THE FLU: DON’T LET IT GET YOU

Tens of thousands of people in the United States die each year from complications of influenza (the flu), according to estimates from the Centers for Disease Control and Prevention (CDC). The best way to prevent the flu is to get a yearly flu shot.

The flu is a contagious viral infection that attacks your respiratory system—your nose, throat and lungs. The influenza virus is not the same as the stomach viruses that cause diarrhea and vomiting.

People who have the flu often have some or all of the following symptoms:
- Fever or feverish feeling/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue

The flu virus spreads when people with the flu cough, sneeze or talk. The virus can land in the mouths or noses of people who are nearby. Occasionally you may get the flu by touching a surface or an object that has the flu virus on it and then touching your mouth, eyes or nose.

When you have the flu, it’s possible to pass it on to someone before you even know you are sick—and, of course, while you are sick. Most healthy adults can infect others beginning one day before symptoms develop and up to five to seven days after actually becoming sick.

People who are at higher risk of developing complications from the flu include:
- Young children
- Older adults
- Pregnant women
- People with weakened immune systems (e.g., those with HIV/AIDS or having chemotherapy, etc.)
- People who have chronic illnesses

CDC recommends a yearly vaccine as the first and most important step in protecting against the flu virus. Flu vaccination usually begins in September, or as soon as the vaccine is available, and continues throughout the flu season, which can last as late as May.
DID YOU KNOW?
FOUR QUESTIONS ABOUT HEALTH CARE REFORM AND THE INDIVIDUAL MANDATE

Starting January 1, 2014, Americans—with some exceptions—must have health care insurance coverage that satisfies new criteria or pay a penalty. This part of the Affordable Care Act is called the individual mandate. As this deadline approaches, you might still have questions about how the individual mandate affects you and your family:

Q. I will have Highmark Blue Cross Blue Shield insurance through my work in 2014—does this satisfy the individual mandate?

Yes. Highmark Blue Cross Blue Shield employer plans meet the individual mandate requirement.

Q. I buy Highmark Blue Cross Blue Shield insurance on my own, as an individual—am I in compliance?

Yes. Highmark Blue Cross Blue Shield direct-pay plans meet the criteria set by the Affordable Care Act.

Q. I’ve heard about Pennsylvania’s Health Insurance Marketplace. How does it work? Does Highmark Blue Cross Blue Shield offer insurance there?

Yes. Every state now has its own Health Insurance Marketplace, also called an exchange. These are online locations where people can find and compare insurance plans that meet the new regulations, including plans from Highmark Blue Cross Blue Shield. States launched these exchanges on October 1.

Q. Do I qualify for programs to help me save money on health insurance?

Possibly. The federal government offers cost savings only through the Marketplace. To be eligible, you have to meet rules for family size and income. There are two ways to cut costs:

- **Tax credits.** These help you afford the cost of your health insurance premium by reducing what you have to pay in income taxes.
- **Cost-sharing reductions.** These lower your out-of-pocket costs for health care. For example, they may lower deductibles or copays.

SELECTING A PLAN

There are four categories of plans in the Marketplace. They are based on how the responsibility for paying medical costs is divided between you and the plan. The categories are Bronze, Silver, Gold and Platinum. Bronze plans cover 60 percent of expected costs, while you would pay the other 40 percent. Silver plans pay 70 percent. But monthly premiums are usually more expensive for plans that pay a larger share. You must select a plan in the Silver category to receive government cost-sharing reductions.

SUCCESSFUL CALLS

—Continued from front panel

Scarnati, manager, Customer Service, in Erie, Pennsylvania. The three most common questions Highmark Blue Cross Blue Shield Customer Service representatives hear are:

- Do my benefits cover the treatment my doctor ordered?
- Can you explain how my claim was processed and tell me what my out-of-pocket expense should be?
- Can you explain how my spending account works?

You can prepare for your call by gathering this information and having it ready to refer to during the call:

- Your Highmark Blue Cross Blue Shield ID number, found on your member ID card.
- Specific claim number(s) you’ll be referring to.
- The date of your service and name of your health care provider.
- Any bills from health care providers that you have questions about.
- Your Explanation of Benefits (EOB) or Health Activity Statement. (If you cannot locate it, Customer Service can look it up for you or show you how to log in and find it on your member website.)

AM I COVERED?

Having a diagnosis code on hand makes it easy to confirm that your benefit plan will cover a specific service. Just ask your physician for the name of the procedure and diagnosis code and then call Customer Service.

