CARPENTERS TRUSTS
of Western Washington

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carpenters care

Patients beware: Costs and quality vary

Would you buy a new car or truck without knowing the sticker price? Probably not.

But when it comes to purchasing medical services, patients are often reluctant to ask about costs, and that can lead to sticker shock when the bills arrive.

A back surgery can easily cost upwards of $100,000. A hip or knee replacement can run up charges of $60,000. Even with insurance, the deductible and coinsurance can be a hardship to a family's financial situation.

Imagine finding out later that the charges were four times higher than the hospital down the road. Your deductible would have been the same, but your out-of-pocket could have been a lot less. Even more, you might have had a better experience with better outcomes.

A report from the **Washington Health Alliance** (www.wacommunitycheckup.org) confirms that there is tremendous price variation among area hospitals for similar procedures and treatments.

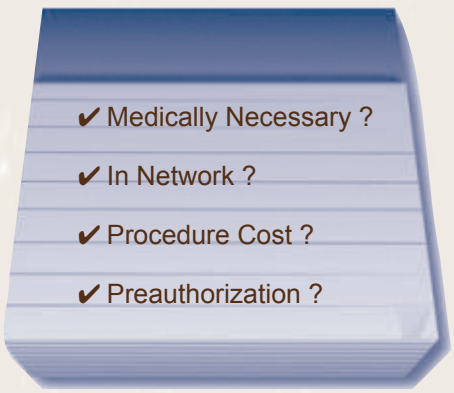
It doesn't seem to matter whether the hospital is in a rural or urban setting. It doesn't seem to matter whether it's a nonprofit, government-owned, university-affiliated, or privately owned facility. Prices are all over the map and impossible to predict with any degree of accuracy.

Paying more is no guarantee that you'll receive better care or that you'll feel better faster. "No medical group, clinic or hospital is good at everything," states the 2013 *Community Checkup Report* from the Washington Healthcare Alliance. "Substantial variation in the quality of care remains a stubborn problem."

In this issue

Do your homework

1. **Know what you need and what you don't.** **Choosing Wisely** (co-sponsored by *Consumer Reports)* is a great resource for no-nonsense advice. Visit www.choosingwisely.org.
2. **Know which hospitals are in your insurance network.** Visit our website (www.ctww.org/provider) to search the First Choice Health directory.
3. **Know how much a procedure might cost.** A site like **Healthcare Bluebook** (www.healthcarebluebook.com) can help you determine fair prices for healthcare services in your area. Hospital pricing is also available from the Washington State Hospital Association (www.wahospitalpricing.org).
4. **Call the Trust Office to preauthorize treatments and procedures.** It's not always required but will give you a better idea of what your out-of-pocket costs might be.



Genetic testing: When does it make sense?

The words "genetic" and "genomic" are being used more frequently in healthcare settings. Much of that is due to the wide variety of tests that are available to patients.

Genetic testing and genomic testing are not the same thing. What's the difference? Here's how they're explained by the Center for Genomics and Public Health at the University of Washington (depts.washington.edu/cgph).

- "Genetics usually refers to the study of specific, individual genes and their role in inheritance. This area of research has helped identify the genes involved in a number of relatively rare genetic disorders and has led to the ability to diagnose and screen for some of those disorders."
- Genomics "usually refers to an organism's entire genetic makeup, which is called a genome… and how the genome interacts with environmental or non-genetic factors, such as a person's lifestyle."

Both types of tests—genetic and genomic—can be informative and useful in a healthcare setting. However, they are not always necessary and, as a result, not always covered by the health plan. Here are four questions that patients should be asking.

