

# The NALC Health Benefit Plan



Vol. 16-5



## HBR Report



Sept / Oct 2016

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## Director's Report



# Suicide Prevention

## Suicide Prevention Awareness Month

Suicide prevention is everyone's responsibility. Go to our website and click [Liveandworkwell.com](http://Liveandworkwell.com) located in the Quick Links section. Learn the warning signs, how to talk with someone at risk and where to get help. Coping resources for suicide survivors are also available. Don't ignore talk of suicide or hopelessness.

Suicide Prevention Month, observed in September, provides an opportunity for us to increase our knowledge and understanding of risk factors associated with suicidal behavior and how to help someone in crisis.

Suicide is the deliberate taking of one's own life. According to the Centers for Disease Control and Prevention's most recent statistics, suicide is the 10th leading cause of death in the United States and accounts for nearly 40,000 deaths each year.

Yet, most of us don't realize that if we knew what to look for, we might help prevent a suicide from happening. For example, friends or loved ones who may be thinking about suicide may show symptoms of depression or anxiety, struggle with self-esteem issues or substance abuse, or withdraw from family and friends.

### ***Know the warning signs***

A common myth about suicide is that you can't do anything if someone is suicidal because you're not an expert. This isn't the case. You don't need to be an expert in psychological health to recognize when someone you care about is having a hard time. The best way to prevent suicide is to recognize troubling signs. Some of the most common warning signs to look for in an individual include:

- Expressing hopelessness, like there's no way out
- Appearing sad or depressed most of the time
- Feeling anxious, agitated or unable to sleep
- Expressing feelings of excessive guilt or shame
- Withdrawing from family and friends
- Feelings of failure or decreased performance
- Losing interest in day-to-day activities
- Neglecting personal well-being
- Frequent and dramatic mood changes
- Feeling like there's no reason to live
- Increased alcohol or drug abuse
- Talking about death

### ***There may be additional behaviors to look for in service members and veterans:***

- Calling old friends, particularly military friends, to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsessed with news coverage of the war
- Wearing the military uniform or part of the uniform, boots, etc., when such dress isn't indicated
- Talking about how honorable it is to be a soldier
- Sleeping more (sometimes the decision to commit suicide brings a sense of peace of mind, and sleep is used as a means of withdrawing)
- Becoming overprotective of children

## Suicide Prevention

For more information go to:  
[www.liveandworkwell.com](http://www.liveandworkwell.com)

- Standing guard of the house, perhaps while everyone is asleep
- Stopping and/or hoarding medication
- Hoarding alcohol
- Spending spree, buying gifts for family members and friends “to remember by”

### Learn what to do

Another common myth is that talking about suicide may give someone the idea. However, evidence suggests that asking someone if they’re having thoughts about hurting themselves is helpful. If you suspect someone may be suicidal, talk to them. If you don’t ask, there’s no way to intervene and get help. Experts suggest the following advice for family and friends who suspect someone is suicidal:

- Trust your instincts that the person may be in trouble
- Don’t leave the person alone
- Don’t act shocked
- Determine if the person has a specific plan to carry out the suicide
- Ask direct questions without being judgmental (“Are you thinking about killing yourself?” or “Have you ever tried to end your life?” or “Do you think you might try to kill yourself today?”)
- Get professional help on the phone or escort the person to a counselor, chaplain or other mental health care provider
- Be willing to listen
- Don’t swear to secrecy
- Don’t counsel the person yourself
- Remove potential means of self-harm

### Know how to get help

If you or someone you know may be considering suicide, seek immediate help — call a local crisis center, dial 911, or take the individual to an emergency room.

Free, confidential help is available 24/7 through the Military Crisis Line (also known as the Veterans Crisis Line and National Suicide Prevention Lifeline) at 800-273-8255 (service members and veterans press 1). You can also chat online or send a text to 838255. Even if there’s no immediate crisis, trained counselors can offer guidance on how to help someone and direct you to information and local resources . Some of these resources may include:

- Vets4Warriors
- DCoE Outreach Center
- Military OneSource
- Real Warriors Campaign
- Vet Centers

Visit the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury website for additional resources on suicide prevention , as well as psychological health and resilience. If a service member in your life is struggling with psychological health concerns, encourage them to seek help. Suicide is a complex issue, but you can learn the warning signs, understand what to do, and how to get help for someone you suspect is considering suicide. Being informed could help save a life.

*The information, advice, treatments and therapeutic approaches in this article are provided for informational and educational purposes only. Consult with your doctor or mental health provider for specific health care needs, treatment or medications. Certain treatments may not be covered under your benefit, so check with your health plan regarding your coverage of services. We do not recommend or endorse any treatment, medication, suggested approach, specific or otherwise, nor any organization, entity, or resource material that may be named herein. Except for Liveandworkwell.com, no other site identified herein is affiliated or controlled by us. You will be subject to the terms of use, privacy terms and policies of any site you may visit.*

## Diabetes

### What is Diabetes?

Diabetes is the condition in which the body does not properly process food for use as energy. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugars to build up in your blood. This is why many people refer to diabetes as "sugar." Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States.

