

Guide to Your Rights and Benefits as a Pregnant Worker

The following booklet is about your rights and benefits as a pregnant member of Local #103. It has been put together by women members of Local #103, with the assistance of the Business Manager's Office and Health & Welfare. Although the focus is on pregnancy/maternity benefits for women members of Local #103, some of the information should prove useful for the male members and their spouses.

The Federal Pregnancy Discrimination Act of 1978 requires that disability due to pregnancy must be treated like any other disability. This means that you are eligible for the same Union benefits, including cash sickness. You can not be laid off because you are pregnant. Unemployed journeymen, unable to work due to pregnancy/maternity will be set aside from the Out-of-Work List upon supplying proof of such to the referral agent. She will be returned to her rightful place on the Out-of-Work list upon recovery without loss of her chronological order.

Confidentiality. Whether or not you want to tell people at work you are pregnant is your decision. You should make it clear to people you expect confidentiality if you do expect it. You may want to tell your foreman or employer when you expect to stop working if your physician has an idea about this. Since miscarriages are most likely in the first trimester, a question you might want to ask yourself is -- are you comfortable discussing your pregnancy with co-workers before you are past this stage?

Health & Safety. Pregnancy is a healthy condition. Yet, as a women in construction, you must be very careful about what you do and the work environment you are in while pregnant.

It's important to see a doctor as soon as you know you are pregnant. Explain to your doctor exactly the kind of work that you do [this may be new for them, too]. Ask a lot of questions. Do they have specific guidelines about lifting weight at different points in your pregnancy? Climbing ladders? Use of vibrating tools? Working when it's hot and humid? Fatigue? Etc. How will you judge when to stop working?

In their publication, "Guidelines on Pregnancy and Work", the National Institute of Occupational Safety and Health [NIOSH] warns about some of the known health and safety hazards to pregnant women. These include exposure to lead, mercury, and cadmium as well as exposure to toxic chemicals like PCB's, vinyl chloride and paint compounds. Exposure to some chemicals can affect the

reproductive systems of both men and women and/or can result in miscarriages, stillbirths and birth defects. If you are pregnant or considering having children, be informed and careful about the substances you are working with and around.

The shift and change of body weight may affect a pregnant women's sense of balance. NIOSH advised women to avoid climbing ladders after the 20-24th weeks of pregnancy. Pregnancy-related stress in the lumbar spine may affect what you can lift and carry comfortably. Also, keep in mind that even a minor blow to the abdomen can damage the uterus or disturb the placental attachment. It is important to stay in close contact with your doctor as your pregnancy progresses.

Pregnancy is different for different women, and from one pregnancy to another even for the same woman. Use common sense and be informed. Your health and the health of your child depends on it!

For more information:

Business Manager's Office.....	436-3710
Health & Welfare Office.....	542-3895
Susan Eisenberg.....	
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In case of conflict or misunderstanding, the current summary plan description of Health & Welfare will prevail.

HEALTH & WELFARE BENEFITS, CASH SICKNESS, PENSION

The questions and answers that follow are meant to clarify the Local #103 Health & Welfare policy covering pregnancy and maternity benefits as they affect the female member.

PLAN "A" - MASTER MEDICAL PLAN

After working 480 hours under the Union contract, a member automatically comes under Plan "A" coverage. One year from the date [480 hours plus one year], a member automatically comes under Master Medical coverage, assuming she has been working steadily, paying into the plan if not working, or falls under other specific requirements. Regarding pregnancy, the plan you are covered by is the plan you fall under at the end of your pregnancy, since this is when most costs are paid. In most instances Plan "A" and Master Medical Plan coverage are different and both are given. Where not stated, the coverage is the same.

MM - When this is seen after an answer, it signifies that Major Medical will cover 80% of the remaining costs after the maximum allowable figure that is stated has been paid at 100%.

* - When this is seen after an answer, it signifies that the \$100.00 deductible applies. This is a family deductible, meaning that the member must pay \$100.00 once toward medical costs of herself or family member under her plan during that calendar year before coverage begins on that item

MAXIMUM ALLOWABLE

Money stated is the maximum allowable for that claim. Money is paid directly or reimbursed only for expenses filed with the appropriate claim from Health & Welfare.

CHANGES IN POLICY

If you have a claim rejected or feel that coverage you need is not available in the present plan, you may apply in writing to the Board of Trustees, Health & Welfare, for a hearing. Health & Welfare coverage is a group plan, with identical coverage for each member. A request for a change in coverage in an individual case sets a precedent and changes coverage for all members.

PREGNANCY-RELATED QUESTIONS

- #1. What is the coverage for fertility testing?
No specific coverage. Falls under x-ray and lab costs. See #6.
- #2. What is the coverage for artificial insemination?
No coverage at this time.
- #3. What is the coverage for adoption?
Under Plan "A", none.
Under Master Medical Plan - \$350.00; this covers agency fees only.
Legal fees are not covered.
- #4. What is the coverage for pregnancy ended by abortion?
No coverage at this time.
Federal law states that coverage must be given were the life of the mother would be endangered if the fetus were carried to term, or where medical complications have arisen from an abortion.
- #5. What is the coverage for a pregnancy ended by miscarriage?
Same coverage as physician expenses for maternity. See #7.
Same coverage as hospital expenses for maternity. See #7.
- #6. What is the coverage for out-patient x-rays and lab fees during pregnancy?
There is no specific coverage for pregnancy-related lab fees.
Under Plan "A", there is a \$100.00 a year maximum for all lab fees.
Under Master Medical Plan, there is a \$300.00 a year maximum for all lab fees [MM *].
Amniocentesis, ultrasound, fertility testing, routine testing procedures that are part of doctor visits during pregnancy, as well as non-pregnancy-related x-rays or lab fees fall within this maximum.
If a pregnancy spans two calendar years, the lab fees costs can be applied to the year in which the cost was incurred.
- #7. What is the coverage for physical therapy?
Under Plan "A", none
Under Master Plan there is Major Medical coverage *.
- #8. Is there coverage for childbirth education classes where natural childbirth replaces the need for an anesthesia.
No coverage at this time.

