



TRUSTALK

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KNOW (YOUR COVERAGE) BEFORE YOU GO

Open enrollment was only a few months ago. Do you remember the changes that you made? Now is the time to check your paystub to be sure the changes are reflected there.

Codes to look for:

Trust Codes	
DENTAL	
Preferred Choice	DT1
Quality Dental	DT2
VISION	
VSP	VCT
EyeMed	VCC
LIFE INSURANCE	
Supplemental Life	SUPLT1
Basic Life	BTCHK_(1-4)
LEGAL	
Hyatt Legal Plan	SUPLGL

If you signed up for a plan or changed your coverage level and believe the wrong amount is being deducted, contact your HR Officer or the Trust. If you don't make corrections now, you could be under-insured until the next July 1.

Remember, only supplemental life and legal insurance are deducted from your pay. For all other benefits offered by the Trust, the Trust pays the premiums for you. The funding negotiated by the Unions during the Collective Bargaining process determines what level of benefits you will receive, as well as your costs. The Trust does not receive any funding from Union dues, medical premiums, or from your supplemental life or legal plan contributions.

How to get service

Once you verify that you have coverage, you may contact the provider of choice to schedule an appointment. Many members review the plan directory information first to make sure

that their providers are still in the network. Using network providers as much as possible will help maximize your savings.

To check you can link through the Trust's website, www.benefitstrust.org, or call the plan covering you:

VSP 800-877-7195

EyeMed 866-723-0514

MetLife (Preferred Choice network discounts are available to Quality Dental members, too) at 800-984-8649.

Network providers will verify your eligibility for you. Please read on if you are concerned about what documents you need to take with you for your appointment.

Where's my ID card?

The Trust plans do not mail ID cards, as most dental and vision providers do not need them. When you use network providers, any paperwork or pre-authorization is done for you. If you want a form or out-of-network information, check

Coverage for Union Benefits Trust coverage, as a contribution from the State per your Collective Bargaining Agreement, will appear as \$70 on the second paycheck of the month.

the Trust's website or your plan booklet, respectively. If you can't find your plan booklet, you may obtain one on our website or by calling us.

Newly enrolled members, read this

We understand that most members who are newly enrolled in a plan are ready to receive services as soon as possible. To make sure your first visit goes smoothly, please check with your HR officer or the Trust to make sure you are covered. Sometimes there is a delay with the Payroll system as members join the plan for the first time, and it requires a bit of coordination between the Trust, your plan and your HR officer to fix the problem. Please know that we will try to make sure you get your coverage, so that there are no problems with scheduling that dental or vision appointment, or even later, when the claims are paid.

If you need your information updated immediately in the system, please contact the Trust customer service staff. This is the only way to get the coverage/eligibility information updated with EyeMed, VSP

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or MetLife . Please do not send or provide information directly to the dental and/or vision providers, such as the doctor's office, or to EyeMed, VSP or MetLife.

Updating a member's information with the plans does not change our automated phone system, as the systems are not connected. The data we receive from you via the State is only updated bi-monthly, so it may take a while for the corrected information to be available to the automated phone system. Updates must also be processed by your HR Officer, or our work to fix the problem will be overwritten by the plans during the following month.

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Union Benefits Trust.
Serving Union-represented
State employees in OCSEA/
AFSCME Local 11, District
1199/SEIU, OSTA, FOP/OLC,
SCOPE/OEA and CWA.

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CHECK UP TIME

Vision

According to the American Optometric Association, children considered to be at risk for the development of eye and vision problems may need additional testing or more frequent re-evaluation. Factors placing an infant, toddler, or child at significant risk for visual impairment include:

- Prematurity, low birth weight, oxygen at birth, grade III or IV intraventricular hemorrhage
- Family history of retinoblastoma, congenital cataracts, or metabolic or genetic disease
- Infection of mother during pregnancy (e.g., rubella, toxoplasmosis, venereal disease, herpes, cytomegalovirus, or AIDS)
- Difficult or assisted labor, which may be associated with fetal distress or low APGAR scores

- High refractive error
- Strabismus or anisometropia
- Known or suspected central nervous system dysfunction evidenced by developmental delay, cerebral palsy, dysmorphic features, seizures, or hydrocephalus.

