

## ASK THE WELFARE FUND

March 2008

**Question:** I am an active Assistant Principal, and need major dental work. The dentist I usually go to just informed me that he is no longer participating in our plan and, if I go to him, it will cost me a lot of money. Why is he no longer participating, and what can I do?

**Answer:** While I cannot provide a definitive answer as to why your dentist will no longer participate in our plan, I would guess it is do to our reimbursement levels. Admittedly, our levels have fallen a bit behind other plans. A reason for this was the long period of time between contracts. Contributions for the welfare fund on your behalf are negotiated, along with salaries and work rules, during collective bargaining. When a contract agreement is reached, the amount and timing of welfare fund contributions is included. In our latest contract, the welfare fund contribution will not be increased until December 2009. The Trustees of the Fund and I are very aware of the need to improve our dental program, and will make that a major priority when allocating the increased revenue when it is available.

**Question:** I am a day care director in Brooklyn. My son graduated from college in May, and was fortunate to get a job, on Wall Street with benefits, beginning in June. When the stock markets fell, he was laid off. How can I get medical coverage through the center and fund for him

**Answer:** unfortunately, neither your coverage through the center nor the welfare fund can provide him COBRA. COBRA coverage, which is a continuation of benefits provided an employee or dependent upon loss of coverage ( such as loss of employments, divorce, or graduation from college) must be provided by the last place that provided benefits. Since your son had benefits through his employment, that is where he must go to get COBRA coverage.

**QUESTION:** I am a Principal, and recently came down with a severe cold. My doctor rprescribed an antibiotic and decongestant. I insisted that I receive a prescription for a generic antibiotic, but it still cost me \$ 35 for a week's supply. Isn't this a mistake?

**Answer:** First, I thank you for insisting on a generic medication where possible. Generics save both you and the fund a great deal of money. Your antibiotic purchase was likely the first purchase at a local pharmacy this year. As such, it is subjected to the annual \$ 50 per person, \$ 150 per family deductible. You decongestant purchase likely used the balance of the deductible, and you paid a percentage of the remaining cost for that medication. The good news is that you have now satisfied your deductible and, should you need an antibiotic later in the year, you will only pay the applicable co-pay perentage.