

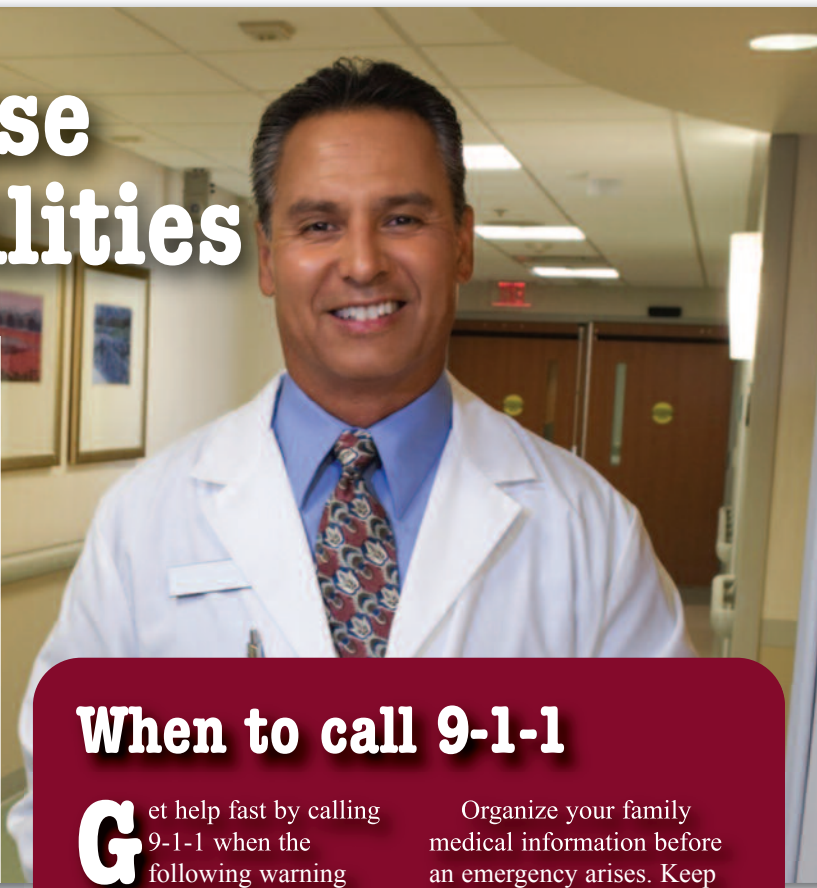
KNOW Your Benefits

Winter 2011



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

Know when to use Urgent Care facilities



It's the middle of the night and that nagging cold is getting worse, your child's fever is climbing or that burrito isn't sitting well. You can't go to your primary care physician because it's too late or maybe you can't get an appointment for another day or two, but you know you need to see someone right away.

Do you go to the Emergency Room?

If you answered "no," you are correct. For most symptoms that are not life threatening such as fevers, minor cuts or burns or fractures, it is best to visit an Urgent Care center.

(Please see page 8)

When to call 9-1-1

Get help fast by calling 9-1-1 when the following warning signs are present:

- change in mental status, such as confusion
- chest pain
- coughing or vomiting blood
- difficulty breathing or shortness of breath
- severe or persistent vomiting or diarrhea
- sudden dizziness, weakness or change in vision
- sudden or severe pain
- unconsciousness or difficulty arousing
- uncontrolled bleeding

Organize your family medical information before an emergency arises. Keep insurance information handy and make lists of medications and dosages taken by you and each family member, as well as any allergies.

Also, keep a list of emergency contact numbers, including those of your physician and caregiver or family members.

Note: in an emergency you are advised to call 9-1-1. The information in this article is general only and should not be taken as medical advice. always consult your physician.

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!

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



In today's fast-moving world of instant gratification, it can be difficult to recognize the long-term benefits of making healthy lifestyle choices.

Some everyday decisions, like eating more green vegetables and drinking enough water have positive effects that aren't immediately noticeable to your body.

Other choices have a more immediate impact on how you feel. For example, every morning your body sends a clear message about whether it had enough sleep the night before. Either you wake up feeling refreshed and energized or you find yourself groggy and lethargic well into the late-morning hours.

Like clockwork, most of us reach for a morning cup of coffee or tea to help shake off any lingering urges to hop back into bed. But think about the message your body is sending before you reach for the mug. Are you getting enough sleep, and is it good sleep?

