



TRUSTALK

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VALUE OF THE TRUST

Traditionally, the New Year is a time for reflection, appreciation and goal setting. Your benefits, provided through Union Benefits Trust, are designed to give you peace of mind. Looking toward our future, especially during the current contract negotiations with the State of Ohio, it is important to let everyone know how much we value these benefits, with their strong health orientation and financial security provisions.

Health care and the economy are the main topics of daily headlines across the nation. Both of these complicated issues come together when bargaining your labor contract in Articles like health care and the Union Benefits Trust benefits. While your overall health can be improved through simple, preventive oral and optical care, even common-sense, well-designed dental and vision care has a cost.

In order for the Trust to meet your benefit needs with our available funding, we frequently evaluate the services and benefits we offer to make sure we're providing essential coverage: As the Trust determines how to continue to provide benefits that will meet your needs in the future, it is dependent upon the funding negotiated during collective bargaining. The Board of Trustees of the Benefits Trust diligently monitors plan and operational expenses to make sure that administrative costs are low and benefit levels are high for you and your family.

The prudence of the Benefits Trust Board is one of the many advantages of having your benefits provided through the Trust. Remember that the Board of the Trust is comprised of representatives from:

- OCSEA/AFSCME Local 11
- District 1199/SEIU
- OSTA
- FOP/OLC

- SCOPE/OEA
- CWA and
- The State of Ohio.

When the Trust began in 1993, the Unions formed the first official coalition for Union-represented State employees. Since then, the Trust has kept benefit levels current with the times while adding new cost-effective and innovative benefit programs, such as the work/life balance plan called Working Solutions. OCSEA President Eddie L. Parks, Chair of the Trust, along with the Union Trustees who form the majority of the Board, are constantly mindful of the unique situations that Union members face. Access to providers, equitable coverage, and benefits based on outcomes or evidence are all issues tackled by the Board and staff on behalf of members since the last round of collective bargaining.

Because of our Board's unique makeup, we have a special concern for members' needs. That's one advantage to having benefits through your Union Benefits Trust. The Trust also has the ability to bring leading edge benefits to you in a cost-effective fashion because of its narrow focus.

Value to Your Health

Nationally, and statewide, for the last decade, care levels have been reset to lower cost delivery options, such as shifting surgeries from inpatient hospital procedures to outpatient procedures with at-home recoveries, or moving rehabilitative care from the hospital to the doctor's office or clinic. There has also been a swell in the wellness movement, which emphasizes making long-lasting lifestyle changes as well as obtaining proper preventive care. Trust-sponsored dental and vision care capitalizes on both of these trends, as it has a (relative) low cost, but represents a high value in terms of health care.

Specifically, regular eye and dental exams have proven to positively impact your overall health, and signal when you have a larger health issue. For instance, did you know that a vision exam could save your life? Or, did you know that for every condition identified before an emergency or crisis, you will better preserve your own health, livelihood and also a good deal of money? Through the current cost-sharing structure, when you save money, the State can also save money on its medical plan costs.

According to VSP (one of your vision care options), if every eligible Trust member and his/her dependent spouse would obtain a low cost, annual eye exam, the medical plan sponsor *could save* approximately \$1.2 million annually in direct employee healthcare costs. The projection is an estimate created from VSP's research, and is based on overall population health trends. To fully realize the savings, the members would have to receive treatment for their disease. Of course, estimated savings could be even higher, as diabetes is only one of several costly conditions to health and finances that can be identified by an eye exam.

During a standard vision exam, your eye doctor gathers information on different chronic conditions besides diabetes, such as high blood pressure, glaucoma and high cholesterol.

IN THIS ISSUE

- **Dental vs. Medical: Which Plan to Use?**
- **New Year's Resolutions – Forget Them!**
- **Working Solutions: Return of the P.I.G.**
- **Watch List**

In a standard exam with dilation, you will:

- review the standard eye chart (think of the Big E),
- have a series of lenses passed by each eye to determine if #1 or #2 is better,
- look at some images to see if you have any color blindness,
- be tested for your peripheral vision or depth perception,
- feel a puff of air that checks for glaucoma and
- receive drops that dilate your eyes so your doctor can take a better look inside.

If your eye doctor finds a symptom of one of the diseases for which he or she screens, or perhaps something else that just isn't right, your doctor will inform you and recommend that you schedule an appointment with your primary care doctor. You, as the patient, guide your own health information, which is important to us and many privacy advocates. However, the urgency to give the information to your primary care doctor may be critical.

