THE EAGLE

LOCAL 1103

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Shedding light onto your Medical and Disability Benefits (Part 1 of 2)

Dealing with your insurance company can often be complicated, couple that with illness and it can become quite stressful as well. When you are denied a medical procedure or disability payment, a financial hardship can occur should the insurance company fail to certify your claim. It is impossible to write about all the different benefit plans that our employers provide to the employees that we represent, but it is expected that when you finish reading this article you will have a better understanding of insurance terms and industry workings. Keep in mind, that different insurance policies offer different levels of coverage, and different employers offer different levels of coverage.

Tips in Dealing with Insurance Carriers

The Summary Plan Description is your most important tool in getting the most out of your insurance

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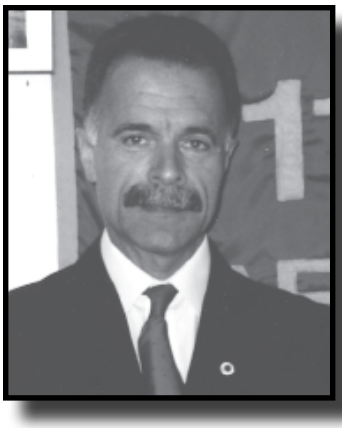
In My View . . .



We recently celebrated Labor Day on September 5, and those who could showed there Solidarity by participating in the New York City Labor Day Parade on Saturday, September 10. This was a most important gathering of many different Trade Unions and it symbolized our Union roots as well as our history rich with Union Pride. Unfortunately the parade is run every other year and that is due mainly to dwindling Union Membership as well as hard economic times that require workers to labor more days just to make ends meet. I wish it were different but its not.

I choose Labor Day as my topic because we are the only ones that can change this mind set, you know our for fathers made many sacrifices and contributions that made our lives as "Union Members" better. Lets not be the generation that casts Labors achievements to the wind.

With regards to the actual Labor Day, it wasn't always a federal holiday. As history would show us the first Labor Day was observed on August 26, 1878 by the Central Labor Union of New York. This was an early trade Union organization that later evolved into the various Unions that make up the AFL-CIO.

The catalyst which made Labor Day a federally recognized holiday was due to the great Pullman Palace Train Car Strike of 1894. The Pullman Company severely cut wages in there factories during a major economic depression and this prompted workers to join the American Railway Union. Under the leadership of the ARU President Eugene V. Debs 125,000 workers boycotted by refusing to handle any Pullman Cars and quit there jobs on 29 different railroad lines. President of the United States, Grover Cleveland broke this bitter strike by calling up 2000 U.S. Army troops and U.S. Marshals. In the strikes wake 13 Union Members were killed and 57 were wounded. As part of reconciliation with the Labor Movement, President Cleveland declared Labor Day to become a federal holiday.

As I end, we in the Labor Movement must draw a parallel to this story, that today we are better off because of the sacrifices made by those Railway Workers in 1878, and we in CWA District One/ Verizon pay respect to Gerry Horgan for saving our tremendous "Medical Benefits" due his supreme sacrifice made in August of 1989. As I stated earlier, we must not be the generation that gives that up, not now, not ever!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

In Solidarity,

Joey

Joey Barca Jr.,
President

THE EAGLE

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September 11....We Remember

Ten years later, we remember those CWA, NABET-CWA and AFA-CWA members who lost their lives, on the job at the Pentagon, at the Port Authority in New York, on top of the twin towers manning TV transmitters and in the skies caring for passengers.

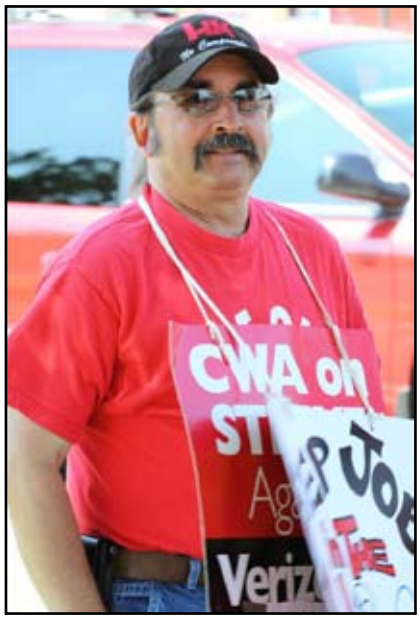
We also take pride in remembering that ordinary people, including thousands of CWA members, stood together and became real heroes.

