

April 17, 2013 Minutes of the Omaha Works Retiree Group

At the IBEW Union Hall

PLEDGE OF ALLEGIANCE: Our President, Dan Kovar, asked us all to stand for the pledge of allegiance to our flag of the United States of America.

ROLL CALL: Present were: Dan Kovar, Howard Clark, Pauline Lieth, Andy Barges, Jim Filipiak, Bob Agee, Don Kadereit, Vern Klaumann, Bill Love, Mary Ellen Mackenzie, Edie Riester, Ray Sempek, and Cheryl Todd. Absent were John and Mary Jo Pinkerton.

DECEASED RETIREES: The secretary read from a list those that have passed away since the October, 2012 meeting. The attendees were asked if they knew of any other retiree that had passed away that was not mentioned. We all stood for a moment of silence.

BUCKETS: There was a decision made by the E-Board to forego the collection of donations at this April meeting.

MINUTES: The secretary read the minutes of the October 17, 2012 retiree meeting. A motion was made to accept the minutes as read, seconded, all ayes, and motion carried.

TREASURER'S REPORT: Beginning Balance -----\$2,943.59

Deposits -----\$ 569.57

Expenses: Hall Rental -----\$ 75.00

Interpreter -----\$ 90.00

Office Supplies -----\$ 65.04

Checks -----\$ 8.00

April 1, 2013 Balance -----\$3275.12

OLD BUSINESS FROM THE FLOOR: None given

NEW BUSINESS FROM THE CHAIR: For the Alcatel-Lucent retirees the contract has been extended another year so we won't have to be concerned about health care through 2014.

NOMINATING APPLICATIONS: It is that time again that there will be election of officers for the next two years: These applications are open to anyone who wants to volunteer their time to the retiree group and they will be up here by the secretary.

WELLNESS EXAMS: Ray explained that they are now called wellness exams instead of the previous name of yearly physicals. Be sure and call them wellness exams when setting up your appointment.

Preventive visit & yearly wellness exams

How often is it covered?

If you pay for Medicare Part B (Medical Insurance) it covers:

- A **"Welcome to Medicare" preventive visit:** You can get this introductory visit only within the first 12 months you have Part B. This visit includes a review of your medical and social history related to your health and education and counseling about preventive services, including certain screenings, shots, and referrals for other care, if needed. It also includes:
 - Height, weight, and blood pressure measurements
 - A calculation of your body mass index
 - A simple vision test
 - A review of your potential risk for depression and your level of safety
 - An offer to talk with you about creating advance directives
 - A written plan letting you know which screenings, shots, and other preventive services you need.
- This visit is covered one time. You don't need to have this visit to be covered for yearly 'Wellness' visits.
- **Yearly "Wellness" visits:** If you've had Part B for longer than 12 months, you can get this visit to develop or update a personalized prevention help plan to prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a

questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. It also includes:

- A review of your medical and family history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options for you
- A screening schedule (like a checklist) for appropriate preventive services.
- This visit is covered once every 12 months (11 full months must have passed since the last visit).

Who's eligible?

All people with Medicare primary are covered.

Your costs in Original Medicare

You pay nothing for the “Welcome to Medicare” preventive visit or the yearly “Wellness” visit if your doctor or other qualified health care provider accepts assignment. The Part B deductible doesn’t apply.

However, if your doctor or other health care provider performs additional tests or services during the same visit that aren’t covered under these preventive benefits, you may have to pay coinsurance, and the Part B deductible may apply.

PRE-CERTIFICATION: Although it is not necessary to get pre-certified before a hospital stay for a specific procedure with United Health Care, it is extremely advisable to contact United Health Care before any hospital stays. (PPO)

Your Doctor usually makes all of the arrangements, but if he or his staff slips up it is better to be safe than sorry.

IN OTHER WORDS MAKE SURE UHC KNOWS ABOUT YOUR FORTHCOMING HOSPITAL STAY.

However: If you are to receive a **MRI** or a **CAT SCAN** these must be pre-approved. So make sure you contact UHC before any of these procedures.

