

FOR YOUR BENEFIT

Spring 2011



FEATURE

High Blood Pressure, Part 3: Treatment and long-term maintenance

How to take control
through lifestyle changes and
medication. **See page 4.**

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

- Outpatient surgery facilities
- Understanding cervical cancer
- Use your correct ID number

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your doctor knows
that you need
to use a
PPO outpatient
surgical facility.’



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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Participants are able to get a lot of value from their benefits, but it is important that they use them wisely. One way to save money on procedures is using PPO providers for outpatient surgery.

Out-of-pocket expenses are significantly higher for participants who use non-PPO providers (including out-of-area providers) for outpatient surgery facilities. This applies to all active and retiree participants.

Outpatient surgery facilities include the outpatient department of a hospital or a freestanding surgical facility, sometimes called an ambulatory surgical center. Some facilities specialize in and perform only certain procedures like eye surgeries or colonoscopies.

The Plan pays up to \$1,000 for non-PPO outpatient surgery facility expenses. These expenses are subject to your annual deductible and co-insurance, and participants are responsible for all expenses beyond the allowance paid by the Plan.

The \$1,000 limit applies to any non-PPO outpatient surgical facility, even if your doctor is a PPO provider.

For example, assuming your annual deductible has already been met: A procedure in a non-PPO outpatient surgery facility is billed for \$10,000. The allowed charges in this case is \$4,500. Co-insurance of 50 percent is \$2,250. Because this amount exceeds \$1,000, the maximum benefit the Plan pays is \$1,000. The provider may bill the participant for the remaining unpaid balance of \$9,000. The

entire remaining amount is the participant's responsibility since the maximum Plan benefit has been paid.

The same procedure in a PPO outpatient surgery facility is billed for \$10,000. However, the contracted PPO rate is \$4,500. The participant is not responsible for the difference between the billed amount and the contract rate. The participant would pay only the co-insurance percentage of the contract rate if the annual out-of-pocket had not yet been met. If the annual co-insurance maximum had already been met, the participant would pay nothing and the Plan would pay the entire \$4,500.

Know the limits

Out-of-area benefits apply if you live more than 30 miles from a PPO provider, so the lower deductible and co-insurance apply. However, the \$1,000 maximum applies to out-of-area providers except for in the case of an emergency (the emergency exception applies to both in- and out-of-area).

Be sure that your doctor (including PPO network providers) knows that you need to use a PPO surgical facility. For most participants, the PPO network is Blue Shield of California. For retirees who live outside of California, the PPO network is Blue Shield of California's BlueCard network.

To find a network provider, visit www.ufcwtrust.com and click on the link inside the "Important Information" section on the right side of the page.

Notice about the **Early Retiree Reinsurance Program**

The UEBT Plan is required to provide you with the following Notice in accordance with Federal law. If you have any questions about this Notice, please contact the Trust Fund Office at (800) 552-2400.

You are a Plan Participant, or are being offered the opportunity to enroll as a Plan Participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program,

the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Re-

tiree Reinsurance Program reimbursements in this way, you, as a Plan Participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

Tips for this allergy season

More than 50 million people in the United States suffer from allergies. They can make your life miserable, but there are things you can do to minimize the symptoms.

First, identify your allergies and limit your exposure to substances that trigger allergic reactions. Common triggers include plants, animal dander, foods, some insects like roaches, pollutants, pollen, dust and dust mites, mold and mildew.

Pay attention to your environment. Note where you are or what you are doing when you have an allergic reaction. For example, are symptoms more

noticeable at certain times of the year or when you are around a certain animal? Are they worse when you are outdoors or inside? These are important clues to the cause of your symptoms.

Preparation is key

If you have allergies, keep windows shut in your home as well as in your car. If your symptoms are worse indoors, try to keep your home as dust-free as possible. Dust-proof your mattress, box spring and pillow, and wash your bedding in hot water. When you clean, remove dust with a damp cloth. And if you have carpeting, consider replacing it

with bare or hardwood floors, stone or tile, along with area rugs that can be cleaned easily.

Keep your home well ventilated and change air filters frequently.

A number of over-the-counter medications, including antihistamines, decongestants and nasal sprays, are available to relieve symptoms. You can find many non-drowsy versions of these medications.

Your pharmacist can help you choose the best non-prescription medications to control your allergy symptoms. If you find that after using them you need more help, call your physician.

High Blood Pressure, **Part 3**

Patients with hypertension can adopt lifestyle changes and monitor their blood pressure range as first steps before medication.



When lifestyle changes aren't enough, medication may be needed.

The first line of treatment for high blood pressure, also called hypertension, is adopting the lifestyle changes described in the previous issue of *For Your Benefit*.

Most important among those changes are watching what you eat, getting physical exercise and losing weight. All of these changes can lower blood pressure.

However, when lifestyle changes aren't enough, medication may be needed.

Medications

Medications used to treat hypertension are called antihypertensive agents.

Diuretics are the oldest agent. They work by increasing the kidneys' excretion of salt (sodium) and water. This decreases the volume of fluid in the bloodstream, which lowers the pressure in the arteries.