Adult patients at risk include those:

- with diabetes, hypertension, or a family history of certain disease (e.g., glaucoma, macular degeneration)
- working in occupations that are highly demanding visually or eye hazardous
- taking prescription or nonprescription drugs with vision-related side effects
- wearing contact lenses
- who have had eye surgery
- with other health concerns or conditions.

Your child should generally see a dentist when he gets his first tooth, or by age one at the latest. "First visit by first birthday" is a good rule of thumb, according to both the American Dental Association and the American Academy of Pediatric Dentistry. The American Optometric Association suggests that children should have their first regular eye exam at 6 months. Follow-up exams should occur at age 3 and again just prior to starting school. If a problem is found, more frequent care may be necessary.



Pediatric Vision Exam Frequency		
Patient Age	Suggested Exam Frequency	
	Asymptomatic/Risk-Free	At Risk
Birth to 24 months	At 6 months of age	By 6 months of age or as recommended
2 to 5 years	At 3 years of age	At 3 years of age or as recommended
6 to 18 years	Before first grade and every one or two years thereafter	Annually or as recommended
Adult Vision Exam Frequency		
Patient Age	Suggested Exam Frequency	
	Asymptomatic/Risk-Free	At Risk
18 to 60 years	Once every one or two years or as recommended	Every year or as recommended
61 years and older	Annually	Annually or as recommended

The Trust vision plans offer an eye exam once every 12 months, regardless of the patient's age. If your doctor or eye doctor are recommending more frequent exams, check with us to see if any additional benefits are available under your vision plan. You may also want to check your medical coverage to see what, if any, additional coverage may be available.

KNOW (YOUR COVERAGE) BEFORE YOU GO

Continued from page 1

Out-of-network benefits

While using a network provider can save you time and money, some members choose to use non-network providers. We know that, and have designed the plans to allow you that choice. If you use a non-network doctor or dentist, we encourage you to discuss your treatment up front, and to inquire about referrals to specialists as appropriate. The specialist may

be in the network, so screen as many providers as possible before booking the appointment; don't assume your provider will automatically refer you to a network provider.

Additionally, in areas where the network is still developing, the network dentists may not be immediately available in your community. If you are able to use a network dentist, you may want to consider speaking with

network dentists who are listed as generalists. Some dentists perform the same types of services as specialists do, such as root canals or braces. We urge you to obtain as much information as possible, as some services/situations do need specialist-level care. Additionally, some dentists will only perform these services for existing clients. However, it is worth an inquiry in areas where there are no network specialists.

CHECK UP TIME

Continued from page 2

Dental

Most children and adults should see their dentist for a regular cleaning and check up every six months. People at a greater risk for oral diseases should have dental check ups more than twice a year. Tobacco and alcohol use, diabetes, pregnancy, periodontal and gum disease, poor oral hygiene and certain medical conditions are some of the many factors that your dentist takes into consideration when deciding how often you need your dental cleaning and check up. The Trust dental plans cover two exams per plan year.

Dental Exam Frequency		
Patient Age	Suggested Exam Frequency	
	Asymptomatic/ Risk-Free	At Risk
Infant to Adult	Once a year	More than twice a year

Basic Life

Who is your beneficiary? If you cannot answer this question with 100% certainty, mail in a new beneficiary form. When you send in a beneficiary form, it automatically overwrites the old one, and the change will be effective as soon as Prudential processes the form.

If you're looking for a form, go online, or order one by fax when you call Trust customer service. To declare or change a beneficiary,

you must mail your form to Prudential.

You can have the same beneficiary for supplemental and basic life insurance, but you do not have to do so. While it is highly desirable for you to submit Social Security numbers for your beneficiaries, you are not required to do so.

