

EQUITY - LEAGUE

If It's News, It's In This Issue

FALL 2010



Welcome to Our Fall 2010 Issue of *Now Playing*

With summer winding down, many of us are spending as much of our free time outdoors as we can. But before you head out to enjoy the sun, or at least while you're holed up inside on the next rainy day, we'd like to suggest that you review some **recent** and **upcoming changes** with regard to the Funds.

Here is a summary of what you'll find inside this issue of *Now Playing*:

1. Federal **ARRA** and New York State **COBRA Subsidies Update**
2. **November is Open Enrollment Month** for the Health Fund
3. The **Impact of Health Care Reform** (the Patient Protection and Affordable Care Act of 2010) on the Health Fund
4. **New Health Coverage for Dependents Up to Age 26**
5. **Problems with Implementing the New Benefits for Chiropractic Care and Physical Therapy**
6. **Controlling Health Care Costs: You Have the Greatest Power of All**
7. Should You **Quit Smoking?**
8. **Getting More Benefits** from Your Health Plan
9. **Important Reminder** about the **Women's Health and Cancer Rights Act**
10. **HIPAA Privacy Notice**
11. **New 401(k) Contract**

NOW PLAYING

Federal ARRA and New York State COBRA Subsidies Update

The Federal COBRA Subsidy has ended and the New York State program is changing.

It appears that the Federal ARRA subsidy for COBRA benefits came to an end (in terms of new eligibility being earned) effective May 31, 2010. After being extended several times since its inception in September of 2008, it seems that congressional support for continued extensions of ARRA has waned. You may continue to apply for the subsidy, but only if you lost coverage between September 1, 2008 and May 31, 2010, due to an involuntary loss of employment.

At the same time federal deficit concerns put an end to the ARRA COBRA subsidy, the budget crisis in New York State has led to a suspension of COBRA subsidy payments to the Health Fund. At the time this newsletter was written, in early August, we had yet to receive payment for April's New York State COBRA subsidies.

As a result of the uncertainties surrounding the state's finances, the Trustees of the Health Fund decided that, beginning with June 2010, those

who were covered by the New York subsidy had to pay their COBRA premiums in full by the end of the month for which they are due (35% of their premiums if they are in both the ARRA and New York State programs). Then, when and if the Fund receives monies from the state for that month, it will either credit the amount received toward a participant's future payments, or provide the participant with a refund. NY State has informed us that their subsidy program will be changing, but we haven't yet received full details regarding the change.

We regret the hardship this new policy will place on some of the most needy plan participants, but with premiums being held up by New York State for many months, the Health Fund's Trustees can no longer provide the courtesy of extending credit on the assumption that monies from the state will be received.

November is Open Enrollment Month for the Health Fund

The Health Fund will hold its annual Open Enrollment Period in November 2010. During that period, you can change your benefit options, such as dependent and dental coverage and switch from an available HMO to CIGNA Open Access Plus (OAP) or vice versa. If you don't wish to make any changes to your present coverage, you needn't do anything. But if you want to make a change, your enrollment form(s) must be received by the Fund Office by November 30; otherwise you generally will lose your opportunity to make changes until the following November. All changes will take effect on January 1, 2011.

In an effort to be green, the Fund Office no longer automatically mails printed enrollment packages to eligible participants. All of the forms necessary to make any changes are available online at: <http://www.equityleague.org/health/index.html>. If you prefer, you can call the Fund Office and request the printed forms at 212.869.9380 or 800.344.5220.

Your open enrollment forms must be received by November 30.

A Reminder Regarding the Timing of Premium Payments and Bad Checks

The “drop dead” deadline for the receipt of all premiums by the Health Fund for coverage in a given month is the end of the month (or the end of the first month of a calendar quarter if quarterly premiums are involved). Participants paying the \$100 quarterly premium due for employer sponsored coverage are charged an extra \$100 if the payment is received after the first day of the quarter for which they are due. However, if the Fund Office does not receive a payment by the 15th of a month prior to a given month of coverage (e.g., by January 15th for coverage in February), coverage may not be reflected in your health records by the first of that following month. So if we receive a payment for February coverage on January 25th, and you go to a health provider on February 1, you may well be told that you have no coverage. This is because it takes several days to process your payment in the Fund Office and CIGNA or your HMO may take another week or more to modify their records. Your coverage will ultimately be honored, but you may have considerable difficulty with providers in the interim. Therefore, if you want to assure that your coverage is continually reflected, please be sure to pay the premium due for any month or quarter at least 15 days before that month or quarter starts.

On a somewhat related issue, please recognize that when we say a payment is due by a given date, we mean that real money has to have been received. If, for example, you provide the Fund with a “bad check”, you will not have secured coverage. And if that bad check came in late in the month, you won’t be able to send a second check, because you will have missed the deadline for payment (which applies to the receipt of valid money). If you have any doubt about whether a check will be good, especially if it is late in the month, please pay using another method, such as by credit card. Otherwise, your valuable health coverage may be in jeopardy.

