplies through our MEDCO mail order pharmacy prescription plan, you will be responsible for the \$10 co-pay for generics or the 20% co-insurance for brand names.

Please note that diabetic prescription drugs such as insulin **must be filled through our MEDCO Mail Order Pharmacy Program.** They cannot be filled through a medical equipment provider.

If you or your spouse are covered by Medicare Part B, your diabetic testing supplies are covered under the program. In this case, you can order testing supplies through a participating Medicare Part B provider. For more information about how to order supplies, please contact Medicare at 1-800-MEDICARE.

when appealing a claim

If you want to appeal a claim to the Funds' office, please make sure that you submit your UBC ID number (if you have one) or Social Security number, along with a copy of the Explanation of Benefits (EOB) and any balanced bills you may have received from the provider. Also, all appeals must be submitted to the Funds' office no later than 12 months from the original date when the claim was first processed, which is indicated on the EOB.

funds show modest increase in contributions

The charts below show a modest increase in contractor contributions and overall contributions to the carpenters benefit funds during the first nine months of 2011, and demonstrate the value of the benefit adjustments and revisions made by the trustees. Not only is the increase in contributions adding to the financial stability of the funds, it's also an indicator of a slight but welcome uptick in work since the beginning of the year.

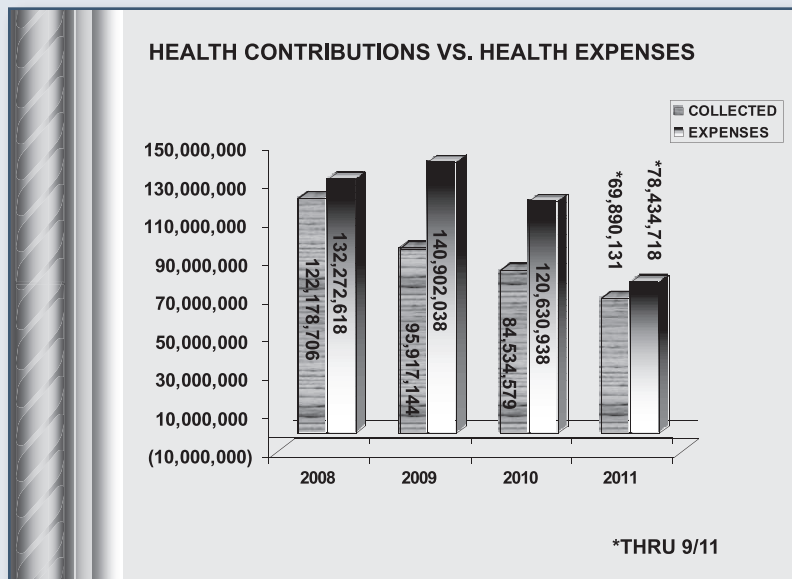
A review of the charts reveals that based on the first nine months of 2011, annualized contributions to the **Pension, Health and Annuity Funds** are on track to either equal or surpass last year's totals. In addition, annualized contractor contributions to the funds will likely exceed the 2010 total of \$225 Million.

Also, the net assets of the funds that are available for benefits increased by some \$202.5 Million (or 10.4%) between July 2010 and July 2011,

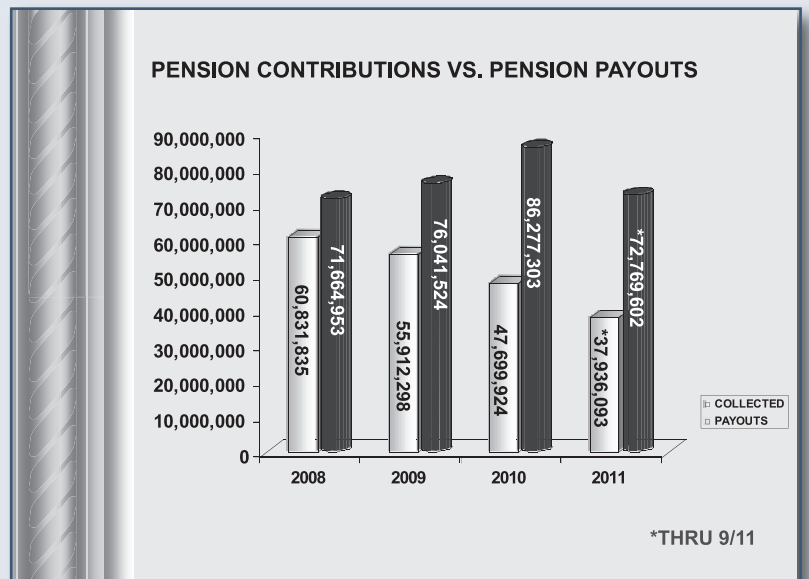
increasing from \$1.9 Billion to \$2.1 Billion. Available Pension Fund assets were up by \$127.1 Million (14.7%) and Annuity Fund assets increased by \$83.5 Million (8.3%). While Health Fund assets available for benefits fell by \$8.6 Million (-15%), due to escalating health care costs and payouts, the decline appears to have leveled-off compared to recent years. All three funds experienced net investment income gains between July 2010 and July 2011.

