

Healthcare Options During a Labor Dispute

Below is a summary of options for health insurance coverage during a labor dispute. Each member and their families will need to consider the various options taking into account their personal health and financial status.

COBRA Coverage

The federal law COBRA requires the company to give you the option to elect to continue your current company health insurance coverage for a period of up to 18 months at your own expense; it is very expensive. **It is important that members or their families with serious medical conditions or who know they will require ongoing medical services or drugs promptly elect COBRA and make the required payment.**

Within 14 days after the company-paid coverage ends, you should receive a written notice of your right to elect COBRA. Keep your notices and envelopes in a safe place even if you don't plan on using COBRA. You will have at least 60 days to elect coverage and another 45 days before the first premium payment is due.

If you are worried about making your COBRA premium payment, please discuss with your Local Union leadership to see what resources are available to help.

The USW Emergency Medical Program

During a labor dispute, the USW offers its members and their spouses and dependents the opportunity for limited health insurance coverage under the USW Emergency Medical Program (EMP). If the Local Union elects to participate in the program, everyone without other verifiable coverage will automatically be enrolled in the EMP and provided with Blue Cross Blue Shield identification cards. The premium payments will be deducted from the allocations your Local Union receives from the USW Strike and Defense Fund.

The benefits available under the EMP are not the same as your company plan. The EMP does not have prescription drug coverage. Brochures explaining the benefits will be made available.

Medicaid and CHIP

Medicaid and the Children's Health Insurance Program (CHIP) offer comprehensive healthcare coverage to low income adults and children. The programs are run by each state. Eligibility may depend on your income a month or more before you apply. Therefore, in some cases members and their dependents may need to wait or reapply farther into the dispute. To see information about your state's programs and how to apply, go to www.medicaid.gov or see your Local Union leadership for assistance.

Spouse's Insurance

If your spouse has health insurance through their job, you will be eligible to join their plan because loss of coverage due to the labor dispute is considered a "life-changing event".

