



NLA ADVANTAGE/MEDICAL STOP LOSS

PLEASE VISIT OUR WEBSITE AT WWW.NLAHCC.ORG

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PRESIDENT'S ARTICLE

UNITY IS STRENGTH. . . AND MAYBE SURVIVAL

By: Bob Tessier

Amidst all of the unintended consequences and uncertainty for multiemployer health plans caused by the Affordable Care Act, trustees and administrators have at least one place they can turn for help: **coalitions**. Across the country, coalitions of all different types are actively engaged in the struggle for survival and security.

The National Labor Alliance of Health Care Coalitions is a voluntary coalition of 22 labor health coalitions from Atlantic Canada to Alaska. We come together to share our ideas, experiences and strategies to help each other find new and better ways to combine our numbers for group purchasing and advocacy. We are all somewhat different in makeup and focus, but what we share is so much stronger than our differences. We learn from and support each other, and **we work together to create new products and services that benefit our health plans, our members and their families.** (Note: On page 4, please read about our newest product: the NLA Advantage Stop Loss program. It is a collaborative effort between HCC Life Insurance Company, Knight International and the NLA.)

We now know that in September (last month) the Internal Revenue Service formally determined that multiemployer health plans will

not be deemed qualified health plans through federal- and/ or state-based health insurance exchanges. Therefore, our plans will not be able to access – and our participating members will not be able to benefit from – the advanced premium tax credits, or subsidies, offered there. In addition, plan-participating employers get no credit for paying into our plans.

If you are reading this at the IFEBP 2013 Annual Employee Benefits Conference, please come to the Coalitions Workshop (H17) on Monday afternoon at 3:00 P.M. to learn more about this exciting and necessary work. Don't forget to stop by the exhibit area - we are in booths #317 & 319, hope to see you there!

Meanwhile, the health care industry is undergoing enormous transformation. Delivery system innovation, payment reform, provider consolidation and restructuring are just the most obvious and immediate changes. Many observers believe health insurance is in the midst of a transition from a defined benefit to a defined contribution scheme. Call it the 401(k)-ing of health

insurance. Just look at how much more secure America's retirement prospects are now that defined benefit pensions have largely disappeared. NOT!

Historically, labor/management health coalitions formed in response to specific legislative issues and/or to explore group purchasing. The NLA has primarily focused on group purchasing to ensure the best available pricing for our union funds and members. Today many coalitions have formed to engage more directly with employers, members, health care providers and insurance carriers to advance quality initiatives and innovative cost savings programs. These efforts to advance value based benefits and value purchasing are sophisticated, collaborative efforts, involving data collection and analysis to measure success. **These joint efforts to steer the direction of health system reform toward quality, affordability, wellness, prevention and value hold real promise for our health plans' futures.**

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UNITY IS STRENGTH.



EXECUTIVE DIRECTOR

DEPARTMENT RULES OFFER SOME RELIEF

By: Doug Rubbelke

Dear Members and Friends of the National Labor Alliance,

With the Affordable Care Act (“ACA”) deadlines quickly approaching, there are still many unanswered questions regarding Taft-Hartley and Multiemployer Fund management under the Act. **Though it is important to remember that the ACA does not override existing employer/union Collective Bargaining agreements.**

Fortunately, the federal government has issued a few regulations to help clear the muddy waters for many Funds.

A transitional Treasury Department rule offers some relief for Multiemployer and Taft-Hartley Health funds in 2014.

The rule delays initial enforcement of the ACA employer reporting requirements and corresponding penalties until 2015 as long as employers are paying into ACA compliant multiemployer health funds. This will allow Funds to continue managing benefits for employees who switch employers throughout the year. To qualify for penalty relief under this rule, the funds must provide:

- 1) affordable coverage with minimum value
- 2) full-time employees and their children
- 3) under the terms of a valid Collective Bargaining Agreement.

Given the quality and affordability of most Taft-Hartley funds, many will be able to meet these requirements, creating an easier transition to the ACA in 2014.

