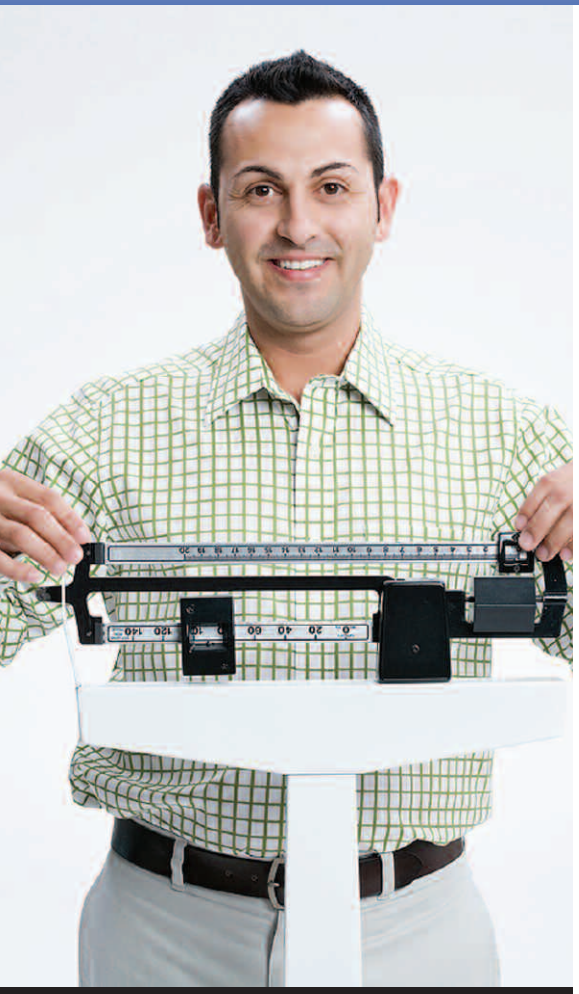
For Your Benefit

UFCW & Employers Benefit Trust

Summer 2009



Diet and exercise are crucial for controlling diabetes.

Diabetes & You Part 2: Prevention and treatment

☐ In this second article of a three-part series, *For Your Benefit* discusses all aspects of diabetes, from symptoms and prevention to treatment and long-term maintenance.

There is no cure for diabetes. Treatment involves medicines as well as diet and exercise to control blood sugar and prevent symptoms. Proper treatment can prolong life, reduce symptoms and prevent diabetes-related complications such as blindness, heart disease, kidney failure and amputation of limbs.

Specific treatment for diabetes will be determined by your physician(s) based on:

- your age, overall health and medical history
- the type of diabetes
- the extent of the disease
- your tolerance for specific medications, procedures or therapies
- expectations for the course of the disease
- your opinion or preference

An important part of treatment involves monitoring your blood sugar to keep it within your target range, as determined by your doctor.

This should be done from several times a week to several times a day, because blood sugar levels can change unpredictably and are influenced by the food you eat, physical activity, medications, illness, alcohol, stress and — for women — fluctuations in hormone levels.

Type 1 diabetes

Insulin and other diabetes medications are used to treat type 1 and in some cases type 2 diabetes. Insulin can be injected or an insulin pump can be used instead.

(Please see page 3)

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. to 5:30 p.m., Monday through Friday.

www.ufcwtrust.com

Also in this issue...

UFCW & Employers Benefit Trust
P.O. Box 9000
Walnut Creek, CA 94598-0900

Return Service Requested

Prsrt Std
US Postage
PAID
Permit #89
San Ramon CA

Blue Shield to replace Anthem Blue Cross as PPO network provider

Effective Sept. 1, Blue Shield of California has replaced Anthem Blue Cross as the Fund's PPO network provider. This transition impacts all PPO participants of the UEBT Fund living in the state of California.

This change will not affect the current level of benefits. Participants will continue to have access to quality providers and necessary medical care covered under their PPO plan. But you will need to make sure your provider is in the Blue Shield PPO network to maximize your benefits and have lower out-of-pocket costs.

Blue Shield has one of the largest provider networks in the state, with more than 63,000 physicians and 346 contracted hospitals. Therefore, it is likely that your current physician is in the Blue Shield PPO network.

A small number of Anthem Blue Cross physicians are not in the Blue Shield PPO network. The Fund is actively working with Blue Shield to include them in its PPO network prior to the Sept. 1 changeover.

To find out if a provider is in the Blue Shield PPO network, visit our web site at www.ufcwtrust.com and click on the banner at the top of the page for instructions to find a Blue Shield provider.

You can also call your existing PPO provider and ask "Are you currently contracted with Blue Shield PPO?" or you can call the Trust Fund for assistance.

This change does not affect HMO participants and there will be no change to the current podiatry, pharmacy, dental, vision or mental health networks.

Get the facts about your chemical dependency benefits

HMC is contracted with the Fund to provide chemical dependency and mental health treatment to PPO participants as well as 1997 and 2001 CBA participants covered under HealthNet. All other HMO participants have mental health and chemical dependency treatment through their HMO, not through EMAP.

