

The NALC Health Benefit Plan



HBR Report



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September 2001

It's Time to Prepare! 2001 Open Season Dates: November 12 - December 10



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DIRECTOR'S REPORT



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TRICARE for Life

On October 1 of this year TRICARE for Life (TFL) provision takes effect.

A number of the NALC Health Benefit Plan's members are retired military and, therefore, may be eligible for the new benefits this program has to offer. It is important to note that this program is applicable to those entitled to Medicare Part A and enrolled in Medicare Part B.

Several letters have been sent to us requesting advice as to what to do about enrolling in TRICARE. Because the nature of each individual's or family's circumstances are different and certainly personal, it would not be appropriate to be providing direction as to switching or not. However, I do believe a few notes of caution are appropriate.

Should you consider dropping your FEHB coverage for TFL, the Office of Personnel Management may rule that you are ineligible to opt back into the federal system. I believe it would be wise to contact OPM to get their official position on this matter. Because you may have exhibited interest in TFL's drug benefit, you may want to inquire as to any limitations or exceptions the TFL program may have in place.

In general, I can only advise that a careful comparison be made before making a switch especially because OPM may rule you can't come home again.

We often write about the ever-growing use of prescription drugs in the general population, but this month I am going to

focus on the members of the NALC Health Benefit Plan.

To give you a better picture of what goes on with the Health Benefit Plan's drug benefit, let's look at some numbers from the second quarter of this year. To begin with, more than 542,000 prescriptions were processed through Caremark's mail service and retail network pharmacies.

Because of Caremark's highly refined system, over 30,000 of these transactions "raised the flag" of potentially high-risk medication profiles. Situations involving medication compliance, conflicting treatment, drug interactions and therapeutic duplications are examined by Caremark's utilization review pharmacists.

In a little over 600 of these situations, physicians were

contacted to insure the safety and effectiveness of the drug regimen. With all of this prescription activity, it is important for our members to keep in mind that they have access to important drug information.

During this same quarter, several thousand of our members received written information or used the toll-free telephone number (1-800-933-6252). Access can also be made by computer using Caremark's on-line www.rxrequest.com web site. By selecting "Drug Info," participants can independently search a database of drug information. This reference tool provides general information about medications such as their brand and generic names, their indicated use, administration and storage instructions as well as their more common side effects and drug interactions. If additional drug information is needed, plan members can select a second on-line option, "Ask a Pharmacist." With this option, Caremark's UR Department pharmacists are available to answer participants' e-mail questions based on information they provide through a secure messaging system.

In addition, members can also access health information on-line. By selecting "Health Info" and choosing "Your Health Library," participants can read information written by medical professionals about a variety of topics, including many common diseases, clinical reviews of medication and educational self-help to allow them better care for themselves. Your Health Library is updated as new material is available.

As you can see, this matter of prescription drugs has many sides. It is not just a matter of seeing a doctor, getting a script and taking a pill. All of us have the opportunity and, I believe, the obligation to be as educated as possible. Investing a little time and effort could go a long way to increasing your knowledge and improving your lifestyle.

When I read the many branch newsletters that come to my office, I am, of course, very interested to see what has been written about the Health Benefit Plan. This includes branch meeting minutes that reflect

what an HBR has said in their report.

To be frank, I am often disappointed to read that the report or branch paper article merely focused on what is the fruit or vegetable of the month. Now, I do not mean to minimize the importance of healthy eating, but that should not be the extent of a report on the Plan. At the very least, you could give a reminder and explanation of First Health's and Caremark's 800 numbers which provide the membership with an opportunity to talk to a health professional.

I know this constructive criticism does not apply to everyone, but I did feel compelled to raise the issue and hopefully bring some awareness to the subject.

By way of update, we have made some positive headway with our submission to OPM for next year's contract. However, there is still a way to go to reach final resolution and there may yet be some policy changes to come from administration. STAY TUNED.

The Pharmacy Corner



How to get the most from your medicines.

1. Use your medicines correctly:

- Before leaving the doctor's office or the pharmacy, make sure you know how to take your medicines.
- Fill all of your prescriptions promptly and renew them before they run out.
- Take your medicines on time. Check with your pharmacist as to what to do if you miss a dose.
- If you experience any side effects or bad reactions to your medications, report them to your doctor immediately.
- Don't stop taking your prescriptions until they are completely finished.
- Don't take smaller (or larger) doses than prescribed.
- Don't share your medications or take medications prescribed for others – no matter how similar your symptoms may be.

