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Remember:

August Is National Immunization Awareness Month!



Recent Measles OUTBREAKS

Are a Reminder That Vaccination Is Crucial

Recent measles outbreaks in the news stress the need for vaccinations against this illness.

(encephalitis), permanent deafness, miscarriage, and even death.

What Is Measles?

Measles is a highly contagious respiratory disease caused by a virus. The virus lives in the nose and throat mucus of a person who's infected. It's spread to others through coughing, sneezing, and talking. The measles virus can live on infected surfaces and in the air for up to two weeks.

Symptoms of measles include:

- High fever
- Cough
- Runny nose
- Watery eyes
- Rash

In severe cases, measles can lead to serious complications, including pneumonia, swelling of the brain

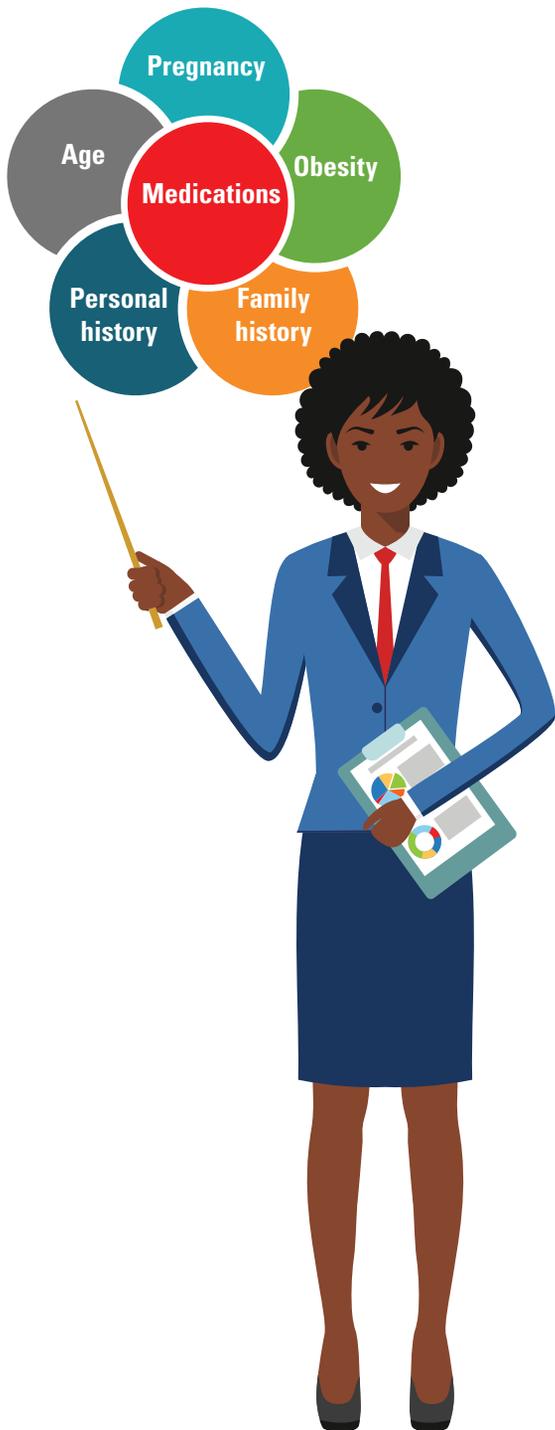
Measles Is Preventable

Measles is serious. However, it's also preventable. The MMR vaccine protects against three diseases—measles, mumps, and rubella (German measles). The vaccine is given in two doses. The Centers for Disease Control and Prevention recommends that children receive the first dose between ages 12 months and 15 months, and the second dose between ages 4 years and 6 years. Receiving two doses of MMR is 97 percent effective at preventing measles.

Measles outbreaks are a reminder to check with your child's pediatrician about his or her vaccination schedule. Check with your own health care provider to make sure you're up-to-date on your vaccines, too.

Are You At Risk for Ovarian Cancer?

Ovarian cancer is the deadliest type of gynecologic cancer. That's probably because it typically is not diagnosed until it has reached an advanced stage. But you can help protect yourself by knowing if you are at risk for this cancer and what symptoms to watch for.



