

KNOW Your Benefits

Fall 2009



Official Publication of the UFCW and Employers Arizona Health and Welfare Fund

Get to know your Healthy Together program

Free service can help you manage long-term health conditions

Do you or your spouse have heart disease or high blood pressure? High cholesterol? Asthma? Diabetes? Congestive heart failure? COPD? Back pain? Would you like to learn how to manage these medical conditions?

Healthy Together is a free, voluntary and confidential program for participants and their dependents enrolled in the Fund. It provides a medical and clinical team of HMC/APS nurses, dieticians, exercise specialists and counselors who can help you, learn how to better manage



your condition.

The team helps you find answers to your health care questions and works with your doctor or health care provider

in support of your care.

It also helps you obtain the community resources and services you need to improve your wellbeing and quality of life.

For details about Healthy Together, call your personal Health Coach today at (866) 273-8618.

HMC Companies has more than 30 years of experience serving the multi-employer

market with the best and most cost-effective health care management programs and services available.

More than 30,000 Arizona members already benefit from this program.

Your EMAP Benefit

Are workplace concerns, marriage or family issues getting you down? Are you assisting the care of aging parents? Do you have increased stress or anxiety, depression or grief?

Are you concerned with increased use of alcohol or drugs?

The Employee Member Assistance Program (EMAP) can help!

EMAP is a confidential, professional support service and referral program for you and your family enrolled in the Fund.

(Please see page 8)

Return Service Requested

Southwest Service Administrators, Inc.
2400 W. Dunlap Ave. #250
Phoenix, AZ 85021

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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.

Reminder of privacy practices

The United Food and Commercial Workers & Employers Arizona Health & Welfare Trust is committed to maintaining the confidentiality, integrity and security of the personal health information entrusted to it by its participants and beneficiaries. The Fund Trustees have developed a policy for the protection of this information and have expressed it in a Notice of Privacy Practices document. A copy of this Notice was mailed to participants or supplied to them with their copy of the Fund's Summary Plan Description booklet. An additional copy may be secured by contacting the Fund Administrative Office.

Have you changed your
address or phone number?
Keep us up to date!

Have you moved?

Have you changed your phone number?

Your address and phone number are vital pieces of information between you and your trust fund and all of the other entities involved in your health insurance coverage.

Please fill out the form below and send it to Southwest Service Administrators to make sure your current information is on file. Thank you!

Name: _____

Address: _____

City: _____

Zip: _____

Phone Number: _____

Employer: _____

**Send to: Southwest Service Administrators, 2400 W.
Dunlap Ave. #250, Phoenix, AZ 85021**

Coming soon!

HMC partners with NationsHealth for Diabetic Supply Program

The Board of Trustees is pleased to announce it has selected HMC Companies, partnered with NationsHealth, to provide participants and their eligible dependents with a Diabetic Supply Program.

As of Jan. 1, 2010, NationsHealth will be your new Diabetic Supply Program vendor. Information on this new program will be sent to your home in December.

Report your dependents' Social Security Numbers to Southwest Service Administrators!

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.

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.

Caution when undergoing Orthopedic Surgery



Cautions: Some Fund beneficiaries facing orthopedic surgery have had unscrupulous durable medical equipment providers present them with paperwork authorizing equipment that may or may not be recognized as appropriate.

In some cases, this equipment has ended up being billed out at dozens of times its value. Individuals or their family members may have signed off on these authorizations without understanding the potential costs involved. If you or your dependents are facing orthopedic procedures, you should try to verify with your physicians whether such equipment is recommended for your aftercare, how long they think it will be necessary, and whether you will be able to identify, in advance, the cost. We also encourage you to insist that any durable medical equipment needs be ordered through your BlueCross and BlueShield of Arizona PPO network.

Notify the Trust Fund Office in the event of a divorce



The end of a marriage is traumatic enough. Don't make the situation worse by neglecting to properly notify the Fund Office that individuals once recognized as dependents (your ex-spouse and stepchildren) are no longer your dependents.

Under the Plan rules, an employee/participant is responsible for this notice, and the participant can be held responsible for repaying claims mistakenly paid on behalf of any such individuals who are no longer eligible for benefits.

New law dealing with college students' health coverage goes into effect Jan. 1

'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.

Important notice to Medicare eligible funded by Arizona Health and Welfare Trust about your Medicare Part D

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 W. Dunlap Ave., 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 co-payments will not change, nor will any pharmacy network.

When you first become eligible for



Medicare beneficiaries from UFCW and Employers Your prescription drug coverage and Medicare

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 Arizona it is called the "State Health Insurance Assistance Program" (SHIP) and can be reached at (800) 432-4040. 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 (800) 772-1213. TTY users should call (800) 325-0778.

*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.