2. Tips for the elderly:

- Keep a list of your medicines, including over-the-counter ones, and give a list to each doctor you consult. Give a copy to a family member as well.
- If you have trouble with child-resistant caps, ask your pharmacist for easy to open ones.
- Never take medicines in the dark or dim light when mix-ups may easily occur.
- Make sure medicines are kept out of reach from small children.

3. Medicines and Children:

Parents are the most important decision-makers and role models affecting their children's medicine use. It is our job to teach our children to use medicines properly. The following list can help you assure the safe and effective use of medicines by your children.

- Take an active role in deciding to begin or continue a drug therapy.
- Make sure you tell your child's doctor about all the other medications your child is taking, as well as any allergies to medications that your child has experienced.
- Explain to your child why he or she is taking the medication.
- If your child is on a long-term drug therapy, make sure you schedule regular check-ups with the doctor.
- Don't expect your child to remember to take his or her medication – even teenagers need parental monitoring.
- Make sure your children know the difference between legitimate and illegal drugs.
- Tell your doctor if you think your child's medicine is causing unexpected side effects.
- Never start, stop or alter the dosage without first consulting with the child's doctor.
- Pay close attention to the differences between a tablespoon (tbsp) and teaspoon (tsp).

Following guidelines for over-the-counter medications is just as important. Please remember to:

- Always read the label for proper dose. Never guess on amounts - half an adult dose may be more or not enough to meet your child's needs.
- Always follow the age limit and weight recommendations. If the instructions say don't give the medicine to children under a certain age – DON'T. Contact your doctor with any questions or concerns.

Speaking of your doctor, the following are a few questions to ask your doctor when a prescription is written:

- What is the name of the medicine and what is it supposed to do for me?
- How and when do I take the medicine and for how long?
- Can I get your directions in writing?
- What foods, drinks, other medications or activities should I avoid while I'm taking this medicine?
- Are there any side effects, and what should I do if they occur?
- Will this new prescription work safely with my other prescriptions and over-the-counter medication?
- Is there any printed information available about this medicine?

Give your medicine a yearly check-up:

An annual check-up is a good opportunity to keep track of your medicines. Schedule an appointment with your primary physician to take a look at all your prescriptions and over-the-counter medications. He or she can check for duplicate medicines and proper doses and advise you on medicines that are no longer needed and tell you how to dispose of outdated medications.

Just remember, today's medicines can cure problems, prevent illnesses and manage chronic conditions, but only if they are taken correctly.

Health Benefit Representatives' 2002 Reference Manual

While the Health Benefit Plan will not be conducting a Health Benefit Seminar this year, Health Benefit Representatives will be provided with an excellent reference manual to use during the upcoming benefit year. Our Department Heads have been busy compiling an excellent tool for your use. This manual will contain a complete guide to the 2002 benefits, as well as sections on eligibility, patient safety, Medicare and double coverage information, frequently asked questions and other information that will assist you in carrying out your duties as your branch Health Benefit Representative.

We are in the process of finalizing this information and should be able to get the manual to you by mid-October.

HEALTH IN THE NEWS

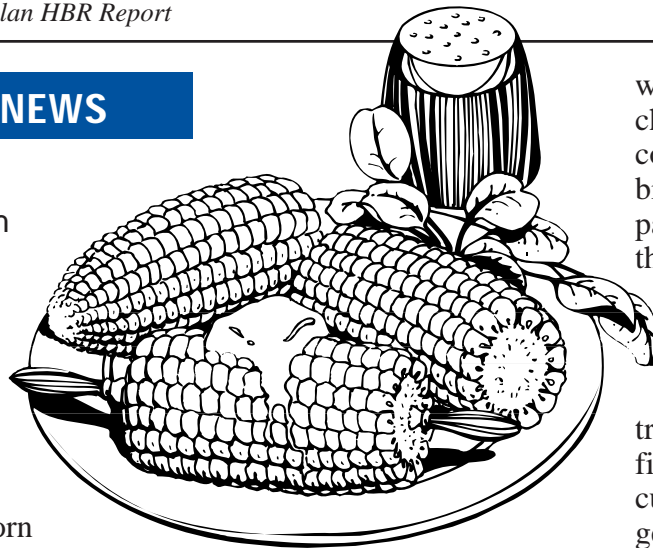
Food of the Month

Corn

On the cob or off, it's a treat with big health benefits. Corn

hasn't had much good press lately. Upstarts like broccoli have been stealing the show, but corn is one of the ancient foods that deserves respect today.