"As our members know, the trustees have been taking aggressive steps over the past two years to deal with the negative impact that high unemployment has had on the financial stability of our benefit funds," said Funds Administrator George R. Laufenberg. *"While the trustees have tried to minimize the pain of these adjustments, we recognize that they have caused unavoidable hardships for the membership. Hopefully, these latest statistics foretell a favorable trend for the funds and the outlook for jobs."*

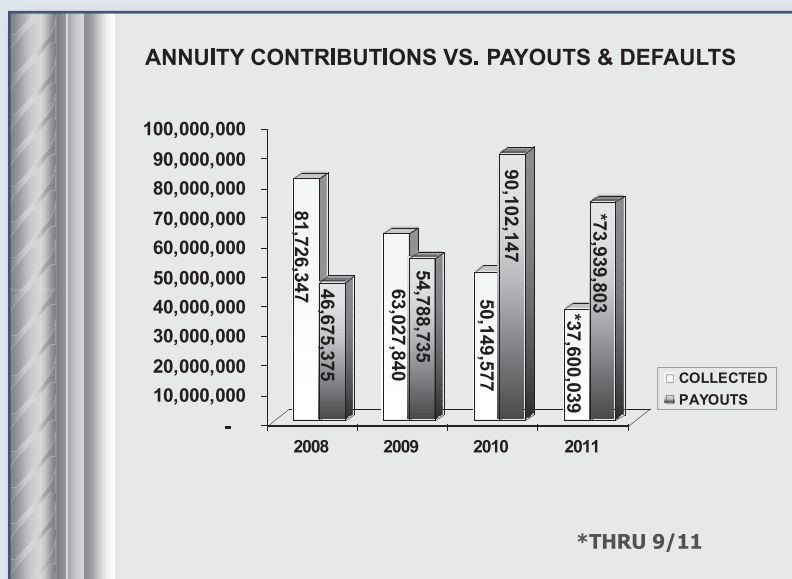
HEALTH



PENSION



ANNUITY



CONTRACTORS



workers must prepare for retirement years

A recent report by Financial Finesse finds that most U.S. employees are still not prepared for their retirement, despite a positive trend to improve their finances and place a heavier emphasis on retirement.

According to the report by the retirement planning firm, most employees have never undertaken a retirement projection, regardless of their income or age. Some 57% of employees between ages 55 and 64 said they had not performed a calculation to estimate whether they are on track to replace 80% of their annual pre-retirement income (or their goal) in retirement.

And, this percentage only grows the younger they are: 68% of employees aged 45 to 54 ... 67% of those aged 30 to 44 ... and 73% of employees under the age of 30 indicated that they were unaware of the state of their preparedness.

Basic money management skills are essential to a worker's retirement preparedness and appears to be a key reason why some are more prepared for their post-work lives. Employees who reported that they are on track

to retire comfortably by and large had sound money management skills, such as having an emergency fund in place, paying-off credit cards in full each month, and having a plan to pay-off debt. Although many workers improved their money management skills during the recession, many still need to make further improvements in order to free-up more dollars for retirement.

Liz Davidson, CEO and Founder of Financial Finesse, says the report's findings are especially disconcerting given the decrease in government and employer subsidized retirement benefits. "Employees are not doing enough to ensure their retirement, considering that the new normal is a retirement supplemented by more of our own savings," she emphasized.

"The environment is changing faster than employees are. They need to further accelerate their savings to compensate for the fact that they can no longer depend upon their employers or the government for the bulk of their retirement income."

most common heart attack & stroke symptoms

The American Heart Association says a physically inactive lifestyle is a risk factor for coronary heart disease and stroke. Regular, moderately vigorous physical activity (like brisk walking) done for at least 30 minutes at least five days a week can help prevent heart attack and blood vessel disease. The more activity, the greater your benefits.

Some heart attacks are sudden and intense, but most of them start slowly, with mild pain or discomfort. **The most common heart attack warning signs are:**

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath.** This feeling often comes along with chest discomfort. But, it can occur with or without chest discomfort.
- **Other signs.** These may include breaking out in a cold sweat, nausea or lightheadedness.

