



## How to read your PPO Explanation of Benefits (EOB)

If you are covered under the PPO Plan, each time you take advantage of your health benefits and receive services, whether it's an annual physical or a flu shot, the Trust Fund Office (TFO) sends you an Explanation of Benefits (EOB) in the mail.

The EOB is a statement explaining how your benefits were processed. It helps you to stay informed about your benefits. **An EOB is not a bill.**

Carefully review your EOB to find a description of the services you received, the amount billed for those services, the amount the Plan paid, your co-insurance amount, and any amounts that may have been applied toward your calendar year deductible. It is very important to closely check your

(Please see page 4)

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Working For Your Benefit  


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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 at (800) 552-2400. Phone hours for the Trust Fund Office's Health and Welfare Services Department are 7:30 a.m.-5:30 p.m., Monday-Friday. Or visit us online at [ufcwtrust.com](http://ufcwtrust.com).

¿Le gustaría una versión en Español de este boletín de noticias? Would you like a Spanish version of this newsletter?

Visite [ufcwtrust.com](http://ufcwtrust.com), haga clic en el menú de Recursos y seleccione "For Your Benefit Newsletter" para elegir una edición. Visit [ufcwtrust.com](http://ufcwtrust.com), highlight the Resources menu and select For Your Benefit Newsletter to choose an issue.

# REMINDER: IRS TAX FORM 1095-B

## WHAT IS FORM 1095-B AND WHAT DO I NEED TO DO FOR MY 2016 TAXES?

Under the Affordable Care Act, all non-exempt taxpayers must prove they have minimum qualifying health insurance coverage during a calendar year in order to avoid an individual shared responsibility payment, also known as an income tax penalty.

Form 1095-B is a tax reporting form which generally indicates the type of health insurance coverage you have, the enrolled Dependents on your health insurance plan, and the period of coverage for the 2016 calendar year for you and each of your enrolled Dependents. This form will provide the basic information you will need to verify, on your tax return, that you and your enrolled Dependents have at least minimum qualifying health insurance coverage during the calendar year.

The Trust Fund Office will mail you a copy of your Form 1095-B in early 2017. You may also receive an additional Form 1095-B from your Medical Carrier (HMO), if applicable. Form 1095-B is also electronically reported to the IRS directly, but make sure you keep the copy of Form 1095-B for your records.

Please review your Form 1095-B carefully and verify the information on the form is accurate. If information needs to be updated, please contact the organization which issued the 1095-B to request an updated form. For instance, if the 1095-B mailed to you by your HMO needs to be updated, you must call your HMO to receive an updated form. If you believe corrections are needed on the Form 1095-B sent to you by the Trust Fund Office, please call the Trust Fund at (800) 552-2400.

The information from Form 1095-B is electronically reported to the IRS. All communications and forms you receive in the mail from the Trust Fund Office in connection with any tax reporting forms under the Affordable Care Act, including this notice, are not intended to serve as tax advice. Please contact your tax advisor with questions regarding your individual tax liability. For additional information on the Form 1095-B and 1095-C, you can log onto the IRS website at: <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals> (click [here](#) for link).

