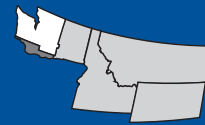


Carpenters Care



N E W S L E T T E R



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Welcome

The Board of Trustees and the entire staff at Carpenters Trusts of Western Washington want to welcome you to the Carpenters Health and Security Plan of Western Washington. The Carpenters Health and Security Plan has been providing medical benefits to union carpenters since January 1, 1960. We look forward to extending our benefits and services to you and your family in the new year and in years to come. We recently mailed you a plan booklet that describes in detail many of the issues discussed in this newsletter.

Who to Contact

Our Claims Department is staffed by 18 professionals with over 150 years of combined experience at this trust. There are four customer service representatives who are dedicated specifically to customer service. If you have a question about a service or supply, or if you have a question about how and when a claim was processed, please contact a Customer Service Representative in the Claims Department. Similarly, our Participant Services Department is staffed with four professionals who can assist you with questions about eligibility, enrollment documentation, life insurance, COBRA, and other non-claim related issues. Both departments are staffed from 8:00 a.m. – 5:00 p.m. PST. Please let us know how we can assist you.

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Merger Transition

During the merger transition, we provided enrollment information to the following groups of participants and dependents based on information provided by Zenith Administrators to the Trust Office in Seattle.

- Participants with earned eligibility through a covered employer(s)
- Participants or dependents currently on COBRA or currently eligible for COBRA
- Retirees and/or dependents with Medicare
- Retirees and/or dependents without Medicare
- Retirees who deferred coverage

If you believe you qualify for benefits but have **not** received any information from us, please contact Participant Services for assistance.

**Carpenters Trusts
of Western Washington**

**(206) 441-6514 Seattle Area
(800) 552-0635 Nationwide**

www.ctww.org

Dollar Bank Eligibility System for the Carpenters Health and Security Plan

Introduction

Effective October 1, 2009, the Carpenters Health and Security Plan of Western Washington (the Employee Health Plan) began using a “dollar bank” system to determine current and future eligibility for participants in this plan. The old “hour bank” system was phased out on the last day of September 2009. Those of you who previously had eligibility in the Carpenters-Employers Health and Security Plan of Washington-Idaho also transitioned from an hour bank eligibility system to the dollar bank eligibility system on January 1, 2010. Here is how the new eligibility system works. Please see pages 3-5 of the Employee Health Plan booklet and the cover letter that accompanied the plan booklet for additional details.

Dollar Bank Account

Under the dollar bank system, you will have your own dollar bank account. Employer contributions made on your behalf to the Employee Health Plan will be added to this account. Your current and future eligibility will be calculated based on the balance of your dollar bank account.

Employer Contributions

Employers will contribute to the Employee Health Plan for each compensable hour. The amount credited to your dollar bank equals the hourly contribution made by your employer. The June 1, 2009 Area Master Agreement calls for an employer contribution of \$4.80 per hour to the Employee Health Plan.

If, for example, you work 150 hours in January 2010 for an employer who is signatory to the Area Master Agreement, \$720.00 is submitted to the Employee Health Plan on your behalf and added to your dollar bank account.

\$4.80	hourly contribution
x 150	hours
<hr/>	
\$720.00	dollar bank contribution

Remember, if you work under a different collective bargaining agreement, the hourly contribution rate may be different.

Monthly Dollar Bank Deduction

Effective January 1, 2010, the cost for one month of eligibility under this benefit package is \$675. The monthly deduction from your dollar bank account is made the month before the month of eligibility. For example, the deduction for February 2010 eligibility is made no later than January 31, 2010.

Maximum Dollar Bank Amount

Effective January 1, 2010, the maximum dollar amount you can have in your dollar bank account is \$4,050. This amount currently provides six months of future eligibility.

The monthly dollar bank deduction and the maximum dollar bank balance is subject to change by the Board of Trustees and will typically be reviewed on an annual basis.

Key Point About the Transition

Any future eligibility you had at transition (December 31, 2009) under the hour bank system was partly preserved when you transitioned to the dollar bank system. To create your initial eligibility in the dollar bank system, your dollar bank account received \$675 for each full month of future eligibility you had on December 31, 2009 less 25 percent. The 25 percent reduction in future eligibility was required because of a shortfall in the reserve funding level of the Carpenters-Employers Health and Security Plan of Washington-Idaho. The 25 percent reduction was not applied to participants with only one month of future eligibility at transition.

