

KNOW Your Benefits

Fall 2010

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

How to recognize high blood pressure

High blood pressure, also known as hypertension, is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure and other health problems.

“Blood pressure” is the force of blood pushing against the walls of the arteries as the heart pumps out blood. If this pressure rises and stays high over time, it can damage the body in many ways.

About one in three adults in the United States has high blood pressure, according to the National Institutes of Health. The condition itself usually has no obvious symptoms. You can have it for years without knowing that damage is being done to the heart, blood vessels, kidneys and other parts of your body.

This is why knowing your blood pressure numbers is important, even when you’re feeling fine.

Factors

Several factors can make a person more susceptible to hypertension. Among these are smoking, high stress levels and



genetics. Regular use of decongestants or non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin, or consistent use of alcohol or drugs (such as cocaine), can increase the risk of developing hypertension, studies show.

In this feature, we refer mainly to “primary” or “essential”
(Please see page 8)

Deadline is Dec. 31 for 2011 dental plan choices

Open enrollment for Plan A and Plan C participants

Each year, the Trust Fund offers participants an opportunity to select CIGNA as their sole dental carrier. If participants are interested in CIGNA’s Dental HMO Plan for calendar year 2011, they are urged to call CIGNA directly at (800) 244-6224, option 3.

The open enrollment period will end on Dec. 31, 2010.

Return Service Requested

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

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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?

Addresses and phone numbers are vital pieces of information between participants and the trust fund and all of the other entities involved in 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



Call MedExpert!

For every medical situation, there is a most appropriate path of care, but finding and keeping to that path can be a real challenge.

Fortunately, Trust Fund participants can call **MedExpert**, a program for medical decision support and patient advocacy. Access to MedExpert is prepaid, with no hidden costs.

Call MedExpert toll-free at **(800) 999-1999** or send an email via MedExpert's website, **www.medexpert.com/members**.

Representatives are available 7 a.m.-7 p.m. Pacific time, Monday through Friday.

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.

Divorce? Notify the Trust Fund office



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.

Almost daily, late notifications of divorce are the cause of overpayments and the associated trouble of recovering those costs. The Trust Fund may put your benefits on hold due to overpayments if it is not notified properly.

Under the plan rules, the divorced employee/participant is responsible for notifying the Fund, 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.

Flu immunization shots

In the previous issue of this newsletter, the Trust Fund Board of Trustees announced a \$15 allowance toward a flu-immunization shot for each participant and eligible dependent.

Pharmacies in the plan network are able to provide this service for the \$15 amount — or even a lower amount, in some cases.

This benefit became available on Aug. 1. In previous years, it was available only during the last quarter of the year.

The benefit will not be counted toward any yearly physical exam limit in the plan.

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

Unlike last flu season, when the public needed to get two vaccines, only one vaccine is being administered this year.

The most common flu types tend to change, so a new flu shot is necessary every year.



The 2010-2011 flu vaccine protects against an influenza A H3N2 virus, an influenza B virus and the 2009 H1N1 virus.

Inoculations are especially important for individuals who have higher risks of serious complications

should they become infected by the influenza virus. These include children between 6 months and 18 years old, adults 50 and older, and people with heart or lung conditions or chronic conditions like diabetes or kidney disease.

Important notice about prescription drug beneficiaries from the UFCW and Empl

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.

2010 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 2010. It is therefore designated as providing 2010 "creditable coverage," meaning that any participant who later enrolls in a Part D plan will not be



charged a late enrollment penalty for 2010.

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*, 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



Drug coverage and Medicare to eligible employers Arizona Health and Welfare Trust

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 is in the handbook "Medicare & You" that was mailed to you by Medicare in October. 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;
- Protheses 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.

Questions?

Call Southwest Administrators at (800) 474-3485 or visit us online at www.southwestservicetpa.com.

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.

UFCW and Employers Arizona Health and Welfare Trust

Summary Annual Report

Jan. 1, 2009 through Dec. 31, 2009

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, 2009. 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 Healthcare of Arizona to provide certain prepaid dental services incurred under the terms of the plan. The total premiums paid for the plan year ended December 31, 2009 was \$167,175.

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, 2009 was \$849,035.

The plan had a contract with Metropolitan Life 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, 2009 was \$393,006.

The plan had a contract with MedExpert International, Inc. to pay certain medical and pharmaceutical analysis fees incurred under the terms of the plan. The total premiums paid for the policy year ended December 31, 2009 was \$487,599.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$4,972,472 as of December 31, 2009, compared to \$7,302,302 as of January 1, 2009. During the plan year, the plan experienced a decrease in its net assets of \$2,329,830.

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 \$119,647,337 including employer contributions of \$116,335,364, participant contributions of \$1,635,357, other contributions of \$406, gain from investments of \$1,515,336 and partnership gain of \$160,874.

Plan expenses were \$121,977,167. These expenses included \$9,332,994 in administrative expenses and \$112,644,173 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. insurance information, including sales commissions paid by insurance carriers; and
5. 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.

Recognizing high blood pressure

(Continued from front page)

hypertension, which usually develops in the body over time and can be attributed to several different, sometimes-unidentifiable causes.

The term “secondary hypertension” is used to describe a small percentage of people with hypertension who developed it because of a disease or disorder that doctors can define conclusively as the cause.

Know your risk level

If your blood pressure is normal, you can work with your health care team to keep it that way. If your blood pressure is too high, you need treatment to prevent damage to your body’s organs.

Blood pressure numbers include systolic and diastolic pressures. Systolic is the pressure when the heart beats while pumping blood. Diastolic is the pressure when the heart is at rest between beats.

You will most often see blood pressure numbers written with the systolic number above or before the diastolic, such as 120/80 mmHg (“mmHg” means millimeters of mercury — the units used to measure blood pressure).

The table at right shows normal numbers for adults. It also shows which numbers put you at greater risk for health problems. Blood pressure tends to go



Categories for Blood Pressure Levels in Adults

(in mmHg, or millimeters of mercury)

Category	Systolic (top number)	Diastolic (bottom number)
Normal	Less than 120	Less than 80
Prehypertension	120-139	80-89
High blood pressure	Above 140	Above 90

up and down, even in people who have normal blood pressure. If your numbers stay above normal most of the time, you’re at risk.

The ranges in the table apply to most adults (ages 18 and older) who don’t have short-term serious

illnesses.

All levels above 120/80 mmHg raise your risk, and the risk grows as blood pressure levels rise.

“Prehypertension” means you’re likely to end up with high blood pressure unless you take steps to prevent it.

If you’re being treated

for high blood pressure and have repeat readings in the normal range, your blood pressure is under control. However, you still have the condition. You should see your doctor and stay on treatment to keep your blood pressure under control.