Stroke is a medical emergency. Every second counts because time lost is brain lost! If given within three hours of the start of symptoms, a clot-busting drug can reduce long-term disability for the most common type of stroke. **The most common stroke warning signs are:**

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headaches with no known cause.

If you or someone you're with has one or more heart attack/stroke symptoms, don't delay! Immediately call 9-1-1 or the emergency medical services number (EMS) so an ambulance – ideally with advanced life support – can be sent for you. If you are the one having symptoms and can't access the EMS, have someone drive you to the hospital immediately. Don't drive yourself, unless you have absolutely no other option.

For more information, contact your nearest American Heart Association Office, or call 1-800-AHA-USA1 (1-800-242-8721), or visit www.americanheart.org.

spiraling medicare costs must be dealt with

Nearly 50 million people over age 65 and now on Medicare, as well as those entering the program at a pace of one every eight seconds, will probably get more than their money's worth before they die. However, the same can't be assured for anyone now under age 55 who may need to rely on the federal health care program in the future. They will face higher costs and most likely longer waits before they qualify for coverage.

In the face of soaring deficits, the Medicare program is once again the top target of budget-cutters. They know the nation cannot keep running the annual \$1 Trillion deficits that have sent the national debt to \$14.7 Trillion – nearly the size of the nation's entire \$15 Trillion economy.

The program's annual cost - \$555 Billion, or more than 15% of the federal budget – will rise to

18% of the budget within a decade. Over the next 75 years, it's estimated that the program will owe \$38 Trillion. The aging of the Baby Boom generation will boost enrollment by 1.6 million annually over the next two decades, bringing it to 81 million by 2030. Actuaries, who must project out 75 years, see 120 million people on Medicare by 2085.

Because it is extremely popular with the electorate and is considered a third rail of American politics, nearly every effort to reduce Medicare costs to date has focused on doctors, hospitals, drug makers and insurers. It happened in 1990, 1993, 1997, 2006 and again last year.

Doctors already face a nearly 30% reduction in Medicare payments under an outdated formula. Hospitals that swallowed \$155 Billion in reduced payments last year face an additional \$50 Billion cut

under the Affordable Care Act. It seems clear that providers will not look favorably on additional cuts at this time.

In line with this, hospitals will soon face new Medicare penalties if the government finds they re-admit a large number of patients soon after they are discharged. A new study found that one in six Medicare patients still has to be hospitalized shortly after they are discharged, and the cost of avoidable re-admissions is more than \$17 Billion a year.

To curtail these costs, under the Health Care Reform Act, Medicare plans to reduce payouts for re-admissions. Beginning in October 2012, hospitals will pay a penalty equal to 1% of their total Medicare billings, if they re-admit an excessive number of patients. That penalty rises to 2% in 2014 and 3% in 2015.

about flu shots

It's that time of year again – Flu Season. Listed below are some commonly asked questions with answers about the upcoming flu season as published by the NJ Department of Health and Senior Services.

Q: What will be included in the 2011-2012 flu vaccine?

A: The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season. The 2011-2012 influenza vaccine will protect against the following three viruses: a) an A/California/7/2009 (H1N1)-like virus, b) an A/Perth/16/2009 (H3N2)-like virus, and c) a B/Brisbane/60.2008-like virus. These are the same viruses that were selected for the 2010-2011 influenza vaccine.

Q: If the influenza vaccine composition is the same for the upcoming season as it was for last season, do I need to get vaccinated again?

A: Yes. People should get vaccinated every year because even if the viruses in the vaccine are the same as the year before, immunity to influenza viruses declines over time and may be too low to provide protection after a year. This fall, everyone six months and older should get vaccinated against the flu, **even if they got vaccinated last season.**

Q: What types of flu vaccines are available?

A: Two types – one is an inactivated vaccine given as a shot, which has been used for many years. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. The other is a live attenuated (weakened) vaccine, which is sprayed into the nose. It is not for everyone. It is approved for use in healthy people 2 through 49 years of age who are not pregnant.

Q: How effective is the flu vaccine?

A: The flu vaccine is the best protection against the flu. The ability of the flu vaccine to protect a person depends upon the age and health of the individual, and the similarity or “match” between the virus strains in the vaccine and those being spread in the community. Vaccine effectiveness is not 100%. However, even for high-risk individuals, the vaccine can still provide protection against severe complications from the flu.

Q: Who should get the flu vaccine?

A: Everyone six months and older should receive a flu vaccine each year.

Q: How long after I receive a flu vaccine will I become immune to the flu virus?