“We can confirm if the service will be covered under your plan,” says Scarnati. “By identifying what out-of-pocket expenses you will have, we help you make informed health care decisions.”

HOW DID WE DO?

As part of our commitment to improve, Highmark Blue Cross Blue Shield performs regular customer service satisfaction surveys to be sure we are meeting your expectations. Please let us know how we did! We look forward to hearing your feedback.
HELP PREVENT THE FLU
There are everyday preventive actions you can take to stop the spread of germs. The Centers for Disease Control and Prevention recommends that you:

USE A TISSUE
Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue away after you use it.

WASH YOUR HANDS
Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.

AVOID GERMS
Avoid touching your eyes, nose and mouth. Germs get into your body this way.

AVOID SICK PEOPLE
Try to avoid close contact with sick people.

STAY HOME
Stay home for at least 24 hours after your fever is gone, except to get medical care, if you are sick with a flu-like illness.

LIMIT CONTACT
Limit contact with others as much as possible when you’re sick to avoid spreading the flu.

GET A FLU SHOT
Remember: As soon as the vaccine is available, EVERYONE six months of age and older should get a yearly flu shot. Don’t let the flu get you. Protect yourself—and others.

DID YOU KNOW?
• Nationally, only 48 percent of African-American seniors get flu shots.
• Flu is one of the leading causes of death for African-Americans with diabetes.
• The flu shot does not cause the flu. It is not a live vaccine.
• Even if you had a flu shot last year, you need to get one again each year. It is not a one-time shot.

HIGHMARK BLUE CROSS BLUE SHIELD IMPROVES THE CARE COST ESTIMATOR
ESTIMATE YOUR COSTS BEFORE YOU GO
Did you know that medical care, like lab tests and X-rays, can cost different amounts depending on where you go?

You can choose where to go for care, and now you can get the information you need to make those choices.

Our improved Care Cost Estimator makes it easy to estimate what you may owe for hundreds of procedures. These include outpatient and inpatient care, surgery, lab tests, and X-rays—even office visits. This information will help you control how much you pay out of your own pocket.

For example, let’s say your doctor wants you to get a blood test for cholesterol. There are many independent laboratories. Which one offers the most cost-effective services? Just log in to your member website and use the Care Cost Estimator to help you decide.

Simple drop-down menus make it easy to choose a procedure. You’ll see what doctors or facilities offer it and how far you have to travel. By clicking the “Compare Costs” button, you’ll see an estimated range of your costs at the different providers in your area.

The Care Cost Estimator lets you shop for high-quality, cost-effective care. It tells you:
• What portion of the cost you may need to pay, based on your specific coverage.
• The services and supplies related to your procedure. These might be physician’s fees, surgical suite, anesthesia and medications.
• Accurate estimates based on the Blue Cross and Blue Shield Association’s claims database, the largest national database in the industry.

Knowing your estimated costs may help you make informed decisions to plan for care and stretch your health care dollars further.

Visit your member website to try the Care Cost Estimator today!
In our Spring 2013 issue, we introduced specialist virtual visits: a new way to get the specialty care you need—closer to home!

We’d like to remind you that you may be able to take advantage of specialist virtual visits as a Highmark Blue Cross Blue Shield member.

Following up with your specialist makes for better health care outcomes and may reduce the risk of costly complications. Specialist virtual visits can make it easier for you to get the care you need if you live in an area where the specialists you need aren’t close by.

Here’s how it works:
• For the first visit, you need to see the specialist in person.
• You can now see specialists for follow-up virtual visits—visiting with your doctor via audio/videoconferencing technology.

• Specialist virtual visits take place in real time at your Primary Care Provider’s office or outpatient facility close to you.

COVERAGE AND COSTS
Many, but not all, Highmark Blue Cross Blue Shield plans cover specialist virtual visits. To see if your coverage includes this service, contact Member Service. If your benefits cover specialist virtual visits, you pay the copayment that would normally apply for an in-person specialist visit. You will also be responsible for a fee from the physician’s office or outpatient facility that provided access to the videoconferencing technology. This fee will be applied to any program deductible and subject to any program coinsurance as determined by your plan. If you have a spending account, you can use your spending account to pay this fee.

ADDITIONAL INFORMATION
Please note that the specialist selected for the virtual visits will be the physician rendering medical services. The physician office or outpatient facility that provides access to the videoconferencing technology is only providing access services to you.

