



Healthcare Reform: A New Era of Healthcare. What's Coming?



As the entire nation scrambles to understand what's coming in the world of healthcare in 2014, many of us at least know the U.S. Department of Health & Human Services (HHS) has approved the **Affordable Care Act (ACA)** to "put consumers back in charge of their healthcare." There are required changes to coverage, costs, care and more for all healthcare plans. Really what we all want to know is: "What does this mean for me?"

The Carpenters' Health & Welfare Trust Fund of St. Louis (Plan) is a Multi-Employer Plan with grandfathered status. A "grandfathered health plan" can preserve certain basic health

coverage that was already in effect when the ACA was enacted but still must comply with other consumer protections, such as the elimination of lifetime limits on benefits. What this means is that while the Plan is considered a "grandfathered health plan," members will see few changes to their healthcare benefits. However, if specific changes are made to Plan design, grandfather status may be lost and the Plan would be subject to all of the ACA required changes.

How do the current Affordable Care Act required changes affect our Plan now?

There is one change required by the ACA which has already occurred, while there are

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Coventry's My Online ServicesSM: Log In for a Chance to Win!

Complete a Health Risk Assessment questionnaire through Coventry's My Online ServicesSM anytime between now and August 31, 2013 and you will be entered for a chance to win one of two Microsoft Surface RTs, complete with keyboards, a \$630 value each! Why complete a health risk assessment?

Are you healthy? Do you eat enough of the right foods? Are you getting enough exercise throughout the week? Complete the online questionnaire and Coventry will confidentially assess your answers and offer suggestions for personalized digital coaching in areas such as:

- managing your weight,
- eating healthier,
- dealing with stress,
- caring for depression,
- quitting smoking,
- sleeping better,
- being more active,
- managing your cholesterol or
- managing your blood pressure.



Coventry Health Care makes it easy for you to manage your health and benefits with My Online Services. The most important information is right in front of you –

continued next page...



Protecting Your Healthcare & Wellness *continued from cover page...*

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continued from cover page...

many changes just over the horizon. One change already in effect is the introduction of the **Summary of Benefits and Coverage (SBC)**. Compliance for a "standard" SBC was required by 5/1/2013. All eligible active participants were mailed an SBC by 4/1/2013. An amended SBC will be effective 1/1/2014 to include new regulation requirements.

Other ACA guidelines that affect our Plan now consist of the following:

- 1. Health Coverage for Children up to Age 26:** Effective 5/1/2013, the Plan is required to offer health coverage for all dependent children up to the age of 26, regardless of their job, full-time school or marital statuses. This guideline added approximately \$1,000,000 in cost to the Plan.
- 2. Premium Stabilization Rule for Reinsurance Fees:** The goal of reinsurance money is to stabilize premiums in the individual exchange market due to anticipated immediate enrollment of higher risk individuals beginning in 2014. This money will be used to offset the expenses of the newly eligible individuals. Under the proposed regulations, it appears that the Fund may be required to pay an estimated \$3,000,000 in reinsurance fees.
- 3. Patient-Centered Outcomes Research Trust Fund – Comparative Clinical Effectiveness Research Fees (CCERF):** Effective 5/1/2013, the Plan is required to pay \$1 times the average number of covered lives, estimated at 48,000. Each Plan Year following this one, \$2 times the average of covered lives will be required through the 2018/2019 Plan Year. Fees are payable out of the Fund's assets.

As for the era of healthcare that has begun, the changes will continue to roll out in the coming months and years. Stay tuned for more information in the quarterly Builder and on www.carpdc.org for how these changes will affect you.

Coventry's My Online ServicesSM: Log In for a Chance to Win!



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where it's easiest to use. From a single screen, you can access:

- Your personal health record
- Provider search tools
- Claims activity
- Coventry WellBeingSM tools
- Lab results
- Health news
- Calendars and reminders



Make the most of your health and benefits. Take advantage of the valuable tools available to you at My Online Services. Here's how to get there:

- Visit the web address shown on your ID card. Both Coventry of Missouri and Coventry of Kansas City should visit: www.chcmisouri.com
- Beneath **Login or Register**, click on **Members/My Online Services**
- If you are already a registered Member, log in by entering your username and password; otherwise, select **Register Now** and follow the instructions to set up a Member account.

