



# PEER SUPPORT BASICS

Reaching out can make all the difference

## July Newsletter



Peer Support Program  
National Program that's Internationally Recognized and Affiliated

# Local 591 National Peer Support

Credit IAM EAP, LAP

July 2024

## Women's Health and Stress

**Stress is a reaction to a change or a challenge.** In the short term, stress can be helpful. It makes you more alert and gives you energy to get things done. But long-term stress can lead to serious health problems. Women are more likely than men to report symptoms of stress, including headaches and upset stomach. Women are also more likely to have mental health conditions that are made worse by stress, such as depression or anxiety.<sup>1</sup>

Studies show that women are more likely than men to experience symptoms of stress. Women who are stressed are more likely than men who are stressed to experience depression and anxiety.<sup>21</sup> Experts do not fully know the reason for the differences, but it may be related to how men's and women's bodies process stress hormones. Long-term stress is more likely to cause problems with moods and anxiety in women.<sup>22</sup> Some of the health effects of stress are the same for men and women. For example, stress can cause trouble sleeping and weaker immune systems. *There are other ways that stress affects women.*

- **Headaches and migraines.** When you are stressed, your muscles tense up. Long-term tension can lead to headache, migraine, and general body aches and pains. Tension-type headaches are common in women.<sup>10</sup>
- **Depression and anxiety.** In the past year, women were almost twice as likely as men to have symptoms of depression.<sup>11</sup> Women are more likely than men to have an anxiety disorder, including post-traumatic stress disorder, panic disorder, or obsessive-compulsive disorder.<sup>12</sup> Research suggests that women may feel the symptoms of stress more or get more of the symptoms of stress than men. This can raise their risk of depression and anxiety.<sup>1</sup>
- **Heart problems.** High stress levels can raise your blood pressure and heart rate. Over time, high blood pressure can cause serious health problems, such as stroke and heart attacks. Younger women with a history of heart problems especially may be at risk of the negative effects of stress on the heart.<sup>13</sup> Learn more about stress and heart disease.
- **Upset stomach.** Short-term stress can cause stomach issues such as diarrhea or vomiting. Long-term stress can lead to irritable bowel syndrome (IBS), a condition that is twice as common in women as in men.<sup>14</sup> Stress can make IBS symptoms such as gas and bloating worse.
- **Obesity.** The link between stress and weight gain is stronger for women than for men.<sup>15</sup> Stress increases the amount of a hormone in your body called cortisol, which can lead to overeating and cause your body to store fat.
- **Problems getting pregnant.** Women with higher levels of stress are more likely to have problems getting pregnant than women with lower levels of stress. Also, not being able to get pregnant when you want to can be a source of stress.<sup>16</sup>
- **Menstrual cycle problems.** Women who experience chronic or long-term stress may have more severe premenstrual syndrome (PMS) symptoms<sup>17</sup> or irregular periods. Some studies link past abuse or trauma to more severe PMS.<sup>18</sup>

Everyone has to deal with stress at some point in their lives. You can take steps to help handle stress in a positive way.

- **Take deep breaths.** This forces you to breathe slower and helps your muscles relax. The extra oxygen sends a message to your brain to calm and relax the body.
- **Stretch.** Stretching can also help relax your muscles and make you feel less tense.
- **Write out your thoughts.** Keeping a journal or simply writing down the things you are thankful for can help you handle stress.
- **Take time for yourself.** It could be listening to music, reading a good book, or going to a movie.
- **Get enough sleep.** Most adults need 7 to 9 hours of sleep a night to feel rested.
- **Eat right.**, eat foods with B vitamins, such as bananas, fish, avocados, chicken, and dark green, leafy vegetables. B vitamins can help relieve stress by regulating nerves and brain cells.<sup>25</sup>
- **Get moving.** Physical activity can relax your muscles and improve your mood. Physical activity also may help relieve symptoms of depression and anxiety.<sup>26</sup> Physical activity boosts the levels of “feel-good” chemicals in your body called endorphins. Endorphins can help improve your mood.
- **Try not to deal with stress in unhealthy ways.** This includes drinking too much alcohol, using drugs, smoking, or overeating. These coping mechanisms may help you feel better in the moment but can add to your stress levels in the long term. Try substituting healthier ways to cope, such as spending time with friends and family, exercising, or finding a new hobby.
- **Get help from a professional if you need it.** Your doctor or nurse may suggest counseling or prescribe medicines, such as antidepressants or sleep aids. You can also find a therapist in your area using the mental health services locator on the top left side (desktop view) or bottom (mobile view) of this page. If important relationships with family or friends are a source of stress, a counselor can help you learn new emotional and relationship skills.