Be sure to keep this notice. If you enroll in one of the plans approved by Medicare that 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.



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.

Flu shot benefit available Oct. 1 – Dec. 31, 2009

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).

The benefit will not be counted toward any yearly physical exam limit in the Plan. The H1N1 shot is NOT covered under this benefit.

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

UFCW and Employers Arizona Health and Welfare Trust

Summary Annual Report

Jan. 1, 2008 through Dec. 31, 2008

This is a summary of the annual report of United Food and Commercial Workers and Employers Arizona Health and Welfare Trust, E.I.N. 23-7244353, Plan No. 501, for the year ended December 31, 2008. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the United Food and Commercial Workers and Employers Arizona Health and Welfare Trust has committed itself to provide certain medical - hospital, dental, prescription, vision, disability, death and accidental death and dismemberment benefits incurred under the terms on the plan.

Insurance information

The plan has a contract with Cigna Dental Health Plan of Arizona, Inc. to provide certain prepaid dental services incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2008 was \$164,297.

The plan has a contract with APS Healthcare to provide certain employee assistance and disease management benefits incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2008 was \$816,025.

The plan had a contract with Standard Insurance Company to pay certain life and accidental death and dismemberment insurance benefits incurred under the terms of the plan. The total premiums paid for the policy year ended May 31, 2008 was \$327,148.

Because it was a so called "experienced-rated" contract, the premium costs were affected by, among other things, the number and size of claims. Of the total premiums paid for the policy year ended May 31, 2008, the premiums paid under such "experience-rated" contract were \$327,148 and the total of all benefit claims paid under the experience-rated contract for the policy year was \$267,000.

Basic financial statement

The value of plan assets, after subtracting liabilities of the plan, was \$7,302,302 as of December 31, 2008, compared to \$8,229,002 as of January 1, 2008. During the plan year, the plan experienced a decrease in its net assets of \$926,700. This decrease includes unrealized appreciation or depreciation in the value of 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 \$112,862,714 including employer contributions of \$112,444,606, participant contributions of

\$1,839,718, loss from investments of \$1,297,457 and partnership loss of \$124,153.

Plan expenses were \$113,789,414. These expenses included \$8,570,356 in administrative expenses and \$105,219,058 in benefits paid to or for participants and beneficiaries.

Your rights to additional information

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 independent auditors' report;
2. financial information and information on payments to service providers;
3. assets held for investment;
4. transactions in excess of 5% of the plan assets;
5. insurance information, including sales commissions paid by insurance carriers; and
6. information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Southwest Service Administrators, Inc., who is the contract administrator, 2400 West Dunlap Avenue, Suite 250, Phoenix, Arizona 85021-2811, (602) 249-3582. The charge to cover copying costs will be \$10.00 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 (2400 West Dunlap Avenue, Suite 250, Phoenix, Arizona 85021-2811) 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, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Preventing H1N1 (swine) flu

While a vaccine that protects against the H1N1 “swine flu” virus is being administered, there are precautions you can take to limit the spread of germs that cause respiratory illnesses.

- Cover your nose and mouth with your sleeve when you cough or sneeze.
- Wash your hands frequently and thoroughly with soap and water or an alcohol-based hand rub solution.
- Clean your hands after shaking hands or having other close contact

with people, before eating or preparing food, and before touching your eyes, nose or mouth.

- Use disinfectant wipes to clean shopping cart handles or baskets when you go to the market.
- Limit your contact with others who may be ill.
- If you become ill, stay home from work or school and generally avoid going out in public. Remain home for seven days or until 24 hours after your symptoms resolve, whichever is longer.
- When you’re sick, be sure to

drink enough fluids to prevent dehydration

- People at risk for severe flu or flu complications, including people with an underlying medical condition, pregnant women, young children (especially under age 2) and people 65 or older, should contact their health care providers if they have flu symptoms or have been exposed to people with flu symptoms.

Working together, we can limit the spread of the H1N1 virus and protect our families, our coworkers, our communities and ourselves.

Get to know your Healthy Together and EMAP programs

(Continued from front page)

The HMC/APS Healthcare staff of mental health professionals will help you resolve personal and/or family difficulties in the early stages of these life challenges.

EMAP services are available at no cost to you.

This valuable resource provides licensed clinical professionals as the first point of contact. As a part of EMAP, you may receive eight free counseling/treatment sessions near your home or work prior to using your mental health benefit.

For these eight visits, participants must be treatment-free for six months and care must be coordinated by the EMAP.

Many problems can be addressed within these short-term counseling sessions. However, if you need additional counseling or if you have already used your eight visits, your EMAP professional may refer you to your mental health care benefit or another community resource to further help you.

Call your EMAP today at (800) 464-7101.

All personal information shared with the HMC/APS Healthcare staff is never shared with your union or your employer.

