

Banner Blue News

Emergency Room Costs



Going to an emergency room instead of scheduling a doctor's appointment has become a trend in this country. According to the National Center for Health statistics, most people who go to an emergency room do not need urgent care. Over fifty-five percent of the annual 90 million visits to emergency rooms are unnecessary. Translated into dollars that means Wabash and our members pay up to three times as much for emergency room care as they would have paid at a physician's office. Wabash claims for emergency room visits have increased over 40% during the last two years. Most Wabash plans reduce benefits by 20% if the medical condition is not deemed life threatening or emergent.

How do you decide when a medical condition rises to the level of a medical "emergency?" The American Collge of Emergency Physicians offers this list of warning signs that indicate a medical emergency.

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|---|------------------------------|
| 1. Difficulty breathing/shortness of breath | 7. Uncontrolled bleeding |
| 2. Chest or upper abdominal pain | 8. Change in vision |
| 3. Fainting, sudden dizziness, weakness | 9. Coughing / vomiting blood |
| 4. Persistent vomiting / diarrhea | 10. Suicidal feelings |
| 5. Confusion or change in mental status | 11. Difficulty speaking |
| 6. Any sudden or severe pain | 12. Unusual abdominal pain |

Use good judgment in deciding when to use emergency medical services. Learn the signs of serious illness and trust your instincts. Call your primary care physician, even when their office is closed, and describe your symptoms. The doctor can tell you whether emergency treatment is necessary. For urgent problems that don't require emergency care, most doctors will rearrange their schedule to squeeze you in that same day.

Reminder For Medicare Members

Your membership card instructs providers to bill Wabash electronically. Physician's claims should **NOT** be sent to Medicare for rembursement. Not only does your physician receive their primary and secondary claim payments promptly, but this also reduces the costs to Wabash and our members.

Getting Ready To Retire

Upon retirement, any employee applying for an annuity from the Railroad Retirement Board is eligible for membership in Wabash regardless of prior eligibility. Whether you need primary or secondary coverage or a Medicare supplement, Wabash has got you covered. Contract Trisha in Member Services to find a plan for you and your dependents. Employees retiring under the 60/30 plan, must have five years prior Wabash membership to qualify for a company sponsored plan (#7) or Wabash upgrade (#8). Membership applications for the retiring employee and their dependents must be made within 60 days of retirement to avoid a 90 day waiting period for coverage and a 12 month exclusion for pre-existing conditions.



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Banner Blue News

Important Facts About Testosterone Replacement Therapy



By middle age, virtually all men experience some decline in testosterone - but only a small percentage have levels far below those considered normal for their age. Low levels may just be a normal part of aging. Because of potential side effects, testosterone replacement therapy is not recommended for a low level without symptoms. The symptoms of low testosterone are sometimes obvious, but can be subtle and include:

- | | |
|----------------------------------|-----------------------------|
| 1. Low sex drive (libido) | 4. Difficulty concentrating |
| 2. Erectile dysfunction | 5. Depression |
| 3. Fatigue and poor energy level | 6. Irritability |

The goal of testosterone replacement therapy is to keep the levels within normal range. Nothing beneficial can be gained by going over normal testosterone ranges. Going well above normal testosterone dosages is dangerous and can produce profound effects on mental and physical abilities including an increase in blood pressure and compromised kidney functions.

Testosterone therapy has not been conclusively shown to improve any health condition other than testosterone deficiency and its symptoms. Testosterone replacement therapy can have side effects and the long-term risks and benefits are unknown. Talking with your doctor is the only way to decide if the possible benefits outweigh risks of testosterone therapy. Consider asking your doctor the following questions:

1. Are my symptoms from low testosterone or could they be caused by another problem?
2. What are the benefits of testosterone supplements?
3. What are the side effects and risks of therapy and how long would my treatment be?
4. What kind of changes (exercise or diet) could I try before testosterone treatment?

Before Wabash approves a claim or prescription for testosterone therapy, independent physicians and pharmacists will review recent testosterone labs and medical records to verify if treatment, including testing and medication, is medically necessary.

Better Benefits

The Benefit Schedules for non-Medicare members will be consolidated into four types of plans in 2012. These schedules will be posted on our website (www.wabashcannonball.org) in January.

Cannonball Plans - Primary coverage for Active workers on Plans #1 and #21. Wabash considers these grandfathered plans under the Health Care Reform Act. These plans no longer have annual or lifetime limits on essential health care benefits.

Banner Blue Plan - Primary coverage for members on the 60/30 early retiree upgrade plan (Plan #8) covered under the early Retirement Reimbursement Program. Members will see no changes in benefit coverage in 2012.

Bluebird Plans - 80/20 Primary coverage for Plans 3, 4, 7, 15 and 19. Members in these plans will receive updated benefit schedules. Effective January 1, 2012, plans will have an annual deductible of \$100.

Piggy Back Plans - Secondary Coverage for Plans 2, 6, 12, 13, 18 & 23

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2012 Dues Information

Monthly dues amounts effective January 1, 2012:

<u>MEDICARE SUPPLEMENTAL PLANS</u>		
Plan #		
9	Employee with \$1,000 drug benefit	\$210
10	Employee & Dependent without drug benefit	\$140
<u>PRIMARY COVERAGE PLANS</u>		
3	Former Active with 5 service years	\$550
4	Former Active on Disability annuity	\$500
8	60/30 Early Retiree Upgrade	\$175
15	Associate Member (dependents) 80/20	\$440
19	Retirees Under 65 or less than 30 service years	\$585
21	Active COBRA Coverage	\$472
<u>SECONDARY COVERAGE PLANS</u>		
2	Non-Contract Railroad Supplement	\$130
6	Retired or Union Officer Railroad Supplement	\$130
12	Family Railroad Supplement - 1 dependent	\$130
13	Family Railroad Supplement - 2 or 3 dependents	\$175
23	Family Railroad Supplement - 4 or more dependents	\$225




Payment is due on the first day of the month to receive benefit coverage for that month. Consider an automatic ACH transfer from your bank account to avoid any lapse in coverage and membership benefits.

Stephen Stone Retirement


At their November meeting, the Board said 'good-bye' to Board Representative, **Stephen Stone**. Steve represented the Signalmen for over twenty years.

Dewayne Dehart was welcomed to the Wabash Board representing the Brotherhood of Locomotive Engineers and Trainmen.

Twenty Years of Service
 Congratulations to Claims Supervisor, Denise French, for completing twenty years of service at Wabash Memorial Hospital Association in 2011.

Season's Greetings
 In appreciation of your membership, we extend our best wishes for a Merry Christmas and a Happy New Year. Wabash Administration, Clinic and Fitness Center will be closed on December 23rd, 26th, 30th and January 2nd, 2012.



Precertification
 Hospital admissions, inpatient and outpatient mental health services, CT, MRI and PET scans, and specialty drugs and injectables require pre-authorization for members with primary coverage in order to receive full benefits.
 Your membership card contains precertification instructions. Present it to your provider at every visit.

Wabash Hospital Association Foundation
 Remember the Wabash Hospital Association Foundation when planning your tax deductible year-end charitable giving.
 The Foundation was established to accumulate an endowment fund to provide extended healthcare benefits to members of their Association who have exhausted available benefits due to catastrophic medical events and financial hardships.
Railroaders serving Railroaders