

FOR YOUR BENEFIT

Summer 2011



FEATURE

Lose weight and add years to your life

Tips to help you make the lifestyle changes to feel better, look better and live longer

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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's Member Services Department are 7:30 a.m.-5:30 p.m., Monday-Friday.

www.ufcwtrust.com

ALSO IN THIS ISSUE

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Keep your info up to date with the Trust

To continue receiving information concerning your benefits, you must notify the Trust Fund office whenever you change your address. Even if you have notified your employer and the union of the change, you must still inform the Trust Fund office.

To update your information, you must complete a Change of Contact Information Form and submit it to the Trust Fund office. You can download the form at www.ufcwtrust.com. Click on the Resources tab and select the Forms option.

Also notify the Fund of changes in your family status. For example, when you marry, remarry, divorce or have a child, be sure to update your beneficiary information. This is not done automatically!

For more information concerning your benefits, please call (800) 552-2400 or visit www.ufcwtrust.com.



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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Expanded immunization coverage at UEBT retail pharmacies

The following information is for active employees covered under a 2007 collective bargaining agreement and enrolled in the PPO medical plan.

Under the PPO Medical Plan (the "Plan"), immunizations administered in accordance with the Fund's Preventive Care Guidelines are covered in full with no deductible if obtained at a PPO provider.

Premier and Ultra Plan 2007 contract participants

For Premier and Ultra Plan participants, immunizations at a PPO provider in accordance with the Preventive Care Guidelines are covered in full for you, your spouse or domestic partner, and eligible dependent children.

Certain immunizations are normally available and administered at retail pharmacies. UEBT retail pharmacies have been considered "PPO providers" for immunizations under the preventive care provisions of the Plan; however, until now you had to pay the entire amount at the retail pharmacy and then submit a claim form to the Fund Office for reimbursement.

Effective Sept. 1, you must only give your Informed Rx ID number, which is your Social Security number, to any UEBT retail pharmacy and a Pharmacy Available Immunization (see partial list at right) will be eligible for full coverage if otherwise covered under the Preventive Care Guidelines.

Standard Plan 2007 contract participants

For Standard Plan participants, immunizations at a PPO provider in accordance with the Preventive Care Guidelines are covered in full for eligible dependent children up to age 2 only. This special immunization program at a UEBT retail pharmacy is not available for these immunizations, and they should be obtained at the doctor's office. However, this does not affect the current flu-shot program that al-

lows Standard Plan employees to receive a flu shot without any out-of-pocket expense at a UEBT retail pharmacy.

This program is not available to HMO Plan enrollees.

To locate a participating UEBT retail pharmacy, you may visit the InformedRx website at www.myinformedrx.com. If you have questions about your benefits, you may contact the Trust Fund Office at (800) 552-2400. You may also refer to the Fund's Preventive Care Guidelines found in Appendix A of your Summary Plan Description.

In the near future, the Trust Fund hopes to expand this coverage at participating UEBT retail pharmacies to a select list of drugs currently excluded from the Preventive Care Guidelines, but otherwise covered under deductible and coinsurance.

A new California law (AB 354) requires all students entering or advancing into 7th through 12th grade to show proof of receiving a whooping cough booster shot (the Tdap immunization shot). The Tdap immunization shot is now offered at your local UEBT retail pharmacy.

Below is a list of Pharmacy Available Immunizations (effective Sept. 1):

Pertussis (whooping cough)

Measles, mumps, rubella

Hepatitis A & B

Chickenpox

Polio

Rotavirus

Influenza

Diphtheria

Meningitis

Herpes (shingles & HPV)

Replacement BlueCard ID cards

Retirees are now able to visit www.ufcwtrust.com to order replacement BlueCard ID cards online. Visit the Trust Fund website and click on the link under "Important Information."



What you need to know about Medicare eligibility and enrollment

Information for retirees

If you are a retiree, it is important that you and your eligible spouse/domestic partner enroll in Medicare Parts A and B upon first becoming eligible for Medicare.

Generally, Medicare coverage is provided for any of these reasons:

- Age 65 (you should apply three months before the month you turn age 65)

- Under age 65 and receiving Social Security disability benefits or certain Railroad Retirement Board (RRB) disability benefits for more than 24 months
- End Stage Renal Disease (ESRD)
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease)

If you and/or your spouse/domestic partner are eligible for Medicare, enrolled for medical coverage under the Fund and meet any of the listed criteria,

your medical benefits will be coordinated with Medicare Parts A and B **whether or not** you and/or your spouse/domestic partner have enrolled in Medicare. This means that the Trust Fund will pay claims as if they were secondary to Medicare.

