



In January 2012, the California Ironworkers Field Welfare Plan Trustees launched a new way to manage your benefits. "Reinforcing Smart Choices" was introduced with the philosophy that by making smarter choices about your health you can build a bridge to better health and the Plan can manage the costs of your health care to maintain your benefits at the highest level possible.

Our members have received a number of flyers and correspondence as each part of the program has been unveiled. The information in this brochure represents an overview of those changes and should not be considered the final word on any part of the program.

If you have any questions regarding this program or any of the requirements associated with the 21st Century changes - you should contact the Trust Fund Office for direction and clarification.

**The 21st Century Health Plan changes are not your benefits;** these changes are a way to manage the cost of your benefits. If you are an Active participant or a non-Medicare participant - the rules and regulations as set forth by these changes affect you.

**If you call the Trust Office and need to leave a voicemail message, please remember to:**

Speak slowly and clearly.

Include your name and phone number.

Include the reason for your call.

After the message, please repeat your name and phone number.

**DISCLOSURE:**

Any information contained in this brochure does not supersede any of the information contained in your **Summary Plan Description** and should be considered only as a tool for your use. This publication does not contain all of the rules and regulations pertaining to the subject discussed in this publication and are subject to change at any time. For full disclosure of all of the rules and regulations pertaining to any of your benefits, please refer to your **Summary Plan Description** and any accompanying **Rules and Regulations** and then contact the Trust Office with your questions.

## 21st Century Health Plan Changes



### Ironworker Employees' Benefit Corporation

**I.E.B.C.**  
*Administrator for*

### California Field Ironworkers Trust Funds

Pension Trust • Welfare Plan  
Vacation Trust • Annuity Trust  
Apprenticeship Training &  
Journeyman Retraining Fund  
Ironworkers Workers'  
Compensation Program (ADR)

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[www.ironworkerbenny.com](http://www.ironworkerbenny.com)

Have a question?  
Need some help?



**Call 1 (800) 527-4613 today!**  
**Benefits Information Center**

The purpose of the call center is to speed up phone call processing and reduce wait times for customer service. All of our customer service representatives in BIC have been trained to take care of all calls pertaining to claims, member records and employer accounts.

Questions on pension and annuity are forwarded to the Pension/Annuity department for handling.

All calls needing customer service are forwarded to the Benefits Information Center (BIC) where the members and/or the providers receive one-stop assistance for all of their benefit questions. In the event that your inquiry cannot be immediately resolved, a customer service request will be initiated on your behalf and forwarded to the appropriate department for handling.

**Call us today and we will do our best to help you with your inquiries and questions.** Be sure to have your medical ID number or your social security number handy for identification purposes.

The 21st Century Health Plan changes are based on the assumption that health care costs continue to increase and the increase severely impacts the Trust's ability to maintain the same level of health benefits to the members. The answer - take steps to reduce health care costs by consciously choosing to make smart choices about your health resulting in the solution - the long term reduction of health care costs.

**Why do health care costs continue to rise?**

- >Aging population.
- >Growing demand for services.
- >Huge spike in obesity.
- >A prevalence of chronic illnesses like diabetes and heart disease.
- >A higher life expectancy.
- >Ongoing treatment of chronic illnesses leads to higher costs.
- >Varying costs for procedures.

**Do the choices you make affect the cost of health care?**

**YES** - most definitely. The cost of some services can vary greatly amongst network providers. Choosing the right facility, the right doctor, etc. can make a big difference when it comes to cost.

**What can I do to try and control the cost of my health care?**

First, it is our hope that our insured population, YOU, will choose to live a healthier lifestyle and make changes to your lifestyle after identifying areas of concern. Second, you need to make smart and informed choices when using your benefits. Over time as the membership chooses to make healthy lifestyle changes and you make smarter choices about your health care, the need for health care will be reduced and therefore the cost will be reduced too.

**Can I really make a difference?**

Yes you can. Follow the program guidelines and help us to help you; the result - a healthier you and reduced costs over time.