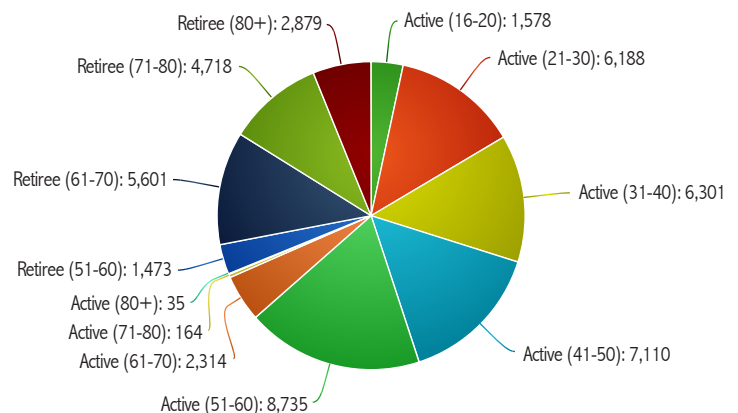


*For Your Benefit* is the official publication of the UFCW & Employers Benefit Trust (UEBT). Every effort has been made to provide correct and complete information regarding particular benefits, but this newsletter does not include all governing provisions, limitations and exclusions, which may vary from Plan to Plan. Refer to the Summary Plan Description, Plan Document, Evidence of Coverage and/or Disclosure Form (“Governing Documents”) for governing information. In the event of any conflict between the terms of this newsletter and the Governing Documents, the Governing Documents will control. As always, the Board of Trustees for the UFCW & Employers Benefit Trust retains the sole and complete discretionary authority to determine eligibility and entitlement to Plan benefits and to construe the terms of the Plans. The information in these articles is for general use only and should not be taken as medical advice. In an emergency, you are advised to call 9-1-1.

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## A closer look at the members who belong to the UEBT

### AGES OF ACTIVE AND RETIRED MEMBERS AS OF NOVEMBER 1, 2016





## Keep your brain healthy with Vitamin B12

**M**aintaining a healthy lifestyle not only helps you feel your best right now, it’s also an important part of protecting your body from potential diseases and other ailments brought on by the aging process.

We often only think of our physical status when it comes to our health, but mental wellness is just as important to our overall wellbeing. As we do with our bodies, we should take steps to prepare our brains to help them stay strong as we get older.

The human body uses vitamin B12, which occurs naturally in certain foods, to assist with brain and nervous system functions.

Fish, red meat, poultry, milk and eggs are all good sources of vitamin B12. Many breakfast cereals are also vitamin B12-fortified.

### Why is vitamin B12 important for my brain?

Insufficient vitamin B12 intake has been shown to limit brain function. Conversely, increased intake can create reactions in the brain to slow cognitive decline.

Older adults are at greater risk of vitamin B12 deficiency since some people experience a decreased ability to absorb the vitamin in their stomachs as they age.

Jane E. Brody, a writer for *The New York Times*, shared her decision to start taking a vitamin B12 supplement in a recent article. At age 75, she was concerned she wasn’t able to absorb sufficient amounts of the vitamin through her diet alone.

She cites instances of vitamin B12 being used to fight mental illness as well as fatigue and muscle weakness.

Although elderly people with limited diets are among the most common sufferers of vitamin B12 deficiency, Brody points to a recent study which showed vitamin deficiency also may be common among adults 26 to 49.

The Mayo Clinic advises people 50 and older to take a vitamin B12 supplement or eat vitamin B12-enriched foods to meet the recommended daily amounts. Prior to age 50, the recommended daily amount of vitamin B12 is usually absorbed in a normal diet.

Talk with your doctor before making significant changes in your diet or taking a vitamin B12 supplement. Increased levels of the vitamin may have interactions with certain medications.

#### Sources:

- National Institutes of Health, Office of Dietary Supplements ([ods.od.nih.gov](https://ods.od.nih.gov))
- *The New York Times*, “Vitamin B12 as Protection for the Aging Brain” ([nytimes.com](https://www.nytimes.com))
- Mayo Clinic ([mayoclinic.org](https://www.mayoclinic.org))

### CORRECTION

The following chart was unintentionally omitted from “Understanding Your Benefits: 2017 Cost Comparisons” in the Fall 2016 issue of *For Your Benefit*.