All treatment must be pre-authorized by HMC and obtained from an HMC provider. No benefits will be paid for treatment obtained outside of the HMC network unless authorized by HMC.

For EMAP-authorized chemical dependency treatment, excluding detoxification, the Plan pays a lifetime maximum of two episodes or $25,000 per-person lifetime inpatient and outpatient services combined, whichever is reached first. So, if you have two episodes at a cost of $10,000 each, you have reached your lifetime maximum and no further benefits will be paid.

An episode is any continuous course of treatment focusing on a particular occurrence of a chemical dependency problem. An episode may involve various levels of care and/or treatment by one or more providers or facilities.

Treatment of a relapse of the treated condition within 30 days of a participant's completion of all EMAP-recommended levels of care and/or treatment is considered to be the same episode.

Detoxification is not covered through EMAP; instead, it is covered through the medical plans and is not subject to the chemical dependency lifetime maximum.

To contact HMC, call (877) 845-7440. Retirees should contact the Trust Fund office first for eligibilty and prior authorization.

For Your Benefit is an official publication of the UFCW & Employers Benefit Trust

1277 Treat Blvd., 10th Floor
Walnut Creek, CA 94597

2200 Professional Drive, Suite 200
Roseville, CA 95661

(800) 552-2400

For more information, visit the new

www.ufcwtrust.com

Diabetes & You: Prevention and treatment

(Continued from front page)

Sometimes other oral or injected medications are prescribed that work with insulin. Some of them inhibit the production and release of glucose from your liver, which means you need less insulin to transport sugar into your cells. Still others block the action of stomach enzymes that break down carbohydrates or make your tissues more sensitive to insulin.

Another form of treatment for people with type 1 diabetes is a pancreas transplant, which would negate the need for insulin therapy. However, pancreas transplants pose serious risks and aren't always successful.

Transplant recipients need to take powerful immune-suppressing drugs for the rest of their lives to prevent organ rejection. These drugs can have serious side effects, including a high risk of infection, organ injury or cancer. Because of these side effects, pancreas transplants are usually reserved for people whose diabetes can't be controlled or those who have serious complications.

Pre-diabetes

Pre-diabetes is a condition in which fasting blood glucose levels are elevated, but not yet to the level indicated for Type 2 diabetes. If you have pre-diabetes, the long-term damage of diabetes — especially to your heart and circulatory system — may already be starting.

In the United States, 54 million adults have pre-diabetes, according to the American Diabetes Association. Without intervention, pre-diabetes is likely to become type 2 diabetes in as little as 10 years.

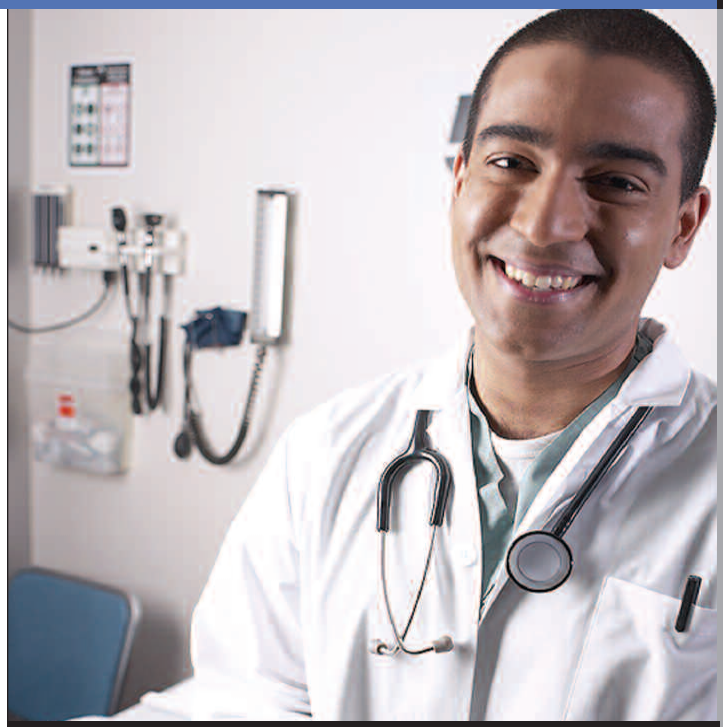
Obesity is a major risk factor for developing pre-diabetes. According to the National Institutes of Health, more than 65 percent of American adults are overweight or obese. The obesity rate has been climbing steadily over the last several years.

There's good news, however. Progression from pre-diabetes to type 2 diabetes isn't inevitable. With healthy lifestyle changes — such as eating healthy foods, including physical activity in your daily routine and maintaining a healthy weight — you may be able to bring your blood sugar level back to normal.

Type 2 diabetes

People with type 2 diabetes make insulin, but their bodies do not use it correctly. Diet and exercise are sometimes enough to bring blood glucose levels down to normal.

If this is not successful, the next step is the addition of medications that lower blood glucose levels or extra insulin to help their bodies use their own insulin better.



