

# FOR YOUR BENEFIT

Spring 2010

## Asthma Part 2: Prevention and treatment

□ This is the second article in a three-part series on asthma, focusing on its symptoms, its prevention, its treatment and long-term maintenance of the disease.

**T**hrough a comprehensive program of prevention and treatment, people with asthma can lead active, healthy lives and fully participate in exercise and other physical activities.

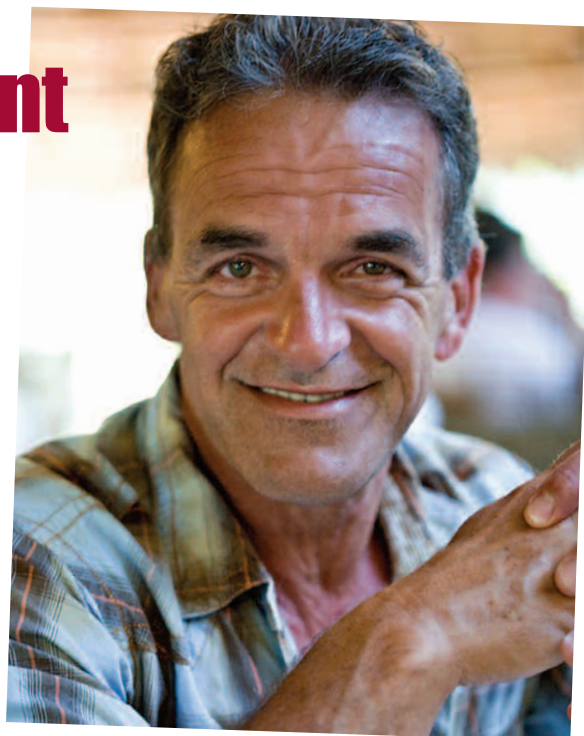
### Prevention

Asthma is an ongoing condition that needs regular monitoring and treatment. It helps to have a written plan in place to monitor and treat asthma. Be sure to work with your health care provider to create

a plan and then follow it:

- Find out what causes or worsens your asthma and then take steps to avoid those triggers. Pollen, mold, pet hair, cold air and air pollution can trigger asthma attacks.
- Learn to recognize the warning signs of an impending attack. These may include slight coughing, wheezing or shortness of breath.
- Regularly measure breathing with a home peak-flow meter. This is especially important because your lung function may decrease before you notice any

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*For Your Benefit* is a quarterly 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

- Sick-Leave and Disability Extension
- Information about a Dependent Audit
- The facts about insomnia

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# How to avoid a delay in receiving Sick-Leave benefits

**O**ur goal at the Trust Fund is to process your benefit claims as quickly as possible. There is one form provided for submitting your Sick-Leave and/or Disability Extension. The form will be processed based on the box(es) checked for processing.

You can do your part to help the process run smoothly by *reading the form thoroughly and making sure all questions that apply to you are answered.*

If you are filing for Sick-Leave and/or Extended Disability benefits and have problems completing the form, please contact the Trust Fund office for assistance.

To avoid a delay:

- Be sure to sign your form.
- Be sure the Employee and Employer's Statement is complete and that the Employee, Employer and Physician information is consistent (dates, etc.).
- Check the appropriate box at the top of the form to indicate whether you are filing for Sick-Leave, Disability Extension or both.
- Forward a copy of your State Disability Insurance (SDI)/Workers' Compensation (WC) computation statement or check stub that indicates the amount SDI/WC is paying.

## Plan rule requirements

Knowing the Plan rules for Sick-Leave and Disability Extensions can prevent delays in processing claims.

*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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Filing for Sick-Leave does not automatically continue your health care coverage. To continue your health care coverage, you must additionally file with the Trust Fund office for an extension of coverage such as Disability Extension, COBRA or self-payment.