Here is how future eligibility was calculated. If, for example, you had six months of future eligibility under the Carpenters-Employers Health and Security Plan of Washington-Idaho on December

31, 2009 (January 2010 through June 2010), \$3,037.50 will be added to your dollar bank account on December 31, 2009. This amount is determined as follows:

\$675	per month	
	x 6	months
		\$4,050
\$4,050.00		
- \$1,012.50		(25% of \$4,050)
		\$3,037.50

This \$3,037.50 will provide four months of eligibility through April 2010, with a balance of \$337.50 in your dollar bank. If you work an additional 71 hours of covered service between January 2010 and April 2010, your dollar bank will be increased by \$340.80, providing an additional month of eligibility (May 2010).

71	covered hours	
	x \$4.80	per hour
		\$340.80
\$337.50		current dollar bank
+ \$340.80		new contributions
		\$678.30
		dollar bank total

Initial Eligibility

If you are new to the Employee Health Plan or you did not have hour bank eligibility on January 1, 2010, you earn initial eligibility as follows. This process is also illustrated in the chart below:

- The hourly contributions from your employer(s) are added to your dollar bank account.
- At the current monthly deduction rate of \$675, you must have \$2,025 or more in your dollar

bank account for initial eligibility (\$675 per month x 3 months = \$2,025). Initial eligibility must be earned in three consecutive months with at least \$1.00 of contributions earned in the first month.

- The fourth month is the “lag month.” This is the time required for your employer to send updated contribution records to the plan and the time required for the plan to process those records.
- You are then eligible for benefits for a three-month period beginning on the first day of the fifth month.

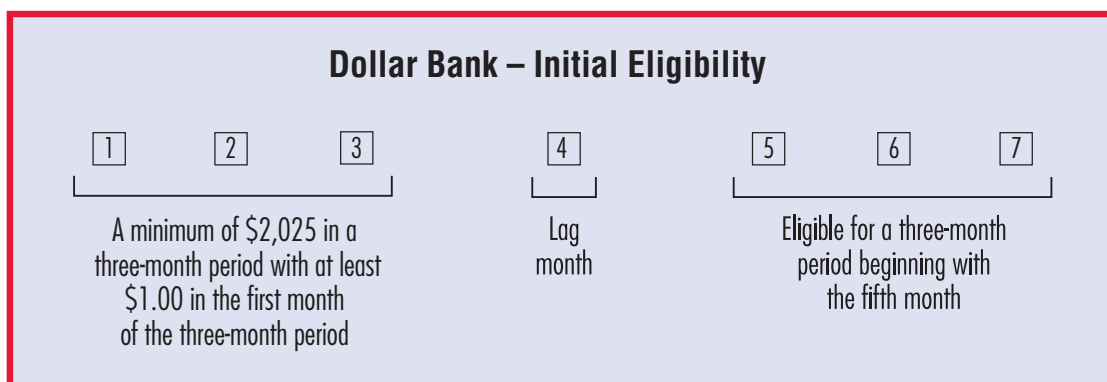
For example, if you work 150 hours per month in January, February and March 2010 and the contribution rate to your dollar bank is \$4.80 per hour, your dollar bank will accumulate \$2,160.00.

$$150 \text{ hours} \times \$4.80 \text{ per hour} \times 3 \text{ months} = \$2,160.00$$

Because your dollar bank has at least \$2,025, you will be eligible for a three-month period beginning on the first day of May 2010. April 2010 is the lag month. After your three months of eligibility, you must have \$675 in your dollar bank by July 31, 2010 to be eligible for the fourth month (August 2010), and so on for future months.

Special Transition Rule

If you did not have eligibility for January 2010 or later under the old hour bank system, contributions made for hours worked in October, November and December 2009 will be credited to your dollar bank at 75 percent of their value. Contributions credited at 75 percent for these months may be used to establish initial dollar bank eligibility in accordance with the initial eligibility rules described above.



