Your Sick Leave benefits

The Sick Leave Compensation Program helps replace your income when you are sick or injured. The program has two parts: Sick Leave Benefits and Sick Leave Payout. Industry Sick Leave Benefits are available for eligible Standard, Ultra and Premier Plan Participants. These benefits pay for wages lost because you are ill or injured and cannot work your regularly scheduled days. Your Employer contributes to the Sick Leave Program on your behalf for each hour you work, and you accrue Industry Sick Leave according to the rates in this chart:

<table>
<thead>
<tr>
<th>If you work:</th>
<th>Ultra and Premier Plans</th>
<th>Standard Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 64 hours</td>
<td>0 hours</td>
<td>0 hours</td>
</tr>
<tr>
<td>At least 64 hours but fewer than 120 hours</td>
<td>3 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>120 hours or more</td>
<td>6 hours</td>
<td>4 hours</td>
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</tbody>
</table>

(Please see page 2)

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 “For Your Benefit Newsletter” para elegir una edición. Visit UFCWTRUST.COM, highlight the Resources menu and select For Your Benefit Newsletter to choose an issue.

Trust Fund Office Core Value: Trust

We demonstrate honesty at every level of the organization where our words and actions align.
Learn more about

(Continued from page 1)

Your Sick Leave hours add up to a maximum of 360 hours. When you are unable to work due to a disability, you should file a claim with the Trust Fund Office (TFO) for Sick Leave Benefits to replace your income.

Any unused Sick Leave hours, up to 360 hours, which you earned prior to January 1, 2018, have been transferred over to your UEBT Sick Leave bank.

Please Note: In order to ensure eligibility you must work the qualifying hours or file for a Disability Extension by checking the “Sick Leave and Disability Extension” box located at the top of the Sick Leave/Disability Extension Form.

Sick Leave Payout is available to eligible employees in Ultra and Premier Plans who have the maximum 360 hours of Sick Leave accumulated in their Sick Leave banks as of each December 31.

To be eligible for the payout, you must be employed as an Active Participant on December 31 of the calendar year for which the payment is made.

Please note: If a claim is filed for time missed in December, you will not be eligible for a payout as you will not have 360 hours in the bank.

The maximum payout is $400 per year, less $10 for each hour of Industry Sick Leave or California Sick Leave used...
your Sick Leave benefits

in the calendar year. Even though you receive the payout, no hours are deducted from your account.

You do not need to file a claim for the Sick Leave payout – the payout will be made to eligible Participants as soon after the end of the year as administratively feasible, usually by March 31.

Industry Sick Leave rules

Members can request their standard Industry Sick Leave benefits only for their own sicknesses or disabilities.

Industry Sick Leave benefits can be requested for any day in which the Member failed to work at least 50 percent of his or her scheduled straight time hours due to sickness or disability. The Member must be seen by a physician during her or his disability to receive Industry Sick Leave benefits for the first day of disability.

Members can request Industry Sick Leave benefits in writing only by completing the UEBT Sick Leave form. To download a copy of the form, visit UFCWTRUST.COM. Select “Resources” then “Forms” on the homepage. From the list, select the UEBT Sick Leave/Disability Extension Form which corresponds to your work schedule. When completing the form, check the box at the top to indicate you want “Sick Leave Only.”

Sick Leave and State Disability/
Workers’ Compensation

If you are eligible for Sick Leave and are also entitled to State Disability or Workers’ Compensation benefits, you will receive Sick Leave Benefits which, together with applicable State Disability or Workers’ Compensation payment, will equal a full day’s wages.

Please note: You become eligible for State Disability on the eighth calendar day of a qualifying disability, regardless of your work schedule.

California Sick Leave Benefit

The TFO administers California Sick Leave (CSL) Benefit for most employees who receive Industry Sick Leave through the UEBT Fund and this article is applicable to those employees. If you are an employee of an Employer who has chosen to administer CSL directly for their eligible Employees, please contact your individual Employer about your specific eligibility for the CSL Benefit.

The California Sick Leave Benefit is an annual benefit available to eligible Members who have been employed for at least 90 days. It has a limit of 24 hours or three shifts, whichever is greater.

CSL and the additional Sick Leave benefits you receive from the UEBT Fund, a.k.a. Industry Sick Leave, have been merged so all Sick Leave benefits are provided from one source: the Fund.

