

State of Michigan Employees For Your Benefit

provides a variety of timely information related to
your health care benefits and needs



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Nurse Line is there when you need them

Wouldn't it be nice to be able to call a health care expert in the middle of the night to ask a question about your backache? Or maybe it's after your physician's office has closed and you forgot if you're supposed to take your medicine with food or on an empty stomach? Well, you have a source, right at your fingertips. With BlueHealthConnection's® 24-hour Nurse Line, you're connected.

24-hour Nurse Line provides one-on-one health care

BlueHealthConnection's Nurse Line is your connection to a registered nurse health coach. You can contact a nurse health coach 24 hours a day, seven days a week. Plus, the Nurse Line is part of the State Health Plan (SHP) PPO, so there's no cost to you. Whether your call is about treating a cold, understanding a medical test, or getting information about a surgical option, you'll get the useful information and support you need from an experienced licensed registered nurse (RN). But remember, your Nurse Line can't replace the advice and care you receive from your health care provider. This program is designed to support you and your doctor as you work together to make you as healthy as you can be.

BHC Nurse Line continued on pg 2



BHC Nurse Line *continued from pg 1*

Although our RNs can't diagnose medical conditions or authorize medical care, they can:

- Answer your health-related questions
- Prepare you for a doctor's visit by suggesting questions you may want to ask during your visit
- Help you understand your doctor's advice
- Give you in depth information about an illness
- Offer you information and support to stop smoking
- Evaluate your symptoms to help you decide if your illness is an emergency
- Call you to see how you're doing
- Give you and your loved ones peace of mind

The Nurse Line is just one of the many health care tools you have available to you. Through BCBSM, you have a suite of online health and wellness resources that provide you with the support you need to help you meet your health goals.

For more information on BlueHealthConnection and the 24-Hour Nurse Line, visit bcbsm.com. To call BCBSM's 24-hour Nurse Line, call toll-free 1-800-775-BLUE (2583).



"I'm so glad you were there"

Earlier this year, Mr. Smith¹, a SHP PPO member, went to the emergency room, complaining of back pain and continuous vomiting. He was treated in the ER and sent home. Two days later, Mr. Smith was still ill, but this time he also had a headache and dizziness. Mr. Smith's wife called BCBSM's 24-Hour Nurse Line. She spoke to the registered nurse who asked Mrs. Smith a few questions about her husband's symptoms. After hearing about Mr. Smith's symptoms, the nurse, using her clinical background and years of experience directed Mrs. Smith to take her husband back to the emergency room immediately.

A few days later, the nurse made a follow-up phone call to the Smiths to see how Mr. Smith was doing. Mrs. Smith told the nurse that her husband had been diagnosed with a cerebral aneurysm. Mrs. Smith said, "The only reason I took him (back to the hospital) was because of the questions you asked. I am so glad you were there and that this 24/7 service was available."

¹ Name changed.

Know the signs, symptoms and help for drinking problems

Drinking seems to be a part of society — sharing a bottle of wine with your meal, going out for drinks with friends, celebrating special occasions with champagne. Drinking is common. That's the reason it can be hard to see when your drinking has changed from moderate or social to a problem.

Why can some people drink responsibly, while others drink so much that it affects their family, health or job? There are no simple answers. Drinking problems are due to many factors, including genetics and your emotional health. People who have a family history of alcoholism are more likely to have drinking problems.

If your drinking is causing problems in your life, you have a drinking problem.

Those who suffer from mental health problems such as anxiety and depression are particularly at risk, because alcohol may be used to self-medicate.

Take an honest look at why you drink to figure out on which side of the line you fall. Remember though, the bottom line is how alcohol affects you.