The Impact of Health Care Reform on the Health Fund

The new health care reform legislation, the Patient Protection and Affordable Care Act of 2010 (PPACA), signed into law on March 23, 2010, is likely to affect health care benefits and health care itself for decades to come. At this point, our understanding of exactly how the law will work, especially in the years when it will have its largest impact (2014 and beyond), is murky at best. Many policies, procedures, and regulations will need to be promulgated and interpreted before all the provisions of the law are fully understood. Other elements of the law that may affect you, though not the Health Fund directly, include:

- In 2010, Medicare beneficiaries will receive a one-time rebate of \$250 toward closing the “donut hole” in their Medicare Part D prescription drug coverage. In 2011, 50% of the donut hole will be covered.
- Medicare will cover one visit per year to a primary care physician for the purpose of planning preventive medical services.
- Starting in 2011, a voluntary federal program will provide long-term care insurance and cash benefits to people with severe disabilities. The amount of benefits will vary with the degree of a person’s disability, but cannot average less than \$50 a day.

Many more, and profound, changes are scheduled to go into effect beginning in 2014. And the Fund will be affected in a very significant way by a number of these changes. However, much clarification regarding the interpretation of the law, and the regulations promulgated in connection with the law, will need to be made before we will be able to fully assess its impact on the Fund. In the meantime, the Fund’s attorneys, actuarial consultants, auditors, and other professionals are carefully monitoring developments and we will keep you informed of those developments as they unfold.

However, the most immediate effect of the law on the Health Fund has to do with extending coverage for dependent children, which is discussed on page 4.

Participants paying the \$100 quarterly premium due for employer sponsored coverage are charged an extra \$100 if the payment is received after the first day of the quarter for which they are due.

The “drop dead” deadline for the receipt of all premiums by the Health Fund for coverage in a given month is the end of the month (or the end of the first month of a calendar quarter if quarterly premiums are involved). No premiums can be accepted after these dates.

New Health Coverage for Dependents Up To Age 26

You may have heard that the Patient Protection and Affordable Care Act requires that coverage to dependent children up to age 26 be offered by health plans to their participants. The law did not require the Equity-League Health Fund to provide such coverage until June 1, 2011. However, the Trustees decided to implement this benefit many months before it was required —on October 1, 2010. Beginning at that time, children under the age of 26 may be covered under the Fund, with payment of the appropriate premium.

All of the Health Fund's eligible participants were mailed notices of the opportunity to enroll their children in mid-August and given until September 16 to make their elections. If you did not enroll any eligible dependent child during that special open enrollment period, you will have another opportunity to do so during the Health Fund's annual open enrollment period in November. Coverage elected during the open enrollment period will go into effect on January 1, 2011.

Problems with Implementing the New Benefits for Chiropractic Care and Physical Therapy

You may recall that in January 2010, changes were made in the chiropractic care and physical therapy benefits provided by the Health Fund. Co-pays for in-network care of this type were reduced from \$25 per visit to \$15 per visit. This was done to encourage the use of network providers, and to reduce out-of-pocket costs for plan participants who did use such providers. On the other hand, an overall annual maximum of \$4,000 was placed on such care (except when care costing in excess of that limit is provided in connection with a disease management program administered by CIGNA). In addition, maximum allowable charges (the maximum the health plan will reimburse out-of-network providers for care they provide) were reduced to the same overall level that the Health Fund pays its network providers. That means if you used an out-of-network provider on or after January 1, 2010, it likely cost you significantly more out-of-pocket than it did for the same treatment in 2009 (because the Health Plan does

not provide reimbursement for any charges in excess of its maximum allowances, no matter how much the out-of-network provider charges you).

While the plan changes were generally implemented as planned on January 1, we have discovered that some errors were made in connection with the implementation of the new benefits. Those errors had to do with the reimbursements made to out-of-network providers. Specifically, some allowable charge maximums for certain procedures were set well below the intended levels of reimbursement and others were set too high. Consequently, all claims paid for chiropractic and physical therapy, for services received on or after January 1, 2010, are being reviewed. CIGNA will notify you, and/or your provider(s), of any changes that are made to payments for claims that were submitted during the first half of 2010. We deeply apologize for any inconvenience that may have resulted from these errors.

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You may recall that in January 2010, co-pays for in-network chiropractic care and physical therapy were reduced from \$25 to \$15, however maximum allowable charges (the maximum the health plan will reimburse out-of-network providers for care they provide) were reduced.

Controlling Health Care Costs: You Have the Greatest Power of All

Health Fund costs have continued to rise dramatically over the past several years, despite the many changes that have been made in plan benefits and funding. While many of those changes did help to control costs, and more changes can be expected in the months and years ahead, the areas that hold the greatest potential for controlling the rate of cost increases lie within your control. **You** have the power to reduce health benefit costs and help protect the affordability of Health Plan coverage for all.

The first and most important opportunity for restraining the growth in costs lies in the area of reducing the need for medical care. And the primary tool for accomplishing this is the adoption of healthier lifestyles. Better diets, more exercise, eliminating substance abuse, stress reduction, and safer sex can all contribute to living healthier and longer lives. We all face enough health challenges from the genes our ancestors provided to us, and from the environment that surrounds us every day, without adding to these challenges by practicing unhealthy behaviors. Not only will a healthier lifestyle extend the quality and length of your life, it also will save you a great deal of money over the long run. **The Fund will save as well — and remember that when the Fund saves money, every dollar is passed back to plan participants — in the form of better benefits, lower contributions, and more generous eligibility rules than would have otherwise been possible.**

That is because the Health Fund is a self-insured, not-for-profit health plan, operated by the Trustees for the sole benefit of the plan's participants. Consequently, all savings realized are plowed back into the plan to benefit its participants.