Highmark Blue Cross Blue Shield supports the highest standards to protect the confidentiality of our members’ information, but there may be risks in passing personal health information (PHI) virtually. Highmark Blue Cross Blue Shield is not responsible for the security of virtual visits and has not validated the safeguards of any of the equipment and software used on either side of the virtual transmittal.

FIND OUT MORE
To find out more about this service, call the Member Service number on your member ID card.

A diagnosis of breast cancer can be devastating. And while we hope you never face such a situation, we want you to know that Highmark Blue Cross Blue Shield will be there if you need us.

Our health plans are in compliance with the Women’s Health and Cancer Rights Act of 1998. This federal act requires group health plans that cover mastectomies to also cover all stages of reconstruction and surgery of the breast on which the mastectomy was performed and surgery and reconstruction of the other breast to produce a symmetrical appearance. The act also requires such plans to offer coverage for prostheses and treatment of physical complications of a mastectomy, including lymphedema. Coverage may be subject to deductibles and coinsurance. If you have any questions, please call Member Service.

INFO JUST A CALL AWAY
If you are facing decisions about breast cancer, you can discuss your options or concerns with a Blues On Call Health Coach anytime, day or night, by calling 1-888-BLUE-428.
HIGHMARKBCBS.COM

TOP-QUALITY CARE

CHILDREN’S GRIEF AWARENESS DAY

Having a loved one die is devastating to a child. The loss turns their world upside down. Nothing is ever the same—nothing ever feels “normal” again. It’s difficult to truly understand the depth and range of emotion a grieving child feels.

For this reason, children who have had someone close to them die often feel like no one understands what they’re experiencing. They feel like they are alone in their grief.

In 2008, the Highmark Caring Place, A Center for Grieving Children, Adolescents and Their Families, created Children’s Grief Awareness Day to bring attention to children who have experienced tragedy.

This annual event, held on the third Thursday in November, provides an opportunity to raise awareness of the painful impact that the death of a loved one has in the life of a child. It’s an opportunity to recognize and support the millions of grieving children across the nation, the thousands of grieving children right in our own communities—the grieving children we know and see in our daily lives. It’s an opportunity to make sure these children receive the support they need.

Why is it important that people become more aware of the effect death has on children?

There are more grieving children than most people realize—one in 20 children will experience the death of a parent before they graduate from high school. One in seven children will face the death of someone close to them.

Many people don’t realize that it takes most children much longer to deal with their grief than we expect. Also, their inner turmoil, invisible to most, is much more intense than we can know.

It’s important to raise awareness to help people:

- **Realize** that even if there are no outward signs, a grieving child may be going through a great deal of inner turmoil.
- **Understand** that a grieving child can’t just “get over it”—not in any set time period and not by any act of their own will—and that there’s no reason that they should just “get over it.”
- **Learn** ways they might help a grieving child, now or in the future.

This year, Children’s Grief Awareness Day is on November 21. Please remember to wear BLUE on that day in support of children who have experienced the death of a loved one.

For more ways to become involved, you can visit the Children’s Grief Awareness Day website at childrensgriefawarenessday.com.

For more information about programs and services offered by the Highmark Caring Place for children and families who have had a family member die, visit highmarkcaringplace.com.

NEW EASY LOGIN—NO PIN!

Using the highmarkbcbs.com website to manage your health care benefits has just become easier.

On June 1, Highmark Blue Cross Blue Shield removed the need to use a PIN when registering on the member site. We’ve taken new steps to continue to safeguard your personal information beyond the need for the PIN.

Simply, it’s now easier for you to access your preferences, search for a provider in your area, access your virtual ID card, and review claims and payments online.

MORE EMPLOYERS MOVING TO NEW PHARMACY NETWORK

Since 2012, many of our members have been using a new pharmacy network that is designed to help Highmark Blue Cross Blue Shield members save money while continuing to get the care they need.

Beginning January 1, 2014, many more of our members who have prescription drug benefits through Highmark Blue Cross Blue Shield will also use this new pharmacy network.

MORE SAVINGS FOR YOU

Moving to this new pharmacy network offers significant prescription drug savings—which means more savings for you. For example, if you have a high-deductible health plan or you pay a percentage of the cost of your

—Continued on back panel

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COMING IN 2014: NEW INFORMATION ON EOBS

Beginning in 2014, you’ll see additional information on your Explanation of Benefits—or eOB—the statement you receive after a claim is processed. The information tells you about a new feature of your health care coverage called your “total maximum out-of-pocket” expenses.