1. **Will it affect my treatment?** A test makes sense when it's done to make a diagnosis in a person who has symptoms. Testing can also help a healthcare provider figure out the type or dose of medicine the patient needs. In those scenarios, the intended purpose is clearly focused on the patient's treatment.
2. **Is it medically necessary?** Testing can be used to screen for a disease before it causes symptoms. It can also detect disease-specific genes that might be passed on to future generations. In those scenarios, the test would appear to be done in the interest of predicting a future event. There's nothing wrong with wanting to know, especially if it leads to healthier habits and lifestyle changes. But without a clear impact on diagnosis or treatment, the test would be harder to justify as a covered procedure.
3. **Will my insurance company pay for it?** Don't expect providers to know whether a test is covered. Call the Trust Office to have the test preauthorized. It's the only way to be certain the test will be covered. Otherwise, you might be responsible for the charges.
4. **Where will the test be performed?** Testing is commonly performed in labs that don't participate in our PPO network, which could mean higher out-of-pocket costs for the patient. Request a PPO lab if possible.

"Genes have very little impact on life outcomes"

Most people have never heard of Dr. J. Craig Venter, but in the scientific community Venter is well known for his work on the human genome project.

Completed in 2003, the project produced the first complete blueprint of our genetic code, with detailed information about the structure, organization and function of the complete set of human genes.

Venter donated samples of his personal DNA to the project. By doing so, he got an astonishingly rare look at his own genetic makeup. That's how he learned that he had genetic markers for Alzheimer's and cardiovascular disease.

Was Venter alarmed? Apparently not. A short time later, in a March 2008 column he wrote for *India Today*, Venter provided this perspective:

> "Everybody talks about the genes that they received from their mother and father, for this trait or the other. But in reality, those genes have very little impact on life outcomes. Our biology is way too complicated for that and deals with hundreds of thousands of independent factors. Genes are absolutely not our fate. They can give us useful information about the increased risk of a disease, but in most cases they will not determine the actual cause of the disease, or the actual incidence of somebody getting it."

When it comes to your health, your DNA is just one piece of the puzzle. Lifestyle and environmental factors, such as the food you eat and the air you breathe, can and do influence the way cells behave and interact in your body.

Know your benefits

3D mammography not covered by Plan. While approved by the U.S. Food and Drug Administration (FDA), 3D mammography (otherwise known as digital tomosynthesis) is not yet considered the standard of care for breast cancer screening and is therefore not covered by the Plan. If this type of 3D imaging is ordered by you or your physician, be aware that it could add as much as $130 or more to the standard mammography bill and that this additional charge will be the patient's financial responsibility.

Are e-cigarettes a safe and effective way to quit?

Nineteen years ago, in February 1996, a former tobacco company vice president appeared on national television and revealed the truth about Big Tobacco.

In an interview on *60 Minutes*, Jeffrey Wigand, a former scientist at Brown & Williamson Tobacco Company, suggested that tobacco companies were lying to the public when they claimed that nicotine was not addictive.

"We are in the nicotine delivery business," Wigand told CBS reporter Mike Wallace. And it was common practice for tobacco companies to manipulate nicotine delivery in tobacco products to make them more addictive.

A new delivery device

Tobacco companies are still in the "nicotine delivery business." With cigarette sales declining steadily in the United States, they're now pushing electronic cigarettes, which deliver nicotine by heating liquid in a canister until it vaporizes so it can be inhaled into the lungs.

The fact that e-cigarettes (also known as e-cigs or vapes) don't contain tobacco has many people believing that these new delivery devices are safe alternatives to traditional cigarettes. But are they?

Long-term safety uncertain

The short answer is: no one really knows.

At this time, there's no compelling evidence that short-term use of e-cigs is dangerous. Smoke from traditional tobacco products has 40 known carcinogens, none of which is found in more than trace quantities in the cartridges or aerosol of e-cigarettes. However, the number of credible research studies is limited. Until there is better data, it cannot be categorically stated that long-term use is safe.

Complicating the issue is the fact that e-cigs are not regulated by the FDA. Currently there is no regulation as far as what can be put into e-cigs or e-juice (the liquid used in vaporizers). There are hundreds of brands out there but no uniform method of identifying what's in them. Different flavorings may potentially be associated with different risk profiles.

The emergence of different types of devices (e.g., heating of tobacco vs. vaporizing nicotine in a liquid) also makes an evaluation of risk more difficult.