When Coverage Ends

Your eligibility ends on the first day of any month your dollar bank account is less than \$675. For example, if you have less than \$675 on January 31, 2010, you will not have eligibility beginning February 1, 2010. If you lose eligibility under the dollar bank system, you may still qualify for COBRA Continuation Coverage as you did under the hour bank system. The Trust Office in Seattle will automatically provide you with the appropriate notification and forms. If you are called to active duty in the military you may elect to freeze your dollar bank account under existing USERRA guidelines.

Reinstatement of Eligibility

If your eligibility ends because you have less than \$675 in your dollar bank account, the balance in your account, if any, is carried for 12 months. If, during the next 12 months you work and employer contributions are added to your dollar bank account, your eligibility will be reinstated on the first day of the second month your dollar bank account has the amount necessary for one month or more of eligibility at the current dollar bank deduction rate.

Forfeiture of Balances of Less Than the Monthly Dollar Bank Deduction Rate

If you do not reestablish eligibility for benefits under the dollar bank system within 12 consecutive months of your previous eligibility in this plan, any remaining balance in your dollar bank will be forfeited and you become subject to the "Initial Eligibility" provisions described above.

Retiree Health Plan

The dollar bank system does not affect the eligibility requirements for the Retiree Health Plan. You still need to retire under either the Carpenters Retirement Plan of Western Washington or the Carpenters-Employers Retirement Plan of Washington-Idaho. You must also have 7,500 hours in the Carpenters Health and Security Plan of Western Washington in the 120 months immediately preceding your retirement under the pension plan. Separate eligibility rules apply to those who qualify for the Retiree Transitional Plan or the Retiree Health Plan prior to January 1, 2015.

Summary of Material Modifications

The following changes were made to the Carpenters Health and Security Plan of Western Washington (the Employee Health Plan) on January 1, 2010 for participants and dependents previously covered under the Carpenters-Employer Health and Security Plan of Washington-Idaho:

1. The 2010 hourly contribution rate to the dollar bank for participants previously covered under the Carpenters-Employers Health and Security Plan of Washington-Idaho is \$4.80. The 2010 monthly deduction rate for eligibility is \$675.00. The 2010 maximum dollar bank balance is \$4,050.00 which provides six months of future eligibility. The \$.60 reduction for the retiree reserve fund does not apply to participants with a \$675 dollar bank deduction.
2. Routine vision benefits (exams and vision hardware) are not available to participants with a \$675 dollar bank deduction.
3. The annual dental maximum for participants and dependents with a \$675 dollar bank deduction is \$1,500. The lifetime maximum for orthodontia benefits for this group is \$1,000 and is available to eligible children only. Dental implant benefits are not available to this group.
4. Time loss rate for participants with a \$675 dollar bank deduction remains at the pre-merger rate of \$100 per week.
5. Participants with a \$675 dollar bank deduction are not eligible for Retiree Health Reimbursement Accounts.
6. Participants with a \$675 dollar bank deduction do not qualify for Self-Contribution Coverage. The Retiree Health Plan is currently available only to qualified retirees and dependents who are also eligible for Medicare.
7. Effective January 1, 2010, if your eligible dependent child is a full-time student and takes a medically necessary leave of absence due to a serious illness or injury, your dependent's coverage may continue until the leave of absence is no longer medically necessary, but in no event longer than one year from when the leave of absence began. The Trust Office requires written confirmation from your dependent's treating physician that your dependent is suffering from a serious illness or injury requiring a medically necessary leave of absence. A request for coverage under this provision must be made within the 60-day time period that applies to electing COBRA coverage. The participant must be covered under the plan during the leave of absence for a student to qualify for the leave.

Please see the cover letter that accompanied the Employee Health Plan booklet for details.

Enrollment Process Deadline

If you had eligibility under the Carpenters-Employers Health and Security Plan of Washington-Idaho, you were automatically enrolled in the Carpenters Health and Security Plan of Western Washington effective January 1, 2010. You may have received or you will receive a request for additional enrollment information and documentation. To formally enroll you in this plan and maintain your eligibility, you must return all requested enrollment documentation and forms to the Trust Office in

Seattle ***as soon as possible but not later than February 28, 2010.*** If you have any questions about this process or a specific document or form, please contact Participant Services at the Trust Office. ***If we do not receive the requested documents or forms by February 28, 2010, your eligibility will be suspended pending receipt of those documents or forms.*** Thank you in advance for your help during this transition process.