The second area for potential savings lies in the area of disease management. This term is most frequently used in reference to programs offered by insurers and others to help you better manage a costly and/or chronic health condition. But disease management has a far broader meaning — making better choices from among the myriad of health care options that are available for treating virtually every health condition imaginable. While we are all fortunate to have so many leading-edge treatments available to us in the United States, it is sometimes easy to forget that more well-established (and often less costly) treatments, or watchful waiting, can be viable choices as well.

Therefore, with this issue of *Now Playing*, we will start providing information that you may find useful in improving your health and better managing health care costs. If we all work together to live healthier lifestyles and make smarter health treatment decisions, we can all live better, longer lives, while at the same time saving money on health care costs. We will begin with a discussion of the single most dangerous behavior that can affect your health — smoking.

Health Fund costs have continued to rise dramatically over the past several years...But you have the power to reduce health benefit costs and help protect the affordability of Health Plan coverage for all.

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Should You Quit Smoking?

Smokers will be able to qualify for parts that are usually reserved for actors who are older than they are...and they will help to improve the profits of the big tobacco companies.

First, are there Good Reasons Not to Stop Smoking?

If you're a smoker, you're likely bombarded daily with messages that tell you to quit smoking. Laws to discourage smoking and to protect non-smokers from secondhand smoke are seemingly enacted every day. Taxes on cigarettes have continued to increase, to the point where, in New York City, cigarettes can cost more than \$10 per pack.

In an effort to be fair to smokers, we have, after careful research, uncovered a number of reasons that smokers may have for continuing to smoke. Here are the top five reasons we found to continue smoking:

- 1) **Tobacco companies are experiencing hard times.** Smokers help tobacco companies to maintain their profitability. In addition, smokers may benefit if their 401(k) monies are invested in tobacco companies.
- 2) **Smoking will help you to qualify for parts that are usually reserved for actors who are older than you.** It has been well established that the reduced circulation experienced by smokers increases wrinkles, sometimes to the point where you can look 10 to 15 years older than your actual age. Thus, you may be better suited for roles that typically go to older actors.
- 3) **Smokers are uniquely positioned to forge a new fashion trend.** White teeth have long been in vogue, but some would argue that teeth speckled with tar can be equally attractive! Smokers can be the trend setters in changing cultural attitudes toward white teeth, by helping people better appreciate that teeth flecked with tar stains can be just as attractive as pearly white ones.
- 4) **Smoking can enable you to gain weight without it showing.** Some believe that smoking helps people to control their body weight. While no independent research has proven such a phenomenon, some anecdotal evidence suggests that people who quit smoking gain weight. In contrast, we know that smoking can

increase one's body weight in a specific way that is not readily visible. How? Each year the average smoker can accumulate a cup of tar in his or her lungs. Therefore, you can gain several pounds over a few years and it will never show (unless someone looks at your lungs)!

- 5) **Help your local government.** Local governments are struggling financially and many are increasing taxes on smokers to help reduce budget shortfalls. It may not be much, but paying increased taxes for smoking can be your modest contribution to reducing governmental deficits (although the additional revenues smokers will contribute across their lifetimes will likely fall short of the greater costs their habit will generate for the health care system across their lifetimes).

Seriously...Quitting Smoking is the Most Important Thing You Can Do to Extend the Quality and Length of Your Life!

What is the single thing that you can do that will make the biggest difference in your health and longevity? If you're a smoker, there is no doubt that quitting the habit is that single thing. It will also benefit those around you. The hazards of smoking have been well publicized but here is a quick summary of a few of them:

- It has been estimated that smoking kills nearly 400,000 people in the United States every year. That is more than alcohol, cocaine, crack, heroin, homicide, suicide, car accidents, fire, and AIDS combined.
- Smoking increases the likelihood of contracting lung cancer by nearly 2,000%.
- Smoking increases your risk of heart disease by an average of 70% (and by more than 250% for those who smoke more than a pack a day). Lung cancer is probably the most well-recognized risk of smoking, but heart disease caused by smoking actually leads to more deaths. This occurs because smoking increases deposits of plaque on the walls of blood

Quit Smoking

vessels and the nicotine in tobacco causes vasoconstriction (narrowing of the blood vessels), which reduces the flow of blood. At the same time, tobacco smoke raises the carbon monoxide levels in the blood, depleting red blood cells of oxygen. Finally, nicotine speeds up the heart rate by approximately 10 beats per minute, making the heart work harder with a smaller supply of oxygen at its disposal.

- Smoking increases shortness of breath, and increases your risk of emphysema by well over 1,000% of what it is for a non-smoker.
- Smoking increases your risk of stroke by 50%.
- Smoking increases your risk of lip, throat, mouth, pancreas, cervix, stomach, kidney, esophagus, bladder, colon, skin, and other cancers by at least 20%.
- Smoking accounts for 20% to 30% of low birth weight babies, 14% of pre-term deliveries, and 10% of all infant deaths. These are incredible figures when you consider that smokers make up less than 25% of the population overall.
- Smokers get more colds and flu than non-smokers, suffer from shortness of breath and chronic bronchitis, and are out of work more with illnesses.
- Your risk of cataracts increases substantially when you smoke.

