Welcome to the Spring issue of Sprinkler Fitter You, our quarterly health and wellness publication exclusively for NASI Welfare Fund participants and their family members.

If you have any questions or would like more information about what you’ve read here, please contact the NASI Fund Office at 800-638-2603. We’re here to help!

**REAL MEN GET HEALTH SCREENINGS**

When it comes to prevention and early detection, men are 24% less likely than women to visit a health professional for a medical appointment. Yet, we know that a preventive health visit can help establish the baseline for your current health and can help identify certain health issues before they become serious. Men should pay special attention to the following conditions:

- **Colon Cancer.** If not detected early, colon cancer can be deadly. Early screening increases your chances of survival. Be sure to have a screening test for colorectal cancer starting at age 50. If you have a family history of colorectal cancer, you may need to be screened earlier.

- **Diabetes.** Testing for diabetes is strongly recommended for people older than age 45 who are overweight or obese or for those with high blood pressure. Diabetes can affect your heart, brain, eyes, feet, kidneys, nerves and other systems.

- **Prostate Conditions.** The American Cancer Society recommends men with an average risk of prostate cancer begin screening at age 50, while men at high risk of developing prostate cancer (African Americans and men who have a first-degree relative diagnosed with prostate cancer when they were younger than age 65) should begin at age 45.

If you have more than one first-degree relative who had prostate cancer before age 65, you should start screening by age 40.

- **High Cholesterol.** If you are 35 or older, have your blood cholesterol checked regularly. High cholesterol increases your chance of heart disease, stroke and poor circulation. Testing should begin as early as age 20 if you are a tobacco user, if you are overweight, have diabetes or have a family history of heart disease.
• **High Blood Pressure.** Have your blood pressure checked at least every two years. High blood pressure can cause strokes, heart attacks, kidney and eye problems, and heart failure.

• **Obesity.** Obesity can lead to cardiovascular disease and diabetes. The best way to learn if you are overweight or obese is to know your body mass index (BMI). Learn your BMI by entering your height and weight into a BMI calculator, like the one available at: [www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm](http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm). If your BMI is 30 or higher, talk to your doctor or nurse about getting intensive counseling and help with changing your behaviors to lose weight.

### Tips for Keeping Healthy

There’s a lot that you can do in addition to preventive care visits and screenings. Keep yourself healthy by following a few basic rules:

- Make regular exercise and proper nutrition a top priority.
- If you are age 45 or older, talk to your doctor about whether adding an aspirin to your regimen to prevent a heart attack is a good idea for you.
- If you smoke or use tobacco products, make a plan to quit. For resources and assistance to help you quit, call **1-866-QUIT-4-LIFE (866-784-8454)** or enroll online at [www.quitnow.net](http://www.quitnow.net).
- Talk with your health care team about whether you’re in need of certain vaccinations/immunizations. You can find a list of such vaccines/immunizations by going to [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).
- If you drink alcohol, limit your consumption to no more than two drinks per day if you are 65 or younger. If you are older than 65, limit it to no more than one drink a day.

### GET TO KNOW YOUR PRESCRIPTION DRUG PLAN

Your Welfare Plan coverage includes coverage for prescription drugs through Express Scripts. You may choose to pick up your prescription from a retail pharmacy or, if you take maintenance medication, through the Home Delivery Program. The amount of your coinsurance depends on whether your drug is a preferred drug or a non-preferred drug. ("Preferred" means it is on the Plan’s preferred medication list.)

| Preferred Drugs | Plan pays 75% of cost. Your share is 25%. |
| Non-Preferred Drugs | Plan pays 65% of cost. Your share is 35%. |

To see a list of preferred drugs, log in at [www.express-scripts.com](http://www.express-scripts.com).

### Choose Generics!

Generic drugs are a less expensive alternative to brand-name drugs. The generic version of a drug is the chemical equivalent of its brand-name counterpart. It contains identical active chemical ingredients and must meet the same manufacturing standards and federal requirements for safety and effectiveness as a brand-name drug.

