Weight loss leads to benefits for UFCW Member
When and where to get your flu shot
Chiropractic benefits and more
Podiatry benefits keep your feet healthy
Help fight health care fraud

For Your Benefit

is a newsletter designed to keep all Members informed about how to use their benefits most effectively. Members also may contact their Union’s Benefit Clerks or call the Trust Fund office directly at (800) 552-2400. Phone hours for the Trust Fund office’s Health and Welfare Services Department are 7:30 a.m.–5:30 p.m., Monday–Friday. Or visit us online at UFCWTRUST.COM.

¿Le gustaría una versión en Español de este boletín de noticias? Would you like a Spanish version of this newsletter?

Visite UFCWTRUST.COM, haga clic en el menú de Recursos y seleccione formas para elegir un tema. Visit UFCWTRUST.COM, highlight the Resources menu and select Forms to choose an issue.
When should I start my Social Security Retirement Benefits?

The National Academy of Social Insurance (NASI) is a nonprofit, nonpartisan organization made up of the nation’s leading experts in social insurance. NASI has put together a tool kit including an online informative video that explains why it may pay to wait when you’re deciding when to take your Social Security benefits. Watch the video now at bit.ly/PaysToWait or scan the QR code below.

Disclaimer: UFCW & Employers Trust, LLC is not affiliated with NASI. If you have any questions, please contact NASI at (202) 452-8097.

For Your Benefit is the official publication of the UFCW & Employers Benefit Trust. Every effort has been made to provide correct and complete information regarding particular benefits, but this newsletter does not include all governing provisions, limitations and exclusions, which may vary from Plan to Plan. Refer to the Summary Plan Description, Plan Document, Evidence of Coverage and/or Disclosure Form (“Governing Documents”) for governing information. In the event of any conflict between the terms of this newsletter and the Governing Documents, the Governing Documents will control. As always, the Board of Trustees for the UFCW & Employers Benefit Trust retains the sole and complete discretionary authority to determine eligibility and entitlement to Plan benefits and to construe the terms of the Plans. The information in these articles is for general use only and should not be taken as medical advice. In an emergency, you are advised to call 9-1-1.

Glossary

Medical Emergency
The sudden onset of a medical condition which, in the absence of immediate medical attention, could result in serious impairment to bodily functions, serious dysfunction of a bodily organ or other serious medical consequences.

Medically Necessary
This term applies to any treatment, procedure, service, supply, drug, medicine or equipment the Trust Fund determines to be appropriate for care, based on several factors including safety, good medical standards and scientific evidence.

Reconstructive Surgery
A procedure — determined to be Medically Necessary and appropriate — performed to correct or repair abnormal structure of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease.
Weight loss leads to unexpected benefits for UFCW member

For many years, Dan Brin – a member of the UFCW Trust communications team – wasn’t happy with his appearance or the way he felt.

Between 2000 and 2012, his weight had slowly crept up to 245 lbs. due to an unhealthy diet and little exercise. Arthritis sometimes made it difficult to move.

“I was a mess,” said Brin, who has been a UFCW member since 2003. “I hated the way I looked. I would be in a department store with my family and see myself in a mirror and just say ‘yuck.’”

The turning point came late in 2012, as Brin was approaching his 60th birthday. At his annual physical, his doctor reviewed the results of his biometric screenings and diagnosed him with Type 2 diabetes.

Brin was shaken by the news, but not surprised.

“My father was diagnosed with diabetes when he was my age and he was able to control it by losing a lot of weight,” he said. “I decided to follow his example.”

Adding to his motivations were the experiences of a friend, a cardiologist who lost a foot because of his uncontrolled diabetes.

Making the change

Brin progressively reduced his daily intake of calories until he found his perfect recipe for weight loss. He reset his eating habits to focus on light, balanced meals, such as eggs and cherry tomatoes for breakfast and salad with lean protein for lunch and dinner.

“It was a Spartan diet, but I wanted quick results,” he said.

He also joined a gym and began a daily regimen of weight lifting and bicycling.

After a couple of months, he was noticeably thinner. He also noticed his arthritis was improving.

Within seven months, Brin had shed more than 60 lbs. Not only was he feeling great, his blood sugar had dropped to healthy levels. His doctor informed him he effectively no longer had diabetes.

“It turned out my pancreas wasn’t making enough insulin to handle my previous weight,” he said. “Once my weight went down, my body mass was appropriate for my insulin production.”