The percentage of the U.S. population that smokes has declined from a high of 50% in 1950 to less than 25% today. While that is a positive trend, there are still more than 60 million smokers in the United States. Moreover, there is one major population group that has seen a major increase in smoking in recent years — women under the age of 25. Smoking is on the rise in this group, despite the overwhelming scientific and anecdotal evidence showing that smoking is the single worst health habit that a person can have.

Stop Smoking Now

If you're a smoker, stopping can improve your chances of a longer and healthier life. You can also increase your wealth substantially. Think

of the hundreds of thousands of dollars you'd have at retirement had you simply saved what you would have spent on cigarettes.

Tobacco's Triple Threat: Nicotine, Carbon Monoxide, and Carcinogens

When you quit smoking, you eliminate three major health threats — nicotine, carbon monoxide, and carcinogens. Each presents different kind of risks. What they have in common is that they are normally delivered by the same mechanism — consuming tobacco.

Nicotine poses many serious health threats, but does not cause cancer. However, it raises blood pressure and increases your heart rate — two very serious effects. When higher heart rates and increased blood pressure are maintained over time, they have profoundly negative effects on your body, particularly your circulatory system. Unfortunately, nicotine is one of the most addictive drugs known and nicotine dependence is what makes tobacco use (and the damage it delivers) hard to stop.

Carbon monoxide deprives your blood of the oxygen it normally carries to all of the organs in your body. In large doses, carbon monoxide can kill you almost instantly. Delivered over time, as occurs when one smokes, the insidious effect of a lowered level of oxygen in the blood becomes powerful, wreaking further havoc on your circulatory system.

Tar is the powerful **carcinogen** that is most often associated with smoking. It is transmitted by tobacco smoke to a smoker's lips, mouth, throat, and lungs. Over time, the tar that is trapped in the lungs changes the color of those organs from their normal pink to a completely black appearance. As mentioned earlier, it is estimated that as much as a full cup of tar accumulates in your lungs every year in which you smoke a pack a day of cigarettes.

If tobacco had no carcinogens, the nicotine habit and carbon monoxide created by smoking would themselves be reasons for many more and many earlier deaths from tobacco use. But tobacco delivers tar and a potentially lethal cocktail of approximately 50 other car-

When you quit smoking, you eliminate three major health threats:

- nicotine
- carbon monoxide
- carcinogens

Smoking increases your risk of lung cancer by nearly 2000% and your risk of heart disease by an average of 70%.

So smoking delivers a true triple threat in terms of damage to your health.

Smoking affects the rest of your family and even your pets.

Quit Smoking

cinogens in addition to nicotine and carbon monoxide. Exposure to these substances vastly increases your risk of a wide variety of cancers. Part of the cancer-causing effect of smoking arises out of the carcinogens themselves, but if they weren't worrisome enough, the unique delivery systems typically used to deliver tobacco — smoking (the worst) or chewing tobacco — make things worse. For instance, by smoking, you are introducing a vast number of powerful carcinogens directly to your lips, mouth, nasal passages, throat, lungs, and even the skin of your fingers holding the cigarettes. Even if you chew tobacco, your lips, tongue, and throat can be exposed.

So smoking delivers a true triple threat in terms of damage to your health.

Don't Forget the Gift You Will Give Your Spouse or Domestic Partner, Your Children, and Even Your Pets When You Quit

Apart from increasing the likelihood that you will have the opportunity to grow old with your spouse or domestic partner, to see your children grow up, and to watch your pets live their full lives if you quit smoking, your health — and the health of your loved ones — will benefit greatly.

It's been nearly 25 years since the Surgeon General concluded that secondhand smoke increases the frequency of respiratory infections, respiratory symptoms, and other negative effects associated with smoke. Exposure to many of the poisons found in cigarettes is especially harmful to infants, since their lungs are still developing. In children, secondhand smoke can increase the risk of premature death, asthma attacks, and lower respiratory infections, like pneumonia and bronchitis. Ear infections are also increased, and there is an increased risk of Sudden Infant Death Syndrome. And even adults who are chronically exposed to secondhand smoke experience an increase in the risk of lung cancer. In 1993, the U.S. Environmental Protection Agency concluded that secondhand smoke was a class A carcinogen, similar to such scary substances as asbestos, radon, and benzene.

Even your pets suffer when you smoke. Dogs have a greater chance of nasal cancer, and cats have an increased risk of lymphoma, when they live in smoking households.

Don't be Fooled by Filtered and Low-Tar/Nicotine Cigarettes, Cigars, or Chewing Tobacco

During the early 1950s, when the first studies documenting smoking's effects on lung cancer were published, cigarette sales fell for the first time since the Great Depression. Cigarette companies then launched massive advertising campaigns claiming health benefits from smoking filtered cigarettes. Because of their white and fibrous appearance, cigarette filters appear to be made of cotton or some similar health-promoting substance. But filters are actually made of plastic and appear white only because they are dyed. The filters themselves contain tiny fibers that cannot be seen by the naked eye. When you pick up a cigarette and put it in your mouth, these fibers come off easily, traveling into your lungs where they can become coated with tar and other cancer-causing substances emitted by the cigarette. Because the fiber is plastic, it can remain in your lungs virtually forever, perpetually irritating your lungs.

The cigarette is an amazingly efficient drug delivery system for nicotine, the most habit-forming chemical in a cigarette. Within seven seconds of inhaling tobacco smoke, nicotine levels spike in the brain, providing almost instantaneous satisfaction of your nicotine craving and altering your mood. Today's cigarettes are engineered to provide an equal amount of nicotine per cigarette, because it is understood that this causes both satisfaction and addiction. In the absence of this form of engineering, some cigarettes would have more nicotine than others and the addictive pattern of continuous nicotine delivery would be compromised.