Risk Factors

The exact causes of ovarian cancer are unknown. But the following factors may play a role:

Age: The odds of developing ovarian cancer increase over time. Women ages 63 and older account for half of all ovarian cancer cases.

Obesity: For women, a body mass index (BMI) of 30 or higher is considered obese. These women may have a higher risk than women with a lower BMI.

Family history: Your risk is higher if you have a first-degree relative—that is, a daughter, sister, or mother—who has had ovarian cancer. The more relatives you have with this cancer, the higher your risk. A history of the disease in family members on your father's side is also linked to a higher risk.

- A family history of breast or colorectal cancer has also been associated with an increased risk for ovarian cancer. Women who have a family history of breast cancer sometimes opt to get checked for an inherited defect in their **BRCA1** and **BRCA2** genes. The defect in either gene is linked to a high risk for breast and ovarian cancer.

Personal history: Women who have had colorectal, uterine, or breast cancer may face a higher risk for ovarian cancer than those who have not had one of these other cancers.

Pregnancy: Women who have their first full-term pregnancy after age 35 or never give birth have a higher risk. In fact, the more children women have, the less likely they are to get ovarian cancer. Breastfeeding may also lower the risk.

Medications: According to some evidence, using estrogen-only hormone therapy after menopause may raise your risk.

Warning Signs

Treatment is most effective when ovarian cancer is detected early. But symptoms are often vague and may not show up until later stages of the cancer. Easy-to-overlook warning signs may include:

- Stomach discomfort, such as pain or bloating
- Diarrhea, constipation, or frequent urination
- Feeling full quickly
- Belly swelling with weight loss
- Abnormal vaginal bleeding
- Pain during intercourse
- Fatigue
- Back pain

Talk with your health care provider if you notice any of these symptoms.





TAKE STEPS TO PROTECT Your Loved Ones from Suicide

Suicide rates rose steadily from 1999 to 2016 across almost every state in the U.S., according to a recent report from the Centers for Disease Control and Prevention. The rates increased in every age group except those ages 75 and older. And in 25 states, the number of suicides has increased by more than 30 percent since 1999.

Many Who Die by Suicide Don't Have a Known Mental Illness

Mental health problems are a recognized factor in some suicides. However, when the researchers looked at a smaller subgroup of 27 states, they found that 54 percent of those who died by suicide did not have a known mental illness. Instead, researchers cited

problems with relationships, health, employment, housing, or finances as possible contributors to suicide in these people.

The authors say states need to take steps, such as increasing economic support for those in need and teaching coping skills at an early age, to address the many issues that contribute to suicide. They also stress the importance of learning to better identify and support those at risk.

Protect Those You Love: Learn the Warning Signs of Suicide

If you're concerned a family member or friend may be thinking about suicide, the National Institute of Mental Health suggests you look out for these warning signs:

- Talking about killing themselves
- Writing or talking about death
- Dramatic mood swings
- Increased alcohol and drug use
- Aggressive behavior
- Withdrawing from family and friends
- Reckless or impulsive behavior

If someone you know has any of these warning signs, call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255). You can also text HOME to 741741 for free 24/7 crisis support with a trained crisis counselor in the U.S. If you think the person might hurt themselves or others, call 911 right away.

Important Reminder

All **MENTAL HEALTH** and **SUBSTANCE ABUSE** benefits are administered through the Fund, and all claims are paid directly at the Fund office. Please present your card and show the back of your card for all care.

MENTAL HEALTH and **SUBSTANCE ABUSE** in-network providers can be obtained only through the Fund office. Call **800-228-7484, prompt #4**, for any information related to **MENTAL HEALTH** and **SUBSTANCE ABUSE**.

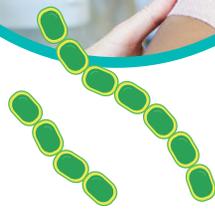
Participant: You need to get approval for services offered by providers outside our network by calling 1-800-ASK-BLUE (1-800-275-2583).
Provider: For precertification, call 1-800-ASK-BLUE. Non-network providers, call 1-800-676-BLUE (1-800-676-2583) to verify eligibility and coverage. File all claims with your local Blue Cross®/Blue Shield® Plan. **Hospital:** Please call 1-800-ASK-BLUE for admission notification within 48 hours or next business day after admission.