Not a proven way to quit

It is well known that combustible and smokeless tobacco are deadly, so encouraging people to stop all forms of tobacco is still a major priority for the Carpenters Health and Security Plan.

Are e-cigarettes an effective way to quit tobacco? Well, it depends on the definition of "quit." If quitting means discontinuing the use of traditional cigarettes, preliminary research shows that e-cigs are about as effective as using an FDA-approved nicotine patch. However, there is not enough data to support a recommendation for using e-cigs as a cessation device.

Quit For Life works for e-cigarettes

Quit For Life (1-866-784-8454) originated as a program for users of combustible and oral tobacco (cigarettes and snuff, for example). With the rising popularity of e-cigs, a new type of user has emerged—people who use e-cigs and combustible tobacco together.

Quit For Life can help both types of users. Just be aware that the program does not encourage the use of e-cigs as a means of quitting traditional tobacco products. Quit For Life continues to endorse and offer FDA-approved forms of nicotine replacement, including patches, gum and prescription medication, which are available to Carpenters Health and Security Plan participants and adult dependants at no cost. To enroll, call or visit www.quitnow.net/ctww.

Nurse line can be your life line

When you have questions about a symptom, illness, or injury, **Ask Mayo Clinic** can help. Call the nurse line (1-800-903-1836) any time day or night. Program that number in your cell phone so it's handy the next time. If you don't feel like talking, visit www.CarpentersNurseLine.org for the online symptom assessment. Enter the following access code to begin your session: carpenters. You'll get trusted guidance and peace of mind either way. It can save time and money, too.

Why diets fail

"Eat less and exercise more."

How many times have you heard that advice for weight loss?

And how many times has it actually worked?

"Weight loss is next to impossible." That's the opinion from a real doctor, **Dr. Robert H. Lustig,** a pediatrician and obesity expert at the University of California San Francisco.

"The number of people who can maintain any meaningful degree of weight loss is extremely small," he writes.

In his book, *Fat Chance: Beating the Odds Against Sugar, Processed Food, Obesity, and Disease,* Dr. Lustig makes a compelling argument that "eat less and exercise more" simply doesn't work for long-term weight loss.

"Strict control of one's environment through limiting calorie intake and increase physical activity can result in weight loss," Lustig admits. The problem is that the weight comes rolling back after three to six months.

If you've tried and failed to achieve your weight-loss goals through diet or exercise, here's some encouragement: it's not your fault.

Calorie restriction

"Burning a pound of fat liberates 2,500 calories, so it had always been assumed that you can lose one pound by eating 2,500 calories less," writes Lustig.

But when you cut back on calories, something else happens. Your metabolism slows down so you burn fewer calories. According to Lustig, this is a survival mechanism we acquired from our ancestors. Conserving calories helped them survive periods of scarcity and famine.

Body fat was another means of survival. When food was available, our ancestors ate more than they needed and the excess calories were stored as fat so they were available when food became scarce.

Fat is the body's emergency energy supply. That's why it's so hard to get rid of. A person can lose some fat on a calorie-restricted diet, but according to Lustig, "you're actually losing more muscle, unless you exercise while you're dieting in order to prevent the muscle loss."

Muscle is good for you. That's where the mitochondria are. Mitochondria are the cells that burn calories. The more you have, the more you burn. That's why professional athletes can consume 12,000 calories a day without a significant gain in body fat.

The only way to build muscle is exercise. But when calories are limited, your brain takes over and tells your body to conserve energy. Too tired to exercise? Your body might be trying to prevent you from starving to death.

The myth of exercise

"There is not one study that demonstrates that exercise alone causes significant weight loss," Lustig writes.

In fact, you're more likely to gain weight because exercise builds muscle. That's true whether you're walking, jogging, riding a bike, doing pushups, curling a dumbell, or dead-lifting a barbell like an Olympian.

Once again, muscle burns calories. The more you burn, the fewer that end up being stored as fat. Ironically, the majority of calories are burned after exercise, when you're resting or watching TV.

