

FEBRUARY 2011

HealthLine

INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 4
HEALTH & WELFARE PLAN



Dear Health & Welfare Participant,

THIS EDITION OF *HEALTHLINE*

FEATURES THE FOLLOWING TOPICS:

- Explanation of Injury Investigation letters
- Women, Infants, and Children Program (WIC) for breast-feeding and postpartum women and their children
- Disclosure of Plan Status as Grandfathered Health Plan
- Disclosure of Plan Status as Certified under the Early Retiree Reinsurance Program

Injury Investigation Letters: Have you received an Injury Investigation letter from the Fund Office related to a medical claim? Do you wonder why you're being asked how your injury occurred and whether you have an attorney involved in your case?

Injury Inquiries start when your medical provider files a claim with a diagnosis

code indicating a medical condition that could have originated on the job or from a motor vehicle accident. Sprains, broken bones, and other traumatic situations can occur in the home or while at play. If this is the case, just say so in your response to the letter, and we'll resume paying your claim. If you don't respond, subsequent claims could be denied and result in a collections issue between you and your provider.

When claims are the responsibility of a third party, we need to know this too, since the Plan excludes such coverage. Until the legal issues are sorted out, the Plan may ask you and your attorney to sign a Subrogation and Constructive Trust Agreement. This is a promise to repay the Health & Welfare Fund when you recover from the third party and allows the Fund to pay your medical claims in the interim.

These provisions help to control the costs of operating the Plan. We appreciate your cooperation in helping to establish claim liability. More information can be found on the website at www.local4funds.org or in your Summary Plan Document.

Women, Infants, and Children Program (WIC): The federal WIC Program provides nutrition, education, counseling, and breast-feeding support for pregnant, breast-feeding, and postpartum women and their children up to age 5. Participants in this program receive checks to purchase free healthy foods at the grocery store. Special infant formulas may also be included. WIC saves lives and improves the health of nutritionally at-risk women, infants, and children.

continued on page 8

health bits

Hands-on Help for Stress

It's been a long day, and you need a tension reliever. So, grab your partner's hand and hold on. Feel better? You're not imagining it. A study of married couples showed that when a woman held her partner's hand in a stressful situation, her body and her brain calmed down. No partner available? **Even holding a stranger's hand can help**, according to the study from *Psychological Science*.

Stay Awake at the Wheel

About half of us have driven under the influence—of drowsiness. **Sleepiness worsens reaction times, alertness, and judgment.** To avoid drowsy driving:

- Don't drive at times when you're naturally sleepy, such as late at night.
- Don't rely on caffeine.
- Get enough sleep. Aim for seven to eight hours a night.
- Take frequent breaks.



10 WAYS TO Slash YOUR Stroke Risk

IN A STROKE, YOUR BRAIN DOESN'T GET ENOUGH BLOOD because of a burst artery or a blood clot. You can't change some stroke risk factors, such as aging and being male. But a study in *The Lancet* found 10 threats you *can* tackle—and they account for 90 percent of stroke risk:

1 *High blood pressure.* Stroke risk is four to six times higher in those with hypertension. One in three adults has high blood pressure. Get yours checked regularly.

2 *Diabetes.* High blood sugar damages blood vessels. People with diabetes have triple the stroke risk of those without diabetes. Work with your doctor to manage your blood glucose.

3 *Heart disease.* A misshapen heart or irregular heartbeat could contribute to stroke. To treat your condition, your doctor might suggest surgery or medication.

4 *Abnormal cholesterol.* High LDL (“bad” cholesterol) and low HDL (“good” cholesterol) clog arteries. Have your cholesterol checked at least once every five years.

5 *Waist-to-hip ratio.* Being heavy contributes to all four of the previous risk factors. To stay at a healthy weight, balance the calories you eat with physical activity.

6 *Unhealthy diet.* Study participants who ate a Mediterranean diet—rich in fish and fruits—had the lowest stroke risk. Load up on fruits, veggies, whole grains, and lean proteins.

7 *Not exercising.* Working out keeps your blood flowing and your heart strong. Aim for 30 minutes a day, five days a week. Even 10 minutes helps.

8 *Smoking.* Tobacco can cause blockages in the artery leading to the brain. Nicotine also raises blood pressure and thickens your blood—so kick the habit.

9 *Drinking alcohol.* Binge drinking thins blood, increasing bleeding risk. Limit alcohol to one drink a day for women or two for men.

