

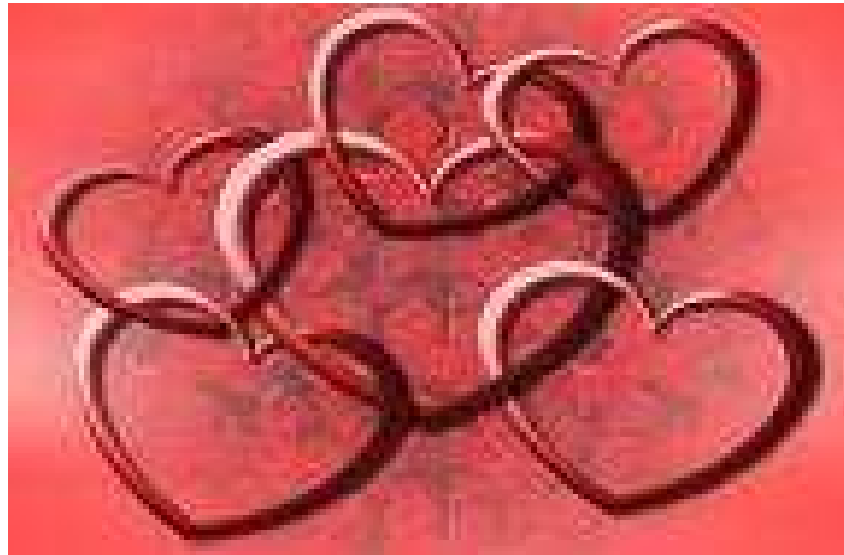


**Phil Bobadilla,
President**

Employee Benefit
Exchange, Corp.

**Employee
Benefit
Exchange,
Corp.**

***We go beyond
your
expectations!***



The President's Corner

This month we wanted to feature our office staff and let you know what capabilities our office has when it comes to servicing your company's needs.

Our most seasoned Account Manager is Jill Prepelica. She has been in the insurance industry for well over 20 years. She also has experience with the work flow of a medical practice and how insurance claims flow within these medical practices. Jill is capable of adding or deleting employees and their dependents from your medical program. She can review carrier bills for accuracy and can do this for all lines of coverage's you have installed for your employees. Jill also can give employee enrollment meetings and explain all coverage's during these meetings.

Jill can help you to review a claim that may have not been submitted



Marisa Bobadilla,
Account Manager
Employee Benefit
Exchange, Corp.

properly and therefore not paid properly, and she can help with your questions when you call to inquire about coverage or procedural matters.

Marisa Bobadilla has been with our office for about a month now. She has taken over for our previous Account Manager, Laurine Wood. Although she has been with us for a short time, she has about 20 years of experience since she has been around and insurance office most of her life. She is great with customer service, and can help you with most all of your insurance questions.

Our Training Programs and Mission Statement are centered on providing the best customer service possible to you. We are always striving to train new procedures that will help you to spend less time administrating your benefits package. We believe you should be in your business, not on learning how to administrate employee benefits. Along with helping you to administrate your benefit programs, we can also provide information and help to educate you on topics such as; COBRA, FMLA, Section 125 Pre-Tax Deductions, H.R.A. vs. H.S.A., SB2177 State Tax Credits, Defined Benefit Medical Plans, and Traditional Medical Plans. It seems inevitable that the Government will be getting more involved in employer healthcare plans. This means some type of paperwork that will be needed. Please remember that we can help to ease your research if you have questions.

On the direct contact side which covers marketing and sales administration, there are currently three of us. Jason Holmes is our Broker Consultant, along with Constance Lemere who is V.P of EBX and me, Phil Bobadilla who is President. The three of us handle new case design and implementation. We review and discuss current plan designs and can make any recommendations we feel necessary on a month to month basis. Even though plan rates are set once a year on your renewal, plans can be reviewed and changes can be made on a monthly basis if need be. If you would like to review overhead expenses, or have us discuss cost saving ideas, please contact us at any time. Reviews can be done at any time, not just on your renewals.



Jason Holmes,
Broker Consultant
Employee Benefit
Exchange, Corp.

These people above are full time employees for Employee Benefit Programs. We also have consultants for products such as;

1. Long Term Care
2. Individual Disability or Income Replacement Plans
3. Documents such as Buy Sell Agreements, and Flex Plans
4. Medicare Supplements
5. AFLAC and Colonial worksite programs
6. Workers Compensation and Business Liability Plans
7. Payroll and Co-Employer services.
8. Guarantee Issue Limited Medical Plans for people who may not be

able to qualify for traditional coverage.

As you can see, we stand ready to help with any insurance need that may arise for you or your referred friends. We have built our business on client satisfaction. We will continue to make that our goal.

*We Go Beyond Your **EX**pectations.*

Phil Bobadilla, President



Jill Prepelica,
Account Manager
*Employee Benefit
Exchange, Corp.*

Commonly Asked Insurance Questions

Many of you may still be unclear on various insurance definitions. For those of us who have been in the insurance world for many years the lingo is a routine part of our daily language. I thought for this month it would be helpful to define some of the commonly asked questions pertaining to various insurance definitions.

Q.) What is an annual maximum out of pocket:

A.) The annual out-of-pocket maximum is the maximum amount your insurer will require you to contribute out-of-pocket towards the cost of your care. This protects you from very high costs by capping the total amount you will have to spend on your health care each year.

You must meet your annual [deductible](#) first before the annual out-of-

pocket maximum applies. Once the deductible is met, your co-insurance will count towards your annual out-of-pocket maximum.