Tobacco companies have long studied the subject and have a deep understanding of the reasons people smoke and the behaviors of smokers. Tobacco producers recognize that if tar and nicotine are reduced in cigarettes, most smokers will compensate in some other

Quit Smoking

way. The most obvious way is to smoke more cigarettes, and that's what most people who use low-tar and low-nicotine cigarettes do. Others simply inhale more deeply, or smoke a cigarette down to the lowest possible point on the butt. The end result is the same — you very likely get the same amount of nicotine, tar, and other cancer-causing substances that you got before, or even more. So don't be fooled by claims of lower tar and nicotine and/or the new colorful boxes that manufacturers have come up with to suggest that cigarettes are somehow safer.

Cigar smoke has the same harmful chemicals as cigarettes, thus exposing you to the same carcinogens as when you smoke cigarettes. Cigars contain high levels of nicotine, which can be absorbed even if you don't try to inhale.

Snuff is finely ground or shredded tobacco that is typically placed between the cheek and gums. Chewing tobacco is also ingested by putting tobacco between the gums and cheek and then chewing to crush the tobacco and release its witch's brew of carcinogens and nicotine (the inhalation of carbon monoxide is avoided when one chews tobacco or uses snuff). The carcinogens in snuff/chewing tobacco do not affect the lungs in the same way that smoking does, but the lips, mouth, tongue, and throat are still exposed to carcinogens.

Smokeless tobacco contains nicotine. The amount of nicotine absorbed from smokeless tobacco is three to four times the amount delivered by a cigarette, though it is absorbed more slowly.

Now for the Good News: There are Huge Benefits Even if You Only Stop Smoking for a While!

While a permanent cessation of smoking is what most smokers want to achieve, enormous benefits accrue even to those who manage to stop only for a while. For instance, the negative effects of nicotine are significantly reduced after only 20 minutes of not smoking a cigarette. At this point, your blood pressure and pulse rate fall and skin temperature returns to normal. The effects of carbon monoxide (oxygen deprivation) are reduced within 8 to 12 hours of quitting. Within three to five

days, a typical smoker's bloodstream is clear from both nicotine and carbon monoxide, and the risk of heart attack plummets. Within that same time frame, mucous begins to clear from your lungs. Within a few weeks, blood circulation improves, your lung function increases significantly, and your sense of smell and taste increase. In short, you will feel healthier almost immediately, and the longer you avoid tobacco use, the healthier you will feel overall.

The Benefits of Quitting are Even Greater Over the Long Term

While much of the damage done by smoking arises out of nicotine stimulation (which has such effects as increasing your heart rate and blood pressure) and reducing oxygen in your bloodstream (a byproduct of the carbon monoxide you're inhaling when you smoke), the longer term effects include the damage that is done to your lungs and other organs by the carcinogens and other substances in tobacco smoke.

For example, your lungs have millions of "ciliary" cells, which help clean the lungs. These cells have tiny hairs called cilia, which help to sweep dirt, other irritants, and mucous out of your lungs. The cilia work like a bucket brigade, one cilia handing off to another to move dirt further and further up your airways, until you can cough these substances out. Smoking damages the cilia, interfering with the bucket brigade effect, leaving dirt and mucous to build up in your lungs. This creates an environment in which germs and tumors (precipitated by the carcinogens in smoke) readily grow. Since the germs, dirt, and mucous can't be cleaned from the lungs, they eventually spread to other areas of the lungs. But your ciliary cells begin to regenerate when you stop assaulting them with smoke. And, over time, they begin to function normally once again. Some people experience a worsening of their coughing as their lungs work to expel the poisons they have absorbed. But this kind of coughing diminishes over time.

During the first nine months after you quit smoking, you'll notice a progressive reduction in coughing and shortness of breath. Within one year, your risk of coronary heart disease falls to half of that of smokers. Five years after

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Quit Smoking

Even if you have tried to quit smoking in the past and weren't successful, you have a better chance of succeeding now than ever before.

For many people, there is a singular moment that triggers an immediate and resolute decision to quit smoking. But for most, the decision to quit comes after lengthy deliberation, although there are a number of ways to hasten the process.

quitting, your stroke risk is reduced to half that of smokers. Ten years after quitting, your risk of lung cancer death is about half that of a smoker and your risk of a stroke drops to the level of non-smokers. Your risk for cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decrease, because the body has replaced pre-cancerous cells with healthy ones. After 15 years, your risk of coronary heart disease is back to that of a non-smoker.

So you can see that you begin to enjoy the health benefits of quitting smoking almost immediately and they continue to be more profound the longer you stay away from smoking.

“But I Can't Quit” — Wrong! Why Even if You Have Tried Before and Failed, You Can Succeed Now

Even if you have tried to quit smoking in the past and weren't successful, you have a better chance of succeeding now than ever before. Why?