Retirees or Spouses with Medicare			
Annual Deductible		Out-of-Pocket Maximum	
<b>PPO</b>	\$400/person	<b>PPO</b>	\$3,000/person
<b>Non-PPO</b>	\$600/person	<b>Non-PPO</b>	No limit
<b>Health Net (Seniority Plus)</b>	None	<b>Health Net (Seniority Plus)</b>	\$3,400/person
<b>Kaiser (Senior Advantage)</b>	None	<b>Kaiser (Senior Advantage)</b>	\$1,500/person \$3,000/family
Prescription Drugs Deductible			
PPO Plan and Health Net administered by OptumRx. You must use an OptumRx pharmacy. You must not be enrolled in a Medicare Part D Plan. \$100/person \$300/family.			
Kaiser: You must use a Kaiser pharmacy. No deductible.			
Optional Benefits		Dental (Indemnity)	
(These benefits have an additional monthly cost.)		Retirees cannot elect dental only for themselves. They must cover the same dependents as covered under the medical plan.	
Dental Calendar Year Deductible		Vision	
\$50/person, waived for preventive and diagnostic procedures. Annual benefit maximum per person: \$1,000.		Exam and materials \$10 deductible.	

# How to read your Explanation of Benefits (EOB)

(Continued from front page)

EOB for any notes or explanations of actions you may need to take.

Participants should receive an EOB for every service they receive. Multiple EOBs will be issued to you if multiple providers were involved (for example: a surgery would involve the hospital, the surgeon, an anesthesiologist, one or more nurses, etc.). If you don't receive an EOB from the Trust Fund within four to six weeks of your service, contact your provider to make sure the claim is filed timely.

You may sometimes receive a bill from your provider before you receive your EOB, but your EOB will usually arrive first. If you receive a bill, compare what your provider billed to the amount listed on your EOB to make sure they match. If the two amounts don't match, contact the Trust Fund Office at (800) 552-2400.

You may be responsible for all or a portion of the charges for the services you receive if you visit an out-of-network provider or if you receive medical services not covered by the Plan, such as those considered experimental or investigational.

The following is a guided tour through a sample EOB to help you understand all of the information available on these statements. See next page for descriptions of each labeled part in the sample EOB shown to right.

## Did you know?

An Accident Information form, sometimes sent to you separately from an EOB, needs to be completed or it could hold up the processing of a claim. Look for this form in your mail. If you receive one, be sure to fill it out, sign it, and return it to the Trust Fund Office immediately so we can process your claim.

**1** UFCW & Employers Benefit Trust  
P.O. Box 4100  
Concord, CA 94524-4100  
July 12, 2016  
35361031

**2** Participant's name and address

**3** Participant ID  
**4** Patient ID

**5** Total Benefit  
**6** Previously Paid  
**7** Overpayment Applied  
**8** Net Payment  
**9** Claim Released Date  
**10** Patient's Portion

Service #	Service Date	Description	Charge	Discount	PPO	Non-Covered	Covered	Deduct Applied	Co-Pay	Co-Ins	Other Ins. Paid	Total Benefit
1	05/19/2016	OFFICE VISIT	203.00	7.32	0.00	195.68	0.00	0.00	29.35			166.33
<b>Claim Total:</b>			203.00	7.32	0.00	195.68	0.00	0.00	29.35			166.33

**11** Covered amount shows the Allowable Charges for covered services.

**12** Deduct Applied is the amount of covered charges applied toward your calendar year deductible.

**13** Co-Pay is a fixed dollar amount you pay for covered health care, usually when you receive the service.

**14** Co-Insurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service.

**15** Other Insurance Paid shows the amount paid by a primary carrier if the Patient was covered by other insurance.

**16** Total Benefit indicates the total amount paid by the Plan.

**17** All Lines provide additional information about how the claim was processed. This information is important and may include a request for further action by a provider or the Participant.

**18** HRA Account summarizes the Participant's Health Reimbursement Account (HRA) for the current year (if the Participant is covered under an HRA Plan). It shows the previous balance, the amount applied based on the current claim, and the amount remaining in the HRA account as of the date the EOB was printed.

**19** Year-to-date Deductible and Out-of-Pocket summarize the patient's and family's year-to-date accumulation of deductible and out-of-pocket amounts as of the date the EOB was printed.