Preauthorizing Medical Services

As you look through your new Carpenters Health and Security Plan booklet, you may notice that certain services require preauthorization. Preauthorizing a service helps ensure you are receiving the appropriate care and medically necessary care for your condition. It also allows the plan to negotiate pricing for the service which can lower your out-of-pocket expense.

You must obtain preauthorization with the plan's Medical Review Agency (Qualis) for the following services. The contact information for Qualis is on the back of your *Medical & Prescription ID Card* which was recently provided by Medco. The authorization process is usually performed by the hospital admissions staff, the admitting physician or surgeon. If you are eligible for Medicare, you may not be required to preauthorize many of these services. Please see the Retiree Health Plan booklet for details. Separate benefits and rules apply to those of you covered under the Retiree Transitional Plan.

- Scheduled inpatient admissions
- Emergency inpatient admissions within 48 hours of admission
- Breast, knee, nasal, and spinal surgery, and orthognathic surgery

The following services require preauthorization with the Trust Office. Please contact a Customer Service Representative to initiate the authorization process:

- Bariatric surgery (Employee Health Plan only)
- Durable medical equipment rental or purchase
- Home health care and hospice care
- Infusion therapy (e.g., total nutritional therapy and IV antibiotics)
- Neurodevelopmental therapy for children
- Any service for the treatment of autism
- Home phototherapy
- Neuropsychological assessments or tests
- Reconstructive surgery (cosmetic surgery is not covered)

- Skilled nursing facility admission
- Transplants
- Any service for treatment of erectile dysfunction

The following medications require preauthorization. Most authorizations can be obtained by having the prescribing physician contact the plan's pharmacy program or the Trust Office.

- Injectable medications (except insulin)
- Dexedrine, Adderall, Ritalin (please contact the Trust Office)
- Retin-A
- Immunosuppressives (e.g., CellCept, Neoral, Sandimmune, and Prograf)

Although most services received by members are obtained from participating providers who offer discounted prices, there are times when the trust is able to negotiate an even lower price for a service. This results in lower costs for you and the plan.

Customer Service Help During the Transition

The Trust Office in Seattle has been receiving data files from Zenith Administrators and loading employment data for participants. Contribution history was converted to the dollar bank eligibility system. Participant Services at the Trust Office in Seattle can answer most eligibility questions quickly. The November 2009 work hours have mostly been collected by Zenith and reported to the Trust Office the last week of December 2009. These newly reported hours may have changed your eligibility.

Claims for services provided prior to December 31, 2009 must be filed with Zenith and will be paid through the Carpenters-Employers Health and Security Plan of Washington-Idaho. Claims for services received on January 1, 2010 and later will be paid by the Carpenters Health and Security Plan of Western Washington. Please contact Customer Service at the Trust Office in Seattle if you have any questions about a claim with a date of service on or after January 1, 2010.

Correction

The home health care annual benefit for those of you on the Retiree Health Plan is \$1,500. It was incorrectly listed as \$5,000 on the benefit comparison mailed earlier.

Wellness and Disease Management Initiatives

Goals and Objectives

The Board of Trustees of the Carpenters Health and Security Plan of Western Washington introduced two important plan initiatives in 2006 and 2007. The first initiative – the Wellness Program – focused on health awareness to restore or maintain healthy habits. The second initiative – the Disease Management Program – focused on assisting with chronic health conditions. Most of these programs are now available to active participants and dependents who are transitioning to the Carpenters Health and Security Plan of Western Washington from the Carpenters-Employers Health and Security Plan of Washington-Idaho.

Wellness Program Goal

Provide you and your family with accurate, expert medical information you can use to increase your understanding of your health issues, treatment options and treatment alternatives. Provide tools and resources which you and your family can use to maintain or even improve your health.

Disease Management Program Goal

Provide you and your family with easy access to programs and professionals that provide guidance and support in managing chronic medical conditions.