First, most people smoking today are smoking less than they did in the past, so they have a smaller dependency on nicotine than they did before. Second, today virtually everyone who smokes has demonstrated an ability to stop smoking for at least some portion of the day. This has happened out of necessity because there are many non-smoking areas that we encounter in our daily lives. Third, we understand far more about smoking and human behavior than we did only a few years ago. This new knowledge has led to the development of more effective strategies for quitting. Fourth, there are more techniques, including medications and specialized therapies, to help smokers in their efforts to eliminate the habit than have ever existed before. Fifth, we live in a country where the majority of people do not smoke, and millions have quit the habit. Therefore, support for your efforts to quit is readily available. This incredibly powerful set of factors makes quitting the habit a better bet today than it has ever been. So why not join the ranks of non-smokers? Get healthier and live longer — start now!

How Do You Know if You are Ready to Quit?

For many people, there is a singular moment that triggers an immediate and resolute decision to quit smoking. It might be the illness or death of a loved one from smoking, or some other risky habit. Or, it might be pregnancy, or the birth of a child, that triggers the urge to do everything possible to live a longer and healthier life and/or to ensure the environment for the new arrival will be as healthy as possible.

But for most, the decision to quit comes after lengthy deliberation, although there are a number of ways to hasten the process. If you are wondering whether you are ready to quit, you might consider asking yourself the following questions:

- Why do I use tobacco?
- What are some reasons I haven't quit (e.g., fear of gaining weight)?
- Why do I want to stop smoking?
- What advantages will I enjoy if I'm successful?
- Who can support me?
- What can support me?

Carefully answering these questions (and writing the answers down so that you can remind yourself of them in the future) can help you to create a plan for certain success.

Now, if You Think You are Ready to Quit...

Create a mental image of the way you will stop smoking and what life will be like when you do, especially the benefits you will reap. Ask yourself the following questions:

- What will being smoke-free look and feel like?
- What will be the first sign that you are moving toward success?
- Have you experienced this state, even fleetingly, in the past?
- What will help you experience that state again, and for a longer period of time?

Quit Smoking

- How can you reward yourself for success?
- How can you prepare yourself for any bumps along the road?

Many find it useful to set a specific quit date and then prepare things in advance for that date. They also find it useful to seek a specific support group to help them during the cleaning process.

Knowing Why You Smoke Can Help You Quit for Good

People smoke for many reasons and often for more than one. Consider the following questions to better understand why you smoke.

- Do you smoke during certain activities?
- Do you smoke when you are experiencing certain emotions?
- Are there certain times of the day you are more likely to smoke?
- Do you smoke to deal with stress, or to focus more?
- Do you smoke with other people?
- What do you enjoy most about smoking, or miss most when you don't smoke?

The answers to these and similar questions can help you to better understand why you smoke.

Smoking Triggers

If you have trouble identifying your reasons for smoking, or even if you did list your reasons, it often helps to identify “triggers” that lead to your smoking. Often smoking is associated with other habits, such as drinking coffee, talking on the phone, feeling stress, driving, or relaxing after a meal. These behaviors are triggers that actually stimulate smoking by a process of association. Therefore, it is useful to identify your triggers and then think about how to cope with them.

Keeping track of when you smoke is often helpful. The most useful way to do this is to keep a log of what you do immediately before and while smoking. Create a cigarette “tally” that includes the number of each cigarette for

a given day, such as the numbers 1 through 20. Each time you smoke a cigarette, note where you were, who you were with, and what you were doing. Include what you were thinking and your mood. This kind of record can be invaluable in helping you to learn your smoking patterns and also what behaviors seem to reinforce your tobacco use.

Over time, we can fail to appreciate how many of our smoking activities are associated with certain activities, spaces, and behaviors. Suppose that you always smoke when you're in your den. In such a case, simply being in the den will stimulate your desire to smoke. This sight of an ashtray, or a favorite chair, can bring back comfortable memories associated (often subconsciously) with smoking. The more you understand these associations, the better.

Change Your Environment

If you understand that associations can make quitting more difficult, it will be easy to appreciate how changing your environment may be one of your most powerful tools for quitting. For instance, weekends and vacations can be a great time to stop smoking. This is especially true if you are able to place yourself in surroundings that have no association with smoking.

By being in a different environment, you remove yourself from the triggers that you associate with smoking, making it easier for you to avoid the habit. The possibilities for quitting are further enhanced by the stimulation of a new environment and any individuals who may join you in that environment, especially if they are not smoking.

Tools for Quitting

While some people simply decide to quit smoking “cold turkey” and are successful their first time out, or after they make several such attempts, the tactic will not work for everyone. Many people will need some form of additional support to be helpful. Such assistance can range from support groups, to counseling, to medications that help reduce nicotine dependence, to changing one's environment.

...it often helps to identify “triggers” that lead to your smoking.

By being in a different environment, you remove yourself from the triggers that you associate with smoking.

Quit Smoking

Many people find it useful to create a clear and concise plan and program for quitting smoking. You can begin your plan by listing your reasons for quitting and reviewing them every day.

It is important to identify the benefits of quitting your smoking habit.

Support groups, like Tobacco Anonymous, address nicotine addiction in a manner similar to the way Alcoholics Anonymous addresses alcohol addiction. Support from others who are quitting smoking, or who have quit, is the key to the program, which has proved successful for many smokers. See www.alcsh.com for more information.

Counseling, both face-to-face and by phone, has been shown to be effective in helping people quit smoking. Counselors can help smokers clarify and strengthen their reasons for quitting, which will be invaluable in working through the quitting process.