Once you are logged in, select **Wellness Tools**, and scroll down to the top option **Health Risk Assessment**. The site will ask if you really want to leave this site: yes you do, so click **Continue**. Complete the **Succeed** questionnaire: to start the questionnaire, simply select **Start Your Questionnaire>**.

You may start or stop on any page of the questionnaire; however, be sure to save as you move along so that you don't have to start over. Upon completion of the questionnaire, you will be **automatically entered into a drawing to win one of two Microsoft Surface RTs with keyboards or a \$100 Visa card!**



Protecting Your Vacation Benefits

St. Louis Vacation Benefit Online Redemption 2013



The first month of online St. Louis Vacation Benefit Redemption has come to a close with 73% (6756) of payable Vacation benefits (9306) authorized online. Of the finalized online redemptions, 79% (5356) elected direct deposit to

a personally designated checking or savings account. Online Vacation Benefit Redemption was first available on www.carpdc.org on May 28, 2013 for the 2013 Plan Year Redemption process, with the first direct deposits and checks issued on Monday, June 3rd, the first business day in June. For the 2013 Plan Year only, the fees for Manual Benefit processing and for payments by check were waived. This helped to provide members

a smooth transition to the new online redemption process. The entire online Vacation Benefit program has been a big success.

Online Vacation Benefit Redemption for participants who earned a Vacation Benefit in the 2013 Plan Year is still ongoing and allows members to take their benefits when they want them, once per Plan Year. If you have not yet authorized your benefits, it is not too late! For questions regarding the new online process or setting up a personal email or personal www.carpdc.org account, please call Member Services at (314) 644-4802, ext 1000 or toll-free at (877) 232-3863, ext 1000.



Kansas City's 2013 "Short Year" Vacation Benefits Paid

Kansas City members were mailed their "short year" Vacation Benefit checks on June 11, 2013. If you are a member who earned Kansas City Vacation Benefits and have not received your check, please contact Wilson McShane at (816) 756-3313, or toll-free at (866) 756-3313.

The Kansas City "short year" payout was the final payout for

Vacation benefits from the Kansas City Vacation Plan. It included benefits earned October 1, 2012 – April 30, 2013 that were paid to Wilson McShane by May 31, 2013. Effective May 1, 2013 Kansas City members began earning Vacation Benefits under the Carpenters' Vacation Trust Fund of St. Louis for the 2014 Plan Year, May 1, 2013 – April 30, 2014.

August is Immunization Awareness Month: Infant Immunizations

Every day about 12,000 babies are born in the US and by the time they are two-years-old each of them should receive immunizations that will prevent 14 diseases. Not only do these immunizations keep infants and toddlers from getting diseases that could bring dangerous complications to their health, they also help prevent the spread of these same diseases. Below are the 2013 recommended immunizations birth through age two¹:



Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19-23 months	2 years
Hepatitis B	Hepatitis B			Hepatitis B						
	Rotavirus (RV) ²	RV ²	RV ²							
	DTaP	DTaP	DTaP			DTaP				
	Hib	Hib	Hib			Hib				
	PCV	PCV	PCV			PCV				
	Polio ³	Polio ³		Polio ³						
				Influenza (yearly; 2 doses if not vaccinated in previous year)						
					Measles, Mumps, Rubella					
					Varicella					
						Hepatitis A, Dose 1 ⁴			Hepatitis A ⁵	
										Meningococcal ⁶ (Hib-MenCY ≥ 6 weeks; MCV4-D ≥ 9 months)

¹For more informatin about immunizations for infants and children, see you health care provider and/or visit <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.

Sources: <http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>, <http://www.cdc.gov/vaccines/parents/infants-toddlers.html>

For the 2013 Recommended Adult Immunization Schedule please refer to our website: www.carpdc.org/News/Article/2013-Recommended-Adult-Immunization-Schedule

Understanding Type I Diabetes



Diabetes is on the rise, and it is often in the news. The diabetes we usually hear about is Type II Diabetes. Type I, however, affects about a million kids and adults in the U.S., and about 13,000 children are diagnosed with the disease each year. So what is Type I diabetes and how is it different from Type II?

With Type II Diabetes the body does not make enough insulin or the body's cells ignore the insulin the body does make. This, in turn, allows glucose to build up in the blood instead of going into the cells, which can lead to complications. What exactly causes Type II Diabetes is not yet known, but excess weight and inactivity are contributing factors. Usually adults are diagnosed with Type II Diabetes.