The Aztecs served corn, and the Mayans did too. Native Americans saved the Pilgrims from starvation by demonstrating how to grow corn. Now modern people find it an excellent



source of great flavor, vitamin C and fiber.

Corn bran is a heart protector. One study at Illinois State University shows that men who ate a low-fat diet plus 20 grams (less than a teaspoon) of corn bran each day for six weeks had a 13 percent drop in triglycerides, blood fats that contribute to heart disease. Those who ate

wheat bran showed no such change. The soluble fiber in corn binds with cholesterol in bile from the liver. It then passes from the body, taking the cholesterol with it.

There's more to corn than medical benefits. Corn on the cob is a great seasonal treat. White corn has more fiber than yellow corn. When cutting corn off the cob, try to get the whole kernel, or cut the corn from the cob and then run the back of the knife down the rows to get it all.

Buy mature corn and cook it while it's still fresh. Husk just before cooking. Steaming corn is best because boiling draws out some of the nutrients.

When adding corn to a salad, use raw corn for a flavorful, crunchy addition to other vegetables.

Vaccines are not just for kids.

We always hear about the importance of vaccinating children. Thanks to these efforts, diseases that once left thousands of kids dead or disabled are now rare. However, they're still killing grown-ups.

In the U.S., adults are 100 times more likely than kids to die of vaccine-preventable illnesses. While flu, pneumonia and hepatitis B are the biggest killers, claiming 30,000 lives annually, other childhood diseases take adult lives as well.

Some five to ten percent of children never get chickenpox, but they should be immunized as adults. Adult chickenpox is always serious and one in 50 patients develop complications such as brain swelling and varicella pneumonia which can be fatal. Vaccination may also help previously exposed adults avoid shingles.

Measles and mumps are less worrisome. However, women who haven't been vaccinated for rubella should be vaccinated before getting pregnant. The infection can damage a growing fetus.

Who needs what kind of vaccination?

Tetanus and diphtheria: Anyone who hasn't had a booster within 10 years.

Chickenpox: People who got through childhood without contracting the infection.

Hepatitis B: Health workers, people with multiple sex partners, anyone under 18.

Pneumococcal disease: Smokers, African-Americans, seniors, people with chronic illnesses.

Heartburn surgery not a sure cure for gastric reflux.

Surgery to relieve heartburn may not eliminate the need for medication or prevent throat cancer, a study shows. The research, published in the *Journal of the American Medical Association* (JAMA) found that 62 percent of patients still need medicine to control severe gastric reflux.

Starving cancerous tumors.

The FDA recently approved Gleevec, a new drug that seems to be effective in treating two types of cancer that are resistant to other treatments. Right now it is approved only for treatment of myeloid leukemia and a form of stomach cancer. It works by cutting off the blood supply of a tumor which can kill it before it spreads.

U.S. drug companies have invested \$4 billion and thirty years of research in the search for a cancer cure.

Treatment with Gleevec will initially be very expensive, costing between \$2,000 and \$2,400 per month.

The American Society of Clinical Oncology hopes to gain approval for use of Gleevec for other cancers in the future.

Study: Lower cholesterol with medication.

Think there's no need to worry if your LDL cholesterol lingers

at the 200 mark? A few years ago your doctor would have thought that was OK, but today doctors say there's more to it than that.

There are other factors to consider. What is a good rating for one person may not be good for another. Here's the latest word on what the desired rating will be after taking risk factors into consideration:

No risk factors:	190
One risk factor:	160
Two to three risk factors:	130
Four or more risk factors:	100

Anyone whose score creeps 30 points or more out of that target zone should immediately make diet and lifestyle changes or take a cholesterol-lowering medication. If you are in that group, you have plenty of company. The most recent federal report indicates that some 36 million Americans should be taking drugs to lower their cholesterol. That's nearly three times the number who qualified for treatment under previous guidelines.