Once the annual out-of-pocket maximum is reached, you should no longer be required to contribute towards the cost of your care. In most cases, your insurance covers 100 percent of the services you require.

Q.)What is a co-insurance:

A.) The proportion of healthcare costs that the patient is responsible for paying.

Q.)What is a deductible:

A.) A deductible is the fixed dollar amount you must pay of your own funds each calendar year before your health insurance begins to make payments for covered medical services.

All deductibles reset once a year on January 1 or upon the plan year renewal. This varies based on how your plan is written with the carrier. Typically, the higher the deductible, the lower the premiums and vice versa. Deductible amounts usually differ out of network (proving to be higher).

Q.)What is a co-pay:

A.) A copayment, or co-pay, is a flat dollar amount paid for a medical service by an insured. Insurance companies use copayments to share health care costs. An example of a co-pay would be \$25 for a Dr. office visit.

These are the most commonly asked questions that we receive from our clients. As always we are here to answer any of your questions pertaining to your insurance plan design. Please don't hesitate to call our office.

We Go Beyond Your EXpectations.

Constance Lemere, Vice President



***Constance
Lemere, V.P.***

***Employee Benefit
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Heart Health Awareness for Women

February is upon us as our thoughts turn to matters of the heart and many of us struggle to keep our New Year's resolutions alive. Increasing our heart health awareness may be just the spark we need to maintain our January commitments to a healthier lifestyle. And what perfect timing. Since 1963, Congress has required the President to proclaim the month of February "American Heart Month." Historically, coronary artery disease has been considered primarily a men's disease. However, in reality, more women than men die of cardiovascular disease each year. Women are six times as likely to die of heart disease than from breast cancer. Heart disease kills more women over 65 than all other cancers combined.

What is heart disease?

Coronary heart disease is the most common form of heart disease. It is a disorder of the blood vessels of the heart that can lead to a heart attack. A heart attack occurs when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart. Heart disease is a lifelong condition. Once you get it, you will always have it, and the condition of your blood vessels will steadily worsen unless you make changes in your lifestyle habits.

How do heart attack symptoms differ in women and men?

The most common symptom of a heart attack in both men and women is some type of pain, pressure or discomfort in the chest. But it's not always severe or even the most prominent symptom, particularly in women. Women are more likely than men to have signs and symptoms unrelated to chest pain, such as:

- ◆ Neck, shoulder, upper back or abdominal discomfort
- ◆ Shortness of breath
- ◆ Nausea or vomiting
- ◆ Sweating
- ◆ Lightheadedness or dizziness
- ◆ Unusual fatigue

These signs and symptoms are more subtle than the obvious crushing chest pain often associated with heart attacks. This may be due to the smaller arteries involved or because in men, the bulky, unstable plaques tend to burst open whereas in women, plaques erode, exposing the inner layers of the artery.



***National Heart
Awareness
Go Red For Women***

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Are the risk factors different for men and women?

Although the traditional risk factors for coronary artery disease — such as high cholesterol, high blood pressure and obesity — are detrimental to both men and women, certain factors may play a bigger role in the development of heart disease in women. For example:

- ◆ Metabolic syndrome – a combination of abdominal obesity, increased blood pressure, elevated blood glucose and triglycerides – has a greater impact on women than on men.
- ◆ Mental stress and depression affect women's hearts more than men's.
- ◆ Smoking is much worse for women than men.
- ◆ Low levels of estrogen before menopause are a significant risk factor for

Developing cardiovascular disease in smaller blood vessels (microvascular disease).

Finding out your risk.

Every risk factor counts. You are much more likely to develop heart disease, with its many serious consequences, if you have even one risk factor. Having more than one risk factor is especially serious because risk factors can worsen each other's effects.

Go to

http://www.womensheart.org/content/HeartDisease/heart_disease_risk_quiz.asp to find out if you are at risk.

Five strategies to keep your heart healthy.

1. Don't smoke or use tobacco products.
2. Get active.
 - a. Healthy adults ages 18-65 should be getting at least 30 minutes of moderate intensity activity five or more days a week.
3. Eat from a heart-healthy meal plan.
 - a. Limit unhealthy fats and cholesterol.
 - b. Choose low-fat protein sources.
 - c. Eat more fruits and vegetables.
 - d. Select whole grains
 - e. Decrease the salt in your food.
 - f. Practice moderation with portion sizes.
 - g. Plan ahead: use daily menus.
4. Maintain a healthy weight.
 - a. Losing just 10 to 15 pounds can help by lowering blood pressure and helping prevent diabetes.
 - b. Decrease waist circumference.

American Heart
Association



Learn and Live.

***Why call
Employee
Benefit
Exchange?***

We offer over 30 years of experience in designing programs and retaining clients. We do this by offering innovative solutions to business owners.

5. Get regular health screenings.

Resources:

<http://www.womensheart.org>

<http://www.americanheart.org>

<http://www.mayoclinic.com/health/heart-healthy-diet/NU00196>

<http://www.mayoclinic.com/health/heart-disease/HB00040>

<http://www.nhlbi.nih.gov/health/hearttruth>

GRAWA Women's Health Committee

February 2009

Valentine Treasures

Valentine treasures are people who have often crossed your mind, family, friends and others, too, who in your life have shined the warmth of love or a spark of light that makes you remember them; no matter how long since you've actually met, each one is a luminous gem who gleams and glows in your memory, bringing special pleasures, and that's why this Valentine comes to you:
You're one of those sparkling treasures!
By Joanna Fuchs

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“We will still get our bonuses, provided we can raise an extra \$50 million from our bake sale.”

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