The Taft-Hartley Act of 1947 set in place a structure requiring that collectively bargained benefits be administered by Boards of Trustees, half of whom are representatives of labor and half of whom are representatives appointed by employers. These funds are usually self-insured and have a fiduciary responsibility to make the best value decisions in purchasing health care services for their members. Compared to traditional employer-provided plans, Taft-Hartley funds generally provide better benefits and more affordable coverage. By pooling resources, having workers young and old all pay in at the same rate (a career funding model), and self-administering benefit plans, funds are able to keep overhead costs low, which means more money is available for actual health coverage, and there are typically fewer exclusion and benefit limits.

The NLA a number of years ago developed a program called the NLA Advantage Medical Stop Loss Program with the removal of Fund limits; this protection is critical for Funds, the purpose of stop loss is to reduce or eliminate the risk associated with the cost of paying for large claims.

Please see the next article for more information on our stop loss program!

There are many valuable programs and updates throughout this newsletter: AIM Healthcare, American Institute for Preventive Medicine, Apria Healthcare, Catamaran Prescription Discount Card, EPIC Healthcare, Extend Health and Identity Theft Protection for your review.

Please remember that the National Labor Alliance is your National Health Care Coalition; we work together with our regional Coalition partners across the country to assist Taft-Hartley and Multiemployer Funds; we are committed to ensuring that workers and their families have access to value and quality based benefits and services. If you are interested in joining a Coalition or starting a new Coalition please contact me.

Please see the links below for more helpful information on the Affordable Care Act.

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HealthCare.gov
<https://www.healthcare.gov/>

International Foundation of
 Employee Benefits and Pensions
 ACA Central
<https://www.ifebp.org/News/FeaturedTopics/HCRC/>

The Kaiser Foundation
 Health issue resources
<https://www.healthcare.gov/>

WHY THE NLA ADVANTAGE STOP LOSS PRODUCT IS OFFERED THRU HCC?

By: Peter Johnson – HCC Life and Ruth Gillan – Knight International



NLA Advantage Medical Stop Loss

The well-known saying, “You get what you pay for,” holds true when purchasing catastrophic coverage for health plans. Many self-funded Health and Welfare funds have experienced this reality the hard way. Chasing an underpriced rate from a low-rated, unknown risk taker can be a dangerous wager. Imagine purchasing a policy from said risk taker and a catastrophic event occurs. The reimbursement is denied or not paid for many months. Negotiation and intervention of claims dollars is non-existent. Now, the fund has lost twice. They suffer a cash flow hardship and carry the burden of poor claim history that has been paid at inflated prices, thereby affecting premium calculations for years to come. It may have been the lowest price on the spreadsheet, but what is the total cost of purchasing a lesser quality product?

Participation in the NLA Stop Loss program with HCCL is a positive step to take control to mitigate rising healthcare costs.

During the last year, Multiemployer funds have seen major changes in the United States healthcare environment. Due to government reform (ACA), the impact of increasing healthcare costs and elimination of annual dollar limits, the health care environment is primed for the self-funded marketplace to grow rapidly. Many funds have and will be entering into new liability/responsibilities and are urgently looking for any way to save

money or contain costs. Scrutiny of wasteful spending concerning medical care dollars will continue to escalate. HCC Life has been at the forefront of healthcare, working as an advocate and partner, pursuing situations that positively impact claims dollars paid to a provider. These actions directly translate into savings on fixed premium costs and better claim history that leads to lower costs for years to come.

Prudent underwriting and a strong proactive claims division working together have had a tremendous positive result to funds’ bottom lines and solidified HCC Life as a leader and innovator in the self-funded marketplace. When comparing the proposals of potential stop loss carriers, it’s important to not only consider the price but also consider what comes with it, such as promise, reputation and experience of that entity.

Participation in the NLA Advantage Stop Loss program with HCCL is a step to positively take control to mitigate rising healthcare costs. Briefly described below are the four units that are watching out for NLA Advantage members.

- **Exclusive agreement with Mayo Clinic** offers our medical stop loss policyholders access to world-renowned care at a cost-effective price from any of the prestigious Mayo Clinic locations.
- **Preliminary Claim Unit (PCU)** helps policyholders reduce wasteful spending by partnering with

preferred vendors to offer bill audit services, access to passive networks and specialty review for medical appropriateness. Our large size and solid reputation allow for better negotiation power on behalf of the plan.