Several medications have been approved by the U.S. Food and Drug Administration for quitting smoking. Nicotine patches, lozenges, and gum are available over the counter to assist smokers with quitting the nicotine habit. They are 90% effective in reducing the stress associated with nicotine withdrawal. Nicotine patches are available over the counter and have three nicotine dosage steps. Nicotine gum and lozenges are also available over the counter and have two nicotine dosage steps. Nasal sprays and inhalers that contain nicotine are available by prescription.

Replacement therapies that utilize nicotine delivered through the mouth or skin are not as addictive as nicotine smoke. This is because smoking delivers a quicker “hit” of nicotine than these other methods of delivery. Nicotine inhalers and sprays are inhaled through the nose or nose and mouth for quick absorption when needed, but their delivery of nicotine is structured to help reduce your dependence.

All of the aforementioned help the smoker to gradually reduce his or her dependence on nicotine by supplying gradually lower levels of nicotine to those who are no longer ingesting the drug through smoking.

While these medications do continue to provide nicotine, with its negative effects, the absence of the carcinogenic aspects of smoking (nicotine does not cause cancer) and the gradual reduction of nicotine levels have caused the use of these drugs to be considered safe and effective.

There are some newer drugs, such as Zyban, Nicotrel, and Chantix. The latter two drugs are currently available only by prescription. These medications do not contain nicotine, but rather control the urge to smoke through alternative pathways. Each has serious side effects that nicotine treatments do not. All side effects should be discussed thoroughly with your physician before you begin treatment.

Such medications are also considerably more expensive than nicotine-based treatments. However, they have the advantage of helping smokers to get off nicotine more rapidly than nicotine-based treatments.

Structuring a Program that Helps You Stay on Track

Many people find it useful to create a clear and concise plan and program for quitting smoking. You can begin your plan by listing your reasons for quitting and reviewing them every day.

Identify the benefits of quitting your smoking habit. List all the things that would make you proud. They may include pride in being able to stop an urge. You'll be able to walk up stairs more easily, you'll likely have more years to spend with your friends and family, and will be able to do the things you like to do. The more motivators you have, the stronger the feelings you can develop about them. And the more often you review them, the better will be your chance of success. Reviewing your goals and reasons for quitting will keep your mind focused on what you are trying to do, before your subconscious takes over and draws you back into an old habit. Reviewing your goals also helps to program your subconscious, so that it will work in tandem with the conscious mind to help you quit and maintain your resolve to remain smoke free.

Next, list your triggers and create strategies for dealing with each one. List your support structure, in terms of people, pets, and environment, and how each of those elements will be leveraged to help you quit.

Set a specific quit day. Well before that day, see your physician to discuss your goal. Your physician may recommend nicotine replace-

Quit Smoking

ment or some other aid to help you quit.

Consider looking for a structured means of support, such as a smoking cessation program. At the same time, it may be wise to plan to avoid people and places where you may be tempted to smoke.

Since smoking is an oral habit, items that keep your mouth busy (such as hard candy, gum, raw vegetables, or sunflower seeds) can serve as alternatives to putting a cigarette in your mouth. When you ingest liquids, consider substituting juice or water for alcohol or coffee. Alcohol and coffee can reduce your resolve to quit smoking and may actually trigger the desire to smoke because of their previous association with smoking.

If you typically picked up your cigarettes on the way to work, try taking a different route to work. Take a walk during your break instead of having a cup of coffee (or any other substance you may associate with smoking). Exercise or engage in hobbies that keep your hands busy, such as needlework or woodworking. Anything that may distract you from the urge to smoke can be invaluable.

Remember that using more than one strategy to quit smoking will likely improve your odds of success.

Getting Help

There are many organizations that offer materials and programs to help those who want to quit smoking. We mentioned Tobacco Anonymous on page 12, but there are many other organizations that can help. You can get help from the National Cancer Institute at: www.cancer.gov, the Cancer Information Service at:

www.cancer.gov/aboutnci/cis, the American Cancer Society at: www.cancer.org, the American Heart Association at: www.americanheart.org, the American Legacy Foundation at: www.americanlegacy.org, the American Lung Association at: www.lungUSA.org, and the Centers for Disease Control and Prevention at: www.CDC.gov/tobacco/osh/. The Actors' Fund also conducts smoking cessation programs. Finally, additional material on facing the challenges of quitting and helping to assure you quit program works is available at the Equity-League Web site: www.equityleague.org through a link on the Health Fund page.

With all these tools at your disposal, now is the time to quit!

There are many organizations that offer materials and programs to help those who want to quit smoking.

Getting More Benefits from Your Health Plan

As we have mentioned previously in this newsletter, the Fund's overall in-network utilization on its Open Access Plan administered by CIGNA is less than 80%. This compares to the CIGNA norm of 85% to 90%.

By using network providers, you have much lower out-of-pocket costs for care. For instance, you pay only \$25 for most visits to a network physician. However, if you go out of network, you must satisfy the plan's annual deductible of \$350 (\$700 family deductible if you have dependent coverage) and then will only receive up to 70% of what the physician charges. And you could receive far less. That is because the plan generally reimburses up to the reasonable and customary (R&C) charges for physicians in that geographic area, and some physicians charge much more than the reasonable and customary level. You are responsible for 100% of the cost above R&C.

Further, while CIGNA credentials all network providers (checking licensure, status of their liability insurance, and certain legal actions taken against them), no such checks are done for non-network physicians. Therefore, contrary to some popular thinking, network providers are often among the best providers available.