#### Chronic or long-term stress affects women include:

- Pain, including back pain
- Acne and other skin problems, like rashes or hives
- Headaches
- Upset stomach
- Feeling like you have no control
- Forgetfulness
- Lack of energy
- Lack of focus
- Overeating or not eating enough
- Being easily angered
- Trouble sleeping
- Drug and alcohol misuse
- Loss of interest in things you once enjoyed
- Less interest in sex than usual

# Benefits and You.

## Cost-Sharing by Medical Benefit Options

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network	
<b>Annual (Calendar Year) Deductibles, Out-of-Pocket Limits, and Maximum Medical Benefit</b>							
Individual Coverage Annual Deductible <sup>2</sup>	\$850	\$3,000	\$1,600 <b>NEW!</b>	\$4,000	\$400	\$1,550	\$850
Family Coverage Annual Deductible <sup>3</sup>	\$2,550	\$9,000	\$3,200 <b>NEW!</b>	\$8,000	\$1,200	\$4,650	\$2,550
Individual Coverage Out-of-Pocket Maximum	\$2,850	\$9,000	\$4,500 <b>NEW!</b>	\$12,000	\$2,400	\$7,550	\$2,850
Family Coverage Out-of-Pocket Maximum	\$7,550	\$24,000	\$9,000 <b>NEW!</b>	\$24,000	\$6,200	\$19,650	\$7,550
Individual medical maximum benefit	Unlimited						
<b>Preventive Care</b>							
Annual routine physical exams	No cost to you	40%	No cost to you	40%	No cost to you	40%	No cost to you
Well-Child care	No cost to you	40%	No cost to you	40%	No cost to you	40%	No cost to you

<sup>2</sup> Co-pays do not apply to Deductible

<sup>3</sup> There is an individual out-of-pocket maximum of \$6,850 under family coverage.

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network	
COVID-19 Preventive Services* See Covered Expenses section for details and limitations. *	No cost to you	40%	No cost to you	40%	No cost to you	40%	No cost to you
<b>Medical Care</b>							
Physician's office visit (including x-ray and lab work)	\$30 per visit (deductible does not apply)	40%	20%	40%	\$25 per visit (deductible does not apply)	40%	20%
Telehealth office visit provided by Doctor on Demand	\$20 per visit (deductible does not apply)	Not covered	\$59 per visit until deductible is satisfied, then 20%; then \$11.80 copayment.	Not covered	\$20 per visit (deductible does not apply)	Not covered	\$20 per visit (deductible does not apply)
Specialist's office visit	20%	40%	20%	40%	\$60 per visit (deductible does not apply)	40%	20%
Retail/Convenience clinic	\$30 per visit (deductible does not apply)	40%	20%	40%	\$25 per visit (deductible does not apply)	40%	20%
Urgent Care Clinic, lab, x-ray, and other charges made by the Urgent Care clinic	20%	40%	20%	40%	\$100 per visit (deductible does not apply)	40%	20%
Gynecological care (see Mammogram for coverage information on routine screening or diagnostic mammograms, See	No cost to you for annual preventive exam; \$30 per visit to an OB/GYN	40% for treatment of illness/injury and preventive exam	No cost to you for annual preventive exam;	40% for treatment of illness/injury and preventive exam	No cost to you for annual preventive exam;	40% for treatment of illness/injury and preventive exam	No cost to you for annual preventive exam; 20% for an OB/GYN diagnostic visit