Continued on page 2



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

BOARD OF TRUSTEES

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In Solidarity

Value of the Trust (continued from page 1)

Value to Your Finances

Through the Trust, you are automatically covered at hire by Working Solutions, an information and referral service that provides free financial counseling with a financial adviser. If you enrolled in the Hyatt Legal Services plan, you may also receive additional benefits, such as will preparation that is covered in full when you use a network attorney. This service alone saves the average family over \$400 annually. While we emphasize that you should always review your options in the insurance

marketplace, members may see savings on their supplemental life insurance rates of 30% or more.

There are also financial benefits to having dental and vision insurance provided by the Trust. No deductible is required before receiving preventive and diagnostic dental services, such as x-rays, exams and cleanings, and the vision plans have low copays for eye exams. The Board of Trustees has tried to ensure that you don't have barriers to receiving important, preventive care when you need it.

For the monthly rate the Trust receives, here's the approximate value of coverage that you get.

Benefit levels shown below are based on maximizing use of in-network care providers.

The Trust also offers competitive group rates on supplemental life insurance and legal insurance. The cost of these programs is paid directly by enrolled members through payroll deductions, and varies based on coverage levels and other determining factors.

Negotiated rate	Benefit	Monthly payroll deduction
Union negotiated, State contribution to the Trust each month per eligible member: \$70	Dental: Up to \$1,500 care, per plan year, per person, after meeting a \$25 deductible (not applicable to preventive or diagnostic services). Orthodontic care is an additional benefit for dependent children, up to \$1,500 lifetime.	\$0
	Vision: Eye exam every 12 months, plus glasses or contacts, for a small copay per person (\$5 - EyeMed, \$25 - VSP)	\$0
	Basic life: one times your basic annual earnings	\$0
	AD&D: up to one times your basic annual earnings	\$0
	Working Solutions: unlimited confidential consultations and referrals on a multitude of work/life issues	\$0

Looking Ahead

With your continued support, over the next few years, the Trust will:

- Continue to focus on your needs
- Increase member satisfaction with benefits as gauged through member input and
- Explore adding or enhancing voluntary plans that continue to improve your health or wellness, wherever gaps in coverage exist.

If/when the Trust adds new benefits or enhances existing benefits, the Trustees' objective is to improve the quality of your life and health. For example, dental and vision benefits were improved

July 1, 2006, with enhancements such as: polycarbonate lenses covered in full (in network), increases to the maximums for orthodontia and annual limit in dental as well as increasing coverage for sealants and for those with periodontal disease. These changes were the result of research demonstrating that small changes in coverage could yield long-term improved member health (and financial savings to all parties).

The Working Solutions program added convenience services and expanded financial education July 1, 2007, following successful rebidding of the contract. Portability was added to the legal plan, and the amount of supplemental life insurance for dependent children was increased

July 1, 2008, after member input and market research showed that the plan provisions needed to be updated to keep up with changing market conditions. These changes positively impact you and your family's health, and are examples of how Union Benefits Trust will continue to work to help you and yours.

A successful negotiation of the Trust's funding in 2009 will ensure that your benefits will be maintained and that the focus will stay on you, the member.



DENTAL V. MEDICAL: WHICH PLAN TO USE?

Sometimes, your dental or medical provider will refer you for a service that crosses the insurance companies' boundaries separating the usual dental coverage from medical coverage. Knowing which plan to use will save you time and money. Here is a quick overview. For assistance with your particular situation, call Trust customer service at 800-228-5088 or 614-508-2255.

Use Dental and Medical Together

Oral surgery (with the exception of osseous surgery) is covered by both the medical plans and the dental plans. You should be able to coordinate your benefits by giving your surgeon's office information on both your medical and dental plan. When the plans coordinate, they will pay benefits from your dental plan first (primary plan), and then look to your medical plan (secondary plan).

As oral surgery is commonly covered under medical plans, your medical plan should have an extensive network of oral surgeons. Cross-reference the medical network with MetLife's dental network so that you can coordinate care and maximize your benefits, when practical. Remember that using in-network providers always saves on out-of-pocket costs.

Apply to the Medical Plan Only

It may be contrary to conventional thinking, but certain intensive dental surgeries or injuries to the mouth are typically covered by medical plans, rather than dental plans. For example:

- Osseous surgery is covered under your State of Ohio medical plan, and is excluded under the dental plans.
- Accidental injury to the teeth, jaw, etc., is usually covered by the medical plans when treatment is provided in a setting other than a dental office, such as the emergency room.

The Trust's dental plans, Preferred Choice and Quality Dental, are offered through MetLife. If you have any questions about your coverage or a pre-determination of benefits (an estimate you should obtain for surgery prior to non-emergency care), contact MetLife at 800-984-8649.

SAVING MONEY UNDER YOUR DENTAL PLAN

Q – When is the best time to have a conversation with your dentist?

A – Before he has his hand in your mouth.