By using network providers, you have much lower out-of-pocket costs for care, and CIGNA credentials all network providers (checking licensure, status of their liability insurance, and certain legal actions taken against them).

Remember CIGNA's Healthy Babies Program

CIGNA's "Healthy Babies" program provides an excellent education program for mothers-to-be. It offers benefits such as coupons for baby needs and provides free education and guidance for situations in which a pregnancy may be considered high risk.

The program is designed to empower better decision-making and assist with self-care by educating members about pregnancy issues that are of particular importance to them. All members of the program receive at least five screening/education interventions: at first identification of the pregnancy (usually in the second trimester), five months, seven months, post-delivery, and two weeks postpartum.

Moderate-risk patients receive additional nurse interventions as appropriate. High-risk patients are offered an intensive care assistance plan with a specialty case manager. Such patients can expect to hear from their CIGNA nurse on at least a monthly basis. CIGNA recommends that the earlier you enroll in the program, the greater the benefits you are likely to enjoy.

The program is designed to empower better decision-making and assist with self-care by educating members about pregnancy issues that are of particular importance to them.

Help the Fund and Each Other in the Claims Cost Control Battle

All of the monies in the Health Fund are for your benefit. To the extent you help to save those monies, the Fund can provide you with better and less expensive benefits than it otherwise could have. Please remember that CIGNA has the following programs to help you be better medical care consumers, saving both you and the Fund money, while improving the quality of your care:

Mycigna.com - Through *mycigna.com*, members can create their own personal website and see their actual claims history, the status of a particular claim payment, and a summary of their benefits. Mycigna.com also provides access to the following tools:

- **Healthwise** is a tool that gives you extensive information about medical conditions and other health information, all in an easy-to-read format. CIGNA's website is full of information about medical conditions and the treatments that are available to deal with those conditions.
- **Select Quality Care** enables you to review outcomes information, average lengths of stay, patient volumes, and mortality rates on specific procedures performed at local hospitals. This can help you to make better decisions regarding providers and speak in a more educated way to your physician about where you want to have a procedure performed.

- **HealthQuotient** enables you to complete your own health risk assessment, which can help you to work with your health care providers and CIGNA to avoid conditions that you might be at risk to develop.
- **DrugCompare** gives you information about specific prescription drugs, class alternatives, potential interactions, over-the-counter substitutes, generic alternatives, and more.
- **Personal Health Manager** serves as a "front page" for you to view your health-related information at a glance.
- **Health Tracker** allows you to track your health statistics such as blood pressure and **LDL** levels over time.

Remember that CIGNA's health information line is available to you 24 hours per day, 7 days per week. It can provide you with around-the-clock access to CIGNA nurses, so that you can talk about any condition. You can also access CIGNA's vast library of pre-recorded health-related decision-support information. Access to the information line is conveniently available on the same toll-free number that you call for answers to medical, pharmacy, and dental questions (800-CIGNA-24).

Through *mycigna.com*, members can create their own personal website and see their actual claims history, the status of a particular claim payment, and a summary of their benefits.

Important Reminder About the Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act is a federal law that provides protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy. All group health plans, including HMOs, that provide medical and surgical benefits in connection with a mastectomy must also provide for reconstructive surgery, in a manner determined in consultation with the patient and attending physician. If you or an enrolled dependent are a breast cancer patient, you should know that in addition to providing medical and surgical benefits in connection with a mastectomy, your Equity-League Health Fund coverage also includes the following:

- Reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas.

This coverage is subject to applicable co-pays, referral requirements, annual deductibles, and co-insurance provisions. You should review the provision of your plan regarding any such restrictions that may apply. If you have any questions about this coverage, please contact the Fund Office.

HIPAA Privacy Notice

If you would like to see the plan's HIPAA Notice of Privacy Practices, or get your own copy, please visit www.equityleague.org/health/health_privacy.html, or contact: Privacy Officer, Equity-League Health Trust Fund, 165 West 46th Street, 14th Floor, New York, NY, 10036 or call 212.869.9380, or the toll-free number, 800.344.5220. The Notice describes how the plan uses and discloses protected health information, and it also discusses important federal rights that you have with respect to your protected health information.

New 401(k) Contract

We are pleased to announce the addition of a new 401(k) contract, this one with URTA — University/Resident Theatre Association Agreement. This salary deferral-only agreement became effective on March 1, 2010.



The Women's Health and Cancer Rights Act is a federal law that provides protection for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

If you would like to see the plan's HIPAA Notice of Privacy Practices, contact the Fund Office or visit its website.

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This newsletter is a publication of the Board of Trustees of the Equity-League Trust Funds. Additional copies are available upon request, or online at our website (www.equityleague.org). For any questions about the newsletter or your benefits, contact The Fund Office, Equity-League Pension, Health and 401(k) Funds, 165 West 46th Street, 14th Floor, New York, NY 10036-2582. To call the Fund Office from the NYC area, phone 1-212-869-9380; if you're calling from outside the NYC area, call the Fund Office toll-free at 1-800-344-5220.

To the extent that any of the information contained in this newsletter is inconsistent with the official Plan documents (which, of course, includes the Trustees' rights to amend or modify the Plans at any time), the Plan documents will govern in all cases. No official (other than the Trustees) has any authority to interpret the Plans, or other official Plan documents, or to make any promises to you about them.