



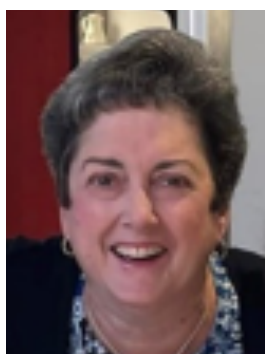
FALL 2023

# WELCOME TO THE **HEALTH PLAN'S NEWSLETTER**

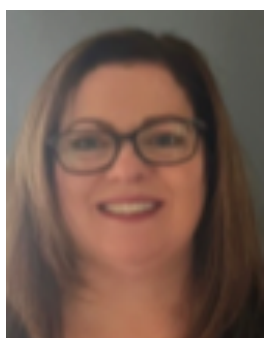
## LOCAL 22 HEALTH PLAN

**Frequently Asked Questions / Open Enrollment / ValueHealth  
Medicare Part B Reimbursement / Pharmacy News / TeleMedicine**

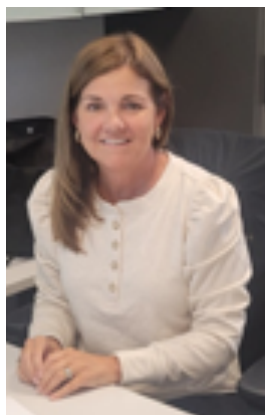
## HEALTH PLAN STAFF CHANGES



**From the Local 22 Health Plan Staff, Local 22's Union staff and all the members you served so well - HAVE A LONG, HEALTHY AND HAPPY RETIREMENT, Ann Marie Myers.** Everyone at Local 22 would like to Thank You for your hard work, and professionalism. For forty years you have worked diligently for our members and their families. WE hope you enjoy this next phase of your life and may your retirement be a long and happy one.



Local 22 also congratulates **Linda Clark** on moving up to a full time position. Many of us already know Linda from her previous role as Local 22's first Guardian Nurse and as Local 22's Nurse Navigator. Linda has extensive nursing background. She served as a Pediatric Nurse at St Christophers. Linda has worked as a Case Manager at IBX, Temple, St Christophers, Fox Chase Cancer and Holy Redeemer as well as working at Guardian Nurses. Linda will be filling the void left by Ann Marie's retirement as well as training Kim in the position of Nurse Navigator.



Kim comes to Local 22 with 30 years experience as a Registered Nurse. Kim started out at St Christopher Hospital as a staff nurse and transitioned to a Case Manager. A position she held for several years. Kim has also worked as a Care coordinator in a Long term facility for adults and children. In her positions as Care Coordinator and Case manager Kim has extensive experience in dealing with billing, medication and insurance issues. As Local 22's Nurse Navigator, Kim will work to ensure that our members are aware of our various Programs available to assist them in dealing with chronic conditions. She will help educate our members dealing with chronic conditions. She will assist our members to get the proper care for their health issues. We are thrilled to welcome Kim into the Local 22 family.

# Frequently Asked Questions

In each of our newsletters, we want to be sure we address some of the questions we hear most often from our members. Here are a few we've heard since our Last issue:

## ***When can I add a dependent to the Health Plan?***

- If you get married, you need to add your spouse within **30 days** of the date of your marriage
- If you have a new baby, you need to add the baby within **30 days** of the date of birth
- If you adopt a child, you need to add the child within **30 days** of when the child was placed in your home for adoption
- The Form and Instructions are on the Home page of the Local 22 Health Plan website – [www.local22healplan.org](http://www.local22healplan.org) – under – ***“FORMS” – “ADD Dependent Form”***

If you don't add a new dependent within 30 days of the event, you will have to wait until the Health Plan's annual Open Enrollment. The exception is if your dependent is covered under another health plan and loses that coverage. In that case, with proof of the date the coverage ended, you can add that dependent any time throughout the year – as long as you do it within 30 days of when they lost their other health coverage.

## ***Medicare Part B Reimbursement.***

- Who is entitled to this reimbursement?  
Medicare eligible retirees (and their spouses) who are paying for Part B and who are still eligible for coverage under the Local 22 Health Plan
- What do I need to give the Health Plan to get this reimbursement?  
We need verification of what your monthly premium is. Generally, either a copy of your Medicare premium bill or, if your premium is deducted directly from a Social Security check, a statement (verification Letter) from Social Security showing that premium amount.
- Do I need to send a statement every year?  
Once you provide verification of what you're paying for Part B, you only need to re-send your information ***if there is a change in the amount you pay.***
- How often will I be reimbursed?  
Checks are mailed quarterly: in April, July, October, and January.