ANNUAL PHYSICAL EXAMS: With our United Health Care PPO Insurance we are entitled to one physical exam per year. Every 12 months we can get an exam.

However: If we go to our doctor and he writes up this exam as a routine office visit – It will not be paid by United Health Care. The doctor must submit this claim as a **WELLNESS EXAM**.

I have also checked with United Health Care to see if the doctor can send in an amended claim. The representative said that they are allowing the doctor to send in a corrected claim. United Health Care will have to review the resubmitted claim and decide if it should be paid. She said it may take a little time, but they are honoring the amended claims.

Do not go to see your Doctor for a specific problem if you want a wellness exam.
Example: If you go in for a pain in your side and make your appointment for that specific problem – you cannot get a paid for physical exam at that appointment!

COMMSCOPE INFORMATION: Don Kadereit announced that Connectivity Solutions is **NO MORE!** They have changed their name, did everyone know that? Don tried to get a letter sent to him again because the secretary needed it for her records and was told that those letters would not be sent out again! If you turned 65 and you haven't heard from them you had better call them. Take some time out and you better make sure you are enrolled in the supplementary thousand dollar policy for your records.

HEARING AIDS: Mary Ellen explained that hearing aids are not covered under the Traditional Insurance through Alcatel-Lucent but the retirees that have the PPO insurance they are the only ones that have coverage. She got a call from someone that said she had her hearing aid test and she gave them her card and they said she is not covered because she stayed with Medicare and Traditional Insurance.
It is listed on the back of our sheets under Contact Directory as Lucent UHC Medicare Advantage PPO Hearing Aid coverage – 1-855-523-9355 or www.hiHealthInnovations.com **TTY 711**. There are two ways of doing it, submit the results from your health care provider that performed the hearing test or call customer service to see where you can go to be tested. There are different priced categories. The only draw back is that there is no service for your hearing aid after you receive it. That is something to keep in mind. Her husband has Meniere's disease so this is where we found this information out. He needs to have his hearing aid adjusted. Just be aware of that. The price is fantastic to what it is going to be otherwise.

The president said that Bill did a lot of work on the contact directory and we sure appreciate that. Be sure and pick one up before you leave. The wellness exam is for those that retired under Alcatel-Lucent, Ray and Mary Ellen takes care of these retirees and Don and Bob take care of Commscope retirees. We haven't heard anything on Avaya retirees, they are set pretty good!

ALCATEL-LUCENT FINANCIAL REPORT: Howard reported that we have enough money in the pension fund and there is about 100% overage, they take our medical premiums out of that overage and they transfer what they think is the necessary amount, he heard a couple of

different figures, \$25 million or \$50 million, they transfer out of the excess to pay for the medical benefits so that they will be secure through the time being. That is the bottom line to keep our medical plan going. I think they have enough to take care of our co-pays but that is not how it is. Our co-pays have gone up to \$30 dollars and our deductible went up \$100 dollars. It is now \$1600 from \$1500 out of pocket! A lot of companies don't have that coverage like we do, but they still upped it. We still have it, it is not good that they up the co-pays and deductibles to us constituents but it is what it is.

ANSWER TO QUESTION: A question was asked about the plant property. Pauline found this in her old minutes that 'the property's buyer, Industrial Realty Group of Downey, Calif., It Specializes in taking over massive industrial spaces, said the firm's owner Stuart Lichter. Kiewit has a great big sign in front of the office area. There are a lot of cars up there now.

SPRING PIONEER LUNCHEON: Thursday April 25, 2013 at Westside Community Conference Center. Deadline for reservations is April 18, 2013. Also, they still have a 4th Tuesday Breakfast meeting at approximately 7:30 A.M. at Jimbo's Diner, formerly LaVista Keno. The next one will be April 23rd.

She told retirees that another parking space is at the old school house on the corner here of Stevens St. and you can park in that lot.

MOTION TO ADJOURN: Motion was made to adjourn, seconded, all ayes, motion carried.