



## Health Fund

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September 26, 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 \$1,728,431 increase in Fund assets for the quarter ended 7/31/2011. Plan expenses were \$14,637,821 in benefits paid to participants and administrative costs. Total income was \$16,366,252 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.

## Health Tips

### Buying Sunglasses

Sunglasses offer your eyes protection from the sun's damaging ultraviolet (UV) rays. Long-term exposure to UV rays can contribute to cataract formation and damage the cornea, lens and other parts vital to vision. Look for sunglasses that:

- **Offer maximum UV protection** - Look for sunglasses that block 99 to 100 percent of both UVA and UVB light. Sometimes, labels say that all light below 400 nanometers is blocked. This is the same as 100 percent UV protection. Since UV coating is colorless, a dark lens doesn't necessarily mean increased UV protection. In fact, a dark pair of sunglasses that doesn't block 99 to 100 percent of UV light may actually increase your UV exposure. Darker glasses reduce the amount of light your eye receives. A natural response is that your pupils dilate to let in more light. As a result, the pupils also let in more UV light.

- **Wrap your eyes in protection** - The more closely sunglasses fit to your face, the better. Your eyes can be damaged from UV rays that are scattered and reflected into the eye area from beyond the edges of sunglass lenses. Wraparound sunglasses give more complete protection. Regular prescription glasses also can offer UV protection with the addition of chemicals during the manufacturing of the lenses or with the addition of a UV lens coating.

- July 2011, [www.HealthLetter.MayoClinic.com](http://www.HealthLetter.MayoClinic.com)

## Brand Vs. Generic Drugs

### Seeking Sensible Savings

If you're used to buying low-cost generic prescription drugs, it takes only one eye-popping bill for a brand-name drug to realize that the cost difference can be huge. Sometimes, a brand-name may be your only treatment option. Also, it can be difficult to understand why certain drugs are generic and others aren't. Amid this confusion, you could end up buying a brand-name drug when a less costly generic alternative is available. Use the answers to the common questions below to help you understand the world of brand and generic drugs, and how you may be able to achieve the savings that generic drugs may offer.

**Q: Is a generic drug the same thing as the brand-name version?**

**A:** The active ingredients in generic drugs are the same as in brand-name drugs. However, they may look different or have different inactive ingredients, such as fillers or coloring agents. Generic drugs approved by the Food and Drug Administration (FDA) must meet the same rigid standards of strength, quality, purity and potency that are applied to brand-name drugs. For example, they must be manufactured in a way that's approved by the FDA. In addition, it must be shown that a generic drug provides an identical or nearly identical blood level of the drug compared to the brand version. In short, every type of strict regulation that's applied to brand-name drugs by the FDA is also applied to FDA-approved generic drugs. Still, myths persist that generic drugs are significantly different from brand-name drugs. If you stick to buying a brand-name drug because you feel that a generic isn't the same, you're likely spending more money than is necessary.

**Q: How can I find out if there is a generic version of a drug I take?**

**A:** Often state laws and insurance copay rules—not to mention vigilance on the part of many doctors and pharmacists—can alert you or even prevent you from buying a brand-name drug when a less expensive generic alternative is available. Medicare Part D insurance plans report that when a generic drug is available, it's dispensed 89 percent of the time on average over the brand-name equivalent.

However, your doctor can still prescribe a brand-name drug over a generic, if necessary. Even with this level of consumer protection, it doesn't hurt to ask your doctor or pharmacist if there's a generic alternative to any name brand drug you're taking. A situation in which people may end up needlessly paying more for a brand-name drug they're taking is when a generic alternative first becomes available. You may not know about the new alternative, or you may be unsure of whether to switch to the generic. Time passes and you forget about it. Meanwhile, the pharmacy keeps refilling your brand-name prescription, and you keep paying extra for it.

**Q: What can I do to make sure I'm getting the best medication value?**

**A:** Tell your doctor that you're willing to work together on an ongoing basis to identify medications that meet your health needs but aren't necessarily the latest, heavily marketed brand-name drugs on the market. If your doctor prescribes a brand-name drug, ask whether a generic drug in the same class or a related class might work instead. For example, there are several classes of blood pressure lowering drugs. Each class has a different mechanism of action, but they all work to lower blood pressure. Among the various classes, some drugs may have a generic version and some may be available only as brand-name drugs. If your doctor prescribes a drug that's from a class of medications in which brand-name drugs are the only option, ask if there's a related class of medications that achieve the same effect but with less costly generic options.

- August 2011, [www.HealthLetter.MayoClinic.com](http://www.HealthLetter.MayoClinic.com)

## Second Opinion

**Q: I regularly use NSAID pain medications for my arthritis pain, but I'm concerned about them increasing my risk of having a heart attack or stroke. Is there an NSAID that's less risky from this perspective?**

**A:** A recent large study suggests that naproxen (Aleve, Naprosyn) is the safest type of commonly used nonsteroidal anti-inflammatory drug (NSAID) in terms of heart attack risk. Ibuprofen (Advil, Motrin, others) was at an intermediate level in terms of raising heart attack risk. The riskiest NSAID drugs in terms of heart attack appear to be diclofenac (Cataflam, Voltaren) and celecoxib (Celebrex). All of these drugs—including naproxen—raised stroke risk. With diclofenac, celecoxib and ibuprofen, heart attack and stroke risks generally increase if you're taking higher daily doses. In addition, ibuprofen appears to interfere with the ability of non coated, low-dose aspirin to prevent heart attack or stroke. If you take both, take the ibuprofen at least 30 minutes after or eight hours before taking aspirin. This study supports past research that has found similar results, and it highlights the need for caution as you seek ways to manage your pain. Work closely with your doctor to explore medication options that offer relief with the lowest possible risks to your health. Often, appropriate doses of acetaminophen (Tylenol) are considered the safest option for pain relief. There are many other pain-relieving drugs that may be helpful, depending on your circumstances. In addition, some of the most powerful pain-relieving tools include physical therapy, counseling, stress management, treatment for depression, good sleep, physical activity, and complementary therapies such as acupuncture and massage.

- July 2011, [www.HealthLetter.MayoClinic.com](http://www.HealthLetter.MayoClinic.com)

## Health Care Reform

When your dependent child turns 19, it is necessary to re-enroll them in the Plan as a dependent (even if they are a full-time student). There is a Health Care Enrollment Form/Affidavit to be completed and returned to the Fund Office.

It is available on-line or can be sent from the Fund Office. Remember, a dependent child is not eligible for health coverage with the Plan if they are eligible for health care coverage with their employer or through their spouse's employer regardless of cost or coverage. No medical or prescription claims will be processed until the Health Care Enrollment Form/Affidavit is received.

## 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.
- Links to Delta Dental – [www.deltadentaloh.com](http://www.deltadentaloh.com)
- Health Care Enrollment Form/Affidavit (PPACA Button)

Visit us at [www.ohiocarpenters.com](http://www.ohiocarpenters.com)

Sincerely,

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