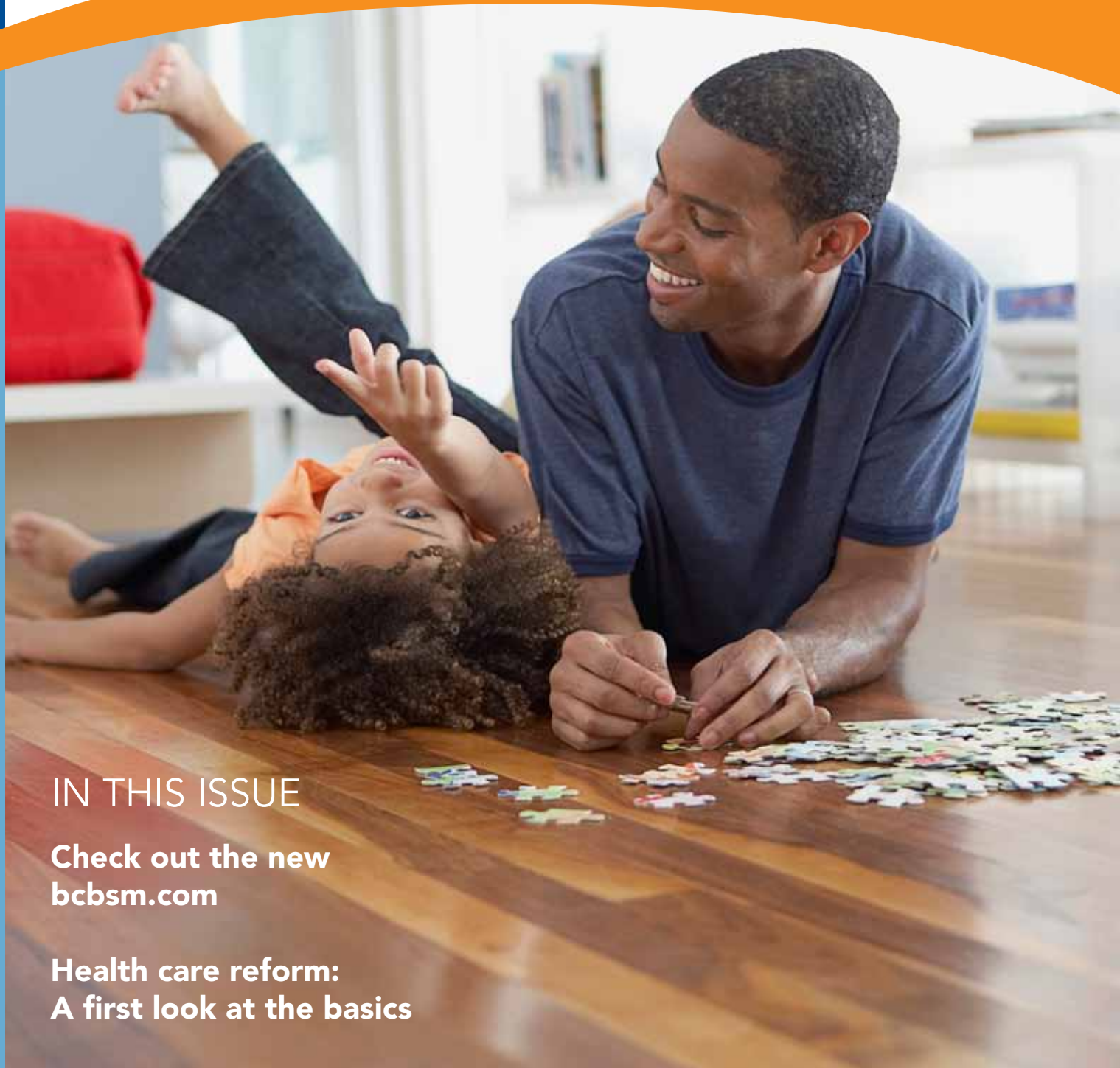


GoodHealth



**Blue Care
Network
of Michigan**

A MAGAZINE FOR BLUE CARE NETWORK MEMBERS | SPRING/SUMMER 2013



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**Check out the new
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**Health care reform:
A first look at the basics**

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1-800-637-2972

Chronic Condition Management Programs

Programs are available for conditions such as asthma, congestive heart failure and chronic obstructive pulmonary disease.

1-800-392-4247

Tobacco Cessation Program

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1-800-240-3050 (TTY users)

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We aim for quality

Blue Care Network's quality improvement program helps measure, assess and improve care and service to our members. One of the measurements we use is called Healthcare Effectiveness Data and Information Set. Because it's used by health plans across the country, HEDIS® makes it possible to compare health plan performance.

Last year, BCN scored among the top 10 percent of all health plans nationwide in annual monitoring for prenatal care (prenatal visit in the first trimester), use of appropriate medications for people with asthma, comprehensive diabetic care (HbA1c testing), cervical cancer screening, control of high blood pressure, cholesterol management for patients with heart disease, colorectal cancer screening and advising smokers to quit.

We're always working to improve the quality of service we provide and the care members receive from doctors in our network. This year, we're especially focused on lowering the rate of prescribing antibiotics for adults with acute bronchitis, follow-up care for children prescribed ADHD medication, chlamydia screening for women, use of spirometry testing to assess and diagnose COPD, and the importance of getting flu shots.

Good Health and **bcbsm.com** give you information about our quality improvement program and our clinical practice guidelines. For more information, please call our Quality Management department at 248-455-3471, 8 a.m. to 4 p.m. Monday through Friday. TTY users should call 711. For disease and health information, you can call BlueHealthConnection® at 1-800-637-2972, 24 hours a day, seven days a week. TTY users call 711.

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> Visit bcbsm.com today
You'll have access to dozens of resources, including nutritious recipes and programs to help keep your health goals within reach. Log in as a member to get started.

Technology — Use it in good health



Have you ever lost your cell phone or MP3 player? Going without technology for a short time can make us realize how much we rely on it. If you spend hours connected to gadgets, be careful. They may be taking a toll on your health.

Technology offers tremendous benefits, but sometimes at a price. Chronic computer users often suffer from vision problems and fatigue. Personal digital assistant (PDA) owners can develop severe thumb pain. And one survey found that half of American high school kids already have experienced at least one symptom of hearing loss, such as ringing in the ear. This hearing loss is attributed in part to the popularity of MP3 players.

How can you use and enjoy technology without hurting your health? Below are some common devices and ways to use them safely:

- **Computer and the Internet.** Protect yourself from eye problems like blurred vision caused by staring at computer monitors. And save your shoulders and back from aches and pains due to hunching over the keyboard. Take frequent breaks to stretch and look away from the computer screen. Make sure your back is supported and adjust your computer monitor to eye level.
- **PDA.** “BlackBerry thumb” — the pain associated with frequent PDA use — is now considered a workplace ailment by the American Physical Therapy Association. To reduce your risk, write shorter messages. Try typing without the thumb and take a break every few minutes. To stretch your hand, open it and spread your fingers wide. Hold for 10 seconds and repeat eight times.

- **MP3 players.** To avoid hearing loss, turn down your MP3 player to around 60 percent or less of the total volume. You also can reduce your urge to crank it up by investing in noise-reduction-style earphones.
- **Cell phone.** Cell phones are linked to increased injury on the road as they can be distracting. To lower your risk, avoid cell phone use while driving.

