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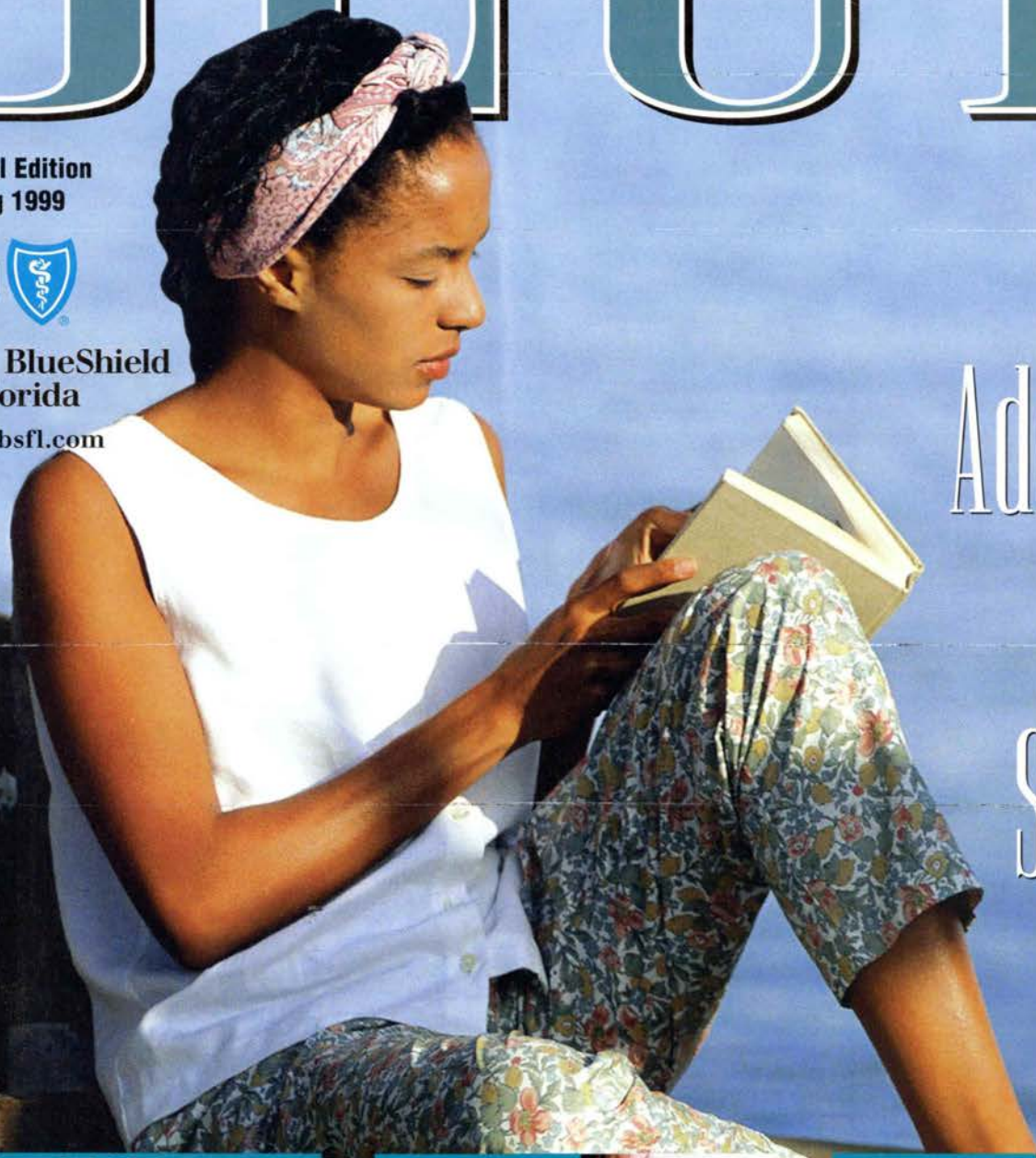
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Welcome Principal

Principal Edition
Spring 1999



BlueCross BlueShield
of Florida
www.bcbsfl.com



Address Your Stress

In This Issue

**A Special Welcome to
Members of Principal
Health Care**
*Please see our special message.
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Schedule**
*Rotavirus added,
page 5*



Don't Diet
*Tips for
long-term
weight control,
pages 6-7*





Spotlight on the news

The number of BCBSF HMO members increased by about 150,000 with the purchase of Principal Health Care of Florida.