Sleep allows the brain to process information, helps fight off illnesses and lets the body restore itself. Not getting enough sleep, or suffering from sleep disorders, leaves

the body in a weakened state.

While eight hours of sleep each night is still considered necessary for most people to maintain good health, it's important to pay attention to your body. As long as you feel alert during the daytime, forcing yourself to sleep for a full eight hours or going to bed before you feel tired at night will only lead to wasted time tossing and turning.

Regular Schedule

If you feel that you need to sleep longer and better, try going to bed and waking up at the same time every day, so your body is trained to anticipate a regular schedule.

Daily exercise is a useful tool to promote sleep, but don't exercise or consume any caffeine or large meals close to bedtime.

Activities with a calming effect, such as reading or listening to soft music, can help you ease into sleep.

Sleeping pills might be useful to combat insomnia for a while, but they should never be used as a long-term solution. Certain medications can interfere with sleep.

If no lifestyle changes seem to help, ask your doctor for advice.

Important reminder: Balance for Life program

The UFCW & Employers Arizona Health Plan is pleased to bring to you the Balance for Life Wellness & Health Education Programs.

The focus on wellness today is education and prevention. It can be fun too! Your Balance for Life Program will design a Personal Action Plan. A Wellness Coach and/or Nurse will work with you and your health care professionals to define personalized, easy-to-follow goals.

It's now easier than ever to access all your wellness and health education opportunities!

- Call toll free (866) 273-8618 or sign up online;
- For online access, go to your UFCW AZ homepage www.BalanceforLifeAZ.com;
- Empower healthy people with the skills and knowledge to stay healthy;
- Guide and support plan participants who have health needs and questions;
- Provide immediate assistance for those with chronic health issues to keep their health condition symptoms from worsening.



Visit us Online!

Same great site, same great service!



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

Got a medical situation? 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.

Visit www.medexpert.com/members to send an email or call MedExpert toll-free at **(800) 999-1999**. Representatives are available 7 a.m.-7 p.m., Monday through Friday.

Mental health and substance



With the passage of the Mental Health Parity and Addiction Equity Act (MHPAEA), your Health Plan has worked to ensure that your plan meets the new federal requirements. The new parity law affects the substance abuse and mental health benefits you receive as part of the Employee Member Assistance Program (EMAP).

The function of the parity law is to have the behavioral health services (for both mental health and substance abuse/chemical dependency) apply the same benefit limitations such as deductibles, coinsurance and copayments and maximums as all other services covered under your medical plan. As a result, your behavioral health benefits have changed to align with coverage for all other services covered under your benefit plan.

What is changing?

On Jan. 1, 2012, under the Mental Health Parity and Addiction Equity Act, treatment for inpatient and outpatient mental health and substance abuse disorders will now be covered in the same manner as your medical/surgical benefits. That means the following:

- Services will be combined and subject to plan deductibles and copayments;
- Services will be combined and subject to the plan provisions;
- Treatment costs are subject to the plan's annual dollar maximum;

What is not changing?

The Health Plan's Employee Member Assistance Program (EMAP), will continue to be offered as before. Under EMAP, you may receive up to eight counseling sessions with an EMAP

counselor at **no cost**. In order to be eligible for the eight visits paid at 100 percent, participants must be treatment free for six months and care must be coordinated by the EMAP. Many problems can be addressed with short-term counseling including:

- Stress/Anxiety
- Parenting
- Aging
- Grief
- Finances
- Depression
- Relationships
- Marriage
- Workplace Concerns
- Alcohol/Drugs
- Legal
- Family

abuse coverage changes

Managed behavioral health care services

Your Employee Member Assistance Program (EMAP) PPO network remains in place along with the BCBSAZ network and out-of-state PPO network. The EMAP network (providers listed at www.apsworklife.com) can provide case management for inpatient and higher levels of care for mental health or substance abuse issues. The program provides assessment, referral, and coordination of care for these services to ensure you receive the most appropriate care at the time it is needed. Appointments can be scheduled with providers convenient to your work or home and can be scheduled before or after work and on Saturdays.

In-Network Coverage for Mental Health and Substance Abuse Treatment

If you use PPO providers, your care will be covered at the In-Network benefit level under your health plan.