### How prevalent is diabetes among blacks?

- Blacks are 1.7 times as likely to develop diabetes as whites
- The prevalence of diabetes among blacks has quadrupled during the past 30 years
- Among blacks age 20 and older, about 2.3 million have diabetes – 10.8 percent of that age group
- Blacks with diabetes are more likely than non-Hispanic whites to develop diabetes and to experience greater disability from diabetes-related complications such as amputations, adult blindness, kidney failure, and increased risk of heart disease and stroke;
- Death rates for blacks with diabetes are 27 percent higher than for whites.

### What are the symptoms of diabetes?

People who think they might have diabetes must visit a physician for a diagnosis. They might have SOME or NONE of the following symptoms:

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal
- More infections than usual

Nausea, vomiting, or stomach pains may accompany some of these symptoms in the abrupt onset of insulin-dependent diabetes, now called Type 1 diabetes.

### What are the types of diabetes?

#### Type 1

Type 1 diabetes, previously called insulin-dependent diabetes mellitus (IDDM) or juvenileonset diabetes, may account for 5 percent to 10 percent of all diagnosed cases of diabetes. Risk factors are less well defined for Type 1 diabetes than for Type 2 diabetes, but autoimmune, genetic, and environmental factors are involved in the development of this type of diabetes.

#### Type 2

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset

## Diabetes

diabetes. Type 2 diabetes may account for about 90 percent to 95 percent of all diagnosed cases of diabetes. Risk factors for Type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Pacific Islanders are at particularly high risk for type 2 diabetes.

Gestational diabetes develops in 2 percent to 5 percent of all pregnancies but usually disappears when a pregnancy is over. Gestational diabetes occurs more frequently in African Americans, Hispanic/Latino Americans, American Indians, and people with a family history of diabetes than in other groups. Obesity is also associated with higher risk. Women who have had gestational diabetes are at increased risk for later developing Type 2 diabetes. In some studies, nearly 40 percent of women with a history of gestational diabetes developed diabetes in the future.

Other specific types of diabetes result from specific genetic syndromes, surgery, drugs, malnutrition, infections, and other illnesses. Such types of diabetes may account for 1 percent to 2 percent of all diagnosed cases of diabetes.

### **Treatment for Type 2 diabetes**

Treatment typically includes diet control, exercise, home blood glucose testing, and in some cases, oral medication and/or insulin. Approximately 40 percent of people with type 2 diabetes require insulin injections.

### **Can diabetes be prevented?**

A number of studies have shown that regular physical activity can significantly reduce the risk of developing type 2 diabetes. Type 2 diabetes is also associated with obesity.

### **Is there a cure for diabetes?**

In response to the growing health burden of diabetes mellitus (diabetes), the diabetes community has three choices: prevent diabetes; cure diabetes; and take better care of people with diabetes to prevent devastating complications. All three approaches are actively being pursued by the US Department of Health and Human Services.

### **How is CDC helping?**

The National Diabetes Education Program sponsored by CDC and the National Institutes of Health is working at the state and local level to deliver information and services to help African Americans take charge of their diabetes and take steps to avoid its devastating complications. More information is available by calling toll free 1-877-CDC-DIAB (232-3422) or by visiting the following websites: <http://www.cdc.gov/diabetes/index.htm>, <http://ndep.nih.gov/>, <http://www.niddk.nih.gov/> or [www.diabetes.org](http://www.diabetes.org).

### **CDC Spokesperson:**

Jane Kelly, M.D. -- Director, National Diabetes Education Program  
CDC National Center for Chronic Disease Prevention and Health Promotion  
Phone: 404-639-3286

For additional information go to: [www.cdc.gov](http://www.cdc.gov).

# Blood Pressure

## Knowing Your Numbers Can Lead to a Healthier You

According to the Centers for Disease Control and Prevention (CDC), about one in three adults in the United States has high blood pressure.\* This common condition increases the risk for heart disease and stroke – two of the leading causes of death in the United States.\*\* Remember, high blood pressure is called the “silent killer,” as it usually has no symptoms. So it’s important to have your blood pressure checked frequently, especially by your doctor and Know Your Numbers.

### Your blood pressure consists of two numbers, systolic and diastolic.

- The systolic number shows how hard the blood pushes when the heart is pumping
- The diastolic number shows how hard the blood pushes between heartbeats, when the heart is relaxed and filling with blood

If your reading is **120 (systolic)** or higher you could be at risk for high blood pressure.  
**80 (diastolic)**

Blood pressure reading levels\*

CATEGORY	SYSTOLIC BLOOD PRESSURE		DIASTOLIC BLOOD PRESSURE
Normal Blood Pressure	Less than 120	and	Less than 80
Prehypertension (at-risk)	120–139	or	80–89
Hypertension (high blood pressure)	140 or higher	or	90 or higher

Good news! You can help manage your blood pressure by taking an active role in your health.