10 *Stress.* Constant psychological pressure may damage artery walls. Try positive self-talk: Don't think, “I can't do this.” Tell yourself, “I'll do the best I can.”



LEARN YOUR RISK

To gauge your risk for a stroke, visit the National Stroke Association at www.stroke.org, click on “Risk Factors” at the top, and select “Stroke Risk Scorecard” on the right.

(may we suggest...)

Check Your Cholesterol

Cholesterol is a waxy, fat-like substance in your blood. LDL (“bad”) cholesterol can cause hardening of the arteries and lead to a heart attack. The lower your LDL level, the better. HDL (“good”) cholesterol carries cholesterol from your blood to your liver, which breaks it down—so higher levels are better.

Everyone ages 20 and older should have a cholesterol test at least once every five years. People who smoke or who have diabetes, a family history of heart disease, high “bad” cholesterol, or low “good” cholesterol may need more frequent tests.

Ask your doctor what's right for you.

Desirable Cholesterol Numbers

Total cholesterol	less than 200
LDL (bad) cholesterol	less than 100
HDL (good) cholesterol	60 or higher

Bad Habits Add Up

Your odds for death rise sharply if you combine four unhealthy habits—smoking, lack of physical activity, a poor diet, and drinking too much alcohol—a study of almost 5,000 people finds. Compared with people who avoided these behaviors, **people with all four had about three times the risk of dying** from heart disease, circulatory disease, or cancer and four times the risk of dying from other causes, *the Archives of Internal Medicine* reports.





QUESTION ‘OFF-LABEL’ Drug Use

WHEN A DOCTOR PRESCRIBES A MEDICATION FOR YOU, that drug has been approved by the U.S. Food and Drug Administration (FDA). But that doesn’t mean it has been approved to treat *your* condition.

The FDA doesn’t regulate the prescribing of drugs, just their marketing for particular conditions or types of patients. Once the FDA approves a medication, doctors can legally prescribe it for other things. That’s called an “off-label” use.

Off-label prescriptions may involve milder forms of the same condition, related conditions or symptoms, or different conditions. Three out of four prescriptions for some drugs involve uses the FDA never approved, studies show.

Sometimes a drugmaker seeks FDA approval for only one use, but related drugs in the same class have FDA approval for other uses. These off-label uses are most likely safe and effective.

But in other cases, the research behind off-label use might be questionable due to its quality or industry sponsorship, says *The New England Journal of Medicine*. In fact, little or no scientific evidence supports nearly 75 percent of off-label prescriptions.

So ask some questions if your doctor is considering giving you a drug for an off-label use:

- Does evidence support the off-label use of this drug to treat my condition?
- Is the off-label use of this drug likely to work better than an approved drug?
- What are the risks and benefits of off-label treatment with this drug?
- Will my health insurance cover off-label treatment with this drug?
- How does the cost compare to approved drugs for the same condition?



DETAILS ON YOUR DRUGS

Want to know more about your medications? Visit www.fda.gov/drugs and click on “Medication Guides” under “Drug Safety.” You’ll find information on many prescription drugs.

(glossary)

Acute care— (ə-'kyüt 'ker)

Medical treatment given to people with a short-term illnesses or medical problem that doesn’t require long-term continuing care.

Review Your Medical Bills

A hospital stay may involve some pain, but paying the bills can hurt even more.

You may find some relief, however, if you take the time and effort to check your bills for accuracy. Bills from hospitals, doctors, and labs can contain mistakes that mount up quickly even with insurance.

How to Review Bills

Review bills as they arrive. For most services offered by hospitals, doctors, and other providers, you’ll receive an explanation of benefits (EOB) from your insurer. The EOB will tell you what you owe in deductibles and copayments and how much your insurer is paying. Compare the EOB with bills you get from the providers.

Typical errors include duplicate orders, inflated charges, and incorrect data—such as billing for days you weren’t in the hospital. Call the provider for an explanation if you don’t understand a charge. If you find a mistake, ask the billing department for a correction.

If you can’t decipher your bills yourself, seek help from a friend, a relative, or your company’s human resources department.

If You Need More Help

You could also hire a medical billing advocate.

These professionals may charge flat fees or fees ranging from 15 to 50 percent of the money they save you. To find an advocate, contact one of these associations:

- Medical Billing Advocates of America—www.billadvocates.com
- Alliance of Claims Assistance Professionals—www.claims.org

3 Nutrients

YOU MAY BE MISSING

YOU GET MOST OF YOUR VITAMINS FROM FOOD OR SUPPLEMENTS, but there's a surprising third source in one key case—sunlight.

