

IBEW Local 18 2009-2010 Plan Year

Frequently Asked Questions (FAQs)

Q: When is open enrollment?

A: April 27th through May 11th for a July 1st effective date.

Q: What Plans do IBEW Local 18 sponsor for their eligible members?

A: IBEW Local 18 offers HMO or PPO medical coverage, which includes prescription, chiropractic, acupuncture and body scan benefits. We also offer HMO or PPO dental and orthodontia coverage through Anthem Blue Cross. Complete vision coverage, through Vision Service Plan (VSP), is also included in Local 18's HMO and PPO medical plans.

Q: What does "PPO" and "HMO" mean and what's the difference between them?

A: There are a lot of differences between a PPO and an HMO, but the biggest differences are in how you access care, and what providers you can access.

"PPO" means *Preferred Provider Organization*. A PPO is a healthcare network system where the providers are contracted with a carrier to provide healthcare at a discount or for a fixed fee. Members can access care from PPO network contracted providers, or from non-contracted out-of-network providers.

"HMO" means *Health Maintenance Organization*. An HMO is a prepaid healthcare plan that offers members a variety of comprehensive healthcare services available from a specific group of contracted hospitals and medical professionals.

If you elect PPO coverage, you can see any licensed physician or provider in the PPO-network or out-of-network. Of course, if you see a Anthem Blue Cross PPO-network provider, the plan's reimbursement will be greater than if you see an out-of-network provider. (Please see the Power Care Advocate PPO question below for important information)

If you elect HMO coverage, your non-emergency care is managed by a Primary Care Physician (PCP); Specialty care requires a referral from your PCP. You are generally limited to seeing only providers contracted with the HMO. Most Anthem Blue Cross HMO services have no or very limited out-of-pocket cost to the member.

Q: What is the Anthem Blue Cross Power CareAdvocate PPO Medical Plan?

A: The Anthem Blue Cross Power CareAdvocate PPO Plan allows you the freedom to choose medical services from within Anthem Blue Cross' expansive PPO Provider Network, or from a non-PPO provider.

Q: What is the Anthem Blue Cross Power CareAdvocate PPO Medical Plan? (continued)

Plan benefits are payable on 3 different levels, according to your choice of providers and if you choose to pre-notify the CareAdvocate for PPO specialty services.

With an Anthem Blue Cross Care Advocate helping you navigate your medical care, you don't have to wait for authorizations or only see certain specialists on your Primary doctor's list. The Advocate is a specially trained customer service representative, available to assist you through the maze of health care. They can help you find a provider based on your medical issues or let you know if a provider you want to see is a Anthem Blue Cross PPO Provider or not. There are many other services the Advocates can offer you, so if in doubt, call them and ask.

Q: When I enroll, can I cover my dependents too?

A: Eligible dependents can be covered under Local 18's Medical and Dental Plans.

For more information on eligible dependents, please call Local 18's Benefit Service Center (BSC) at (800) 842-6635, or refer to the DWP Options Guide.

Eligible dependents are:

- Your husband or wife, if you are legally married.
- Your domestic partner - both registered and unregistered domestic partners are eligible for coverage under the medical and dental plan as follows:
 - Registered Domestic Partners - Registered domestic partnership is a domestic partnership that is registered with the California Secretary of State. The employee is required to verify the status of the registration by providing the Declaration of Domestic Partnership issued by the California Secretary of State or an equivalent document issued by a local California agency, another state, or a local agency of another state under which the partnership was created. If the employee can provide the required verification of registration, the employee will not be required to provide any other documentation regarding the domestic partnership (such as a Domestic Partner Affidavit and drivers license/identity card) and will not be subject to the 12 month waiting period.
 - Unregistered Domestic Partners - If the employee cannot provide the required proof of registration, the employee can still enroll his or her domestic partner if the employee fills out a Domestic Partner Affidavit and provides a drivers license/identity card for the employee and his/her domestic partner indicating that they live together (e.g., live together at the same address). In addition, they must reside together at the same residence for at least 12 months before the domestic partner's coverage is effective.
- Unmarried, financially dependent children who are your natural children, stepchildren, legally adopted children, children that you or your spouse have legal guardianship of, or children of domestic partners, and are under 19 years of age, or 19 years of age, but younger than age 25, and attending a recognized educational institution on a full-time basis. Or 19 years of age

or older and completely unable to engage in any gainful occupation due to a mental or physical disability, provided you submit proof of the child's disability.

Q: What new plans or changes took place last year and will be taking place this plan year?

A: Effective July 1, 2009:

- Under the Anthem Blue Cross Power CareAdvocate PPO Medical Plan, the member cost for 2-party and family coverage has increased – 2-Party rates go from \$83.28 to \$214.60 and Family rates go from \$350.80 to \$534.39.

B: Effective July 1, 2008:

- IBEW Local 18 increased the plan's maximum **body scan** reimbursement from \$500 to **\$750** per scan. If you or an adult family member receives a body scan from Body Scan International, they will handle the billing and there will be no out-of-pocket costs to you. If you or an adult family member receives a body scan from a provider other than Body Scan International that exceeds \$500, Anthem Blue Cross will continue to reimburse you the initial \$500 and Local 18's Health & Welfare Trust will reimburse you up to an additional \$250. Once Anthem Blue Cross has processed your body scan claim, please submit the Anthem Blue Cross explanation of benefits along with a receipt from the body scan provider to the attention of Ms. Jennifer Hadley, IBEW Local 18, 4189 West 2nd Street, Los Angeles, CA 90004-4340. The Local 18 Health & Welfare Trust will then reimburse you up to an additional \$250.