Work with your doctor to find the best diabetes treatment for you.

Maintaining a proper diet and exercise program is important even when taking oral medications for diabetes. They are designed to work with diet and exercise — not in place of them.

Oral medications for people with type 2 diabetes are taken to lower blood glucose levels. However, they do not work for everyone and they sometimes may stop working after a few months or years.

Taking oral medications alone is only useful for people with type 2 diabetes; it is not helpful for a person with type 1 diabetes, because his or her pancreas has lost all ability to produce insulin.

Gestational diabetes

Some women who are pregnant can get a form of diabetes called gestational diabetes. These women should follow the diets suggested by their doctors, exercise regularly and have frequent blood tests to check blood sugar levels. They may also need to take medicine to control their blood sugar levels.

They should avoid eating foods that contain a lot of refined sugars, such as cake, cookies, candy or ice cream. Instead, they should eat foods that contain natural sugars, such as fruits.

Raisins, carrot sticks or a piece of fruit are the recommended snacks for people with gestational diabetes. Whole-grain pasta, whole-grain breads and rice are also good to add to the diet.

It's important to eat well-balanced meals and work with your doctor or dietitian.

☐ Next issue: Long-term management of diabetes.

Open enrollment begins on October 1st

This year, open enrollment promises to be an improved, quick and easy process. More information will be sent to you in the next few weeks, but for now, mark your calendar for open enrollment during the month of October.

During open enrollment, members are able to change carriers if eligible to do so and are required to update or confirm personal information that is used to process benefits.

You must complete the open enrollment process even if you are not making any changes. Otherwise, your claims for 2010 will be denied until you provide the required information.

Additionally, completing open enrollment and verifying your current contact information ensures that you receive important notices about your benefits, that your beneficiary information (for active participants) is current and that health care providers are able to verify your coverage.

Enrollment requirements for working spouse/ domestic partner and working dependent students

During open enrollment, you are required to provide information regarding the health plan offered or any funds that can be used for insurance coverage by the employer of your spouse or domestic partner. You may also need to have your working dependent student complete a student verification form if he or she is over 19 years of age.

Your Plan requires that a working spouse or domestic partner enroll in a health plan offered by his or her employer if the individual's cost for coverage does not exceed $80 per month.

This rule also applies to eligible dependents age 19 through 23 who are working full-time students.

Your spouse/domestic partner or dependent student is not required to enroll if the cost to enroll is more than $80 per month or if a student is only working during the summer months. Also, your spouse/domestic partner is not required to enroll you or any of your dependent children in any health plan offered by his or her employer.

If separate health plans (i.e. medical, dental, vision) are offered by your working dependent's employer, he or she must enroll in all available coverage up to the $80 per month limit. The Plan rules state that you must elect coverage in the following priority order if all are available: 1) medical/prescription plan, 2) dental plan and 3) vision plan, until the cost exceeds $80 per month.

If your spouse/domestic partner or working dependent student chooses not to enroll in a health plan that costs $80 or less (offered by his or her employer), your Plan will pay only 40 percent of the regular benefit amount on the claims of your spouse/domestic partner or working dependent student.

Medicare coverage

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.

If you are a retiree and you and/or your spouse is eligible for Medicare coverage for any reason (disabled, age 65 and end stage renal disease), it is very important that you and your spouse (when eligible) enroll in Medicare Part A and B upon your retirement. The Plan will coordinate your benefits with those programs regardless as to whether you or your spouse are actually receiving benefits from Medicare.

The Retiree Plan is secondary to Medicare Parts A and B. If you are retired and you or your spouse chooses not to enroll as soon as eligible, your benefits under the Plan will be reduced by estimated Medicare benefits.

For example, if you are eligible for Medicare but choose not to enroll and you incur physician surgery expenses in the amount of $1,600, the retiree plan will estimate that Medicare would have paid 80% of this charge. The Trust Fund would therefore make a payment of 20%, or $320, and you will be billed for the balance.

This requirement applies whether you are enrolled in an HMO or PPO Plan. This also applies if you or your dependents are eligible for Medicare due to disability, end-stage renal disease or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease).

If you are a retiree enrolled in an HMO plan and choose not to enroll in Medicare, you will be disenrolled from the HMO plan and enrolled under the Retiree PPO plan.

If you become eligible for Medicare after the annual enrollment period, please be sure to notify the Trust Fund. If you do not notify the Trust Fund of you or your spouse'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.

Please note: as long as you receive benefits through the Trust, you cannot be enrolled in Medicare Part D prescription drug coverage. If you are enrolled in Medicare Part D prescription drug coverage, please disenroll immediately, otherwise your prescription drug coverage through the Fund will be terminated.

Medicare and Social Security Disability Benefits

If you and/or your spouse receive or will be receiving Social Security disability benefits, you and/or your spouse will be 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 a few months before you become eligible to enroll. Remember to enroll when you become eligible for Medicare, otherwise your benefits through the Trust Fund will be reduced by Medicare benefits.