- **Specialty Claim Unit (SCU)** provides early case intervention for transplant and neo-natal claims in an effort to reduce costs to the plan and improve patient outcomes.
- **Logix** is HCC Life’s new value-added service that is staffed with nurses to identify opportunities to protect policyholders’ assets under their specific deductibles.

In addition the NLA Advantage has partnered with Knight International, streamlining the process and providing access to HCC Life value-added services.

The ability to lock in underwriting rates and factors early gives funds a comfort level to finish shopping and not wait and wonder if last-minute claims will negatively affect rates or coverage. Disclose early, lock-in early. Policyholders can lock in as early as **180 days** prior to the effective date and finalize Medical Stop Loss rates and factors with only six months of claims experience. Cases can be wrapped up earlier and everyone can breathe easier knowing that there is no potential gap in coverage.

Early Lock Down Advantages and Benefits

- Finalize cases early
- Great for budgeting
- Security that there is no potential gap in coverage

- Ease of transition
- Remove final underwriting for late potential claims that overlap two contract periods.

Elimination of Disclosure Statement for New Business

The medical stop loss disclosure process can sometimes be lengthy for all parties involved. It includes the disclosure of paid claims in the current year, potential ongoing claims exposure for the upcoming plan year and the obtainment of a completed disclosure statement signed by the fund.

Under the NLA Advantage HCC Life will not require a fund-signed disclosure statement when the appropriate reporting is provided.

Knight International will work with administrators to identify the reporting needs from each claims payor, and upon approval, we will waive the requirement for an employer signed disclosure statement for new business.

Knight International will work with administrators to proactively identify what reports meet these criteria for waiver. This review can take between 30-60 days to complete, but once the reporting data for NLA Advantage

underwriting is approved, HCC will agree to accept those reports in lieu of a signed disclosure statement. HCC Life will provide communication to Knight International noting the final rates and waiver of the signed disclosure statement on each new business case with the lock-in letter.

Premium Credits

The NLA has also been able to negotiate premium holidays for groups that participate in the NLA Advantage product. This illustrates the partnership that has been developed, limiting underwriting profits for a well-performing block and reinvesting back into funds. We are striving to find ways of working together with funds to limit exposure and proactively reduce or slow down increasing costs to our health care.

When you purchase an intangible product or a “promise” to pay if an events occur, ask yourself: Who is making that “promise” and what is the reputation, size, contracts, and financial ratings of the entity that is offering contract? Take a step back and look at the big picture. Ask yourself this question: “What do I get for this price and how will it affect the total cost and sustainability of the plan?”

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Join us for NLA Advantage Webinars; see www.nlahcc.org for more information.

June 2013 Annual Meeting of Coalition Directors & Consultants



EXECUTIVE COMMITTEE MEMBERS

Robert Tessier

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Taft-Hartley Funds

Louis Malzone

Executive Vice President

Massachusetts Coalition of
Taft-Hartley Funds, Inc.

Linda Vincent

Treasurer

Affiliated Health Funds

Michael J. Asher

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Sullivan, Ward, Asher & Patton, P.C.

Kristina Gaughan

Secretary

Midwest Employee Benefit
Funds Coalition

Douglas Rubbelke

Executive Director

National Labor Alliance of
Health Care Coalitions

James E. Conlon, Jr., FSA, MAAA

Principal & Consulting Actuary
Milliman

OPTUM CREDIT BALANCE RESOLUTION AND PAYMENT INTEGRITY SOLUTIONS

AIM



Optum™ and NLA Relationship

Since 1999, Optum and the NLA have worked together to provide credit balance and payment integrity solutions to member funds. Our long-term relationship allows Optum to develop and deliver comprehensive services tailored to benefit members. Today, 125 funds are contracted with Optum for customized solutions.

Credit Balance Resolution Service

You have a system to identify overpayments—but what if something is missed? Even a few recurring errors can cost your organization. With Optum's Credit Balance Resolution service, we help research and resolve inventory of credit balance accounts that can cost funds. Our solution supplements NLA initiatives and delivers information that enables funds to better recover overpayments, prevent recurring errors and provide actionable reporting.