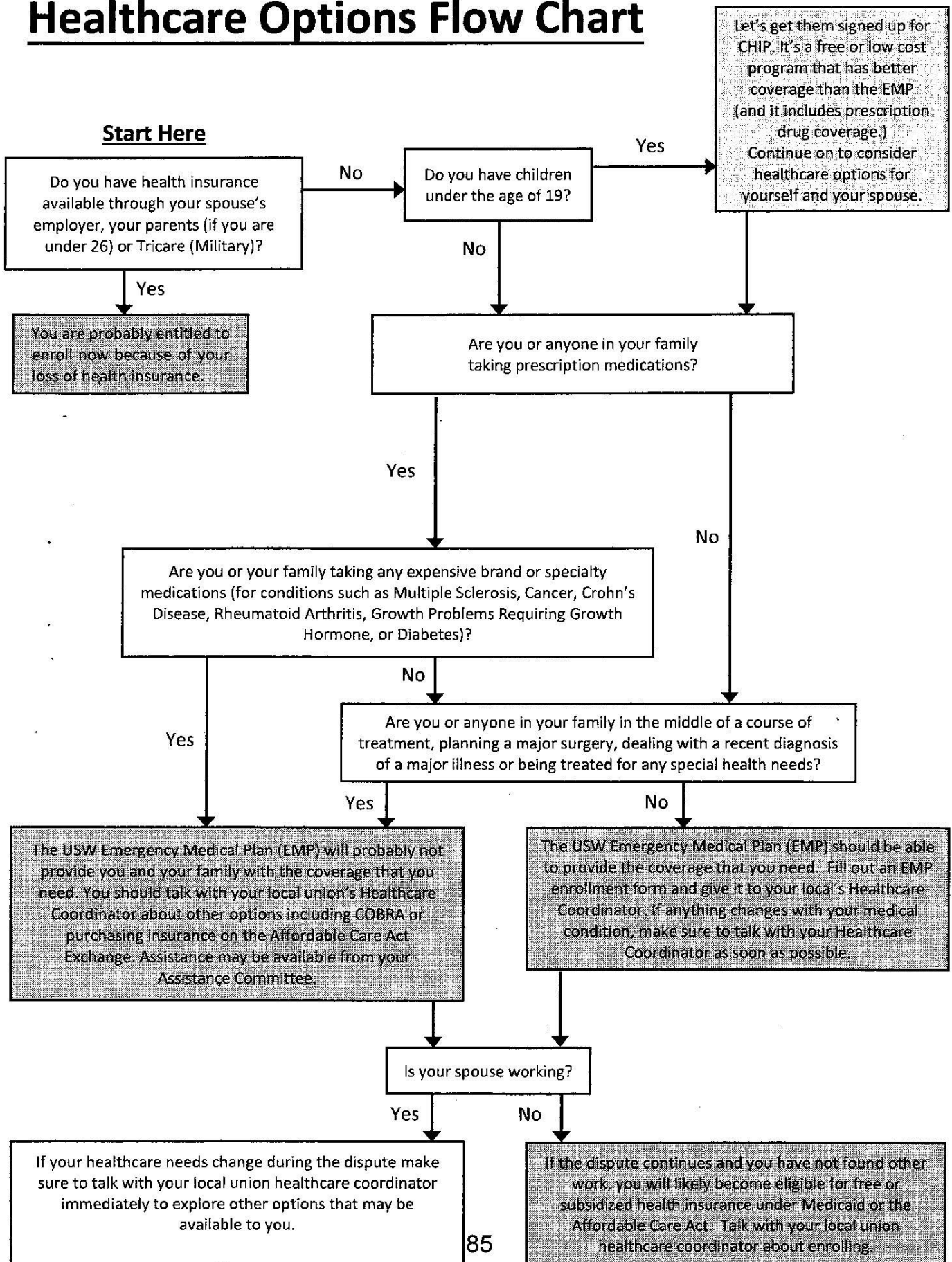
Affordable Care Act Exchanges

When your company coverage is terminated, you are entitled to a 60-day Special Enrollment Period on the ACA Exchanges. You may be able to find coverage that works better for your family there. If you receive subsidized coverage, you may face tax consequences at the end of the year. For more information go to www.healthcare.gov or see your Local Union leadership for assistance.

Insurance Continuation while on Disability or Workers' Compensation

Members who are receiving Disability or Workers' Compensation benefits at the beginning of the labor dispute will continue to receive those benefits and continued health care coverage. If you experience any change in your Disability or Workers Compensation benefits contact your Local Union leadership immediately. Members who are receiving Disability or Workers Compensation benefits should not participate in picket line duty or other activities.

Healthcare Options Flow Chart



Healthcare Information Sheet

1. Please fill out the information below:

Member Full Name _____

Member Date of Birth _____

Phone Number _____

Dependents who are covered under company healthcare coverage:

| Full Name | Date of Birth | Relationship to Member |
|-----------|---------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2. Does your Spouse work (Please Circle)?

YES NO Part Time Full Time

3. Is your Spouse offered health insurance through their work?

YES NO N/A

4. Have you started other work?

YES NO Part Time Full Time

5. Does anyone in your family have Special Medical Needs such as Diabetes, Pregnancy, Cancer, Crohn's, Multiple Sclerosis, Rheumatoid Arthritis, Hemophilia, etc?

YES NO

6. Are you or members of your family currently taking any medications? Be prepared with a list of drug names and dosages.



STEELWORKERS EMERGENCY MEDICAL PROGRAM

APPLICATION FOR EMP COVERAGE

EMP Rules:

- EMP coverage is available to USW members who are affected by a strike or lockout and for which Strike and Defense Fund benefits have been authorized by the USW International Secretary-Treasurer.
- The Local Union must designate an Initial Effective Date for EMP Coverage (generally six to eight weeks following the start of the work stoppage).
- All affected USW members must be enrolled as of the Initial Effective Date except for members who have other health coverage from another source (e.g. COBRA, other employment, spouse's employer coverage) and who apply for and qualify for Waiver of Coverage.
- Members who waive coverage may enroll for EMP coverage only immediately upon loss of other coverage, and must provide a Certificate of Creditable Coverage from the other plan.
- Complete enrollment information must be forwarded to the USW Pension and Benefits Department at least five workdays prior to the Initial Effective Date.
- The cost of the EMP coverage will be paid from authorized Strike and Defense Fund allotments.

