



Local 4-200 FAQ: Health Care Coverage While on Strike

In the event of a strike, volunteers from our local union will help you navigate available resources ranging from health insurance coverage to financial support. There are several options to ensure that you and your family can access the care you need. Here are some basics:

What will happen to our health insurance in the event of a strike?

RWJ has the option to keep our insurance in place, or can employ the disgraceful choice of kicking members off the plan while we're striking.

We encourage all members to make sure you and everyone in your family is up-to-date on the basics covered by your plan, just in case RWJ elects to end our coverage. If possible, fill all prescriptions (getting 90-day supplies when available) and try to schedule any upcoming appointments as soon as possible.

If RWJ terminates our health insurance during the strike, the USW will make sure all members and their dependents have access to health insurance with no lapse in coverage.

Our union's Assistance Committee will work with you to explore options such as joining a spouse's plan, accessing the

USW Emergency Medical Program, relying on Medicare or Medicaid, or if necessary, using COBRA. We'll share more information about these options and how to sign up if necessary.

Should I go to my doctor appointment at RWJ?

You should still visit your established medical providers. Be sure to check in with the Picket Captain to show your support and let them know you are not crossing the line to work.

I'm on disability, workers comp or FMLA – what are my options?

Those who are already on disability, workers comp or FMLA leave should continue to receive all their benefits for as long as they are eligible for the leave. You are not expected to be on the picket line if you are on leave, but there may be other ways you can support the strike. Please fill out the strike duty survey by scanning this code, and we'll be in touch.

What are my healthcare options during the strike?

There are several options to ensure that you and your family are covered if you lose your employer-sponsored health insurance during a labor dispute.

Each member and their families will need to consider the various options taking into account their health and financial status. Members of a family may choose different programs to meet different needs. For instance, a parent may sign up for coverage through the USW Emergency Medical Program or COBRA while their child may be eligible for coverage through CHIP.

Please review all the options below and contact your Local Union with any questions.

The USW Emergency Medical Program

During a labor dispute, the USW offers its members and their spouses and dependents the opportunity for limited health insurance coverage under the USW Emergency Medical Program (EMP). If the Local Union elects to participate in the program, everyone without other verifiable coverage will automatically be enrolled in the EMP and provided with Blue Cross Blue Shield identification cards. This ensures every member and their spouses and dependents will have some sort of insurance coverage throughout the dispute. The premium payments will be deducted from the allocations your Local Union receives from the USW Strike and Defense Fund, so no member will need to pay the premiums themselves. The benefits available under the EMP are not the same as your company plan. The EMP does not have prescription drug coverage. Brochures explaining the benefits will be made available.

COBRA Coverage

The federal law COBRA requires the company to give you the option to elect to continue your current company health insurance coverage for a period of up to 18 months at your own expense; it is very expensive. **It is important that members or their families with serious medical conditions or who know they will require ongoing medical services or drugs promptly elect COBRA and make the required payment.**

Within 14 days after the company-paid coverage ends, you should receive a written notice of your right to elect COBRA. Keep your notices and envelopes in a safe place even if you don't plan on using COBRA. You will have at least 60 days to elect coverage and another 45 days before the first premium payment is due.

If you are worried about making your COBRA premium payment, please discuss with your Local Union leadership to see what resources are available to help.

Important Note: Individuals who are eligible for Medicare may not elect COBRA coverage if their active health care is terminated. However, if you are eligible for Medicare coverage but your dependents are not, *they* may elect COBRA continuation coverage. (For more information, see *Employees Over Age 65 or Who Have Medicare-Eligible Dependents* section below).

Medicaid and CHIP

Medicaid and the Children's Health Insurance Program (CHIP) offer comprehensive healthcare coverage to low income adults and children. Eligibility may depend on your income a month or more before you apply. Therefore, in some cases members and their dependents may need to wait or reapply further into the dispute.

[NJ FamilyCare](#)/Medicaid provides health care coverage to New Jersey children under age 19 whose family income is at or below 355% of the Federal Poverty Level.

To see information about your state's programs and how to apply, go to www.medicaid.gov or see your Local Union leadership for assistance.

Spouse's Insurance

If your spouse has health insurance through their job, you will be eligible to join their plan because loss of coverage due to a labor dispute is considered a "life-changing event." Once your coverage is terminated, you have 60 days to notify your spouse's plan of your loss of coverage and that you wish to elect coverage under that plan.

Employees Under Age 26

If you are under the age of 26 and you have a parent with health insurance that covers dependents, you can be added to their plan. This option is available whether you live with your parent or not. Also, you can be covered by your parent's insurance even if you are married. In order to enroll as a dependent on your parent's plan, you or your parent must notify your parent's plan within 60 days of the termination of your coverage to be added as a dependent outside of the open enrollment window.

College Students

If you have dependents in college, they likely have access to health insurance through their school. Generally, students have to pay premiums of about \$200 per month, but they have robust coverage with low deductibles, copays, and out of pocket maximums. Students are eligible to enroll at the beginning of each semester or when there is a qualifying life event (such as the termination of a parent's coverage). Consult the school's website or contact the student health office for more information.

Employees Over Age 65 or Who Have Medicare-Eligible Dependents

If you or your spouse are eligible for Medicare (because you or your spouse are over age 65 or are eligible for Social Security Disability benefits) and your health care coverage is terminated due to a labor dispute, you or your spouse may enroll in Medicare Part B (medical coverage) without a late enrollment penalty within 8-months after the coverage terminates. Alternately, you or your spouse may enroll in a Medicare Advantage Plan, Part D drug plan and/or Medigap plan. You may already be enrolled in Medicare Part A (hospital coverage), which goes along with Social Security benefits.

Call Social Security at 1-800-772-1213 for more information about your Medicare eligibility and to sign up for Part A and/or Part B. You can also apply for Part A and Part B at www.socialsecurity.gov/retirement. You can get personalized health insurance counseling at no cost to you from your State Health Insurance Assistance Program (SHIP). For information on Medicare Advantage, Part D and Medigap plans use the *Medicare Plan Finder* tool at www.medicare.gov.

Military

TRICARE is a health insurance program for military members, their dependents, retirees, and some survivors and former spouses. Contact 1-800-444-5445 if you think you may be eligible for TRICARE coverage.

Affordable Care Act Exchanges

When your company coverage is terminated, you are entitled to a 60-day Special Enrollment Period on the ACA Exchanges. You may be able to find coverage that works better for your family there. If you receive subsidized coverage, you may face tax consequences at the end of the year. For more information go to www.healthcare.gov or see your Local Union leadership for assistance.

S&A and Workers' Compensation

By law, employees receiving S&A, workers' compensation or on FMLA leave should be unaffected. Employees who are on S&A benefits prior to the dispute would continue to receive weekly S&A benefits and their health care benefits would continue until they recover or exhaust their benefits. Health care coverage will continue for employees on FMLA leave for the duration of their leave. Report any problems receiving your S&A or workers' compensation to your Local Union as soon as possible.

For the most up to date information, text USW4200 to 47486