Our Credit Balance Resolution service provides on-site and remote location professionals to identify the procedural and system issues that cannot be seen without access to provider data.

- Optum uncovers and resolves credit balances at more than 1,700 provider facilities nationwide.

- Our reviews routinely uncover opportunities for prevention of future overpayments.
- Optum provides confidential, quarterly benchmarking summaries that compare a payer's performance against the industry as a whole.

Optum's detailed root-cause error documentation helps NLA funds to work collaboratively with providers to discontinue processes that lead to ongoing errors and resolve inventory of credit balance accounts to positively influence fund costs.

Payment Integrity

Funds are faced with unprecedented internal and external challenges that make efficient claims management a necessity. Optum understands these challenges and offers NLA funds a comprehensive set of prospective and retrospective solutions that can help strengthen the payment cycle to achieve accurate transactions that improve relationships and reduce costs.

As a true partner to the NLA, Optum provides extensive expertise, rich data resources and innovative analytics tools that build on funds' knowledge of their enterprises and membership to deliver a fresh perspective on their business.

This holistic approach allows Optum to help NLA funds:

- Identify and recover inappropriate claim payments and overpayments
- Simplify and reduce the administrative cost of the payment cycle
- Avoid and prevent inappropriate claim payments and overpayments
- Drive out unnecessary and inappropriate medical costs

Optum's comprehensive payment integrity solutions and flexible approach provide NLA funds a competitive advantage as well as a proven return on the investment in the technology and services.

To learn more about Optum's Credit Balance Resolution and Payment Integrity services and how they can help reduce costs, please contact Nick Ridings.

**Optum, a leading health services business, provides operational and administrative efficiency solutions (credit balance services were formerly offered through AIM Health).*

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NLA ANNUAL MEETING

June 2013
Minneapolis, MN



Above: LMHCC Board Members Joan Braun and Greg Massey



OVER 30 YEARS OF SUCCESS



ACCREDITED



Since 1983, the American Institute for Preventive Medicine has been internationally recognized for its ability to present health information in ways that increase engagement, motivation, and behavior change. It was one of the first five companies to receive URAC Accreditation for Comprehensive Wellness. Our expertise in reducing health care costs and absenteeism, while increasing productivity, has helped over 250 Taft Hartley funds and 13,000 corporations, hospitals, MCO's, benefits consultants, TPA's and government agencies. AIPM products have received awards from the Centers for Disease Control and Prevention, Department of Health and Human Services, President's Council on Physical Fitness and Sports, and Association for Worksite Health Promotion.

Total Wellness From Start to Finish

AIPM is uniquely positioned to be the only Wellness provider you need. From assessment to evaluation, in over 30 years we have developed the most complete suite of wellness offerings. Just as no two union populations are the same, no two wellness programs should be the same either. Let our experienced wellness consultants' help you design a program that will be effective for your Trust.

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The CALMER™ Approach

We have identified six key areas that should be included in your effort to create a culture of health. It's the CALMER approach:

C – Communication

Newsletters | Calendars | Posters | E-mails | Handouts

A – Assessment

Health Risk Assessment | Biometric Screenings

L- Lifestyle Enhancement

Health Coaching | Health Improvement | Healthy Sleep | Weight Loss/Nutrition | Tobacco Cessation | Stress Management | Online Wellness Challenges

M – Medical Self-Care

Family Health | Senior Health | Children's Health | Student Health | Women's & Men's Health | Emergency & First Aid

E – Education

Trackers™ | CareKits® | Permafolds® | Magnets | Be Well Cards™ | Posters & Flyers | CareCards™ | CareToons™ | Video Clips | Mental Health | Incentive Management | Disease Management | Total Health™ Program | Custom Products

R – Reporting

Custom Reports

APRIA HEALTHCARE



APRIA HEALTHCARE®

"Apria Healthcare" is the nation's leading provider of integrated home healthcare services and equipment, serving over two million patients annually in all 50 states. Headquartered in Lake Forest, CA, Apria employs more than 14,000 healthcare professionals in more than 500 branch offices across the nation.