Bring Resources to Plan Participants

To pursue these goals, the Board of Trustees contracted with **Mayo Clinic** to provide wellness information and resources, and with **Nurtur** to provide disease management services. These resources are generally available to participants, spouses and domestic partners who are not covered by Medicare.

Before we review the Mayo Clinic and Nurtur resources in detail, let's review the four major objectives of these two programs.

Wellness and Disease Management Program Objectives

One – Provide accurate medical information

- Help you and your family assess your health status
- Provide you with information about specific conditions and treatment options
- Help you and your family understand prescription drugs and therapy alternatives
- Provide tools and assistance to help you and your family change and improve your health status

Two – Promote preventive care

- Encourage preventive care and diagnostic testing that is appropriate for you and your family
- Remind you and your family about the plan's preventive care benefits

Three – Help you and your family become better health care consumers

- Make the best use of the health care system resources
- Understand plan benefits and how best to use the plan booklet
- Know what treatment options are available
- Understand what questions to ask your doctor regarding treatment choices

Four – Provide support and information for you and your family if you have one or more chronic conditions

- Support the physician/patient relationship and plan for care
- Help you and your family understand evidence-based, best practices for the treatment of your condition

- Inform you and your family about self-care actions which can sustain and improve your health status

Reasoning Behind Wellness and Disease Management Programs

There are two compelling reasons for undertaking these initiatives. First and foremost is quality of care. It is well understood that the highest quality of care is also the most cost effective. By highest quality we mean getting the right treatment by the right provider at the right time. By increasing your health awareness, you can greatly improve your chance of receiving high quality health care. This is better for you and your family and, over the long term, better for the health plan's bottom line.

The second reason is both practical and financial. The Carpenters Health and Security Plan spends 75 cents of every medical expense dollar for the care of chronic conditions. These conditions include coronary artery disease, heart failure, asthma and pulmonary disease, diabetes, and chronic back pain. The disease management program reaches out to qualifying participants and family members who face these conditions and offers counseling, coaching and other assistance to those who are willing to enroll in the program. Chronic conditions can be stressful to the patient and the patient's family. Helping families navigate the complex health care system and have better outcomes is good for them and can help manage plan costs over time.

As you read more about Mayo Clinic and Nurtur, consider the short- and long-term benefits of a healthier carpenter population. Explore these resources and use them.

Wellness and Lifestyle Support Program

The Board of Trustees hired Mayo Clinic to deliver information and wellness support services. The objective behind Mayo Clinic programs is to provide expert medical information over the internet, telephone, through newsletters, and other printed media. As consumers of health care, you can significantly increase the quality of your health care services by better understanding your medical conditions and treatment alternatives.

First let's review the array of wellness program resources available through Mayo Clinic. Mayo Clinic is a not-for-profit, integrated practice of medicine with over 100 years of service. It integrates clinical practice with extensive research and education programs.

EmbodHealth Guide to Self Care

As new members of the Carpenters Health and Security Plan you will soon be receiving this comprehensive medical reference book. It helps to answer common everyday health questions as well as help identify health issues before they become more serious. It represents the collective knowledge of some 2,000 Mayo Clinic physicians and researchers in dozens of medical specialties.

Ask Mayo Clinic

Ask Mayo Clinic is a popular 24 hour nurse line. Mayo Clinic nurses will answer health questions, help you determine appropriate levels of care, and guide you to available health resources. The nurse line is staffed by experienced registered nurses (RNs) that draw on the resources of Mayo Clinic. This is a multi-lingual service. The 24 hour nurse line is: (800) 903-1836.

Mayo Clinic EmbodHealth Newsletter

You will soon begin receiving a monthly newsletter discussing current health topics, and health and wellness information. This newsletter is a great resource for making small changes in your lifestyle that can produce big changes in your health. Watch for news items specific to the Carpenters Health and Security Plan of Western Washington.

Mayo Clinic EmbodHealth Website – www.CarpentersHealth.org

Mayo Clinic provides a customized website for you and your family. Go to www.CarpentersHealth.org and check it out. On this site you can research a health topic, issue or condition in as much or in as little detail as you like. This is a great source for just about every health topic imaginable.

Mayo Clinic Health Assessment

This resource is an online health assessment. The health assessment is a tool which helps you measure and better understand your overall health risk profile and take positive steps to improve your health status. The assessment is typically provided each year beginning in March. A paper health assessment has also been available each year for those without access to the internet. The paper assessment is not provided by Mayo Clinic.