Year	Annual Funding	Previous Balance	Claim Deduction this claim	Current Balance
2016	1250.00	0.00	0.00	0.00
2015	1250.00			
<b>Total HRA</b>				0.00

2016	Individual Year-to-Date	Remaining	Family Year-to-Date	Remaining
<b>Deductible</b>				
In-Network	369.04	510.96	1,289.04	560.95
<b>Out-of-Pocket</b>				
In-Network	0.00	2,000.00	381.85	5,618.15

\*Note: Deductible and Co-payment amounts do not apply to Out-of-Pocket limits.

- 1 Name and address** of the Trust Fund providing benefits.
- 2 Name and address** of the Participant. (Log into [ufcwtrust.com](http://ufcwtrust.com) to update your contact information at any time.)
- 3 Insured Information** lists the name and ID number of the Participant and the name of the patient.
- 4 Provider Information** shows the name of the health care provider, the Trust Fund claim number and the patient account number assigned by the provider.
- 5 Payment Summary** summarizes the amount paid to the provider and/or the Participant. The patient's portion is the amount the patient owes to the provider. This amount includes any deductible, co-pay and/or patient co-insurance. It also includes any amounts charged in excess of benefit maximums or for non-covered services. The Claim Released Date is the date the payment was processed. This is not a bill.
- 6 Service Date** is the date the patient received services.
- 7 Description** is a brief summary of the services rendered.
- 8 Charge** is the amount billed by the provider for the service.
- 9 PPO Discount** is the amount you and the Plan saved by using an in-network provider.
- 10 Non-Covered** is the amount not covered by the Plan for a service or an amount which exceeds the Allowable Charges. Your provider may be able to bill you for these charges. (See note in the All Lines section at #17 below.)
- 11 Covered** amount shows the Allowable Charges for covered services.
- 12 Deduct Applied** is the amount of covered charges applied toward your calendar year deductible.
- 13 Co-Pay** is a fixed dollar amount you pay for covered health care, usually when you receive the service.
- 14 Co-Insurance** is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service.
- 15 Other Insurance Paid** shows the amount paid by a primary carrier if the Patient was covered by other insurance.
- 16 Total Benefit** indicates the total amount paid by the Plan.
- 17 All Lines** provide additional information about how the claim was processed. This information is important and may include a request for further action by a provider or the Participant.
- 18 HRA Account** summarizes the Participant's Health Reimbursement Account (HRA) for the current year (if the Participant is covered under an HRA Plan). It shows the previous balance, the amount applied based on the current claim, and the amount remaining in the HRA account as of the date the EOB was printed.
- 19 Year-to-Date Deductible and Out-of-Pocket** summarize the patient's and family's year-to-date accumulation of deductible and out-of-pocket amounts as of the date the EOB was printed.

# Making the most of your podiatry benefits

**K**aiser and PPO Participants have access to comprehensive foot care, or podiatry, through their benefits. Podiatrists provide care to your feet and ankles.

Some of the services a podiatrist provides include:

- **Office visits** so you can talk to a professional about any concerns you have related to your feet and ankles
- **X-rays** to identify issues with bones and joints of your feet and ankles
- **Surgeries** to alleviate serious problems with your feet and ankles.
- **Casting**, using methods such as plaster or foam, to fit patients for custom orthotics.
- **Wearable orthotics** (braces, inserts and other materials).

## When should I see a podiatrist?

Taking care of your feet is important, especially if you have a lifestyle that keeps you standing all day. Foot problems are sometimes the sign of more serious medical conditions like arthritis, diabetes and nerve or circulatory disorders.

Schedule an appointment with a podiatrist if you are having any problems related to your ankle or foot.

## Your podiatry benefits

**If you are a Kaiser HMO Participant, podiatric services will be provided through Kaiser.**

All PPO Participants who need podiatric care services require precertification through the Podiatry Plan Organization of California (PPOC). You must call PPOC at (800) 367-7762 for review and approval of podiatry services and supplies.

PPOC also provides you with access to a select network of podiatrists. PPO Participants generally have lower out-of-pocket expenses when visiting a PPOC podiatrist. Benefits will be paid at the PPO level of benefits when you use a PPOC provider. If you use a non-PPOC podiatrist or a Blue Shield podiatrist when there is a PPOC provider within 40 miles of where you reside, PPOC approved services and supplies will be covered in accordance with PPOC allowances. You then must pay all charges in excess of the allowances set by the Plan.

