

# THE JOURNAL

*313's Quarterly Health & Wellness Communication*



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## Medicare - What to Know

You or your covered spouse generally becomes eligible for Medicare when you reach age 65. Medicare is the federally sponsored health care program consisting of hospital insurance benefits (Part A) and supplementary medical insurance (Part B).

You and/or your covered spouse should enroll in Medicare Part A and Part B as soon as eligible after retirement - three months before your 65th birthday or prior to that if you become disabled - in order to avoid a gap in coverage.

**Here are different ways to enroll:**

1. Visit your local Social Security Office. You can find your local office by going to [www.ssa.gov/locator/](http://www.ssa.gov/locator/).
2. Call 1-800-MEDICARE (800-663-4227).
3. Visit the Medicare website at [www.medicare.gov](http://www.medicare.gov).

For more information about Medicare, what it covers, and other important information, visit our healthcare and benefits website, [www.313healthcare.com](http://www.313healthcare.com), and click on the 'RETIREEES/MEDICARE' button on the homepage. Or visit [www.ibew313.org](http://www.ibew313.org) and click on the healthcare link under Member Resources.



## Where Should I Go for Care?

You have options when it comes to your medical care. Let's review them below.

### PRIMARY CARE PHYSICIAN - YOUR HOME BASE

One of the goals of your primary care physician is to know you as a patient. When you develop a relationship with your physician, he or she will best understand how to manage your healthcare needs. Consider your primary care physician your home base for illness or chronic condition management.

### TELADOC

When you need immediate care for non-life threatening issues, consider using Teladoc.

When to use Teladoc:

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

### EMERGENCY ROOM

You should go directly to the nearest emergency room if you experience any of the following:

- Chest pain
- Shortness of breath
- Severe abdominal pain
- Uncontrollable bleeding
- Confusion or loss of consciousness
- Serious burns, cuts, or infections
- Inability to swallow
- Seizures

### URGENT CARE

Here are some examples of conditions that require urgent care:

- Ear infections
- Sprains
- Vomiting
- High fever

Urgent care centers are usually more cost-effective than ERs for these conditions. In addition, the waiting time in urgent care centers is usually much shorter.





# Hours of Eligibility & Loss of Coverage

## ELIGIBILITY

Initial Eligibility is mostly associated with members who are re-establishing their H&W coverage or new members. You are eligible for coverage under the plan on the first day of the Benefit Quarter after you’ve completed a total of 1,000 hours of work with one or more Contributing Employers during four consecutive Working Quarters.

## CONTINUING ELIGIBILITY

To maintain your eligibility, you must work at least 300 hours during a Working Quarter.

For more information, please read below, or check out your Summary Plan Description (SPD).

WORKING QUARTER	COVERAGE QUARTER
January, February, March.....	June, July, August
April, May, June.....	September, October, November
July, August, September.....	December, January, February
October, November, December.....	March, April, May

## RESERVE ACCOUNT

Hours you work in excess of 300 during a Working Quarter, up to 900, are credited to a Reserve Account in your name. **This account helps you maintain eligibility.** If you don't work 300 hours during a Working Quarter, hours that have been credited in your Reserve Account may be used to help you reach the 300-hour minimum, making you eligible for coverage during the next Benefit Quarter.

If your hours worked and Reserve Account don't total 300 hours, those hours will be used to reduce your cost to purchase continued coverage or they will be cancelled.