

Laborers' TRUST FUND NEWSLETTER



Health & Welfare • Pension • Apprenticeship and Training • Annuity • Vacation & Holiday • LECET V5N2 2011

Trust Fund Reminder

PLEASE CALL THE TRUST FUND OFFICE RIGHT AWAY WHEN YOU...



- Change your address or phone number
- Have a newborn baby or adopt a child
- Get married or divorced
- Change your beneficiary information
- Have a death in your immediate family
- Become disabled and unable to work

To make changes to your Health and Welfare records, specific forms must be completed and submitted to our office by specific due dates.

Failure to meet such due dates may affect your coverage and/or coverage for your dependents. Please don't delay and call our office right away so you can meet the required deadline!

TRUST FUND OFFICE – MEMBER SERVICES DEPARTMENT
1-808-441-8700, or for neighbor islands, call toll free at **1-888-520-8078**.



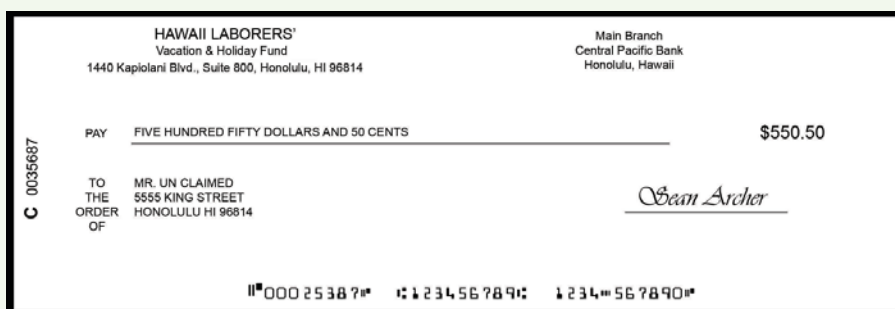
Vacation & Holiday Fund Notice - Unclaimed Vacation Checks

To see if you are on the list of unclaimed vacation checks, visit the Hawaii Laborers' website at www.hilabtrustfunds.com.

At the homepage, select Vacation & Holiday, then click on the Downloads link. Under the Misc section, there is a link to the unclaimed vacation checks list.

Note: You will need Adobe Acrobat Reader to view the list.

Should you have any questions, please contact the Trust Fund Office at 1-808-441-8600, or for neighbor islands, call toll free at 1-888-520-8078.



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Two Ways to Access Your Benefit Information 24 Hours a Day, 7 Days a Week

1. **Website at**
www.hilabtrustfunds.com

Access Your...

- Personal Information
- Work hours reported
- Bank hours
- Health & Welfare plan(s)
- Eligibility information
- Pension hours accumulated
- Annuity contributions
- Vacation balances
- Important Downloads

View and Download...

- Provider Directory for Laborers' Health & Welfare Self-funded Plan
- Trust Fund Newsletter
- Summary Annual Reports
- FAQ's
- Enrollment forms
- Change of address forms
- Claim forms
- Other important forms

Receive Member Service Support...

- By emailing your questions and concerns to any department of the Trust Fund Office and we will respond promptly to your inquiry

All You Need...

- Hawaii Laborers' Member ID number located on your pink Member ID card
- Access to a computer and to the internet

2. Interactive Voice Response System at 1-808-441-8770

All You Need...

- Hawaii Laborers' Member ID number located on your pink Member ID card
- Access to a telephone

DISABILITY BENEFITS

If you become disabled and unable to work due to an illness or injury, the following are benefits that you may be eligible to receive provided that the disability commenced while you were eligible under the Hawaii Laborers' Health & Welfare Fund:

1. Temporary Disability Insurance (TDI). For a non-occupational accidental bodily injury or sickness, which disables you and prevents you from engaging in your occupation, you may be eligible to receive a weekly benefit of 58% of your average weekly wage.

2. Disability Credits. If you become disabled and unable to work, you may not have the work hours needed in a given month to continue your coverage. Disability credits will be applied to your account to help maintain your eligibility so you do not lose your coverage. To receive this benefit, a Disability Certification form must be received by the Trust Fund Office **no later than (45) days from the date of your injury or illness.** Disability credits may be afforded even if the injury or illness is work-related.

Note: For a work related injury or illness, see your employer to inquire about benefits under Workman's Compensation.

