

THE TRUSTEE
October 2018
LONG TERM CARE INSURANCE

There are 704 enrollees in the John Hancock Long Term Care Insurance group plan through the Kingston Trust Fund. Some members have opted for separate supplemental coverage of a spouse and/or additional supplemental coverage for themselves. Vested group members have continuing coverage from the Trust when they retire. For those with supplemental coverage who either have payroll deduction or personal payment, a notice will soon arrive from Hancock initiating a new payment schedule effective January 1, 2019.

In essence, Hancock wants to eliminate monthly payments and begin longer term premium payments. Check your mail and remind a covered spouse to be on alert for the Hancock letter. Again, the Trust group 90038 is unaffected by the change.

Eligibility for LTCI benefits is subject to a 90 day waiting period of care before benefits begin. So, if a covered person has needs with substantial assistance with two or more of the activities of daily living*, they qualify for benefits. Keep records of all care and any vouchers for payment, even if no up-front monies were yet paid. Get started early!

*Six areas of daily living: bathing, Continence, Dressing, Eating, Toileting, and Transferring, or if there is short or long term memory loss, poor orientation of people, places, or time, poor deductive or abstract reasoning, or [poor judgment of safe or unsafe conditions, and care is expected to last at least 90 days and your physician, a nurse, licensed social worker or care coordinator certifies from time to time you need regular assistance for the care described here.

An overall plan of care, consistent with needs, should be developed. Care can be through adult day care, assisted living, nursing home, hospice, or in the home. Create vouchers for all home care aid. Group 90038- LTCI coverage: Call John Hancock at: 1-800-711-9407.

NOCC

The Notice of Creditable Coverage (NOCC) is an annual notice provided to members with Trust prescription coverage. It affirms the Rx coverage through the Trust plan is superior to Medicare Part D and provides for exemption from Medicare Part D prescription coverage. The 2019 NOCC is available on the Trust website at: ktftrustfund.com.

NEW MEDICARE CARDS

New Medicare cards for residents of New York State have been mailed. The Trust Office needs a copy of your new card. Take a picture of it and email to: Kathy@ktftrustfund.com or make a copy and mail to: Kingston Trust Fund, PO Box 4461, Kingston, NY 12402.

FLU SHOTS

The National Center for Health Statistics Mortality Reporting System has reported out on the 2017-18 flu season. Typically, influenza cases begin to increase in November, peak in January/February,

and level off in March. The 2017-18 dominant strain, A-H3N3, was particularly worse than expected. It didn't begin in a localized geographic region, but was wide spread from the beginning. And, the vaccine was only 40% effective against it. There were 181 pediatric deaths and 710,000 hospitalizations, 58% of those were for people over 65 years of age.

Flu shots are available at many venues, including prescription stores, physicians' offices, and clinics. The flu shot is free for Medicare members at most venues. Check first. The typical flu shot this year is a quadrivalent that protects against two types of Influenza A and two types of Influenza B.

Rx PRICES

When it comes to controlling prescription costs, the federal government has to be given a failing mark. During the first three quarters of 2018, for every prescriptive drug where the price decreased, 93 others increased. The National Academy of State Health Policy reports 34 states have passed 37 bills to address what the federal has failed to control, specifically targeting middlemen who manage drug distribution while taking monies for preferential treatment. New York has imposed an annual cap on drug spending in its Medicaid program. State officials must identify drugs responsible for piercing the cap and try to negotiate rebates. If a drug company refuses, the state can restrict access to its drugs. Through the first quarter of 2018, the state cap was exceeded, but state officials say they extracted \$60 million in additional savings on 30 high cost drugs. Other states require drug companies to justify drug increases over 20%.

IN MEMORIAM: Yvonne Sill | Victoria Fabiano