A Member can take paid CSL for himself/herself or for a family member due to the diagnosis, care or treatment of an existing health condition or preventive care or specified purposes for a Member who is a victim of domestic violence, sexual assault or stalking.

Members must request CSL by calling the TFO at (800) 552-2400. The TFO will handle all Sick Leave claims.

Please refer to your pay stub for your California Sick Leave hours. You can view your Industry Sick Leave hours online at UFCWTRUST.COM.
March is National Kidney Month!
Do common pain relief drugs cause kidney damage?

Written by MedExpert

You’ve heard it before: ibuprofen (found in brands such as Advil and Motrin) and acetaminophen (found in brands such as Tylenol) cause kidney damage. The question is: Is this true?

Unfortunately, the answer is: Yes.
Let’s look at why and learn how you can keep your family safe from kidney damage caused by these pain relievers.

Kidney function and problems

Each person has two kidneys, each of which is about the size of a fist. The function of kidneys is to filter extra water and wastes out of your blood and to make urine. Kidney disease means your kidneys are damaged and can’t filter blood the way they should.

Problems with kidneys include kidney failure that may result in transplants or dialysis. About 14% of the general population has chronic kidney disease (CKD). CKD often occurs along with other medical conditions, and for this reason it has been called a “disease multiplier.” Almost half of people with CKD also have diabetes and self-reported cardiovascular disease.

Other kidney problems include kidney cysts, kidney stones, kidney infections and acute kidney injury (AKI). AKI occurs suddenly, often within hours or a few days. AKI causes a buildup of waste products in your blood and makes it hard for your kidneys to keep the right balance of fluids in your body.

Most people recover from AKI, but it is important to avoid its causes, such as reduced blood flow, infection – and misuse of medications such as aspirin, ibuprofen and acetaminophen.

In 2017, Americans purchased $484 million of Advil, $339 million of Aleve, $299 millions of Tylenol, and $87 million of Advil PM. That’s more than a billion dollars on these medications alone!

What you can do

The bottom line is you must follow instructions on over-the-counter medications. When using nonprescription pain relievers, such as aspirin, ibuprofen and acetaminophen, follow the instructions on the package.

Taking too many pain relievers can lead to kidney damage and generally should be avoided if you have kidney disease. And be aware that other medications, such as cough syrup, can also contain these drugs, adding to the total dose.

With a little knowledge, you can keep your family safe from kidney damage caused by improper use of ibuprofen and acetaminophen. And the fastest, most reliable way for you to get the health care information you need is MedExpert.

MedExpert invites you to reach out to us if you want to know more about how pain relievers can affect your kidneys and your overall health. By doing so, you’ll allow us to customize medical knowledge to your individual circumstances – as well as those affecting any family members. Whether you’re in the best of health or dealing with a new or chronic condition, MedExpert is here for you.

For more information, call MedExpert at:
(800) 999-1999
Lower your risk for arthritis

Arthritis is a potentially debilitating condition which causes pain and/or swelling in the joints.

There are two kinds of arthritis: 
**rheumatoid arthritis (RA)** and **osteoarthritis (OA)**.

**Rheumatoid arthritis** is a chronic auto-immune disorder with symptoms which can come and go for no apparent reason. It can affect almost any joint in the body, including the hands, neck, shoulders, knees, hips or feet. In addition to pain and swelling, RA’s symptoms can include fatigue and fever.

**Osteoarthritis** is more common than RA. It is associated with wear and tear on the joints as cartilage breaks down over time. In addition to joint pain and stiffness, OA can cause a “crunching” feeling or sound when a joint is used.

Several forms of treatment, including pain relievers and other medications, exist for both forms of arthritis, but there are steps you can take to lower your risk for the disease and lifestyle changes almost anyone can take to make life more comfortable if you are noticing early symptoms:

- **Lose weight.** Every extra pound adds pressure to such weight-bearing joints as the knees and hips. Losing a few pounds can make you feel significantly better.

- **Get proper exercise.** Stronger muscles can help the joints bear their loads. Exercise also stimulates the production of natural pain killers in the body. Ask your doctor about designing an exercise routine which supports the joints without wearing on them.