For further information related to your disability benefits, please contact the Member Services Department at 1-808-441-8700, or for neighbor islands, call toll free at 1-888-520-8078.

Health & Welfare Fund Notice - Active Employees and Retirees, and their Dependents

Hawaii Laborers' Health & Welfare Fund Notice to Active Employees and Retirees, and their Dependents

As you are aware, the Patient Protection and Affordable Care Act (PPACA) will be effective September 1, 2011 for the Hawaii Laborers' Health & Welfare Fund. This new law will require several changes to the benefit design of the Fund.

Grandfathered Status Notification

The Trustees believe the Hawaii Laborers' Health & Welfare Fund is a "grandfathered health plan" as defined under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your benefits may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-808-441-8700 (Oahu) or 1-888-520-8078 (Neighboring Islands). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Required Plan Changes for the Self-Funded Plan

Implementation of Annual Maximum and Removal of Lifetime Maximum. Effective **September 1, 2011**, all lifetime maximums on overall medical benefits will be removed. Additionally, the annual maximum will be increased from \$300,000 to \$750,000.

Any individual who had previously reached the lifetime maximum under the Plan and is no longer enrolled in the medical Plan because of reaching the maximum now has the right to re-enroll in the Plan during open enrollment period, from December 1, 2011 through January 31, 2012.

Coverage to Age 26. As you were notified previously, effective **March 1, 2011**, adult children who are not eligible for other employer-sponsored health plan coverage are eligible for dependent coverage up to age 26. This extended coverage for dependent children was adopted earlier than required (September 1, 2011) and is available even if the child does not live with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. For this purpose, a child includes the Participant's natural child, stepchild, foster child or an adopted child. The new policy applies to both married and unmarried children, although a child's own spouse and child do not qualify for coverage.

Adult children were able to enroll between December 1, 2010 and January 31, 2011. If you missed this enrollment period, you can enroll your adult dependents and the coverage for your adult dependents will be effective on the first day of the month following the date that the Adult Dependent Enrollment Form and the birth certificate, adoption, or guardianship papers are received by the Trust Fund Office.

Required Plan Changes for the Insured Plans, including the Kaiser and HMSA Plans.

These plans are already compliant with all changes required of grandfathered plans.

Hawaii Laborers' Health & Welfare Fund
Notice to Retired Construction Participants

I. ELIGIBILITY

A. ELIGIBLE DEPENDENTS

Effective **March 1, 2011**, your adult children who are not eligible for other employer-sponsored health plan coverage are eligible for coverage up to age 26. This extension of coverage is available even if the child does not live with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. For this purpose, a child includes the Participant's natural child, stepchild, foster child or an adopted child. The new policy applies to both married and unmarried children, although a child's own spouse and child do not qualify for coverage.

II. COMPREHENSIVE MEDICAL PLAN (For Self-Funded Members Only)

A. ANNUAL MAXIMUM

Effective **September 1, 2011**, the annual maximum has been increased to \$750,000 (formerly \$300,000).

B. LIFETIME MAXIMUM

Effective **September 1, 2011**, the lifetime maximum has been removed.

III. HDS DENTAL BENEFITS

A. CHANGE IN BENEFITS

Effective **September 1, 2011**, implants will now be covered regardless of location and no longer require that it be between two natural teeth.

Should you have any questions or need assistance with your coverage or enrollment, please contact the Trust Fund Office at 1-808-441-8700, or for neighbor islands, call toll free at 1-888-520-8078.

Hawaii Laborers' Health & Welfare Fund
Notice to Active Construction Participants

I. ELIGIBILITY

A. ELIGIBLE DEPENDENTS

Effective **March 1, 2011**, your adult children who are not eligible for other employer-sponsored health plan coverage are eligible for coverage up to age 26. This extension of coverage is available even if the child does not live with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. For this purpose, a child includes the Participant's natural child, stepchild, foster child or an adopted child. The new policy applies to both married and unmarried children, although a child's own spouse and child do not qualify for coverage.

II. COMPREHENSIVE MEDICAL PLAN (For Self-Funded Members Only)

A. ANNUAL MAXIMUM

Effective **September 1, 2011**, the annual maximum has been increased to \$750,000 (formerly \$300,000).

B. LIFETIME MAXIMUM

Effective **September 1, 2011**, the lifetime maximum has been removed.