The Trust Fund will not pay the portion that would have been covered under Medicare and you will be responsible for all or part of this amount.

If you do not notify the Trust Fund of your or your spouse/domestic partner's eligibility for Medicare coverage, you will be responsible for refunding any overpayment of benefits made by the Trust Fund where the plan did not coordinate benefits with Medicare benefits.

Retirees with PPO coverage

If you and/or your eligible spouse/domestic partner elect the PPO plan and are eligible for Medicare and do not enroll in both Parts A and B, the Trust Fund will pay only the reduced benefits described earlier and you and/or your eligible spouse/domestic partner may be responsible for 80 percent or more of your medical bills.

Retirees with HMO coverage

If you and/or your eligible spouse/domestic partner elect an HMO plan with the Trust Fund, you will be disenrolled from the HMO plan and automatically enrolled in the PPO plan with the reduced benefits described above.

If you and/or your eligible spouse/domestic partner first become eligible for Medicare outside the Trust Fund's enrollment period, please contact Member Services at (800) 552-2400 or mail a copy of your Medicare card to the Trust Fund office at PO Box 8086, Walnut Creek, CA 94596-8086.

Retirees actively working in another industry and also receiving benefits through the Trust Fund

If you and/or your eligible
(Please see next page)

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spouse/domestic partner are actively employed in another industry, enrolled for medical benefits with that employer and eligible for Medicare, you are not required to enroll in Medicare Part B; however, the retiree plan administered through the Trust Fund will process your claims as the third payer and estimate Medicare's benefits as secondary to your Active Group Health Coverage.

Information for actives

Active UEBT members 65 and older or with ESRD

If you are actively employed, or if you are enrolled as the spouse of an active member in the Fund, then you are not required to enroll in Medicare Part B unless you are eligible for Medicare due to ESRD. When you are eligible for Medicare based on ESRD, Medicare will be primary after a 30-33 month "coordination period."

Even though the Fund does not require you to enroll in Medicare Part B while employed with the exception of ESRD coverage, you may want to enroll anyway. Although you will have to pay the Part B premium, you will have two coverages. Medicare Parts A and B will coordinate with the Fund as secondary coverage. Also, you will have the Medicare Parts A and B coverage if you were to miss a month of eligibility under the Fund.

Disabled members eligible for Medicare

In the event you become "Totally Disabled" (as defined in the plan document) and entitled to Medicare because of your disability, you will no longer be considered actively employed. As a result, once you become entitled to Medicare because of your disability, Medicare will be the primary payer and this Fund will be secondary.



If you are disabled (but not "Totally Disabled") while actively employed and have been receiving Social Security or Railroad Retirement Board disability benefits for 24 months, Medicare will be secondary as long as you do not retire. Once you retire or become "Totally Disabled," it is very important to enroll in Medicare Part B when you or your spouse/domestic partner become eligible for Medicare, or else you will be held responsible for the benefits that Medicare should have covered as primary.

Medicare and Social Security or RRB

If you and/or your spouse/domestic partner receive or will be receiving Social Security disability or RRB disability benefits, you and/or your spouse/domestic partner will become eligible for Medicare after a 24-month qualifying period.

The first 24 months of disability benefit entitlement is the waiting

period for Medicare. You will be contacted by Social Security or RRB to enroll in Medicare a few months before you become eligible to enroll. Note: If you are under age 65 and have ALS, you will receive your Medicare benefits in the first month you receive disability benefits from Social Security or the RRB.

Medicare coverage information

Medicare Part A (hospital insurance)

- It helps pay for care in a hospital or skilled nursing facility, home health care and hospice care.
- Most people don't have to pay for Medicare Part A because they paid Medicare taxes while working. This is called "premium-free Part A."
- You and/or your spouse/domestic partner should apply for Medicare Part A before each of you reaches age 65, even if you or your spouse/domestic partner are still employed.



