

THE TRUSTEE

February 2020
UPDATES

Everyone should have received their new Trust Medical/Dental/Rx cards. If not, please contact the Trust Office. Be sure to show the new card to all providers.

All Medicare members must provide the Trust Office with a copy of their new Medicare card. Otherwise, with the new ID numbers, your claims will be rejected by Medicare.

Electronic EOB's are presently being tested. Absent any significant issues, they should be available soon. Members will be contacted and asked to provide an email address where notices of available EOB's will be sent. All enrollees over the age of 18 should provide their own personal email address.

LONG TERM CARE INSURANCE

The Trust's group plan with John Hancock Life Insurance Co. pays the member premiums, but the policy belongs to the member. As such, confidentiality requires that Hancock not inform the Trust of any claims or claim's status. When a member passes prior to age 70, all premiums paid are refunded to the family beneficiaries upon the presentation of an official death certificate. Recently, when a member's family notified us of a member passing, we assured the family that, as the member was not yet 70 years of age, a full refund of Trust premiums paid would be awarded to the family. After two months, we followed up with the family. They explained Hancock had informed them that, as the member had not paid any premiums, there would be no refund. **WRONG!** We contacted Hancock, they admitted the error, and the refund was forthcoming. Then, we asked for a full accounting of all accounts of members who had passed. There were 13 accounts, and Hancock had mishandled 9 of them; not awarding premium reimbursements. Is Hancock too big for each department to know and understand how to adjudicate a policy benefit?

As of February 1, 2020, the 9 accounts have been addressed and 6 have received reimbursements. The remaining 3 families have failed to respond to communications from Hancock and, thus, have not produced a death certificate. As the confidentiality rules do not allow for claims disclosure, we don't know the identities of these families. So, if you were contacted by Hancock and did not respond, you are likely passing up several thousand dollars in rebated premiums.

The reimbursement provision was created to benefit a member's family upon an untimely death, but it's a moot gesture if it's not advantaged.

The forms for filing a LTCI claim are on the Trust website at: ktftrustfund.com. Any member who anticipates a need for long term care should download the forms, fill them out to the extent possible, and have their documents in order.

RHEUMATOID ARTHRITIS

Last month, the symptoms of rheumatoid arthritis (RA) were presented. This month, we'll take a look at risk factors, progression, and treatments as presented by the Mayo Clinic.

Factors that may increase the risk of rheumatoid arthritis include sex, age, family history, smoking, environmental exposure, and obesity.

Women are more likely than men to develop RA. It can occur at any age, but most commonly begins in middle age. Family genetics may increase the risk of developing RA. And, if there is genetic predisposition for developing RA, cigarette, cigar, or pipe smoking may increase the risk. Vaping is new, so studies are not available, but it appears RA would be the least of the effects of vaping. The effects of some environmental factors, such as exposure to asbestos or silica, are poorly understood at this time, but negative environmental effects are always a concern. People who are overweight appear to be at higher risk.

As there is no cure for RA, the severity of the symptoms helps to determine the course of treatment. For those with moderate symptoms, non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and naproxen sodium (Advil) can relieve pain and reduce inflammation. Remember, using too much of these drugs can irritate and ulcerated the stomach. Corticosteroids medications reduce inflammation and pain and an slow joint damage. Doctors often prescribe a corticosteroid, such as Prednisone, to relieve acute symptoms, with the goal of gradually tapering off the medication. For severe RA, disease modifying anti-rheumatic drugs (DMARDS) are generally distributed by specialty pharmacies due to stringent requirements. These drugs can slow the progression of RA and save the joy nots and other tissues from permanent damage. Common DMARDS include Trexall, Otrexup, Arava, Plaquenil, and Azulfidine. Then, there are biological agents which are specialty drugs that can target parts of the immune system that triggers the inflammation that causes joint and tissue damage. These drugs include Humira, Enbrel, Orencia, Kineret, Olumiant, Cimzia, Simponi, Remicade, Rinvoq, Rituxan, Kevzara, Actemra, and Xeljanz. The prices of these drugs has remained very high and is a source of immense profits for the pharmaceutical industry. In some cases, if you are Medicare eligible and these drugs are administered in the doctor's office, some may be charged through Medicare Part B instead of through ProAct (Noble). The price differential is significant. Ask your doctor about billing the drug through Medicare Part B. As most of these drugs are between \$5,000 and \$20,000 in cost every month or two, there can a large cost savings depending on where they are sourced.

IN MEMORIAM: Debbie Schnide