The risk factors are:

Age: 45+ for men, 55+ for women

Smoking

High blood pressure

High blood sugar

Abdominal obesity

Low HDL (good) cholesterol

Diabetes

Family history of heart disease

High triglycerides

Add them up, be honest about it, then find your desired HDL cholesterol level. If your present level is more than 30 points higher than that, now is the time to take control of your diet, get some exercise and see your doctor.

Drugs like Mevacor and Pravachol lower LDL and have few side effects.

Dr. Dean Ornish of the Preventive Medicine Research Institute says medication can be expensive and is not the only way to lower cholesterol. Recently quoted in *Newsweek*, he says, "When you make big lifestyle changes, you see big effects, and it costs nothing."

The "good life" is hidden in portion size.

People want the "good life" and often think it's found in nice cars, soft chairs, big TVs and plenty of food and snacks. This kind of life doesn't last forever because it leads to obesity.

Some doctors, including those at Columbia University, think the good life is hidden in the portion size of your dinner dish, lunch plate, or snack bowl. We are loading our dishes with far more food than we need.

What is a correct portion size? Think of your plate. Half the plate should be covered with vegetables. A quarter of the food would be meat and the last quarter would be starch.

Translated, that means 1-1/2 cups steamed vegetables (about the size of 1-1/2 fists) 3 ounces

of fish or meat (about the size of a deck of cards) and one to two servings of pasta (about the size of a small computer mouse). If this doesn't fill your plate, doctors say, get a smaller plate!

Fat has the highest caloric content. Whether it is butter, lard or olive oil, it has the same number of calories. Olive oil is the less saturated and the healthiest fat, but it still has plenty of calories. Always measure fat before you use it. A teaspoon of butter is about the size of the tip of your thumb.

If we follow the advice about healthy eating (more vegetables and whole grains, less fat and smaller portions) we really will have the good, healthy life.

Folate, B12 and Alzheimer's.

Swedish researchers contend that elderly people with low levels of folate and vitamin B12 are far more likely to develop Alzheimer's disease than people who have normal levels of the two nutrients.

They tested blood levels in 370 randomly selected older people. As reported in the journal *Neurology* three years later,

those with the lowest levels of the two B vitamins were twice as likely to show symptoms of Alzheimer's disease.

It is believed that the vitamins block neural generation only in its earliest stages. If so, they delay or prevent the onset of Alzheimer's. Folate is found in leafy greens, orange juice and fortified cereals. B12 is found in fish.

Want to eat all day? That's OK!

If you'd rather graze than dine, you could be healthier for it. Swapping three meals for six small ones has benefits.

- It boosts your metabolism. You burn 10 percent more calories on the same amount of food.
- It gives your heart a break. Cardiologists at Brigham and Women's Hospital in Boston say a big meal can increase a person's risk of having a heart attack ten-fold in the hour after dinner. The heart beats 20 to 30 percent faster in that hour and it beats harder which stresses it.
- A large dinner can cause stomach acid to back up into the esophagus, leading to heartburn.

What a mini-meal consists of:

Six mini-meals a day (instead of three) are good for your heart and waistline.

A healthy mini-meal has 300 to 400 calories, 15 to 20 percent protein, 50 to 55 percent carbohydrates and 30 percent fat. Try low fat yogurt with granola and fruit, one scrambled egg with whole grain toast, a mini-pita with humus and carrots, half a bagel with two turkey slices and light mayo, or a cup of vegetable soup.

Dealing with allergies.

You know the fall allergy season is beginning. To handle it better this year, consider all things to which you might be sensitive. While other allergies won't bother you much the rest of the year, they can add up to big trouble during hay fever season.

Most people with allergies are sensitive to dust mites. Make an effort to vacuum rugs often and wash bedding more often. If you love your dog but know you're slightly sensitive to him, be sure to give him a bath or two now.

Keep mold down by using a dehumidifier and fans. If you must go into the garden, remove outside clothes when you are finished and take a shower.

Claim Forms	1-800-433-NALC	PPO Locator Service	1-800-622-6252
Fraud Hot Line	1-800-433-NALC	Precertification	1-800-622-6252
Health Benefit Plan	1-703-729-4677	Prescription Drug Program . . .	1-800-933-NALC
Health Benefit Plan	1-888-636-NALC	Recorded Benefit Information .	1-800-433-NALC