BIRTH-RELATED QUESTIONS

- #9. What is the coverage for physician in full-term pregnancy?
Under Plan "A", \$150.00, with no other coverage available.
Under Major Medical, \$600.00, MM
This includes all pre-natal visits during pregnancy as well as cost at birth.

#10. What is the coverage for hospital expenses?

Under Plan "A", ambulance costs, \$40.00 per day for semi-private room for sixty [60] days, maximum. \$500.00 for miscellaneous costs. Under Master Medical, full semi-private coverage for maximum of sixty [60] days. Full hospital charges for miscellaneous hospital expenses.

Requests for Health & Welfare forms should be made within thirty [30] days of expected delivery date.

#11. What is the coverage for anesthesiologist? Are standby expenses covered?

No coverage at this time for standby anesthesiologist. For actual services rendered, the benefit falls under hospital maximum listed fees and varies according to type of anesthesia given and length of time it is administered.

Under Master Medical, MM benefits only

#12. What is the coverage for Caesarian section or abdominal operation for extra-uterine pregnancy?

Under Plan "A", \$200.00

Under Master Medical, \$650.00 MM.

#13. What is the coverage for a home birth?

No coverage at this time. Physician expenses can be submitted, See #9.

#14. What is the coverage for a midwife?

No coverage at this time.

#15. What is the coverage for a pediatrician's visit in the hospital?

Pediatrician costs are included under physician costs for mother. Falls under #9. Since the obstetrician's costs will most likely exceed the maximum allowable physician benefits, under Plan "A" there is no coverage, in effect, for pediatrician. Under Master Medical, pediatrician's newborn care charges would fall under 80% Major Medical coverage, in all likelihood.

A Child needing unusual medical care due to problem or illness at birth would come under its own coverage as a dependant.

#16. What is the coverage for a labor coach?

No coverage at this time.

OTHER COVERAGE AND BENEFITS: CASH SICKNESS, PENSION, DEPENDANTS, ETC.

#17. For how long will a member, unable to work due to maternity, remain eligible for Health & Welfare payments without making additional payments?

Health & Welfare coverage continues as long as member is under the care of a licensed physician and the physician certifies the up-dated disability status of member, either through completing cash sickness claim forms or, when cash sickness is exhausted, through Health & Welfare Fund Monthly Medical Reports. Individual consideration will apply.

To continue coverage after this date, member must return to work or pay \$160.00 per month to Health & Welfare. If the member's policy lapses, she begins again, upon return to work with 480 hour to Plan "A" and one [1] year in addition for ^{Master} Medical coverage.

#18. What is the cash sickness coverage for a pregnancy disability?

Under Plan "A", cash sickness coverage is \$70.00 per week for thirteen [13] weeks maximum.

Under Master Medical Plan, cash sickness is \$182.00 per week for twenty-six [26] weeks maximum.

Pregnancy, by federal law, is treated like any other disability. Member must be under the care of a licensed physician. The physician must submit completed cash sickness claim forms certifying the up-dated disability status of his/her patient.

FICA is deducted from cash sickness. Cash sickness for pregnancy would begin on the first day out of work and can include time both before and after the birth.

A member disabled due to pregnancy who collects cash sickness and then recovers, returning to work for a period of two [2] weeks or more will begin a new cash sickness time period when she is disabled later in pregnancy. For example, a woman is disabled during her first tri-mester for a period of two [2] weeks, during which time she collects cash sickness. She recovers and returns to work for three months. During the sixth [6th] month of her pregnancy, she becomes disabled and leaves work until after the birth of her child. This second disability period is considered a new disability, even though both were pregnancy-related, since she returned to work for a period of two [2] weeks or more between them.

Similarly, a disability due to another cause will be considered a separate disability and will have its own maximum period of benefits. For example, a woman who develops gallstones during pregnancy and must have an operation after recovery from childbirth, will begin a new twenty-six [26] week maximum period when she is being treated for gallstones, even though she did not return to work for a two [2] week period between disabilities.

#19. When a member is out on a pregnancy-related disability, are hours still accrued towarded pension?

Yes, six [6] hours per day, to a maximum of thirty [30] per week, during any period in which member receives weekly accident and sickness benefits. No more than 780 hours' credit is given for one period of disability. For those with master medical, coverage is for twenty-six [26] weeks. For those under Plan "A", coverage is for thirteen [13] weeks maximum.

#20. Can a female member elect to have a dependent child covered under her Health & Welfare policy rather than under the father's policy, if one exists, if she considers this to be in the best interest of the child? What if the father is not known, deceased, or the mother does not have contact with him?

Under General Provisions #11, Coordination of Benefits, on page #7 of the Health & Welfare booklet: Health & Welfare Fund will act as the secondary insurance carrier after the father's insurance company [which would be primary carrier] has settled its maximum benefit. This is not meant to and should not in practice deprive any dependant of a female member coverage equal to any dependant of a male member. If a father's policy rejects the claim or leaves a balance, the claim will then be covered by the female member's policy. Individual consideration is always appropriate.