



# FOREMEN'S UNION

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BULLETIN

AUGUST 2014

## MEMBERSHIP MEETING WEDNESDAY, SEPTEMBER 3, 2014

### 7 PM AT THE CRUISE TERMINAL

**THE ANNUAL LABOR DAY PARADE MONDAY SEPTEMBER 1, 2014:** There will be a "Burrito Bonanza" Breakfast at the **ILWU Memorial Hall, 231 W. "C" Street, Wilmington from 7:00 a.m. – 9:30 a.m.** The March to Banning Park will begin at **10:00 a.m.** on the corner of "E" Street and Broad Ave. in Wilmington assemble at 9:00 a.m... We encourage all our members and their Families to participate in the march. There will be Music, BBQ and soft drinks available at Banning park following the parade. Please come out and support the Labor movement.

**LABOR DAY'S HOLIDAY PAY SCHEDULE:** **Monday September 1<sup>ST</sup>** is a **NO** work day (except for rails, military, passenger, or perishables) and a **paid holiday**. To be eligible for Labor Day holiday pay, you **must** work or be available for work at least 2 days of the week, **Tuesday through Friday. Monday September 1<sup>ST</sup>** does not count as one of the days. Flops do not count as a day of availability. Vacation claims **must** include **Monday through Friday** of the respective Holiday week and filed with the office prior to the Holiday.

**HOLIDAY DISPATCH:** We will be dispatching **Sunday August 31<sup>st</sup>** between **4 pm and 5 pm** for Sunday night, any work that we may have on **Labor Day** (day or night) **Monday September 1<sup>st</sup>** (Rails, Military, Passenger, or Perishables only) and for **Dayside Monday September 2nd.** **Please when checking in be clear on what shift you are checking in for.**

**10<sup>th</sup> ANNUAL ILWU TRI-PARTY GOLF TOURNAMENT:** Will be held at the La Quinta Resort & Club on **September 19<sup>th</sup> thru 20<sup>th</sup>** to support Miller Children's Hospital. Golf will be played at the Stadium Course and the Nicklaus Tournament Course. Anyone wishing to Donate or Sponsor a Hole Please Contact Mark Grgas 310-808-7654, John Dadich 310-218-9860, all Proceeds go directly to the Children (who need it the most). **All Donation are Tax Deductable.**

**Saggiani Rule:** It has been reported to the office that some employers are not following the agreed to protocols regarding the Saggiani rule (SCWB-0026-2013). If you are having any issues, problems, or just need some clarification please contact the office.

**Contact Information:** Current phone numbers and addresses must be kept up-to-date in the office. Information is mailed out monthly to help keep you up-to-date on what's happening. **Members have missed out on job opportunities due to the fact that they did not have a working phone number on file.** Please don't let that happen to you.

**Contract Negotiations:** President Miranda is still in San Francisco for our 2014 Contract Negotiations. They are still working on our Maintenance of Benefits (MOB) and any updated information will be reported at our Union Meeting.

**Dispatch Rule #8: Hall Foremen Shall Take Comebacks Or Call A Replacement.**



## **5 reasons why health insurance bills get delayed or not paid:**

### **1. Your insurance company made an error.**

Anyone in the industry can tell you that insurance companies are notorious for inconsistent information, and this unfortunately applies to essentially every part of the insurance process. To protect yourself, get in the habit of documenting the date, time and call reference number every time you contact your insurance company. By doing so, if and when something occurs, you have the leverage to dispute your claim because it was ultimately the fault of representatives of the company. For example, if you call to verify that a provider is in your network, and you end up billed for out-of-network services, you'll be able to reference your original call and get your bill reduced.

If you have a question once you get your bill, always call your insurer to ask how the claim was processed and how the amount covered applied to the service. You will receive varied replies, but often, the person at the insurance company will catch a mistake and have it reprocessed.

### **2. Your provider "accepts your insurance" — but isn't in your plan's network.**

Many people think that it is sufficient to verify that your doctor "accepts your insurance," but this doesn't mean you're totally covered. Many physicians will "accept your insurance," in that they will bill your insurance and accept payment, but this doesn't mean that the doctor is in your network. After your appointment, the doctor's office can "balance bill" you, meaning that you will be charged the difference between what was billed and what your insurance paid.

### **3. Your free annual examination wasn't billed as a free exam.**

The Affordable Care Act mandates that annual exams be free — how can this possibly go wrong? Quite easily, it turns out. If you go to your doctor for your free exam but have something else done that isn't considered part of the free exam, the entire exam is billable. For example, if you go in for an annual exam and ask your doctor to look at your ear because you've had an earache, the exam can be billed as an examination with diagnosis, which is no longer free. Before asking for additional services during your free exam, check with your doctor that it won't be billed as an exam with diagnosis.

### **4. Your insurance company practices "bundling."**

"Bundling" occurs when a secondary procedure is considered to be part of a primary procedure. Think of a carpal tunnel procedure: A surgeon will often consider the incision and the carpal tunnel procedure as separate charges. A problem arises, however, when the insurance company considers the incision as part of the carpal tunnel procedure and "bundles" the two charges. In this case, the insurance company will pay only for the carpal tunnel procedure, leaving you to pay for the incision.

Bundling cases are interesting, because sometimes, the doctor is correct, and sometimes, the insurance company is correct. These cases require research into the billing codes used, what occurred during the procedure, and the specialty's (i.e., orthopedics vs. cardiology) standard billing practices.

### **5. There's missing information.**

Often, insurance companies will request additional information from the provider, and for whatever reason, the provider does not give the information or it gets lost in processing at the insurance company. If you are not diligent in following up when you receive an insurance statement indicating that nothing was paid, your claim may never be paid. These cases are easily remedied, but you — the patient — must follow up to ensure that the insurance company receives and processes the requested information.

In Solidarity:

Daniel G. Miranda  
President

Edward Alexander  
Vice President

Mike Trudeau  
Secretary – Treasurer