Visit www.blueexpress.com for benefit information.

Customer Service
1-800-ASK-BLUE
Eligibility/Precertification
1-800-ASK-BLUE
To Locate Out of Area Provider
1-800-616-BLUE
Health & Welfare Fund – Behavioral Health*
1-800-228-7484



*The Fund contracts directly with this vendor. Your health benefits are entirely funded by the Health and Welfare Fund. QCC Insurance Company provides administration and claims payment services only. Independence Blue Cross and QCC Insurance Company are independent licensees of the Blue Cross and Blue Shield Administration.



A Simple Way to Keep the Flu Away

You can prevent the flu this season by taking one simple step: Get a flu vaccine. The Centers for Disease Control and Prevention (CDC) recommends everyone ages 6 months and older get vaccinated.

Unfortunately, some people think that getting a flu vaccine is too much trouble or costs too much. Or they are sure that a flu shot will make them sick. Or it will make them more likely to catch the flu.

The flu is also called seasonal influenza. It is caused by one of several strains of the flu virus (type A or B) that infect the nose, throat, and lungs. The flu makes life miserable for a week or two for many people. It is deadly for some. Flu season can start as early as October. It peaks anywhere from late December to early April.

Vaccine Facts

Your best defense against the flu is to get vaccinated. The flu vaccine is usually given by a shot, most often into a muscle in the arm. This form of the vaccine contains killed viruses. It is approved for most

people older than age 6 months. The CDC recommends that some children get two full doses one month apart. This applies to children ages 6 months to 8 years who have never been vaccinated or got only one dose of vaccine.

A flu vaccine is especially important for people who are more likely to have problems if they get the flu. This includes:

- Children younger than age 5 years, and especially younger than age 2 years
- People ages 65 and older
- Those with long-term health conditions
- Anyone who lives in a nursing home or care facility
- Pregnant women and women who have had a baby in the last two weeks
- American Indians and Alaska Natives

Even if you don't fall into one of the above groups, you should still get the vaccine to prevent the flu and its symptoms.

2019–2020 Flu Vaccine

There are many different flu viruses, and they are constantly changing. The World Health Organization made the selection of the flu vaccines for 2019–2020 to better match circulating viruses. The 2019–2020 trivalent (three-component) vaccines are recommended to contain:

- A/Brisbane/02/2018 (H1N1) pdm09-like virus
- A/Kansas/14/2017 (H3N2) –like virus
- B/Colorado/06/2017-like (Victoria lineage) virus

Quadrivalent (four-component) vaccines are recommended to contain:

- The three recommended viruses above, plus B/Phuket/3073/2013–like (Yamagata lineage) virus



ADMINISTRATIVE UPDATE

by Frank Vaccaro
Contract Administrator



FLU VACCINES:

Now Covered Through Pharmacy Vaccination Program

Vaccines are important to maintain good health. To broaden the reach of flu vaccines, we have partnered with Express Scripts to implement a retail pharmacy vaccination program that allows eligible participants* and their eligible dependents to go to an in-network pharmacy to receive an annual flu vaccine.

Effective Sept. 1, 2018, this program offers the access, flexibility, and convenience of getting a flu vaccine at a participating pharmacy with a \$0 copay! Just present your Express Scripts ID card to the pharmacist, and he or she will take it from there. **You do NOT need to take a prescription from your health care provider's office to the pharmacy.**

Flu vaccines will *no longer* be made available on the Mobile Health and Wellness Unit. Instead, you can go to your participating in-network pharmacy on a date and at a time that is convenient for you to receive your vaccination—that includes days, nights, and weekends.

The following tips can help you make sure that getting your flu vaccine at the pharmacy goes smoothly:

- **Consider making an appointment.** Most pharmacies don't require it, but it's a good idea to call first. If you do drop in, choose a less busy time—for example, not Monday morning or Friday afternoon when pharmacies tend to be very busy. You'll need to sign a consent form, which includes questions about your

medical history and authorizes the release of information to your health care provider.

