

FOR YOUR BENEFIT

Winter 2012



Rx: generic vs. brand name drugs

How much do you pay for a name?

Generic medication has the same effects and saves you (and the Trust Fund) serious cash.

Page 6

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

Visite www.ufcwtrust.com
Visit www.ufcwtrust.com

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:

(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.

www.ufcwtrust.com

ALSO IN THIS ISSUE

- Avoid delays in receiving your Sick-Leave or Disability Extension Benefits
- Breast cancer prevention
- Dealing with post-holiday depression
- Complete the HRQ!
- Retirement Benefits

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UEBT SICK LEAVE CLAIM FORM/DISABILITY EXTENSION APPLICATION

CHECK ONE: SICK LEAVE ONLY DISABILITY EXTENSION ONLY SICK LEAVE AND DISABILITY EXTENSION

PART 1 EMPLOYEE INFORMATION (TO BE FILLED OUT BY EMPLOYEE ONLY)

These sections must be completed by the Employee. Part 1-A and 1-B must be completed prior to the Employer completing their section.

1-A	Last Name	First Name	Initial	Date of Birth:	Social Security #	Home Phone #
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Have you seen this form?

Avoid delays or denial in receiving your Sick-Leave or Disability Extension Benefits

Our goal at the Trust Fund is to process your benefit claims as quickly as possible. You can help by knowing which forms to use when applying for your benefits. The Sick-Leave/Disability Extension form is the tool to use in applying for Sick-Leave and/or Disability Extension benefits.

The difference between Sick-Leave and Disability Extension

Sick-Leave replaces lost wages. Disability Extension provides eligibility for you when you have a reduction of hours due to your disability.

If your illness affects your work hours so that you don't have enough work hours to meet eligibility, a Disability Extension becomes necessary.

You must submit the Sick-Leave/Disability

Extension form to the Trust Fund. Don't leave it with your employer, manager or physician.

Here are some common mistakes that could delay receiving Sick-Leave or Disability Extension benefits:

- failure to check the box at the top of the form indicating reason for submission
- filing too early — for a disability lasting less than seven calendar days, you should file once you return to work; for a disability lasting seven calendar days or longer, you should file after the end of seven days.
- dates submitted by members and employers do not match (this includes doctor certification)
- incomplete doctor's note — it must include "seen and treated/from and through" dates
- failure to include diagnosis information/reason for absence
- incorrect or missing work schedule
- failure to sign the form
- employer signs member's form prior to his or her return-to-work date
- failure to submit a *new* form with each new return-to-work date for Disability Extensions

State Disability (SDI) and Workers' Compensation (WC)

You should file for State Disability Insurance (SDI) benefits if your disability is not due to employment and lasts more than seven days. Workers' Compensation (WC) applies to longer-term disabilities caused by employment.

State Disability benefits generally start on the eighth calendar day of the disability. Any amount you receive from SDI or WC is deducted from your Sick-Leave pay.

Benefits combined with SDI or WC will equal wages up to the maximum hourly rate per the CBA.

Be sure to include a copy of your SDI/WC computation form. If you do not provide the

Trust Fund office with a copy of this form, the Fund office will reduce your Sick-Leave benefits by the estimated SDI/WC benefit, which may result in an underpayment of Sick-Leave benefits.

Please refer to your Summary Plan Description Handbook for additional Plan rules.

Disability caused by employment

You should file a claim with your employer's Workers' Compensation carrier if you are injured on the job.

If you have a disability caused by your employment, you must still submit a timely Sick-Leave Claim form/Disability Extension application to continue your health coverage and/or Sick-Leave payments.

Workers' Compensation generally starts on the fourth calendar day of disability. A Workers' Compensation claim does not automatically extend your health coverage.

Workers' Compensation medical benefits only cover claims related to that specific injury. You must still submit an application for Disability Extension to continue your health coverage for you and your dependents.

Timely filing limits

If you do not meet specific deadlines in sending your forms to the Trust Fund, your application for Sick-Leave and/or Disability Extension benefits will be denied.

The filing deadlines are:

- **Disability Extension:** Must be filed within 60 days from the date you receive your COBRA/Loss of Eligibility notification for Disability Extension. You should file for a Disability Extension right away if the disability is going to last longer than seven days.
- **Sick-Leave:** Must be filed within one year from the first day of your disability. You will receive notification from the Trust Fund office when your application is processed.