On the other hand, Type I Diabetes is typically diagnosed in children and young adults. About 5 percent of people with diabetes have Type I. While the body still produces insulin with Type II Diabetes, Type I Diabetes means the pancreas has completely stopped making it. Because the body needs insulin to survive, those

with Type I Diabetes need to replace the insulin that is missing.

Researchers do not yet know the exact cause of Type I Diabetes. There are, however, some known risk factors. For example, those with a parent or sibling with Type I Diabetes are at a greater risk of developing the condition. Also, the presence of certain genes can mean that the individual has an increased risk of developing Type I Diabetes.

Though Type II Diabetes in general can be prevented with a healthy, low-fat diet and plenty of exercise, there really is nothing a parent or child could have done to prevent Type I. As of yet, there is no cure for Type I Diabetes.

Type I Diabetes can cause long-term complications, such as stroke, heart disease, kidney problems and vision loss. However, parents of children with Type I Diabetes and adults with the condition can help prevent these complications by controlling blood sugar levels as much as possible. Additionally, regular appointments with a doctor and yearly eye exams beginning at 5 years of age can also help keep away complications caused by Type I Diabetes.



Diabetes Comparison Chart	Type I Diabetes	Type II Diabetes
Definition	The body attacks cells in the pancreas, which causes it to stop making insulin.	The pancreas makes insulin, but receptor cells in the body become less sensitive to it. Insulin resistance means that less sugar is removed from blood.
People commonly affected	Children and teenagers	Adults, elderly, certain ethnic groups
Causes	Triggered by the body attacking beta cells in the pancreas. This might happen after a viral infection.	Seems to be related to aging, inactive life style, genetic influence and obesity

STL and SO IL Members' Benefits Paid for the Month of APRIL 2013



STL/KC/SO IL Members' Health Benefits Paid & STL/SO IL Members' Pension Benefits for the Months of MAY 2013



JUNE 2013



Protecting Your Health

How Important is Protein in Your Diet?

Regardless if you are looking at previous USDA recommendations on the Food Pyramid¹ or the more recent USDA MyPlate² recommendations, protein is consistently a very important food group for active and even non-active individuals. But do you know how much protein you should consume daily? What about if you increase your intensity level in exercise, would you know to increase the amount of protein you eat or drink as well?

The current USDA Dietary Guidelines recommend 0.364 g protein intake per pound of body weight for the average American. For example, if a person weighs 150 lbs, recommended protein intake should be around 54.6 g per day. Three ounces of meat - the size of a deck of cards - has about 21 g of protein, a cup of milk, 8 g, and one cup of dry beans is 16 g of protein. However, while protein is a crucial part of our diets, too much protein is common in American society. Over-consumption of protein for inactive individuals may “pose health concerns with the liver and kidneys, with dehydration and with potential calcium losses from the bones.”³ Keeping close to the USDA guidelines is best for overall health, so far as the experts have concluded from research to date.

Other recommendations include that an active individual who engages in at least 10 hours of vigorous activity each week should consume between 0.546 and 0.637 g protein per pound of body weight. To determine how many grams protein one should consume per day, multiply body weight in pounds by grams of protein per pound (0.546 on the lower end and 0.637 on the higher end). In addition, individuals who partake in resistance or weight training should consume between 0.637 g and 0.819 g protein per pound of body weight.³ To determine how many grams protein one should consume per day while resistance training,

the calculation is the same, but with a higher number of grams per pound of body weight. Therefore, multiply body weight in pounds by grams of protein per pound (0.637 on the lower end and 0.819 on the higher end). Protein consumption while strength training and

conditioning (body builders) are even greater. All exercise should be followed by consuming protein within 60 minutes, accompanied with approximately 35 g of carbohydrates.³ Total carbs can be determined by reading the Nutrition labels on food packaging.

The most obvious ways to consume protein is through foods. The USDA provides a quite extensive list of protein food groups that may help you determine what foods you like have protein.⁴ Alternative to food protein consumption, whey and casein protein powders are both available as meal replacement drinks. Since protein powders come in a wide variety of compositions and flavors the one that is right for you depends on the exercise and the amount of exercise performed, as well as personal preference. Visiting a health food or supplement store to discuss options available, such as GNC, Supplement Superstores or your local Health Food store, is a good way to start the selection process.