Did you know that, no matter what your age, making changes to your lifestyle – such as eating a healthy diet, maintaining a healthy weight, exercising, not smoking and limiting alcohol intake – can help lower your blood pressure? But sometimes lifestyle changes are not enough. Your doctor may recommend medication to lower your blood pressure. It is very important to take your high blood pressure medication as prescribed by your doctor.

For more information on high blood pressure, visit [www.nalchbp.org](http://www.nalchbp.org).

With most plans, blood pressure checks are covered at 100% at your annual wellness visit when received from an in-network doctor. If you are diagnosed with high blood pressure, certain medications or treatment may be covered under the NALC Health Benefit Plan benefits, subject to your plan deductible, copay and/or coinsurance requirements. Contact the NALC Health Benefit Plan customer service at 888-636-NALC (6252) or visit [www.nalchbp.org](http://www.nalchbp.org) to learn more about your benefit plan coverage.

\*CDC, “About High Blood Pressure,” [cdc.gov](http://cdc.gov), last updated 07/07/2014

This information is for educational purposes only and is not intended as medical advice. Always consult with your doctor for appropriate examinations, treatment, testing, and care recommendations.

# THERE ISN'T A GOOD REASON TO AVOID A BREAST CANCER SCREENING

## Good Reasons to have your screening:

<b>Time</b>	The whole exam only takes a few minutes.
<b>Discomfort</b>	Many women don't feel any discomfort. Some women only feel a little discomfort that lasts for only a few seconds.
<b>Privacy</b>	During the screening, only you and the technician are in the room.
<b>Cost</b>	The NALC Health Benefit Plan covers certain preventive care, like mammograms, at 100 percent when services are rendered by a PPO provider.

## Breast Cancer Facts:

One in eight women will get breast cancer. In fact, breast cancer is the second leading cause of cancer death in women.<sup>1</sup> With numbers like that, every woman should get screened.

The good news is, today there are fewer women dying from breast cancer.<sup>2</sup> This is likely because mammograms are helping women find the cancer earlier, when it's easier to treat.<sup>3</sup>

## What exactly is a mammogram?

A mammogram is an x-ray of the breast. It checks for lumps or tumors. During a mammogram, your breast is placed between two plates. The plates flatten the breast for a few seconds so the technician can take a quick x-ray. This simple x-ray can spot breast cancer in its early stages, making treatment easier and more successful.

## Who should get a mammogram?

- Women age 50 through age 74. You should have a mammogram every two years.
- If you have risk factors. A family history of breast cancer or other factors may mean you need a mammogram – even if you're under 40.

If you have not had a mammogram within the past year, please schedule your mammogram today.

## Do a Self Exam

Perform a self-breast exam every month. For information on how to perform a self-breast exam, please visit [www.nalc.org/depart/hbp](http://www.nalc.org/depart/hbp) search the Health Center – Health Tools for details on Breast Self-Examination. Remember to tell your doctor if you feel any lumps or changes in your breast.

## Where do I get my mammogram?

Start by calling your doctor to schedule your mammogram. If you want to find a PPO provider that offer this service, visit our website at [www.nalc.org/depart/hbp](http://www.nalc.org/depart/hbp) and follow these easy steps:

- Click Cigna Healthcare OAP Online Provider Directory
- Fill in these boxes you see on the screen
  - o Check mammography facilities
  - o Enter your full address or city, state, or zip code
  - o Enter the number of miles you want to travel to a facility
- Click Search

**If you need help locating a PPO provider please call our toll-free number 1-877-220-NALC (6252). An associate will be happy to help you, 24 hours-a-day.**

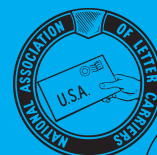
<sup>1</sup>American Cancer Society

<sup>2</sup><http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-key-statistics>

<sup>3</sup><http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-key-statistics>



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**Open Season**

***Open Season Dates for 2016 are:***

***November 14 through December 12th***

<b>NALC Health Benefit Plan</b>	<b>888-636-NALC</b>
<b>Recorded Benefit Information</b>	<b>888-636-NALC</b>
<b>Prescription Drug Program</b>	<b>800-933-NALC</b>
<b>CVS/caremark Specialty Pharmacy</b>	<b>800-237-2767</b>
<b>PPO Network Providers</b>	<b>877-220-NALC</b>
<b>Precertification</b>	<b>877-220-NALC</b>
<b>Fraud Hot Line</b>	<b>888-636-NALC</b>
<b>Mental Health / Substance Abuse</b>	<b>877-468-1016</b>