To be completed by Local Union:

Name of Employer: _____

Location: _____

Local Union #: _____ **District:** _____

Date of Work Stoppage: _____

Number of Affected Members: _____

Local Union Contact

Name: _____

Title: _____

Address: _____

Telephone: _____

Email: _____

Staff Representative: _____

Initial Effective Date: _____

Please return to:
USW Pension and Benefits Department
c/o Lori Pulcini
5 Gateway Center, Room 1006
Pittsburgh, PA 15222
(412) 562-2473
lpulcini@usw.org

**ENROLLMENT/
CHANGE FORM**



Steelworkers Emergency Medical Program
60 Boulevard of the Allies, Pittsburgh, PA 15222
Fax: 412-562-2275

| | | | |
|---|----------------|--|---|
| GROUP INFORMATION (To Be Completed by USW) | | Coverage/change Effective Date Mo/Day/Yr. | |
| Group No. | Group Name: | Terminate <input type="checkbox"/> Termination of Coverage | |
| Enroll <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Late Enrollment | | Change <input type="checkbox"/> Add Dependent (reason) _____ <input type="checkbox"/> Delete Dependent (reason) _____ <input type="checkbox"/> Address Change | |
| MEMBER INFORMATION (To Be Completed by Member) | | | |
| First Name | Middle Initial | Last Name | Date of Birth Mo/Day/Yr. |
| Home Address | | Social Security Number | Sex M / F |
| | | City | State |
| | | Zip Code | |
| COVERED FAMILY MEMBERS | | | |
| First Name | Middle Initial | Last Name | Date of Birth Mo/Day/Yr. |
| | | Social Security Number | Sex M F <input type="checkbox"/> <input type="checkbox"/> |
| Spouse | | | <input type="checkbox"/> <input type="checkbox"/> |
| Dependent | | | <input type="checkbox"/> <input type="checkbox"/> |
| Dependent | | | <input type="checkbox"/> <input type="checkbox"/> |
| Dependent | | | <input type="checkbox"/> <input type="checkbox"/> |
| Dependent | | | <input type="checkbox"/> <input type="checkbox"/> |
| Dependent | | | <input type="checkbox"/> <input type="checkbox"/> |
| Dependent | | | <input type="checkbox"/> <input type="checkbox"/> |

I certify that the information provided on this form is true to the best of my knowledge.

| | | | |
|-------------------------------------|------------------------|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | / / | <input checked="" type="checkbox"/> | |
| Member Signature | Date Signed Mo/Day/Yr. | USW Signature | Date Signed Mo/Day/Yr. |

STEELWORKERS EMERGENCY MEDICAL PROGRAM

***MEMBERS WHO ARE ENROLLED IN OTHER COVERAGE ARE NOT ELIGIBLE FOR EMP COVERAGE**

WAIVER OF COVERAGE

DO NOT ENROLL ME IN THE STEELWORKERS EMERGENCY MEDICAL PROGRAM ("EMP") AT THIS TIME
BECAUSE:

1. I have elected COBRA from my employer
2. I am enrolled under my spouse's employer-sponsored health insurance program
3. I am enrolled under another employer's health insurance program
4. My spouse is enrolled in this EMP and I am a covered dependent
5. I am enrolled in coverage through the Marketplace (Exchange)
6. I am enrolled for group insurance coverage from another source (explain):

Please identify your source of Other Coverage:

Name of Plan Sponsor _____
Carrier _____
Group Number _____

You will be eligible to enroll for EMP coverage only upon the termination of your Other Coverage identified above. In such event, you must provide your Local Union with suitable proof of termination of coverage.

Name _____
(Please print)

Local Union _____ District _____

Social Security # _____

Signature _____ Date: _____

Emergency Medical Plan

Only the additional provisions shown on this plan are available. All other provisions are subject to the terms and conditions of the plan. For more information, please contact your broker or the plan administrator.