Below are some of the general plan rules:

- Sick-Leave benefits only provide replacement of wages lost due to your own disability or illness.
- In order to receive Sick-Leave benefits for the first day of your absence, you must be seen and treated by a physician during your period of disability. Be sure your form includes a physician certification verifying you were seen and treated during your disability and the dates you were unable to work because of your disability. Otherwise, benefits will begin on the second day of your disability.
- **Participants may not seek telephone advice from any health care professional as a substitute to being seen by a physician. Telephone advice does not satisfy the requirement to be seen by a physician to receive first-day Sick-Leave benefits. If the physician statement certifies only that you were given telephone advice you will not receive first day Sick-Leave benefits. Therefore, be sure you are seen and treated even if telephone advice is recommended (in order to receive first day Sick-Leave benefits).**
- **To receive Sick-Leave benefits for a disability lasting less than seven days, a physician statement is not required. However, remember if you are not seen and treated by your physician during the disability you will not receive Sick-Leave benefits for your first day.**
- If your disability lasts more than seven days, a physician statement is required. The physician should verify that you were seen and received treatment during your disability and the dates you were unable to work because of your disability.
- State Disability Insurance generally starts on the 8th calendar day of the disability and Workers' Compensation

generally starts on the 4th calendar day of disability. Any amount you receive from SDI/WC is deducted from your Sick-Leave pay. The benefits together will always equal your straight time wages for the period you were unable to work. 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 the SDI/WC computation form, the Fund office will reduce your Sick-Leave benefits by 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

*A Workers' Compensation claim does not automatically extend your health coverage. If you have a disability caused by your employment you must still submit an application for Disability Extensions to continue your health coverage and/or Sick-Leave benefits. Sick-Leave benefits are integrated with wages for Workers' Compensation Benefits.*

## 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. To obtain a Sick-Leave/Disability Extension form, contact the Trust Fund at (800) 552-2400 or call your Local Union.



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signs or symptoms.

- Treat attacks early and immediately. Stop any activity that may have triggered the attack. This will make a severe attack less likely, and lessen the need for medications to control symptoms. If symptoms don't improve, seek medical help.
- Take your medications. Don't change anything without first talking to a doctor. Bring medications to each doctor visit, so your doctor can double-check the dosage and administration.

## Medication

The right medication to treat asthma depends on several factors, including age, symptoms and what works best to keep asthma under control.

Most people with persistent asthma use a combination of long-term control and quick-relief medications taken with a hand-held inhaler. If asthma symptoms are triggered by airborne allergens such as pollen or pet dander, allergy treatments may also be necessary. Because asthma changes over time, work with your doctor to monitor symptoms and learn how to make needed adjustments.

Some medications can cause or worsen asthma. These include aspirin or other non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen and beta-

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blockers (used to treat heart disease, high blood pressure, migraine headaches or glaucoma).

## When to call the doctor

Minor shortness of breath can be treated at home or in the doctor's office. If it's major, seek emergency care.

It is important to recognize typical asthma symptoms are. Mild cases of asthma may include only some wheezing; more severe cases can progress rapidly from minor shortness of breath to a life-threatening situation.

Call the doctor if you have symptoms such as:

- Trouble breathing, even after taking medications according to your asthma action plan; or shortness of breath combined with tightness in the chest and wheezing;
- Having to use an inhaler more often than prescribed or more often than every four hours;
- Persistent, dry hacking cough;

- Yellow, green, gray or bloody sputum, or thick sputum that can't be coughed up;
- Itching, swelling, rash or difficulty breathing, which may be caused by a reaction to medication;
- Get immediate help (call 911) for symptoms such as sweating and severe difficulty breathing, which may be combined with pale or blue lips and fast heart rate and anxiety.

## Silent chest

During an asthma attack, you may be unable to use the peak flow meter. Gradually, lungs will tighten so much that there is not enough air movement to produce wheezing. This is sometimes called the "silent chest" and it is a dangerous sign.

Unfortunately, some people interpret the disappearance of wheezing during an asthma attack as a sign of improvement. If this occurs, immediate emergency care at a hospital may be necessary.

☐ Next issue: long-term maintenance of asthma.

## Dependent Eligibility Audit — prompt action required!

**T**he UFCW and Employer's Benefit Trust will conduct a **Dependent Eligibility Audit** to ensure that all dependents (spouses, domestic partners and children) covered under the Benefit Trust are eligible to participate.

Dependents who do not meet the Trust's eligibility rules increase costs, cause inequities between members and create legal compliance issues.

The Benefit Trust has selected HMS Verify Solutions to manage this process. Your cooperation in this important effort is greatly appreciated.

In early June, a personalized packet of information will be mailed to the homes of members who have dependents enrolled in the Benefit Trust. Members with "single" cov-

erage are not required to participate.