According to the International Agency for Research on Cancer, there may be an association between cell phone usage and an increased risk for a rare type of brain cancer called glioma. Experts agree that more research needs to be done on long-term, heavy cell phone usage, as the link between cell phones and cancer is not conclusive. The IARC evaluated available studies and concluded that radio-frequency electromagnetic fields, such as those emitted by cell phones, may have the potential to cause cancer, especially among long-term, heavy cell phone users.

Quick tip

Just like gambling or drinking alcohol, the use of technology — such as email — can become addictive. Seek help if you have compulsive or excessive urges to use technology that cause problems in your work or relationships.

Here's what to do when adults don't play nice at work

Every organization seems to have its tormentors — grown-up bullies who turn your workplace into their playground. In the workplace, bullying can be defined as a nonphysical form of emotional abuse that can jeopardize more than your job — it can take its toll on your health as well.

A study in the *Journal of Psychosomatic Research* found that people who were bullied at work had more depression and anxiety. Not in the mood for games? Read on for a breakdown of bully types and how you can effectively share the workplace with them.

Corporate Royalty

Despite being bullies, members of Corporate Royalty have no trouble making friends. These popular folks thrive on social power and gossip, and they enjoy spreading rumors and sharing sensitive information. Their goal is to make you look bad in front of others.

If you share workspace with Corporate Royalty:

- Don't hand over your power. If a bully makes you look bad, bring the problem to his or her attention. Tell the bully how his or her actions made you feel.
- Find out whether your company or union offers an employee assistance program. These programs can help you cope with tough work or personal situations. Or ask your employer to host conflict-resolution training for your group.

The Nitpicker

The Nitpicker is a real nightmare. He or she seems to hate everything you do and

micromanages you to the point of frustration. Save your sanity with these tips:

- Make sure you understand your responsibilities before you start something new.
- Seek support from others. Talk with a trusted colleague and see if you can identify ways to limit the bullying, such as new policies or procedures.

The Intimidator

The Intimidator relishes putting you in your place with hostile comments, nasty emails and even dirty looks. Or, he or she might bully you with offensive remarks or sexual advances. How to handle an Intimidator:

- Arrange meetings in open areas rather than closed offices.
- Keep a record of times you were bullied, including what was said, who was there and what led to the event.
- Talk with your manager or another supervisor if you're being harassed. Learn how to file a complaint, and follow the steps so you can take control of the situation.

> If the effects of workplace bullying have you feeling overwhelmed, get some help. We have behavioral health specialists available 24 hours a day, seven days a week. You do not need a referral from your doctor. See page 31 for more information.

> Member Testimonial

One woman's weight loss success inspires others

"I don't want to be dead at 55. I want to be here for my daughter."

That was Bambi Fisher's declaration to herself, nearly two years ago. While sitting at her desk in her office, 53-year-old Bambi dropped her pen. And as that pen rolled under her desk and out of sight, Bambi knew she wouldn't be able to get it out.

"I was very overweight ... I wasn't active at all, out of breath all the time. I had high blood pressure and was on seven medications," Bambi recalls. "And as helpful as the materials that I began receiving were, I didn't want to keep getting them anymore because, at that point, I decided I was done with being prediabetic."

It wasn't an easy road, losing the weight she's lost since that day. It was a complete lifestyle change.

"I joined Weight Watchers® in Brighton because it was close to work. Weight Watchers is where a lot of the principles that led to my weight loss came from," Bambi says. She incorporated portion control, cardio exercise and positivity — from herself and those around her — into her daily routine. "I started bringing the right food choices into my house. I started going to the gym five to six days a week, and I kept making those Weight Watchers meetings."

She also let others in on her weight loss goals. "The more people who knew I was really working on my weight, the more accommodating and encouraging they were, which really helped me a lot," Bambi remembers.

Over the course of almost two years, Bambi has gone from a size 26 to a size 12, losing more than 110 pounds — and with as much as she's accomplished so far, Bambi isn't done yet. According to Bambi, the most important thing to remember along the way is that the big weight loss numbers you're looking for won't happen overnight. "You didn't put all the weight on in a week, so cut yourself enough slack not to expect to lose it all in a week," she says.

Success like this rarely goes unnoticed. Bambi has inspired



Bambi Fisher has spent the last two years getting healthy. She goes to the gym five to six times a week, too. Also pictured: Matt Letten, trainer and owner of Snap Fitness in Linden, Mich.

"With a weight loss journey this long, you have to believe there's light at the end of the tunnel. Mine is about 40 pounds away," she says, laughing.

many of her friends and family to pursue a healthier, more active lifestyle. Her daughter, Taylor, has followed in her mom's footsteps by becoming more active and making better food choices. She's already come down a dress size. "Regardless of how old you are, when you're confident in body and mind, you feel better about yourself," Bambi advises.

Going from 2 to a 9 on a scale of 1 to 10 is a big deal, and Fisher believes that's exactly the difference her weight-loss

success has made to her health. Things that she would never do before — working out, yard work on her acre of land or trying on clothes at the mall — are now some of her favorite pastimes. "I've always had confidence in terms of my career, education and my job as a parent ... but my health, not so much," Bambi says. "Now, I'm actually happy about my health and who I've become in all of this, and I think that confidence is starting to shine through."



In two years,
Bambi has gone
from a size 26 to
a size 12.

We want to hear FROM YOU!

Your thoughts help shape the look and feel of everything we do. And we're dedicated to providing you with the best experience possible.

That's why we want to know what you think about *Good Health*. Has this magazine improved your health? Do you feel the information within *Good Health* is relevant and written in a clear and understandable way? Does it help you understand your benefits and all the resources Blue Care Network has to offer?

We'd love to hear your thoughts on how we're doing.* In addition to the enclosed comment card, you can now submit your input via email. Simply drop us a line at bcntestimonials@bcbsm.com. Your comments and feedback may be selected to appear in an upcoming edition of *Good Health*.

*Submitting your feedback indicates your approval of publishing your comments in future material.

A “healthy” fat?

How to choose fats wisely

It's wise to be finicky about fats. Choosing foods high in “good” fats — monounsaturated and polyunsaturated fats — may benefit your heart. But giving in to “bad” fats — trans and saturated fats — could do your heart harm.

The scoop on bad fats

Trans fats and saturated fats are called “bad” for a reason. Trans fats, which are found in many crackers, cookies and other snack foods, increase heart risks in two ways: They raise “bad” LDL cholesterol and lower “good” HDL cholesterol.

Yet when it comes to raising LDL cholesterol, saturated fats are the worst. These fats are found in fatty meats and whole-fat dairy products.

Not all fats wear black hats. A study in the *American Journal of Clinical Nutrition* found that a diet rich in monounsaturated fats had a positive effect on blood pressure. Monounsaturated fats include olive and canola oils. Research also shows that polyunsaturated fats, found in many nuts as well as in soybean and corn oil, also are healthy options.