You will be informed of the date through which your benefits are extended. Please note the deadline for applying for further disability extensions, should you need them.

You can download a Sick-Leave/Disability Extension form at www.ufcwtrust.com: click on "Forms" under the "Resources" tab. You can also call the Trust Fund office at (800) 552-2400 or call your Local Union.



For Your Benefit is the official publication of the UFCW & Employers Benefit Trust. This bulletin describes particular benefits and does not include all governing provisions, limitations and exclusions, which may vary from plan to plan. Refer to the Summary Plan Description and Evidence of Coverage and Disclosure Form for governing information.

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Breast cancer: from taboo to hope

Just a few decades ago, breast cancer was regarded as such a horrific disease that many people were afraid to mention it in public.

Times have changed, and while breast cancer remains a grim affliction that claims far too many lives, it is no longer a taboo subject for polite conversation.

Improved awareness has, in turn, contributed to the allocation of greater resources toward understanding, preventing, diagnosing and treating the disease.

The increased attention given to breast cancer has coincided with encouraging reductions in deaths caused by the disease. Mortality

has decreased approximately 30 percent since 1990, and survival rates are still improving.

Today, approximately 230,000 women are diagnosed with breast cancer each year and about 40,000 will die from the disease. Approximately 1 percent of all cases of breast cancer occur in men.

Risk factors

While many mysteries remain about the causes of breast cancer, researchers have found that women who have a family history of breast cancer are at greater risk of developing the disease in their lifetime.

Smoking is the leading

(Please see page 5)

Tips for prevention

- **Don't smoke**
- **Get regular mammograms**
- **Do self-exams monthly**
- **Be aware of family history**
- **Avoid becoming overweight**
 - **Keep physically active**
 - **Drink little or no alcohol**
 - **Eat fruits and vegetables**
 - **Take supplements daily**
- **Maintain a positive mental outlook**
- **Breast-feed babies as long as possible**

EMAP is here to help

Tackling winter depression

For some people, the winter months are an especially sad and stressful time of the year.

The holidays are over. Family gatherings have ended. Some folks had nobody to spend the holidays with or are returning to homes where they live alone.

Many people spend the post-holiday season confronting the financial consequences of their gift-giving generosity. Debt piles up on credit card statements and in mounds of cash receipts, and before you know it, you could be in serious financial straits.

For students, the winter break is over and it's back to school until summer. In many areas of the country, it's still cold and barren, with little sign of reprieve.

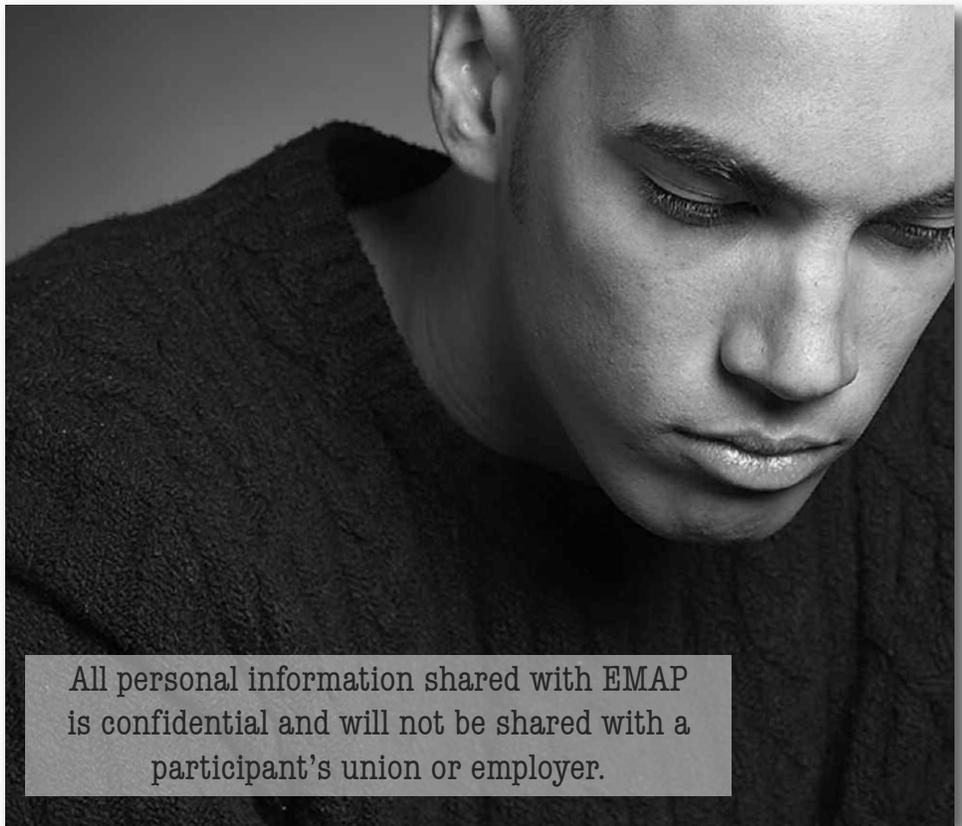
Some people who experience one or more of these scenarios may find themselves slipping into depression.