Briefly Noted

Health Options acquires Principal Health Care

Health Options, BCBSF's wholly owned HMO subsidiary, acquired Principal Health Care of Florida at the end of last year, increasing the number of statewide members to approximately 850,000.

"This acquisition significantly increases our presence in Florida, reaffirms our commitment to serving Floridians and enables us to continue to add value for our more than two million customers," says Robert I. Lufrano, M.D., BCBSF executive vice president.

Cigars, teeth and you

As cigar smoking becomes increasingly popular for both women and men, smokers might consider the impact of the trendy habit on their teeth.

According to a 23-year study of nearly 700 men, cigar aficionados are 30 percent more likely to lose their teeth than non-smokers. They also are more likely to experience deterioration of their jaw bones.



Researchers say that cigar smoking, which is known to cause cancer of the mouth and esophagus, appears to be as harmful as cigarette smoking.

Are men tougher than women?

Ask a man and a woman to submerge their hands in ice water, and usually the woman will pull her hands out much quicker than the man. But ask a man and woman who experience chronic pain to evaluate their pain symptoms, and the differences drop substantially.

Researchers at the University of Florida theorize that men are likely to tough out the pain induced in a laboratory setting because of societal expectations, and because they know the pain is only temporary. But if they suffer daily, chronic pain, they are more likely to seek relief than tough it out. And that's when the differences between men and women shrink considerably.

The three-year study involving 1,700 adults with chronic pain asked participants to evaluate their pain. The female participants reported three to 10 percent more

pain on the questionnaires. But in the contrived laboratory situation, they reported 20 percent more discomfort than men.

"Evaluating the differences is important in determining how much medication should be used to treat men and women for pain," says Michael Robinson, director of the University of Florida Pain Research Laboratory. ■

Where to write

If you have any comments or suggestions about this newsletter, write to:

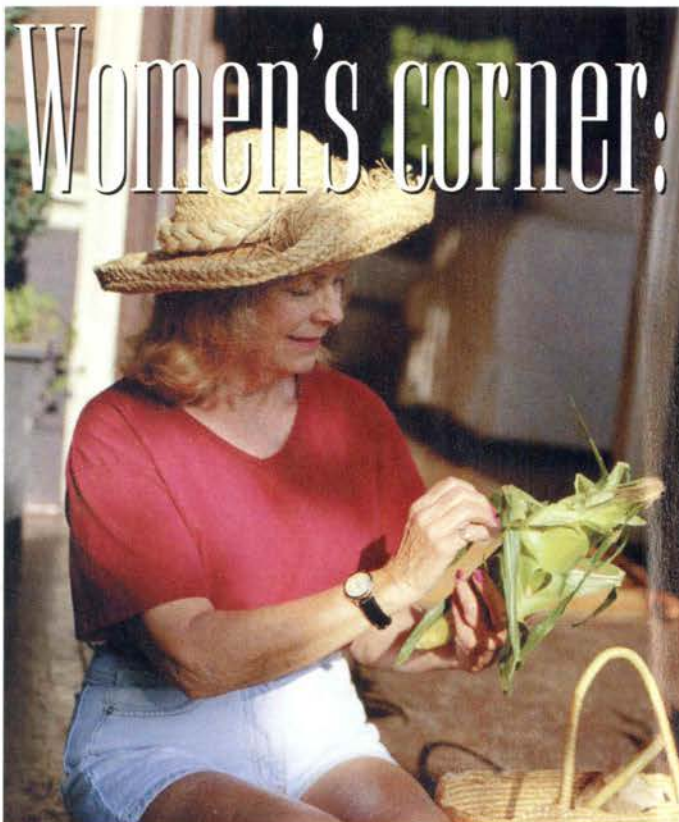
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Approaching menopause

What can you expect?

As women move toward menopause, many regard it with apprehension. They worry about hot flashes, changes in sexuality and the pros and cons of hormone replacement therapy (HRT).

But for many women, the years preceding menopause are even more difficult. Irregular cycles, heavy and unexpected bleeding, sudden mood swings, headaches and uterine growths all can become a way of life.

"The fact is it takes about seven to ten years to get to menopause, and that transitional time, in my opinion, is much more difficult than menopause itself," says Anna Parsons, M.D., associate professor at the University of South Florida and director of reproductive imaging.

