The Gauge

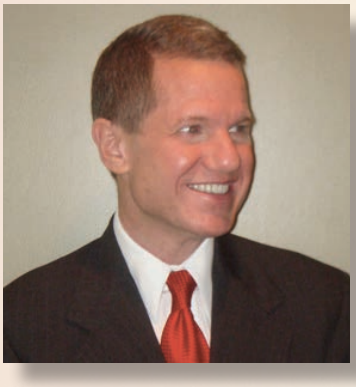
LOCAL 891 AFL-CIO

INTERNATIONAL UNION
OF OPERATING ENGINEERS

VOLUME 73 NUMBER 2

OCTOBER 2015

LOCAL 891 WAS STRONGLY REPRESENTED AT THE NEW YORK CITY CENTRAL LABOR COUNCIL ANNUAL LABOR DAY PARADE ON SEPTEMBER 12, 2015



PRESIDENT'S REPORT

Brothers and Sister,

I met recently with the Commissioner of the New York City Department of Buildings (DoB), Rick D. Chandler. We reviewed the requirements to become a High Pressure Boiler Operating Engineer. Specifically, we discussed the qualification many Custodian Engineers use to acquire the license. The Commissioner agreed to take a look at the way the building code is being interpreted for applicants that have at least five (5) years of experience in the direct supervision, care, operation and maintenance of a steam generating plant of a governmental building with boilers that have at least one-hundred fifty (150) horsepower and have one (1) year of experience working with high pressure boilers under the direct and continuing supervision of a Department licensed Engineer. The law has not changed, the code has not changed, even the application language has not changed, but the interpretation of that language by the DoB is different. They promised to get back to me, after a review of their procedures.

Our union has filed grievances on the lack of prompt approval of PO 2s by plant operations, which has led to unfair disallowances and unnecessary collection actions. We all know (sh)it rolls downhill. Do not be surprised that your plant manager is going to demand that you adhere to our Collective Bargaining Agreement (CBA); in reference to a PO2, the Custodian Engineer shall forward the report to the Regional Facilities Manager's office promptly within ten (10) business days of the date directed. Since the Department of Education (DoE) now requires that you submit your PO2 via computer, that is your submission. You do not have to deliver anything by hand and you do not have to submit a paper copy of the PO2, or PO1 for that matter, to the DoE. We are also involved in an arbitration to gain Union consultation, to which we are entitled under our CBA, before disallowances are issued. While we fight this stuff out, on your behalf, be sure to cover yourself. Verify that your PO2s have been approved, not just posted on your DAR and respond to audit reports in the time frame required. Please contact the Exceptions Committee Chairman Dan Morgan as soon as you receive your final audit.

The NYC Office of Labor Relations and Local 891 are set to meet to discuss the direct system of custodial operations. Exactly what that means to them is uncertain. Usually, "direct" would mean all custodial employees would work directly for the DoE instead of working for Local 891 members as they do now. Yet, during contract negotiations they have floated some other ideas that do not exactly meet that definition. How and when they plan to move forward has also not yet been discussed. Why do they wish to discuss the possibility of going direct? Local 891 has been informed, it is Mayor de Blasio's desire to have workers providing services to the people of our City be employees of the City. There are many questions and few answers at this time. I will promise you this, I will do what you have elected me to do. I will represent your interests and keep you informed to the best of my abilities. Local 891 will not accept changes that would endanger our future.

LOCAL 891 OFFICIALS CONTINUE TO REPRESENT YOUR INTERESTS

At a recent event, New York State Comptroller, Thomas DiNapoli and Queens Borough Chairman, Peter Maddaloni

New York City Comptroller Scott Stringer visits Business Manager Robert J. Troeller at Local 891 Headquarters

CITY OF NEW YORK HEALTH BENEFITS PROGRAM FREQUENTLY ASKED QUESTIONS FOR RETIREES

UPON YOUR RETIREMENT YOU WILL BE ENROLLED FOR HEALTH BENEFITS ON THE FIRST DAY OF YOUR RETIREMENT PROVIDED YOUR APPLICATION HAS BEEN PROCESSED BY THE HEALTH BENEFITS PROGRAM PRIOR TO THE DATE OF RETIREMENT (AT LEAST 3 WEEKS BEFORE YOUR RETIREMENT DATE). Make sure that you read the information below to ensure there is no break in your health plan coverage.