Depression isn't a sitcom joke or something to "just get over." It is a serious condition that affects the way people live their lives.

Many people feel depressed from time to time. It is part of human nature. But clinical depression is a disease that has recognizable symptoms. Among those symptoms are insurmountable feelings of sadness, emptiness, worthlessness or irritability; loss of interest in established pleasurable activities; changes in weight, appetite or sleep patterns; inability to concentrate; fatigue; physical aches; restlessness, and morbid or suicidal thoughts.

Depression and depressive disorders can be treated and even cured. Methods for treatment vary from increased exercise and improved diet to psychotherapy and/or medication.

If you or someone in your family is dealing with symptoms of depression, the Trust Fund's health management website, www.hmc-emap.com, may be able to help. It provides useful information about



All personal information shared with EMAP is confidential and will not be shared with a participant's union or employer.

a wide range of health problems and services that help people control them. (Please note: HMC authorization is required for any treatment and is available to active PPO participants.)

Depression isn't a sitcom joke or something to 'just get over.' It is a serious condition that affects the way people live their lives.

Personal growth topics covered include communication skills, families, relationships, grief and loss, mental health, and addiction and recovery.

Participants may be able to help ad-

dress their own "winter blues" before contacting a counselor by using resources on the website. Sign up for an online seminar such as "Emotional Intelligence for Success" or review articles like "Get Back to the Basics to Find Balance in Life" to find a new perspective on emotional wellness.

Other links contain information on how to be an accomplished employee, career development and transition, workplace diversity, productivity and safety.

There are even sections on consumer tips, home improvement, home buying or selling and moving. Log on to www.hmc-emap.com and enter the code UFCWEBT. Participants can also call HMC at (877) 845-7440.

For active and retired HMO participants, mental health and chemical dependency treatment is provided by your HMO, not through HMC.

For PPO retirees, mental health and chemical dependency treatment is provided through Blue Shield for in-state and BlueCard for out-of-state retirees.

Addressing breast cancer

(Continued from page 3)

environmental risk factor linked to breast cancer. Quitting the smoking habit is considered one of the best ways to avoid the disease.

Physical inactivity and obesity are other risk factors, and so are excessive consumption of alcohol and having experienced menopause.

Early detection

Advances in diagnosis have contributed to improving the odds for survival. Many doctors believe that mammogram screenings can help identify the disease in its earlier, more treatable stages.