III. HDS DENTAL BENEFITS

A. CHANGE IN BENEFITS

Effective **September 1, 2011**, a second calendar year topical fluoride benefit through age 17 will be covered. Additionally, implants will now be covered regardless of location and no longer require that it be between two natural teeth.

Should you have any questions or need assistance with your coverage or enrollment, please contact the Trust Fund Office at 1-808-441-8700, or for neighbor islands, call toll free at 1-888-520-8078.

Hawaii Laborers' Health & Welfare Fund
Notice to Non-Construction Participants

I. ELIGIBILITY

A. ELIGIBLE DEPENDENTS

Effective **March 1, 2011**, your adult children who are not eligible for other employer-sponsored health plan coverage are eligible for coverage up to age 26. This extension of coverage is available even if the child does not live with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. For this purpose, a child includes the Participant's natural child, stepchild, foster child or an adopted child. The new policy applies to both married and unmarried children, although a child's own spouse and child do not qualify for coverage.

II. COMPREHENSIVE MEDICAL PLAN (For Self-Funded Members Only)

A. ANNUAL MAXIMUM

Effective **September 1, 2011**, the annual maximum has been increased to \$750,000 (formerly \$300,000).

B. LIFETIME MAXIMUM

Effective **September 1, 2011**, the lifetime maximum has been removed.

III. HDS DENTAL BENEFITS

A. CHANGE IN BENEFITS

Effective **September 1, 2011**, a second calendar year topical fluoride benefit through age 17 will be covered. Additionally, implants will now be covered regardless of location and no longer require that it be between two natural teeth.

Should you have any questions or need assistance with your coverage or enrollment, please contact the Trust Fund Office at 1-808-441-8700, or for neighbor islands, call toll free at 1-888-520-8078.

Health & Welfare Fund Notice - All Participants

Backup Explanatory Language for Plan Amendments

DEPENDENT LANGUAGE CHANGE:

Eligible dependents include your legal spouse and all children under 26 years of age. The term "children" includes natural children, stepchildren, foster children, and legally adopted children. The Board of Trustees may require any information necessary to determine the eligibility of a dependent. Coverage will not be extended to dependent children up to age 26 who are otherwise eligible to enroll in a group health plan offered through their employer or the employer of their spouse. The child's spouse or child will not qualify for coverage.

To add a spouse, you must submit a copy of your marriage certificate and a completed enrollment form to the Trust Fund Office within 45 days from the date of marriage. If you do not notify the Trust Fund Office within this 45-day period, retroactive coverage will not be made. Instead, coverage for your spouse will be effective on the first day of the month following the date that a copy of your marriage certificate and the completed enrollment form are received by the Trust Fund Office.

To add a dependent child, you must submit proper documentation, in writing, to the Trust Fund Office within 45 days of birth, adoption or placement for adoption. If you do not notify and submit the proper documentation to the Trust Fund Office within this 45-day period, retroactive coverage will not be made. Instead, coverage for your dependent child will be effective on the first day of the month following the date that the birth certificate, adoption, or guardianship papers and your completed enrollment form are received by the Trust Fund Office. **NOTE: To add a newborn child as a dependent, you may call the Trust Fund Office to give notification of the birth.** Your telephone call will be documented as initial notification to the Trust Fund Office and coverage will become effective on the newborn's date of birth provided that you submit a completed enrollment form and a copy of the birth certificate to the Trust Fund Office within 45 days from the date of birth.

A dependent child who, upon attaining age 26 has a mental or physical disability which renders him or her incapable of self-support, will continue to be covered for benefits as long as such child remains unmarried, disabled, and incapable of self-support, provided that the child was disabled and covered under the plan prior to age 19. You must, however, submit satisfactory proof to the Trust Fund of the child's incapacity upon attaining age 26, and upon request thereafter. Coverage for such child shall terminate upon the earliest of the following: 1) his or her marriage, 2) he or she becoming capable of self-support, 3) failure to provide proof of continued disability, or 4) termination of your eligibility.

A former spouse, upon divorce, or a child who attains age 26 may call or write to Kaiser Foundation Health Plan, Inc. for information on conversion to an Individual or Family Plan offered directly by Kaiser within 30 days of the change in eligibility status.

ANNUAL/LIFETIME MAX LANGUAGE CHANGE:

ANNUAL MAXIMUM

The total amount of benefits available under this plan, on an incurred basis, is \$750,000 per person per calendar year.