PRE-RETIREMENT PROCESS

1. What are the qualifications for eligibility for health benefits at retirement?

a. You have, at the time of retirement, at least ten (10) years of credited service as a member of a retirement or pension system maintained by the City (if you were an employee of the City on or before December 27, 2001, then at the time of your retirement you must have at least five (5) years of credited service as a member of a retirement or pension system maintained by the City). This requirement does not apply if you retire because of accidental disability; and
b. You have been employed by the City immediately prior to retirement as a member of such system, and have worked regularly for at least 20 hours per week; and
c. You receive a pension check from a retirement system maintained by the City.

EXCEPTIONS: Members of pension systems not maintained by the City may be eligible for health coverage pursuant to legislation or a collective bargaining agreement specifying such coverage.

2. How do I Enroll for Health Benefits upon Retirement?

After receiving written verification of your retirement date from your pension system, or your agency benefit representative, you must obtain a Health Benefits Application (can be downloaded from the OLR website) or from your agency's benefits office. This application is to be completed in its entirety by you AND certified by your agency's health benefits officer. The application can then be forwarded to the Health Benefits Program located at 40 Rector Street, 3rd Floor, NY, NY 10006, by either your agency or yourself for processing (please allow 2-3 weeks for processing). **Incomplete or uncertified applications will be returned to you unprocessed.** Your health coverage as a retiree will be effective your date of retirement. If your Health Benefits Application is not submitted to the Retiree Health Benefits Program within 31 days of your date of retirement, this constitutes a late enrollment, except in the case of a disability retirement. As such, your effective date of health coverage as a retiree will be the first day of the month following the submission of your application.

Special Note: If at any time after you submit a Health Benefits Program application, you either rescind your retirement, or change your date of retirement, you must contact your agency and ask the health benefits representative to notify the Health Benefits Program office about the change. Failure to do so can delay your enrollment as a retiree, or reinstatement of your coverage as an active City employee..

3. What if I choose not to take health benefits as a retiree?

If you wish to waive your health coverage at the time of your retirement, you MUST complete a Health Benefits Program application and check "Waive Benefits" at the top of the application. If after your retirement you wish to obtain health coverage through the City, to apply, you must complete another application. The effective date of your coverage will be the first day of the month following a 90-day waiting period (this waiting period is waived if you are applying for coverage as a result of losing other coverage).

4. How do I enroll for health coverage at retire ment if I and/or my spouse is eligible for Medicare?

Prior to your date of retirement, if you and/or any of your dependents are eligible for Medicare, you must contact the Social Security Administration and file for Medicare benefits. If you are enrolled in an HMO at retirement and wish to remain in the same health plan, the Medicare-eligible person must obtain a special enrollment application directly from the health plan. The special application must be submitted directly to the health plan prior to your date of retirement. A copy of the special enrollment application must accompany your Health Benefits Program application along with a copy of your Medicare card or Medicare Award Letter. If you enroll in a Medicare Supplemental Plan, a copy of your Medicare card or Medicare Award Letter must accompany your Health Benefits Program application. Failure to submit the necessary documentation and applications could delay the effective date of your coverage as a retiree. Special Note: If you are eligible for Medicare at the time of your retirement, you may transfer your health plan. Also, pleased be advised that not all health plans accept Medicare enrollments and some Medicare HMOs may not be available in your area. Please call your health plan directly for further information. You can also refer to the Summary Program Description on our website for more information.

VARIABLE RATE

The Pension Committee reports that the Variable Unit value for the month of October 2015 is 84.047

LABOR DAY PARADE

Hospitalization Cont'd

PRE-RETIREMENT PROCESS

1. How will I pay for my cost of health benefits, such as the Optional Rider or Basic Health Coverage, if applicable?

Premiums for the Optional Rider and Basic Health coverage, if applicable, are deducted directly from your pension check. After retirement, It may take considerable time before health plan deductions are taken from a retiree's pension check. Health coverage is continuous throughout the period in which there are no deductions as long as you are eligible to receive a pension from a City approved pension system. When deductions do begin, retroactive deductions are made to pay for coverage during the period from retirement to the time of the first deduction. Subsequent pension checks will contain the normal monthly cost for your health coverage as well as a portion of the retroactive amount owed. Retroactive premium payments will be deducted at a rate of $35 a month in addition to the regular per month deduction until the balance of the premiums owed is paid up.

