



Health Fund

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March 25, 2011

Dear Participant:

The following information is a quarterly income and expense summary to inform you the member of the Fund's financial position and additional information that will help you in understanding your benefits that are available.

The Fund experienced a \$1,598,232 increase in Fund assets for the quarter ended 1/31/2011. Plan expenses were \$14,022,715 in benefits paid to participants and administrative costs. Total income was \$15,620,947 that includes employer contributions, employee self pays and investments.

Please remember that this is an unaudited summary and is subject to change. The reserves for estimated liabilities are determined annually by the Fund's Consultant. No adjustments of these liabilities have been made since the prior year-end. Appropriate adjustments will be made to the audited year-end financial statements to be issued subsequent to these summaries. You will be receiving a quarterly summary in the future any questions please address them to the Fund Office.

News & Views

Daily steps count toward health

Increasing the number of steps taken in a day may reduce the likelihood of developing metabolic syndrome.

Metabolic syndrome is a cluster of three or more conditions increased blood pressure, elevated insulin levels, excess body fat around the waist or abnormal cholesterol levels - that occur together, increasing your risk of heart disease, stroke and diabetes.

The study, published in the June 2010 issue of *The American Journal of Preventive Medicine*, involved 1,446 adults. For seven days, each participant wore an accelerometer to record the number of steps taken. Those who took between 5,000 and 9,999 steps a day were considered low to somewhat active, and those taking 10,000 or more steps were deemed active to highly active. About 2,000 steps is considered roughly the same as one mile.

Among men, the odds of metabolic syndrome were 24 percent lower in the low to somewhat active group and 69 percent lower in the active to highly active group. Women in the low to somewhat active group had a 53 percent decreased risk of metabolic syndrome. The odds decreased by 72 percent in the most active group. For each additional 1,000 steps in a day, there was an approximate 10 percent decrease in the odds of developing metabolic syndrome.

Mayo Clinic cardiologists say the study clearly demonstrates that activity amounts are related to reduced cardiovascular risk and specifically to reduced chances of developing metabolic syndrome.

Q: Should I get a shingles vaccine if I've already had shingles?

A: The Centers for Disease Control and Prevention (CDC) recommends that most adults age 60 or older receive the shingles vaccine (Zostavax) - even if they've had an episode of shingles in the past. Shingles can recur, and the vaccine can lower the risk of recurrence.

Shingles is caused by the virus that causes chickenpox. Although your body develops immunity to the virus after you have chickenpox, the virus survives and remains dormant within nerve tissue. For unknown reasons, the latent virus sometimes gets reactivated years later, causing the painful, blistering rash of shingles. Getting the shingles vaccine if you've had chickenpox or shingles - helps prevent reactivation of the virus.

The shingles vaccine isn't fail safe. Some people develop shingles despite vaccination. However, even when it fails to suppress the virus completely, the shingles vaccine may reduce the severity and duration of shingles.

The most common side effects of the shingles vaccine are redness, pain, tenderness and swelling at the injection site, as well as headache. In addition, the shingles vaccine is a live vaccine, so it isn't recommended for those with a weakened immune system due to HIV/AIDS, lymphoma or leukemia - or who are receiving radiation, chemotherapy or other immune system-suppressing drugs for organ transplants and autoimmune conditions such as rheumatoid arthritis or lupus.

- January 2011, www.HealthLetter.MayoClinic.com

Health Tips

Avoiding food and drug interactions

What you eat or drink may delay, accelerate, decrease or increase drug absorption. Beware of consuming large amounts of:

- **Grapefruit juice** - Avoid grapefruit juice when taking certain statins to treat high cholesterol particularly simvastatin (Zocor), lovastatin (Mevacor) and atorvastatin (Lipitor) - or certain calcium channel blockers, such as felodipine, nifedipine (Procardia XL) and nisoldipine (Sular). Grapefruit juice should be avoided when taking the organ transplant drug cyclosporine (Neoral, Sandimmune, others) and anti-anxiety drug buspirone (Buspar). Grapefruit can increase levels of these drugs in the body, which can lead to more side effects.
- **Vitamin K** - If you use the blood-thinning drug warfarin (Coumadin), be consistent in how much vitamin K you eat. Avoid eating large amounts of foods rich in vitamin K, such as kale, spinach and Brussels sprouts. These can decrease the desired effect of warfarin.
- **Dairy products** - Calcium-containing foods can decrease the effect of certain antibiotics, such as ciprofloxacin (Ciloxan), levofloxacin (Levaquin) and doxycycline. They also can interfere with the thyroid replacement drug levothyroxine (Synthroid, Levothyroid, others).
- **Caffeine** - Some drugs, particularly the antibiotic ciprofloxacin (Cipro), exaggerate the effects of caffeine.

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998. It provides certain protections for breast cancer patients who elect breast reconstruction in connection with mastectomy.

Specifically, the act requires that health plans cover post-mastectomies. Coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and physical complications for all stages of mastectomy, including lymph edemas.

The benefits required under the Women's Health and Cancer Rights Act must be provided in a manner determined in consultation with the attending physician and the patient.

These benefits are subject to the health plan's regular co-payments and deductible.

Use the website

- Basic fringe benefit information;
- Summary Plan Descriptions, Notices and Newsletters;
- Links to Health Fund's Preferred Provider Organization (PPO) and to the Ohio State Carpenters Pension Plan Websites.

Visit us at www.ohiocarpenters.com

Sincerely,

Board of Trustees of the Ohio Carpenters Health Fund

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