CWA operators took calls from workers in the twin towers and passengers on the doomed planes and relayed those messages to loved ones. CWA nurses and other volunteers cared for injured victims of the attacks in hospitals and makeshift centers. CWA Verizon and other telecom members worked around the clock to get New York and Wall Street connected again to the world, and in just one week, built a telecommunications system from the ground up for 3,000 Pentagon workers relocated after the attack.

Today, many of those heroes are suffering serious health problems from that work, especially workers at Ground Zero in New York.

We remember.

CWA 1103 ON STRIKE



carrier. By knowing your plan you will be able to make educated health care decisions affecting yourself and family. Decisions such as: What doctors can I use? Do I need pre-approval for a certain type of procedure? Do I need to receive referrals before I can see a specialist? Do I need to stay in-network or out-of-network? How much is my co-pay? How much will I have to pay out-of-pocket for services rendered that are not covered by my policy? It is your responsibility to know your plan. Do not assume that because your friend's policy covers a certain procedure that yours will too.

It is burdensome to have to sift through all the documents pertaining to health care insurance; however, you owe it to yourself and your family to take the necessary time to know your plan. If you were taking part in a NFL fantasy football draft or shopping for a baby shower would you do a little research? Of course you would! The insurance companies count on a high level of policy holder indifference; it's all of our jobs to maximize the benefit we have all fought for and we do that first by knowing our plan.

Request a case manager. In all cases, when you call your insurance company you should request a case manager be assigned to you. They will serve as a single point of contact which will decrease the amount of time you spend on the phone. They will coordinate all the claims and authorizations related to the case and will prevent conflicting information from different sources. Make them your best friend; they will be more apt to help if you have a relationship that is cordial.

Keep careful records and keep all of your insurance information in one secure and place. Create separate files for each family member and have separate files for manuals and directories. Keep all paperwork related to active cases in an active file, including logs of your phone calls, any letters or emails from the case manger and copies of all outgoing correspondence. Keep copies of fax verification, including date, time and number called. All mailed correspondence should be by certified mail with signed receipts recorded and kept in a file.

Make sure your information is up to date by calling your insurance company whenever you change insurance companies or receive an updated card. Keep your insurance card with you so you have the necessary information available to you in a time of need.

Make sure your provider (doctor) files your insurance properly by making sure the information filed is accurate and that it is being sent to where it needs to be sent, and that the information in the office file is correct. Things like names, age, addresses and medical procedures all have to be documented properly for your insurance company to approve the claim.

Read all of your Explanation of Benefits (EOB) forms carefully because this form shows how much you were billed, how much was paid and, if the full amount was not paid, why it was denied or adjusted. You should demand that you receive them from your insurance company. You have a right to know what is being billed and paid in your name so that you can spot erroneous billing and so that you know what your out-of-pocket cost is going to be.

Filing a Claim

Make sure that you meet your plan's requirements to receive benefits. Is there a waiting period or are your dependents not covered because they have reached a certain age and no longer qualify? (OBAMACARE, as I proudly call it, raised the age limit for your children to remain on your policy until age 26.) If it is determined that you meet the criteria for a claim to be filed, your SPD contains information about where to file, what to file, and whom to contact if you have any questions about your plan. "Plans cannot charge any filing fees or costs for filing claims and appeals. When a claim is filed, be sure to keep a copy for your own records."(www.dol.gov)

Waiting For a Decision on Your Claim

"All health and disability benefit claims must be decided within a specific time limit, depending on the type of claim filed. ERISA sets specific periods of time for plans to evaluate your claim and inform you of a decision. The time limits are counted in calendar days, so weekends and holidays are included. These limits do not govern when the benefits must be paid or provided. Plans are required to pay or provide benefits within a reasonable time after the claim is approved." (www.dol.gov)

Urgent care claims must be decided as soon as

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possible, taking into account the medical needs of the patient, but no later than 72 hours after the plan receives the claim. The plan must tell you within 24 hours if more information is needed; you will have no less than 48 hours to respond. Then the plan must decide the claim within 48 hours after the missing information is supplied or the time to supply it has elapsed. The plan cannot extend the time to make the initial decision without your consent. The plan must give you notice that your claim has been granted or denied before the end of the time allotted for the decision. The plan can notify you orally of the benefit determination so long as a written notification is furnished to you no later than three days after the oral notification.