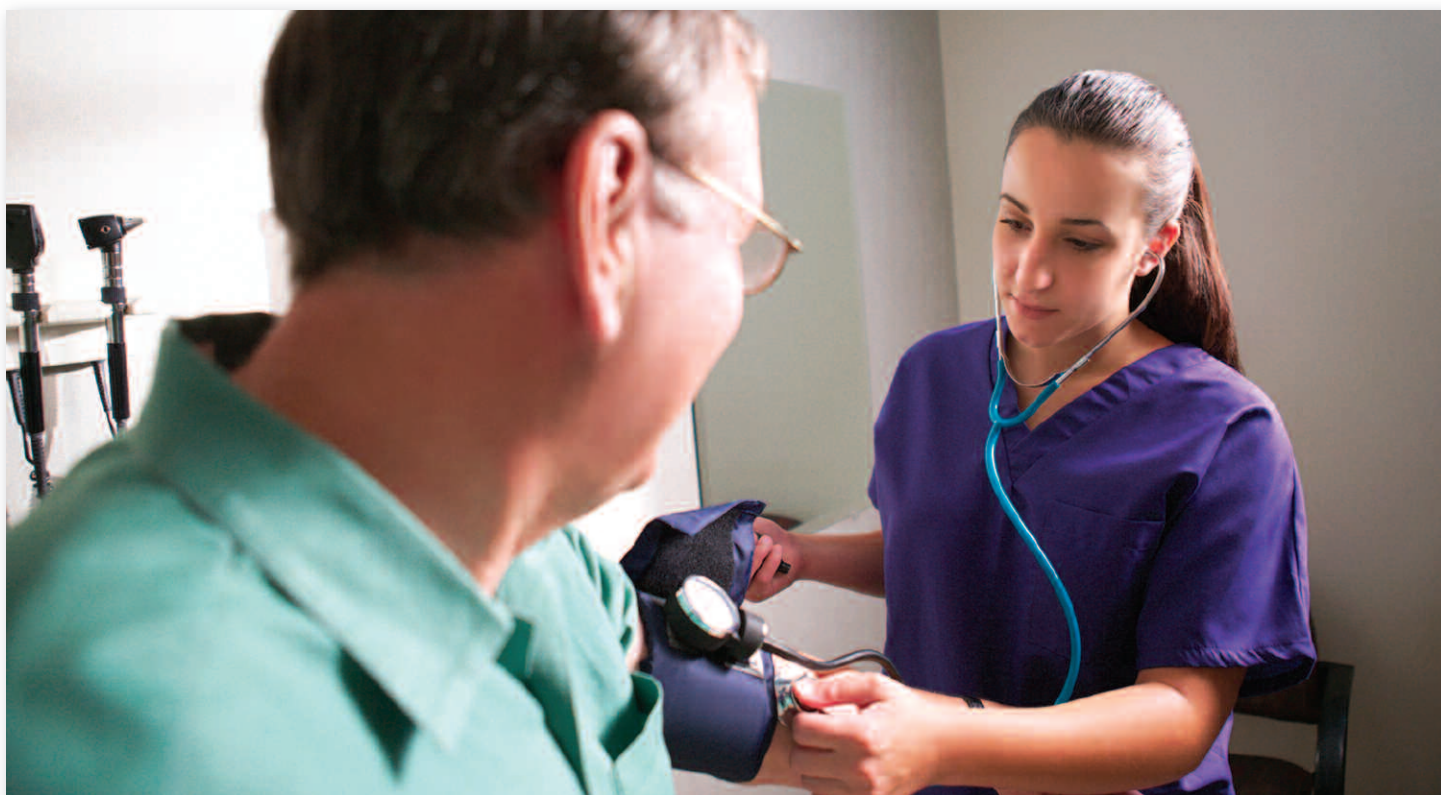
Beta-blockers reduce the force of the heart's pumping of blood into the arteries, decreasing blood pressure.

Alpha-beta-blockers work the same way as alpha-blockers but also slow the heartbeat, as beta-blockers do. As a result, less blood is pumped through the vessels and blood pressure goes down.

Some medications dilate (widen) the arteries, decreasing resistance to blood flow and consequently lowering blood pressure, while others relax certain muscles and help small blood vessels remain open. This improves blood flow and lowers blood pressure.

Some patients may need to take a diuretic in addition to other prescribed medications.

Your doctor will decide which drug



is right for you based on ease of use, side effects and other medical conditions you might have.

Usually, you will start with a low dose. If your blood pressure remains elevated, the dose of the medication will be increased gradually.

Get it checked!

While you may need medication for long-term control of high blood pressure, it is still important to continue with the lifestyle changes you began before your medication was prescribed.

It is recommended that you have your blood pressure checked every two years until age 50, at which point it should be checked annually. People with higher risk factors (outlined in Part 1 of this feature) should check their blood pressure more frequently. It can be checked at a health clinic, by a doctor or by using self-test materials purchased at a drug store or medical supply store.

Hypertension is a treatable disease. If you maintain your lifestyle changes and take your medication as directed, you can prevent the serious consequences of untreated high blood pressure.