- **Don't leave right away.** A needle stick can leave some people light-headed and, on rare occasions, can trigger allergic reactions. Wait about 15 minutes to make sure you feel fine, and let the pharmacist know if you feel dizzy or nauseated, have trouble breathing, or experience any other symptoms.

**Note: In order to be eligible for a flu vaccine, you must be enrolled in a medical benefit plan through the Fund. If you are unsure whether you and/or your dependents are eligible, please call the Fund office at 800-228-7484, prompt #2.*

Self-Injectable Medications

Coverage is provided at the Fund office.

Insulin, other injectable diabetes medications, and Imitrex were the only injectable medications under the prescription drug benefit administered by Express Scripts—until 2018, when flu shots and certain other immunizations were added to the prescription drug benefit.

All other injectables, either self-injectables or injectables not stocked by your health care provider, **ARE COVERED AT THE FUND OFFICE.** Coverage is under the major medical benefit of your plan. Call the Managed Care office at **800-228-7484, prompt #4**, for information. One of the nurse care managers will walk you through the process and, if approved, will follow your case until you receive your first medication delivery.



Important Notice from the UFCW and Funds About Your Prescription Drug

Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription drug coverage with the UFCW or Tri-State Health and Welfare Fund and about your options under Medicare's prescription drug coverage.

This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is on the next page.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage.



1 Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2 The UFCW and Tri-State Health and Welfare Funds have determined that the prescription drug coverage offered by Express Scripts Inc. is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered creditable coverage. Because your existing coverage is creditable coverage, you can keep this coverage and not pay a higher premium (penalty) if you later decide to join a Medicare drug plan.

Tri-State Health and Welfare Coverage and Medicare

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you do decide to join a Medicare drug plan and drop your current UFCW or Tri-State Health and Welfare prescription drug coverage, please be aware that you and your dependents may not be able to get this coverage back. However, you and your spouse will continue to be eligible for vision and/or dental coverage. Please contact us for more information about what happens to your coverage if you enroll in a Medicare Prescription Drug Plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your coverage with the UFCW or Tri-State Health and Welfare Fund and don't join a Medicare Prescription Drug Plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage: Call the Fund office at 856-793-2500.

NOTE: You'll receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the UFCW or Tri-State Health and Welfare Fund changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription Drug Plans:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see your copy of the *Medicare & You* handbook for the telephone number) for personalized help.
- Call **800-MEDICARE (800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call the SSA at **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (penalty).

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Durable Medical Equipment (DME)

Diabetes supplies, such as glucometers, syringes, lancets, and strips, are covered under your medical plan, NOT under your prescription plan. You must get all equipment through a participating supplier.

Find DME providers at www.ibx.com for participating Independence Blue Cross providers or at www.ahatpa.com for participating AmeriHealth providers.

Are we in touch?

If you are aware of any coworkers who are not receiving the *in touch* newsletter on a quarterly basis, please advise them to call the Health and Welfare Fund office at **800-228-7484, ext. 2504**.

The Fund distributes the *in touch* newsletter to present reliable, up-to-date health information, including updates about programs and benefits available to eligible participants. Call the Fund office to obtain the status of your eligibility and verify your current address.

Your ideas are important! Let us know if there is a particular topic that you would like included in your *in touch* newsletter.

Peter Pumpkin Squares

- 1 can (16 oz.) pumpkin
- 1½ cups brown sugar
- 4 eggs
- ¾ cup cooking oil
- 1½ cups all-purpose flour
- 1½ cups rolled oats
- 1 tbsp. ground cinnamon
- 2 tsp. baking powder
- 1 tsp. baking soda
- Margarine or butter to grease the pan



Preheat oven to 350 degrees. In a medium bowl, stir together the pumpkin, sugar, eggs, and oil. Mix well. In a large bowl, mix the flour, oats, cinnamon, baking powder, and baking soda. Add the pumpkin mix to the flour mix. Stir well. Grease a 9-x-13-inch baking pan with butter or margarine. Pour the batter into the greased baking pan. Bake for 30 minutes.

Makes 24 bars. Each serving contains about 160 calories, 8 g total fat (1 g saturated fat, 0 g trans fat), 25 mg cholesterol, 105 mg sodium, 20 g carbohydrates, 2 g fiber, 10 g sugar, 2 g protein.