A Participant living or traveling outside California should use a Podiatrist participating in the BlueCard network.

After receiving podiatry services, PPO Participants should remind their provider to send the claim directly to PPOC to avoid any delay in processing. If the claim is sent directly to Blue Shield, it may be denied. The instructions for submitting claims to PPOC are listed on the back of your Blue Shield card.

There are four easy ways to find a podiatry provider:

1. **Online:** Visit [ufcwtrust.com](http://ufcwtrust.com). On the homepage, select Resources and then Find A Provider. The link to online Podiatrist Locator is labeled PPOC (Podiatry).
2. **Call:** PPOC at (800) 367-7762. The phone number is listed on the back of your Blue Shield ID card for PPO Participants.
3. **Out-of-state:** Call (800) 810-2583 to find a podiatrist participating in the BlueCard network.
4. **Help:** Contact the Trust Fund Office (TFO) at (800) 552-2400 for assistance.

# Should you get an annual physical?

After completing a long, successful career and raising your family, you've retired and are looking forward to the "golden years."

In addition to doing exactly what you choose to do — traveling, gardening, reading all of those books you've been putting off for years, spending quality time with family, or whatever brings you fulfillment — you've also resolved to stay active and healthy so you can extend these precious years as long as possible.

As part of this resolution, you make a special effort to eat a nutritious diet and exercise. You join a gym, sign up for an exercise class, or walk with a friend. And you schedule an annual physical so your doctor can keep tabs on your health and quickly address any problems which may arise.

No one can argue the benefits of good nutrition and regular exercise. But is an annual physical really necessary? You may be surprised to learn it's a matter of some debate in the medical community.

According to a recent report in *The Annals of Internal Medicine*, periodic physicals are of questionable benefit in people with no symptoms<sup>1</sup>. Similarly, the *Journal of the American Medical Association* reported how, based on a review of studies between 1995 and 2015, routine melanoma screening in low-risk patients is of limited benefit in reducing mortality<sup>2</sup>.

In 2012, the Cochrane Collaboration also reported routine, general health checkups were unlikely to have any benefit. Their findings were based on a review of 14 randomized clinical trials involving more than 182,000 people who were followed for a median of nine years. There was no reduction in mortality or deaths due to cancer or heart disease<sup>3</sup>.

Because of this lack of evidence supporting the benefit of periodic physicals, the U.S. Preventive Services Task Force, which is made up of independent experts who look at evidence-based medicine, has not made

a recommendation for having routine annual physicals. In fact, Canada stopped recommending such exams in 1979.

In contrast, in 2015 the *New England Journal of Medicine* reported its belief of annual physicals being beneficial, but emphasized the benefit really stems from routine exams enabling patients and doctors to develop meaningful relationships based on trust.

There is no debate, however, routine physicals add untold billions to the cost of health care in the U.S. each year and stretch the resources of an already limited system.

## So what should you do?

Keep doing those things proven to help you stay healthy and active longer. Exercise and eat right. Get a flu shot each autumn and follow the guidelines for other vaccinations.

You may decide to keep having an annual physical or see your doctor only when you have symptoms. This part is up to you. But whatever you decide, take time to develop a good relationship with your doctor so he or she is familiar with your medical history and you trust his or her judgment should problems arise.

These measures should help you maximize your enjoyment of those golden years.

**ARTICLE BY MED EXPERT**

## UEBT NOTE ON PHYSICALS

We believe regular checkups, such as annual physicals, contribute to healthier lifestyles and help prevent certain conditions from worsening. The article on this page describes some of the challenges the medical community and health insurance industries have in providing worthwhile and affordable health care.

We in no way intend this debate to discourage you from seeing your doctor for an annual exam.