Pre-service claims must be decided within a reasonable period of time appropriate to the medical circumstances, but no later than 15 days after the plan has received the claim. The plan may extend the time period up to an additional 15 days if, for reasons beyond the plan's control, the decision cannot be made within the first 15 days. The plan administrator must notify you prior to the expiration of the first 15-day period, explaining the reason for the delay, requesting any additional information, and advising you when the plan expects to make the decision. If more information is requested, you have at least 45 days to supply it. The plan then must decide the claim no later than 15 days after you supply the additional information or after the period of time allowed to supply it ends, whichever comes first. If the plan wants more time, the plan needs your consent. The plan must give you written notice that your claim has been granted or denied before the end of the time allotted for the decision.

Post-service health claims must be decided within a reasonable period of time, but not later than 30 days after the plan has received the claim. If, because of reasons beyond the plan's control, more time is needed to review your request, the plan may extend the time period up to an additional 15 days. However, the plan administrator has to let you know before the end of the first 30-day period, explaining the reason for the delay, requesting any additional information needed, and advising you when a final decision is expected. If more information is requested, you have at least 45 days to supply it. The claim then must be decided no later than 15 days after you supply the additional information or the period of time given by the plan to do so ends, whichever comes first. The plan needs your consent if it wants more time after its first extension. The plan must give you notice that your claim has been denied in whole or in part (paying less than 100% of the claim) before the end of the time allotted for the decision.

Disability claims must be decided within a reasonable period of time, but not later than 45 days after the plan has received the claim. If, because of reasons beyond the plan's control, more time is needed to review your request, the plan can extend the timeframe up to 30 days. The plan must tell you prior to the end of the first 45-day period that additional time is needed, explaining why, any unresolved issues and additional information needed, and when the plan expects to render a final decision. If more information is requested during either extension period, you will have at least 45 days to supply it. The claim then must be decided no later than 30 days after you supply the additional information or the period of time given by the plan to do so ends, whichever comes first. The plan administrator may extend the time period for up to another 30 days as long as it notifies you before the first extension expires. For any additional extensions, the plan needs your consent. The plan must give you notice whether your claim has been denied before the end of the time allotted for the decision.

If your claim is denied, the plan administrator must send you a notice, either in writing or electronically, with a detailed explanation of why your claim was denied and a description of the appeal process. In addition, the plan must include the plan rules, guidelines, protocols, or exclusions (such as medical necessity or experimental treatment) used in the decision or provide you with instructions on how you can request a copy from the plan. The notice may also include a specific request for you to provide the plan with additional information in case you wish to appeal your denial.

Next Month-- Appeals

Kevin Sheil,
Vice President

'Jim Crow' And Poll Tax Revisited: AFL-CIO Condemns Voter Suppression

SILVER SPRING, Md.-Calling state "voter ID" efforts moves reminiscent of the days of Jim Crow segregation and poll taxes in the South, AFL-CIO Executive Vice President Arlene Holt Baker says the federation is lobbying the Obama administration vigorously to battle such moves. The AFL-CIO issued a formal statement on the issue.

And it also plans to educate its members, other workers and the wider electorate in how to overcome efforts to suppress the right to vote, she adds.

"We're making everyone among our allies aware so these Jim Crow tactics and this modern poll tax will not deter people from voting," Holt Baker says. The fed is constantly reminding the Obama administration's Justice Department of the disparate impact of the states' anti-voter moves on minorities, students, women and the disabled.

Holt Baker outlined the efforts in an interview Aug. 3 with reporters covering the AFL-CIO Executive Council meeting in Silver Spring, Md. A veteran of the civil rights movement and born in the South, Holt Baker knows how states kept African-Americans from voting prior to the Civil Rights Act of 1964 and the Voting Rights Act of 1965.

The "voter ID" movement in state legislatures reminds her of those days.

GOP-run states, egged on by the same Radical Right-GOP-business cabal that is trying to destroy unions, the right to organize and the middle class, also push the "Voter ID" restrictions. The Supreme Court opened the way to such efforts several years ago, giving states large leeway in demanding voters' qualifications.

As a result, GOP-run states, with Ohio, Indiana, Wisconsin and several others in the lead, approved new restrictions on identification people must show before they can register to vote. Indiana was the source of the Supreme Court case.