Fun fact: Proteins generally take longer for your body to digest and will give you a “full” feeling for longer than carbohydrate foods (sugars/fiber) and fats. If you are looking for a healthy mid-day snack, pick one that has at least 10 g protein (preferably with no trans fats) to help you ward off that next hunger strike!

¹<http://www.cnpp.usda.gov/Publications/MyPyramid/OriginalFoodGuidePyramids/FGP/FGPPamphlet.pdf>

²<http://www.choosemyplate.gov/index.html>

³<http://blog.nasm.org/nutrition/protein-quality-quantity-and-timing/>

⁴<http://www.choosemyplate.gov/food-groups/protein-foods.html>

Men and Anxiety *From your Member Assistance Program*

Most of us would agree that social norms for men continue to paint a picture of self-sufficiency. I wonder, do men simply pull themselves up by their bootstraps, avoid disclosing concerns or symptoms of discomfort and just go forth? In some circles, seeking help may even be seen as a sign of weakness. Research indicates men are more guarded when it comes to pursuing proper care. Result: NOT GOOD! Men also suffer from anxiety and depression. The Department of Health and Human Services reports that over 40 million people (18%) suffer from anxiety every year in this country.

Fear can be self-defeating. Heavy drinking and smoking may be used as methods for relief. Anxiety in men can show up as sleep disturbances, excessive tiredness, digestive troubles, headaches, agitation. The discomfort may come and go, but thoughts are disrupted. The most common anxiety disorders are: Generalized Anxiety Disorder, Panic Disorder, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder (PTSD) and Social Phobia. The good news is all types of anxiety is treatable. Check out some facts on: <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml#part2>.

If you are not sure but know you are not feeling quite right, give the MAP a call, or consult with your doctor. Help is out there.

Call MAP 1-800-413-8008 #2 or 314-729-4600 #2



New to www.carpdc.org!

Treatment tips for a variety of physical health issues are available in videos by **Signature Medical Group** physicians. Topics include issues in the areas of hips, back, knees, spine, fingers, feet, shoulders, rotator cuff and elbows. Visit www.carpdc.org/Video and select **Benefits** to tune in.

Need to update your information on file with us?

Visit our website! Do you need to...

Change your address?

Add a dependent child or new spouse for medical coverage?

The website Benefit Forms page can assist you with all of your forms needs! Visit carpdc for a downloadable form to return to our office:

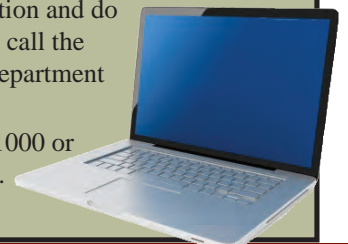
<http://www.carpdc.org/BenefitServices/Forms>

Please note: Mail from our office will not be forwarded by the Post Office to your new address. Should you need to update any personal information and do not have website access, please call the Carpenters' Member Service Department M-F, 7am-5pm:

Phone: (314) 644-4802, ext. 1000 or

Toll-free: (877) 232-3863, ext.

1000





The Truth and Dangers of Opiates* by Mark Clark, Pharm.D., Pharmaceutical Strategies Group

* Oxycodone (Oxycontin), oxycodone, hydrocodone, hydromorphone, morphine, fentanyl and codeine are the most common opiate drugs

Pain is the most common reason for healthcare visits in the United States. Depending on the cause and severity of the pain, once the origin of the pain is identified and addressed, treatment with medications may or may not be necessary. Quick response to a patient's report of pain is crucial to managing pain. The longer a patient's pain is uncontrolled, the more difficult it will be to treat. As pain increases, patients become even more sensitive to painful stimulus. This phenomenon is called hyperalgesia, a condition where painful stimulus causes more pain than normally expected. Opiates work through central mechanisms to rapidly alter the perception of pain and, for this reason, short-acting opiates are often prescribed (e.g. after acute trauma, a dental procedure and after surgery).

