

Fall 2016

If you have any questions regarding your Welfare, Pension or Annuity benefits, please let us know!

How you can reach us:

- VISIT our Web Site:  
www.FundOneIATSE.com
- COME UP to the Fund Office:  
320 West 46th Street, 6th Floor,  
between 8th and 9th avenues
- CALL us at :  
(212)247-5225  
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We look forward to hearing from you!

# Benefit News



## Upcoming Events and Important Dates

Following are some important dates to mark on your calendar . . .

### October 1st:

- ◆ **Express Scripts** becomes the Welfare Fund's new pharmacy benefit manager (see last page). You should receive your new pharmacy benefit card by the 10/01 start date, but if not please call the Fund Office.
- ◆ **Self-Pay Premiums are due!** Late payments received after 10/01 will be subject to the \$25 late fee.

### Wednesdays in October from 5-6pm (5th, 12th, 19th & 26th):

The Wellness Center will be sponsoring another series of **Meditation Sessions** located on the 6th floor of the Union building. Call Katie Fromm (Local One's Healthcare Coordinator and RN) at (212)247-5225, x109 for more information.

**October 20th:** As part of Breast Cancer Awareness Month, the Wellness Center will be offering free **Breast Cancer screenings** in a state-of-the-art mobile van in front of the Union Hall from **10am - 4:30pm**. To schedule an appointment, please call (877)628-9090.

**October 23rd:** As part of the Wellness Incentive (see next page), Katie Fromm will be running another **Blood Pressure Screening** at the Sunday Membership meeting.

### October 31st:

- ◆ Last day to make Self-Pay Premium payments. If you miss this deadline, your **health insurance coverage will be terminated!**
- ◆ If you fulfill the Wellness Incentive requirements by 10/31, your \$100 Wellness Credit for coverage starting 1/01/17 will be reflected in the Self-Pay invoice you receive at the beginning of December.

**November 16th:** Local One is providing **FREE flu vaccinations** starting at **10am** in the **Wellness Center** on the 6th floor of the Union Hall. Please also note that the Actors Fund will be providing free flu shots at the **Hirschfeld Clinic** (57th and 10th) on 10/13, 10/25, 11/04, 11/14, and 12/01 from 9:30am to noon, and 12/15 from 1:30 to 4pm.

**November 20th:** Blood Pressure screening at the Sunday Membership meeting.

## 2016 Wellness Incentive

### ❖ What you need to do in 2016 to save \$400 in 2017 ❖

As a reminder, in order to continue receiving the \$100 per quarter Wellness Incentive credit starting 1/01/17, you will need to do the following by the end of 2016:

1. Complete **Aetna's Health Assessment questionnaire** which you can find on Aetna's secure member website at [www.aetna.com](http://www.aetna.com) (if covered, your spouse must also complete), and
2. Have your **blood pressure checked** at an upcoming Sunday Membership meeting (10/23 or 11/20), or by Katie at the Wellness center on the 6th floor of the Union Hall, or as part of a regular physician office visit.

To ensure you receive your Wellness Credit at the time your self-pay premium payment is due for coverage starting 1/01/2017, you need to have completed both the questionnaire and blood pressure screening by **10/31/2016**. While you will certainly qualify if you complete the requirements in November and December, you will either need to provide written proof of completion at the time of payment, or pay the regular self-pay premium with the understanding that we will credit you for the following quarter.

Please note that the Wellness Incentive is for active participants (not retirees), and that if you have not yet qualified for the incentive by having a Wellness Visit, you will still need to meet that requirement before you can qualify for the 2017 Self-Pay reductions.

We hope to see you at the Membership Meeting on Sunday, October 23rd, and will be very happy to answer any questions you have about the Wellness Incentive program in person.

### [Did you know you can pay your Self-Pay Premiums Online?](#)

Online payments allow you to pay your Self-Pay Premiums when it's convenient for you. All you need to do to start making online payments is to set up a secure log-in to the Fund's web site at [www.FundOneIATSE.com](http://www.FundOneIATSE.com). At some point we mailed you a PIN number which you need to set up your secure log-in. If you don't know your PIN, please call Tina Tatum in the Fund Office at (212)247-5225, x100 and she will resend it to you.

But that's not all you can do once you have your secure log-in. You will also have access to your personal Welfare, Pension and Annuity information -- including the ability to monitor your employer reported earnings and Annuity Fund contributions, update your mailing address and contact information, and check your Pension and Annuity beneficiary designations.

If you need any help getting registered or see any problems with your information, please call the Fund Office at (212)247-5225.

## If you use an Out-of-Network provider . . .

### BEWARE OF BALANCE BILLING!

The Welfare Fund reduced the reimbursement rates for Out-of-Network medical providers effective January 1, 2016. The amount that the Fund pays to an Out-of-Network provider is now 150% of the Medicare reimbursement schedule, which can be significantly lower than the 75% of "Reasonable and Customary" the Fund previously paid for Out-of-Network services.

