

KNOW Your Benefits

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Educate yourself about the Plan's requirements

It's always a good idea to research and understand the requirements of your health plan.

Two recent cases highlight the need for keeping informed about your benefits.

A participant elected to self-pay for his lap-band surgery to control morbid obesity. He signed a number of forms at his doctor's office, waiving his right to pursue insurance coverage for this procedure.

Even though his doctor discussed the insurance waiver at length with the participant, the man said he did not understand what he had signed. He submitted copies of his surgical documents to the Fund, which then asked for reimbursement of his expenses under the Plan's

weight control section.

The Fund was unable to pay for the bulk of the costs for this procedure due to the fact that he had signed a waiver.

Another participant contacted the Fund to inform us that she had separated from her common-law husband. The Plan does not recognize common-law marriages and had to bill the participant for several thousands of dollars in benefits that had been paid to this person's "spouse."

It always pays to read what you sign and educate yourself about your plan's coverage and limitations. It will help you to avoid any potential problems that can arise for misunderstandings or lack of knowledge.



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Know Your Benefits is the quarterly publication of the United Food and Commercial Workers & Employers Arizona Health & Welfare Fund. Each issue informs Fund participants about new developments and help them make the best use of their medical benefits.

IMPORTANT NEWS

FLU SHOT BENEFIT ADDED TO YOUR HEALTH PLAN FOR THE LAST QUARTER OF 2008



The Board of Trustees is pleased to announce a one-time benefit that may become an additional feature to these plans.

The benefit is a \$15 allowance toward a flu-immunization shot for each employee and eligible dependent.

The Board understands that at least some of the pharmacies in the plan's pharmacy network are able to provide this service for that amount (or even a lower amount, in some cases).

Beginning Oct. 1 - Dec. 31, 2008, the benefit will not be counted toward any yearly physical exam limit in the Plan.

Please contact your Trust Fund Office at (800) 474-3485 or call a participating network pharmacy for details on how to obtain this benefit.

Healthy Together advantages

When you enroll in Healthy Together, you will receive:

- ✓ A personal health coach who will call you regularly to talk about your health and how you feel.
- ✓ Support when you need it.
- ✓ Resources you can use.
- ✓ Access to a website with information about health topics for you and your family.
- ✓ Educational materials to help you better understand your condition and ways to improve your health.

Healthy Together is a confidential service. The information shared with Healthy Together is NOT shared with your union or your employer.

To enroll in the Healthy Together program, call (866) 273-8618.

Reconstructive surgery covered after mastectomy



This yearly reminder is provided pursuant to federal law. Please share it with your spouse, if any, and any other dependent family members who may be old enough to appreciate the benefit the Trust Fund provides.

Under **The Women's Health and Cancer Rights Act of 1998**, group health plans that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery.

This covers:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery on the other breast to produce a symmetrical appearance;
- Prostheses and physical complications of all stages of mastectomy, including lymphedemas.

The coverage is subject to the Plan's normal co-pays, annual deductibles and coinsurance provisions.

If you have any questions about whether a particular service or procedure is covered by the Trust Fund, please contact the Fund Office.

Find PPO providers, download forms
and locate doctors online at
www.southwestservicetpa.com

Important notice to Medicare eligible fund beneficiaries from UFCW and Employers Arizona Health and Welfare Trust about your prescription drug coverage and Medicare

Medicare Part D plans are available to every person who is eligible for Medicare. All such plans will provide at least a standard level of coverage set by Medicare and some plans may offer more coverage for a higher monthly premium. *Note that the Medicare Part D prescription drug program is not a benefit provided through the UFCW and Employers Arizona Health and Welfare Trust.* It is provided through Medicare and is marketed by various Medicare-approved "Prescription Drug Providers" (PDPs). If you are eligible for Medicare, you will have a chance to enroll in a Medicare-approved Part D plan from Nov. 15

through Dec. 31 of each year.

This notice is to inform you that your current prescription drug benefit program through the UFCW and Employers Arizona Health and Welfare Trust provides "creditable coverage," as defined below. It also includes answers to questions you may have regarding your current prescription drug program and how it relates to Medicare Part D coverage.

2009 Certificate of Creditable Prescription Drug Coverage

The UFCW and Employers Arizona Health and Welfare Trust hereby certifies

that the prescription drug coverage it provides to Medicare-eligibles is expected to pay out, on average for all such participants, at least as much as the standard Part D coverage would pay in calendar year 2009. It is therefore designated as providing 2009 "creditable coverage," meaning that any participant who later enrolls in a Part D plan will not be charged a late enrollment penalty for 2009.