We encourage you to complete a form today!

ENHANCEMENT TO LEGAL SERVICE PLAN

Beginning July 1, 2008, members enrolled in the Hyatt Legal Service Plan will be able to take their coverage with them when they leave State service for any reason. You must notify Hyatt within 31 days of leaving State service, and make sure that you send them the required payment and paperwork within the time frame they set.

As this "portability" feature is currently structured, the cost may be prohibitive depending on your situation at the time of your departure. However, if you have an ongoing legal concern, we encourage you to at least explore the portability option, as there is no other continuation feature for this plan.

Interested, covered members should call Hyatt at 800-821-6400 to learn more.



COLLECTIVE BARGAINING ALERT

During this collective bargaining year, we want you to know that we are always doing our best to adapt your Union benefits to your needs in this difficult economic climate.

During negotiations, we will keep you informed of changes as they occur. OCSEA will kick-off the Collective Bargaining negotiations, and SEIU/1199, OSTA, FOP/OLC, SCOPE/OEA and CWA will follow in time, for the plan year that begins July 1, 2009. We know that each Union sets their priorities and tries

to look at the entire economic picture, but underfunding of the Trust has occurred in the past. Sometimes we hear from members that there are misconceptions that the Trust is funded and bargained with health care, or that the funds come out of union dues; neither of these myths is true.

Should your Benefits Trust benefits not be fully covered for the length of the next Contract, it could lead to tightening benefits or cost-shifting, similar to what you have

experienced with your health care coverage. The Trustees of the Benefits Trust have carefully guided the plans to ensure that no premiums are taken from your pay and that the co-pays and deductibles have been kept low, while your benefits have kept pace with inflation.

While the Union Benefits Trust is very efficient with the funds received, and 97% goes directly to your benefits (the remainder is spent on plan audits,

communication, customer service, etc.), we recognize that there are many challenges this year. Please stay informed through your Union's newsletters and e-communications so that you know what's happening with the Benefits Trust and other negotiated benefits. We appreciate your support and thank you for your understanding.

LAYOFFS AND YOUR TRUST BENEFITS

No one wants to think about getting laid off. But if it happens, the Trust wants you to be prepared. During this stressful time, it is easy to overlook one of the things you will need most: your benefits.

Dental and Vision

Your Dental and Vision benefits will continue under COBRA for 18 months, and you are responsible for paying the full cost. Your rate will depend on what plan and type of coverage you chose at open enrollment. You will need to obtain a form from your HR Officer. After your COBRA coverage expires, you will need to find your own dental and/or vision coverage. Note: You do not need to take COBRA coverage for medical to be able to take COBRA coverage for dental and/or vision.

Basic Life Insurance

If you are laid off, you may choose to continue your Basic Life coverage for 12 months. You will be responsible for paying the full cost at the time of layoff. See your Human Resources Officer for the correct forms to continue your coverage.

Supplemental Life Insurance

Like Basic Life Insurance, you may choose to continue your family's Supplemental Life Insurance for 12 months. You are responsible for paying the cost to Prudential. Contact them at 800-778-3827. When your 12 month period ends, you may continue your own (member's) policy.

Legal Plan, AD&D and Working Solutions

These plans are not eligible for continuation in the event of a layoff, and will end on the last day of the month you were laid off or for which your coverage was paid through, whichever comes last. However, you may now be able to port your legal coverage; see page 3 of this newsletter, and contact Hyatt for more details.