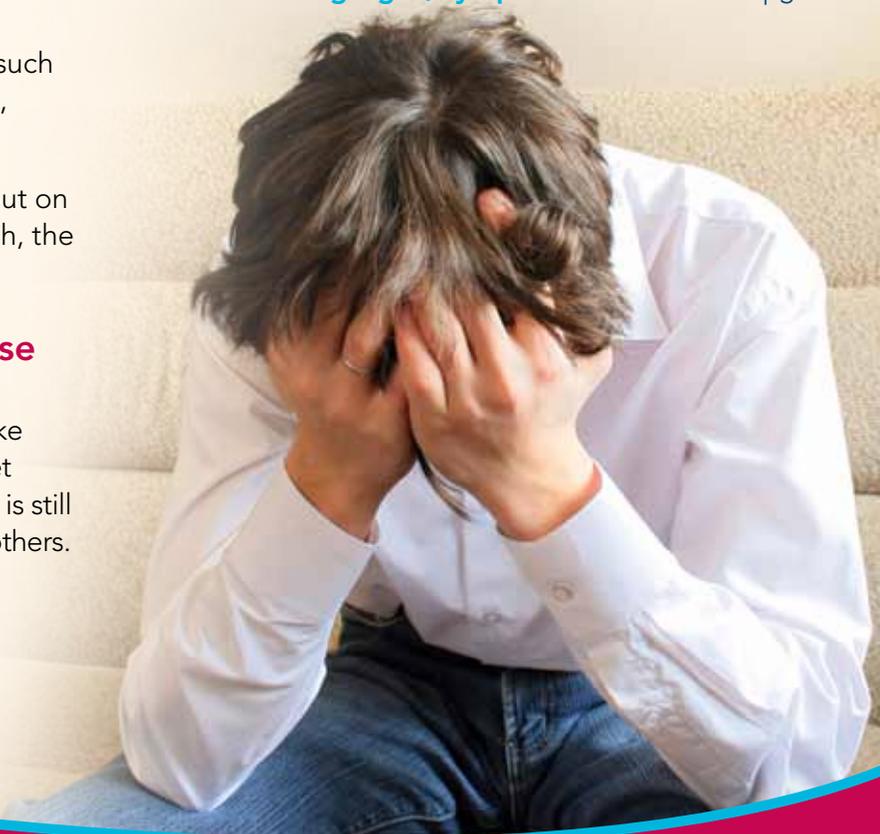
Signs and symptoms of alcohol abuse

There is a difference between alcohol abuse and alcoholism (also called alcohol dependence). Unlike alcoholics, alcohol abusers have some ability to set limits on their drinking. However, their alcohol use is still self-destructive and dangerous to themselves or others.

Common signs and symptoms of alcohol abuse include:

- Repeatedly neglecting your responsibilities at home or work because of your drinking.
- Using alcohol in situations where it's physically dangerous, such as drinking and driving, operating machinery while intoxicated or mixing alcohol with prescription medication against doctor's orders.
- Experiencing repeated legal problems due to your drinking.
- Continuing to drink even though your alcohol use is causing problems in your relationships.
- Drinking as a way to relax or relieve stress.

Drinking signs, symptoms continued on pg 4



Do you have a drinking problem?

You may have a drinking problem if you:

- Can never stick to “just one” drink
- Feel guilty or ashamed about your drinking
- Lie to others or hide your drinking habits
- Have friends or family members who are worried about your drinking
- Need to drink to relax or feel better
- “Black out” or forget what you did while you were drinking
- Regularly drink more than you intended to



Alcohol abuse — a slippery slope

Not all alcohol abusers become alcoholics, but it's risky. If you drink alcohol to feel good, or to avoid feeling bad, your drinking could become problematic. Understanding the problem is the first step to overcoming it. Sometimes alcoholism develops suddenly in response to a stressful change, such as a breakup, retirement or another loss. Other times, it gradually creeps up on you as your tolerance to alcohol increases. It's important to be aware of the warning signs and take steps to cut back if you recognize them.

Alcoholism: hitting the bottom

Alcoholism is the most severe form of problem drinking. It means that if you rely on alcohol to function or feel physically compelled to drink, you've crossed the line.

Do you have to drink more than you used to get buzzed? Can you drink more than others can without getting drunk? Some people think of these reactions as badges of honor, but they're not. These are early warning signs of alcoholism. Tolerance means that, over time, you need more and more alcohol to feel the same effects you used to with smaller amounts.

Do you need a drink to steady the shakes in the morning? Drinking to relieve or avoid withdrawal symptoms is another sign of alcoholism. When you drink heavily, your body gets accustomed to the alcohol and experiences withdrawal symptoms if it's taken away. In severe cases, withdrawal from alcohol can also involve hallucinations, confusion, seizures, fever and agitation. These symptoms can be dangerous, so talk to your doctor if you are a heavy drinker and want to quit.

