

**Below are some considerations for our members for the 2012 Benefit Renewal which runs
Nov 1 thru Nov 15**

KNOW YOUR FACTS: ENROLLMENT 2012

- In a letter with your enrollment packet, VZ decided to provide their bargaining agenda instead of discussing the process of enrollment. Please continue to consult your Union on any bargaining questions you have. Other company's benefits should be of no relevance to a good contract with Vz.
- **CWA suggest that you to make any Benefit Renewal election changes via the phone to the Verizon Benefits Center (VBC) at 877-489-2367.** These are recorded calls and there will be no dispute as to your intentions or that you called in. The Web is an option, but if you make a mistake, the VBC is unwilling to correct the issue. If you use the Web, **print a confirmation** of election changes.
- Verizon will **not** be sending out a letter to you showing what coverage you have presently. To be sure that you are showing the correct coverage for 2012, members should call the VBC for a full benefits renewal package and a hard-copy of all coverage and comparison charts available to you.
- Benefits Renewal for Verizon runs from 11/1/11 through 11/15/11. If your package comes after that timeframe, you still may make election changes up until 12/31/11; this is called the "correction period" and is available to fBA (former Bell Atlantic) employees. Do not wait until the last minute. You **must** call the VBC for any changes after 11/15/11 for you will not be allowed to make changes via the Internet. Make sure you receive a written confirmation of any changes/corrections before 12/31/11.
- **Confirm your coverage-** make sure that no mistakes have been made. Confirm that all your **dependents show coverage across the board (medical, dental, vision, etc.).** Common benefits problems include: Verizon showing you in the wrong health plan, dependents being dropped, young children not showing coverage for all benefits- Medical, Dental and Vision-regardless of age, Flexible Spending Account deductions rolling over to the next year when the member really wanted to stop/increase/decrease deductions, Full Time Students dropping from coverage, and sponsored parents being dropped.
- Recertification of Students. This year recertification will be handled during Benefit Renewal. Members should review their dependents carefully to insure coverage for 2012. **Failure to certify student status will result in loss of coverage on Jan 1, 2012.**
- If your child is not longer a full time student, is under age 26 and has no access to purchasing health care coverage IE from an employer etc, they can remain on your coverage until the end of the month in which they turn 26. They are only eligible for Medical coverage, no Dental or Vision.
- **Verizon has changed their Plan design to require a \$150 hospital deductible per confinement,** to all of their HMO plans. HMOs are not a bargained-for plan; they are simply offered to the members as an alternative. The MCN and MEP/PPO plans are the Union bargained-for plans. This is an opportunity for our members to review their coverage and consider the bargained-for MCN or MEP plans where offered. Neither of these plans have the hospital deductible.
- Before switching to another plan, members should be encouraged to check with their doctor's office to ensure their participation in any alternative plan considered.
- Spousal Surcharge review. ***IF*** the spouse or same-sex domestic partner (SSDP) has a base salary of more than \$25K, ***and IF*** the spouse is required to contribute less than \$900.00/yr. for individual coverage (the least expensive plan offering) ***AND only IF*** the spouse waives coverage from their employer, ***THEN*** the member is responsible to enroll in the Spousal Surcharge. The charge is \$40.00/month. **All three scenarios must apply for a member to be responsible for the \$40.00 surcharge.** Under no circumstance should the spouse be dropped from coverage.

- **Medicare**-Members may become eligible for Medicare when they turn 65 years of age or earlier if due to a disability. For Active members and their dependents that use Verizon's medical plan for their coverage, Verizon's coverage is still their primary medical coverage. They do not have to take Medicare Part B until they retire. For Retired employees and their dependents that are eligible for Medicare, once they retire, they have to take Medicare Parts A & B by the first of the month after they retire. Our members do not need Medicare Part D (Rx plan). Medicare becomes the primary coverage plan and the Verizon medical plan become the supplemental/secondary coverage.

RETIREES-If you are already retired and you or your dependent becomes eligible for Medicare, you **MUST** enroll in Medicare **PARTS A & B** (you do not have to enroll in Part D) to ensure the minimum out of pocket expense for your coverage. Medicare Part A is your hospital coverage and is free; Medicare Part B is the medical coverage, which includes but is not limited to, doctor visits, lab visits, outpatient charges, etc. and **has a monthly premium**. **It is very important that you enroll in both Parts A & B for Medicare. Without Part B, your supplemental/ secondary insurance will not pick up any costs.** As stated previously, Medicare Part D is for prescription medications and, at this time, you do not need this coverage.

Medicare Part B has a monthly premium that will be deducted from your social security payment but Verizon reimburses a portion of that payment -- \$29.90 per month. For reimbursement, you **must** contact the Verizon Benefits Center. You can receive your reimbursement quarterly by direct deposit or annual by check. *Please check with your Union if you have any questions for there are exceptions to the rules.*

- **NOTE: Verizon will no longer be sending your Statement of Coverage or any Health Plan Comparison Charts (HPCCs); to receive a copy of the statement or a hard copy of all options available to you, please call the VBC at 877-489-2367 (enter the last four digits of your SS# and your date of birth and at the first menu option, say "benefits center"; enter no password and you will be connected to a live person). Remember, you have until 12/31/11 to make any changes as fBA associates. But it is advised that you do not wait until the last minute.**

Any problems, issues, or questions may be referred to:

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