## ***Medical Coverage after Divorce.***

- It is the members responsibility to notify the Health Plan and submit documentation immediately when a divorce is final.
- The member will be held financially liable for use by an ex spouse for all cost to the Health Plan due to lack of notification and documentation.

## ***Fy24 WELLNESS INCENTIVE***

- Documentation for completed Wellness Incentives are due by July 1, 2024
- It is the members responsibility to notify the Health Plan of completed incentives
- Information about the “Wellness Incentive” can be found on – [www.local22healplan.org](http://www.local22healplan.org) – ***“WELLNESS” – Click on Incentives – Lung Screening.***



# LOCAL 22 FIRE FIGHTERS & PARAMEDICS HEALTH PLAN

## HEALTH PLAN

October 2023

### November is Open Enrollment Month!

**It will NOT be necessary for you to come to the Health Plan office - in person - to make any changes during Open Enrollment (OE).**

There are three (3) actions you can take during Open Enrollment *and the changes you make will be effective January 1, 2024:*

1) Medical Plan

There are 2 medical plans offered: Personal Choice PPO and Keystone HMO, both through Independence Blue Cross. During OE you can change from one medical plan to the other. Forms to change from one plan to another are available on the Health Plan's website at [www.local22healthplan.org](http://www.local22healthplan.org).

2) Dental Plan

There are 2 dental plans offered: a PPO and a DMO, both through Aetna. During OE you can change from one dental plan to the other. Forms to change from one plan to another are available on the Health Plan's website at [www.local22healthplan.org](http://www.local22healthplan.org).

3) Eligible Dependent(s)

You can add your spouse or dependent child(ren) to the Health Plan. The Health Plan's Dependent Form is available on our website at [www.local22healthplan.org](http://www.local22healthplan.org).

Comparisons of the 2 medical plans and the 2 dental plans, to help you make an informed decision for you and your family, are available on the Health Plan's website at [www.local22healthplan.org](http://www.local22healthplan.org). Just go to the home page and you'll see the Open Enrollment announcement.

There is 1 prescription drug plan and 1 vision plan, so there are no elections you need to make there.

If you do not wish to change your medical or dental plan, and if you have no changes to your eligible dependents, there is no action required on your part.

If you do make changes, simply fax (215-440-4417) or email ([Lclark@iaff22.org](mailto:Lclark@iaff22.org) or [Lfinnerty@iaff22.org](mailto:Lfinnerty@iaff22.org)) the forms back to the Health Plan. We will confirm receipt of your documents within 24 hours of the next business day. **All forms must be received by November 30<sup>th</sup>.** IF YOU DO NOT GET CONFIRMATION FROM THE HEALTH PLAN THAT YOUR DOCUMENTS WERE RECEIVED YOU MUST CONTACT US. **WITHOUT CONFIRMATION THAT DOCUMENTS WERE RECEIVED WE WILL NOT GUARANTEE THAT YOUR CHANGES WILL BE MADE FOR JANUARY 1.**







SUPPORTING CANCER PATIENTS IN THEIR HOUR OF NEED

RESOURCE FOR IAFF LOCAL 22 HEALTH PLAN MEMBERS

## CancerNavigator

The **CancerNavigator** service provides tailored education and guidance to cancer patients as they navigate the many decisions that follow a diagnosis.

*CancerNavigator is a **no-cost** benefit offered for all eligible members and dependents of the Local 22 Health Plan.*

### Support for Cancer Patients:

- ✓ Access great centers quickly
- ✓ Understand your specific diagnosis and treatment options
- ✓ Learn which centers in your area are well-equipped to treat your specific cancer type
- ✓ Talk through your decisions for doctors and centers for your care
- ✓ Schedule appointments with the best centers in your area

To reach an Oncology Nurse  
Navigator Today,  
Call: (267) 734-0383

“ We appreciate [CancerNavigator] so much. You are a necessity and there are a lot of families that could not do it without you. ”

– CancerNavigator Patient





## Local 22 Health Plan Website – *SurgerySavings Program Listing*

URL: [local22healthplan.org/wellness/valuehealth-surgerysavings-program](http://local22healthplan.org/wellness/valuehealth-surgerysavings-program)

Page name: ValueHealth SurgerySavings Program

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### VALUEHEALTH SURGERYSAVINGS PROGRAM

#### Discover new choices, better care, and a simpler approach to orthopedic surgery

Local 22 Health Plan offers an orthopedic surgery benefit program, ValueHealth SurgerySavings, to connect members and their dependents to:

- High-quality surgeons and orthopedic specialists
- Top-rated ambulatory surgery centers (ASCs)
- Better health outcomes and excellent patient experience

#### Get Started

Sign up for the SurgerySavings program today to gain access to concierge services, member engagement tools, a member portal and more.

