

APRIL 2011

# HealthLine

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 4  
HEALTH & WELFARE PLAN



## HEALTH INSURANCE WHEN You Retire

YOUR IUOE LOCAL 4 HEALTH & WELFARE PLAN is funded by employer contributions made on your behalf through the collective bargaining agreements. You earn coverage for a future period based on the hours you worked in a prior period. For example, the hours you worked between January 1, 2010 and December 31, 2010 cover you for the new benefit period that began March 1, 2011.

But what happens when you retire and no longer have an employer paying your health premium? The Health & Welfare Plan provides three options for continuing your coverage *until you are Medicare eligible*, usually at age 65. This chart summarizes those options.

You must notify the Fund Office once you are eligible for Medicare, as your eligibility for coverage through IUOE Local 4 Health & Welfare ends at that point.

Plan	Description	Benefits	2011 Monthly Premium (Family Premium for 3 or more lives)
<b>Pension 50 Percent Buy-In Plan</b>	For retirees with a pension effective date on or after reaching age 62 (and coverage for five of the seven preceding years). Spouses must also be at least age 62 at your retirement to be eligible for this Plan. Limited to the earlier of two years or Medicare entitlement. Disabled participants (as determined by Social Security) are also eligible for this Plan before age 62.	Medical, Dental, Prescription, Vision	\$375.00 Individual \$750.00 Family
<b>Pension 100 Percent Buy-In Plan</b>	For early retirees or spouses under age 62. May be continued for up to 10 years or to Medicare entitlement.	Medical, Prescription	\$522.05 Individual \$1269.81 Family
<b>COBRA</b>	Retirees who need coverage to bridge their effective date to Medicare entitlement may purchase a COBRA Plan for up to 18 months before purchasing the Pension Buy-In Plans.	Medical only	\$466.49 Individual \$1123.59 Family
		Medical, Prescription	\$532.49 Individual \$1295.21 Family
		Medical, Dental, Prescription, Vision	\$581.11 Individual \$1412.00 Family

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### health bits

#### Teens' Hearing At Risk

Think your teen doesn't listen? The problem could be her ears, not her attitude. A report in the *Journal of the American Medical Association* finds one in five adolescents has some degree of hearing loss. **To protect kids' hearing, make sure they keep the volume low.**

People nearby shouldn't be able to hear a child's portable music player. Give children earplugs to wear in noisy environments, such as concerts.

#### Buy into Food Safety

Think about food safety when you buy your food:

- **Keep raw meat, poultry, and seafood separate from other foods in your cart.** Put them in plastic bags to prevent their juices from touching other foods.
- Don't buy food in dented or bulging cans or in jars that have loose or bulging lids.
- After shopping, refrigerate perishable food within two hours.



# DIABETES: FACT OR FICTION?

WE KNOW PLENTY ABOUT DIABETES. Trouble is, a lot of it's wrong. To bring down the toll from this skyrocketing cause of disability and death, we must separate fact from fiction.

**FICTION: Eating too much sugar causes diabetes.**

**FACT:** Sugar may contribute to type 2 diabetes if it leads to weight gain, but it doesn't cause the disease. A diet high in calories—whether they're from sugar or fat—raises your risk for type 2 diabetes. Sugar isn't banned from your menu if you have diabetes, either. You just have to

build your sweet treats into a healthy eating and exercise plan.

**FICTION: Only obese people develop type 2 diabetes.**

**FACT:** Many people who get type 2 diabetes have a normal or just slightly high weight. Excess weight increases your risk. Being slimmer reduces your risk but doesn't get rid of it. Other risk factors include being a member of a minority group, having a parent or sibling with diabetes, being older than age 45, being inactive, and having diabetes during pregnancy.

**FICTION: If I have a family history of type 2 diabetes, I'm bound to get it.**

**FACT:** The choices you make about eating and exercise have an important influence on whether and when you might develop

## ARE YOU AT RISK?

Ask your doctor whether you should have a blood glucose test based on your age, weight, and other risk factors. And learn more about the disease from the American Diabetes Association: [www.diabetes.org](http://www.diabetes.org).

diabetes. That's true even if you have risk factors you can't change, like your age or genes.

**FICTION: If I'm developing type 2 diabetes, I'll know it.**

**FACT:** One in four Americans with diabetes doesn't know he or she has it. Some don't recognize the symptoms, which include fatigue, increased urination, increased thirst and hunger, and unexplained weight loss or gain. And some have no symptoms.