## BENEFIT DETAILS: YOUR ANNUAL PHYSICAL

Your benefits include an annual physical for you and your covered dependents as follows:

### PPO AND OUT OF AREA

The Plan will pay up to a maximum of \$75 after you pay a \$25 office visit co-payment for the physician's examination. If the physician orders any x-rays or laboratory tests as part of the physical examination, covered charges will be subject to the PPO deductible and payable at 75% with a maximum Plan payment of \$100.

For children under age 2, benefits are limited to 10 well-child visits per birth year. The Plan provides coverage at 100% after the \$25 office visit co-payment.

### NON-PPO

Covered charges for the physician's examination and x-ray/laboratory tests ordered as part of the physical exam will be subject to the non-PPO deductible and payable at 50% with a maximum payment of \$75 for the exam and \$100 for the x-ray and laboratory tests.

For children under age 2, benefits are limited to 10 well-child visits per birth year. The Plan provides coverage subject to the non-PPO deductible and payable at 50% with a maximum Plan payment of \$200.

## Sources:

1. Reynolds EE, Heffernan J, Mehrotra A, Libman H. *Should Patients Have Periodic Health Examinations? Grand Rounds Discussion From Beth Israel Deaconess Medical Center.*
2. Wernli KJ, Henrikson NB, Morrison CC, Nguyen M, Pocobelli G, Blasi PR. *Screening for Skin Cancer in Adults: Updated Evidence Report and Systematic Review for the U.S. Preventive Services Task Force.* JAMA 2016.
3. Emanuel EJ. *Skip Your Annual Physical.* *The New York Times*, Jan. 8, 2015.



pregnant women and people with chronic illnesses. Since these fasts deprive you of important nutrients, they can lead to nausea, fatigue and other problems.

“People love the idea of cleansing, of purification rituals, going to the Ganges, to the spa,” Susan Roberts, a professor of nutrition at Tufts University, said. “It has powerful psychological, religious, spiritual meaning. This has its own positive effect on health,” she added. “But we need to separate this from saying it is science or good medicine.”

‘We can absolutely support what our bodies already do through wellness behaviors, like eating healthy foods and limiting those foods and behaviors known to hinder our immune and other systems.’

The concepts of “detoxifying” or “cleansing” the body suggests the body doesn’t already have complex systems to clear waste and toxins. But our bodies have several organs and systems for exactly this purpose, and there is no definitive evidence those organs need outside help to function properly, according to Stacy Kennedy, a senior nutritionist at Dana-Farber/Brigham and Women’s Cancer Center.

“Can we radically change how these processes work? No, not in this sort of literal way,” Kennedy said. “Can we accelerate this process? That’s hard to say, too, but we can absolutely support what our bodies already do through wellness behaviors, like eating healthy foods and limiting those foods and behaviors known to hinder our immune and other systems, like stress, lack of sleep or lack of physical activity.”

Some aspects of detox diets, such as a desire to avoid processed foods and eat more organic, plant-based foods, are a good part of a healthy lifestyle. However, the more extreme aspects may do more harm than good. Members should always talk to their doctors before making any major changes to their diets.

### Sources:

- Dana Farber Cancer Institute (blog.dana-farber.org/insight)
- webmd.com

## The dangers of detox diets

From Atkins to Paleo, new diet crazes are perpetually fascinating to millions of Americans who would like to lose weight but are searching for an approach more intriguing than exercise combined with time-tested healthy diets.

But are these approaches good for your body? In the case of detoxifying (“detox”) or “cleansing” diets, which have been gaining in popularity in recent years, many health experts warn people to be cautious.

### Check the details

It’s hard to pin down blanket advice for these diets since so many variations are available. The details end up being important in determining what is good and what is bad about each of the detox diet options and information about those diets can be found in a quick walk through a bookstore or an online search.

Some options limit food to juice every couple of hours, or a special drink which includes lemon juice and cayenne pepper. Other detox plans allow soup and brown rice with vegetables at the end of the day, while extreme versions are based only on water intake.

Many detox diets focus on prolonged, restrictive fasts. These should be avoided, especially by older people,