Make smart fat decisions

Throughout the day, try to substitute good fats for bad ones:

- **At breakfast:** Instead of buttering your toast, choose a soft tub margarine that lists unsaturated liquid vegetable oil as the first ingredient. And don't grab a breakfast bar without checking the label. Many processed foods contain trans fats.
- **At lunch:** Instead of a creamy dressing, top your salad with a vinaigrette made from olive oil.

- **Snack time:** Choose nuts instead of crackers, cookies or a granola bar, which may contain trans fats.
- **At dinner:** Broil fish instead of steak. Fish usually has less saturated fat than meat. Some fatty fish, such as salmon and mackerel, are rich in omega-3 fatty acids, which are being studied for possible heart benefits.



Your total cholesterol level is made up of low-density lipoproteins, high-density lipoproteins and triglycerides. LDL, or “bad” cholesterol, can stick to blood vessel walls and cause them to become narrow. This can lead to a heart attack or stroke. Certain medications, such as beta-blockers, can reduce the risk of heart attacks by lowering blood pressure, meaning that your heart doesn't have to work as hard.

Healthy recipes

BERRY-BANANA SMOOTHIE

As the temperature climbs, serve up a cool blast of berry.

Servings: 2

- 1 banana
- 1 cup blueberries
- 1 cup fat-free vanilla yogurt
- 1 cup low-calorie cranberry juice
- 1 cup chopped ice

Put all ingredients in blender and purée until smooth. Pour into frosted glasses.

Nutritional information per serving: 170 calories; less than 1 g fat; 40 g carbohydrates; 0 mg cholesterol; 89 mg sodium.



MANGO SMOOTHIE

The perfect way to cool down after a good workout.

Servings: 2

- 1 fresh mango
- 1 small banana
- 2 cups 1 percent milk
- 4 ice cubes

Slice the mango and remove skin and pit. Put all ingredients in a blender and purée until smooth. Pour into frosted glasses.

Nutritional information per serving: 212 calories; 2 g fat; 43 g carbohydrates; 0 mg cholesterol; 126 mg sodium.



ITALIAN VEGETABLE BAKE

Try this colorful, low-sodium baked dish, prepared without added fat.

Servings: 18

- 1 can (28 ounces) tomatoes, whole
- 1 medium onion, sliced
- ½ pound fresh green beans, sliced
- ½ pound fresh okra, cut into ½-inch pieces (or ½ of 10-ounce package frozen, cut)
- ¾ cup green pepper, finely chopped
- 2 tablespoons lemon juice
- 1 tablespoon fresh basil, chopped, or 1 teaspoon dried basil, crushed
- 1½ teaspoons fresh oregano leaves, chopped (or ½ teaspoon dried oregano, crushed)
- 3 medium (7-inch-long) zucchini, cut into 1-inch cubes
- 1 medium eggplant, pared, cut into 1-inch cubes
- 2 tablespoons Parmesan cheese, grated

Directions

Drain and coarsely chop tomatoes. Save liquid. Mix together tomatoes, reserved liquid, onion, green beans, okra, green pepper, lemon juice and herbs. Cover and bake at 325 degrees for 15 minutes. Mix in zucchini and eggplant. Continue baking, covered, 60 to 70 minutes more or until vegetables are tender. Stir occasionally.

Just before serving, sprinkle top with Parmesan cheese.

Nutritional information per ½-cup serving: 27 calories; less than 1 g fat; 5 g carbohydrates; 2 g protein; 1 mg cholesterol; 86 mg sodium; 2 g fiber.



Start your countdown to summer with this shape-up action plan

Want to look and feel your best this summer? Use this action plan to help you get started.

There's nothing like a deadline to help you shape up. Why not make yours Memorial Day, the unofficial start of summer?

Now's the time to start an exercise program that can help you look and feel better in shorts, sleeveless shirts and swimsuits. And, as Memorial Day is right around the corner, the sooner you get moving, the more confident you'll feel when sporting summer's smaller clothes.

Build your base

If you haven't been exercising at all or consistently, don't spring into a fitness program. To avoid injury, work up to more challenging activities to condition your muscles, joints, ligaments and other tissues. Consider seeing your doctor to make sure you're up for the task — especially if you have a

chronic condition, such as heart disease, arthritis or diabetes.

The federal government's *Physical Activity Guidelines for Americans* recommend that all of us aim for 150 minutes a week of moderately intense aerobic activity. It's not hard to meet that benchmark, which is a realistic goal for the first two weeks of "spring training" if you haven't been doing much this year. Three 10-minute walks a day, five days a week, will get you there.

Start by walking at a comfortable pace, then go faster and longer each day. If you've been exercising regularly but inconsistently, you might begin by walking and then adding intervals of running. Upping the intensity can shorten your exercise sessions. According to the federal guidelines, 75 minutes a week of running is equivalent to 150 minutes a week of brisk walking.



Focus on the motivating feeling of well-being that can make fitness addictive. The more consistent you are, the more you'll miss exercising when you don't do it.

Then push yourself

After a week or two of building your fitness foundation, you can start doing more. To get in even better shape and reduce your chronic condition risk, federal guidelines suggest that you do 300 minutes a week of moderately intense aerobic activity (an hour a day, five days a week). Or you can do 150 minutes of vigorously intense aerobic activity, like running or swimming laps.

Try fitting in two or more days a week of strength training, whether it's lifting weights, using resistance bands or hefting rocks in the garden. Weight-bearing exercise increases muscle mass and bone density to help prevent bone-weakening osteoporosis.

Ease up if your muscles feel increasingly sore or you experience other warning signs of injury, including joint pain, excessive fatigue or just not being able to do what you set out to do.

Cut calories, too

If you're trying to lose weight, you'll need to eat fewer calories.

Burning calories through physical activity and decreasing your calorie intake is the best prescription for weight loss.

Slow and steady wins this race. To drop a pound a week, which equals 3,500 calories, you'll need to burn 500 more calories a day than you take in. You can do that by walking briskly for 30 minutes, which will use around 230 calories, and cutting your calorie intake by 270, roughly equal to skipping an 8-ounce regular Coca-Cola® and 20 Wheat Thins.

Need more incentive to work out and eat healthier than the fact that summer is coming? Sign up for a run or walk that takes place in early summer. Training for an event gives you a greater sense of purpose that can provide accountability and help keep you on track.

Keep track of your goals

You can chart your fitness progress with the help of our online program, **Balance®**. See how setting small goals can add up to big health improvements. To get started:

- Log in as a member at bcbsm.com
- Click on *Health and Wellness*
- Click *BlueHealthConnection®*
- Choose *My Digital Health Coaching*
- Then select *Balance*

DID YOU KNOW?

Body mass index is a good way to determine if you are overweight. This measurement is based on height and weight. A BMI of 19 to 24 is normal. A BMI of 25 to 29 is overweight, and a BMI of 30 or more is obese.

You can learn more about your BMI — and calculate it — with these steps:

- Log in as a member at bcbsm.com
- Click on *Health and Wellness*
- Click *BlueHealthConnection®*
- Choose *Calculators* from the *Tools and Media* tab
- Then select *Adult BMI Calculator*

You can also calculate by using this simple formula:

$(\text{Weight in pounds}) / (\text{Height in inches} \times \text{Height in inches}) \times 703 = \text{BMI}$



Getting screened for this common STD could save your life

Often it wields no symptoms, but it can damage your reproductive organs. And, if you're a woman, it can even leave you sterile. But did you know that chlamydia, a sexually transmitted disease caused by bacteria, is also linked to cancer?