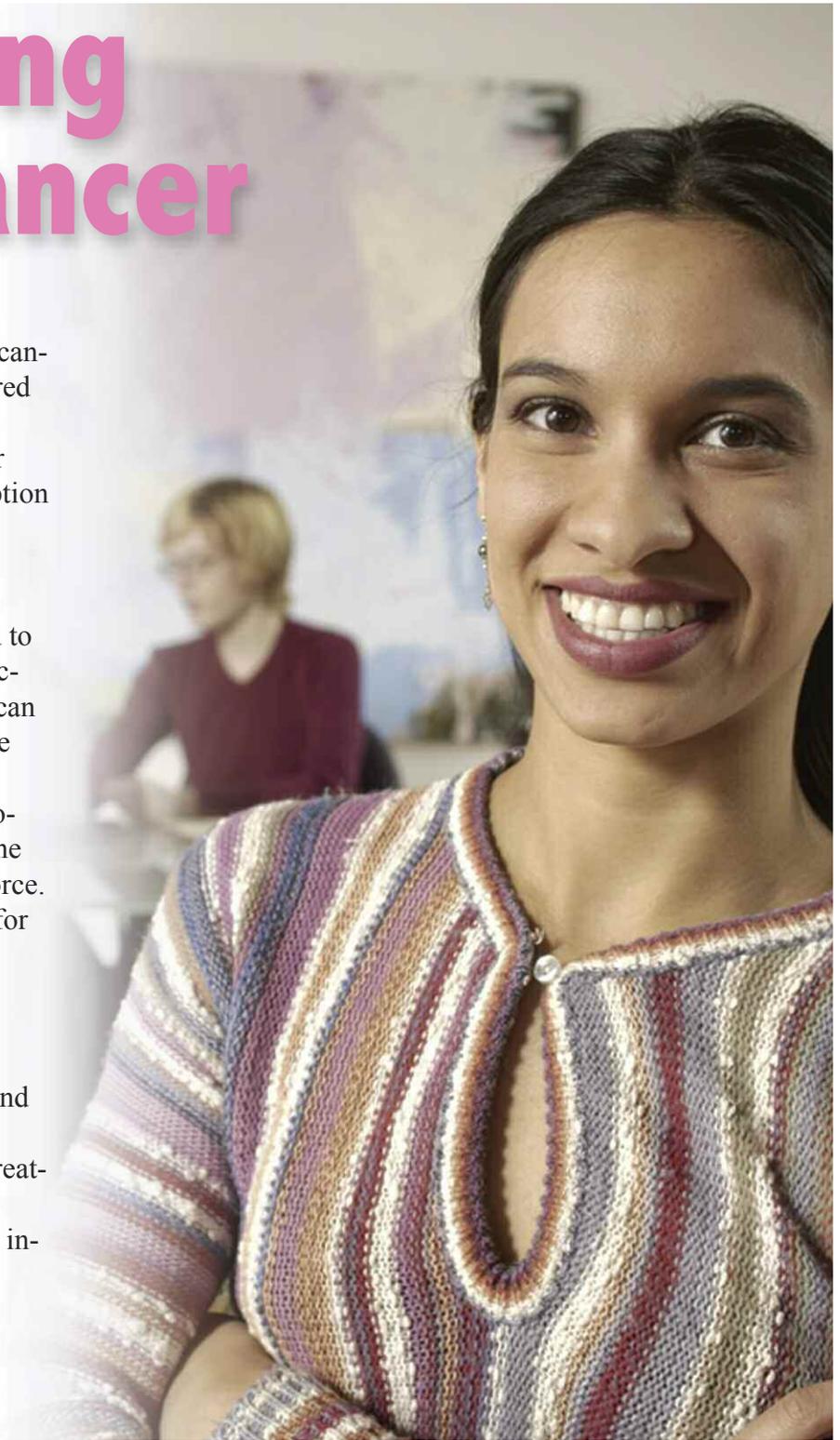
The Plans provide coverage for mammograms based on the recommendations of the United States Preventive Services Task Force. Refer to your Summary Plan Description for more information on preventive care.

Treatment

Treatment for breast cancer usually includes removal of affected tissues ranging from lumpectomies to full mastectomies and removals of lymph tissues. Surgeries frequently are supplemented with radiation treatments and drug therapies.

Post-operative reconstructive surgery is included in your Plan benefits.

Call the Trust Fund office at (800) 552-2400 for more information.



Approximately 200,000 women will be diagnosed with breast cancer in 2012.

One in five will die from it.



How much

Generic drugs:

A familiar brand of medication may seem the obvious choice, but lesser-known and less-expensive generic drugs usually do the job just as well. Generic drugs are put through the same rigorous approval procedures as more expensive drugs, and they produce the same results at a fraction of the cost to the participant (in the form of lower copayments) and the Fund.

The differences

By law, a generic prescription drug must contain the same active ingredients and strength of medication and treat symptoms in the same manner as its brand-name counterpart. It must also meet the Food and Drug Administration's strict guidelines for manufacturing.

Generic brands enter the market after the patent of a brand-name drug expires — typically 10-14 years.