Members will be asked to provide documentation (such as birth and marriage certificates and divorce decrees or other court orders) to verify their dependents' eligibility. Members also will have the opportunity to remove any ineligible dependents with no questions asked and no penalties.

Ineligible dependents, including dependents for whom supporting documentation is not submitted, will be removed from the health plan.

Remember, it is your responsibility to report changes in dependent status promptly to the Trust Fund. This audit is being conducted to ensure compliance with this rule.



# The **facts** about insomnia

**E**veryone has nights when falling or staying asleep seems impossible. When it happens frequently, it may be insomnia.

Insomnia is the inability to sleep when sleep should normally occur. The average adult needs slightly more than eight hours of sleep a day, but only 35 percent of American adults consistently get this amount.

Studies show that one out of three persons in the United States has insomnia, but only 20 percent tell their health care providers about it.

People with insomnia tend to experience one or more of the following sleep disturbances:

- Difficulty falling asleep at night;
- Waking too early in the morning;
- Waking frequently throughout the night;
- Not feeling refreshed after sleep;
- Inability to sleep despite being tired;
- Daytime drowsiness, fatigue, irritability, difficulty concentrating and impaired ability to perform normal activities;
- Anxiety as bedtime approaches.

While occasional restless nights are normal, prolonged insomnia can interfere with daytime function, concentration and memory. It also increases the risk of substance abuse, motor vehicle accidents, headaches and depression.

No single known physical or mental condition causes primary insomnia. Everyday anxiety and stress, coffee and alcohol are the most common culprits.

An underlying medical or psychological condition, such as depression, often causes secondary insomnia.

About one-half of all insomnia

cases have no identifiable cause.

The following factors may increase an individual's risk for insomnia:

- Age — the elderly are more prone to insomnia;
- Stressful or traumatic events;
- Night shift or changing work schedules;
- Travel across time zones;
- Substance abuse;
- Asthma — bronchodilators occasionally cause insomnia;
- Excessive computer work.

## Prevention

There are some things you can do to help prevent insomnia:

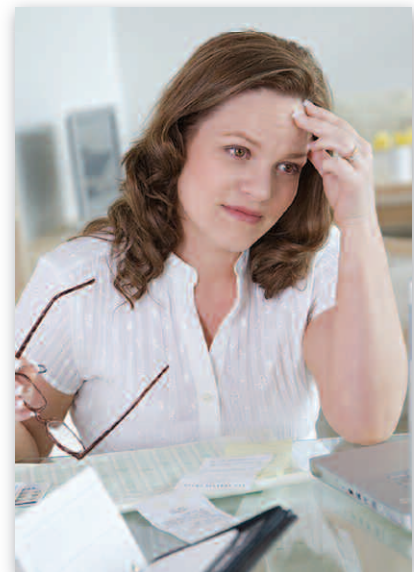
- Exercise regularly. Exercise should not be done too close to bedtime because it can cause restlessness.
- Avoid caffeine (especially after noon) and nicotine.
- Get regular exposure to late afternoon sun. This helps to stimulate release of melatonin to regulate circadian rhythm.
- Practice stress-reduction techniques, such as yoga, meditation or deep relaxation.

## Treatment

The preferred treatments for people with chronic insomnia are lifestyle changes and behavioral approaches that establish healthy sleeping habits.

Here are some changes you can make:

- Maintain a consistent sleeping and waking time.
- Establish the bedroom as a place for sleep and sexual activity only, not for reading, watching television or working.
- Avoid naps, especially in the evening.



- Take a hot bath about two hours before bedtime.
- Keep the bedroom cool, well-ventilated, quiet and dark.
- Avoid looking at the clock — this promotes anxiety and obsession about time.
- Avoid fluids, exercising and television immediately before bedtime.
- Eat a carbohydrate snack, such as cereal or crackers, just before bedtime.
- If sleep does not occur after 15-20 minutes in bed, move to another room with dim lighting.

## Medications

If lifestyle changes do not help, prescription medications or over-the-counter antihistamines may be used for short-term treatment of insomnia.

These medications help promote sleep, but they are not recommended for insomnia that lasts for more than four weeks. Long-term use of some medications may cause addiction, particularly if the patient has a history of substance abuse.