Studies have shown that women who have had chlamydia may be prone to high-risk human papillomavirus infections later. HPV infections are known to play a role in early signs of cervical cancer, which can be deadly. Chlamydia may act in conjunction with HPV to increase a woman's risk for cervical cancer. In one study, women who had past chlamydia infections were two and a half times more likely to have cervical cancer than women who had no signs of infection.

Chlamydia sometimes causes no symptoms; other people notice problems like pain while urinating or abnormal discharge (mucus or pus). To prevent chlamydia from causing serious harm, it's vital for women to be tested for chlamydia and have a regular Pap test and cervical cancer screening.

Screening for chlamydia can also be done through a simple urine sample. These tests will allow your doctor to detect the disease early and treat it with antibiotics. About 2.8 million Americans are infected with chlamydia each year, making it the most frequently reported bacterial STD in the United States.

Chlamydia can be passed during sex, or it can be passed from an infected mother to her baby. Babies born to mothers with chlamydia can get infections in their eyes and respiratory tracts, even pneumonia. Also, women with chlamydia are up to five times more likely to become infected with HIV (human immunodeficiency virus, which leads to AIDS) if they're exposed to it.

If you're 25 years old or younger and sexually active, health experts recommend that you get a screening for chlamydia at least once a year. They also recommend that women older than 25 be tested regularly. Talk to your doctor about a screening schedule that's right for you.

STDs: Startling stats

- There are 40 different types of the genital human papillomavirus (also called HPV). It can infect the genital areas of both men and women.
- HPV is the most common sexually transmitted disease. In fact, nearly all sexually active men and women will contract some strand of it in their lifetimes.
- In the United States, 1 in 6 people ages 14 to 49 years have a genital herpes infection.
- There is substantial research that shows having one STD increases your chances of both transmitting and getting HIV.
- Syphilis can be deadly. If not treated properly, it can cause long-term complications and even death. What's more, pregnant women can pass it along to their unborn children.

Source: Centers for Disease Control and Prevention



Understand the pros and cons of cancer screening

One day, a 40-year-old woman receives a reminder to make her mammogram appointment. Next, she reads an article saying she doesn't need one for another 10 years. Then, an evening news report says breast cancer screening may not save lives at all — and, by the way, neither does checking for prostate cancer. It's important to put these conflicting messages perspective.

Cancer screening seems simple and safe to most people. These tests often find illnesses early, before people have symptoms and when they may be easier to treat. But screening also has downsides. Several new studies and guidelines question whether and when the benefits of breast cancer screening outweigh the risks.

Mammograms: What women should know

When it comes to mammograms, not all experts agree. Some argue that if more women began yearly screening at age 40, more lives would be saved.

But others say to start at age 50 if you're at average risk. They point out that mammograms may miss up to one in five cancers and don't work as well on younger women's dense

breasts. In addition, some abnormal findings aren't cancer at all and others are slow-growing tumors. Doctors don't always know which is which. That means some women undergo harsh treatments for a disease that may never have made them sick.

In a recent study in the *New England Journal of Medicine*, researchers looked at screening, diagnosis and death rates over the past three decades. They estimate that as many as one-third of women treated for breast cancer never would have died from the disease.

Screening is your choice

No study or group of experts can make the decision about cancer screening for you. But they can give you details about the pros and cons. That way, you can discuss them with your doctor and choose what's right for you based on your health and on the latest available information.

► **Our *Guidelines to Good Health* on pages 16 and 17 can help you keep track of when you should get this and other screenings.**



DID YOU KNOW?

The Women's Health and Cancer Rights Act of 1998 includes important protection for breast cancer patients who choose breast reconstruction following a mastectomy. **BCN complies with this law and covers the reconstruction. For more information, call Customer Service.**

You don't have to fight depression on your own

People easily understand diabetes or heart disease as ongoing health issues. But that's not always the case when it comes to depression. Too many people do not consider depression a real problem. They think they can simply "get over it."

This may be why depression often goes undiagnosed and untreated. That's unfortunate, because it can be treated, but only if your doctor knows about it.

What to look for

There's more to depression than just feeling a little down or sad now and then. Your doctor will ask you a few things to help better understand what's going on. He or she may ask if you have felt or experienced any of the following:

- Sad, anxious or empty
- Hopeless or negative
- Guilty, worthless or helpless
- Loss of interest in activities you once enjoyed
- Decreased energy or feeling tired
- Trouble focusing, remembering or making decisions
- Trouble sleeping, staying asleep or sleeping too much
- Loss of appetite or weight loss; or overeating and weight gain

- Feeling restless and grouchy
- Physical symptoms that do not respond to treatment, such as headaches and stomach problems
- Thoughts of death or suicide

Depression is different for each person. Not everyone who has depression feels all of these symptoms. Some may have relatively few; others may have several. But if the symptoms last for at least two weeks, see your doctor for treatment.

Talk to someone

You don't have to go through it alone. Talk about your problems with someone close to you, such as a friend or family member. It can help you feel better. He or she may also help you think of your problems in a new way and recommend solutions you haven't thought about before. You can also find a behavioral or mental health professional by calling the number on the back of your ID card. You don't even need a referral from your primary care physician.

► Remember...

We have behavioral health specialists available 24 hours a day, seven days a week. Check out our behavioral health guidelines on page 31 for more information.

> Overcoming Depression

You can get help working through your depression in the privacy of your own home. Our *Overcoming Depression*® module is tailored to you, so you'll get tips that address your unique challenges. To get started:

- Log in as a member at bcbsm.com
- Click on *Health and Wellness*
- Click *BlueHealthConnection*®
- Choose *My Digital Health Coaching*
- Then select *Overcoming Depression*



Sorting fact from fiction: Learn the truth about vaccine safety



Immunizations have received a lot of press over the last few years. With this publicity, many myths about their safety have arisen. As parents, we want to make sure our children are safe. And when it comes to vaccinations, sorting myth from fact is important to keeping our children healthy.

Below you'll find some common myths around immunizations and facts about the benefits vaccinations can provide.

MYTH: Vaccines can cause harmful side effects.

FACT: Vaccines are very safe. Most side effects go away soon and are mild. These might include a sore arm or a slight fever.

Over the long term, the benefits are greater than any risks. Vaccines help the body fight off infections and diseases. Children who don't get their shots are at risk for serious illness.

Your child needs to have shots at certain ages to stay healthy. At your child's next doctor's visit, ask what shots are needed.

MYTH: Vaccines will make my child sick in other ways.

FACT: Vaccines prevent diseases. They don't cause them.

There have been many myths that vaccines cause diseases and death. One myth is that the vaccine for diphtheria, tetanus and pertussis causes sudden infant death syndrome. But research shows the DTaP vaccine does not cause SIDS.

And vaccines don't give you diabetes. Nor do they cause autism, a developmental disability. In early 2010, the *Lancet* article that first suggested a link between vaccines and autism was retracted by the journal after flaws in the study's research methods were revealed. There is no scientific evidence that vaccines cause autism.

MYTH: Getting several shots at the same time is risky.

FACT: Getting several vaccines at once doesn't harm a child.