"With menopause you have a clean slate," she says. "The ovaries aren't making hormones any more so you're not fighting them all the time. But before you get there, the seamless symphony of hormones that have been working in perfect concert in this really complex system suddenly becomes erratic."

During the menstrual cycle, two

hormones — estrogen and progesterone — regulate the condition of the uterus and its protective lining,

the endometrium. Basically, estrogen allows the endometrium to thicken and progesterone protects against its overgrowth. When a woman reaches the age of 40 or thereabouts, the production of these hormones is thrown off balance if she misses an ovulation. And because the eggs at this stage of life are not very durable, missing ovulation is not uncommon. Too much estrogen or too little progesterone can lead to the overgrowth of the endometrium, production of polyps and the growth of fibroid tissues, all of which can cause excessive bleeding.

By the numbers

- More than 10 million American women use hormone replacement therapy (HRT).
- 4,000 American women a day are reaching menopause.
- 20 million women will reach menopause in the next decade.
- 15 to 20 percent of currently eligible women are using HRT.

Often these growths can be removed by minor surgical procedures. "But when the whole uterus is taken over by big muscle balls [fibroids] that are as big as the uterus itself, that could require a hysterectomy," Dr. Parsons says.

Premenstrual syndrome, or PMS, is another problem for women approaching menopause. Nobody understands exactly what causes PMS, but we do know that it is associated with the production of hormones, which becomes erratic when ovulation becomes irregular. For some women, PMS is unpleasant; for others it is debilitating.

Many doctors are now treating PMS with low-dose oral contraceptives. Low-dose birth control pills also are being used to treat hot flashes, believed to be associated with sudden drops in estrogen.

For women with debilitating headaches, Dr. Parsons recommends estrogen patches which are worn for three to five days to prevent the hormonal bottoming out during menstruation that may trigger the headaches.

Beyond low-dose hormonal treatments, doctors recommend regular exercise and attention to diet. "Exercise alone has an astonishingly beneficial effect," Dr. Parsons says. "A 15-minute walk four days a week will make a huge difference in a woman's outlook." ■

Find out more on the Internet

If you are interested in learning more about some of the topics covered in this magazine, we suggest

the following

Internet sources:



Your Health Insurance

www.bcbsfl.com: BCBSF Web page, including information on health and wellness and your health plan choices.

Women's Health:

www.acog.org: American College of Obstetricians and Gynecologists. Information from the experts on women's health issues.

www.nof.org: National Osteoporosis Foundation. Information on osteoporosis.

www.aaos.org: American Academy of Orthopaedic Surgeons. Information on bone health, including osteo-

porosis, and injury prevention for all ages.

Maintaining Healthy Weight

www.navigator.tufts.edu: Tufts University Nutrition Navigator. A super guide that rates many nutrition sites and links you to them. Categories include nutrition sources for women, parents, kids and persons with special dietary needs.

www.eatright.org: American Dietetic Association. Provides a wealth of nutrition information. You also can locate a registered dietitian near you.

www.nhlbi.nih.gov: National Heart, Lung and Blood

Institute. A rich resource, including section entitled "Achieve Your Healthy Weight."

www.acefitness.org: American Council on Exercise. Numerous fitness topics, including "Successful Weight Control."

General Health Issues

www.healthfinder.gov: Department of Health and Human Services' health resource guide. Search or select one of many health topics. You will be linked to many government and non-government sources. ■

What if... My child needs shots?

Regular checkups, including immunizations, are vitally important for keeping your children healthy. They are covered benefits for your infants, young children and adolescents.

In the first 15 months, well-baby checkups are recom-

mended according to the same schedules as their immunizations. Take advantage of your well-baby visits to ensure that your children receive the appropriate shots.

When your children are about to enter middle school, you should again pay close attention to vaccinations and other medical issues. The state of Florida requires that students show proof of having received two immunizations for MMR (measles, mumps and rubella), a current tetanus booster and hepatitis B. A vaccination for chicken pox is not yet required by the state but is strongly recommended if your child has not had the disease.

Checkups for adolescents also are recommended. During their teens, children should receive physical exams

and screenings for medical, behavioral and emotional conditions. Guidance also should be available to address prevention issues.

We recommend that you keep a record of all shots in a convenient place. You will need this record when your children start school, begin seventh grade, change schools or begin college. Immunization records also must be provided if your children attend summer camp or have been exposed to anyone with a vaccine-preventable disease.