Features	STANDARD		CORE		High Cost Coverage		OOA
	Medical Benefit Option		Medical Benefit Option		Medical Benefit Option		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Pregnancy for coverage information on pregnancy and maternity care)</b>	diagnostic visit (deductible does not apply)		20% for treatment of illness/injury		\$25 per visit to an OB/GYN diagnostic visit (deductible does not apply)		
<b>Preventive Pap tests: routine screening</b>	No cost to you	40%	No cost to you	40%	No cost to you	40%	No cost to you
<b>Diagnostic Pap tests: test performed for a medical problem</b>	No cost to you if performed in the Physician's office. Otherwise 20%	40%	20%	40%	No cost to you if performed in the Physician's office. Otherwise 20%	40%	No cost to you if performed in the Physician's office. Otherwise 20%
<b>Preventive Mammogram/Colonoscopy: routine screening done according to national age and frequency specific guidelines and regardless of where the service is performed</b>	No cost to you	40%	No cost to you	40%	No cost to you	40%	No cost to you
<b>Non-Preventive/Diagnostic Mammogram/Colonoscopy: screening not done according to national age and frequency specific guidelines or test performed for a medical problem</b>	No cost to you if part of office visit or at an independent facility. 20% if performed in Outpatient	40%	No cost to you after deductible is satisfied	No cost to you after deductible is satisfied	No cost to you if part of office visit or at an independent facility. 20% if performed in	40%	No cost to you if part of office visit or at an independent facility. 20% if performed in Outpatient hospital setting

Features	STANDARD		CORE		High Cost Coverage		OOA
	Medical Benefit Option		Medical Benefit Option		Medical Benefit Option		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
	hospital setting				Outpatient hospital setting		
<b>Pregnancy and Maternity Care: OB-GYN and Midwife charges only, includes prenatal and postnatal care, and delivery charges</b>	Routine prenatal care, no cost to you. All other services, 20%	40%	Routine prenatal care, no cost to you. All other services, 20%	40%	Routine prenatal care, no cost to you. All other services, \$150 per pregnancy (deductible does not apply)	40%	Routine prenatal care, no cost to you. All other services, 20%
<b>Pregnancy and Maternity Care: Hospital and Other Ancillary Charges Only. Includes labor/delivery and postnatal expenses</b>	20%	40%	20%	40%	20%	40%	20%
<b>Second surgical opinions in a Physician's office</b> No cost if ordered by the Plan or Network/Claim Administrator	20% if elected by participant	40% if elected by participant	20% if elected by participant	20% if elected by participant	\$60 per visit if elected by participant (deductible does not apply)	20% if elected by participant	20% if elected by participant
<b>Expert Medical Opinion provided by Second MD</b>	No cost to you	Not Covered	No cost to you	Not Covered	No cost to you	Not Covered	No cost to you
<b>Chiropractic Care</b> Maintenance care is not covered; 20 visit limit per calendar year applies	20%	40%	20%	40%	\$60 per visit (deductible does not apply)	40%	20%
<b>Speech, physical, occupational, restorative</b>	20%	40%	20%	40%	In Office: \$60 per visit;	40%	20%

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
<i>and rehabilitative therapy, if Medically Necessary Educational Services are not covered; after 12 visits, prior authorization is required</i>					Outpatient: 20%			
<b>COVID-19 Tests and Related Services.</b> See Covered Expenses section for details and limitations.	20%	40%	20%	40%	20%	40%	20%	
<b>Allergy Care</b>								
Physician's office visit for allergy care	PCP: \$30 per visit (deductible does not apply) Specialist: 20%	40%	20%	40%	PCP: \$25 per visit (deductible does not apply) Specialist: \$60 per visit (deductible does not apply)	40%	20%	
<b>Allergy testing, shots or serum</b>	No cost to you if administered in physician's office	40%	20%	40%	No cost to you if administered in physician's office	40%	No cost to you if administered in physician's office	
<b>Outpatient Services</b>								
<b>Diagnostic X-ray and lab</b> (for non-urgent, non-	No cost to you if performed at Physician's office	40%	20%	40%	No cost to you if performed at	40%	No cost to you if performed at Physician's office or	