Under the Affordable Care Act—or health care reform—this is the most you can pay each year out of your own pocket for covered services. Beginning with the date your coverage renews in 2014, the maximum amounts can be no more than $6,350 for individual coverage and $12,700 for family coverage. The maximum amounts may be less depending on your health plan. Any eligible expenses above these amounts are covered in full by your health plan for that year.

The government specifies the expenses that count toward this new maximum out-of-pocket limit. For example, it includes deductibles, copayments, coinsurance and other qualified medical expenses. It does not include any premiums you pay for your coverage, payments to out-of-network providers, or expenses for services that aren’t covered under your plan.

Watch for this new information when you receive your explanation of Benefits in the mail. And, if you still get paper copies of your EOB, think about “going green.” To receive your EOBs electronically, log onto your member website and click the “Go Green” button. It’s a smart way to eliminate paper and have the information you need at your fingertips. Go Green today!

MUSHROOMS: WHAT’S FAB ABOUT FUNGI

Button, chanterelle, portobello, enoki—any way you slice ‘em, mushrooms add a meaty texture to dishes, without adding more meat. And the good news is more varieties are becoming available at your local grocer.

**Why choose them?** They’re a good source of:
- Potassium, which helps regulate blood pressure, fluids and minerals
- B complex vitamins, such as riboflavin, which help release energy from food

**Picking:** Select mushrooms that are firm and evenly colored, with tightly closed caps.

**Storing:** Keep in a paper bag in the fridge for up to one week.

**Prepping:** Brush off, rinse and pat dry with a paper towel. Do not soak.

**Ways to use them**
- Skewered and grilled
- Cooked into sauces, spaghetti, lasagna and chili
- Added, dried, to risotto and soup
- Chopped and mixed into hamburger patties, sandwiches or wraps
- Sliced and added to pizza or a stir-fry

**Fungi facts**
- Mushrooms are up to 90 percent water.
- Raw mushrooms have about 20 calories per cup.

Sources: [Academy of Nutrition and Dietetics](https://www.eatingwell.com); [American Institute for Cancer Research](https://www.cancer.org)

MARVELOUS MUSHROOM SOUP

**INGREDIENTS**
- 8 ounces portobello mushroom caps, chopped (about 4 cups)
- 3 cup fresh parsley, chopped (set aside 1 tablespoon for garnish)
- 16 cloves garlic, minced
- 4 cups sliced yellow onions
- 1 tablespoon unsalted butter
- 2 cups boiling water (for dried mushrooms)
- 1 tablespoon olive oil
- 1 bay leaf
- 3 8-ounce packages presliced white button mushrooms
- 5 cups fat-free, reduced-sodium chicken broth
- 1 cup 2 percent milk
- ¼ cup reduced-fat sour cream
- ½ cup fresh parsley, chopped (set aside 1 tablespoon for garnish)
- 2 sprigs of thyme
- 6 sprigs thyme sprigs
- 1 bay leaf
- Salt and freshly ground black pepper, to taste
- 16 ounces portobello mushroom caps, chopped (about 4 cups)

**DIRECTIONS**
- **Combine** boiling water and portobello mushroom caps, chopped (about 4 cups) and let stand 30 minutes or until tender.
- **Heat** oil and butter in a large stockpot over medium-high heat. Add onion and sauté 5 minutes. Add parsley, thyme sprigs and garlic and sauté 5 minutes. Add portobello and button mushrooms. Cook 15 minutes, stirring occasionally.
- **Add** porcini mixture, broth and bay leaf. Bring to a boil, then reduce heat and simmer 30 minutes. Stir in salt and black pepper and let stand 5 minutes. Remove thyme sprigs and bay leaf.
- **Place** ¼ of mushroom mixture in a blender and process until smooth. Pour pureed soup into large bowl. Repeat procedure with remaining mushroom mixture. Fold in milk until blended and creamy.
- **Serve,** garnished with fresh parsley and sour cream.

**NUTRITION INFORMATION**

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Source: [American Institute for Cancer Research](https://www.cancer.org)
A lot of us think that filling up our grocery cart—especially with healthy foods—will empty our wallet.

But don’t buy into this thinking. “It is possible to shop for food on a tight budget without sacrificing nutrition,” emphasizes Angela Ginn, RD, a spokeswoman for the Academy of Nutrition and Dietetics.

That’s provided you’re willing to do your homework and plan several days’ menus—or better yet, a week’s worth of menus, says Ginn.

“Planning allows you to stick to a shopping list and avoid extra trips to the store, which means you’ll be less likely to spend money on budget-busting impulse buys,” she explains.