Generic drugs might have different inactive ingredients, so they may have a different color or taste a little different from a brand-name drug, but the quality is not compromised.

According to the Congressional Budget Office, generic drugs save consumers an estimated \$8 to \$10 billion a year at retail pharmacies. Even more billions are saved when hospitals use generics.

For example, your copay for most generic drugs is only \$10, compared to the \$35 non-formulary drug copay. You could save \$25 on each prescription.

And, because generics cost less, the Trust Fund saves money, too.

Real-world example

Generic Lipitor

On Nov. 30, 2011, pharmaceutical company Pfizer released the long-awaited generic version of its popular cholesterol control drug Lipitor (atorvasatin) following FDA testing.

Pfizer sold \$10.7 *billion* worth of Lipitor last year alone because of its exclusivity and well-executed advertising campaigns.

Since the generic atorvasatin's release, the manufacturer of the new generic drug will have a 180-day exclusivity period to make and market it, after which, other pharmaceutical companies will be able to produce and distribute their own versions of the formula.

"Name-brand" Lipitor will be available to participants during the higher priced 180-day exclusivity period for the standard low co-pay amount for generic drugs. After that period, you may obtain the generic drug for the applicable generic co-pay, or, per the terms of the Plan, pay a higher co-pay for the brand name drug.

When the exclusivity period ends for the generic drug, the price will drop even further due to increased competition.

Generic drugs are a win-win solution to high prescription costs!

Retirement Benefits: What vested Participants should know

In December 2011 the Trust Fund mailed a Retirement Plan Estimate to all active, non-retired Pension Plan Participants who are vested in the Pension Plan.

The 2011 Retirement Plan Estimate shows those vested Participants the estimated value of their benefit, earned through Dec. 31, 2010, that is payable at their Normal Retirement Age.

Generally, a Participant becomes vested after having employer contributions made to the Pension Fund on their

behalf for five or more years. "We are excited about this first step and we look forward to continually improving our communication with our Participants and retirees," said a representative from the Trust Fund.

Participants in the Pension Plan who want to know more about the retirement benefits available are urged to please refer to the Summary Plan Description (SPD).

Please call the Trust Fund at (800) 552-2400 and ask for the Pension department with any questions.

Change of contact information

It is very important to provide an update of contact information directly to the Trust Fund or your Union Local even if you have updated this information with your current employer.

If you leave the industry and are vested with the Plan, it is still important to keep your contact information current with the Trust Fund as we may need to notify you of your benefits at a future time. It will save the Trust Fund unnecessary expense in trying to locate you and it is important you receive benefit information.

Also, keep the Trust Fund office informed of changes in other insurance or any changes in dependent status.

You can download a Change of Contact Information Form at www.ufcwtrust.com under the Resources/Forms Tab or fill out the form online once you have completed registration.

HRQ reminder

All eligible participants and spouse/domestic partners enrolled in the PPO medical plan will receive their annual Health Risk Questionnaire (HRQ) for 2012 beginning in February.

The HRQ is designed to help you identify potential health risks early so you can seek proper care and make necessary lifestyle changes. The results are confidential and are available only to you.

Active eligible PPO participants covered under the 2007-2011 collective bargaining agreement (excluding actives with dual coverage and re-

tirees) who complete the HRQ questionnaire will receive an additional contribution to their HRA account. For more information, call (888) 411-8329, Monday through Friday, 7 a.m. to 7 p.m. PST.



Annual Sick-Leave payout

The Trust Fund Office processes Sick-Leave claims for many members and works diligently to ensure the payout for eligible members is done accurately and in a timely manner.

There are many steps that must be taken to determine whether a member qualifies for a payout and to prevent a payout being issued to a member who does not have enough hours to receive it.

Due to the manner and timing in which work hours are reported and Sick-Leave claims are submitted, some of the steps to ensure the accurate processing of a Sick-Leave payout include:

- all work hours are received and processed timely and efficiently
- eligibility is recorded accurately as eligibility is month to month
- all Sick-Leave claims submissions are processed
- all pending Sick-Leave claims are closed to reflect the correct bank balance

You do not need to file a claim for the Sick-Leave payout. The payout will be made to eligible members as soon after the end of the year as administratively feasible.