| Benefit | Hospital | Medical/Surgical |
|--|--|--|
| Plan Payment Level | Blue Cross participating providers accept payment for eligible services as payment in full | Usual customary and reasonable (UCR) - Blue Shield participating providers accept payment for eligible services as payment in full |
| In-hospital Doctor Visits | Not applicable | 100% Usual Customary Reasonable Charges up to 90 days per benefit period |
| Physician Office Visits (sick/accident) | Not applicable | 100% Usual Customary Reasonable Charges |
| Preventive Care: Adult | | |
| Routine physical exams | Not covered | Not covered |
| Adult Immunizations | Not covered | Not covered |
| Routine gynecological exams, including a PAP Test | 100% 1 exam per calendar year | 100% Usual Customary Reasonable Charges 1 exam per calendar year |
| Mammograms, annual routine | 100% 1 exam per calendar year | 100% Usual Customary Reasonable Charges 1 exam per calendar year |
| Preventive Care: Pediatric | | |
| Routine physical exams | Not covered | Not covered |
| Pediatric immunizations | 100% | 100% Usual Customary Reasonable Charges |
| Emergency Room Services | 100% | 100% Usual Customary Reasonable Charges |
| Spinal Manipulations | Not Applicable | Not covered |
| Physical Medicine | Not covered | 100% Usual Customary Reasonable Charges |
| Speech Therapy | Not covered | 100% Usual Customary Reasonable Charges |
| Occupational Therapy | Not covered | 100% Usual Customary Reasonable Charges |
| Allergy Extracts and Injections | Not covered | Not covered |
| Ambulance | Not covered | Not covered |
| Assisted Fertilization Procedures | Not covered | Not covered |
| Dental Services Related to Accidental Injury | 100% | Not covered |
| Diabetes Treatment | 100% | 100% Usual Customary Reasonable Charges |
| Diagnostic Services (including routine) | | |
| Advanced Imaging (MRI, CAT Scan, PET scan, etc.) | Not covered | 100% Usual Customary Reasonable Charges |
| Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing) | Not covered | 100% Usual Customary Reasonable Charges |
| Durable Medical Equipment, Orthotics and Prosthetics | Not covered | Not covered |
| Enteral Formulae | Not covered | 100% Usual Customary Reasonable Charges |
| Home Infusion Therapy | Not covered | Not covered |
| Home Health Care | Not covered | Not covered |
| Hospice | Not covered | Not covered |
| Hospital Services - Inpatient | 100% Up to 90 days per benefit period | Not Applicable |
| Hospital Services - Outpatient | 100% | Not Applicable |
| Infertility Counseling, Testing and Treatment | Not covered | Not covered |
| Maternity (facility & professional services) | 100% Up to 90 days per benefit period | 100% Usual Customary Reasonable Charges Up to 90 days per benefit period |
| Medical/Surgical Expenses - non-elective (Except Office Visits) | 100% | 100% Usual Customary Reasonable Charges |
| Mental Health - Inpatient | 100% Follows Pennsylvania State Mandates | 100% Usual Customary Reasonable Charges Follows Pennsylvania State Mandates |
| Mental Health - Outpatient | 100% Follows Pennsylvania State Mandates | 100% Usual Customary Reasonable Charges Follows Pennsylvania State Mandates |
| Private Duty Nursing | Not covered | Not covered |
| Respiratory Therapy | Not covered | Not covered |
| Skilled Nursing Facility Care | Not covered | Not covered |
| Substance Abuse - Inpatient Detoxification | 100% Follows Pennsylvania State Mandates | 100% Follows Pennsylvania State Mandates |
| Substance Abuse - Inpatient Rehabilitation | 100% Follows Pennsylvania State Mandates | 100% Usual Customary Reasonable Charges Follows Pennsylvania State Mandates |
| Substance Abuse - Outpatient | 100% Follows Pennsylvania State Mandates | 100% Usual Customary Reasonable Charges Follows Pennsylvania State Mandates |
| Therapy Services: Chemotherapy, Radiation therapy | 100% | 100% Usual Customary Reasonable Charges |
| Therapy Services: Cardiac Rehab | Not Covered | 100% Usual Customary Reasonable Charges |
| Dialysis | Not Covered | Not Covered |
| Prescription Drugs | Not Covered | Not Covered |

Precertification Requirements

January 2018

Please call 1-800-544-9335 to certify the necessity of your admission and to ensure necessary usage of your hospital days



PAYING FOR RX DRUGS DURING A LABOR DISPUTE

Paying for prescription drugs during a labor dispute is a significant challenge that many USW members face. **The USW Emergency Medical Program does not provide prescription drug coverage** so striking and locked out members and their families who take prescription drugs will need to research other options for paying for medications. If you or a family member need brand name or specialty medications, you will probably need to elect COBRA.

EVERYONE'S SITUATION IS DIFFERENT BUT HERE ARE SOME WAYS
USW MEMBERS INVOLVED IN WORK STOPPAGES HAVE PAID FOR
PRESCRIPTION MEDICATIONS:

If possible, refill your medications before your insurance lapses. Many pharmacies allow patients to get a 90-day supply of medications when refilling.

- **Choose generic medications where possible.** Generic medications may cost as little as \$2 per month. Ask your pharmacist how much your medication would cost if you were paying cash.
- **Talk to your doctor.** Many doctors' offices get **free samples** from pharmaceutical companies and have a supply of many medications at their offices.
- **Union Plus offers a free discount prescription card for union members.** Visit www.UnionPlus.org/RXcard to sign up for your prescription card and save 15% to 60% on name brand prescriptions. You can print a discount card and also get price estimates for brand name drugs.
- **Explore other health insurance options.** If you need expensive prescriptions and cannot get them anywhere else, you may need to elect COBRA, choose to purchase coverage on the ACA Exchange at www.Healthcare.gov, or you may be eligible for Medicaid.
- **The Partnership for Prescription Assistance** (www.pparx.org) and the **RxAssist Prescription Drug Program** (www.RxAssist.org) offer free or low-cost prescription medications to people without prescription drug coverage. Search the name of your brand name drug to see what discounts are available.