Today, many children get combination shots. This includes MMR, for measles, mumps and rubella.

Your child will not get more side effects with combination shots. They also work just as well as single shots.

MYTH: Vaccines can overpower my child's defenses against disease.

FACT: Vaccines cannot make a healthy immune system weak. The immune system is what protects your child against disease.

MYTH: Vaccines only prevent rare diseases.

FACT: If people don't get shots, even rare diseases can reappear.

Many years ago, thousands of children died from diseases that now can be prevented. Vaccines have helped reduce these diseases in the United States.

By keeping up to date on shots, we protect ourselves — and others.

MYTH: Vaccines have bad ingredients in them.

FACT: Vaccines may have small amounts of chemicals. These include mercury, aluminum and formaldehyde. But in such small amounts, they aren't unsafe.

Some vaccines contain egg and gelatin. These may cause rare reactions in some people. Before getting a shot, tell your doctor if you or your child is allergic to any medicine or food.*

*Sources available upon request.

Guidelines to Good Health for adults

MEN & WOMEN	AGE	HOW OFTEN
Health exam (including, height and weight assessment, body mass index evaluation and obesity counseling, alcohol/drug abuse, tobacco use and injury)	18 – 49 50 – 65+	Every 1 to 5 years Every 1 to 3 years
Blood pressure screening	18+	Every 2 years if blood pressure is ≤ 120/80 Every year if blood pressure is higher than 120 – 139/80 – 89 Screen more frequently if needed
Diabetes screening	18 – 65+	Every 3 years with blood pressure ≥ 135/80.
Colorectal cancer screening	18 – 49 50 – 75 76+	If at high risk, ask your doctor Fecal occult blood test OR Sigmoidoscopy every 5 years with fecal occult blood test every 3 years OR Colonoscopy every 10 years Ask your doctor
Glaucoma screening	18 – 64	If at high risk, ask your doctor
Osteoporosis screening (including bone mineral density test)	50 – 64 65+	Ask your doctor Every year
HIV screening	18 – 64 65+	One test for everyone Every year if high risk

A quote from
The Heart:
“I like it when you get me all pumped up.”

MEN	AGE	HOW OFTEN
Cholesterol and lipid screening	35+	Every 5 years; more often with risk factors
Prostate cancer (digital rectal exam and/or prostate-specific antigen test)	50 – 74	Ask your doctor
WOMEN	AGE	HOW OFTEN
Cholesterol and lipid screening	20 – 45+	Ask your doctor
Osteoporosis screening	50 – 64 65+	Ask your doctor Test
Mammogram (with or without clinical breast exam)	18 – 39 40 – 74 75+	Ask your doctor Every 2 years Ask your doctor
Cervical cancer/ Pap test screening	18 – 64 65+	Every 3 years after becoming sexually active Ask your doctor
Chlamydia screening	Under 24 (sexually active) 25+ (if high risk) Pregnant women	Every year Every year Screen
Pregnancy (prenatal visits)	Childbearing	Week 6 – 8: First visit Week 14 – 16: 1 visit Week 24 – 28: 1 visit Week 32: 1 visit Week 36: 1 visit Week 38 – 41: Every week
Pregnancy (postnatal visits)	Childbearing	Once 21 – 56 days after delivery
IMMUNIZATIONS	AGE	HOW OFTEN
MEN & WOMEN	AGE	HOW OFTEN
HPV (human papillomavirus)	Females, 9 – 26 Males, 9 – 26	3 doses Ask your doctor
Tdap	After age 12	1 dose
Tetanus	18 – 65+	Once every 10 years
Flu	18 – 65+	Every year
MMR	18 – 49	1 – 2 doses if needed
Varicella (chicken pox)	18 – 65+	2 doses if needed
Hepatitis A, Hepatitis B, Meningococcal	18 – 65+	If high risk
Pneumococcal (meningitis and pneumonia)	18 – 64 65+	If high risk 1 dose. If you received a dose before age 65, and 5 or more years have passed since the first dose, get another dose at age 65.
Zoster (shingles)	60+	One dose

Guidelines to Good Health for children

Regular well-child visits and scheduled immunizations for childhood diseases can help keep your child healthy. Ask your child's doctor about what schedule is right for him or her.

BOYS & GIRLS	AGE	HOW OFTEN
Well-child exam Parental education: nutrition; development; injury and poison prevention; SIDS; coping skills; tobacco-use screening; secondhand smoke; height, weight and body mass index	0 – 24 months 2 – 18 years	11 visits 6 visits
Neonatal and hearing screening	Birth (after 24 hours)	Once
Cholesterol screening	2+ years	Ask your doctor
Lead screening	Between 9 months and 18 months	Once
Vision screening	2 – 6 years 7 – 12 years 13 – 21 years	Before starting school Every 2 years Every 3 years
Preconception and pregnancy (prevention and counseling)	12+ years or earlier if sexually active	Every year
GIRLS	AGE	HOW OFTEN
Cervical cancer Pap test	13 – 21 years if sexually active	Every 3 years
Chlamydia and sexually transmitted infection screening, including HIV screening	13 – 21 years if sexually active	Every year

IMMUNIZATIONS BOYS & GIRLS	AGE	HOW OFTEN
HPV (human papillomavirus)	Females, 9 – 26 years Males, 9 – 26 years	3 doses Ask your doctor
DTaP	2, 4, 6 months 15 – 18 months 4 – 6 years	1st, 2nd, 3rd dose 4th dose 5th dose
Rotavirus	2 – 6 months	Complete series
Tdap	11 – 12 years	1 dose
Hepatitis A	12 months 18 – 24 months	1st dose 2nd dose
Hepatitis B	Birth 1 – 2 months 6 – 18 months	1st dose 2nd dose 3rd dose
IPV-polio	2 months 4 months 6 – 18 months 4 – 6 years	1st dose 2nd dose 3rd dose 4th dose
HiB-haemophilus	2 – 15 months	Complete series
Flu	6 months – 8 years 9 – 21 years	2 doses first year, then every year Every year
MMR (measles, mumps and rubella)	12 – 15 months 4 – 6 years	1st dose 2nd dose
Varicella (chicken pox)	12 – 15 months 4 – 12 years	1st dose 2nd dose
Meningococcal	11 – 12 years 16 – 18 years	1 dose Booster
Pneumococcal conjugate (pneumonia)	2 months 4 months 6 months 12 – 15 months	1st dose 2nd dose 3rd dose 4th dose



Quick takes: 2012 social media stats

→ Facebook

- Monthly active users now total nearly 1 billion. (Source: [thenextweb.com](#))
- 488 million users regularly use Facebook mobile. (Source: *All Facebook*)
- Facebook hosts 42 million "Pages" with 10 or more likes. (Source: *Jeff Bullas*)
- More than 1 million websites have integrated with Facebook in various ways. (Source: *Uberly*)
- 80 percent of social media users prefer to connect with brands through Facebook. (Source: *Business2Community*)

→ Twitter

- 175 million tweets were sent from Twitter every day in 2012. (Source: *Infographics Labs*)
- In 2012, 1 million accounts were added to Twitter every day. (Source: *Infographics Labs*)
- 11 accounts are created every second on Twitter. (Source: *Infographics Labs*)

→ YouTube

- 60 hours of video are uploaded to YouTube every minute.
- More than 4 billion YouTube videos are viewed every day.
- More than 4 billion hours of video are watched each month on YouTube.
- 700 YouTube videos are shared on Twitter each minute. (Source: *YouTube*)

Social media and health care: Working together to make you better

Connecting with you is very important to us. We're always looking for ways to share information that can make you a better, more informed consumer and a healthier person. Hearing back from you is also very important to us, which is why we want to make communicating with you as easy as possible. Social media allows us to share information and hear from you.