Some would add, before he has his hand out for payment. The Trust encourages you to speak with your dental provider about treatment options, and to discuss the cost, timing, expected outcome and ongoing care required when your dentist makes the diagnosis or recommendation for services. This advice applies to all dental providers, regardless of their network status.

After reviewing your options, the next step in the review process is to determine the best location for receiving care, as where you receive care drives your cost as well. Using a network provider can save you time and money, but some members choose to exercise freedom of choice and 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 upfront, and to inquire about referrals to specialists as appropriate. Ask for several specialists' names in your area: If you can find a specialist in network, you know that they have been screened for quality practices and that you will be charged the network rate, thus reducing your costs. Contact as many providers as possible before booking the appointment; don't assume that your provider (even a MetLife general dentist) will automatically refer you to a network specialty provider.

Additionally, in areas where the network is still developing, you may want to speak with any area network dentists who are listed as generalists. Several general dentists perform different types of services, such as root canals, scaling and planing, or even braces (dental specialty fields), but will not advertise those services. We urge you to obtain as much information as possible: some services/situations absolutely need specialist-level care, and we want you to be comfortable with your care provider. Additionally, some dentists will perform these services only for existing clients. However, if you live in an area without network specialists and are comfortable with exploring the option, it may save you some money to at least call around. And remember, MetLife's network is nationwide, so please check other states if you live near the Ohio border.

Review the network with MetLife at 800-984-8649, or by linking to their online "directory" through www.benefitstrust.org.

Once you've selected a dental provider, the final step is to ask for a pre-determination of benefits so that you can review your costs against your dental coverage through the Trust.

NEW YEAR'S RESOLUTIONS? FORGET THEM!

Make Life-Changing Decisions Instead

How many New Year's resolution(s) have you made and kept? If you are like the majority of us, you make New Year's resolutions with the best of intentions, then January blows into February and those well-intended resolutions become just memories. The most common resolutions are:

1. getting out of debt/saving money,
2. losing weight and
3. developing a healthy habit like exercise or healthy eating.

However, with all the stresses in life and on the job, we fail to prioritize our own needs. Sometimes the situation changes and we just can't focus on the goal.

Good news – Working Solutions can help, is free to you and is only a phone call away! Call Working Solutions at 800-358-8515. Working Solutions will not only help you make positive decisions in your life, but will also help you take action in 2009. You can discuss your specific concerns during a confidential call, or simply ask to have the article *Ten Tips for Setting (and Keeping) Life Changing Resolutions* mailed to you. If you prefer, you can obtain the article and support online by linking to the Working Solutions website through www.benefitstrust.org. While online, you can also check out their extensive article library, take a Health Risk Assessment or use their Financial or Health Estimators and Calculators.

WORKING SOLUTIONS: RETURN OF THE P.I.G.



Remember Hamlet, the P.I.G. (Positively Informed/ Invested Guy/Gal) that took a lighter look at how to use the Working Solutions program? Well, he's back, and packing some new information on managing financial stress and budgeting. Hamlet also has the details on how you can access a Certified Financial Planner for free. If you would like some budgeting information, Hamlet can also steer you toward the right, free resource; Working Solutions has over 30 financial calculators to help determine monthly payments on purchases such as a new house or car, or how to make a budget and stick to it. As members' financial situations vary, Working Solutions offers several levels of assistance, tools and education. The Trust provides you with this impressive, confidential and free benefit automatically at hire. Look for Hamlet in your home mailbox in late January 2009. If you need help before the P.I.G. reappears, contact Working Solutions today. Call them at 800-358-8515.

WATCH LIST

LOOK FOR: For your next union meeting, ask your union leader to add to the agenda a screening of the joint Union Education Trust/Union Benefits Trust video. It's less than 20 minutes long, and a great overview of each Trust's programs, offering a refresher for long-term members, as well as a great orientation for newcomers.

PLAN AHEAD: While not officially on the calendar, the 2009 open enrollment will likely occur in early May. Open enrollment is the time to enroll in or change your health and wellness benefits, which include your dental, vision, life and legal insurance benefits. You may also add dependents during this time. We highly recommend that you review your coverage at least annually, and open enrollment is the best time

to do it. Any changes will take effect July 1, though supplemental life insurance coverage enrollments/changes may take until August 1 to become effective.

CALL: When you need us, call Trust customer service at 800-228-5088 or 614-508-2255 (CALL). **Our hours are 8 a.m. to 5 p.m.** You may also send a secure email to us through our website at www.benefitstrust.org.

WHERE TO FIND US



www.benefitstrust.org



800-228-5088 or
614-508-2255
8 AM - 5 PM



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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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FINDING
ADDITIONAL
VALUE IN
YOUR TRUST
BENEFITS

Holiday Greetings!

May 2009 bring you and your family joy and peace

The Trustees and Staff of the Union Benefits Trust

wish you a safe, happy and healthy new year!