Five myths about alcoholism

Getting to the truth behind the myths that you may be using to justify your drinking is crucial to breaking down the wall of denial.

1. I can stop drinking anytime I want to.

Maybe you can; more likely, you can't. Either way, it's just an excuse to keep drinking. The truth is you don't want to stop. Telling yourself you can quit makes you feel in control, despite all evidence to the contrary and no matter the damage it's doing.

2. My drinking is my problem. I'm the one it hurts, so no one has the right to tell me to stop.

It's true that the decision to quit drinking is ultimately up to you. But you're deceiving yourself if you think your drinking hurts no one else but you. Alcoholism affects everyone around you —especially the people closest to you.

3. I don't drink every day, so I can't be an alcoholic; I only drink wine or beer, so I can't be an alcoholic.

It doesn't matter what you drink, when you drink it or how much you drink. It's the **effects** of your drinking that define a problem. If your drinking is causing problems in your home or work life, you have a drinking problem and may be an alcoholic — whether you drink daily or only on the weekends, down shots of tequila or stick to wine, or drink three bottles of beer a day or three bottles of whiskey.

4. I'm not an alcoholic because I have a job and I'm doing OK.

Many alcoholics are able to hold down jobs, get through school and provide for their families. But just because you're a high-functioning alcoholic doesn't mean you're not putting yourself or others in danger. Over time, the effects will catch up with you.

5. Drinking is not a "real" addiction like drug abuse.

Stop fooling yourself. Alcohol is a drug, and is every bit as damaging as drug addiction. Alcohol addiction causes changes in the body and brain, and long-term alcohol abuse can have devastating effects on your health, your career and your relationships. Alcoholics go through physical withdrawal when they stop drinking, just like drug users do when they quit.



Lower your salt intake to improve your health

Keeping your salt intake in check is an important way to improve your health and guard against a number of health problems. If you're trying to manage salt intake, a good place to start is to understand which foods are high in salt, and be clear on how much salt you should have every day.

According to the Dietary Guidelines for Americans, don't exceed 2,300 mg., or about 1 ½ teaspoons, of sodium a day if you're a healthy adult; even less if you're not. Most Americans consume almost twice this recommended daily amount, according to a recent study conducted by the Centers for Disease Control and Prevention.

Although we may be on the lookout for foods that taste salty like potato chips or French fries, many foods that don't taste particularly salty, like certain breads or pasta, can be contributors to the salt problem. The five foods that have been identified as the source of most of the salt in the American diet are yeast breads, chicken and chicken dishes, pizza, pasta dishes and cold cuts.

Lowering sodium intake can reduce your blood pressure levels and lower your risk for stroke and kidney disease. So what can you do to get on the right track for a low sodium diet? These suggestions can help you stay on course:

- **Know your recommended daily limits for salt intake.** Remember, about 1 ½ teaspoons of salt each day is the general recommendation for adults. If you're managing high blood pressure, however, your doctor may recommend lower levels of salt to regulate your blood pressure.

- **Become a devout reader of food labels.** To find out how much sodium you're eating, check food labels and request the nutritional information when you're eating at a restaurant.
- **Choose the basics.** Foods that are the least processed, such as fruit and vegetables, are the options with the least sodium. As for meats, roast beef is the deli meat with the lowest sodium, and a four-ounce steak is a lower sodium option than a four-ounce bratwurst.
- **Consider the DASH diet.** The Dietary Approaches to Stop Hypertension (DASH) diet is an eating plan that is low in salt and includes fresh fruit and vegetables as well as low-fat or nonfat dairy.

For more information about managing your salt intake, go to dashdiet.org*

Sources: U.S. Food and Drug Administration; Centers for Disease Control and Prevention

*Blue Cross Blue Shield of Michigan does not control this website or endorse its general content.

Drinking signs, symptoms continued from pg 4

Drinking problem? Not me.