Being present in social media allows us to communicate important news as it happens, as well as share helpful information about us, health care reform and the health insurance industry.

So far, we've used social media to answer members' insurance questions on Facebook. We've posted blogs about health care reform and how to live a healthier lifestyle. We've also created videos about breast cancer awareness and held special contests. As we expand our presence on social media, we'll add even more information you can use to live healthier.

Our hope is that members will continue to engage with us through social media. With your help, we'll build our social channels into a valuable tool for members and nonmembers alike, helping all make informed and important health care decisions.

▶ Where to find Blue Cross Blue Shield of Michigan and Blue Care Network

On Facebook

[facebook.com/MiBCN](#)
[facebook.com/HealthierMI](#)
[facebook.com/BCBSM](#)



On Twitter

[twitter.com/bcbsm](#)
[twitter.com/HealthierMI](#)



On YouTube

[youtube.com/user/bcbsmnews](#)



Our blogs

[mibluesperspectives.com](#)
[ahealthiermichigan.org](#)



Blue Ribbon Doctors announced

Last issue, we asked you to nominate your doctor for Blue Ribbon distinction if he or she provides excellent service in the following areas: accessibility, appointments, attention, clarity, knowledge, preventive care and referrals.

Well, we asked, and you answered! Below are a few of your responses:

Pam Currie on Dr. Samuel Vasiu (Howell, Mich.):

He is kind, caring, takes time to explain medical issues, side effects, provides information and material as needed for preventing and healing injuries. The office staff is awesome, they are helpful, serious when needed and provide a sense of humor.

Gerald Lomashewich on Dr. Julie Kowacz (Rockford, Mich.):

I am so glad I found Dr. Kowacz. She has made my complicated medical conditions easy to understand. She always takes the time explain things. Dr. Kowacz's assistants are very top notch. Thank you, Dr. Kowacz!

Jackie Joy on Dr. John Duhn (Walker, Mich.):

Dr. Duhn listens to me. He sees me as an individual and



provides personal care that addresses my concerns and my health goals. He always takes the time to explain things so that I can manage and monitor my health outside his office. He respects me, takes my concerns seriously and treats me like an equal partner in taking care of my health.

Stacey Brown on Dr. Heather Holmstrom (Ann Arbor, Mich.):

I always leave her office feeling like I am a part of my medical care. She always explains why she recommends a treatment or inaction. I truly trust Dr. Holmstrom with my medical needs. I'm very grateful that she's my primary physician.



For a complete list of member-nominated Blue Ribbon doctors, go to bcbsm.com/bcnfeedback.

Your questions answered — 24/7

You have questions. BCN Customer Service has answers. Now we'll be able to answer your questions any time, day or night, with our new automated system.

A warm and friendly voice answers your call, asks what you're calling about and then directs you to a menu of answer options. The new system can pick up accents, regional differences and the various ways members might ask for help, and direct them appropriately.

"With this advanced technology, we can service our members seven days a week, 24 hours a day," said Gail Ross, vice president, Customer Service.

Use our automated system to get information about:

- Coverage
- Claims status
- Benefits and copays

- Coordination of benefits (for group contracts)
- Billing, including outstanding balances and payment history (for individual contracts)
- ID card requests
- Primary care physician verification

If your question is more complex, simply ask to speak to one of our dedicated Customer Service representatives. They're trained exclusively to meet your needs.



As always, to contact us, call the Customer Service number on the back of your Blues ID card. You can reach a representative Monday through Friday from 8 a.m. to 5:30 p.m.

> Health care reform: A first look at the basics

You've probably heard about our health care system and the health care reform law. There's a lot of information swirling out there, and it's hard to make sense of it all. So what's really going on?

> Why health care reform and why now?

Currently, we spend over 17 percent of every earned dollar on health care. In addition to that, almost half of all Americans have chronic diseases — diabetes, asthma, heart and cardiovascular disease — that currently cause about 70 percent of all U.S. deaths. Add to this the fact that many people are not insured or don't have as much insurance as they need. These are big things to deal with. Congress passed the health care reform law as the first step in addressing them.



> What exactly is health care reform?

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. The companion bill, the Health Care and Education Reconciliation Act, was signed on March 30, 2010. Together, these two bills constitute the national health care reform law, known as the Affordable Care Act.

Beginning in 2014, U.S. citizens and legal residents will be required to have health insurance — whether you purchase it on your own, get it through your employer, or are covered by a government program such as Medicaid or Medicare. The law requires everyone to have a standard set of basic medical benefits covered in their plans. The Affordable Care Act also introduces the Health Insurance Marketplace.

> What is the Health Insurance Marketplace?

Starting in Oct. 1, 2013, eligible individuals may buy health insurance through the Health Insurance Marketplace. If you don't get insurance from your employer or parents or through a government-sponsored program, the Marketplace is where you can buy insurance if you meet the eligibility requirements.

Think of **Expedia.com** or **Amazon.com**, where you can compare different products in one place. The Marketplace is meant to give people a place to compare and understand health plans from different companies so that you can choose the plan that's best for you.

If you don't have access to a computer or the Internet, you'll be able to reach the Marketplace by phone and, in certain areas, walk-in centers will be available.



> Health care is evolving and there's a lot to wade through. We're here to help guide you by providing you with easy-to-understand information about these changes so you can make the best health care decisions for your family. To learn more, please visit healthcarereformbasics.com.

**KIM COLEMAN, M.D.**

Pediatric Specialists of Bloomfield Hills, P.C.
43097 Woodward Ave., Suite 201, Bloomfield Hills
Years in practice: 20

Affiliations/organizations: Medical Director,
United Physicians, Inc.; Fellow, American Academy
of Pediatrics; Medical Staff Member, Beaumont
Hospital — Royal Oak and Troy

**> What's the best part about being a pediatrician?**

Having the opportunity to promote parents' appreciation for each stage of their child or adolescent's life. Parents grow along with their children. I consider it a privilege to serve as a trusted adviser to parents as they acquire the skills they need to help their children mature into healthy young adults.

> Can you share with us a recent success story?

The introduction of the group-visit option for our well-child visits has been a win for both patients and doctors. Starting at 4 months of age, we invite all patients to participate in a group visit with four to six other patients and parents. During that visit, the doctor leads discussion of development, feeding and other general topics in an informal setting. Parents also can ask questions and interact with one another. The physical examinations and immunizations are performed individually, but the majority of the visit involves the group.

> Tell us about Pediatric Specialists of Bloomfield Hills and the services it offers.

One of our unique services is that we provide in-home visits for all newborns. We feel this allows new parents the opportunity to get settled in at home and get off to a good start during this important life transition. Since opening our practice eight years ago, we've focused on providing state-of-the-art care along with outstanding service.