It also lets you:

• Take an inventory of what you already have in your pantry and refrigerator so that you don’t overbuy.

• Check supermarkets’ advertised specials and plan your meals around them.

• Clip or download coupons, remembering to comparison shop. Sometimes, a store brand is cheaper than a brand-name food discounted with a coupon, Ginn says.

But while planning is the first—and most important—step toward eating well on a budget, these strategies from Ginn, the National Institutes of Health and the academy can also help:

• Don’t head to the store hungry. “With an empty stomach, you’re likely to wind up putting not-so-healthy snack foods and desserts in your cart,” she says.

• Buy produce in season, when it’s likely to be more flavorful and cost less than at other times. And don’t overlook frozen fruits and vegetables. They can be cheaper than their fresh counterparts, and they can be just as nutritious—especially if they’re not swimming in butter or a fat-filled sauce.

• Stretch protein dollars. Substitute low-fat, fiber-rich dried beans for meat, which is more expensive than beans. Buy a whole chicken rather than pricier, precut breasts, wings, thighs or legs. Cut the chicken into pieces yourself, and remove the fatty skin before cooking or serving.

• Think twice about the cost of convenience. Buying prepared or pre-cooked foods typically adds to grocery bills.

• Save on milk and yogurt. Opt for inexpensive, nonfat dry milk when cooking or baking. And instead of buying small containers of calcium-rich yogurt, buy a less costly quart of yogurt and divide it into one-cup servings.

• Save on snacks. Fill small plastic bags with nuts and seeds, whole-grain cereal, or dried fruit rather than buying less nutritious, more expensive prepackaged and processed snacks.

• Finally, always check out the nutrition label as well as the price. Yes, the soda, chips or cookies you’re about to put in your cart may be on sale. “But to get the most value for your money, don’t buy foods that add calories without adding nutrients,” Ginn says.

### 2014 Preventive Schedule Updates

**Tdap vaccination with every pregnancy**—A new CDC recommendation. Tdap is given in order to develop immunity to diphtheria, tetanus and whooping cough. Immunization with each pregnancy provides added protection for the baby.

**HIV screening for pregnant women**—The U.S. Preventive Services Task Force (USPSTF) recommends clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown.

**Hepatitis C—age 18**—The U.S. Preventive Services Task Force (USPSTF) recommends screening for Hepatitis C virus (HCV) infection in adults at high risk, including those with any history of intravenous drug use or blood transfusions prior to 1992.

**Colonoscopy**—Selected bowel preparations with a physician’s prescription will be covered without cost sharing (copayments/deductibles).

### Preventive Drug Measures

**Vitamin D supplement for adults age 65 and older at risk for falls with a prescription from their physician**—The U.S. Preventive Services Task Force (USPSTF) recommends over-the-counter Vitamin D supplementation to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls. Over-the-counter Vitamin D supplements with a physician’s prescription will be covered without cost sharing (copayments/deductibles).

**GO GREEN!**

Get this newsletter—and more—electronically! Log onto highmarkbcbs.com. Click “Go Paperless” under “Quick Resources.”
MOVING TO NEW PHARMACY NETWORK

—Continued from page 5

prescription drugs, you will pay less in out-of-pocket costs at the pharmacy.

WHAT'S CHANGING?
If your coverage uses this network in 2014, you'll continue to have access to all of the pharmacies you're familiar with, except Target and Walgreens pharmacies. We're confident that you will be able to find a network pharmacy near where you live or work.

Additionally, if you use our mail order program, you can continue to enjoy the convenience of this program. The Medco pharmacy will continue to be our mail order pharmacy.

MAKING THE SWITCH
If you use a Target or Walgreens pharmacy for your prescriptions, you’ll find it's easy to transfer your prescription to a network pharmacy. You can do one of the following:
• Take your prescription bottle or label to a network pharmacy.
• Call a network pharmacy and ask that they contact your old pharmacy.
• Ask the doctor to call your prescription in to a network pharmacy.

To locate a network pharmacy near you, log onto your member website, and click on the “Choose Providers” tab.

You can also call Member Service at the number on the back of your ID card. A representative can help you find a network pharmacy or can answer your questions about which network your prescription drug benefit uses.

If your open enrollment takes place this fall, the materials you receive will also include information about which network your prescription drug benefit uses.

QUESTIONS?
If you have any other questions about your prescription drug benefit, please call the Member Service number on the back of your ID card.