2. What do I do if I am having incorrect health plan premiums deducted from my pension check?

First, check the website to compare your deductions with the rate chart. Rates are subject to change and notices are sent to retirees about these changes.

If you are having incorrect deductions taken from your pension check for health coverage, you **must** notify the Health Benefits Program in **writing** within 31 days of the discrepancy. Corrections will be made as quickly as possible after notification. Incorrect deductions will be refunded to you directly from the health plan. You may be asked to submit photocopies of pension check stubs (or quarterly statements for those with direct deposit) as proof of incorrect deductions. It is advised that you retain ALL pension check stubs and/or quarterly statements for your records.

Special Note: Medicare-eligible retirees enrolled in Medicare HMO Plans will receive enhanced prescription drug coverage from the Medicare HMO if their union welfare fund does not provide prescription drug coverage, or does not provide coverage deemed to be equivalent, as determined by the Health Benefits Program, to the HMO enhanced prescription drug coverage. The cost of this coverage will be deducted from the retiree's pension check. **Eligibility for the enhanced prescription drug coverage is determined automatically and cannot be elected or dropped by the retiree.**

3. When Do Premiums Change for Health Benefits?

There are usually two times when premiums change for retiree health benefits: January and July. Medicare HMOs are governed by Federal laws that require that they implement new premiums January 1 (which is reflected in your January 31 pension check). All other plans premiums change July 1 (which is reflected in your July 31 pension check).

4. How do I add/drop dependents from my health plan?

To add or drop dependents you must contact the Health Benefits Program. Changes in coverage do not happen automatically. You must obtain a Health Benefits Program application (can be downloaded from the OLR website) and submit the form within 31 days of the event necessitating the change in coverage. In the event of the death of a dependent, you must submit a copy of the Death Certificate. In the event of a divorce, you must submit a copy of the page(s) of your divorce decree that notes the effective date of the divorce. Coverage for dependent children terminates at age 19, unless they remain full-time students. Full-time students can remain on your coverage until the end of the year of their 23rd birthday, or graduation, which ever occurs first. If your dependent is not a full-time student at the age of 19, you must submit a Health Benefits Program application to drop him/her from your coverage.

Special Note: The effective date of termination is the date of death and the date of divorce.

5. When can I change health plans?

Retiree transfer periods occur every even numbered year. However, the Health Benefits Program may implement a special transfer period if significant changes occur in a health plan. In such cases, the Health Benefits Program will notify you in writing. Listed below are qualifying events that allow you to transfer plans without having to wait for a transfer period:

- You move into, or out of, a health plan service area
- Your health plan is no longer servicing your area
- You or your dependent become Medicare-eligible and your health
- plan will not cover the Medicare- eligible person(s)
- At retirement, provided you are Medicare-eligible
  OR
- You may use your "Once in A Lifetime" option (you must be retired one year to use this option) at any time to change your health plan.

Special Notes: If you are transferring out of a Medicare HMO voluntarily, you must disenroll from your health plan in writing, directly to your health plan (or complete a disenrollment application at your local Social Security Administration office). If both you and your dependent are enrolled in a Medicare HMO, separate disenrollment letters are required. If you transfer into a Medicare HMO, separate applications are required and are only available from the health plan. **When enrolling in a Medicare HMO, you must identify yourself as a City of New York retiree.**

IN MEMORIAM

It is with deep regret that we announce the passing of the following Brothers:

Arnold C. Giadrosich
Retired Custodian Engineer Level II
Condolences may be sent to:
Christine Eriksen
9102 Driftstone Drive
Spring, TX 77379

6. What happens to my dependents health benefits upon my death?

Health benefits for dependents of retirees are only available under special circumstances such as the death of certain retirees who die as a result of a line of duty injury. (Contact the pension system to see if you qualify. Otherwise, dependents are eligible for COBRA (see next question). Contact the Health Benefits Program for a COBRA package.