We use electronic health records, have extended access for appointments and offer direct telephone access to our doctors 24/7. We're recognized by BCBSM as a patient-centered medical home practice.

> Have you seen any trends among your patients?

We're noticing an increasing need for behavioral health services in primary care practice. Several times each day I find circumstances, such as post-partum adjustment disorders, anxiety and school performance issues, in which behavioral intervention or counseling would be beneficial. Addressing these issues promptly and effectively can have a tremendous impact on the overall quality of life for a family. It's my hope that in the future these services can be incorporated into primary care practice.



Expanded benefit pays for autism diagnosis and treatment

We've expanded our coverage of the diagnosis and treatment of autism spectrum disorders.

For Blue Care Network members who receive a diagnosis of a covered autism spectrum disorder (autistic disorder, Asperger's disorder and pervasive developmental disorder not otherwise specified) and a recommendation for applied behavioral analysis treatment from a BCN-approved autism evaluation center, covered services can include

applied behavior analysis if provided by a board-certified behavior analyst.

The expanded benefit is for members through age 18. However, coverage may continue beyond the age limit if BCN determines the services are medically necessary.

BCN-approved autism evaluation centers and participating board-certified behavior analysts are listed online at bcbsm.com/autismfaq. The list is updated periodically as we

expand our provider network to ensure access to care for our members with autism spectrum disorders.

The expanded benefit complies with a new Michigan law that mandates coverage for the diagnosis and treatment of autism spectrum disorders. If you have a question about your benefits, call Customer Service Monday through Friday from 8 a.m. to 5:30 p.m. at the number on the back of your ID card.

Become a board member: Applications due May 31

You can influence the course of your health plan by becoming a Blue Care Network or Blue Care of Michigan Inc. board member. Our board members meet regularly to develop corporate policy, monitor financial stability and ensure compliance with the law. These paid positions hold a three-year term.

The BCN board includes representatives of the BCN, BCN Advantage HMOSM and BCN Advantage HMO-POSSM membership. We have six openings on our 18-member board.

The BCMI board has three directors. One of the directors is elected by BCMI subscribers — people who have health care coverage in the Personal Plus plan.

To be eligible, you must be:

- A BCN, BCN Advantage or BCMI member in good standing
- A Michigan resident
- At least 21 years old
- Able to attend board and committee meetings

You are not eligible if you are:

- A Blue Care Network or Blue Cross Blue Shield of Michigan employee, an employee of the BCBSM

subsidiaries Accident Fund Insurance Company of America and LifeSecure, or a relative of an employee of these organizations

- Responsible for or have a financial interest in Blue Care Network's business
- A BCBSM member (BCBSM has its own board)
- A subscriber who has coverage through BCN Service Company, including employees of Meijer, University of Michigan and Metropolitan Hospital

Applications must be submitted by May 31. To request an application, you can:

- Email bcnboardnominations@bcbsm.com
- Call and leave a voice message at 1-800-482-1112
- Send a letter to: Blue Care Network Board Elections, ATTN: Julie Swantek, MC 2115, 600 East Lafayette Blvd., Detroit, MI 48226- 2927
- Visit bcbsm.com/bcnelections

Applications will be reviewed and candidates will be selected for each of our four regions by a board committee. Ballots will be in the next edition of *Good Health* and elections take place this fall.





You asked. We've listened. And we're making Blue Care Network better.

Understanding your health care coverage should be easy, but at times, it can be complicated. Based on input from you, your employers and your doctors, we've made some changes to make it easier to use your coverage.

Saving you time — longer lasting referrals

All referrals for BCN members can be written for a minimum of 90 days. Referrals for three chronic conditions — oncology, rheumatology and renal management — will last a full year.

Longer referral time frames lessen the need to get extra time on your referral during treatment so that you can concentrate on what matters most — getting the care you need.

New pharmacy transition-fill program

If you're new to BCN, you can receive up to a 30-day supply of almost any prescription at the cost of your normal copay, within the first 90 days of coverage. Some restrictions apply. We'll notify you and your doctor about the transition-fill prescription and encourage you both to discuss available drug options. This program does not apply to existing BCN members.

Easy to use online resources: New bcbsm.com

We merged **MiBCN.com** into **bcbsm.com** to provide easy access to all your health care plan information. The site features an improved tips and advice section, plan information, calculators and tools.

24/7 telephone access to coverage information

Our interactive voice response system gives you 24/7 access to answers about coverage, eligibility and claims status. And as always, you can speak to our customer service representatives during regular business hours (8 a.m. to 5:30 p.m. Monday through Friday).

New pilot program helps you navigate the health care maze

Health Advocate™ is a pilot program that helps you and your family navigate through the health care system. You can get help making an appointment with a hard to reach specialist, answers to questions about test results and even help transferring medical records. Our Customer Service and Care Management teams are still available to answer routine questions, but if you need help with something a bit more complex, contact Health Advocate.

More to come

We're still listening and making improvements, so stay tuned for more enhancements.

Check out the new bcbsm.com

By now you may have heard the news or experienced the new **bcbsm.com** for yourself. We've improved our website to give you a better online experience. We started by merging **MiBCN.com** with **bcbsm.com** so you can explore all that the Blues have to offer in one location.

If you've already visited the site, you know that you're still able to find all of BCN's health care information and wellness tools. We've enhanced and improved things like our tips and advice section, plan information, and calculators and tools — all designed to help you make smarter health care decisions.

Here's a sample of what you'll find:

- A fresh, new home page with a cleaner design and regionally themed images based on your location
- Easier-to-find information about coverage, health and wellness
- Improved navigation that focuses on shopping for and purchasing health plans
- Easy access to all your health care plan information in one location

And we're just getting started. More innovative changes are on the way, so stay tuned!



KEEP YOUR ID CARD WITH YOU

Bring your Blue Care Network ID card with you each time you visit your health care provider. If you receive a new or replacement ID card, you might notice a couple of changes. For example, we've changed our web address (found in the upper left corner of the back of the card) to **bcbsm.com**. These changes do not affect your coverage.





Formulary quick guide

The best value for your prescription dollar

For members
with BCN
drug coverage

Your drug formulary is a regularly updated list of medications that may be covered under your drug benefit. The medications were selected for their clinical effectiveness, safety and opportunity for cost savings. Only drugs that have been approved by the Food and Drug Administration are included. The formulary is categorized by tiers, indicating the level of copayment required. Tier 3 (Nonformulary) drugs are not included in the list that follows. The complete formulary is available at bcbsm.com/BCNdruglists.