"Exercise is the single best thing you can do for yourself," Lustig writes. "It's way more important than dieting, and easier to do."

Unfortunately, the one thing it won't do is make you lose weight.

What works?

According to Lustig, there is a scientific reason why obesity rates are two to five times higher than they were 30 years ago. And it's not because we are eating too much and not exercising. Simply put, our biochemistry has changed. We consume more calories than we need but our bodies are behaving as though we are starving. Instead of feeling "full" after a meal, we feel the urge to continue eating. Instead of burning calories, we are storing them (as fat) in dangerous places like the liver and heart. We're not just getting fatter. We're getting sicker. Why? Because our food environment has changed. The more we learn about our food environment and how it affects our bodies, the easier it will be to improve our health with common-sense dieting. Watch for more information in the next issue of *Carpenters Care*.

Watch Dr. Lustig on our YouTube channel

Visit our home page (www.ctww.org) for a link to our YouTube channel. It offers smart, engaging video content to help you learn more about the causes and cures of obesity. Check out the following playlists:

YouTube

- Healthy Eating
- Weight of the Nation
- The Skinny on Obesity

Summary of Material Modifications

Carpenters Health and Security Plan of Western Washington

This is to advise you of a change made to the suspension rules of the Carpenters Health and Security Plan. The new suspension rules for noncovered employment were effective January 1, 2015.

Suspension of Eligibility For Noncovered Employment

Your and your dependents' coverage is suspended as follows:

Employed Participants

If you work in noncovered employment, your eligibility will be suspended on the first of the month following such employment, unless there has been no quit, discharge or retirement between your covered employment and your noncovered employment. Noncovered employment means work of one hour or more during any calendar month:

- In the building and construction industry; and
- Within the State of Washington or in any contiguous state or in any state covered by a reciprocity agreement between the Trust and another welfare benefit plan; and
- Which is of the type performed by employees or associate employees covered by the plan, or which requires directly or indirectly the use of the same skills employed by employees covered by a collective bargaining agreement or associate agreement requiring contributions to the Trust; and
- For which no contributions are required to be made to the Trust.

It is your obligation to notify the Trust Office upon commencement of noncovered employment.

You and your dependents are entitled to elect COBRA commencing the first of the month for which eligibility is suspended.

If you cease noncovered employment within six months of the date benefits were suspended, and you provide written notice to the Trust Office within that six-month period, your eligibility will be reinstated on the first of the month following the month in which noncovered employment ceases. Notification to the Trust Office of the cessation of noncovered employment is required as a condition of reinstatement. If you do not notify the Trust Office of a cessation of noncovered employment within that six-month period, your dollar bank will be forfeited.

Retired Participants

If, after taking retirement under the Carpenters Retirement Plan of Western Washington or the Washington, Idaho, Montana, Carpenters-Employers Retirement Plan, a retiree under age 65 becomes employed in noncovered employment, the eligibility of such retiree under the Employee Health Plan shall be suspended on the first of the month following such employment. Noncovered employment means work of one hour or more during any calendar month:

- In the building and construction industry; and
- Within the State of Washington or in any contiguous state or in any state covered by a reciprocity agreement between the Trust and another welfare benefit plan; and
- Which is of the type performed by employees or associate employees covered by the plan, or which requires directly or indirectly the use of the same skills employed by employees covered by a collective bargaining agreement or associate agreement requiring contributions to the Trust; and
- For which no contributions are required to be made to the Trust.

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This is a summary of material modifications describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Carpenters Health and Security Plan booklet. If you have questions about this summary, please contact Participant Services at the Trust Office: (800) 552-0635.

Summary of Material Modifications

Carpenters Health and Security Plan of Western Washington

Health Reimbursement Accounts

This is to advise you of a change made to the Health Reimbursement Accounts provided by the Carpenters Health and Security Plan of Western Washington.