The restrictions include only "qualified state-issued identification" -- such as drivers' licenses -- or registered and certified birth certificates. Other ID or proof of residence, such as utility bills, are out.

Some 11% of U.S. adults lack state-issued identification, she noted.

The state restrictions are not only expensive - Holt Baker said the average cost of a birth certificate is $28 - but hit hard at minorities, the elderly, college students and the poor. She calls the targeting, and disparate impact on those groups, intentional.

"We thought we had taken care of all this in 1964," Holt Baker commented.

The AFL-CIO Executive Council, after listening to Holt Baker's call for action, issued a strong statement condemning state moves restricting voting rights. It declared that "the right to vote and the free and fair exercise of voting rights by all eligible voters are fundamental principles of our democracy."

But more than 30 states, the statement said, are trying "to impose troubling restrictions on voting," and such curbs have passed in at least seven states.

"Legislation requiring voter photo IDs creates a disproportionate burden on racial minorities, senior citizens, young people and low-wage workers," it said. The federation pointed out that 18% of the elderly, 25% of African-Americans, 16% of Latinos, one of every five young people and 15% of people who earn under $35,000 yearly do not have the photo IDs the new state laws often require in order to register to vote.

"Other states have passed laws requiring proof of citizenship to register to vote -- laws that have a disparate impact on naturalized immigrants and on elderly, poor and other citizens who lack this documentation," it added.

One restriction some states impose is requiring people to produce verified birth certificates. Not only are those expensive, but "We've seen a recent controversy about that, haven't we?" Holt Baker asks. She's referring to Radical Right "birthers" who don't believe even a notarized birth certificate showing President Obama was born in Hawaii.

The fed also pointed out that supporters of strict voter IDs say they're needed to combat fraud – but can't prove the fraud occurs.

"Efforts to adopt restrictive voting legislation have been part of a coordinated partisan campaign across the country to attack democracy. Proponents of voter photo ID and other restrictive legislation, including the American Legislative Exchange Council (ALEC), the conservative organization linked to corporate and right-wing donors including the billionaire Koch brothers, also have introduced companion legislation that attacks the rights of workers and collective bargaining," the statement adds.

All this "causes massive disenfranchisement and voter suppression, threatening our democracy."

"They're going after the communities that support the progressive agenda," Holt Baker said of the Koch brothers, ALEC and other players in the Radical Right cabal. "They can't rule unless they ruin."

The Retiree's Corner..

Fellow Retirees,

To say that we had one heck of a summer would be an understatement! But we got through it and hopefully all our members had a chance to enjoy the last few days of summer before the weather turned cooler and the leaves started to fall.

In July and August I participated in several rallies in conjunction with a local coalition organization comprised of groups who have diverse interests but common goals. Following the lead of CWA National President Larry Cohen, I formed several relationships with the leaders of these groups and hope to continue in future endeavors with them to protect the benefits we worked so hard for and now must fight to keep.

Per our by-laws, elections for the executive board must be held in November, 2011. Any member wishing to run for a position on the board must be a Lifetime Council member AND a chapter member as of Jan. 31, 2011.

The nomination period ran from Sept. 20 through Oct. 15, 2011. Any nominations had to be in writing and mailed to the 1103 hall, postmarked no later than midnight, October 15 in order to be considered by the election committee.

The actual election will take place at the November General Membership Meeting. The date, time and place of the meeting will be announced via a direct mailing to all eligible RMC members who are Lifetime Council members AND 1103 Chapter members as of January 31, 2011.

This year's Christmas Luncheon will be held at the Travelers Rest, on Route 100 in Somers on Tuesday, Dec. 13, 2011.

Communication is the key to a strong chapter. A smarter and stronger chapter is an informed and educated one. Please stay in contact with us via the website @ ***cwalocal1103rmc.org.***

Please check here regularly to keep up with the latest news and events that CWA will be involved in both locally and nationwide.

In Solidarity,
Jeanette Spoor
President CWA Local 1103 RMC

Have a Drug, Alcohol or Gambling Problem ?

Call Headquarters

939-8203 or 8204

Ask to be put in contact with Tom O'Halloran

All Information is Confidential

COMMUNICATIONS WORKERS OF AMERICA - LOCAL 1103

(AFFILIATED WITH A.F.L.-C.I.O.-C.L.C.)

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