This is your notice of creditable coverage. Be sure to read it carefully and keep it in a safe place where you can find it. If you lose this notice and need another copy, please call the UFCW and Employers Arizona Health and Welfare Trust's Administrator at (602) 249-3582, or request a copy in writing from Southwest Service Administrators, Inc., 2400 West Dunlap Avenue, Suite 250, Phoenix, AZ 85021.

Updated versions of this notice will be sent annually and you will be informed if the UFCW and Employers Arizona Health and Welfare Trust ever loses its creditable coverage status.

Frequently Asked Questions

Do I need to do anything now?

No, you can keep using the UFCW and Employers Arizona Health and Welfare Trust's prescription drug program the same as you always have. Your copayments will not change, nor will any pharmacy network.

When you first become eligible for Medicare*, you will have the option to independently enroll in a Medicare Part D





prescription drug plan. As mentioned above, the standard Part D benefit is not as good as the UFCW and Employers Arizona Health and Welfare Trust's own prescription drug program (as described in your UFCW and Employers Arizona Health and Welfare Trust plan booklet).

You should compare your current prescription drug program, including which drugs are covered, with the benefits and costs of the Medicare Part D plans available in your area. To view the official summary of approved Medicare Part D plans in any U.S. state, visit www.medicare.gov/medicarereform/map.asp. Note that a Part D plan might not include your regular prescription drugs on its formulary. The UFCW and Employers Arizona Health and Welfare Trust cannot

provide you with a complete comparison of available Part D plans, but we urge you to carefully review any descriptions you may obtain.

So why do I need to keep my notice of creditable coverage?

In case you ever drop or lose your UFCW and Employers Arizona Health and Welfare Trust coverage, or in the unlikely event that UFCW and Employers Arizona Health and Welfare Trust coverage becomes non-creditable, having this notice will allow you to immediately enroll in a Part D plan without having to pay a late enrollment penalty. Specifically, if you try to enroll after your initial eligibility period, you will be charged a permanent Part D premium surcharge of one percent for every month since your initial Medicare eligibility for which you cannot show that you had creditable coverage (if such non-creditable period exceeds 62 days). Also

note that you may have to wait for the next regular annual Part D enrollment period, which will be Nov. 15 through Dec. 31 for coverage in the following calendar year.

How can I get more information on Medicare Part D?

More detail will be in the handbook "Medicare & You" that is mailed to you by Medicare in October of each year. You may also be contacted directly by Medicare-approved Part D providers. At any time you can visit www.medicare.gov/ or call (800) MEDICAR ((800) 633-4227). TTY users should call (877) 486-2048.

Every state has a Health Insurance Assistance Program to help Medicare beneficiaries and their families with their health insurance choices and with problems that might arise. In California it is called the "Health Insurance Counseling and Advocacy Program" (HICAP) and can be reached (by non-cell phones only) at (800) 434-0222. Further assistance is available from the California Senior Information line (also by non-cell phones only) at (800) 510-2020. To see the Part D information collected by the California program, visit www.aging.ca.gov/ and click the button "Medicare Rx for consumers". Contact information for similar programs in other states will be listed in your "Medicare & You" handbook.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. For more information about this extra help, visit the Social Security Administration website at www.socialsecurity.gov/ or call them at (800) 772-1213. TTY users should call (800) 325-0778.

Be sure to keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium.

*Your Medicare Initial Enrollment Period will be the month in which you become age 65, plus the preceding three months and the succeeding three months.

UFCW and Employers Arizona Health and Welfare Trust

Summary Annual Report

Jan. 1, 2007 through Dec. 31, 2007

This is a Summary of the Annual Report of the United Food and Commercial Workers & Employers Arizona Health & Welfare Trust, Employer Identification Number 23-7244353, a Labor-Management Health Benefits Trust, for the period Jan. 1, 2007 through Dec. 31, 2007. The Annual Report has been filed with the Internal Revenue Service, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The United Food and Commercial Workers & Employers Arizona Health & Welfare Trust has committed itself to pay all Medical, Dental, Vision, Prescription Drug, and Disability claims and certain Death claims incurred under the terms of this plan.

The plan has a contract with The Standard Insurance Co. to pay certain Death claims, Accidental Death and Dismemberment claims. The total premiums paid for the plan year ending Dec. 31, 2007 was \$319,132.

The value of the net plan assets, after subtracting liabilities of the plan of \$16,276,878, was \$13,940,245 as of Dec. 31, 2007 compared to \$8,209,413 as of Jan. 1, 2007. During the plan year, the plan experienced an increase in its net assets of \$5,730,832. This increase includes unrealized appreciation or depreciation in the value of the plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$110,126,279, including employer contributions of \$106,782,870, employee contributions of \$1,959,656, and earnings from investments of \$1,383,753.