Brin asked his doctor if he should keep building muscles, which would add to his weight.

“He said go ahead, by all means!” Brin recalled. “While fatty tissues store sugar, muscles use it up. This meant I could eat more and weigh more if it all went to muscle.”

So he redoubled his weight lifting, adding more than 20 pounds of muscle.

A new start

Now at age 61, Brin happily tackles a busy calendar packed with work, public service activities and social events. He is the elected leader of a suburb of 42,000 people and heads a nonprofit which produces cultural events for the community.

He still lifts weights and creates other exercise opportunities, organizing community hikes or simply running at full speed to reach his car.

“I’ve never felt better in my life,” he said. “I mean it!”

Brin is thankful for his UFCW health benefits as an Active Member, which paid for his annual physical and kickstarted his transformation. He also takes advantage of programs instituted by his plan to encourage healthy activities. These include disease management phone calls which earn him hundreds of dollars in additional contributions to his Health Reimbursement Account.

“It’s never too late for a new start,” he said.
or hospital, it is your responsibility to initiate a medical review.

Blue Shield PPO Retirees can call (888) 861-4173 to ensure a medical review is scheduled for your procedure or hospital stay. Retirees living out of state can call Blue Card at (800) 810-2583. You can also call Podiatry Plan Organization of California at (800) 367-7762.

A medical review looks at hospital admissions, surgical procedures, high-cost diagnostic tests and other procedures to determine what is Medically Necessary.

This review also analyzes the estimated length of hospital stays, hospice care, private duty nursing, home health care and other aspects of care to determine if they are appropriate.

**Know Your Responsibility**

If a medical review determines a procedure or hospital stay is not Medically Necessary, then the Trust Fund will only cover the portion of the charges determined to be Medically Necessary. This could result in significant out-of-pocket expenses, depending on the procedure or length of hospital stay.

This is why it is important to make sure a medical review is completed before an extensive treatment. In an emergency, you should get the required medical care first and then contact the Trust Fund as soon as possible.

In some instances, a Retiree’s needs are better met by alternative care outside of a hospital. Examples of alternative care include home health care and outpatient rehabilitation. A medical review is necessary for all proposed alternative care and any course of treatment involving alternative care must be pre-approved.

**Dental Pre-determination**

If you see a dentist, we recommend you and your dentist contact the Trust Fund office for a pre-determination of benefits for any procedure or treatment plan costing $500 or more. If you are covered under Delta Dental you and your dentist should contact Delta Dental directly. This will help you understand what portion of your treatment will be covered and how much you may have to pay out-of-pocket.

You can contact the Trust Fund Office at (800) 552-2400 and Delta Dental at (800) 765-6003.
Flu season is here. Now is the time to get your flu shot if you haven’t already.
Retirees are advised to contact their primary care provider today to schedule an appointment. Please note that using a non-PPO provider may cause you to have more out-of-pocket expenses.

Why should I get a flu shot?
Hundreds of thousands of Americans are hospitalized each year with flu complications. The Centers for Disease Control and Prevention consider vaccination as the single best defense against the flu.
If more people get vaccinated, it is less likely the flu will spread throughout different regions of the country. The flu virus is constantly changing, so it is necessary to receive a new flu shot every year.

Children under age 5, adults age 65 or older, pregnant women and other groups have an especially high risk for developing flu-related complications. Visit CDC.GOV/FLU/ABOUT/DISEASE/HIGH_RISK.HTM for the full list of high-risk groups.

In addition to your flu shot, frequent and thorough hand washing is an important line of defense against the flu. Sneeze into your elbow – not your hands – and take steps to strengthen your immune system, such as exercising, losing weight and quitting smoking.
Retirees who are interested in alternative methods of healing muscle pain may find relief through chiropractic care, acupuncture and acupressure.

Chiropractors diagnose and treat problems related to the spine, muscles, joints and other disorders. Physical therapy, prescribed by your physician, may be an effective treatment to relieve pain and restore mobility instead of surgery or medication. People most commonly visit a chiropractor due to back pain.

Acupuncture is the placement of small needles into the skin throughout the body for pain relief. It was first used in ancient China and is used today to treat a wide range of conditions, from carpal tunnel syndrome to headaches to endometriosis.

Acupressure is similar to acupuncture, although physical pressure is applied to certain points on the body rather than needles.

Acupuncture and Acupressure treatment is covered when provided by a Certified Acupuncturist or a Physician.