General Description of Health Reimbursement Accounts

In 2008, the Board of Trustees established tax-advantaged Health Reimbursement Accounts in the name of eligible participants. A one-time allocation was made from the Trust's retiree medical reserves to fund the Accounts. Participants could generally qualify for the one-time allocation if they were eligible for the Employee Health Plan in January 2008 or they were eligible for the Retiree Health Plan in December 2008. The allocation to each participant's Account was based on the number of hours reported to the Plan on the participant's behalf prior to January 1, 2009. New allocation have not been added since the initial funding because reserves have not been available.

Description of Change Made for ACA Compliance

In order to comply with the Affordable Care Act (ACA), the Board of Trustees froze all Accounts effective January 1, 2014. That means no new allocations will be made to the Accounts. In addition, Accounts will not be credited with forfeitures or with investment gains or losses. At this time, participants may continue to use the Account balance upon retirement to help pay for COBRA or the Retiree Health Plan. The Account forfeiture provisions also remain in effect and Participants and dependents should consult the Carpenters Health and Security Plan booklet for details. An eligible participant's Account balance is shown on page one of the quarterly benefit statement.

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Summary of Material Modifications

Carpenters Individual Account Pension Plan of Western Washington

Rule 4.5(c) of the Commodity Futures Trading Commission ("CFTC") requires that the Board of Trustees provide this notice to participants in the Carpenters of Western Washington Individual Account Pension Plan.

The Carpenters Individual Account Pension Plan is subject to Title I of the Employee Retirement Income Security Act and is therefore a "qualifying entity" under CFTC Rule 4.5(b). Since the Carpenters Individual Account Pension Plan is a "qualifying entity," the Trustees are not considered "commodity pool operators" with respect to their operation of the Carpenters Individual Account Pension Plan and are not subject to CFTC registration and regulation as a pool operator. To comply with the Rules, the Trustees filed a notice claiming the exclusion from the definition of "commodity pool operator" with the National Futures Association.

The Carpenters Retirement Plan of Western Washington is also exempt from registration as a commodity pool, but under the Rules the Trustees are not required to file a notice claiming the exclusion with the National Futures Association.

If you would like more information, please contact Retirement Services at the Trust Office: (800) 552-0635.

Important Notice About "Grandfathered" Status

The Carpenters Health and Security Trust of Western Washington believes this plan is a "grandfathered health plan" under the Affordable Care Act (ACA). 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 PO Box 1929, Seattle, Washington 98111-1929. 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.

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Metabolic syndrome: A recipe for serious illness

Will you develop diabetes in your lifetime? An estimated 29 million Americans already have it, including about current 500 health plan members.

Fortunately there's something you can do prevent it: Keep an eye on your numbers.

Type-2 diabetes doesn't usually don't show up overnight. Neither do cardiovascular disease and stroke. These life-changing conditions develop slowly, over time, as a result of health factors that many people don't take seriously.

There are five main risk factors to be concerned about (see below). When you have three or more, you have what doctors are now calling metabolic syndrome.

Metabolic syndrome is not a disease; it's a term doctors use to describe a clustering of known risk factors for chronic disease. A person with metabolic syndrome has a two-fold greater risk for cardiovascular disease and a five-fold greater risk for type-2 diabetes.

Metabolic syndrome also increases a person's risk for fatty liver, cholesterol gallstones, obstructive sleep apnea, gout, depression, musculoskeletal disease and polycystic ovarian syndrome.

5 numbers that can change your life

If you have three or more of the following risk factors, you are much more likely to develop diabetes and cardiovascular disease. Even if you're taking medication for these conditions, you're still at risk for chronic illness.

Waist Circumference	Men: ≥ 40" Women: ≥ 35"
Low HDL Cholesterol	Men: < 40 mg/dL Women: < 50 mg/dL OR TAKING MEDICATION
High Triglycerides	≥ 150 mg/dL
High Blood Sugar	≥ 100 mg/dL OR TAKING MEDICATION
High Blood Pressure	≥ 130/85 mmHg OR TAKING MEDICATION