The sun helps your body make vitamin D, so you may risk a shortfall if you don't get outside for at least 15 minutes a day or if you live in the north, where the sun is weaker. People with dark skin, seniors, and the overweight also risk a vitamin D deficiency.

Not getting enough vitamin D can cause weak muscles or bones and a heightened risk for heart problems, diabetes, and some cancers.

The Institute of Medicine says everyone from 1 to 70 years old should get 600 IU daily, and people 71 and older should have 800 IU. Vitamin D-rich foods include cheese, butter, margarine, cream, fortified milk, fish, oysters, and fortified cereals.

Vitamin D isn't the only nutrient many of us miss out on. Here are two more examples:

VITAMIN B₁₂

The body needs vitamin B₁₂ to make red blood cells and support the nervous system, but one in 31 Americans ages 51 and older suffers from a deficiency. That could leave them weak, tired, or short of breath, among other things.

Vitamin B₁₂ is found in meat, fish, eggs, and dairy products. The National Institute of Health Office of Dietary Supplements recommends people ages 18 and older consume 2.4 mcg of vitamin B₁₂ daily.

OMEGA-3 FATTY ACIDS

Omega-3 fatty acids decrease the risk for heart and circulatory diseases, abnormal heartbeats, high triglycerides, and fat-clogged arteries, says the American Heart Association. Adults who eat at least 7 ounces a week of fatty fish should get enough omega-3s. Salmon, lake trout, mackerel, sardines, and albacore tuna lead the list of fatty fish.

Eating right is the best way to get nutrients. Talk with your doctor before you buy supplements. In some cases, getting more of a nutrient than you need could be harmful.



Rethink Your Drink

Thirsty? You may get about **280 calories** in a sugary soda or about **400 calories** in a fat- and sugar-laden mocha coffee. A recent study shows cutting back on sweetened beverages has a greater effect on weight loss than reducing calories from food. Here are some tips:

- Drink water.
- In coffee, substitute low-fat or soy milk for whole milk or half-and-half.
- Skip sugar in tea and coffee or use artificial sweetener.
- Choose calorie-free diet sodas.

(recipe)



Multigrain Chicken Soup

- ½ cup raw brown rice
- ⅓ cup medium barley
- ⅓ cup red lentils
- ⅓ cup yellow split peas
- 2 ribs celery, sliced
- 4 carrots, sliced
- 2 garlic cloves, crushed
- 2 tbsp. dried parsley
- 1 tbsp. dried thyme
- 1 tsp. powdered ginger
- 1 tsp. marjoram
- ½ to 1 tsp. salt, depending on taste
- ½ tsp. ground black pepper
- 1 lb. boneless, skinless chicken breasts, cut into bite-sized pieces
- 12 cups water

Put all ingredients in a large pot. Bring to a boil. Cover the pot and turn the heat down to simmer. Cook for about one hour, until all grains are tender. Check seasonings. Soup will be thick. You can thin, if you like, by adding water or chicken stock.

Serves eight.

Each ½ cup serving contains about 236 calories, 22 g protein, 3 g fat, and 30 g carbohydrate.



FITNESS FIBS AND FACTS

RELYING ON RATIONALIZATIONS TO AVOID EXERCISE can sabotage your health. Here are three common fibs—with facts and fixes.

NO TIME? NO WAY!

The fib: “I’m so busy I don’t have time to exercise.”

The facts: You don’t have time *not* to exercise. Physical activity improves your health, reduces your disease risks, and buys time for the future.

The fix: Break exercise into 10-minute chunks, write it on your calendar, or rev up your routine. You need 150 minutes a week of moderate-intensity aerobic activity such as brisk walking (a bit more than 20 minutes a day). You can cut that to 75 minutes a week (around 10 minutes a day) if you switch to vigorous activities such as jumping rope or running.

TAME YOUR SHAME

The fib: “I’m too embarrassed by how I look to exercise with others.”

The facts: The gym is full of people like you who want to lose weight and shape up.

The fix: Pick a gym where you feel comfortable. Some gyms are geared for singles, while others cater to families or women. Visit before you join and ask yourself: Is this a place where I’ll enjoy spending time? Check out the clientele, the music, the staff, the hours, and the classes.

FIT FOR THE AGES

The fib: “I’m getting older; exercise is too risky.”