Opiates are effective for short-term pain management. However, opiate drugs are not the ideal resolution for pain for many patients with chronic pain. With daily opiate use, physical dependence and tolerance can develop in days or weeks. Evidence of long-term efficacy for chronic non-cancer pain (≥ 16 weeks) is limited and of low quality. In fact, opiate use for chronic pain offers more risks than positive effects. Some of the risks are the following:

- There are no random trials that have been conducted to show long-term effectiveness of high opiate doses for chronic non-cancer pain.
- Many patients on high doses of opiates continue to have substantial pain and related dysfunction.
- Higher doses come with increased risks.
- Extended-release opiates have not been proven to be safer or more effective than short-acting opiates for managing chronic pain.
- When treating chronic pain, dose escalation has not been proven to reduce pain or increase function, but it can increase risks.

The United States makes up only 4.6 percent of the world's population but consumes 80 percent of its opiates -- and 99 percent of the world's hydrocodone, the opiate that is in Vicodin. Prescription drugs in general are responsible for killing 70 Americans a day. In fact, opiate analgesics (painkillers) are the primary culprits in the vast majority of US overdose deaths. Deaths

from prescription drug overdoses have become the second leading cause of accidental deaths nationwide, and the leading cause in as many as 15 states.

An analysis conducted by investigators at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia showed that 75.2% of pharmaceutical deaths involved opiates, either alone or in combination with other drugs. Opiates (75.2%), benzodiazepines (29.4%), antidepressants (17.6%), and antiepileptic and antiparkinsonism drugs (7.8%) were the pharmaceuticals (alone or in combination with other drugs) most commonly involved in pharmaceutical overdose deaths.

Opiates have significant risks besides addiction and misuse. These risks include:

- respiratory depression and unintentional overdose death;
- serious fractures from falls;
- hormonal suppression of cortisol (cortisol activates anti-stress and anti-inflammatory pathways and affects the appropriate breakdown of glucose levels in the blood);
- hypogonadism (low testosterone and estrogen production) and other endocrine effects that can cause a spectrum of adverse effects;
- increased pain sensitivity;
- sleep-disordered breathing;
- chronic constipation and serious stool impaction; and
- chronic dry mouth which can lead to tooth decay.

To learn more about the truth and dangers of opiate use, watch the extremely informative video **Opiate Use: Addiction is Not Rare** by visiting www.youtube.com/watch?v=DgyuBWN9D4w. In the next Builder News publication, PSG will discuss managing pain with and without opiates.

To learn more about the epidemic of prescription drugs and overdose in the United States, tune in to **The Up Experience** presented by Bob Stutman: <http://thestutmanangroup.com/media.html#video>

For article references, visit:

http://www.carpdc.org:82/Libraries/Download_flyers/Opioid_References_20130628.sflb.ashx

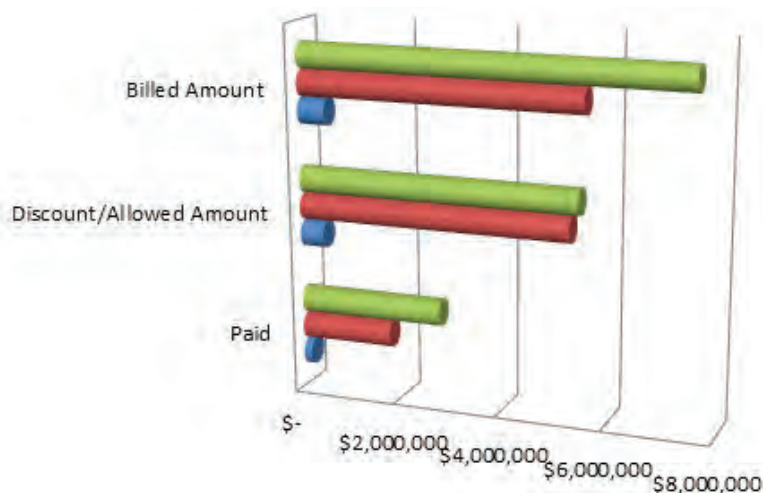


DELTA DENTAL

Dental Benefits Paid June 2012 - May 2013: A Year in Review

Average Amount Owed by Member between 6/1/2012 - 5/31/2013

Delta Dental PPO Provider used: \$905.21
Delta Dental Premier Provider used: \$1,303.86
Out-of-network provider used: \$1,310.68



■ PPO*
■ Premier*
■ OON



*All Delta Dental PPO and Delta Dental Premier Savings are **guaranteed** to NOT be charged to the member.