Services Offered

Oxygen Therapy – a full range of oxygen systems solutions and clinical and patient support services to meet patients' medical and lifestyle needs, including concentrators, gas cylinders and various ambulatory options.

Nebulized Respiratory Medications – provides a broad range of respiratory medications and equipment to meet patients' needs. Apria Pharmacy Network (our licensed pharmacy) ships prescribed respiratory medications directly to patients' homes.

Sleep Management – As a leader in positive airway pressure (PAP) therapies, Apria strives to help patients stay on their therapy through a combination of targeted education, equipment training and comprehensive follow-up protocols.

Home Tube Feeding – Enteral nutrition program features a network of clinically skilled Registered Dietitians, a specialized customer service team providing up-front patient education, and ongoing clinical support and

Continued on page 8

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monitoring. Apria offers a complete product and pump formulary to meet each patient's needs. Once needs have been assessed, enteral supplies are provided to him or her at home.

Home Medical Equipment – A comprehensive product line that includes hospital beds, ambulatory aids, patient room equipment and bathroom safety items, Apria is the nation's leading provider of home medical equipment.

Quality and Savings

Apria Healthcare has the most comprehensive product and service line available. Through our COPD

Care, Sleep Management and Tube Feeding programs, we help ensure patients receive the care they need.

Patient Outcomes

Apria is committed to focusing on the outcomes of people who receive our services. We offer comprehensive patient education, clinical assessments and ongoing monitoring to identify additional patient needs.

Patient Satisfaction

Patient satisfaction is at the core of everything we do. The lives of those we serve are directly impacted by the care we provide, and it is our commitment to provide top quality service.

Nationwide Leadership

Extensive Medicare experience and the largest network of payor contracts ensure that Apria is positioned to provide care to more patients. We take our role as the nation's largest provider of home healthcare services seriously, acting as an industry-leading innovator.

CONTACT:

Dean Paré
Director of Managed Care

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Fax: 949.380.5530

MORE SAVINGS WITH FREE PRESCRIPTION DISCOUNT CARDS! DOWNLOAD YOURS TODAY!



Formed last year by the merger of two long-standing companies, Catalyst Rx and SXC Health Solutions, Catamaran provides prescription benefit management (PBM) services for over 25 million members nationwide, including organized labor.

"The prescription drug benefit is the most utilized benefit offered by any health and welfare fund so it's important to make sure that it is managed correctly," said Jon Reid, Vice President of Catamaran's dedicated Labor and Trust division.

Catamaran works with Trusts to provide members with an identification card that they show at pharmacies to buy drugs covered by their insurance, and it works behind the scenes to ensure that patients receive drugs and treatments that are safe and cost effective.

"We differentiate ourselves from our competition," Reid said, "by providing flexible solutions that are tailored to each client's needs and through individualized customer service that reaches members in any way they choose, whether via phone, internet or mobile device."

Catamaran gives members tools via the internet and mobile applications to research their best options, such as finding a generic drug that is a less expensive alternative to a brand drug.

"Our computer system enhances drug safety by tracking all the prescription medications taken by an individual and raising a red flag if a medical provider orders a drug that is incompatible with another prescribed to the same person."

Reid said he enjoys assisting union health trust funds in delivering benefits. "For me it is about preserving benefits and saving money for America's working families." A unique benefit Catamaran offers that is especially attractive to the building

and construction trades is the ability for unemployed members who lose their union benefits to still use their Catamaran identification card to obtain drug discounts of up to 85% at their local pharmacy.

"It is not unusual for workers in the building trades to work sporadically, especially in the recent economic downturn," Reid observed. "This allows them to continue to save money on drugs even when their insurance runs out."



Download your personal benefit card today at www.nladiscountrx.com

CONTACT:

Pharmacy Help: 1.877.459.8474
Customer Care: 1.888.277.3911
Website: www.nladiscountrxcard.org

EPIC HEARING HEALTHCARE



Hearing Loss: Overly-Prevalent, Under-Insured

One of the major causes of hearing loss is ageing. Hearing loss is a natural byproduct of getting older. Our hearing abilities decrease in our forties and when we reach our mid sixties, more than half of us suffer from significant hearing loss. What is more eye-opening, is the financial consequence of untreated hearing loss.