Denial is one of the biggest obstacles to getting help. The desire to drink is so strong that the mind finds ways to rationalize drinking, even when the consequences are clear. Unfortunately, denial often increases as drinking gets worse. And by keeping you from looking honestly at your behavior and its negative effects, denial also exacerbates alcohol-related problems with work, finances and relationships. It's a vicious cycle. If, once again, you find yourself rationalizing your drinking habits, lying about them or refusing to discuss the subject, take a moment to consider why you're so defensive. If you truly believe you don't have a problem, why do you feel the need to cover up your drinking or make excuses? Is it possible that your drinking means more to you than you're ready to admit?



Get help

Once you admit you have a drinking problem, you've already taken the first step. It takes strength and courage to face alcohol abuse and alcoholism head on. Reaching out for support is the second step. You don't have to face your drinking problem alone.

Whether you choose to go to rehab, rely on self-help programs, get therapy or take a self-directed treatment approach, support is essential. Recovering from alcohol addiction is much easier when you have people you can lean on for encouragement, comfort and guidance. Without support, it's easy to fall back into your old ways when things get tough.

Your continued recovery depends on learning healthier coping strategies and making better decisions when dealing with life's challenges. To stay alcohol-free, you'll have to face the underlying problems that led to your alcoholism or alcohol abuse in the first place. Those problems could be depression, an inability to manage stress, an unresolved trauma from your childhood or any number of issues. Such problems may become more prominent when you're no longer using alcohol to cover them up. But you'll be in a healthier position to finally address them and seek the help you need.

BCBSM's practices safeguard your personal information

Most of us believe that our medical and other health information is private and should be protected, and we want to know who has this information. The Privacy Rule, a federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written or oral. The Security Rule, a federal law that protects health information in electronic form, requires entities covered by the Health Insurance Portability and Accountability Act (HIPAA) to ensure that electronic protected health information is secure.

Receive a notice that tells you how your health information is used and shared

You can learn how your health information is used and shared by your provider or health insurer. They must give you a notice that tells you how they may use and share your health information and how you can exercise your rights. In most cases, you should get this notice on your first visit to a provider, and you can ask for a copy at any time.

Why you are asked to sign a form

The law requires your doctor, hospital or other health care provider you see in person to ask you to state in writing that you received the notice. Often, that

means the doctor will ask you to sign a form stating that you received the notice that day.

- The law does not require you to sign the acknowledgement of receipt of the notice.
- Signing does not mean you have agreed to any special uses or disclosures of your health records.
- Refusing to sign the acknowledgement does not prevent the entity from using or disclosing health information as the rule permits.
- If you refuse to sign the acknowledgement, the provider must keep a record that they failed to obtain your acknowledgement.

What's in the notice

The Protected Health Information (PHI) allows the covered entity to use and disclose protected health information. It must also explain that the entity will get your permission before using your health records for any other reason.

- The covered entity's duties to protect health information privacy.
- Your privacy rights, including the right to complain to the U.S. Department of Health & Human Services (HHS) and to the covered entity if you believe your privacy rights have been violated.
- BCBSM's practices safeguard your personal information
- BCBSM follows strict procedures to protect the confidentiality of your personal health information. BCBSM, its vendors and employees are prohibited from releasing PHI to anyone without your authorization, unless the disclosure is permitted by federal privacy regulations. Disclosure of your PHI to health care providers and health plans is permissible when the disclosure is needed for the purposes of treatment, payment or health care operations.

How we protect your confidential

PHI safeguards continued on pg 11

Did you know that you...

Have the right to review your medical records

To do so, you must schedule an appointment with your physician's office during regular business hours. The physician is permitted to charge you copying costs for any records you want to keep. In most cases, your copies must be given to you within 30 days, but this can be extended for another 30 days if you are given a reason.

Can have corrections added to your health information

You can ask to change any wrong information in your file or add information to your file if it is incomplete. For example, if you and your hospital agree that your file has the wrong result for a test, the hospital must change it. Even if the hospital believes the test result is correct, you still have the right to have your disagreement noted in your file.



Antibiotics or no antibiotics?

Antibiotics are strong medicines that can stop some infections and save lives. For more than two generations, these powerful medications have kept many deadly bacterial infections in check and added 10 years to the average American's life. But antibiotics can cause more harm than good when they aren't used the way they should be.