A: About two weeks.

Q: Does getting a flu vaccine early in the season mean that I will not be protected later in the season?

A: No. Flu vaccination provides protection against the influenza strains contained in the seasonal vaccine for the entire season.

Q: Will my insurance cover the flu vaccine?

A: If you have Level 2 coverage, the Fund Office will reimburse you up to \$25 if you receive your flu vaccine at a pharmacy. You must submit your pharmacy receipt to the Fund Office for reimbursement. If you get the flu vaccine at your doctor's office, the doctor will bill Blue Cross/Blue Shield. If Medicare is your primary insurance, the flu vaccine is paid in full by Medicare.

For more information, visit the CDC Seasonal Flu webpage at <http://www.cdc.gov/flu/>

use hospital emergency rooms only when necessary

Before using a hospital emergency room (ER) for medical care, members should make sure that the illness or injury they are being treated for is truly an emergency. **As a reminder, there is a \$100 co-pay for all emergency room visits. However, the co-pay will be waived, if you are admitted to the hospital.**

If the condition is classified as a non-emergency, plan participants will also be subject to a \$200 deductible and will have to pay the difference between the charges and the Carpenters Health Fund fee schedule. Benefits are provided for treatment of an accidental injury or for emergency medical care within 24 hours of the onset of a sudden and serious medical condition or medical emergency. To qualify as a true emergency, four requirements must be met:

- The symptoms must be severe.
- The symptoms must occur suddenly.
- Immediate care is medically necessary.
- Immediate medical attention must be sought with no significant time lapse between the onset of symptoms and the time you seek medical treatment.

In addition to the costs of using a hospital ER (even when it's a true emergency), you may also incur added expenses, if you utilize the services of an emergency room physician, radiologist, anesthesiologist and/or pathologist. You may be balance billed if these providers are not in our network.

As an alternative to emergency room care, the Health Fund has established a statewide network of walk-in or urgent care clinics that members and their dependents can use. The Health Fund will pay 100% of charges for care received at one of these clinics. Please contact the Funds' Office at 1-800-624-3096 for information regarding participating walk-in clinics in your area.



The following list includes some of the **recognized pharmacies** in the HMC Network:



Albertsons
 A & P
 Bi-Lo
 Costco
 CVS
 Duane Reade
 EPIC

Giant Eagle
 HEB
 HY-Vee
 Kmart
 Kroger
 Longs
 Meijer

Osco
 Publix
 Rite Aid
 Safeway
 Sav-on
 Shop-Rite
 Supervalu

Target
 Tops
 United
 Walgreens
 Wegmans
 Winn Dixie

Visit www.hmcRXdiscount.com to:

a) locate a participating pharmacy, b) obtain discounted pricing, c) check mail order pricing, d) research drug and cost alternatives.



New Jersey CARPENTERS Benefits Watch

Raritan Plaza II, P.O. Box 7818
Edison, New Jersey 08818-7818

RETURN SERVICE REQUESTED

PRSRT STD

US Postage

PAID

Permit 1121

Hackensack, NJ

HMC companies offer free discount drug program

Members **who are no longer covered** by the carpenters' prescription drug plan can now take advantage of a *free* drug discount program being administered by **HMC Companies** that provides average savings of 15% off brand drug prices and up to 40% off generic drug prices.

By simply utilizing the discount drug card printed below, interested members will be eligible for discounted rates on ALL FDA-approved prescription drugs at over 54,000 participating pharmacies nationwide. In the event that a pharmacy's

price is lower than HMC's discounted price, the card holder will always receive the lowest price available.

HMC representatives say there are no limited drug lists, no waiting periods or deductibles, and the card is active the moment you present it to the pharmacy. Participating pharmacies include all national and regional chains, pharmacy associations, and many local community pharmacies. If your local pharmacy is not enrolled in the HMC Program, ask them to contact member services at

1-800-974-3454 to obtain enrollment materials.

Everyone can save! The HMC plan applies to your entire family and to any friends and neighbors who want to benefit from it. There are no restrictions. **Remember: the program only applies to members who no longer have prescription drug coverage under the Carpenters' Plan.** Please detach the card below and present to your pharmacy whenever you want to use it.

The list at the bottom of page 7 includes some of the recognized pharmacies in the HMC Network.



Prescription
Discount
Program

Member ID: HMC120111
Group ID: HMC001

Valid for
entire family

BIN: 610210
PCN: PRX



This is not insurance-it is for discount only

Process all claims electronically
Pharmacist Help Desk: 1-800-481-0605
Member services: 1-800-974-3454
please visit www.hmcRXdiscount.com
for program information