Medicare Part B (medical insurance)

- It helps pay for doctors, outpatient hospital care and other medical services.
- Most people pay for Medicare Part B and will pay the standard premium amount. Usually the premiums are deducted from your Social Security benefit. You may be contacted by Social Security if you have to pay more, depending on your income.
- You may defer applying for Medicare Part B while you are still working. However, when you retire, you should contact Social Security immediately or call (800) 772-1213 to apply for Part B to avoid penalties and delays in Medicare eligibility.
- If you don't sign up for Part B when you are first eligible and do not meet the special circumstances requirement to re-enroll in Part B, you will have to pay a late enroll-

ment penalty. The cost of Medicare Part B will go up 10 percent for each full 12-month period that you could have had Medicare Part B but didn't elect it, except in special cases.

Medicare Part C (Medicare Advantage)

- It helps lower your costs of receiving medical services, or you may get extra benefits for an additional monthly fee.
- It allows you to choose all of your health care services through a provider organization.
- You must have both Parts A and B to enroll in Part C. If you are currently enrolled in Kaiser or Health Net through the Trust Fund retiree medical plan, you will be required to enroll in Part C. If the Medicare Risk plan through Kaiser and/or Health Net is not available in your area, you will be notified by the Trust Fund regarding your plan options.

Medicare Part D

- It is prescription drug coverage and is voluntary. Medicare charges a monthly premium to enroll in Medicare Part D.
- In order to receive prescription drug coverage through the Trust Fund, you cannot be enrolled in Medicare Part D prescription drug coverage. If you are enrolled in Medicare Part D prescription drug coverage, you must disenroll immediately or your prescription drug coverage through the Trust Fund will be terminated on the date your Medicare Part D Plan becomes effective.
- If you are enrolled in Kaiser Senior Advantage and eligible for Medicare Part D, your pharmacy benefits will be provided through Kaiser. If you also enroll in any other Medicare prescription drug plan, you will be disenrolled automatically from your Kaiser Senior Advantage plan for both medical and prescription drug coverage.

Summary

Remember to enroll in Medicare when you or your eligible spouse/domestic partner first become eligible for Medicare. When Medicare should be the primary payer under the retiree plan level, the Trust Fund will coordinate to pay claims secondary to Medicare, even if you fail to enroll in Medicare as required. You will be held responsible for the difference between what Medicare should have paid as primary payer and what the Trust Fund paid as secondary.

As an active employee, you and your spouse are not required to enroll in Medicare Part B unless either of you is eligible for Medicare due to ESRD.

This article is only intended as a general summary and does not fully describe all the Medicare eligibility conditions. If there is any discrepancy between this article and the Medicare rules, the Medicare rules govern. For more detailed information, please refer to your Summary Plan Description (SPD) or call the Trust Fund office. You may also visit www.medicare.gov or call (800) MEDICARE.

Reprinted in part from Medicare.gov

Open Enrollment

During Open Enrollment you will be asked about other insurance coverage for you and your dependent(s). Please make sure that you provide accurate Medicare information and be prepared to provide any Medicare numbers and effective dates.

If you become eligible for Medicare **after** the enrollment period, please be sure to notify the Trust Fund of eligibility for Medicare coverage for you or any of your dependent(s) as soon as possible. You will be responsible for refunding any overpayment of benefits made by the Trust Fund where the Plan did not coordinate benefits with Medicare benefits.



Lose weight and add years to your life

Everyone knows that losing excess weight and adopting a healthy lifestyle can help people live longer.

People who are overweight tend to have significant health problems like heart disease and diabetes. Eating right, maintaining proper body weight and exercising regularly can help you live longer and improve your quality of life.

Who doesn't want to enjoy life more and be around longer for friends and family?

Losing weight can make people happier, too. It enables them to do more because they have more energy, feel more at ease and have more confidence in themselves.

People even find that maintaining

a healthy weight saves them money on everything from food and clothes to airline tickets and gasoline. It is a myth that healthy foods are higher-priced than processed foods. They actually cost less.

Making the change

So, why aren't more people losing weight?

Making the change to a healthier diet and lifestyle is easier said than done for many people. But by embarking on a medically approved program, almost anyone can succeed in getting down to and maintaining a healthy weight.

It is unrealistic to think that someone can change his or her lifestyle overnight. Start with manageable

goals and expand on them when ready.

Here are some tools to use when beginning a program of diet and exercise:



Determine how much weight you need to lose. If you need to lose 50 pounds

or more, aim for a loss of two pounds a month. If you need to lose less, a pound a month is a good long-term goal. Two years may seem like a long time to lose 50 pounds, but it is more likely to stay off.



Don't diet! Diets don't work over time. The best way to lose weight is by

eating consistently healthy foods and by engaging in regular exercise.



