

KNOW Your Benefits

Summer 2009



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Diagnostic exams save lives and money

It's true that "an ounce of prevention is worth a pound of cure." Regular exams and other diagnostic tests can help you maintain your health and find many problems before they become significant or even life-threatening.

Heart disease is the number one killer of Americans. Fortunately, a variety of screening tests included in your benefits package can help your physician determine if you are at risk.

These tests include a simple measurement of blood pressure. Fifty million Americans have high blood pressure. Left untreated, the condition can cause damage throughout the body. Heart, lungs, brain, kidneys — the list of organs at risk is a long one.

Unfortunately, much of the damage can occur before you are even aware that you have high blood pressure.

The risk of cancer generally increases with age, but many common cancers, including breast, colon, prostate and cervical cancers, can be detected and cured if caught in the early stages.



Fairly simple and inexpensive tests and physical examinations can screen for many kinds of cancer. For example, breast cancer is the second leading cause of cancer deaths in women after lung cancer. Each year, 140,000 women are diagnosed with the disease and 43,000 die from it. The good news is that mammography, an X-ray procedure for detecting breast tumors early, has reduced the death rate from breast cancer in women over 50 by 40 percent. Mammographies are included

in your benefits.

You can help prevent future illness by getting regular physical exams and diagnostic screening tests. Prevention also saves the Trust Fund money, ensuring that more benefits will be available for everyone when they are needed.

All active participants should call Southwest Service Administrators to know exactly which procedures are included in their benefits. Discuss them with your doctor to see which ones are appropriate for you.

QUESTIONS? Call Southwest Service Administrators:
(800) 474-3485
www.southwestservicetpa.com

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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.

When to use the E.R.

What is the difference between Emergency Room services and Urgent Care? Knowing the answer is important for your health and for your medical benefits.

Emergency Rooms have the staff and equipment to handle situations that immediately threaten people's lives and long-term health. But visits to the Emergency Room are expensive and unnecessary visits can strain the financial resources of the trust fund that pays for your health benefits.

Emergency Room

The most important factor in choosing between an Emergency Room and Urgent Care is the definition of "emergency."

Anything that is a serious danger to your health is an emergency. That includes a serious impairment in bodily functions or any dysfunction of a body part or organ.

Urgent Care

Urgent Care cases are less severe. They involve the kinds of problems your primary care physician can treat in his or her office.

If you have a sore throat or cough, a bad cold, back pain or other basic ailments, don't go to the Emergency Room. See



your regular doctor if you can; otherwise, you should go to Urgent Care.

A simple phone call to your physician's office will take the guesswork out of deciding between Urgent Care and the Emergency Room. If your doctor can't see you right away, you might be referred to the nearest Urgent Care facility. It's that simple. The referral is recorded to avoid any hassles later on.

New law affects college students' health coverage

'Michelle's Law," signed into law last year, lets dependent college students keep their health insurance coverage when they take medically necessary leaves of absence. These provisions will become effective Jan. 1, 2010.

The legislation was named after a college student with cancer who had to stay in school to remain covered by her health insurance.

To qualify for protection under the law, a student's leave of absence

must:

- Be medically necessary
- Be the result of a serious illness or injury
- Otherwise cause the student to lose coverage under the plan.

In addition, the student must be a member of the plan on the basis of being enrolled at a post-secondary educational institution immediately before the first day of the leave.

Coverage must extend for one year after the first day of the leave (or, if earlier, the day when coverage would otherwise terminate under the

plan). The student on leave is entitled to the same benefits as if a leave was taken. If coverage changes during the student's leave, then the new law applies to the coverage as well.

Under provisions in the law, Southwest Service Administrators must receive written certification by the student's treating physician stating he or she is suffering from a serious illness or injury, and that the leave (or change of enrollment to part-time status) is medically necessary.

Don't lose your family's health coverage! Report your dependents' SSNs immediately!

A new regulation means your family could lose its health coverage unless you submit a form to the Fund Office that includes the Social Security numbers of all of your dependents.

The Medicare as Secondary Payer (MSP) requirement obliges health plans to report eligibility data to the Centers for Medicare and Medicaid Services (CMS), which is the federal agency that regulates Medicare.