It is important that you consult your SPD and all subsequent notices for your exact plan design and the new level of benefits. You may consult the Fund Office at (602) 249-3582 or toll free at (800) 474-3485 if you have any questions as to how this might affect you.

For available assistance with mental health and substance abuse treatment issues, contact the Employee Member Assistance Program (EMAP) at (800) 464-7101.

NOTICE

Because this Plan is a “grandfathered health plan,” this notice is required by law:

This group health plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that the plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing.

However, grandfathered health

plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Administrative Office at (602) 249-3582 or toll-free at (800) 474-3485. You may also contact the Employee Benefits Security Administration, United States Department of Labor, at (866) 444-3272 or www.dol.gov/ebsa/healthreform.

This website has a table summarizing which protections do and do not apply to grandfathered health plans.



Please keep this important notice (above) with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administrative Office at (602) 249-3582.



Reconstructive surgery covered after mastectomy

This yearly reminder is provided pursuant to federal law. If appropriate, please share it with your spouse, 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.

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



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 Dec. 31, 2010. 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 of 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 Dec. 31, 2010 was \$131,653.

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 Dec. 31, 2010 was \$880,771.

The plan has 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, 2010 was \$405,804.

The plan has 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 Dec. 31, 2010 was \$605,841.

Basic financial statement

The value of plan assets, after subtracting liabilities of the plan, was \$3,029,537 as of Dec. 31, 2010, compared to \$4,972,472 as of Jan. 1, 2010. During the plan year, the plan experienced a decrease in its net assets of \$1,942,935. 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 \$123,664,304 including employer contributions of \$121,544,947, participant contributions of \$1,592,923, other contributions of \$45,649, gain from investments of \$527,525

and partnership loss of \$46,740.

Plan expenses were \$125,607,239. These expenses included \$9,233,477 in administrative expenses and \$116,373,762 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 \$20.25 for the full annual report, or 25 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.

Know when to use Urgent Care facilities

(Continued from front page)

An Urgent Care center is a walk-in facility that does not require an appointment. Many centers are open seven days a week for an average of 13 hours a day.

Visit an ER for extreme situations such as chest pain, sudden dizziness or difficulty breathing, shortness of breath, weakness or change in vision, unconsciousness or uncontrolled bleeding. Emergency services also should be used for people who suffer from already-diagnosed problems such as diabetes, heart disease or cancer.

Call 9-1-1 if you experience an emergency situation where someone could suffer considerable harm or death and cannot reach an ER.

Understanding when to visit an ER or an urgent care center can save you time and money.

Assess the situation calmly

According to the Centers for Disease Control and Prevention, the average time a patient spends in the ER waiting for a physician, receiving care and dealing with other clinical services is more than three hours.

The American College of Emergency Physicians estimates that the costs of ER



care for visits related to allergies, bronchitis and ear infections range between \$350 to more than \$600.

In contrast, Urgent Care center visits average between 37 to 42 minutes and cost nearly one-third as much (\$90-\$120).

Urgent Care centers provide many services such as X-rays, lab testing, on-site pharmacies and procedure rooms for minor burns and cuts. Some centers are equipped to offer services such as vaccinations, cancer screenings, gynecological exams and common trauma injuries like fractures,

sprains and whiplash.

If a family member requires stitches or treatment for a minor fracture, it is important to calm down and assess the situation before deciding between an Urgent Care center and the ER.

For more information about urgent care and other tips, visit www.southwestservicetpa.com and click on "UFCW" and then on the BlueCross BlueShield icon, or call (800) 474-3485 to find a PPO Urgent Care center near you.

Emergency Room vs. Urgent Care

Emergency Room

An emergency is dangerous, even dire. Failure to treat a medical emergency might lead to a permanent disability or death. Anything that poses a serious threat to one's health or may result in serious impairment to bodily functions or organs is an emergency. It is important that, if admitted to the Emergency Room, the primary care physician must be contacted within 24 hours.

Urgent Care

Urgent Care cases are less severe and can be treated by a primary care physician or an Urgent Care doctor. Sore throats or coughs, bad colds, back pain or other basic ailments, don't require the Emergency Room. Failure to immediately treat a bad cold usually will not result in permanent impairment. Only visit the Emergency Room if the ailment is critical or life threatening.