



LOCAL 2-21 C.A.T. Letter

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Brothers and Sisters,

With the recent rollout of new carriers and administrators for our benefits package we've seen a vast array of issues arise. If you follow the Union's message board, you're already well aware of these issues. This CAT letter will hopefully bring everyone up to speed on the current status of these changes and the subsequent dilemmas that will affect each and every member in one degree or another.

The Health Reimbursement Account (HRA) Plan that we have as our primary medical care coverage is now being administered as a traditional reimbursement plan. While our benefits remained the same, the way they're structured has changed dramatically. Our previous carrier, Anthem, allowed the Company's initial deposited funds (\$500/\$750/\$1000 depending on coverage plan) to be deducted automatically for doctor's appointments, prescriptions, co-pays, and other incurred healthcare expense. As of January 1st, Blue Cross Blue Shield of Tennessee (BCBSTenn) took over this plan and they require members to pay these costs upfront and then file a claim for reimbursement. Please visit MyVersoBenefits.com and select the appropriate tab to access these forms. There is also a form for direct deposit reimbursement. The Flex Spending Account (FSA) will now have a similar format whereas previously we were issued debit cards and the money was available directly for utilization, we will now need to pay upfront and request the reimbursement through a claim form—no debit cards will be issued. These too can be found at the benefits website. I will be printing copies of applicable forms to be made available in time clock alley. As it stands, we've reached out to LeeAnn Foster, assistant to Leo Gerard, from USW International and she is researching the notes from negotiations to see if these specific aspects are being administered outside of the bargained agreement. The difference between how the plan worked prior and moving forward has to do with how Blue Cross and Anthem operate individually more than it is someone arbitrarily checking a box choosing one method over another.

Those who follow their 401(k) plans through the AonHewitt website may have noticed that they no longer can access their fund management through the website as Aon's contract expired 12/31/15. Verso is still shopping for the 401(k) vendor and has proposals from several potential providers. They are looking to transition to the new carrier by June '16. Each member should've received a postcard from Empower signifying this change and future management can be done through Empower's website.

Pension administration has transitioned to Transamerica and you can access this information at trsretire.com. Additionally, several members have mistakenly been sent Evidence of Insurability forms for their elected additional life insurance policies. The additional coverage was guaranteed and as long as you did not buy up coverage exceeding a \$500,000 threshold you are not required to fill them out.

Express Scripts is still a prescription provider, but you may have to update your password and/or login information. There is a link to this on MyVersoBenefits.com as well. I also encourage members to utilize the Verso One Number to get answers to their questions 1-800-422-6103.

It's imperative that we work together in determining the impacts of these changes and help communicate only verified and legitimate information as opposed to rumors or allegations. Decisions made about healthcare have very serious implications and should be made based on sound information. Thank you everyone for your patience and input.


Gerald Kelli, Insurance Advocate