As of Jan. 1, 2009, plan administrators, third-party administrators and insurers must submit data that includes the Social Security numbers of your dependents. Failure to comply could result in fines and, ultimately, your dependents losing their eligibility for health care coverage.

These are severe consequences!

You should have received a letter by now from our administrative office. Southwest Service Administrators will follow up the letter with further requests to ensure that you fill out and send in the form.

Why is the federal government doing this? To eliminate waste in the Medicare program and save costs.

CMS needs to make sure

Medicare is being administered properly. This means that a patient's primary health coverage is paying first when it is supposed to do so.

When Medicare is identified as a secondary payer, CMS needs to have Social Security numbers to make sure that Medicare pays only after the primary payer — typically employer sponsored coverage through an insurance company — has satisfied its obligation to pay.

For example:

Jim, an employee covered by his employer's health plan, is over 65 and working. If he gets seriously ill and seeks medical attention, Jim's employer's plan has to pay before Medicare does.

The main issue here is: Was there Employer sponsored health insurance in effect for the individual when Medicare paid the bill?

Fulfilling the MSP requirement may be inconvenient, but there is nothing Southwest Service Administrators or anyone else can do about it. It must be done or your dependents' coverage could be taken away.

If you need a form or assistance, call a representative at (800) 474-3485. When you call, be prepared to identify the primary subscriber of your family and provide any other data that is requested.

We understand that some



individuals may be hesitant about providing their SSNs. CMS recognized that the collection and use of individual SSNs is limited by an evolving body of federal and state law and regulation.

When an SSN is to be used for personal health information, management of the SSN (e.g., who can collect it, for what reason and with what other entities or persons it will be shared) is directed by regulations required by the federal Health Insurance

Portability and Accountability Act (HIPAA).

These regulations are referred to as the HIPAA privacy rules. These rules are quite strict, and after they were fully implemented in 2004, measures to protect personal health information became stronger.

Collection of SSNs for the purpose of coordinating benefits with Medicare is a required, legitimate and necessary use of the SSN under federal law.

Save money!

Use generic drugs

While the cost of health care continues to rise, a person who is educated in appropriate treatments and the financial impacts of those treatments can stay ahead of the game and save money.

During one of his shows in the 1930s, the great American humorist Will Rogers quoted a newspaper headline: “Doctors Say Rates Are Going Up.” He commented to his audience: “Well, I’ve never known them to go down. Have you?”

The joke still applies 70 years later as the cost of prescription drugs continue to rise at an alarming rate. Prescription costs used to make up seven percent of health care costs in the United States. That percentage has now risen into the double-digits with no sign of slowing down, resulting in higher premiums for health care.

Why are drugs so expensive?

Many factors contribute to the rise in prescription drug costs. One reason is that sophisticated, coast-to-coast advertising campaigns by drug companies are prompting patients to demand that their doctors prescribe the latest, most-publicized brand-name medicines for their symptoms.

While patient education can be a good side effect of this phenomenon, mass-marketed, brand-name medicines cost more and have higher co-pays than generic drugs. This is how the drug companies can afford to spend millions of dollars on product advertising.

Other contributing factors include the high cost of developing new drugs and the aging of our population (older people are more likely to require prescription drugs).

Here are some tips to help save money on prescriptions:

- **To save money on your own prescriptions**, use a Fry’s Food Store, Safeway or Smith’s Food & Drug store to fill your prescriptions and get the advantage of paying only the copayment for your drugs. Contact Southwest Service Administrators for more information on available pharmacies in your area.
- **Be aware:** Learn to tell the difference between generic and brand-name medications.
- **Ask for an alternative:** Ask your doctor if a prescribed drug has a generic counterpart. If it does, ask if that treatment is appropriate and effective.
- **Practice healthy living:** The healthier the person, the less time — and money — he or she will spend at the doctor’s office.

To save money on your own prescriptions, use a Fry's Food Store, Safeway or Smith's Food & Drug store to fill your prescriptions and get the advantage of paying only the copayment for your drugs. Contact Southwest Service Administrators for more information on available pharmacies in your area.
(602) 249-3582 or (800) 474-3485