**IMPORTANT!**

If you elect a brand-name drug when a generic equivalent is available, your coverage will be limited to the generic cost, and you’ll be responsible for the difference. For example, if your preferred prescribed medication is $100 for the brand-name but $50 for the generic version and you receive the brand-name drug, your benefit will be limited to 75% of $50 — $37.50. You will be responsible for the remainder — $62.50 ($100 - $37.50). If you had chosen the generic instead, your out-of-pocket costs would be just $12.50.
Express Scripts Home Delivery Program

The Home Delivery Program is a convenient and less expensive way to receive your maintenance or long-term medication. You’ll receive a 90-day supply of your medication, delivered right to your home. Visit www.express-scripts.com to get started.

What is Maintenance Medication?

Maintenance medication is prescription medication that you take on a regular basis to treat a chronic condition. Examples of maintenance drugs include those you take for high blood pressure, asthma or diabetes. Because you take these drugs regularly, it’s easy to establish a routine through the Express Scripts Home Delivery Program.

Note: You may purchase any first-time maintenance prescription drugs at a retail pharmacy (a 30-day supply), but no more than twice. If you continue to use a retail pharmacy to fill maintenance medications, you will be reimbursed but you must pay the full price for the prescription and then submit the receipt to the Plan for reimbursement. The amount of the reimbursement will be limited to the amount the prescription would have cost the Plan had you used the Home Delivery Program.

If You’re Enrolled in the NASI Personal Health Management Program

If you’ve been contacted by Carewise Health about participating in the Personal Health Management Program and you choose to enroll, your coinsurance amount for maintenance medications related to your condition will be reduced for the entire calendar year following your enrollment. Instead of 35% coinsurance, you’ll pay just 10% of the cost.

WHEN IS OUTPATIENT SURGERY THE RIGHT CHOICE?

You can’t avoid hospitalization when you’re having a major surgery, but certain common procedures can be performed safely—and often with better outcomes—when performed on an outpatient basis. Outpatient surgery, whether done at an outpatient surgery center or the outpatient surgery department of an in-network hospital, can offer some significant benefits.

Advantages of Outpatient Surgery

There are several benefits to having outpatient surgery over inpatient surgery, including:

- Convenience and comfort of recovering in your own home.
- Lower costs.
- Easier scheduling and shorter wait times.
- Decreased risk of post-operative complications.

Choosing a Facility

While we encourage the use of in-network providers in all cases (use Blue Cross Blue Shield Centers of Distinction for your care whenever available), there are some guidelines to consider when selecting an outpatient surgical center.

- **Risk of infection.** If you’re having surgery at a hospital, check the hospital’s infection rate. If you’re having surgery at an outpatient surgery center, ask how many patients have to be hospitalized as a result of infections.

- **Quality standards.** If you’re not having surgery at a hospital, ask if the facility is CMS certified. CMS-certified facilities are required to report certain quality standards, such as statistics on patient falls, burns and hospital transfers after a procedure.

- **Experience.** Ask about the surgeon’s experience. Look for someone who has performed the procedure at least 50 times in the past year.

- **Anesthesia.** Make sure the anesthesiologist will check on you during the procedure, and make sure he or she accepts your BCBS of Illinois insurance, is board-certified and has hospital admitting privileges.

- **In case of emergency.** Ask if the facility has emergency medications and resuscitative equipment on site and if there is a plan for transferring you to a hospital, if necessary.

Is Outpatient Surgery Right for You?

Not all patients are candidates for outpatient surgery. Your age, medical history, current health and the advice of the surgeon and anesthesiologist are important in determining if your procedure should be performed on an inpatient or outpatient basis. Be sure to research all potential risks before deciding on where to have your next surgical procedure.

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We are pleased to report that our health care costs, while still rising, are rising at a lower rate than the national average. This may be in part to some of the many cost-saving measures put in place by Trustees, our members’ improved health and wise plan usage, or our Personal Health Management Program—a free, confidential resource for members with chronic conditions to help them improve their health.

Use Blue Distinction Centers

If you’re looking for an outpatient surgery provider, remember to search for a Blue Distinction Outpatient Surgery Center. Blue Distinction facilities have demonstrated quality care, treatment expertise and better patient results. To find one, visit [www.bcbs.com/blue-distinction-center-finder](http://www.bcbs.com/blue-distinction-center-finder).

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