Mayo Clinic Lifestyle Coaching

Trained Mayo Clinic counselors work one-on-one with you and your family over the phone to address behavior changes related to exercise, nutrition, weight management, and stress management. Use these resources if you face challenges in any of these lifestyle choices and are looking for change. All counseling is strictly confidential.

Quit For Life Tobacco Cessation Program

1-866-QUIT-4-LIFE (866-784-8454). This program has helped hundreds of carpenters and their spouses quit tobacco. Use it when you are ready to quit. If

you have tried to quit and failed, please try again. Just call the number and identify yourself as a participant in the Carpenters Health and Security Plan of Western Washington. The Quit For Life Program is a separate resource introduced to the plan in November 1999.

Disease Management Program

Help Managing Chronic Medical Conditions

In medicine, a chronic disease is a disease that is long lasting or recurrent. Nearly one in two Americans has a chronic medical condition. Most of these people are not disabled, as their medical conditions do not impair normal activities. But if conditions worsen over time, chronic diseases can become life threatening.

The Carpenters Health and Security Plan has partnered with Nurtur Health, Inc. (Nurtur), a national health and disease management company, to provide disease management programs for you and covered family members if you have heart disease, congestive heart failure, diabetes, lower back pain, asthma, and chronic obstructive pulmonary disease (COPD).

Why Nurtur?

As discussed above, 75 percent of all health care dollars are spent for the treatment and care of individuals with chronic disease conditions. Making even modest improvements to the health status of our members with these conditions will help to lower overall medical costs. More importantly, these services should be viewed as a resource for plan members to use in managing their conditions and improving their lives.

What Is Nurtur?

Nurtur is a leading provider of health improvement and disease management programs. The company's

core focus is on providing medical support and educational interventions to individuals with chronic conditions. The Nurtur staff includes nurses, dietitians, diabetes educators, exercise physiologists, and other health professionals. They are trained to provide you with information, guidance, and support that is specifically tailored to your needs.

What Are Disease Management Programs?

Disease management programs are designed to improve lives. These phone-based programs provide you with the tools and support you need to improve your health, manage your chronic health conditions and live a healthier life. Participation in these programs is free, voluntary and completely private. The program works in partnership with your doctor to offer the right guidance and level of support.

How Do Disease Management Programs Work?

Nurtur works with Carpenters Health and Security Plan participants and their spouses to offer guidance and support in managing chronic conditions. All enrolled participants are provided with a personal health coach who calls once or twice a month at a time and a place of your choice that is both private and convenient. Health coaches take time to talk with you, answer your questions, and offer support. All disease management programs from Nurtur are conducted over the telephone and are completely confidential. No personal health information is shared with the Carpenters Health and Security Plan.

Personal health coaches understand that each person is unique and will work with you one-on-one to guide you to better manage your condition and make better informed decisions. In addition, you may call your health coach toll free at any time.

How Does Nurtur Know If I Am Eligible For A Chronic Condition Medical Program?

In compliance with the HIPAA personal privacy act, your health plan provides Nurtur with medical and pharmacy claims data to help identify individuals who could benefit from disease management programs. Any information shared with Nurtur is held strictly confidential. Phone conversations between you and a health coach may be monitored by a Nurtur supervisor for training purposes but no one else is allowed to listen. Nurtur is required by federal law to protect your personal health and medical information against disclosure to others and to use your personal health information only for counseling or administrative purposes.

What Happens Next?

Nurtur analyzes medical claims and pharmacy data to determine who may be eligible and appropriate candidates to participate in disease management programs. If you are eligible, you will first receive a written notice followed by an outreach phone call. The purpose of the initial call is to introduce you to the program and evaluate your eligibility to participate. Recall that participation is free and is voluntary. If you decide to enroll, you'll be contacted by a health coach with expertise in your areas of concern. In addition, your primary attending physician will be notified that you are participating in the program.

Use the Program

If you enroll in the program, you will reap rewards for participating. Individuals have lost weight successfully, stopped smoking, lowered their cholesterol, and reduced their blood pressure to a healthy level. This program can also help you build a stronger relationship with your doctor and better adhere to his or her advice. It's the kind of information and help (coaching) that may not be available from your busy clinician.