Plan expenses were \$104,395,447. These expenses included \$6,268,090 in administrative expenses and \$98,127,357 in benefits paid to participants and beneficiaries.

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of plan assets;
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Southwest Service Administrators, Inc., the plan Contract Administrator, Suite 250, 2400 W. Dunlap Ave., Phoenix, AZ 85021, telephone number (602) 249-3582. The charge to cover copying costs will be \$4 for the full annual report, or 20 cents per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the plan (Southwest Service Administrators, Inc., Suite 250, 2400 W. Dunlap Ave., Phoenix, AZ 85021), at the principal office of UFCW Local 99, at each employer establishment in which at least 50 participants covered by the plan are customarily working, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to Public Disclosure Room, N5638, Pension & Welfare Benefit Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



Coming attraction: January 2009

Important new benefit for diabetic patients

To offset the cost of diabetic supplies for you and your covered dependents, the UFCW & Employers Arizona Health and Welfare Trust is pleased to announce the establishment of an arrangement with HMC Companies, Inc. (HMC) and Liberty Medical to provide a Diabetic Supply Program. This program is being offered to support your disease management program that is available to you and your covered dependents to assist you in managing your diabetes and other conditions.

Liberty Medical specializes in the home delivery of a full range of diabetic supplies and has been committed for many years to the same quality standards you have come to expect. Liberty Medical enjoys an outstanding reputation in the diabetic supply industry and is the preferred partner of the American Diabetes Association. The UFCW & Employers Arizona Health and Welfare Trust has worked closely with HMC and Liberty Medical to

ensure that the same specialized diabetic supplies are readily available to meet your present and future needs.

As part of this new program, you can continue to go to get your diabetic supplies as you have in the past — expenses are paid under the major medical portion of your plan subject to your deductible and the applicable PPO/Non-PPO coinsurance rates.

You can also obtain your diabetic supplies by mail through Liberty Medical. Some of the benefits to ordering by mail include:

- No co-payments
- A 90-day supply of prescribed diabetic supplies mailed directly to your home
- Automatic refill reminders
- 24/7 telephone access to a diabetic nurse specialist through your Healthy Together program



Orders for diabetic supplies can be placed directly with Liberty Medical's Customer Service Department at 1-866-389-3265 AFTER January 1, 2009.

Caregiving for family members

Fifty-nine percent of the adult population either is or expects to be a family caregiver, and more than one quarter of the adult population has provided care for a chronically ill, disabled or aged family member or friend during the past year, according to the National Family Caregivers Association.

Caregiving for an aging family member, along with trying to manage the overall demands of family, work and community groups, can be overwhelming at times. As an employee, parent, spouse and/or grandparent as well as caregiver, you may feel pulled in many different directions and it may be hard to do everything others want you to do.

Below are some suggestions for balancing caregiving along with your other daily responsibilities:

Set priorities

Decide what is important, less important and in-between. You may need to say “no” even if it might disappoint others. Set priorities for your own needs, family needs, job needs and the older person’s needs. You may have to limit community service until you have fewer demands on your time. Priorities will change from day to day and week to week, but a ranked list will help set priorities for you.



Schedule a telephone hour during the day

This might be during lunch when the older person, family or doctors may call you. Invest time or money in things that will help you manage tasks. Consider using a computer, bookkeeper, housekeeper or community resources. Meet with other caregivers and self-help groups for support. Sharing eases tension, gives a new view of the situation, increases understanding and builds support. Support groups help you feel less alone and they give you a chance to share what you have learned.

Accept your limitations

Get help from another family member, neighbors or community

services when you need to take a break. What will you give up that will make life easier for you? Perhaps it is membership in a club that doesn’t interest you any more or a committee that you have served on for a long time.

Make time for yourself

Set aside time on a regular basis to be alone, take a walk, exercise, visit with friends or just have quiet time, even for a short period. You will be more productive, have more energy and know yourself better. The person you care for will also benefit when you take time to renew yourself.

Keep good records

Caregiving requires the use of many services. Working with service providers, insurance companies and others is often confusing and time-consuming. Store contacts and information in one organizer or file and avoid over-relying on your memory. Ask questions and make notes as you talk in-person or over the telephone. Keep brochures, correspondence and other information provided by organizations and agencies in a three-ring binder or folder.

Questions?

Call Southwest Service Administrators at

(800) 474-3485

www.southwestservicetpa.com