

BENEFITS TOOLBOX



What Are Your Numbers?

You Could Have High Blood Pressure and Not Even Know It

Nearly one in three American adults has high blood pressure, or hypertension. The good news is that it can easily be treated and controlled. The bad news is that there are no warning signs. People often discover they have high blood pressure when something serious happens, like a heart attack or stroke.

High blood pressure is dangerous because it overworks your heart and hardens your arteries. This causes damage that increases your risk for other health problems, like heart disease and kidney failure.

You have a greater risk for developing high blood pressure if you are African American, have a family history of high blood pressure, are overweight or have pre-hypertension (see below).

What Is Blood Pressure?

Blood pressure is the force of blood pushing against the walls of arteries. It is at its highest when the heart beats, pumping the blood. This is called systolic pressure. When the heart is at rest, between beats, your blood

pressure falls. This is called diastolic pressure.

Blood pressure is always shown as these two numbers. The first or top number is the systolic and the second or bottom number is the diastolic.

- Normal blood pressure is lower than 120/80.
- Pre-hypertension is blood pressure between 120 and 139 for the top number, or between 80 and 89 for the bottom number.

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- High blood pressure is 140/90 or higher.

New research suggests higher target blood-pressure levels for people 60 or over, and for people with diabetes or chronic kidney disease. Ask your doctor what is the right level for you.

You can quickly find out if you have high blood pressure by having it measured with a blood pressure cuff in your doctor's office or at many pharmacies. If your reading is high, be sure to confirm the diagnosis—levels can vary widely based on how the cuff is positioned, how you are sitting and whether you are anxious. Schedule several follow up visits and consider getting a monitor you can use at home.

Lower Your Levels Without Drugs

You can substantially lower your systolic (upper) blood pressure by adopting healthy lifestyle habits. See how big a difference these changes can make:

- Lose excess weight (2.5 to 10 mmHg for every 11 pounds lost; mmHg means millimeter of mercury, the measurement used for blood pressure)
- Be physically active 30 minutes per day most days (4 to 9 mmHg)
- Adopt the low-fat, high-fiber DASH diet (8 to 14 mmHg)
- Drink moderately, if at all (2 to 4 mmHg)
- Reduce salt intake to 2,300 mg/day (2 to 8 mmHg)

What's Your Health Plan IQ?

Know How Your Health Insurance Works

To make the most of your benefits, you need to know how your Health Plan works. But, a recent study found that almost half of Americans can't explain common insurance terms or how typical health plans work. While each plan varies on the details (check your Plan Booklet for specifics), here are some fundamentals everyone should know.

What's the difference between "in-network" and "out-of-network"?

Basically, provider networks offer price breaks to members. It's a similar concept to club stores like Sam's Club or Costco. You'll save money if you shop for health care in the network. Regence and Group Health offer more than one network to give you different coverage levels, depending on the provider you choose:

- **For the best coverage**, choose a Preferred Provider (Regence) or a Group Health network provider in-network, and a First Choice Health provider out-of-network.
- **Your Plan may have a reduction in benefits** when you choose a provider from the Participating Network (Regence) or a non-contracted Group Health or First Choice Health provider (Group Health).
- **Your Plan offers limited coverage** and you will have to pay extra if you choose an out-of-network provider.

When you search for a provider online (Regence members:

regence.com; Group Health members: ghc.org and/or fchn.com), you can select an in-network doctor, or see if your current provider is already in one of your Plan's networks.

What exactly is a deductible?

Each calendar year, you pay for the covered services you receive until you meet the annual deductible, and then the Plan starts paying its share of your covered expenses. Some services, like preventive care, do not require that you meet the annual deductible before the Plan pays benefits.

How does the calendar year out-of-pocket maximum (also called out-of-pocket limit) work?

After you meet the annual deductible, some covered medical expenses require that you pay a percentage (that's called coinsurance). Throughout the year, if all of your payments: coinsurance, copays and the deductible, add up to the out-of-pocket maximum, the Plan will pay 100% of your covered expenses (after you pay any copays) for the rest of the year.

The out-of-pocket maximum does not include your monthly contribution, balance-billed charges or what you pay for services your plan doesn't cover. Some plans don't count all of your copays, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit. Know your plan!

Generics Q&A

Four Tips to Save with Generics

The MBA Health Trust pays millions in prescription drug costs every year. You can save money *and* help make a significant difference in keeping costs down for the Health Trust by choosing generics instead of more expensive brand-name drugs.



What You Can Do

1 Talk to your doctor about generic replacements for brand-name drugs you use.

2 Talk to your pharmacist about generic options. Patents expire continually, so keep checking the status of any brand-name drugs you use.

3 Manage your prescriptions online where you can view generic options:

- **REGENCE:**
OmedaRx.com
(formerly RegenceRx)
- **GROUP HEALTH:**
ghc.org

4 Ask your doctor to prescribe a generic, or authorize a generic substitute, for every prescription. If your prescription says “dispense as written,” the pharmacist cannot substitute a generic.

Are generics really as effective as brand name drugs?

A generic is the *same* as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used.

The U.S. Food and Drug Administration (FDA) require that generics have the same high quality, strength, purity and stability as brand-name drugs.

If they're just as good, why are they so much cheaper?

A patent on brand-name drugs gives the company that developed it the exclusive right to sell it and recover their large investment costs.

When the patent expires, other manufacturers can sell a generic equivalent. With no investment costs and more competition, the price of generics is usually a fraction of the brand-name cost.

How much can I save with generics?

Generics cost less, so the amount you pay is always lower than brand-name drugs. Remember, the Health Trust also saves with every generic prescription, and that helps keep monthly contribution rates down for everyone.

Is there a generic to replace every brand-name drug?

Not every brand-name drug has a generic, but there are generics for most common conditions.

- A generic equivalent contains the same active ingredients, in the very same strength, as a specific brand-name drug.
- A generic alternative medicine is a generic equivalent of a different drug than the one you are taking that may also effectively treat your condition.



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Benefits Toolbox provides general information about MBA Health Insurance Trust benefits. For more information, please refer to your benefit booklet. In the event of conflicting information, the Plan documents and insurance contracts will govern.

Make the Most of Your Doctor's Appointment

Three Tips Make Your Visit More Effective

It's not unusual for primary care doctors' appointments to be scheduled at 15-minute intervals. If you're going to be in and out that fast, be prepared to make the most of each minute. Here are three simple things you can do to help your doctor help you:

1 Bring your health history and a list of current medications, including over-the-counter medicines, vitamins and supplements. Type the list in a document

that you can easily update every time you go to the doctor and bring a printed copy with you. Even easier, download an app on your phone (search "personal health record"), that allows you to record, track and manage your health information.

2 Write down your symptoms and questions. It's easy to forget what you wanted to ask your doctor when you're in the middle of an exam. Even if it's handwritten on the back of an envelope, your doctor will appreciate a list of symptoms

(including when they started and what makes them better), along with all of your questions.

3 Make sure you know what to do. Unless you ask for an explanation, your doctor will think you understand everything he has told you. Here are some tried and true ways to ask for clarification: ask if he can explain it in another way, repeat instructions back to the doctor for confirmation, or ask him to write the directions down for you.