

UFCW & Employers Benefit Trust

FOR YOUR BENEFIT

Summer 2010

Asthma Part 3: Long-term maintenance

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

Asthma is a treatable disease, so it is important to follow your treatment plan. If asthma is left untreated, it could get worse over time and lead to a long-term reduction in lung function and possible permanent damage.

A written asthma action plan, developed jointly by you and your health care provider, will help you manage your asthma. It is recommended for all patients, particularly those with moderate or severe asthma.

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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

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Don't let your benefits be interrupted

Open Enrollment occurs during the month of October.

Each year, the Trust Fund requests that you participate in Open Enrollment. Responding in a timely manner helps continue your benefits with no interruption and also reduces administrative costs by eliminating reminder mailings.

Here are some frequently asked questions about Open Enrollment (OE):

1. I don't have any changes. Do I still have to complete OE?

Yes. You must complete the Open Enrollment process each year. If you don't respond your claims will be denied until you complete the process.

2. What is the difference between Open Enrollment (OE) and

Annual Verification (AV)?

Open Enrollment is the enrollment period during the month of October when, if eligible, you may make any carrier changes. Annual Verification is the period after OE is closed for participants who did not complete the OE process when you can update information but cannot make any changes. Claims will be denied if you do not complete either the OE or AV process.

3. Do I need to participate in OE if I just participated in Dependent Verification?

Yes. As directed by the Board of Trustees, Dependent Verification is an independent verification requiring all participants with enrolled dependents to complete the verification process in order to continue coverage for their de-

pendent(s). OE is required to be completed each year to ensure that we have each participant's current demographic, coordination of benefits and carrier-election information to ensure there is no break in their benefits.

4. How long do I have to wait for my new medical ID card if I am making a carrier change?

Carrier changes are effective January 1st of each plan year. Your new medical ID card should be mailed in the first week of January.

5. What if I change my mind about the changes I made after I complete the OE process and I want to go back and change something?

You will have an opportunity to review your changes in a confirmation letter you will receive in the mail. You should report any errors to the phone number provided in the letter as your next opportunity to make any changes will be the next Open Enrollment period.

Coming your way

At the end of September, you will receive your Open Enrollment packet of information. Please read this information. A green sheet will contain your special login information to enroll online or to use when calling the special 800 number. It will also list the information you should have at hand before you begin your Open Enrollment process.

Also included will be a Summary of Your Benefits and/or a Plan Comparison if your level of benefits lets you choose plans. Mark your calendars — and we look forward to hearing from you in October!

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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For UEBT participants with dependents

Recently, you were asked to send documentation showing that your dependent(s) covered under the UFCW & Employers Benefit Trust health plan (the Plan) met the Plan's eligibility requirements.

If you have not yet responded, or if you have not provided all documentation needed to complete the request, you must respond by Aug. 23, 2010. You may confirm your current status at www.confirmmydata.com/uebt.



Asthma Part 3: Long-term maintenance

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This plan should contain information about daily management (medications and environmental control strategies) and how to recognize and handle worsening asthma or poorly controlled asthma.

Using a daily preventative medicine like an inhaled anti-inflammatory medication can help minimize symptoms and damage to your airways.

You may need to use these medications for several days or even weeks before they reach maximum effectiveness.

There are several types of medications used to control asthma. These include those used for quick relief, long-term control, allergy induced asthma, acute attacks and severe asthma.

Living well

Patients with difficulty achieving or maintaining asthma control and those who have been diagnosed

with severe persistent asthma may need to be under the care of a physician who specializes in treatment of the disease.

Asthma is a chronic disease — you have it all the time, even when you don't feel symptoms. Asthma must be managed every day, not just on days when you feel symptoms.

Be sure to keep up with your regular checkups and seek care if your symptoms change or if your asthma attacks become more severe.

By adhering to your treatment plan, you can manage your asthma and live a full, active and productive life.

Useful resources

- Asthma and Allergy Foundation of America: www.aafa.org
- National Heart, Lung and Blood Institute:
www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma_WhatIs.html
- American Asthma Foundation:
www.AmericanAsthmaFoundation.org

Control test (ages 12+)

One way to gauge the severity of your asthma is to take the asthma control test. Your answers will provide a score that may help you and your doctor determine if your treatment plan is working or if it might be time for a change.

1. In the past four weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?
 - a) all of the time (1 point)
 - b) most of the time (2 points)
 - c) some of the time (3 points)
 - d) a little of the time (4 points)
 - e) none of the time (5 points)
2. During the past 4 weeks, how often have you had shortness of breath?
 - a) more than once a day (1 point)
 - b) once a day (2 points)
 - c) 3 to 6 times a week (3 points)
 - d) once or twice a week (4 points)
 - e) not at all (5 points)
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
 - a) 4 or more nights a week (1 point)
 - b) 2 or 3 nights a week (2 points)
 - c) once a week (3 points)
 - d) once or twice (4 points)
 - e) not at all (5 points)
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?
 - a) 3 or more times per day (1 point)
 - b) 1 or 2 times per day (2 points)
 - c) 2 or 3 times per week (3 points)
 - d) once a week or less (4 points)
 - e) not at all (5 points)
5. How would you rate your asthma control during the past 4 weeks?
 - a) not controlled at all (1 point)
 - b) poorly controlled (2 points)
 - c) somewhat controlled (3 points)
 - d) well controlled (4 points)
 - e) completely controlled (5 points)

If your score is 19 or less, your asthma may not be controlled as well as it could be.

Talk to your doctor. A similar test for children ages 4-11 is available at www.asthmacontrol.com/hcp.



Drink water for your health

You may remember an old commercial slogan: “Milk: It does a body good!” The same can be said for water.

There are many good reasons to drink a lot of water every day:

- Drinking water can have a positive effect on your skin and can even clear your complexion.
- Water helps you lose weight. It has no fat, calories, carbohydrates or sugar. It’s also a great appetite suppressant, because when we think we’re hungry, sometimes we’re actually thirsty.
- It energizes you. Even mild dehydration can lead to fatigue, muscle weakness, dizziness and other symptoms.
- Dehydration is also a common cause of headaches. In fact, when we have headaches, it’s often a matter of not drinking enough water.
- It can lower your risks of a heart attack. A six-year study published in the *American Journal of Epidemiology* found that those who drink more than five glasses of water a day are more than 40 percent less likely to die from a heart attack than those who drink less than two glasses.
- Water cleanses the body by flushing out toxins and other waste products.
- The digestive system needs a good amount of water to digest food properly. Often, water can help cure stomach acid problems. Water, along with fiber, can cure constipation.
- Drinking a healthy amount of water can reduce the risk of colon cancer by 45 percent. It can also reduce the risk of bladder cancer by 50 percent and could reduce the risk of breast cancer.
- If you exercise regularly, be sure to drink additional water before, during and after exercise to replenish fluids that you lose through perspiration.

Always check with your doctor before making any significant changes in your diet or water-drinking habits, especially if you have a chronic medical condition.