- Call our concierge team at **833-858-4584**
- Visit [app.surgerysavings.com/users/sign\\_up](http://app.surgerysavings.com/users/sign_up) and use organization code: Local22

For more information go to [www.local22healthplan.org](http://www.local22healthplan.org) – click on Value Health – Ortho Surgery

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## Local 22 Health Plan Members – *Medicare Part B Reimbursement*

In a past Arbitration Award Local 22 won a Medicare Part B Reimbursement for our **retired members and spouses** who are **covered under Local 22's Health Plan** and has enrolled in Medicare Part "B".

We wanted to remind you that, if you are eligible for and elect to enroll in Medicare Part B, the Health Plan will reimburse you for the cost of the Part B monthly premium while you are still eligible for coverage under the Health Plan. We simply need verification of what the amount is. Although the Health Plan has no requirement that you enroll in Medicare, Medicare does have a late enrollment penalty ("LEP") for individuals covered under retiree medical plans who fail to enroll in Medicare when they are first able to do so. That penalty is 10% for each 12-month period you delay enrolling.

If you do not enroll in Medicare, your IBX plan will continue to be your primary insurance. If you do enroll in Medicare, Medicare will pay medical bills first and your IBX plan, will pay the deductibles and coinsurance that Medicare does not pay. Whether you decide to enroll in Medicare or not, there is no impact on your Prescription Drug, Dental or Vision plan benefits.

# Pharmacy News

- **LOCAL 22'S HEALTH PLAN HAS ADDED WALGREENS TO THE PHARMACY NETWORK.**
- **MAINTENANCE MEDICATION CAN BE FILLED THROUGH ANY NETWORK PHARMACY – NOT JUST RITE AID – OR THROUGH BENECARD CENTRAL FILL.** Benecard mail order refills can be ordered on line at [www.benecardpbf.com](http://www.benecardpbf.com) or your doctor can fax your prescription to Benecard at 1-888-907-0040.

## NEW 24/7 TELEMEDICINE PROVIDER

### COMING IN 2024

**Starting in January** – Teledoc Health will be Local 22 Health Plans new virtual care provider.

- Larger network – Teledoc's network is about 3 times larger. Having more providers means shorter wait times for you.
- Babysitter calling – if your child needs care while someone else is caring for them, their caretaker can call Teledoc on your behalf.
- No changes in cost – This service remains free to our members.

### WHAT DO YOU NEED TO DO?

There is nothing you need to do now. You can continue using MDLIVE as you normally would until the end of the year. Information on how to register for Teledoc will be coming out in the near future.

If you have recurring visits with Behavioral Health providers through MDLIVE, you will be able to get connected to a new provider through **Teledoc on January 1, 2024**. For more information call the number on the back of your IBX member ID card to discuss the best options for you.



# Get medical care, anytime, anywhere

Talk to a doctor 24/7



**When you're not feeling well, you don't want to wait to get care. Good news — with virtual care from Teladoc Health (Teladoc), you don't have to!**

Teladoc is a leader in whole-person virtual care. With Teladoc General Medical, you get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Using Teladoc General Medical is quick and convenient. Features include:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc award-winning mobile app
- Interpreters who know your language, including American Sign Language (ASL)
- Prescription requests sent to your pharmacy of choice
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care

Nearly 90% of users are satisfied with their Teladoc experience.

Teladoc Health, Inc. is an independent company that provides virtual care, for medical and specialty.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

**Independence** 

**Schedule an appointment**  
Learn more and make an appointment at  
**TeladocHealth.com.**

## How Teladoc General Medical works



**Initiate:** You can access Teladoc by:

- Calling 1-800-835-2362, or
- Visiting [teladochealth.com](https://teladochealth.com), or
- Downloading the Teladoc mobile app



**Request:** Schedule a visit at your preferred time or request an on-demand visit for an urgent need.



**Visit:** Meet with your doctor, who will evaluate you and answer your health questions.



**Resolve:** Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.

**IBX**



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Local 22 Health Plan  
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