**FICTION: Reducing my risk for diabetes requires a major lifestyle overhaul.**

**FACT:** Small steps can greatly reduce your risk for diabetes or delay its onset. No special foods or Olympian exercise is required: just sensible adjustments, such as eating less high-fat food and walking more.



(may we suggest ...)

## Check Your Bone Health

**Osteoporosis weakens bones and leaves them prone to breaking.** You can check your bone health with a bone mineral density test. You might need one if you're:

- A woman age 65 or older
- A younger woman with certain risk factors, such as smoking, drinking alcohol, being small and thin, having a family history of the disease, or taking medications that weaken bones
- A man age 70 or older, or a younger man with risk factors

In the painless DXA test, you'll recline on a table as a scanner takes pictures of your lower spine and hip. The procedure takes 10 to 15 minutes. If the test reveals a problem, your doctor can tell you how to improve your bone health.

## Secondhand Smoke and Breast Cancer

Secondhand smoke may increase a woman's risk for breast cancer.

In 1997, more than 55,000 California teachers answered a survey about their lifetime exposure to secondhand smoke. None had ever smoked or had breast cancer.

During the next 10 years, **women who had been exposed to high levels of secondhand smoke as adults had a 20 percent higher risk for breast cancer than those who had never been around it.** Most exposure occurred at work, before antismoking laws took effect.





# Overtreatment:

## WHY MORE IS LESS

IN HEALTH CARE, MORE ISN'T ALWAYS BETTER. Many Americans may be receiving costly tests, therapies, medications, and operations that could do more harm than good.

More health care can lead to worse health because most tests, imaging procedures, and medications carry a risk for adverse effects. They should be used only when the benefits clearly outweigh the risks. Unneeded CT scans, for instance, expose patients to excess radiation.

### WHY IT HAPPENS

Why do we get too much care?

- The U.S. health care system pays doctors more for performing procedures than it does for talking with patients.
- Patients often believe that having tests and interventions means they're getting better care.
- Doctors may find it easier to order a test or prescription than to explain to patients why they're not doing so.
- Some doctors order tests and treatments that protect them from lawsuits but don't aid patients—so-called defensive medicine.

### HOW TO AVOID IT

Here's how to get the care you need—and no more:

- See your primary care doctor for most health problems. Treatment by a reliable primary care provider reduces expensive and unnecessary hospitalizations.
- Ask your doctor about prevention. This is vital if you're at risk for or have conditions such as heart disease, diabetes, or cancer.
- Don't ask your doctor to prescribe drugs that you've heard about but that may not be right for you.
- Ask your doctor to review all your medications once or twice a year. This can help prevent duplication and overtreatment.



### QUESTIONS ARE THE ANSWER

Take an active role in your health care by asking questions and understanding your conditions. For advice, see this Agency for Healthcare Research and Quality website:  
[www.ahrq.gov/questionsaretheanswer](http://www.ahrq.gov/questionsaretheanswer).

### (glossary)

## formulary (ˈfɔːr-myə-,ler-ē)

A list of drugs the health plan will pay for.

## 10 Things You Can Do at Most Walk-In Clinics

If you need a tetanus shot, a blood pressure check, or treatment for a pesky skin rash, odds are you can handle these and other minor conditions at walk-in clinics in many major pharmacies, retailers, and grocery stores.

Depending on your problem and who's ahead of you, you may get in and out in 15 minutes. Compare that to an average time commitment in one regional study of 90 minutes in your doctor's office, two to three hours in an urgent care center, or up to five hours in an emergency room. Your bill may be much smaller, too.

Walk-in clinics tend to provide a well-defined set of services that likely includes these 10:

1. Vaccinations and flu shots
2. Screening for diabetes, high blood pressure, and high cholesterol
3. Monitoring of blood pressure, asthma, diabetes, and cholesterol
4. School, camp, and sports examinations
5. Diagnosis and treatment of skin conditions and rashes
6. Diagnosis and treatment of bladder and ear infections
7. Removal of warts and stitches
8. Screening and treatment for strep throat, bronchitis, and mononucleosis
9. Obesity screening
10. Pregnancy testing

Nurse practitioners or physician assistants staff most clinics. However, local doctors supervise care, which may make you more comfortable about adding a flu shot to your shopping list.