LIFETIME MAXIMUM

The lifetime maximum has been removed.

HDS DENTAL BENEFITS CHANGE:

PREVENTIVE

- Cleanings – twice per calendar year 100%
- Diabetic Patients – four cleanings or periodontal maintenance*
- Expectant Mothers – three cleanings or periodontal maintenance*
- Periodontal maintenance benefit level..... 70%
- Topical fluoride (twice per calendar year through age 17) 70% (Active Members Only)
- Fluoride Varnish – once per calendar year; limited to patients who are at high risk of caries due to root exposure, dry mouth syndrome, history of radiation therapy or other conditions as documented by the dentist
- Space maintainers (through age 17)..... 70%
- Sealants (through age 18)..... 70%
- One treatment application, once per lifetime only to permanent molar and bicuspid teeth with no cavities and no occlusal restorations, regardless of the number of surfaces sealed.

PROSTHODONTICS 70%

- Fixed bridges (once every five (5) years; ages 16 and older)
- Removable Dentures (complete and partial – once every five (5) years; ages 16 and older)
- Repairs and adjustments
- Relines and rebase
- Implants (covered as alternate benefit) when one tooth is missing.



Health & Welfare Fund Summary Annual Report

**Hawaii Laborers' Health & Welfare Fund
Summary Annual Report**

This is a summary of the annual report for **Hawaii Laborers' Health & Welfare Trust Fund, Employer Identification Number: 99-6014749**, for the year beginning **September 1, 2009** and ending **August 31, 2010**. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

SELF-FUNDED BENEFIT INFORMATION

The plan maintains its medical, prescription drugs, disability, death benefits, physical exam, dental and vision benefits under a self-funded program.

INSURANCE INFORMATION

The following brief description of the Plan benefits are provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Trust maintains an alternative medical plan under contract with Kaiser Foundation Health Plan for standard medical coverage for participants and dependents. Alternative Dental coverage is provided by Hawaii Dental Service and Gentle Dental. The total insurance premiums charged to the Plan for the year ended **August 31, 2010** was **\$8,468,686**.

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was **\$86,305,913** as of **August 31, 2010** compared to **\$83,383,819** as of **September 1, 2009**. During the Plan year the Plan experienced an increase in its net assets of **\$2,922,094**. This increase included unrealized appreciation in the value of Plan assets, that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year.

The Plan had total income of **\$26,739,899**. This income included employer contributions of **\$20,922,843**, employee contributions of **\$1,136,261**, gain on the sale of assets of **\$1,453,929**, earnings from investments of **\$2,977,459** and other income of **\$249,407**.

Plan expenses were **\$23,817,805**. These expenses included **\$1,971,372** in operating expenses, **\$272,619** in investment expenses and **\$13,105,128** in benefits paid to participants and beneficiaries, and **\$8,468,686** in insurance premiums charged by insurance companies and a health maintenance organization.

Benefits and eligibility rules will change from time to time. Retiree benefits differ from active employee benefits and also can be changed or eliminated at any time. Be sure to use the most recent plan booklet and to read any special notices about your coverage. Do not rely on outdated information. If you lose your coverage you may be entitled to continue it by making self payments. Consult your booklet or the plan office for details.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of the plan assets; and
4. Insurance information including sales commissions paid by insurance carriers.



To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees Hawaii Laborers' Health & Welfare Fund, who is plan Sponsor, 1440 Kapiolani Blvd., Suite 800, Honolulu, HI 96814. On Oahu, call 1-808-441-8600 or for neighbor islands, call toll free 1-888-520-8078.

You also have the right to receive from the Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, 1440 Kapiolani Blvd., Suite 800, Honolulu, HI 96814, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Annuity Fund Summary Annual Report

**Hawaii Laborers' Annuity Fund
Summary Annual Report**

This is a summary of the annual report for **Hawaii Laborers' Annuity Fund, Employer Identification Number: 99-0082181**, for the year beginning **September 1, 2009** and ending **August 31, 2010**. The annual report has been filed with the Employee Benefit Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

Benefits under the Plan are provided in whole from Trust assets.

Plan expenses were **\$23,873,096**. These expenses included **\$579,631** in operating expenses, investment expenses of **\$803,033** and **\$22,490,432** in benefits paid to participants and beneficiaries. A total of **5,242** persons were participants in or beneficiaries of the Plan at the end of the Plan year, although not all of these persons had yet earned the right to receive benefits.