With more than half of the hearing-impaired population of working age, studies would suggest there is a substantial income differential between people with mild to severe hearing loss and those who do not have a hearing impairment.

In fact, people with untreated hearing loss can lose as much as \$30,000 in annual income! Not an insignificant sum. (*Sergei Kochkin, MarkeTrak VIII, 2009*)

Another common reason for hearing loss is exposure to noise. Technology plays a big role in the increasing incidence of loss, namely i-Pods, surround sound systems, Blue Tooth technology and noisy restaurant ambience. Other chronic health issues can play a prominent role in hearing health decline as well. For example, numerous studies performed within the past 10 years suggest that health issues such as obesity, smoking,

and diabetes contribute to hearing loss. And, lastly, noisy vocational environments such as those of the Operating Engineers, Carpenters, Iron Workers, Printers, Electrical Workers, etc. pose a serious threat to one's hearing health.

Unfortunately, once hearing loss occurs, it's not reversible; there is no "purple pill" that will cure it. For 90% of hearing loss the only treatment accommodation is hearing aids, and they can be quite costly with the average price ranging anywhere from \$1,700-\$2,100. Yet, most major medical plans and even Medicare do not cover hearing aids. The EPIC Hearing Service Plans supplement this gap in coverage in the traditional benefit package, providing your members affordable access to hearing benefits for diagnostics and hearing aids.

EPIC Hearing Service Plans (HSP)

Through our national network of Ear Physicians and Audiologists, EPIC's HSP gives coalition members and their families access to quality hearing care and substantial savings on brand name hearing aid technology. HSP options include: Insured Plan, ASO Plan (coordinates with self-funded hearing benefits; ASO fee waived for Coalition Member Funds) and our Value Add Plan, which is "Free" to coalition members.

All Hearing Service Plan Options Include:

- Waived access fees to coalition member funds
- Fixed pricing nationwide representing savings of 40-60% off MSRP on manufacturer brand hearing instruments and accessories (starting as low as \$495)
- On-call member support
- Three-year extended warranties
- Free supply of batteries
- Utilization Reporting

CONTACT:

For more information contact our team at EPIC Hearing Healthcare (1.877.606.3742).

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2013 ANNUAL IFEPB CONFERENCE

EPIC encourages you visit us at this year's IFEPB conference at booth #418 and at the health island #525 to get your free hearing check. Meet with us and discover how easy it is to offer hearing benefits to your members.

LEADING THE WAY ON EXCHANGES



TOWERS WATSON 

Late last year NLAHCC signed an agreement with Extend Health to offer the nation's largest private Medicare exchange to our Regional Coalitions. Extend Health has had some major developments since then. Last spring, Extend Health was acquired by Towers Watson, a global professional services company that offers benefits, talent management, rewards, and risk and capital management solutions.

Now that Extend Health is part of a larger organization, you will be seeing the name Towers Watson more often. The people, innovation, technology and service ethic that defined Extend Health have become a new Towers Watson business segment, known as Exchange Solutions.

The exchange platform originally designed for private Medicare coverage has expanded to offer exchange solutions for full-time employees; part-time, seasonal and contract employees; early retirees; and dependents of all these populations. The broader exchange foundation is known as OneExchange, and it's the only

private exchange that offers this full range of exchange solutions under one roof.

The NLAHCC's relationship with Towers Watson continues to be based in its private Medicare exchange. However, we now have access to research and solutions that are working for public and private companies and other labor coalitions.

Towers Watson just released its annual Health Care Changes Ahead Survey on new health benefits trends such as trends in retiree health benefits.

The survey of 420 midsize and large companies found that many organizations are considering a move away from traditional group health coverage for Medicare-eligible retirees – 25% are contemplating it for 2014, increasing to 44% in 2015. As we did, many of these organizations will be looking at private Medicare exchanges because they offer organizations predictability in costs while allowing them to contribute to retirees' coverage – all while putting choice in the hands of the retirees along with one-on-one sessions with a licensed benefit advisor for guidance.