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
immediate and non-emergent care)	or non-hospital imaging center/lab 20% if at hospital				Physician's office or non-hospital imaging center/lab 20% if at hospital		non-hospital imaging center/lab 20% if at hospital	
<b>Outpatient surgery in Physician's office</b> Pre-determination is recommended to ensure Medical Necessity; see <a href="#">"Predetermination"</a>	PCP: \$30 per visit (deductible does not apply) Specialist: 20%	40%	20%	40%	PCP: \$25 per visit (deductible does not apply); Specialist: \$60 per visit (deductible does not apply)	40%	20%	
<b>Outpatient surgery in a hospital or free standing surgical facility</b> Prior-authorization is recommended to ensure Medical Necessity; see <a href="#">"Prior Authorization"</a>	20%	40%	20%	40%	20%	40%	20%	
<b>Pre-Admission Testing</b>	No cost to you if performed at a lab or Physician's office; 20% if at hospital	40%	20%	40%	No cost to you if performed at lab or in Physician's office; 20% if at hospital	40%	No cost to you if performed at lab or in Physician's office; 20% if at hospital	
<b>Hospital Services – Preauthorization required for Out-of-Network Hospitalization. If you fail to get Pre-authorization you will pay a \$250</b>								

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network	
directly from the Emergency Room, the co-pay (varies by Medical Benefit Option) is waived, and you are only required to pay any amount needed to meet your Deductible and your percentage of the Covered Expense.							
<b>Out-of-Hospital Care</b>							
<b>Convalescent and Skilled Nursing Facilities following hospitalization</b> Within 15 days of hospitalization. Maximum of 60 days per illness/injury for In-Network and Out-of-Network facilities combined.	20%	40%	20%	40%	20%	40%	20%
<b>Home Health Care</b>	20%	40%	20%	40%	No cost to you when approved by your Network Administrator	40%	20%
<b>Hospice Care</b>	20%	40%	20%	40%	20%	40%	20%
<b>Other Services</b>							
<b>Tubal Ligation</b>	No cost to you	40%	No cost to you	40%	No cost to you	40%	No cost to you
<b>Vasectomy</b>	No cost to you	40%	No cost to you	40%	No cost to you	40%	No cost to you
<b>Erectile Dysfunction Medications</b>	Covered under the Prescription Drug benefit, up to eight (8) pills per month (retail) or 25 pills per 3-month supply (mail order).						
<b>Infertility medications or medications promoting fertility</b>	Prescription medications to treat infertility are covered under the Prescription Drug benefit. The maximum benefit is \$25,000 for the entire time the person is covered under an American Airlines Medical Plan.						
<b>Infertility Treatment or Treatment promoting fertility</b> (see Covered Expenses section for details). The maximum benefit is	If PCP: \$30 per visit (deductible does not apply) Otherwise 20%	Not covered	20%	Not covered	PCP: \$25 per visit (deductible does not apply)	Not covered	20%

Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network	
\$50,000 for the entire time the person is covered under an American Airlines Medical Plan.					Specialist: \$60 per visit (deductible does not apply)		
<b>Radiation therapy and chemotherapy</b>	20%	40%	20%	40%	No cost to you if in Physician office; Otherwise 20%	40%	20%
<b>Proton beam therapy</b> (See Covered Expenses section for details). The maximum benefit is \$50,000 per episode, as long as the individual is enrolled in an American Airlines Medical Plan.	20%	Not Covered	20%	Not Covered	20%	Not Covered	20%
<b>Kidney dialysis</b> (Participants on kidney dialysis may apply for Medicare on the basis of end-stage renal disease. The Plan will pay primary for the first 30 months. See the "Coordination of Benefits" section.)	20%	40%	20%	40%	No cost to you if in Physician office; Otherwise 20%	40%	20%
<b>Supplies, equipment and Durable Medical Equipment (DME)</b>	20%	40%	20%	40%	20%	40%	20%
<b>Facts about Supplies, Equipment, DME:</b> Your cost is the percentage shown above, regardless of where the device is purchased, and is in addition to any Physician's visit costs you're required to pay							
<b>Gender Reassignment Benefit</b>							