You should ask any provider who gives your children shots to add verification to your immunization records. If you are changing doctors, request to have all medical records transferred. ■

What if? What if? What if?



Recommended Childhood Immunization Schedule

Vaccines are listed under the routinely recommended ages. Indicates range of acceptable ages for vaccination. Indicates vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age. Incorporation of this new vaccine into clinical practice may require additional time and resources from health care providers.

Age ► Vaccine ▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	4-6 yrs	11-12 yrs	14-16 yrs
Hepatitis B		Hep B-1	Hep B-2			Hep B-3				Hep B	
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP			DTaP	DTaP		Td
H. Influenza type B			Hib	Hib	Hib	Hib					
Poliovirus ⁺			Polio	Polio		Polio			Polio		
Rotavirus			Rv	Rv	Rv						
Measles, Mumps, Rubella						MMR			MMR	MMR	
Varicella, Zoster Virus (Chicken pox)							Var			Var	

+ IPV: inactivated poliovirus vaccine
OPV: oral poliovirus vaccine

* 1. IPV at 2 and 4 months, OPV at 12-18 months and 4-6 years OR
2. IPV at 2 and 4 months, 12-18 months and 4-6 years

Don't diet



To change your waistline, change your lifestyle

If you've had enough of that midriff bulge, you might be contemplating a diet this year. Don't do it! Your chances of making yourself miserable are infinitely better than your chances of losing — and keeping off — any significant weight.

That's because for every two pounds of fat you shed, you lose about a pound of muscle, says Michael G. Perri, Ph.D., a professor of clinical and health psychology at the University of Florida and psychologist with the University of Florida Weight Management Center. As you diet, Dr. Perri says, muscle loss ultimately slows your metabolic rate — the rate at which you burn calories.

After a while, it becomes harder

to lose more weight and easier to gain. When that happens, dieters often become depressed and resume old eating habits and sedentary lifestyles.

Although Americans spend billions of dollars each year on weight-loss products and services, we're fatter than ever. One-quarter of all U.S. men and almost half of all women are trying to lose weight. More than half of American adults and nearly one-fifth of our children

Make exercise fun

"Don't think of it as exercise," advises Dr. Perri. "Think of it as developing a physically active lifestyle." Your goal: to be physically active for 30 minutes a day most days.

To become more active, try these tips:

- Walk or play doubles tennis. Mix up activities.
- If you have to, break up your 30 minutes of brisk aerobic activity into three segments during the day. Fidgeters lose more weight than non-fidgeters.
- Exercise with your spouse or a friend. You'll appreciate the companionship.
- Keep a log. You'll get satisfaction and reinforcement.



and adolescents are overweight.

The key isn't a short-term diet, says Dr. Perri, senior author of *Improving the Long-Term Management of Obesity*. He recommends lifelong lifestyle changes, such as low-fat eating and more exercise.

"The problem with diets is, for most people, the process implies a beginning and an end," says Dr. Perri. "You expect something you do for a limited period of time to produce results that will last a long time."

No magic cure

Don't rely on drugs, either. Many drugs, such as appetite suppressants, are available. But these generally are appropriate only for obese patients

under a doctor's supervision and are only part of the solution.

In short, there is no magic cure for being overweight. Before considering any new weight-loss or exercise regimen, check with your doctor. ■

For more information:

- **American Dietetic Association**
1-800-366-1655 or www.eatright.org
- **Institute of Diabetes and Digestive and Kidney Diseases Weight-Control Information Network**
1-800-946-8098 or www.niddk.nih.gov/health/nutrit/win.htm

What can you eat?

Your goal should be to reduce your fat intake. For most Americans, that means cutting back on meat while bulking up on fruits, vegetables and grain products.

"When you do that, you can actually eat more food," says Dr. Perri, "because fat has more than twice as many calories as carbohydrates and protein."