7. What happens when my dependent(s) be come ineligible for coverage?

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that the City offer employees, retirees and their families the opportunity to continue group health and/or welfare fund coverage in certain instances where the coverage would otherwise terminate. The monthly premium will be 102% of the group rate. All group health benefits, including Optional Riders, are available. The maximum period of coverage for dependents of retirees is 36 months. Under the law, the retiree or family member has the responsibility of notifying the Health Benefits Program and the applicable welfare fund within 60 days of the death, divorce, domestic partnership termination, or of a child's losing dependent status. COBRA packages containing detailed information and an application can be obtained from the Health Benefits Program. Once completed, COBRA applications must be submitted directly to your health plan.

8. What do I do when I and /or my dependent, becomes eligible for Medicare?

When you or one of your dependents becomes eligible for Medicare at age 65 (and thereafter) or through special provisions of the Social Security Act for the Disabled, your first level of health benefits is provided by Medicare. The Health Benefits Program provides a second level of benefits intended to fill certain gaps in Medicare coverage. In order to maintain maximum health benefits, it is essential that you join Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) at your local Social security office **AS SOON AS YOU BECOME ELIGIBLE.** If you do not join Medicare, you will lose whatever benefits Medicare would have provided. The City's Health Benefits Program supplements Medicare but does not duplicate benefits available under Medicare. Medicare-eligibles must be enrolled in Medicare Parts A and B in order to be covered by a Medicare HMO plan. **In order to remain in an HMO, you must complete a special enrollment application with your health plan.**

9. What if my Health Plan does not cover per sons eligible for Medicare?

You must transfer to another health plan at retirement or prior to becoming Medicare-eligible after retirement.

10. What is the Medicare Part B Reimbursement Program and how do I enroll?

The City will reimburse retirees and their eligible dependents for the monthly premium for Medicare Part B, as well as dependents enrolled on Medicare disability. You must notify the Health Benefits Program, in writing, including submitting a copy of your Medicare card showing the Medicare Part A and Part B effective dates immediately upon receipt of your or your dependent's Medicare card. Once the Health Benefits Program is notified, our database is updated and you are automatically enrolled in the Medicare Part B reimbursement program. Special Note: The Medicare Part B reimbursement is issued each August for the prior calendar year (January through December). You will only receive the reimbursement for the period of time that you were enrolled on Medicare Part B and covered by a City of New York health plan as a retiree. **Retirees who reside outside of the United States are NOT eligible for the Medicare Part B reimbursement since Medicare is not your primary insurer.**

11. Who Should I Notify if I change My Address?

- The City of New York Health Benefits Program (must be in writing)
- Your Health Plan
- Your Union welfare fund
- Your pension system

12. When should I contact the Health Benefits Program?

- For questions regarding deductions for health benefits taken from your pension check
- To obtain an application to make a change to your coverage such as adding/dropping dependents, adding/dropping the optional rider, waiving health coverage and to change plans (excluding Medicare HMOs which require a special application from the plan)
- To obtain information and an application for COBRA benefits
- To change your address (you must also notify your health plan, union welfare fund and pension system)
- To notify the program of your and /or your eligible dependent's enrollment on Medicare
- For questions regarding Medicare Part B reimbursements
- If your health coverage has been terminated by your health plan (call your plan first)
- If a dependent has been terminated by your health plan (call your plan first)

13. When should I contact my Health Plan?

- If you have ANY questions regarding covered services
- For claim allowances (How much will my plan pay towards a claim?)
- For information about the status of pending claims or claims disputes
- If your health coverage has been terminated by your health plan
- If a dependent has been terminated by your health plan
- For health plan service areas
- For a list of participating providers
- To obtain a special application to enroll in a Medicare HMO

14. When should I contact my Union/Welfare Fund? If your Welfare Fund provides any of the following benefits.

- Prescription drug coverage
- Eyeglass coverage
- Dental benefits
- Life insurance
- Survivor benefits
- COBRA benefits

Submitted By:
Andrew Samberg
Hospitalization Committee Chairman

The Gauge
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www.Local891.com
1-888-891-2226 (Outside NY area only)