- **Reduce stress.** Emotional stress is sometimes linked to flare-ups of rheumatoid arthritis. Reducing stress – through rest, meditation or simply enjoying friends, a good book or a symphony – can work wonders.

- **Stay active as much as possible.** The expression “use it or lose it” often applies to individuals experiencing joint pain. Successful active therapies can include walking, water-walking, bicycling or bending-and-flexing exercises. Ask your doctor about a program suitable for your needs.

- **Eat the right foods.** The Centers for Disease Control and Prevention recommends a diet with healthy amounts of vegetables, fruits, whole grains, low-fat dairy products and lean protein. Reduce your intake of foods high in solid fats, added sugars and salt. Following this advice can help you control your weight and improve your overall physical and mental health.

Sources:
- Arthritis.com
- CDC.gov
PPO Participants: Emergency Room vs. Urgent Care: Know the difference and be prepared

Knowing the difference between the Emergency Room and an Urgent Care facility is important for your health and for your medical benefits.

Emergency Rooms (ERs) exist to help people when they have suffered a major traumatic event like a heart attack, stroke or accident, so it is not appropriate to visit an ER for less-serious reasons.

On the other hand, Urgent Care cases are less severe. They involve the kinds of problems your primary care physician can treat in his or her office.

Unfortunately, many people aren’t aware of the distinctions and use ERs improperly. Only a small percentage of ER visits are for treating true emergency conditions.

The misuse of ERs can be costly for patients and the Fund. An ER visit costs anywhere from two to five times more than a visit to an Urgent Care center or doctor’s office.

What to do

In an emergency situation, you should always call 9-1-1 or visit an Emergency Room. However, if you feel your condition could be treated by your primary care provider or at an Urgent Care center, take advantage of those options.

A simple phone call to your physician’s office will take the guesswork out of deciding between Urgent Care and the Emergency Room. If your doctor can’t see you right away, you might be referred to the nearest Urgent Care facility. It’s that simple.

To find the closest PPO Urgent Care facility visit [UFCWTRUST.COM](http://UFCWTRUST.COM). Select “Resources” and then select “Find a Provider/Pharmacy.” If you are a Kaiser Member, visit kp.org to locate the Kaiser Urgent Care center nearest you.

Be sure to store the phone number and address of your nearest in-network Urgent Care center on your phone and also post it on your refrigerator so it’s available when you need it.

When to use the ER

Emergency Rooms (ERs) have the staff and equipment needed to handle situations which immediately threaten people’s lives and long-term health. Some examples of conditions properly treated in an ER include:

- Spinal injuries
- Severe head injury
- Large open wounds or bleeding that won’t stop
- Major burns
- Severe abdominal pain
- Sudden dizziness or weakness
- Severe or sudden chest pain
- Whenever you suspect a heart attack or stroke
- Difficulty breathing or shortness of breath
To control your intake of added sugar, it helps to know what you are eating!

Use the Nutrition Facts label on prepared foods to help you work within the recommended sugar limits. Also, be sure to read the ingredients and choose whole-grain options when buying breads and pasta.

Many people put themselves on restrictive diets in an attempt to lose weight. However, without doing research or consulting with a doctor, you may put yourself on a path to eating more sugar than you normally would.

Grains as a replacement for meat will reduce fat intake but may also increase sugar consumption, especially refined carbohydrates like those found in white-flour pasta, which has more sugar content than whole grains.

Planning ahead

David Leonhardt, a columnist for The New York Times, recently decided to give up added sugars for a month. He found it “opened my eyes to the many products which needlessly contain sugar,” including certain brands of bacon, smoked salmon and hot sauce.

He also created an online meal planner (https://www.nytimes.com/interactive/2016/12/30/opinion/sunday/how-much-sugar-can-you-avoid-today.html) in which you can select common foods for breakfast, lunch and dinner and find out how much added sugar they contain.

Ultimately, Leonhardt found his break from added sugars led to long-term health benefits and healthier eating. It also helped him reduce the amount of sugar in his diet when he resumed eating added sugars.

“It gives you a new baseline and forces you to make changes,” he said. “Once you do, you’ll probably decide to keep some of your new habits.”

Sources
- heart.org, “Sugar 101”
- webmd.com, “The Truth About White Foods”