Covered services for chiropractic care include office visits, adjustments, other types of therapy and x-rays. Retiree PPO Members are responsible for a $25 copay when they receive services by a PPO provider. Non-PPO level of benefits apply for services provided by an out-of-network provider.

There is a combined limit of $500 for all chiropractic, acupuncture and acupressure services in a calendar year for PPO Retirees.

PPO Retirees can search for a provider by visiting UFCWTRUST.COM. Select Resources then Find A Provider from the homepage and you'll be able to find a doctor based on your specific needs. Kaiser and Health Net HMO Members should contact their doctor for more information.

Report changes to your contact information directly to the Trust Fund

Changes? Let us know. Keep in touch with us!

It is important to provide any updated contact information directly to the Trust Fund even if you have updated this information with your Union Local.

It will save the Trust Fund unnecessary time and expense in trying to locate you and will help ensure you receive up-to-date benefit information which could result in saving you money.

Log into WWW.UFCWTRUST.COM and on your “My Info” page you can click on “My Contact Info” and fill out the form and submit it online. Your change of information will be updated within five days.
Taking care of your feet is essential, especially if you have a job which keeps you standing all day.

A few simple tips can keep your feet healthy. Be sure to wear comfortable shoes, have your shoe size re-measured periodically and put your feet up as often as possible after standing for a long period of time.

Foot problems are sometimes the first sign of more serious medical conditions like arthritis, diabetes and nerve or circulatory disorders. It is important to have your feet examined if you are experiencing any discomfort.

Schedule an appointment with a podiatrist if you are having any problems related to your ankle, foot, toenails, muscles in the leg or foot, or the skin in those areas.

**Benefit Information**

Podiatry care for PPO Retirees is provided through the Podiatry Plan Organization of California (PPOC) for California residents. Podiatry care for Kaiser HMO Retirees is provided by Kaiser and Podiatry Care for Health Net Retirees is provided by Health Net. If you live out of state, PPO benefits for podiatry care is provided through the Blue Card network of providers.

PPO Retirees generally have lower out-of-pocket expenses when visiting a PPOC provider, or Blue Card provider if living out of state. If you use a non-PPOC podiatrist, the covered amount is limited to the PPOC contract allowances.

You can find a PPOC provider by calling (800) 367-7762 or view a list of providers by visiting [UFCWTRUST.COM](http://UFCWTRUST.COM). Select the Resources tab, then Find A Provider from the homepage. You can find a Blue Card provider by calling (800) 810-2583.

Your podiatry benefits cover office visits, x-rays, surgeries and custom molded orthotics (braces, inserts and other materials). You are responsible for any deductibles and coinsurance.
Help fight health care fraud

To accomplish the Trust Fund’s goal of providing you the best possible benefits, we need to root out every source of waste and inefficiency which drains resources.

This is why we work hard to eliminate fraud, which is a significant problem affecting almost every health provider in the country.

The federal government estimates at least 3 percent of each health care dollar each year is lost to fraud. Our Trust Fund spends millions on health care every year, so imagine what an extra 3 percent could buy for sick or injured participants.

Fraud loss directly affects you through higher health care costs and higher contributions. Additionally, health care fraud often hurts many of you who may be subjected to unnecessary or unsafe procedures or who may be the victims of identity theft.

The most common fraudulent acts include, but are not limited to:

- Billing for services, procedures and/or supplies which were never provided or performed.
- Intentionally misrepresenting services, procedures, treatments and supplies for purposes of obtaining a payment – or a greater payment – to which one is not entitled.
- Deliberate performance of unnecessary medical services.

Stopping fraud together

The Trust Fund has personnel who closely review all claims, enabling us to prevent millions of dollars in fraudulent claims from being paid.

While the Trust Fund aggressively pursues every avenue possible to prevent fraud, it is sometimes difficult to prevent. So we need your help in protecting our precious health resources.

You can help detect scams and rip-offs which hurt your benefits with these three steps:

Read all Explanation of Benefits (EOB) statements and any paperwork you receive from the Trust Fund. Be sure you actually received the treatments for which the Trust Fund was charged and question suspicious expenses.

Beware of “free” offers. Offers of “free” services are often fraud schemes designed to bill the Trust Fund illegally for thousands of dollars of treatments you never received. These “free services” often result in thousands of dollars in claims being billed to the Trust Fund.

Protect your health insurance card like your credit card. Don’t give your Social Security number (SSN) or other identifying information to anyone except legitimate health care providers. Never give your health insurance information to telephone or email solicitors.