Here's what nutrition experts advise:

- **Meat:** Limit yourself to two to three portions of meat, poultry and fish a day (5 to 7 ounces total). One serving is about the size of a deck of cards.
- **Leaner cuts:** Choose leaner cuts of meat, such as those with "round" or "loin" in the name. Trim all visible fat before cooking. Remove poultry skin before eating.
- **Cook healthy:** Roasting, baking, broiling, grilling and stir-frying are healthier than frying food.
- **Limit meat as the meal focal point:** Try some meatless meals, such as a bean dish or spaghetti without meat sauce or meatballs. Consider meals where rice and vegetables are more predominant than meat.
- **Salads:** To save time, buy prebagged kits. Also, consider building a meal on top of a salad by adding tuna, leftover meat or cheese.
- **Be adventurous:** Try a variety of foods and nonfat seasonings. Go ethnic. Most Chinese entrees focus on vegetables, and many Italian dishes feature tomatoes, eggplant, peppers and mushrooms.
- **Snack wisely:** Reach for fresh vegetables, fruit and low-fat snacks such as pretzels.
- **Drink plenty of water:** Experts suggest six eight-ounce glasses daily. Try substituting water for some of your beverages during meals.



Long-term solutions

- **Set realistic goals:** Losing one pound per week is a good goal; cutting out 500 calories per day will accomplish it. Losing 5 to 10 percent of your body weight can improve your health and reduce your risk of many health problems, including heart disease, some cancers and diabetes.
- **Gradually change your routine:** Drink lower-fat milks. Cut back on high-fat bread toppings, oils and salad dressings. Try mushrooms instead of pepperoni on pizza.
- **Don't skip meals:** It could cause you to binge later in the day.
- **Know when to quit:** Stop eating when you feel full.
- **Use caution with homeopathic products:** Beware of products whose safety and efficacy haven't been proven.
- **Chart your intake:** Periodically, use a calorie-counter book to determine daily caloric intake. You might be surprised.
- **Weigh yourself weekly:** Daily weight fluctuations are insignificant.

Plan ahead with advance directives

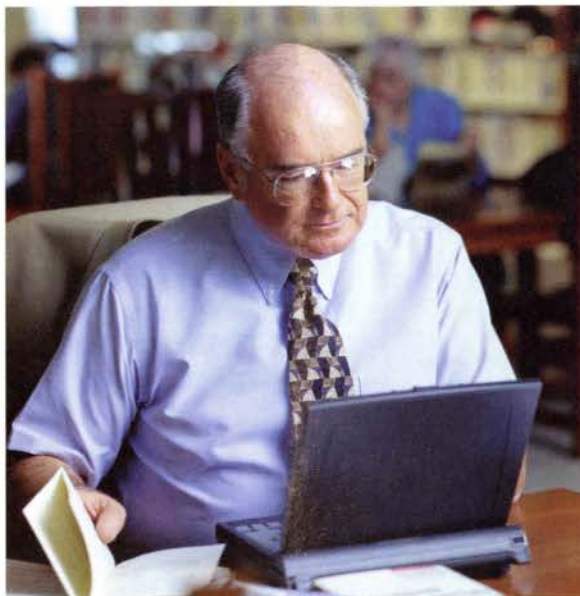
No one can predict when or if a catastrophic illness will strike. But you can ensure important medical decisions are made the way you would like them, even if you are unable to make them yourself.

Under Florida law, as a competent adult you can leave advance instructions on your health care with your physician, family or friends directing the course of your medical treatment. The instructions can be oral or in writing, but instructions left in writing are more easily verified and less subject to interpretation later.

The instructions can address various health care issues. You may leave directives on the use of extraordinary life-prolonging procedures, who should be empowered to make such decisions and what health benefits to use for coverage, including Medicare or Medicaid.

Originals of the written directives should be accessible. Do not leave them in a safety

deposit box that is not accessible to those you have entrusted to make your decisions. Also,



make copies of the directives and distribute them to family, your physician and your lawyer.

The state of Florida recognizes four kinds of directives:

■ **Living Will.** This is a written declaration of the person's desire that life-prolonging procedures be provided, withheld or withdrawn in the event that the person is suffering from a terminal condition and is unable to express a decision. The living will does not take effect until at least two physicians — the patient's doctor and another — determine that the condition is terminal and the patient is not able to make a decision.

■ **Health Care Surrogate Designation.** This gives authority to a surrogate to make health care decisions on behalf of the patient. The designation is limited to the period during which an individual is physically or mentally unable to communicate a willful decision. The surrogate has the authority to make decisions on most health care issues, except those prohibited by law or specifically

excluded in the written designation. The patient does not have to be in a vegetative state, as is the case in a living will, for the designation to take effect.

■ **Durable Power of Attorney.** This is the broadest form of an advance directive. It gives the designee power of attorney to act as your agent at your direction on any medical issue. It remains in effect even if you become incapacitated.