WHERE TO FIND US



www.benefitstrust.org



800-228-5088 or
614-508-2255



390 Worthington Rd.,
Suite B, Westerville OH
43082-8332



Email us securely through:
<https://www.benefitstrust.org/email.htm>

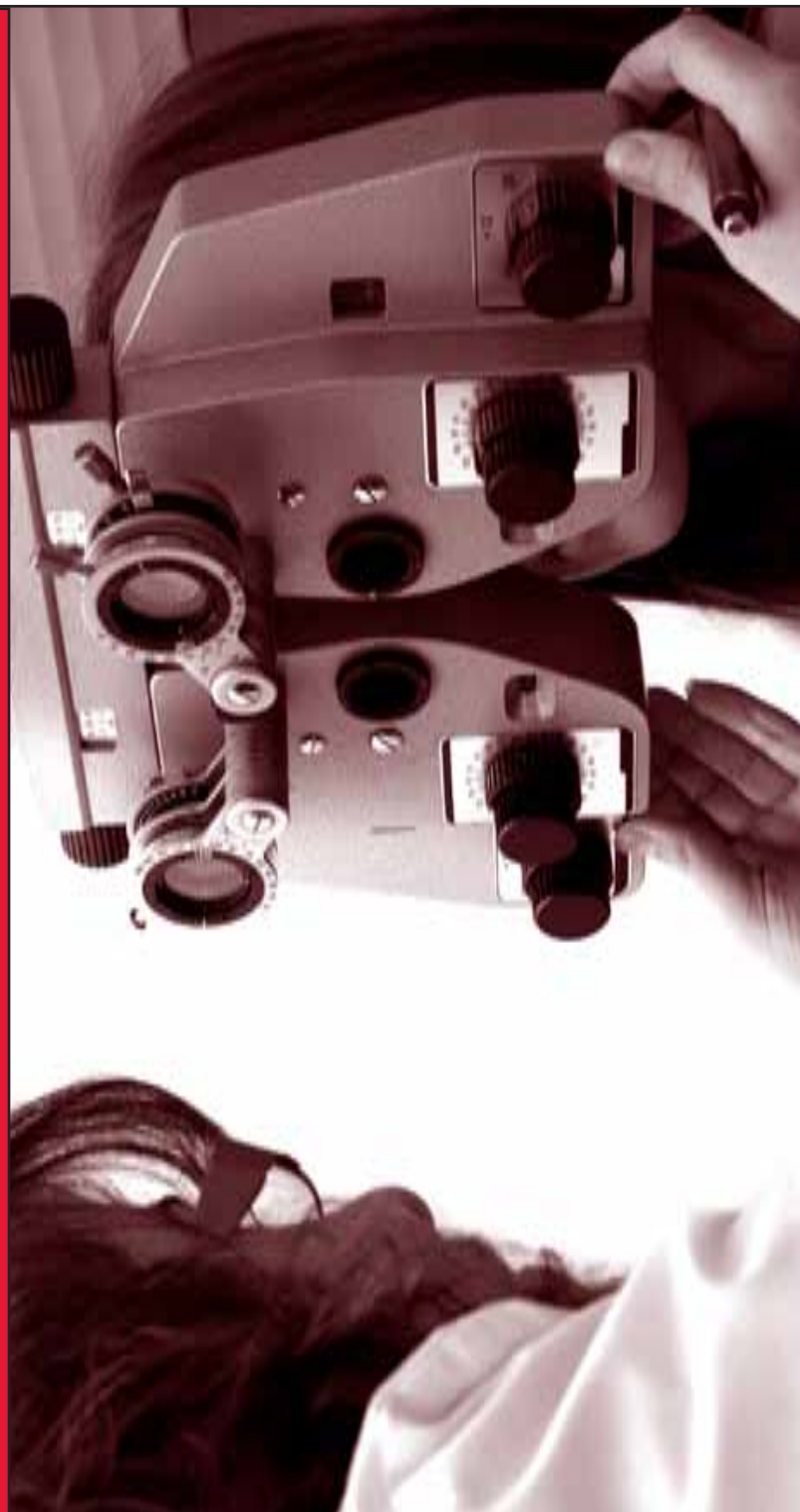
Trust Talk contains only highlights of your benefits and is not a plan document. See the official plan documents for full plan details or if a discrepancy exists between this newsletter and the plan documents; the plan documents are always the final authority.

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390 Worthington Rd., Suite B
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CHECK
YOURSELF!

GET CHECKUPS REGULARLY



CHECK YOUR COVERAGE