The facts: It’s risky *not* to exercise. Regular activity

can help you live longer in better health. Staying fit helps maintain bone and muscle mass and control blood pressure, weight, cholesterol, and blood sugar. It reduces your risk for cancer, heart disease, and diabetes.

The fix: Use age as a reason to exercise more, not less. If you haven’t worked out in a while, get the go-ahead from your doctor, especially if you are a man older than age 45, a woman older than age 55, or have health problems. Then embrace activities you enjoy, such as swimming, yoga, dancing, or simply walking the dog more.

ACTIVE ALTERNATIVES

You’ll find tons of fitness ideas at the website of the American Council on Exercise: www.acefitness.org.

(test your savvy on...smoking)

- You’ll be fine as long as you smoke less than six cigarettes a day.
 True False
- Switching to low-tar, low-nicotine cigarettes lowers your risks.
 True False
- Menthol cigarettes are no safer than other brands.
 True False
- Most people become addicted to tobacco as teenagers.
 True False
- It’s easy to stop smoking if you put your mind to it.
 True False

ANSWERS

- False**—as few as one to four cigarettes a day can increase your risk for heart disease and dying at a younger age.
- False**—switching to such brands tends to increase health risks because people often smoke more cigarettes, or more of each one, to get the same nicotine dose.
- True.**
- True**—90 percent of adult smokers started before age 19.
- False**—Nicotine is an addictive drug that affects brain chemistry. While quitting is tough, however, people do it every day. Want help? Visit the American Cancer Society at www.cancer.org, click on “Stay Healthy,” and select “Stay Away from Tobacco.”

Banish Burnout

IN 5 STEPS

STRESS-RELATED BURNOUT is bad news for you and those around you. Ignoring it could raise your risk for illnesses, derail your enjoyment of life, and impair your job performance. Try this five-step plan to improve your circumstances—and the way you relate to them:

1 *Admit you have a problem.* Signs of burnout can include chronic fatigue and feeling overwhelmed, irritable, self-critical, or bored. You may suffer from anxiety, depression, or poor concentration and sleep. Your productivity may decline.

2 *Learn what led to burnout.* Do you feel your job isn't engaging your abilities? Do you feel unable to meet demands? Do you feel left out or underappreciated? Perhaps you're struggling with conflicts and demands at both work and home.

3 *Seek support.* Consider talking with your supervisor about issues that trouble you. Ask for feedback or talk about adjusting your responsibilities to make you more effective and productive. Friends,

family, or an employee assistance program can offer support.

4 *Focus on healing.* There are many stressful things you can't change—but you can change your actions and attitudes. *The New Manager's Tool Kit: 21 Things You Need to Know to Hit the Ground Running* suggests you address four key areas:

- **Physical.** Eat a balanced diet, get regular exercise, and practice relaxation techniques.
- **Mental.** Make the most of strengths, improve weaknesses, and take regular breaks.
- **Interpersonal.** Carve out time for the people and activities you love.
- **Spiritual.** Take time for meditation, creative arts, volunteer work, or a support group.

5 *Avoid repeats.* After you overhaul your attitude and personal life, take steps to manage stress before it gets to you. Schedule downtime and do things you love with people you love. And learn to say no gracefully to unimportant projects that will deplete you.



GOT STRESS?

For more solutions, visit the American Psychological Association at www.apa.org and search for "stress in the workplace."



Compute in Comfort

Want a recipe for pain in the hands, wrists, back, and neck? Try typing all day while staying seated in the same position with poor posture. Luckily, you can head off trouble:

- **Pay attention to posture.** Sit straight, back against the chair and feet flat on the floor. If your chair doesn't support your lower back, use a support pillow. Keep your shoulders and neck relaxed. Craning your neck can cause headaches.
- **Do a height check.** The lower the computer screen, the more tense your neck and shoulder muscles. Adjust the monitor so the upper half of the screen is in your normal line of vision. At the keyboard, wrists should rest in a neutral position, not bent up or down.
- **Stretch before you type.** Loosen your wrists and fingers. Flex your wrists, make tight fists, or shake your hands and arms for a few seconds with your arms dangling at your sides.
- **Keep it light.** Typists who bang the keys risk more hand and wrist injuries.
- **Do something else for a while.** Make or return telephone calls, fix a snack, or sort the mail.
- **Take short breaks every hour or so.** Relax your muscles. Gently exercise arms, wrists, neck, and shoulders.