■ **A Do-Not-Resuscitate Order.** The physician places this order in the patient's medical record at the request of the patient. It says the patient does not wish to be resuscitated if the individual has a cardiopulmonary respiratory arrest.

Florida law does not require you to draft advance directives. If you have no directives, the law empowers other individuals in the following order to make medical decisions for you should you become incompetent: a judicially appointed guardian, a spouse, an adult child or majority of the available adult children, a parent, siblings, an adult relative who has demonstrated a close relationship with you or a friend who has demonstrated closeness.

Blue Cross and Blue Shield of Florida encourages you to give any directives you have to your physician so that they remain part of your medical record. ■



For *your* information



We know how unsettling changes in health care coverage can be, so we are working hard to make your transition as smooth as possible.

Welcome former Principal Health Care members

Blue Cross and Blue Shield of Florida and Health Options welcome you to our family of members. We're confident you will enjoy the peace of mind that comes with being covered by BCBSF. With more than two million members, we are a financially strong and stable Florida-based company. We have helped Floridians meet their health care needs for more than 50 years through our unwavering commitment to quality, affordable health care.

When your company's group health care contract comes up for renewal, we hope your employer selects BCBSF to continue to provide your health care coverage. Your current coverage continues uninterrupted. To smooth your transition, you should be aware of the following:

- During this transition period, BCBSF managers and staff are working closely with Principal employees to ensure you receive timely, quality service.
- If you are currently

undergoing medical treatments, we will work with you to arrange for continuing care.

- Health Options Connect is the new name for Principal Health Care of Florida. For efficiency, we will continue to use materials labeled Principal Health Care during the next year. However, the Health Options Connect name may appear on some documents.

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Answers to frequently asked questions

Q: Whom do I call for questions about my health care coverage?

A: Until your group converts to a BCBSF plan, your claims submissions, membership cards, copayments, networks and referrals won't be affected. If you have any questions, continue to use the same telephone numbers and addresses you have been using for your



Principal coverage.

Q: Will I be able to keep my same benefits with BCBSF and Health Options that I had with Principal Health Care of Florida?

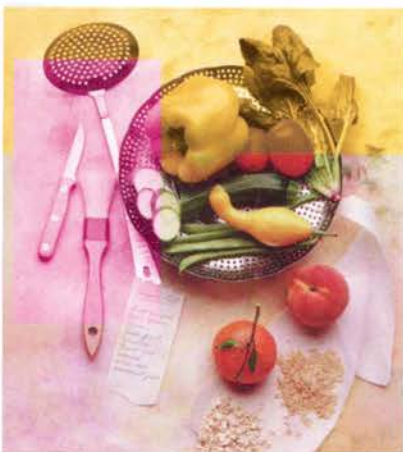
A: Until your anniversary date, you will be covered under your existing plan. Similar plans are available from BCBSF and Health Options should your employer renew with us.

Q: After the transition, will I be able to keep my same doctors? Are they in the BCBSF network?

A: In many cases, yes. We know how important it is to have a doctor you trust. That's why we have a broad choice of network physicians, hospitals and other providers.

We also have been identifying Principal providers who are not part of our HMO network and discussing with them the possibility of participating with Health Options. ■

Plan Benefits



Fruit *glorious* Fruit

Fresh, cooked, even frozen, it's a healthy bonanza

Few things taste better than a fresh peach or strawberries bursting with flavor because they've been picked at the perfect time.

Still, most of us need incentives to eat the two to four daily servings of fruit recommended for a healthy diet.

What better incentive than fruit's richness in vitamins — especially C — and other nutrients, including minerals, fiber and antioxidants that help protect against cancer.

The fruit we eat does not have to be raw and fresh, experts say. True, you lose some vitamin C, but there can be other advantages. Cooking can enhance flavor and make carbohydrates more digestible. Frozen fruit retains more nutrients than fresh fruit picked days or weeks before it's eaten. Freezing preserves the water-soluble vitamins, and fruit can always be available in your freezer. The same is true of canned fruit, but make sure that it's in juice or light syrup.

One of the best ways to enjoy spring and summer fruit: Turn it into luscious, healthy desserts. Try the delicious Strawberry Cheesecake recipe below. The most difficult part of making it is waiting for it to be ready! ■

How to cut fat

Feature fruit, not fat

Pie crust contains a large portion of shortening, so consider making something in a fruit cobbler or crisp.