Customized Programs

The disease management programs recognize that everyone's health status is different. Perhaps you just need a little help in lowering your cholesterol or blood pressure. Your health coach will work with you to establish realistic, measurable goals and help you work toward them. You will also get information about the medications you may be taking. If you're fully in control of your condition, you may benefit from additional educational materials. Individuals with higher health risks who enroll in the plan will be assigned a health coach with the ability to coordinate a range of Nurtur resources as they are needed. Here are more details about these programs.

Coronary Artery Disease Program, Congestive Heart Failure

Program objectives for these conditions include reducing total cholesterol, LDL cholesterol and triglycerides, and increasing HDL cholesterol. The program tools used to address these objectives include disease specific education, help with medication compliance, setting cholesterol and blood pressure goals, modifying diet and managing stress. The Quit For Life Program is also available to help eliminate tobacco.

Diabetes Program

Objectives include, lowering hemoglobin levels, blood pressure and cholesterol. Program tools include education in self-management of blood glucose levels, compliance with physician plans of care, nutrition education, cholesterol and blood pressure targeting.

Asthma and Chronic Obstructive Pulmonary Disease (COPD)

Program objectives are to reduce the use of rescue inhalers, reduce both daytime and nighttime symptoms, and increase compliance with prescribed maintenance medications. Tools include diagnostic testing, education, peak flow meter use, and medication management and the use of breathing exercises.

Why Use A Health Coach?

Getting Better Medical Information

Have you ever left your doctor's office only to forget the advice he or she gave you? Or have you ever left your doctor's office and thought, "Oh! I forgot to ask my doctor that question I had."? Or did your doctor send you your lab report and, even after you deciphered the handwriting, you still weren't quite sure what the numbers meant?

A lot of us have had these experiences – but why? The simple answer is that when we visit the doctor we are likely to feel nervous, worried, rushed, or just too tired or sick to remember what was said or all the questions we wanted to ask. This is one of the reasons why the Carpenters Health and Security Plan has teamed up with Nurtur to offer you a personal health coaching program.

Nurtur's coaching programs are offered to Trust members diagnosed with pre-diabetes, diabetes, coronary artery disease, heart failure, asthma, and/or back pain. Your Health Coach may be a nurse, exercise physiologist, respiratory therapist, dietitian, or diabetes educator. Whatever their expertise, your Coach will be someone you can turn to for support and guidance when you have questions or concerns about your condition or your medications.

You may receive a letter from Nurtur inviting you to contact them. Nurtur will also call anyone who may be eligible for one of the coaching programs. A Nurtur coach will leave a message with a toll-free number so that you can return the call at your convenience. When you speak with a Nurtur coach he or she will ask you some questions about your condition and talk with you about your concerns and your goals. Your coach will be able to work with you on a regular basis or you can call in when you have a question.

This is a completely private and confidential program protected by the Federal HIPAA Privacy laws. The Carpenters Health and Security Plan will never know who is participating or why.

Call Nurtur toll-free at 1-877-676-7700 to determine whether you are eligible to take part in a health coaching program.

Carpenters Care

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Back Pain Program

Objectives include improving body mechanics, reducing pain episodes, and reducing pain medicine usage. Tools include symptom specific education, stress management, relaxation techniques, proper instruction for core stabilizer muscles, goal setting, and recovery planning.

The goal of these programs is to provide the information and skills for you and your family to better care for yourselves.

An objective of every program discussed above is to reduce the number of hospitalizations and emergency room visits over

time. The Board of Trustees will be closely monitoring hospital and emergency room activity as one measure of overall program success. Other measurable outcomes include lower cholesterol and blood pressure levels across the plan population and various clinical measures unique to each condition. The Board of Trustees will be analyzing the changes in hospital utilization and clinical measures over time. It is expected that the benefits of these programs, in terms of lower long-term medical costs, will outweigh the cost of providing these additional resources. This is good for all plan members from both the potential of improved health

status and from a total health care cost standpoint.

If you get a letter and a phone call from Nutur, please seriously consider the benefits of these resources.