For more information

American Society of
Hypertension, Inc. (ASH)
www.ash-us.org

American Heart Association
www.heart.org

U.S. Department of
Health & Human Services
www.hhs.gov

Mayo Clinic (for low-sodium recipes)
[www.mayoclinic.com/health/
low-sodium-recipes/RE00101](http://www.mayoclinic.com/health/low-sodium-recipes/RE00101)



Be prepared to ask questions when you visit your doctor

When people go to the doctor for a checkup or a specific problem, it's helpful to be prepared with relevant questions. Never be afraid to ask your doctor questions. It can sometimes be intimidating to be in a doctor's office, so preparation is key to an efficient exam.

With health care costs skyrocketing, it is important to get as much as possible out of every medical visit.

As part of your examination, you will likely have your blood pressure taken, your height and weight measured and your skin inspected for possible cancers. Women may be asked

Ask your doctor*:

Does my family medical history indicate anything that I should be concerned about? If so, what can I do about it?

Are there specific changes I can make in my habits immediately to improve my health?

Will you explain the results of my lab tests to me personally? If not, who will talk to me about them?

How do you keep up with developments in the medical field?

Based on my general health, how often should I return to see you?

If I have to go to another doctor next year, what's the most effective way to share what you've learned about me today with the new physician?

How will any newly prescribed medications affect me? Are there possible alternatives to this medication?

* It is the participant's responsibility to confirm that any new treatments recommended by their doctor are covered under their benefit plan.

about the timing of their most recent menstrual cycle.

Take an active role in your well-being and ask your doctor if you are due for any immunizations or whether a blood, urine or stool analysis is necessary.

Arrive prepared

Always confirm that your physician is a contracted PPO provider at the time of your appointment if you are in the PPO plan.

If you have an appointment to evaluate a specific ailment or concern, give some thought to your physical condition before your appointment. Write down your symptoms. Think about how long you have experienced these symptoms and compare them to what is normal for you. Bring a list of all self-care and prescription medications you are

currently taking, making sure to include any vitamin supplements.

Maximize your visit

Be aware of your family's medical history and be prepared to discuss with your physician whether or not any of it might be relevant to your health care.

Recognize any changes in your routine or environment that might help the doctor to diagnose your condition.

It may be helpful to bring someone with you to the appointment. It may prevent you from feeling overwhelmed and help you remember what the doctor said. Also, write down all instructions that are given.

The more information you have, preferably in writing, the more efficient and beneficial your exam will be.



Understanding cervical cancer

Some 11,000 women in the United States each year are diagnosed with cervical cancer and about 4,000 will die of the disease.

Cervical cancer starts in the cervix, the lower part of the uterus (womb) that opens at the top of the vagina. It is caused by a common sexually transmitted virus called the human papillomavirus or HPV.

Based on the 2011 Preventive Care Guidelines, the HPV vaccine is available for females age 11 through age 26, subject to the member's deductible and co-insurance level of benefits.

About three out of every four adults will have HPV at some point in their lives. Most infections go away without symptoms or treatment. However, infections that do not resolve themselves can cause cells on the cervix to change and become abnormal. Over time, these abnormal cells can slowly develop into cervical cancer.

Symptoms

Usually, early cervical cancer has no symptoms; however, symptoms that may occur can include:

- Continuous vaginal discharge
- Abnormal vaginal bleeding

between periods, after intercourse or after menopause

- Periods that become heavier and last longer than usual
- Any bleeding after menopause

Treatment

Removing or destroying the pre-cancerous or cancerous tissue can cure early cervical cancer. There are various surgical ways to do this without removing the uterus or damaging the cervix.

Radiation also may be used to treat cancer that has spread beyond the pelvis, and chemotherapy drugs may be used to kill cancer cells.

Prevention

Early detection is key to preventing and treating cervical cancer.

A Pap test looks for abnormal cells that can develop into cervical cancer. All women should have this test annually within three years of becoming sexually active or by the age of 21, whichever comes first.

Like a Pap test, an HPV test is done on a sample of cells collected from the cervix. It is recommended for women age 30 and older and for women age 20 or older who have had an atypical Pap test.

Reminders

Are you providing your correct ID number to your doctor?

Blue Shield/BlueCard members recently should have received a new medical ID card with a new nine-digit alpha-numeric ID number that begins with UUE (for example, UUE1234567U8).

Using this new ID number is required as of Jan. 1, 2011.

Please be sure to give your new ID number, not your Social Security number, to your doctor and have the doctor's office make a copy of your new ID card to be sure your new ID number is on file.

Giving your correct ID number to all of your providers ensures that your medical claims will be processed as quickly as possible.

Your old medical ID card that uses your Social Security number as your ID number is no longer valid, so please destroy it.

If you need to order new ID cards, you may order them online at www.ufcwtrust.com or you can contact the Trust Fund office's Member Services Department at (800) 552-2400, Monday through Friday, 7:30 a.m.-5:30 p.m.

Please remember: Medical ID cards are only issued in your name. If you have an enrolled spouse or domestic partner, two ID cards are automatically issued to you. If you have a child who is enrolled for coverage and not living with you, please contact the Trust Fund office to request an additional card.