For information, visit the Urgent Care Association of America at [www.ucaoa.org](http://www.ucaoa.org).





## SET A Healthy Table FOR ONE

WHEN YOU LIVE ALONE, cooking may seem like a chore you can skip. Dinner turns out to be takeout food or a frozen meal high in fat and low on nutrients.

But you need a variety of fresh, wholesome foods to stay healthy. Here's a recipe for success:

### PLAN THE MENU

Deciding what you'll eat ahead of time saves money, time, and stress. To do so:

- Make a weekly meal plan that accounts for your schedule and nutritional needs.
- Figure on making several main dishes from one cut of meat or a whole chicken.
- Keep your pantry or freezer stocked in case your plans change.
- Prevent boredom by trying a new recipe or ethnic dish once a week or adding a new fruit or vegetable to an old recipe.

### SHOP SMART

One key challenge: avoiding products sold in quantities that are too large for single diners. Unused remnants of meat and produce may spoil before you use them. Instead:

- Buy only as much food as you can use in a week, especially when it comes to fresh produce, meats, and seafood.
- Keep an eye on expiration dates and use products before they go bad.

### REDUCE RECIPES

Many recipes found in cookbooks or online are designed to feed more than one person. To make them work for you:

- Start with a recipe that's easy to divide.
- Add spices or flavoring slowly. You may need more or less than called for by simple division.
- Check for doneness five to 10 minutes sooner than the original recipe suggests. Cooking times may vary when you reduce recipes.

### SET THE STAGE

When dinner's ready, add enjoyment to your meal:

- Set the table, use special dishes, and perhaps even add a centerpiece and candles.
- Slow down to appreciate the look, feel, and taste of your food.

(recipe)



## Roasted Winter Squash Soup

- 2 or 3 butternut, acorn, or Hubbard squash
- 2 garlic cloves
- A few sprigs fresh thyme
- 2 tbsp. unsalted butter
- 2 yellow onions
- ½ cup white wine
- 8 cups vegetable broth
- 1 fresh bay leaf
- Salt and pepper
- ⅓ cup cider vinegar

Preheat oven to 350 degrees. Cut squash in half, remove seeds, and roast cut side down with garlic and thyme inside. Roast about 60 minutes or until soft.

Scoop out flesh and set aside, along with the garlic and thyme. Add butter to a pan set over medium-high heat. Add onions and roasted garlic and sauté until soft. Add scooped squash to pan and stir; then add wine to deglaze. Reduce heat slightly and add broth and bay leaf; then simmer for 10 minutes.

Remove bay leaf and purée in a food processor. Season with salt, pepper, and cider vinegar to taste. Serve immediately.

### Serves four.

Each serving contains about 182 calories, 1 g protein, 6 g fat, 15 mg cholesterol, 27 g carbohydrate, 3 g fiber, and 10 mg sodium.

## As Seen on TV: An Unhealthy Diet

If we picked our foods based on TV ads, we could wind up with 20 to 25 times the recommended daily servings of sugar and fat, one study found. **Yet we would get just 27 to 40 percent of the recommended daily servings of vegetables, dairy, and fruits.**

Many junk food ads target children, so limit your kids' TV viewing time. Eat meals at the dinner table, not in front of the TV—and be a good role model by eating more healthy foods.



# FITNESS SHOES: WHAT'S AFOOT?

THE RIGHT FITNESS SHOES CAN HELP YOU get the physical activity you need while reducing your risk for injury. But can they “tone your muscles,” “promote healthy weight loss,” and “make it easy to get in shape,” as the makers of new “toning” shoes claim?

Toning shoes’ design—either a uniquely rounded sole or rounded pods built into the front and heel with extra cushioning—deliberately makes you struggle to maintain equilibrium with each step. They’re also heavier than traditional running shoes. Their instability and weight supposedly make you work harder and burn more calories.

## NO EVIDENCE

In studies funded by the American Council on Exercise (ACE), the University of Wisconsin–La Crosse tested three brands of toning shoes: Skechers Shape-Ups, MBT, and Reebok EasyTone. None of them performed any differently than regular running shoes. “There is simply no evidence to support the claims that

these shoes will help wearers exercise more intensely, burn more calories, or improve muscle strength and tone,” ACE concluded.