You should always consult your doctor before using antibiotics; however, the following questions and answers can help you understand these medications and take them correctly.

Crucial questions and answers

Q. Do antibiotics work against all infections?

No. Antibiotics work only against bacterial infections, not viral infections.

Q. What is "bacterial resistance"?

Antibiotics usually kill bacteria or stop them from growing, but some bacteria have grown stronger and antibiotics won't work against them. These stronger bacteria are called "resistant" because they resist antibiotics. Resistant bacteria develop when antibiotics are used too often or incorrectly. A few kinds of resistant bacteria are untreatable. If you take antibiotics to treat germs that are resistant to those antibiotics, your infection can last longer or get worse. You might have to make several visits to your doctor, and you might have to take different medicines or go to a hospital to get antibiotics administered through your veins. Every time you take antibiotics when you don't need them, you increase the chance you'll get an illness caused by germs resistant to antibiotics.

Q. What can I do to help my family and myself?

Don't expect antibiotics to cure every illness. Don't take them for colds or flu. Often, the best thing you can do is let colds and flu run their course, which can sometimes take two weeks or more. But call your doctor if your illness gets worse after that.

Q. When are antibiotics needed?

That depends on what's causing your infection. Here are some basic guidelines:

- **Cough or bronchitis:** Viruses almost always cause these. However, if you have a lung condition or the illness lasts a long time, your infection may be caused by bacteria, and your doctor may decide to try an antibiotic treatment.



- **Sore throat:** Most sore throats are caused by viruses and don't require antibiotics. But bacteria cause strep throat, which requires treatment with antibiotics. A throat swab and a lab test are needed before your doctor will prescribe an antibiotic for a sore throat.
 - **Ear infections:** Antibiotics are used for most, but not all, of these infections. Many times, antibiotic treatment is delayed to see if symptoms can be resolved without these drugs.
 - **Sinus infections:** You may need an antibiotic if you have a headache and yellow or green mucus coming from your nose.
- Q. How should I take an antibiotic my doctor prescribes?**
- Follow your doctor's directions carefully. Don't stop taking it because you feel better. Taking less of an antibiotic when you need it will not help prevent antibiotic resistance.

For more information on the proper use of antibiotics, call BCBSM's 24-hour Nurse Line at 1-800-775-BLUE (2583).

PHI safeguards continued from pg 1

information

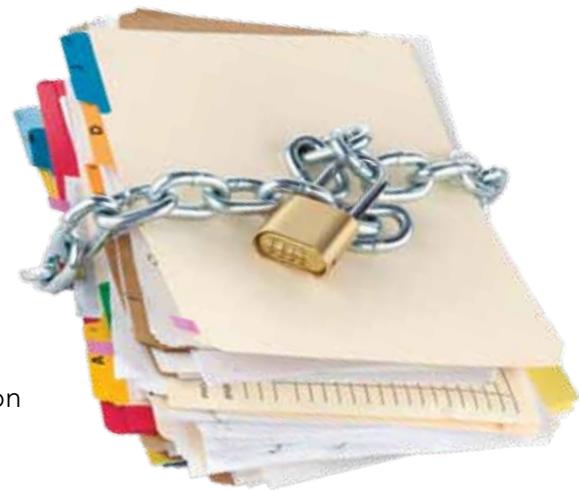
All BCBSM employees have been trained on the need to keep member information private. They also have received explicit instructions on the procedures they must follow any time they handle that information. Each year, BCBSM's employees recertify in writing their commitment to comply with BCBSM's Code of Conduct. This code requires employees to comply with all corporate policies, including those related to the protection of PHI.

If it is necessary for an employee to release your confidential information to others at BCBSM to process claims or resolve other issues related to your coverage, only the minimum necessary information will be disclosed to those employees who have an established need to know it. Employees who violate member privacy are disciplined.

For more information, please visit hhs.gov* or go to bcbsm.com.

Source: U.S. Department of Health & Human Services

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State of Michigan Employees

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How to reach us

For benefit information or claim inquiries, call or write the BCBSM State of Michigan Customer Service Center.

To Call

1-800-843-4876

Our customer service representatives are available from 8 a.m. to 6 p.m. Monday through Friday excluding holidays.

To write

Please send all correspondence to:
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