PLEASE KEEP IN MIND THIS IS JUST AN OVERVIEW OF THE PLAN CHANGES AND YOU SHOULD REFER TO THE DETAILED MATERIALS AVAILABLE FOR YOU REGARDING EACH PART OF THIS PROGRAM. WHEN IN DOUBT - call the Trust Fund Office.

**CARE COUNSELOR**

Members must talk to a "Care Counselor" before receiving non-emergency services from anyone other than your primary care doctor. (Primary doctors include family/general practice physicians, internists, pediatricians, and OB-GYN's). **Pre-authorization is required for many services.**

Contact **PACIFIC HEALTH ALLIANCE** at the number listed to obtain a pre-authorization. Failure to get a pre-authorization could result in a 10% reduction of your benefits. The program is designed to help you find quality and cost-effective health care providers. Picking the right provider at the right facility can greatly reduce the cost of your health care. The cost for the same service can be very different amongst our own network providers.

**REFER TO "Pre-Authorization and You"**

**FOR MORE INFORMATION**

**MAXIMUM ALLOWABLE CHARGES (MAC)**  
New maximum allowable charges for certain surgical procedures were put in place for all Active and non-Medicare retirees. The following five surgical procedures are subject to "Maximum Allowable Charges" (MAC):

Inpatient:

- Total hip replacement
- Total knee replacement

Outpatient:

- Arthroscopic surgeries
- Cataract surgeries
- Colonoscopies

**MAC** is the highest amount the Plan will pay for these procedures.

**REFER TO "Maximum Allowable Charges "**

**FOR MORE INFORMATION**

IMPORTANT PHONE NUMBERS

**PACIFIC HEALTH ALLIANCE**

**Care Counselor (PHA)**

Services Provided by:

[www.pacifichealthalliance.com](http://www.pacifichealthalliance.com)

Call first for a pre-authorization.

**1.855.754.7271**

**TRUST FUND OFFICE**

All questions regarding claims, benefits and eligibility should be directed to the Trust Office at:

**1.800.527.4613**

[www.ironworkerbenny.com](http://www.ironworkerbenny.com)

**For hospital precertification ONLY:**

**ANTHEM BLUE CROSS**

[www.anthem.com/ca](http://www.anthem.com/ca)

**1.800.274.7767**



**Prescriptions Provider**

**1.800.361.4542**

**Option 2**

[www.envisionrx.com](http://www.envisionrx.com)

Please check the Ironworkers website for the approved formulary for your prescriptions.



**PRESCRIPTION DRUGS**

Effective March 1, 2012 the Plan introduced a new "Formulary List" of covered drugs. The formulary list includes the most cost-effective drugs for each therapeutic class, generic medications and some brand name drugs. Using a drug on the formulary list keeps your co-pays at their lowest amount. Exceptions to the formulary list need pre-authorization. Using the mail order program and ordering a 3-month supply will also lower your cost.

**BIOMETRIC SCREENINGS**

The Plan is offering a **FREE BIOMETRIC SCREENING** to all Active and non-Medicare participants in the hopes that any possible health risks will be identified and actions can be taken to improve your long term health. By measuring your health markers on a year-to-year basis, you and your doctor can address those things that are having both a negative and positive effect on your health. The results are for you and your doctor only. The Trust Fund Office and the Trustees will not see your individual results.

By completing your **Biometric Screening** by the designated deadlines, you will be able to participate in the **Premier Plan** of health benefits with the lowest co-pays and lower prescription co-pays. Failure to get your screening will cause you to be placed in the **Basic Plan** with higher co-pays for doctor's visits and prescriptions.

**REFER TO YOUR SUMMARY PLAN DESCRIPTION AND ALL OF THE UPDATES PROVIDED TO YOU FOR MORE INFORMATION**

**All Summaries of Material Modification (SMM's) are considered part of your Summary of Benefits and should be retained in your files.**