The value of Plan assets, after subtracting liabilities of the Plan, was **\$197,540,675** as of **August 31, 2010** compared to **\$196,262,700** as of **September 1, 2009**. During the Plan year the Plan experienced an increase in its net assets of **\$1,277,975**. This increase included unrealized appreciation/depreciation in the value of Plan assets, that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year.

The Plan had total income of **\$25,151,071** including employer contributions of **\$11,632,217**, gains on the sale of the assets of **\$8,870,991**, earnings from investments of **\$4,584,377** and other income of **\$63,486**.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5 percent of plan assets; and
4. Information regarding any common or collective trust, pooled separate accounts, master trusts or 103-12 investment entities in which the Plan participates.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Administrator, Board of Trustees, Hawaii Laborers' Annuity Fund, 1440 Kapiolani Blvd., Suite 800, Honolulu, HI 96814. On Oahu, call 1-808-441-8600 or for neighbor islands, call toll free 1-888-520-8078.

You also have the right to receive from the Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, 1440 Kapiolani Blvd., Suite 800, Honolulu, HI 96814, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N-1513, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Vacation & Holiday Fund Summary Annual Report

Hawaii Laborers' Vacation & Holiday Fund Summary Annual Report

This is a summary of the annual report for **Hawaii Laborers' Vacation & Holiday Fund, Employer Identification Number: 99-6025505**, for the year beginning **January 1, 2010** and ending **December 31, 2010**. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENT

The value of Plan assets, after subtracting liabilities of the Plan, was **\$1,275,435** as of **December 31, 2010** compared to **\$1,329,574** as of **January 1, 2010**. During the Plan year the Plan experienced a decrease in its net assets of **\$54,139**.

The Plan had total income of **\$8,598,924**. This income included employer contributions of **\$8,539,612**, earnings from investments of **\$14,038** and other income of **\$45,274**.

Plan expenses were **\$8,653,063**. These expenses included **\$267,462** in operating expenses, **\$2,038** in investment expenses and **\$8,383,563** in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees Hawaii Laborers' Vacation & Holiday Fund, who is plan Sponsor, 1440 Kapiolani Blvd., Suite 800, Honolulu, HI 96814. On Oahu, call 1-808-441-8600, or for neighbor islands, call toll free 1-888-520-8078.

You also have the right to receive from the Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, 1440 Kapiolani Blvd., Suite 800, Honolulu, HI 96814, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



Health & Welfare Reminder

Help Yourself Get Better: Use Medicine Correctly

We're lucky to live in a time when there are so many medicines to treat so many illnesses. Modern medicines can help you live a longer, healthier life. But it's important that you take them properly. Unfortunately, noncompliance is a serious medical problem in America.

What is noncompliance?

It can be a lot of things:

- Not getting a prescription filled, or not refilling it if you still need it
- Stopping a medication without your doctor's okay
- Skipping doses
- Taking a medicine incorrectly
- Taking other people's prescription medications

How widespread is noncompliance?

According to an article published in The Journal of Applied Research, between 50% and 75% of patients don't take their prescribed medicines properly. The rate is particularly high among patients with conditions that require long-term treatment. These conditions include high blood pressure and diabetes. Between 14% and 21% of patients never even fill their prescriptions.

How serious is the problem?

When people don't take their medicines according to instructions, they can develop complications. They may even become disabled. They spend more time in doctors' offices and hospitals. They lose the ability to enjoy life. And approximately one-quarter of all nursing home admissions are due to noncompliance.

What about costs?

The cost of hospitalizing people who don't take medicines correctly is close to \$8.5 billion annually. And the overall cost of noncompliance to the U.S. healthcare system is about \$100 billion a year.

The cost of noncompliance is very high. It robs people of health and even life. And it drives up the cost of healthcare for everyone.

Take responsibility

The next time your doctor gives you a prescription, fill it. Learn how you're supposed to take it. Take it exactly as instructed. If you experience side effects, don't quit taking your drug. Instead, talk to your doctor. He or she may be able to prescribe a different medicine.

Take your medicines properly, and you'll be doing a great favor for yourself and for those who care about you.

To learn more now, you can find a wealth of information on drugs, herbal remedies and health conditions on the website provided by Express Scripts, the company chosen to manage your prescription benefits. Just visit www.express-scripts.com.