Such changes in retiree coverage will also be paralleled by changes

due to health care reform. You should know that the exchanges making the news headlines – public exchanges run by states or the federal government – are largely geared towards non-Medicare populations. While the Patient Protection and Affordable Care Act (PPACA or the ACA) has made some changes to Medicare, such as charting a path to closing the donut hole in prescription drug coverage, any Medicare changes will be seamlessly incorporated into the plans our retirees are offered on the exchange without our having to administer plan changes or communicate to our members.

That's just one of the benefits of working with a private exchange – reduced administration and one-stop communications. The greatest benefit of the exchange to us, however, is helping our retired members get the most out of their Medicare coverage.

CONTACT:

For answers to any questions on our private Medicare exchange solution or how health care reform could impact us, contact:

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Website: idtheftsolutionsusa.com

IFEBP ANNUAL CONFERENCE 2012

Pictured left to right:
Dean Pare' - Apria Health,
Doug Rubbelke - NLA,
Ruth Gillan-Knight International,
Stop Loss



IDENTITY THEFT PROTECTION

ID Theft Solutions

The National Labor Alliance of Health Care coalitions has done thorough research before offering you the services provided by us at ID Theft Solutions USA. We are not the typical identity theft company you may have seen or heard of in the media. Other companies notify you through monitoring when your identity has already been compromised and then do little to assist you once it has happened or homeowners insurance which may pay for the photo copies and some lost wages, but it is still incumbent upon the victim to correct the problem.

Here at ID Theft Solutions USA our primary responsibility is protecting you in advance of an identity theft and then recovering your losses and restoring your identity and credit if you have become a victim.

Our company was founded with, and is comprised of, current

and retired law enforcement professionals, some of whom have themselves been the victims of identity theft. Through their experiences, both personally and professionally, ID Theft Solutions USA has developed a comprehensive educational Identity Theft Risk Reduction Guide that will be provided to you upon enrollment in our services.

If your identity is then stolen we provide Recovery Specialists who are comprised of active and retired law enforcement officers who work for you in a fully managed recovery and restoration process to bring you back to pre-theft status.

There is no way to prevent identity theft, only ways in which to minimize your exposure. ID Theft Solutions USA provides you with

the tools to lessen your risk of identity theft. Then, if it does occur, we do all of the time-consuming hard work for you to restore your credit and recover your lost identity. The National Labor Alliance of Health Care Coalitions realized that this method is the best way to protect you from identity theft and that ID Theft Solutions USA is the premiere choice, offering you this protection. Because of our relationship with the National Labor Alliance of Health Care Coalitions we are able to offer this protection for an incredibly low monthly cost of \$6.95 for an individual plan and \$7.95 for a family plan which covers all family members under the age of 26.

CONTACT:

IDTheft Solutions Call Center

**Phone: 1.855.728.8743
(1.855.RCV.URID)**

NLAHCC COALITION MEMBERSHIP LIST

NORTHEAST REGION

Connecticut Coalition of Taft-Hartley Health Funds, Inc.
Delaware Valley Health Care Coalition
Health Care Cost Containment Corporation
Health Care Payers Coalition of NJ Labor Health Alliance
Massachusetts Coalition of Taft-Hartley Funds, Inc.
New York Labor Health Care Alliance
SEIU Affiliated Trust Funds

MIDWEST REGION

AEPC (AFL-CIO Employer Purchasing Coalition)
Labor/Management Health Care Coalition of the Upper Midwest
Midwest Employee Benefit Funds Coalition
Northwestern Ohio Administrators, Inc.
Ohio Valley Health Care Alliance
WisconsinRx and National CooperativeRx

WEST REGION

Affiliated Health Funds
California Public Employer/Employee Trust Fund
Health Care Cost Management Corporation of Alaska
Nevada Health Care
Rocky Mountain Health Care Coalition
Western Health Care Coalition, Inc.

CANADA

Atlantic Canada Health Care Coalition Society

INTERNATIONAL LABOR UNION

Sheet Metal Workers' International Association



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Please visit our website at
www.nlahcc.org



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newsletter electronically
please visit our website.

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“Quality and Value Based Benefits”



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