

healthy choices



live well. be well.

# KNOW YOUR NUMBERS

These numbers are important because they will allow you and your healthcare provider to determine your risk for developing Cardiovascular Disease by Atherosclerosis. This includes conditions such as Angina (chest pain), Heart Attack, Stroke (caused by Blood Clots) and Peripheral Artery Disease (PAD).

## YOUR GOALS SHOULD BE

### Blood Pressure :

Less than 130/80 mm hg



### Body Mass Index (BMI)

18.6-24.9

### Total Cholesterol:

Lower than 200 mg/dl

### Hdl Cholesterol:

More than 60 mg /dl

Less than 50 a risk for women

Less than 40 a risk for men

### Ldl Cholesterol:

Less than 100 mg /dl

### Fasting Blood Sugar

100 mg/dl

### Triglycerides

Should be under 150 mg/dl

### Daily Exercise:

More than 30 Minutes

**Talk to your doctor about how your numbers affect your risk for heart disease.**

# Employee



# Benefits 101

## Terms You Should Know

### Annual (Calendar Year) Deductible

Your deductible is the amount of covered expenses you must pay before the medical plan will pay.

The following expenses do not count toward your Annual Medical Deductible:

- Dental expenses;
- Vision expenses;
- Prescription drug expenses (Prescription drug expenses have a separate annual deductible, please refer to the Schedule of Benefits.); and
- Charges that are not covered expenses;
- Primary Care, Specialist, ER, and Urgent Care co-payments.

### Co-insurance

Co-insurance is the percentage of covered medical expenses that you pay. The percentage the Plan pays after you have satisfied your deductible is shown in your Schedule of Benefits that accompanies this booklet. After the Plan pays its' percentage of your covered medical expenses, you pay the difference up to your out-of-pocket maximum.

### Co-payment

Your co-payment is a specific dollar amount that you pay to the network provider for a certain service. Co-payments are listed in your Schedule of Benefits. The term "copay" that is used on the Schedule of Benefits has the same meaning as co-payment.

For more definitions of specific terms and words used in regards to your benefits please see the Glossary beginning on page 116 in your Summary Plan Description. An electronic copy of the Summary Plan Description is available through [www.655hw.org](http://www.655hw.org) under Forms and Documents.

### Out-of-Pocket Maximum

Your out-of-pocket maximum is the maximum you will have to pay in co- insurance for covered expenses for the calendar year – January 1 through December 31 – after the Plan pays its benefits. However, the following expenses do not count towards your out-of-pocket maximum:

- Charges you must pay for treatment received from an out-of-network physician or hospital that is over the allowable charge recognized by this Plan, and
- Charges that are not covered expenses.

### Calendar Year Maximum

Certain Plan benefits are subject to an overall calendar year maximum, which is the maximum amount the Plan will pay (or the maximum number of visits or services allowed) for those particular medical care benefits during a calendar year. The Plan no longer imposes an overall calendar year maximum on all medical care benefits combined.

Any individual benefit calendar year maximums are listed in your schedule of benefits.

UFCW LOCAL 655



WELFARE FUND

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If you need further assistance, please contact the Fund Office at 314.835.2700 or toll free at 866.565.2700