

# IBEW Local 18 2010-2011 Plan Year

## Frequently Asked Questions (FAQs)

**Q: When is open enrollment?**

**A:** April 26, 2010 through May 7, 2010 for a July 1, 2010 effective date.

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

**A:** IBEW Local 18 offers HMO, PPO (CareAdvocate) and PPO for the Owens Valley medical coverage through Anthem Blue Cross, which includes prescription, chiropractic, acupuncture and body scan benefits. Complete vision coverage, through Vision Service Plan (VSP), is also included in Local 18's HMO and PPO medical plans.

We also offer DHMO or PPO dental and orthodontia coverage which will be provided through Guardian effective July 1, 2010.

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

**A:** There are a lot of differences between a PPO and an HMO/DHMO, 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 or dental care network system where the providers are contracted with a carrier to provide care 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.

"DHMO" means *Dental Health Maintenance Organization*. A DHMO is a prepaid dental care plan that provides a variety of comprehensive dental services through a network of dental providers. Members pick a primary care dentist.

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 an Anthem Blue Cross PPO-network medical provider or a Guardian PPO-network dental provider, the plan's reimbursement will be greater than if you see an out-of-network provider. (Please see the CareAdvocate PPO question below for important information)

If you elect HMO medical 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 CareAdvocate PPO Medical Plan?**

**A:** The Anthem Blue Cross 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.

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 CareAdvocate 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 CareAdvocate 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 an Anthem Blue Cross PPO Provider or not. There are many other services the CareAdvocates 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 copy of 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.
- Your grandchildren, if they are the children of your covered dependent children.

**Q: What new plans or changes will be taking place this plan year?**

**A:** Effective July 1, 2010:

- Changing dental carriers from Anthem Blue Cross to Guardian. Members will continue to have the choice of a DHMO or a PPO dental plan with no monthly cost for full family coverage.

The new Guardian dental plans provides access to one of the nation's largest PPO dental networks; enhanced DHMO copay schedule for greater member savings and over 5,000 DHMO providers in California to choose from.

- Under the Anthem Blue Cross CareAdvocate PPO Medical Plan, the member cost for 2-party and family coverage has increased – 2-Party rates are changing from \$214.60 to \$254.76 and Family rates are changing from \$534.39 to \$591.58.

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

**A:** Yes, during Open Enrollment you can change your coverage under an HMO/DHMO Medical/Dental plan to a PPO Medical/Dental Plan. Any changes made during open enrollment will be effective 7/1/10.

**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 enroll or change plans, you can log onto [www.mybenefitchoices.com/local18](http://www.mybenefitchoices.com/local18) or if you prefer to complete a form, Anthem Blue Cross Medical Enrollment Forms are in the Anthem Blue Cross Enrollment Kits and Guardian Enrollment Forms are in the Guardian Enrollment Kits. Both forms are available by calling Local 18's Benefit Service Center (BSC) at (800) 842-6635 between the hours of 8:30 a.m. and 5:00 p.m. (closed 12:00 p.m. to 12:45 p.m.), Monday thru Friday or you may email your request to [Local18@mybenefitchoices.com](mailto:Local18@mybenefitchoices.com).

**Q: Can I enroll in the Anthem Blue Cross HMO Medical plan, and also enroll in the Guardian PPO Dental plan?**

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

Or, you can enroll in Local 18's Anthem Blue Cross CareAdvocate PPO Medical Plan, and enroll in Local 18's new Guardian DHMO 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 the new Dental plan with Local 18 and a medical plan with the DWP.

**Q: How do I get a Local 18 Anthem Blue Cross Medical or Guardian Dental Insurance Enrollment Packet?**

**A:** Local 18 Members can obtain Anthem Blue Cross Medical and/or Guardian Dental Enrollment Kits by calling Local 18's Benefit Service Center (BSC) at (800) 842-6635 or sending an email to [local18@mybenefitchoices.com](mailto:local18@mybenefitchoices.com) to request that 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 Medical and/or Guardian Dental Enrollment Forms to?**

**A:** Local 18 Members electing Anthem Blue Cross Medical and/or Guardian Dental coverage need to submit their Anthem Blue Cross and/or Guardian Enrollment or Change Form to:

**Local 18 BENEFIT SERVICE CENTER (BSC)**  
9500 Topanga Canyon Blvd.  
Chatsworth, CA 91311

The Anthem Blue Cross and Guardian 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 the Department of Water and Power Options Guide.

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

**A:** Log onto [www.anthem.com/ca/ibewlocal18](http://www.anthem.com/ca/ibewlocal18), click on **Find a Doctor**. Select a medical plan, select your plan type, and 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 plan?**

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

**Q: How do I locate a dental provider on the Guardian website?**

**A:** Log onto [www.guardianlife.com](http://www.guardianlife.com) and under Resources at the top right, click on **Provider Online Search**. Click on "**Find a Dentist**" Select your dental plan (DHMO/Pre-paid or PPO), search type and location information. Click on **Continue** and select your dental network. For PPO, select Dental Guard Preferred. Click on **Continue** and select type and additional preferences (optional). Click on **Continue** for results.

**Q: How do I change my provider on the Guardian DHMO plan?**

**A:** You can call Guardian's Customer Service Department at (800) 273-3330. Or you can change online via GuardianAnytime (log onto: [www.GuardianAnytime.com](http://www.GuardianAnytime.com) – first time users must complete the registration process).

**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](http://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 medical ID card? How do I get a new one?**

**A:** It is very important to present your Anthem Blue Cross ID Card every time you see a medical 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 CareAdvocate PPO plan, (800) 759-3030 for the Owens Valley PPO plan, or the Benefit Service Center at (800) 842-6635, to request duplicate ID cards.

**Q: What if I lose my Guardian Dental ID card? How do I get a new one?**

**A:** Phone call to Guardian Dental Member Services:

PPO – 800-541-7846

DHMO – 800-273-3330

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 a.m. – 5:00 p.m., (closed between 12:00 p.m. - 12:45 p.m.).

You may also fax questions to (818) 477-1476 or send an email to the BSC:  
[local18@mybenefitchoices.com](mailto:local18@mybenefitchoices.com)

Anthem Blue Cross' website is also a wonderful resource for health and wellness information. You can find this information by going to the Anthem Blue Cross IBEW Local 18 microsite, [www.anthem.com/ca/ibewlocal18](http://www.anthem.com/ca/ibewlocal18).