KNOW YOUR COBRA RIGHTS



Due to the labor dispute, the Company is cancelling our health insurance.

However, under the Consolidated Omnibus Budget Reconciliation Act (COBRA) you have the option to continue your current insurance coverage for at least 18 months, at your own expense. The benefits under COBRA must be the same as the current plans but you pay the entire cost. Each individual covered has the right to elect COBRA separately.

Current Coverage is terminated on _____
COBRA cost is \$ _____ per month for an Individual
\$ _____ per month for a Family

If you or someone in your family has chronic medical needs or is taking prescription medications and is ineligible for other coverage, COBRA may be the best option. Even if you are not electing COBRA now you should understand your options. If you need COBRA and are worried about paying for it, you should talk with a member of the Local's Assistance Committee to see if resources are available to help.

EVERYONE SHOULD KEEP ALL COBRA NOTICES INCLUDING ENVELOPES IN A SAFE PLACE

COBRA Sign-Up Procedures

- Within 14 days after the company-paid coverage ends, you should receive a written notice of your right to elect COBRA.
- You then have 60 days from the later of 1) the date your health coverage is terminated; or 2) the date the notice is sent, to inform the company you want to elect COBRA. The notice will likely include a COBRA enrollment form that you must complete and mail back if you decide to elect COBRA.
- The initial COBRA premium is not due until 45 days after the date of your COBRA election. The payment must cover the period of time from the date you lost coverage until the date of your COBRA election.
- This means you **may have** up to 119 days (the 14 day notice period—plus—the 60 day election period—plus—the 45 day COBRA premium payment period) to make a final decision about whether to take COBRA coverage.
- If you have medical expenses during this period that cost more than the COBRA cost due, then obviously you should make the COBRA payment. If you have medical expenses that are less than the COBRA premium due—and you and your family are healthy—your ultimate decision may be not to pay the COBRA premium due.

- There are no provisions under the law to collect premiums from people who elect COBRA coverage but don't send in the premiums. The only penalty for failing to send in the premium is that you don't have coverage.
- Thus, you can delay electing COBRA and paying the premium, but if you actually make the COBRA payment, premiums will be required for all periods back to the date you lost your medical coverage. If the company sends you a bill for COBRA premiums for later months, they are generally due within 30 days after the due date shown on each bill. If you fail to make the required payment your COBRA coverage will be cancelled. You will not have a second opportunity to elect COBRA coverage. If you want it you must continue to make the payments.
- If you elect COBRA, your medical coverage will be exactly the same as before the work stoppage.

Employees with Special Circumstances

COBRA Continuation for Disabled Employees up to 29 Months

- Individuals who qualify for Social Security Disability may obtain up to 29 months of COBRA coverage, if Social Security found the disability arose within 60 days of losing coverage and they notify the Plan Administrator of the disability determination within 60 days of the receipt of the Award letter from Social Security.

COBRA Continuation for Selected Dependents up to 36 Months

- Individuals may also obtain up to 36 months of COBRA continuation coverage, if they have experienced a second qualifying event (such as a death, divorce or dependent reaching the age at which they are no longer eligible) within the 18-month COBRA continuation period.

IF YOU LEARN THAT THE COMPANY'S COBRA PROCEDURES ARE DIFFERENT FROM THOSE DESCRIBED IN THIS FLYER, PLEASE CONTACT YOUR LOCAL UNION LEADERSHIP.



TAKING CARE OF YOUR HEALTH

When negotiations get tough our goal is to reach an agreement without a labor dispute. But that depends on our employer, so it's important to plan ahead and prepare ourselves.

While we have options to ensure basic healthcare coverage for our members and their families in the event of a strike or lockout, it's likely going to be different than our current health-care plan.

Therefore, we encourage all members to make sure you and everyone in your family is up-to-date with basic healthcare needs covered by your plan.

CHECK YOUR PLAN FOR ELIGIBILITY, BUT THESE MAY INCLUDE:

- Fill all prescriptions
- Annual physicals/exams
- Get any immunizations
- Get vision screenings
- Purchase glasses or contacts (if covered)
- Routine dental exam

WE'RE STRONGER WHEN WE'RE PREPARED!