Add Joy TO YOUR LIFE

THE SECRET TO HAPPINESS MAY SEEM ELUSIVE. What makes one person happy could stress out someone else (take skydiving, for example). Still, researchers say some things appear more likely to increase joy. Try these on for size:

- **Help other people.** That may make *them* happy, of course, but research shows it can do the same for you. Big, costly projects are great—but small gestures, done sincerely, can also do the trick.
- **Share a laugh with someone.** Laughter brings people together, increases joy, and counteracts conflict and stress.
- **Take time to play.** Playfulness helps anyone of any age be more resilient, happy, flexible, and creative. It teaches us to manage and transform stress and negative emotions.
- **Strengthen your social ties.** Close relationships with family, friends, and coworkers are a key factor in happiness. Stay in regular contact with those who matter most to you. Listen closely when they talk—turn off your cell phone.

- **Do something you enjoy.** It doesn't matter if it's a hobby you've been doing for years or something you've never tried but have always wanted to.
- **Strengthen your resilience.** That's your ability to bounce back from adversity, relationship problems, trauma, serious health problems, or work and financial setbacks. Accept that change is a part of life. Avoid reacting to crises as if they were insurmountable.
- **Practice gratitude.** Noticing and being grateful for positive things in your life can boost your mood and help dispel negative thinking.
- **Seek support.** Self-help and support groups, books, online resources, and mental health professionals can offer ideas about how to find more joy.
- **Share your experiences.** If you've got good news or a funny story to tell, call someone and let them in on it.



FIND HELP ONLINE

We can all use advice sometimes about our mental well-being.

Visit Mental Health America at www.nmha.org and click on “Mental Health Info” for a variety of information and sources of help.

When Anxiety Taxes Your Health

It's not just in your head. Extreme anxiety or panic can actually harm your health.

Panic disorder is a type of anxiety-related condition that is twice as common in women as men. People have intense episodes of fear and may feel a sense of doom. These periods reach their worst within 10 minutes or so. In addition, people with panic disorder usually have physical symptoms, such as:

- A pounding heartbeat
- Dizziness or faintness
- Nausea
- Chest pain

Some people have just one panic attack and never have symptoms again. But you should see a doctor if your anxiety causes physical symptoms such as dizziness, trouble sleeping, or panic attacks. These problems can get worse if they're not treated.

If you feel anxious or panicked, try to get your mind off the fear or threat. Keep the “danger” in perspective. Other ways you can keep a lid on anxiety:

- Avoid caffeine and tobacco, which can make symptoms worse.
- Exercise, which can ease your sense of panic and help keep your heart healthy.
- Use downtime, such as on the weekends, to relax and recharge. Volunteer, enjoy a hobby, or find other ways to distract yourself.
- Talk with someone you trust about how you feel.





continued from page 1

Families are eligible for WIC based on income guidelines that may vary by state. As an example, in Massachusetts, a family of four with annual income at \$40,793 would qualify for this assistance (based on income guidelines published through June 2010). A family of eight could qualify at \$68,469 in annual income.

In these hard economic times, more families may be eligible and in need of this additional support. To learn more about eligibility and benefits of WIC, visit the website at www.fns.usda.gov/wic or contact your WIC state agency at one of the following toll-free numbers: Massachusetts: **800-942-1007**
Maine: **800-437-9300**
New Hampshire: **800-942-4321**
Rhode Island: **800-942-7434**

Disclosure of Grandfathered Status: Under the federal health care reform law, plans are required to disclose to participants the following information concerning the plan's status as a grandfathered plan:

The IUOE Local 4 Health & Welfare Plan believes this 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 the law was enacted. Being a grandfathered health plan means that this 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 protections in the Affordable Care Act—for example, the elimination of lifetime dollar 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 Plan Administrator at the IUOE Local 4 Fund Office, 16 Trotter Drive, Medway MA 02053, or you may call **888-486-3524** or log onto the Plan's website at www.local4funds.org. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **866-444-3272** or at www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Disclosure of Early Retiree Reinsurance Program Status: Under the federal health care reform law, plans that have been certified under the Early Retiree Reinsurance Program are required to disclose this status to participants.

You are a plan participant in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a federal program that was established under the Affordable Care Act. Under the Early Retiree

Reinsurance Program, the Health & Welfare Plan may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs. If the Health & Welfare Plan chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes in your health plan coverage terms and conditions that may be advantageous to you, as long as the reimbursements under this program are available and the Health & Welfare Plan chooses to use the reimbursements for this purpose. The plan may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

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