So what *should* you put on your feet before you strike out on foot? Select athletic shoes specifically designed for running or walking. Then, consider your foot type, shoe fit, stability, cushioning, arch support, and midsole durability. Make sure there’s ample room in the toe box. Athletic shoes are complicated, so shop at an athletic shoe store with trained help.

## A SHOE REVIEW

For tips on finding the right athletic shoe from the American Orthopaedic Foot & Ankle Society, visit [www.aofas.org](http://www.aofas.org) and click on “patient education & resources.” Under “Shoes,” click on “Selecting the right athletic shoe.”

## BOOSTING YOUR WORKOUT

If you’d like to get more from your walking workout, try these options:

- Wear a vest weighted with up to 10 percent of your body weight to add resistance to your walking routine and burn more calories.
- Pump your arms or use Nordic poles that engage your upper body as you push off the ground for a whole-body workout.
- Alternate one to three minutes of running with walking. The added intensity works your muscles harder.

## test your savvy on ... lifestyle

1. Your lifestyle affects your health and longevity.  
 True  False
2. Eating the right foods in reasonable portions can prevent and control many chronic conditions.  
 True  False
3. Smoking takes the lives of 120,000 Americans every year.  
 True  False
4. Not maintaining a healthy weight strains your heart and increases your heart attack risk.  
 True  False
5. You need to see a doctor only when you’re sick.  
 True  False



## ANSWERS

1. **True**—All the major causes of death, including cancer, heart disease, stroke, lung disease, and injury, can be prevented by living a healthy lifestyle.
2. **True**—and it’s never too late to start eating right. Visit [www.mypyramid.gov](http://www.mypyramid.gov) for nutrition advice tailored to you.
3. **False**—Each year, smoking kills 443,000 people: more than the populations of Miami or Cleveland. So if you smoke, quit.
4. **True**—eating less and exercising more can help you shed pounds.
5. **False**—seeing your doctor for regular checkups and cancer screenings is important.

# Balance Life

## AT WORK AND HOME

YOU FACE PRESSURE AT WORK ALL DAY, then you juggle demands at home all night. You may feel guilty at work because of your duties at home, and guilty at home because of your duties at work.

Stretching yourself to the limit every day puts your health and happiness at risk. Rather than trying to juggle more or faster, maybe it's time to cut back. Here's some advice:

- **Create boundaries.** Thanks to technology such as texting and cell phones, the line between work and home continues to blur. Set limits on when you'll be available for nonemergency messages and calls.
- **Take control of your to-do list at work.** Break big projects into smaller tasks, and work on the most urgent jobs first. Whenever possible, delegate. If a deadline is unrealistic, ask if the timeline can be adjusted or seek help.
- **Share the load at home.** If you feel overburdened, call a family meeting to talk about ways to redistribute chores. Be prepared

to explain your concerns clearly, listen carefully, and stay flexible.

- **Rethink home priorities.** Does it really matter if the bed isn't made this morning? Take care of the essential chores first, and let the rest go if you're pressed for time.
- **Relieve stress in healthy ways.** Exercising, meditating, or breathing deeply for a few minutes could help. Resist the urge to smoke, drink too much alcohol, eat unhealthy foods, or give up exercise.
- **Get a full night's sleep.** In a recent poll, 44 percent of adults said they get less than seven hours of sleep on workdays. Lack of sleep makes it harder to think clearly.
- **Make time for self-nurturing.** Take a few minutes every day to rejuvenate. Take a walk, go to the gym, read a good book, or soak in a warm tub.



### FINDING A BETTER BALANCE

Does achieving a healthy balance between work and home seem impossible? Visit Mental Health America at [www.nmha.org](http://www.nmha.org) and search for "finding your balance." You can also find sources of help at this website.



### Hands-Only CPR Can Save a Life

When people collapse, their survival often depends on immediate cardiopulmonary resuscitation (CPR). Yet bystanders may hesitate, fearing they'll make things worse by doing CPR wrong.

Now the American Heart Association (AHA) offers new advice: If you're untrained in CPR, you can offer a hands-only version that skips the traditional breathing aid. In fact, even trained rescuers should start chest compressions before clearing the victim's airways or starting rescue breathing, the AHA says.

Research has found similar survival rates among adults in cardiac arrest who received CPR with or without rescue breaths.