Protecting Your Retirement - St. Louis

Interactive St. Louis Pension SPD Website to Roll Out in August

Our Pension Summary Plan Description (SPD) has been constructed as an interactive website! The site will be linked to the Pension section of www.carpdc.org/BenefitServices in August. The interactive site allows members an easy-to-use, reader-friendly tool to help them better understand their Pension benefits. Features of the Pension SPD website will allow members to look up specific information now, without having to attain a hard copy version of the SPD.

Other new features of the SPD include:

- Enhanced accessibility
- Advanced search options
- Guarantee of current Pension Plan information on the website
- Print-friendly pages, sections and entire SPD

Watch www.carpdc.org/BenefitServices in the coming weeks for the roll out of our new interactive Pension SPD website. Any questions regarding this new Pension site may be directed to the Pension office by email at pension@carpdc.org or by phone M-F, 7 am – 5 pm, at (314) 644-4802, ext 1001, or toll-free at (877) 232-3863, ext. 1001.



Grandfather Status

The Carpenters' Health and Welfare Trust Fund of St. Louis 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 that law was enacted. Being a grandfathered health plan means that your 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 plan administrator at Carpenters' Benefit Plans Office, 1419 Hampton Avenue, St. Louis, MO 63139. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Protecting Your Health & Wellness: Special Offers for Union Members and Covered Dependents



MEMBERS (AND FAMILY) OF THE CARPENTERS' DISTRICT COUNCIL CAN JOIN GOLD'S GYM FOR \$296 (PER PERSON) FOR ONE YEAR WITH NO ENROLLMENT FEE. THIS DISCOUNT IS ONLY AVAILABLE THROUGH THE CARPENTERS'.

IN ORDER TO RECEIVE THIS DISCOUNT, YOU MUST CONTACT GAYLE PULLIAM IN THE CARPENTERS' BENEFIT PLANS OFFICE:

BY PHONE: 314.644.4802, EXT. 5523

TOLL-FREE: 877.232.3863, EXT. 5523

BY EMAIL: GPULLIAM@CARPDC.ORG

PARTICIPATING GOLD'S GYM LOCATIONS: BALLWIN, MARYLAND HEIGHTS, FLORISSANT, HIGHWAY K, FENTON, ST. PETERS AND O'FALLON, IL

YMCA OF GREATER ST. LOUIS

"Try the Y!" Join a Greater St. Louis (Missouri) YMCA **between July 20 and August 3, 2013** and you will receive **100% off the joining fee and 100% off the first full month's draft**. 2013 Memberships start at \$46 per month for adults and \$69 per month for households (financial assistance is available). Mention the Carpenters' District Council of Greater St. Louis. Stop by your local YMCA or call **Mark Patterson 314.644.3701, ext. 225** for more **"Try the Y"** information.

If you live in Illinois, contact the **YMCA of Southwest Illinois 618.233.9485**, for information on their available discounts.



YMCA OF GREATER KANSAS CITY

FOR HEALTH, WELL-BEING & FITNESS

Healthy Living Partnership: Carpenter's District Council of St. Louis / YMCA of Greater Kansas City

The Y has affordable, income based membership programs.

Visit the YMCA website, www.KansasCityYMCA.org, or any Greater Kansas City YMCA location to learn your specific rate. 2013 Reduced Monthly Rates will not exceed **\$58/Individual, \$89/Household**.

For more information, contact **Vic Perrin, Sr. Director Community Engagement** at **816.561.9622** or vicperrin@kansascityymca.org

Log in on www.carpdc.org to view Member discounts from the drop down menu

weightwatchers ONLINE

Coventry Health Care has joined forces with **Weight Watchers** to bring you a savings of \$10* off a 3-month subscription to Weight Watchers Online. You will get Weight Watchers for only **\$55.00** - that's less than \$5 per week! **To sign up:**

- Go to www.weightwatchers.com/signup
- Click "Enter Promotion Code" and enter code: **8-334-791-17805**
- The payment plan box will display the 3-Month Online offer: **\$55**
- Follow the remaining steps for setting up your account

With **Weight Watchers** you can:

- Access your personal plan information
- Make better food choices
- Find tasty new recipes
- Use interactive tools to assess your habits
- Monitor your progress
- Create personalized goals that work for you

Take advantage of this special offer today and take a step toward better health!