Features	STANDARD		CORE		High Cost Coverage		OOA	
	Medical Benefit Option		Medical Benefit Option		Medical Benefit Option		Medical Benefit Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
<b>Surgery</b> One bilateral mastectomy or bilateral augmentation mammoplasty AND One genital revision surgery. This limit applies for the entire time the person is covered under an American Airlines Medical Plan.	20%	Not Covered	20%	Not Covered	20%	Not Covered	20%	
<b>Non-Surgical Treatments</b> Physician's visits Specialist visits Outpatient mental health care X-rays and lab work Retail Prescription drugs Mail order Prescription drugs	PCP: \$30 per visit (deductible does not apply); Otherwise 20%	Not Covered	20%	Not Covered	PCP: \$25 per visit (deductible does not apply)  Specialist: \$60 per visit (deductible does not apply)	Not Covered	20%	
<b>Travel and Lodging Reimbursement</b>								
<b>Travel Expenses for Surgery at Center of Excellence for Transplant, Cancer, Congenital Heart Disease, Bariatric, and Joint/Spine Procedures</b>  For yourself and one caregiver to travel to the Center of Excellence and for time while you're hospitalized/receiving Medically Necessary	No cost to you, up to \$10,000 – see Covered Expenses section for details	Not Covered	No cost to you, up to \$10,000 – see Covered Expenses section for details	Not Covered	No cost to you, up to \$10,000 – see Covered Expenses section for details	Not Covered	No cost to you, up to \$10,000 – see Covered Expenses section for details	

Features	STANDARD		CORE		High Cost Coverage		OOA	
	Medical Benefit Option		Medical Benefit Option		Medical Benefit Option		Medical Benefit Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Outpatient care following surgery.  The maximum benefit described in this row applies for the entire time the person is covered under an American Airlines Benefit Plan.								
<b>Mental Health Benefits</b>								
<b>Inpatient mental health care</b>	20%	40%	20%	40%	20%	40%	20%	
<b>Alternative Mental Health Care Center — residential treatment</b>	20%	40%	20%	40%	20%	40%	20%	
<b>Alternative Mental Health Care Center – intensive Outpatient and partial hospitalization</b>	20%	40%	20%	40%	20%	40%	20%	
<b>Outpatient mental health care</b>	No cost to you for PCP or Specialist office visits;  20% for all other Outpatient services	40%	20%	40%	PCP: \$25 per visit (deductible does not apply);  Specialist: \$60 per visit (deductible does not apply)  20% Outpatient services	40%	No cost to you for PCP or Specialist office visits;  20% for all other Outpatient services	
<b>Marriage/ Couple/ Family Therapy</b>	No cost to you for PCP or Specialist office visits;	40%	20%	40%	PCP: \$25 per visit (deductible does not	40%	No cost to you for PCP or Specialist office visits;	



Features	STANDARD Medical Benefit Option		CORE Medical Benefit Option		High Cost Coverage Medical Benefit Option		OOA Medical Benefit Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
	20% for all other Outpatient services				apply); Specialist: \$60 per visit (deductible does not apply) 20% Outpatient services			20% for all other Outpatient services
<b>Chemical Dependency Benefits</b>								
<i>Inpatient chemical dependency rehabilitation</i>	20%	40%	20%	40%	20%	40%		20%
<b>Outpatient chemical dependency rehabilitation</b>	No cost to you for PCP or Specialist office visits; 20% for all other Outpatient services	40%	20%	40%	PCP: \$25 per visit (deductible does not apply); Specialist: \$45 per visit (deductible does not apply) 20% Outpatient services	40%		No cost to you for PCP or Specialist office visits; 20% for all other Outpatient services



**More to come.**

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