

SPECIAL ALL-USEFUL-INFORMATION ISSUE

Fermilab Arts Series Presents:

"If you've never seen the Theatre Ballet of Canada, you're missing one of the most inventive and imaginative dance companies around." Your opportunity to see this fine twentieth-century classical company will be on Saturday, November 7, 1987, at 8:00 p.m. in Ramsey Auditorium.

The Theatre Ballet of Canada, a young dance company comprised of ten dancers under the artistic direction of former American Ballet Theatre soloist Lawrence Gradus, has won the hearts of dance audiences throughout Canada, the United States, and South America for their elegance, warmth, energy, and breathtaking lifts. Though strongly rooted in the classical ballet tradition, the company "welds outstanding ensemble values to some of the freshest and most communicative choreography currently being created." Their performance at Fermilab will include not only works choreographed for the company by Lawrence Gradus, but also some by Lynn Taylor-Corbett, Julie West, Danny Grossman, and National Ballet of Canada soloist David Allan, who will appear with the company as a guest artist on this tour.

You can look forward to a beautiful, exuberant evening of dance with the Theatre Ballet of Canada. Tickets, priced at \$9, and further information, can be obtained at the Wilson Hall Atrium desk weekdays between 10:00 a.m. and 11:30 a.m. or 12:30 p.m. and 4:00 p.m. For phone reservations, call ext. 3353.

New Dialing Procedures . . .

Fermilab has requested and received approval from GSA/DOE to remove off-net long distance (commercial) from the FTS network. All commercial long distance calls must be placed by dialing 9-1-Area Code+7-digit number. All On-Net FTS calls must be placed on the FTS network by dialing 8+7-digit+FTS number. Our new system provides detailed records of all calls placed from Laboratory phones. This tool will allow us to better monitor use and traffic. Details of this information will be provided to Division/Section on a periodic basis. Questions? Call Carolyn Hines on ext. 3788.

The United Way Symbol Belongs to All of Us

At the base is a helping hand. The hand symbolizes the human-care services supported by the United Way and all the men and women who contribute to it.

The image in the center, the symbol of mankind, is cradled by the helping hand. It shows that all people are uplifted by the United Way in a community of sharing.

A rainbow springs from the helping hand, representing the hope of a better life possible through the United Way.

The time of year has arrived when employees are asked to contribute to charities through payroll deductions or one-time contributions. Using the payroll deduction plan, an employee may choose up to three charitable organizations, including a community fund.

Towards the end of October, employees will receive the authorization form. No pledge below \$12.00/year for 1988 can be accepted through the payroll deduction plan. The selected charities must be among those approved by the Internal Revenue Service.

The payroll deductions an employee designates will be made every pay period, beginning January 1, 1988, and will continue throughout the year. At the end of 1988, employees taking advantage of this plan will receive a statement of their contributions for income tax purposes. Pledges for the 1987 year will end December 31 unless they are renewed. For additional information, please contact ext. 4632.

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Benefits Notes

Retirees and Medicare:

How to Live with Medicare and Connecticut General

Having two plans providing medical benefits gives a person peace of mind. However, the claims processing procedure can cause a person to lose his or her mind. Medicare and Connecticut General require certain information in a certain order before they will adjust a claim. Following the procedure below will make your life a little easier and perhaps avoid insanity claims.

Keep in mind that retirees and their dependents are eligible for Medicare coverage at age 65. At that point, Medicare becomes the primary payor (first payor) on most services, and Connecticut General is the secondary payor.

Inpatient Hospital Claim

When you are admitted to a hospital, the hospital at discharge will bill Medicare for you. When Medicare pays whatever they are going to pay, the hospital will bill Connecticut General. The hospital will submit an itemized bill to the Benefits Office for transmittal to Connecticut General. The bill will show what Medicare paid. If Connecticut General has a completed claim form from you or your doctor, they will adjust the claim according to the terms of the policy.

While the hospital is waiting to be paid, they will probably bill you, not just once, but as often as every two weeks. Don't panic! Their computer does not know that your bill was submitted to Medicare. *Do not* submit these balance-due bills to the Benefits Office. Connecticut General will not accept them. You should not call the Benefits Office. Nothing can be done until you and the hospital hear from Medicare. If you must do something, you should call the hospital to be sure that they submitted the claim to Medicare. If Medicare paid, remind the hospital to submit the itemized bill to the Benefits Office. This should happen automatically. Fortunately, hospitals are better at treating patients than they are at monitoring their billing procedures.

Outpatient Hospital Claim

Not all hospitals bill Medicare direct for outpatient services. Find out the procedure before you leave the hospital. If *you* have to submit the bills to Medicare, be sure you include an itemized bill with a diagnosis and Medicare claim form. (Forms are

available from the hospital or the nearest Social Security office.) Make copies of everything that you mail! *Do not* send the bill to Connecticut General; wait until you hear from Medicare first.

When you receive your Medicare voucher, submit it with an *itemized* bill, a diagnosis, and a claim form to the Benefits Office. Connecticut General requires a claim form on every diagnosis *at least* once every three months. Again, make copies of everything that you mail.

Doctor Claims

Some doctors will submit the bills to Medicare for you. Others will not. Before you leave the office, find out the procedure. If *you* have to submit the claim to Medicare, follow the same procedure as outlined above regarding outpatient hospital bills.

Prescription Drug Bills

This is easy! Only one carrier is involved. Since Medicare does not cover out-patient drug bills, submit the bills to the Benefits Office with a claim form if you do not already have a form on file for the particular diagnosis. If you do not need a claim form, please tape your drug bills on a blank paper, make copies for yourself and submit to the Benefits Office.

The key to living with Connecticut General is to always submit the completed claim form, itemized bill, and Medicare voucher *together*. This will result in faster claim service and avoid Connecticut General's love letters to you: "Send Medicare voucher," "Need an itemized bill," or "Need a diagnosis."

To help you get on the right track, the Benefits Office will not forward bills to Connecticut General without the appropriate Medicare voucher. Instead, the bills will be returned to you. To avoid this unnecessary delay, please follow the appropriate procedure or call the provider or Benefits Office for the right procedure.

- Paula Cashin

News from NALREC

NALREC will sponsor a Children's Halloween Party at the Village Barn on Sunday, October 25 from 2:00 p.m. to 4:00 p.m. Children through 10 years old are welcome. There will be a haunted house, and Garfield Goose will be featured.

Remember: the Annual Children's Christmas Party will be held this year on Sunday, December 13, in the Ramsey Auditorium from 2:00 p.m. to 5:00 p.m. Children up to 8 years old are welcome. Call John Satti, ext. 3088 or Jesse Guerra, ext. 4305, for details.

- Trudy Kramer