Q: Can I change from an HMO plan to a PPO plan?

A: Yes, during Open Enrollment you can change your coverage under an HMO Medical/Dental plan to a PPO Medical/Dental Plan. Any changes made during open enrollment will be effective 7/1/09.

Please note, if a member is enrolling eligible dependents, they must be enrolled on the same plan as the member. (Members **cannot** enroll themselves on a PPO Medical plan and enroll their dependents on an HMO Medical plan.)

To change plans, a new Enrollment Form will need to be completed. Anthem Blue Cross Enrollment Forms are in the Anthem Blue Cross Enrollment Kits, or are available by calling Local 18's Benefit Service Center (BSC) at (800) 842-6635.

Q: Can I enroll in the CaliforniaCare HMO Medical plan, and also enroll in the Prudent Buyer PPO Dental plan?

A: Yes, you can enroll in Local 18's Anthem Blue Cross CaliforniaCare HMO Medical plan, and also enroll in Local 18's Anthem Blue Cross Prudent Buyer PPO Dental Plan.

Or, you can enroll in Local 18's new Anthem Blue Cross Power CareAdvocate PPO Medical Plan, and enroll in Local 18's Anthem Blue Cross Dental Net HMO Dental Plan.

Q: Can I enroll in a Medical plan with Local 18 and have a Dental plan with the DWP?

A: Yes, you can enroll in a Medical plan with Local 18 and a Dental plan with the DWP.

Or, you can enroll in a Dental plan with Local 18 and a medical plan with the DWP.

Q: How do I get a Local 18 Anthem Blue Cross Insurance Enrollment Packet?

A: Local 18 Members can obtain Anthem Blue Cross Enrollment Kits by calling Local 18's Benefit Service Center (BSC) at (800) 842-6635 and request one be mailed to you. Kits can also be requested from Local 18 or picked up from the JFB.

Q: Whom do I send my completed Local 18 Anthem Blue Cross Enrollment Forms to?

A: Local 18 Members electing Anthem Blue Cross coverage need to submit their Anthem Blue Cross Enrollment or Change Form to:

BENEFIT SERVICE CENTER (BSC)
9500 Topanga Canyon Blvd.
Chatsworth, CA 91311

The Anthem Blue Cross Enrollment Kits have pre-addressed BSC envelopes in them for your convenience.

Q: What is a *Qualifying Event*?

A: A qualifying event is a change in family status which allows a member to enroll without waiting for the next open enrollment period.

For questions about qualifying events, please contact Local 18's Benefit Service Center at (800) 842-6635 or check your Department of Water and Power Options Guide.

Q: How do I locate a provider on the Anthem Blue Cross website?

A: Log onto www.anthem.com/ca/ibewlocal18, click on **Find a Doctor**. Select your plan type, select a provider type and a specialty (optional). Click on **Next** and follow the prompts to search by address or county. Click **View Results**. Select and compare specific providers for your short list. Click on **Printer Friendly** to create your own personalized mini-directory.

Q: How do I change my provider on the Anthem Blue Cross HMO plans?

A: You can call Anthem Blue Cross' Customer Service Department at (800) 227-3771 for the HMO Medical plan and at (800) 627-0004 for the DMO Dental plan.

Or, you can enroll go to anthem.com/ca/ibewlocal18 and click on Find a Doctor.

Q: Does VSP have ID Cards?

A: No, VSP does not have ID Cards. Once you go to a VSP provider, just let them know you have VSP.

Q: How do I find a VSP provider?

A: You can go to the VSP website at www.vsp.com or call VSP Member Services at (800) 877-7195. VSP Member Services is available Monday-Friday from 5:00 am to 7:00 pm, Pacific Time.

Q: What if I lose my Anthem Blue Cross ID Cards? How do I get new ones?

A: It is very important to present your Anthem Blue Cross ID Card every time you see a medical or dental professional. If you have lost your Anthem Blue Cross ID Card, you can call Anthem Blue Cross' Customer Service Department at (800) 227-3771 for the HMO plan, (866) 863-0490 for the PCAD plan, or the Benefit Service Center at (800) 842-6635, to request duplicate ID cards.

IF YOUR QUESTION IS NOT LISTED HERE, OR IF YOU NEED PERSONALIZED ASSISTANCE, PLEASE CALL LOCAL 18'S BENEFIT SERVICE CENTER (BSC) AT: (800) 842-6635 or (818) 678-0040, Monday – Friday, 8:30 am – 5:00 pm., (closed between 12:00 pm - 12:45 pm).

You may also e-mail your questions to the BSC: info@bscinc.com

Anthem Blue Cross' website is also a wonderful resource for health and wellness information. You can find this information by going to their website, www.anthem.com/ca, click on Members, then click on Enter. This will take you to the member home page. At the toolbar on this page, click on Health Information. Or you can go straight to the Anthem Blue Cross IBEW Local 18 microsite, www.anthem.com/ca/ibewlocal18.