Find an enjoyable physical activity. Aerobic exercise is best.

Take a daily walk or sign up for a dance class. Consider joining a gym. Building muscle can help you look better and feel stronger. It's also important to vary your exercise routine so you don't get bored and discontinue your exercise program.



Make a commitment to exercise at least three times a week. That is the best way to keep weight off.

And exercise has been called the best anti-aging remedy.

For exercise, doctors recommend 30 minutes of moderate exercise, such as brisk walking or gardening, on most days. If you can't exercise for a full 30 minutes, studies indicate that you can achieve the same healthy benefits if you exercise in several smaller intervals during the day.

Exercising with light weights can help strengthen your bones and reduce the risk of osteoporosis.



Find a partner. People are more likely to go to a gym, take a walk or participate in other physical

activities when a friend is sharing the experience. Even a pet can help. Studies show that people who lose weight while exercising their dog tend to lose more weight than those who don't have a canine companion.



Plan your meals. Start eating right at the beginning of each day with a breakfast consisting of nutritious

items such as whole grains or fruit. For lunch and dinner, focus on lean protein and vegetables. You don't have to skip desserts or alcoholic drinks as long as they are kept to one serving.

Remember, your goal is to be slow and steady. You can do it! Maintaining a healthy weight and embarking on a regular program of exercise is a win-win for everyone.

All it takes is a commitment to do it and a little patience, and the lifestyle changes you make can lead to a longer life.



Online resources

There are many helpful resources online to help you kick start your weight loss, from calorie and nutrition monitoring to healthy recipes and exercise routines.

Here are a few to help you get started:

Lose It! is a program that allows you to define your weight loss parameters and track your progress by entering information on your food intake and exercise habits. It is available as a mobile application for iPhone users as well as on the web at www.loseit.com.

WebMD features "Fitness 101: The Absolute Beginners Guide to Exercise," an online guide compiled by experts that includes sample workouts and recommendations for exercise equipment. Visit www.webmd.com/fitness-exercise/guide/fitness-beginners-guide.

EatingWell is a resource for nutritious, low-calorie recipes that you can tailor to meet your specific weight loss goals. Click on the Diet, Nutrition and Health tab at www.eatingwell.com.



7

reasons to stop smoking



Smoking leads to premature death, but it's also responsible for considerably reduced quality of life along the way. Here are seven great reasons to kick the habit. Quit *today*.

- 1** Your risk of lung cancer will start to decline and within 10 years will be almost the same as someone who never smoked.
- 2** Food will taste better. Smoking interferes with your senses of taste and smell.
- 3** You'll get less coughs, colds and infections. Smoking damages your airways and makes you more prone to infectious diseases.
- 4** Your face will have fewer wrinkles. Tobacco smoke can dry and block blood supply to your skin, which causes wrinkles.
- 5** Your teeth will look better. The nicotine and tar in cigarettes stain your teeth.
- 6** The risk for heart disease will be lower. When you quit smoking, your cholesterol level will improve because smoking raises LDL (bad) cholesterol and lowers HDL (good) cholesterol.
- 7** There will be more money in your pocket. Based on the average cost of a pack of cigarettes, you could save at least \$1,000 a year.

Reminders

Employee Member Assistance Program (EMAP)

The Trust Fund's health management website, www.hmc-emap.com, may be able to help you with a variety of issues, including substance abuse, mental health and personal growth.

The website provides useful information about a wide range of health problems and services that help people control them. (Please note: HMC authorization is required for any mental health service and/or chemical dependency treatment and is available to active PPO participants.)

Log on to www.hmc-emap.com and enter the code UFCWEBT. For HMO participants, mental health and chemical dependency treatment is provided by your HMO, not through HMC.

HMC-EMAP benefits apply only to active participants. PPO in-state retirees receive their mental health and substance abuse benefits through the Blue Shield PPO provider network and BlueCard for out-of-state. HMO retirees receive mental health and chemical dependency treatment through their HMO.

Disease Management program

Active participants covered under the 2007 collective bargaining agreement who are enrolled in the PPO Medical Plan now have access to the new Disease Management program as part of their benefits.

Participation in the Disease Management program is by invitation only. It will be used to help participants suffering from asthma, coronary artery disease (CAD) and diabetes.

This program, which helps manage health and wellbeing, is free and **completely confidential**. It features one-on-one telephone support from a nurse or other health care professional, tailored to each specific situation.