Add good things

When you sprinkle fruit with lemon juice, you not only preserve the color, you bring out its flavor and add extra vitamin C. Use oatmeal to add texture and complex carbohydrates.

Plan your indulgences

Fruit is great by itself, but sometimes you crave more. Fat-free cream cheese can make a satisfying cheesecake if you give it enough time in the refrigerator.

Use fruit on fruit

Poach pears or bake apples and serve with crushed berries as a sauce.

MULTIPLY

Strawberry Cheesecake



- 6 graham crackers (2 ½-inch square)
- Cooking spray
- 2 8-ounce packages fat-free cream cheese, softened
- ½ cup sugar
- 1 teaspoon vanilla
- 2 eggs
- 1 pint fresh strawberries, hulled and halved
- 3 tablespoons seedless raspberry jam
- 1 tablespoon water
- Preheat oven to 350 degrees.

Crush graham crackers. Spread evenly over bottom of lightly sprayed 8- or 9-inch pie pan.

Beat cream cheese with sugar and vanilla until well blended, about five minutes. Add eggs and blend.

Bake for 30 to 35 minutes or until center is almost set. Cool. Then refrigerate overnight.

Melt raspberry jam with water in microwave or on top of stove.

Cut wedges and put on serving plates. Arrange strawberries over wedges and drizzle melted jam over each piece.

Serves eight. Each slice contains approximately 171 calories, 10 grams protein, 2 grams fat, 25 grams carbohydrate.

Keep your stress in check

How do you handle stress? Take the test

below. For each answer

score 5 points for

“always,” 3 points for

“usually” and 1 point

for “rarely.”

Too much stress handled improperly is obviously bad — both psychologically and physically. During stress, adrenaline released by your body increases your blood pressure, pulse and body temperature. Your digestion also shuts down — which is why people under prolonged stress often develop digestive problems.

To keep stress in check, put situations in their proper perspective.

Identify your stressors, analyze how you respond to them and then decide to make any changes you can. For example, if you often get frustrated because you can't find your keys, always keep them in the same place.

Also develop strategies that enhance your ability to relax. Try breathing or relaxation exercises, daily meditation, listening to music, engaging in community or spiritual activi-

ties, or regular exercise.

If none of this seems to work, remember, it's a strength, not a weakness, to ask for help. That's why mental health and behavioral benefits are available to you.

Your primary care physician can assist you in receiving mental health services. Or you may call a mental health provider directly to schedule an appointment.* ■

C O P I N G W I T H S T R E S S

Always = 5 pts Usually = 3 pts Rarely = 1 pt

	Score
I am good at giving and receiving positive comments.	—
I avoid alcohol and other drugs for dealing with pressures.	—
I avoid emotional “overload” and say “no” when necessary.	—
I avoid perfectionism and set realistic goals for myself in all areas of my life.	—
I eat a balanced diet, including fruits, vegetables, grain breads and cereal.	—
I exercise at least 20 minutes three times a week.	—
I feel satisfied with my commitments and the expectations of others.	—
I plan regular leisure activities that provide a complete change of scenery.	—
I practice relaxation or meditation techniques each week.	—
I share my feelings with a partner or a friend.	—
Total	—



SCORE: HOW WELL ARE YOU DEALING WITH STRESS?

35 and above: You have effective ways to deal with external stress factors. Keep developing and using these skills.

24-34: You have a variety of ways to deal with external stress factors. Look at those you can improve and develop new strategies.

23 and below: You have limited ways to deal with external stress factors. Look at those you want to change and begin developing some stress management skills.

Source: Mental Health Network Inc.

Where to get help

Health Options (HMO) members

If you live in northern Florida or are part of the Miami-Dade or the Barnett Bank/Martin County employees group, call Horizon Behavioral Services (formerly FPM) at **1-800-797-3677**.

If you live in central or southern Florida, call Mental Health Network at **1-800-835-2094**.

Preferred Patient Care members

Please refer to your PPC Provider Directory for the name of the mental health providers in your area.

Unsure of the type of coverage you have?

Your membership ID card lists the telephone number to call for mental health benefits. To determine what mental health benefits are covered under your policy, please consult your benefits handbook, or call your customer service representative.

*Health Options members in northern Florida no longer need a referral from their primary care physicians to see a mental health provider.

what if?

we had

a PRESCRIPTION

for

peace of mind?



what if you didn't have to
worry about health care?



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