This is extremely important because it could result in you having to pay much more for Out-of-Network services if the provider bills you for the difference between the service fee and what the Welfare Fund pays (the balance of the bill). So if, for example, the billed cost of a hospitalization was \$30,000, and the Fund reimbursed \$10,000 to the provider, **you could be held responsible by the provider for the remaining \$20,000 of the bill!**

To avoid this potential problem, you should always confirm with a provider whether or not they are In-Network before any services are provided, and try to stay In-Network whenever possible. If you are having trouble finding an In-Network provider, please call Katie Fromm at (212)247-5225, x109 for assistance. If you have any questions related to balance billing or any other claims questions, please call Gloria Shea at (212)247-5225, x104.

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## Local One Telehealth Kiosk

### COLD AND FLU SEASON SPECIAL — \$0 Copay!

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The Telehealth Kiosk has been operational in the Local One Wellness Center for a few months, and we have had very positive responses from Welfare Fund participants who have used it. To encourage more participants to try a physician visit using the Kiosk, the Fund is offering a **\$0 Copay** for first time users until the end of February 2017. (The regular copay is \$20 for any subsequent visits.)

If you would like to have a Telehealth visit with an online physician, please come to the Wellness Center (6th floor of the Union Hall) anytime between 8am and 5pm on weekdays. If you have limited time and want to secure a specific appointment, please call the Fund Office at (212)247-5225. Please allow at least ½ hour for paperwork and your online physician visit.

Your visit will be conducted by video in the privacy of the Wellness Center's exam room. Local One's Healthcare Coordinator and RN, Katie Fromm, will usually be available to help facilitate your visit if you need assistance.

Obviously, having a consultation with a physician by video isn't appropriate for all medical situations, and seeing a doctor in person may often be preferable. Common conditions and appropriate uses of Telehealth services include Allergies, Arthritis, Asthma, Colds and Flu, Infections, (such as ear, eye, respiratory, sinus and urinary tract), Skin problems and Stomach problems.

# Pharmacy Coverage Moves to Express Scripts 10/01/16

## Important Changes Regarding Utilization Management

The administration of the Welfare Fund's pharmacy benefits moves from Cigna to Express Scripts effective October 1, 2016. You should receive your new pharmacy benefit card well before October 1st, but if not please call the Fund Office at (212)247-5225.

Like the recent transition of our medical benefits administration to Aetna, the decision by the Trustees to move the management of the Welfare Fund's pharmacy benefits to Express Scripts was primarily a financial one. As one of the largest Pharmacy Benefit Managers (PBMs) in the country, Express Scripts is able to leverage their market share to negotiate substantial discounts and rebates with pharmacies and drug makers. Express Scripts was selected primarily because their negotiated rebates and discounts were superior to the other PBMs who submitted proposals to the Welfare Fund.

As part of this change, Express Scripts will be implementing programs designed to manage patient utilization as a way to maximize plan savings. These programs are designed to help ensure that the most cost effective drugs are appropriately used for treatments. Some aspects of these programs previously existed under Cigna, but others are either new or expanded to some degree.

The new utilization management program involves (1) prior authorization to ensure clinically appropriate use of medications, (2) step therapy to encourage the use of generic medications before stepping up to brand name drugs, and (3) drug quantity management to ensure patients are receiving appropriate quantities of drugs that align with FDA guidelines.

The step therapy program requires that for certain types of new prescriptions, the most cost-effective drug therapy must be first tried and evaluated, and more costly or risky therapies are used only if found to be necessary. If you are currently receiving a brand name drug, you will continue to receive your current prescription. If you are prescribed a new medication for a new condition, you will then begin step-therapy for that new drug while still being grandfathered for your old prescription.

Specialty drugs will be dispensed through Express Scripts' specialty pharmacy called Accredo. Step therapy for specialty drugs will be required when there is more than one brand name drug that treats a condition and a significant cost difference exists. Express Scripts will require that the patient and their doctor request approval for use of the higher cost drug.

Accredo will also help manage drug quantities and patient satisfaction. If you are prescribed a particular drug for a new treatment, you may only receive a 10-day supply initially at the pharmacy (with a prorated copayment). This will allow you and your doctor to assess the drug effectiveness or highlight potential side effects. This will prevent the waste that occurs when someone is prescribed a 30 day supply, but ends up taking only a portion of that drug due to an adverse reaction or for other reasons. If the drug is successfully treating the patient, Accredo will then provide up to an additional 90-day supply via home delivery. Accredo has licensed pharmacists and registered nurses available 24/7 to answer any questions you may have about your prescription.

Also, any new medications approved by the FDA and released onto the market will not be covered by the plan for the first 90 days. This will allow patients and their doctors to determine whether the drug is appropriate for use in treating their particular medical condition. There will be special consideration for patients whose doctors determine that a new drug is necessary to treat their condition and that the patient must begin treatment immediately.

If you have any questions about the pharmacy utilization management programs, please call the Fund Office at (212)247-5225.