If you see an adult or teen collapse, call **911** or send someone to do so. Then start pushing hard and fast (100 times a minute if possible) in the center of the person's chest. Push the chest down at least 2 inches for an adult and 1.5 inches for a child. Let the victim's chest rebound between compressions.

Compressions and rescue breathing (30 compressions followed by two breaths and repeated) are still recommended for children and for people who have clearly stopped breathing, such as drowning victims. But even in those cases, the AHA urges you to give hands-only CPR if you're reluctant to try rescue breathing. The bottom line: **Any CPR is better than none.**

# YOU'VE GOT TO Have Friends

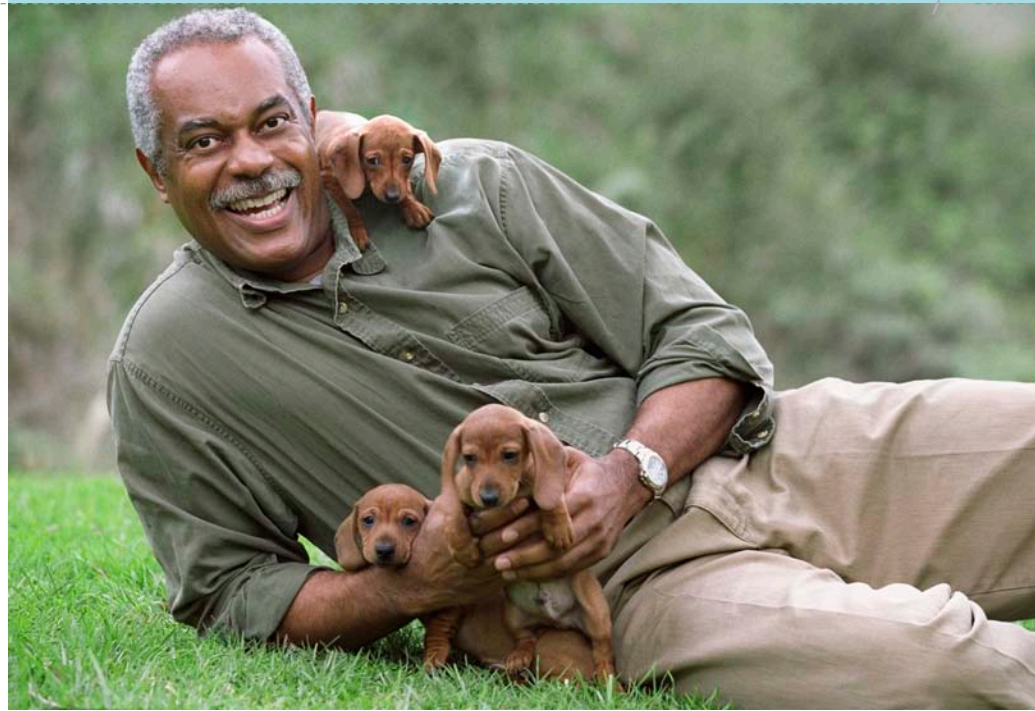
YOU MIGHT NOT THINK THAT YOUR CIRCLE OF FRIENDS has much to do with your odds of reaching a ripe old age, but some research suggests they're related.

Studies have found that an outgoing personality or a strong social network seems to be linked to a longer life with greater well-being. While research has been mixed, some scientists speculate that being outgoing could improve your immune system's ability to ward off disease.

Even if you're not a natural-born extrovert, you can still benefit from being around people. Social support is associated with better survival rates in people with cancer and lower rates of infectious diseases. On the flip side, lack of support has been tied to higher rates of death from heart disease.

You don't need dozens of pals and a packed social calendar to be happy. Still, it can't hurt to meet new people. Joining a club is one easy way, but there's no shortage of strategies:

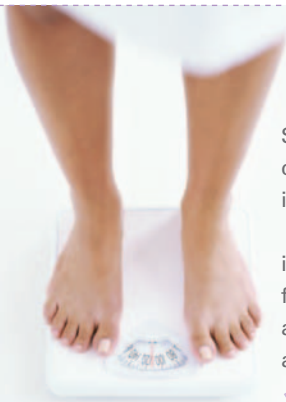
- Develop new interests, such as music or fixing cars, and take a class to learn the skills you need.



