

GUILD LEADER

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Blue Cross Returns to ProJo

Guild presses company to fill gaps left by incomplete information from Belo; Plans appears to comply with contract's safeguards

This week's Belo Corp. mailing on health insurance choices created some confusion on what kind of coverages are being offered this year. Let's be clear: There is an HMO option.

The company is changing health insurance carriers; United is being dropped in favor of Blue Cross/Blue Shield. Belo is within its rights to do this under the contract. The last sentence of Article 14 says the company can replace the United plans as long as the new ones are "substantially equivalent" to what was offered before.

It took more than a year of the 1999-2003 standoff to get the company to nail down the meaning of the "substantially equivalent" language in the contract.

If you study the charts e-mailed to you by Human Resources Director Tom McDonough yesterday, you will see that while the insurer is new, the co-pays and deductibles for the old United HMO and the new Blue Cross/Blue Shield EPO (their acronym for their HMO) are identical.

Likewise, the co-pays for the Blue Cross/Blue Shield PPO and the old United PPO are, with the exception of how emergency room visits are paid for, identical as well. The annual deductibles for in network care (\$200 employee-only and \$400 employee and dependent) are less than the old United PPO but more than the old

CIGNA POS plan.

While there are some increases in the co-pays for prescription drugs (a \$3 increase to \$10 for the generic drug co-pays and a \$5 increase to \$30 for the drugs that have no generic equivalents) the lists of covered medications are the same.

The HMO option -- the choice of 75 percent of Guild members -- was not included in the charts of the recent Belo mailing because that leaflet was designed for employees of the other Belo properties. Since we have a union here, we have been able to negotiate an HMO option that is not offered to the rest of Belo.

In the past, extra information about Providence-specific benefits was added to mailings explaining benefits. That didn't happen with this one. But when we advised human resources of the confusion, they reacted promptly in getting the HMO information out via yesterday's email.

It's our opinion, based on what we know now, that the Blue Cross/Blue Shield plans meet the "substantially equivalent" standard set by the contract.

One caution. Everybody's own health insurance situation is unique. The one detail each of you must find out for yourselves is whether your doctors are in the Blue Cross

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provider network. We urge you to check the Blue Cross-Blue Shield website www.bcbs.com/healthtravel/finder.html and look for your doctors. (Click on the "guest" tab and then click on the "PPO" button) Also talk to your doctors; find out if they are part of the network.

The company has told us the provider list for the EPO (what we have been calling the HMO) option and the PPO are the same, so look under the PPO doctor list.

If your doctors aren't there, tell a Unit Council or Executive Board member or call the Guild office at 421-9466. If a large number of our doctors aren't in the new network, we need to know this and you are the only ones who can tell us.

Human resources people say the Blue Cross/Blue Shield provider network is the equal or better than the United one, but we'd rather hear that from you.

The company will be holding informational meetings as the Oct. 10-21

signing period approaches. If you have specific questions about the plans and how they work, you can ask them then or call Human Resources directly.

The Guild is not the designer or administrator of the plan but we can assist you in getting information you need to select the medical plan that is best for you. We can also file grievances if we feel the new plans represent a significant loss of benefits.

Keep us advised of the answers you get to your questions. It will help us make sure everyone is being told the same thing.

Another very important thing to remember with the change to Blue Cross/Blue Shield is **YOU MUST SIGN UP FOR SOMETHING.** **If you don't pick a plan you will not be covered come Jan. 1.** When we were going year-to-year with United, they could just put in whatever plan you'd picked the year before. Blue Cross/Blue Shield will have no record of what you want and will interpret your not choosing as meaning you don't want anything.

Nominations sought for 2 vacant Executive Committee seats

The Guild is looking for two members interested in serving on the Executive Committee.

The resignations of Jordan Malik (new job at another company) and Worcester's Kathleen Shaw (work obligations) have created the vacancies. To be eligible, you must be a Guild member in good standing (paid up in your dues). Nominations may be done by a petition signed by at least six members in good standing or from the floor of the Oct. 19 membership meeting.

If you have any questions, contact an Executive Committee member or call the Guild office at 421-9466.