To Reach Anyone Listed Below, Dial the Main Union Phone Number and then the Extension

BUSINESS MANAGER/PRESIDENT **ROBERT J. TROELLER**
Vice President **Jeffrey J. Bilek**
Recording-Corresponding Secretary **Francis J. Byrne**
Financial Secretary **Kevin J. Gallagher**
Treasurer **Richard A. Gorgoglione**

Boro Chairmen

Bronx	220	Pedro Arroyo
Brooklyn	221	Rocco Marano
Manhattan	222	Kieran McKivergan
Queens	223	Peter Maddaloni
Staten Island	224	Steve Ready

Committee Chairs

Annual Childrens Party	249	Peter Maddaloni
Blood Bank	250	Evan Manca
Compensation Insurance	251	John Maderich
E.P.E.C.	252	Gregory Sutton
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Legislative Co-Chairman		Michael Kelly
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Pension	268	Joe D'Amico
Rating and Transfer	269	Robert Calamia
Store Keeper	270	Stevo Pepdjonovic
Supplies	271	Michael Kelly
Temporary Care Assign	272	Joseph Sanfilippo
Watchdog Committee	273	Christopher J. Attianese
Web Master	274	Dan Morgan
NYC Central Labor Council Delegate	275	Anthony DelRosso
NYC Central Labor Council Delegate	276	Richard Gorgoglione

Welfare & Annuity Funds
Kevin J. Gallagher, Chairman of Trustees
63 Flushing Ave. • Unit 358 • Brooklyn, NY 11205
Ph: (718) 455-9731 Ext. 301 • Fx: (718) 488-7122
welfarefund@local891.com
Dental Forms (718) 822-2098
Legal Services (718) 895-7160
Daniel H. Cook Associates
welfare forms • eye care vouchers • claims information
253 W. 35th St., 12th Floor • New York, N.Y. 10001
(212) 505-5050 ext. 229
Newsletter Design & Printing: AliGraphics

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PAYROLL & PERMITS

HOLIDAY

Monday, October 12, 2015 (Columbus Day) is a DOE holiday for all CEs and their staff. This holiday is in the schedule and therefore is not reimbursable. Contractors, CBO's or school groups in the building that day are required to have a paid and approved permit.

MEET & GREET CURRICULUM NIGHT

The recently initiated city-wide "Meet and Greet the Teacher" activity does not require a permit. However, a space sheet must be submitted to generate payment. It will be treated as an Open School Night Activity which will include the following space and labor: 11 Specials (C); 2 Majors (includes cafeteria, auditorium or a gym) and three hours labor. This activity schedule includes elementary schools on September 17th, middle schools on September 16th and high schools on September 30th. Any "Meet and Greet" scheduled for any other evening must have a permit to generate payment.

NEW SPACE AND LABOR RATES

A new space and labor rate sheet (effective April 22, 2015) has been distributed to all Borough Chairmen. CEs can contact their respective Chairman for a copy of the new schedule.

AFTER SCHOOL FEES

As per the CBA effective November 1, 1994, the 3:00pm to 6:00pm Weekday Activity Schedule for the calendar school year shall be modified as follows:

i)	0 to 60,000 sq. ft.	28 free units or equivalent
ii)	61,000 sq. ft. and up	28 free units or equivalent

As per the CBA effective November 1, 1994 the 6:00 PM to 10:00 PM activity schedule for the calendar shall be:

i)	0 to 60,000 sq. ft.	pay as you go
ii)	61 to 120,000 sq. ft.	28 free units or equivalent
iii)	121 to 200,000 sq. ft.	45 free units or equivalent
iv)	201,000 sq. ft. and up	60 free units or equivalent

Merged buildings stand alone and retain their own identity for all activity allowances and formulas.

CHECK ORDERS

Please be advised when ordering checks, CEs are no longer permitted to put their school number, address and telephone number on the check.

Submitted By:
Andrew Foti, Permit/Payroll Committee Chairman

DID YOU KNOW?

Exceptions- If you receive an exception, you only have 30 days to file a grievance.

Final Audit Reports- You only have 30 days to file a grievance

Electronic PO 2 - As per the CBA you do not have to enter the bill date or the check date. Also, you do not have to enter the word "cash" in any column.