- Get involved by delivering flowers to hospitals, tutoring a child, working in a community garden, or reading to people in nursing homes.
- Check out the local library's bulletin board for interesting events that will attract people.
- Share what you've got with others. Loan a book to a new acquaintance, or split your lunch with a colleague at work.
- Send a card to an old friend to rekindle a connection.
- Support the arts. Go to book signings, poetry readings, local concerts, and art shows to find people with similar interests.
- Make an animal friend, whether you adopt one of your own or volunteer at a shelter. Pets help keep you company and add fun to your life.

## FRIENDLY ADVICE

You can download *Making and Keeping Friends—A Self-Help Guide* for free from the Substance Abuse and Mental Health Services Administration, [www.samhsa.gov](http://www.samhsa.gov). Enter "Making and Keeping Friends" in the search box at the upper right.



## Spring Cleaning for Your Lifestyle

Spring is the perfect time to throw away things you don't need—like bad habits. If you want to quit smoking, exercise more, or eat better, now's your chance.

While it's easy to think about a healthier lifestyle, it's tougher to make it happen. We expect too much, fail to plan a strategy, or try to change too many things at once. Here's some advice to help you make a change and stick with it:

- 1 Believe in yourself.** Having confidence in your ability to change can play a role in your success.
- 2 Set specific, realistic goals.** If you want to drop 20 pounds, plan to lose 1 pound a week for 20 weeks by exercising an hour most days.
- 3 Seek support.** Change is easier when a friend or coworker is cheering you on. Ask your ally to send you supportive e-mails or text messages.
- 4 Track the habit you're trying to change.** Measure how much progress you're making—or not making.
- 5 Be ready for lapses.** Most people make some progress and then slip a little. Don't get discouraged. Figure out why you lapsed, then get back on track.
- 6 Celebrate your progress.** Reward yourself for the small changes that move you closer to your goal.



## Women's Health and Cancer Rights Act of 1998

Your Health & Welfare Plan provides benefits for mastectomy related services as required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy, and elect for breast reconstruction in connection with a mastectomy, then you will receive benefits for the mastectomy related services listed below. This is the case even if you were not covered by the Health & Welfare Plan at the time of the mastectomy.

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending physician. The costs that you pay for these services are the same as those you pay for other services in the same category. If you need more information, please contact the Fund Office.



**Health Insurance** *continued from page 1*

### **What if you retire after age 65, or before age 65 and your earned coverage from active work hours continues to cover you past your 65th birthday?**

If you still have coverage *earned from when you were actively working* you should refuse Medicare enrollment in Part B or Part D. Part A (hospital insurance) will be available automatically at age 65 if you have worked at least 40 quarters under social security, but it's still important to let your medical providers know that Local 4 Health & Welfare is your primary insurance. Part B (medical insurance) and Part D (prescription insurance) requires that you elect these Plans and pay a separate premium for each.

Social Security may advise you to sign up for Medicare when you first turn 65 or else face a 10% per year premium penalty tax. This tax will not apply as long as you have maintained continuous *earned* health coverage and you apply for Medicare coverage three months before your Local 4 Health & Welfare coverage ends. Ask Social Security for the form, "Request for Employment Information" which will be completed by the Fund Office. The Fund Office will document that your Health & Welfare coverage is based on your active work hours, even if you have already retired.

If you experience any problem with Social Security allowing you to enroll after age 65 without charging you a penalty, refer them to HI 00805.266. This section of the Social Security Program Operations Manual addresses the "Special Enrollment" that is available to large group health plans,

including union health and welfare plans. This Special Enrollment opportunity means you will not be penalized with an increased monthly premium if you enroll in Medicare Part B or Medicare Part D more than eight months after you first become eligible at age 65. You must, however, have *earned* coverage with Local 4 Health & Welfare or be covered by another medical plan with no breaks in coverage.

If you miss the three month enrollment period, you may sign up for Medicare Part B and D within eight months after your Local 4 Health & Welfare Plan coverage ends. However, your Medicare coverage may not be effective until the first of the month following approval of your application and you may experience a gap without medical coverage.

### **Sincerely, Your Board of Trustees**

Louis G. Rasetta, Chairman  
Rodney Gillespie  
William McLaughlin  
James Reger  
John J. Shaughnessy, Jr.  
Peter White

### **IUOE Local 4**

Louis G. Rasetta, Business Manager

### **Administrator**

Gina M. Alongi

👉 Call the Fund Office if you need additional information on this topic. Your options will also be reviewed with you when you schedule a pre-retirement appointment.