Tier	Description	Legend
1 Formulary preferred	<ul style="list-style-type: none"> Mostly generic drugs Safe and effective Lowest copayment Tier 1 brand name drugs in Blue 	<p>(g) Generic version available and will be dispensed.</p> <p><s> Specialty drug</p> <p>OTC Over the counter</p> <p>PA Prior authorization required. Clinical criteria must be met.</p> <p>(QL) Quantity limit</p> <p>ST Step therapy required. Clinical criteria must be met.</p> <p>*Coverage depends on member's drug rider.</p>
2 Formulary options	<ul style="list-style-type: none"> Safe and effective Higher copayment 	

ADHD/ADD

Formulary Preferred/Tier 1

Adderall (g) (QL)
Adderall XR (QL)
 Concerta (g) (QL)
 Dexedrine (g) (QL)
 Focalin (g) (QL)
 Metadate CD (g) (QL)
 Procentra (QL)
 Ritalin, LA, SR; Methylin, ER (g) (QL)

Allergy, asthma and respiratory

Formulary Preferred/Tier 1

Accolate (g)
 Accuneb (g)
 Albuterol nebulizer solution (g)
Alvesco
Asmanex
 Astelin nasal spray (g)
 Atrovent nasal spray, solution (g)
 Duoneb (g)

Flonase (g)
Flovent Inhaler
 Intal solution (g)
 Metaproterenol solution (g)
 Mucomyst (g)
 Nasalide (g)
 Nasarel (g)
 Nasacort AQ (g) (ST)
 Proventil solution (g)

Pulmicort QVAR

Singulair (g) (QL)
 Vospire ER (g)
 Xopenex solution (g)
Formulary Options/Tier 2
 Advair (QL)

Astepro nasal spray
 Atrovent inhaler
 Combivent
 Dulera (QL)
 Foradil
 ProAir HFA inhaler
 Serevent Diskus
 Spiriva (QL)
 Symbicort (QL)
 Ventolin HFA inhaler

Anticonvulsants

Formulary Preferred/Tier 1

Carbatrol (g)
 Depakene (g)
 Depakote, ER, Sprinkles (g)
 Diamox, Sequels (g)
 Dilantin (g)
 Felbatol (g)
 Gabitril 2, 4mg (g)
 Keppra, XR (g)
 Klonopin, Wafers (g)
 Lamictal, Disper Tablets (g)
 Mysoline (g)
 Neurontin (g)
 Phenobarbital (g)
 Tegretol, XR (g)
 Topamax (g)
 Trileptal, Soln. (g)
 Zaronin (g)
 Zonegran (g)

Formulary Options/Tier 2

Banzel
 Dilantin Infatabs
 Gabitril
 Lamictal Dosepak
 Sabril <s>

Tegretol XR 100 mg
 Vimpa

Antidepressants

Formulary Preferred/Tier 1

Anafranil (g)
 Celexa (g)
 Desyrel (g)
 Effexor, XR (g) (QL)
 Elavil (g)
 Lexapro (g) (QL)
 Ludiomil (g)
 Luvox (g)
 Nardil (g)
 Norpramin (g)
 Pamelor; Aventyl (g)
 Paxil CR (g) (QL)
 Paxil Tablets (g)
 Prozac (g)
 Prozac weekly (g) (QL)
 Remeron, Soltab (g)
 Serzone (g) (PA)
 Sinequan; Adapin (g)
 Surmontil (g)
 Symbyax (g)
 Tofranil (g)

National Drug Take-Back Day

You may have participated in the recent National Drug Take-Back Day event. But for those of you who are new to this initiative, the Drug Enforcement Administration had designated April 27 as National Prescription Drug Take-Back Day. This event is held twice a year. It gives people across the country a safe way to dispose of old, unwanted prescription drugs.

More than 7 million Americans currently abuse prescription drugs. Each day, about 2,500 teens abuse prescription pain killers for the first time. In Michigan, there were more than 200 teenage deaths related to narcotics abuse in 2010.

The DEA, working with state and local law enforcement agencies, sets up collection sites across the country. Before

the April 27 event, the last take-back event was held in the fall of 2012. At that time more than 244 tons (488,395 pounds) of unwanted or expired medicines were collected for safe and proper disposal from more than 5,000 collection locations across the country. Collection totals are not yet available for the April event.

Please do your part to curb the epidemic of prescription drug abuse. Stay tuned for more information about the fall National Drug Take-Back Day event.

To learn more about the National Prescription Drug Take-Back initiative, visit dea.gov.

Tofranil PM (g)
Venlafaxine ER (g) (QL)
Wellbutrin, SR (g)
Wellbutrin XL (g) (QL)
Zoloft (g)

Formulary Options/Tier 2
Moban

Antifungals

Formulary Preferred/Tier 1

Ancobon (g)
Diflucan (g)
Grifulvin-V suspension (g)
Gris-PEG (g)
Lamisil tablets (g)
Mycexel Troche (g)
Nizoral (g)
Nystatin (g)
Sporanox capsules (g)
Vfend (g)

Formulary Options/Tier 2

Noxafil
Sporanox solution
Vfend suspension

Antihistamines

Formulary Preferred/Tier 1

Astelin nasal spray (g)
Atarax; Vistaril (g)
Benadryl (g)
Clarinet 5 mg (g) (PA) (QL)
Claritin; Alavert (OTC) (g)
Claritin-D (OTC) (g)
Periactin (g)
Polaramine (g)
Xyzal (g) (QL) (ST)
Zyrtec, Zyrtec-D (OTC) (g)

Formulary Options/Tier 2

Astepro nasal spray

Anti-infectives

Formulary Preferred/Tier 1

Adoxa (g) (PA)
Amoxil (g)
Augmentin, ES, XR (g)
Bactrim, DS; Septra, DS (g)
Biaxin, XL (g)
Ceclor, CD (g)
Ceftin (g)
Cefzil (g)
Cipro (g)
Cipro XR (g) (PA) (QL)
Cleocin (g)
Dicloxacillin (g)
Doryx (g) (PA) (QL)
Duricef (g)
Erythromycin (g)
Floxin (g)
Keflex (g)
Levaquin (g)
Macrobid (g)
Macroclantin (g)
Minocin; Dynacin (g)
Monodox (g) (PA) (QL)
Omnicef (g)
Pediazole (g)
Penicillin VK (g)
Periostat (g)
Spectracef (g) (QL)
Tetracycline (g)
Trimethoprim (g)
Vantin (g)
Vibramycin; Vibratabs (g)
Zithromax (g)

Formulary Options/Tier 2

Avelox, ABC

Antipsychotics

Formulary Preferred/Tier 1

Clozaril (g) BE
Fazaclo 25, 100 mg (g) (ST)
Geodon (g)
Haldol (g)
Loxitane (g)
Mellaril (g)
Navane (g)
Prolixin (g)
Risperdal (no copay) (g)
Risperdal M-Tab (g)
Seroquel (g)
Stelazine (g)
Thorazine (g)
Zyprexa; Zydys (g)

Formulary Options/Tier 2

Abilify, Discmelt (ST)
Orap

Birth Control*

Formulary Preferred/Tier 1

Alesse; Levlite (g)
Cyclessa (g)
Demulen (g)
Depo-Provera 150mg (g)
Desogen; Ortho-Cept (g)
Estrostep Fe (g)
Femcon Fe (g)
Lo/Ovral (g)
Loseasonique (g) (QL)
Loestrin, Fe (g)
Lybrel (g)
Mircette (g)
Modicon (g)
Necon 10/11 (g)
Nordette; Levlen (g)
Norinyl (g)
Ortho-Cyclen (g)
Ortho Micronor; Nor-QD (g)
Ortho-Novum (g)
Ortho Tri-Cyclen (g)
Ovcon-35 (g)
Ovral (g)
Plan B, One-Step (g)
Seasonale (g) (QL)
Seasonique (g) (QL)
Tri-Norinyl (g)
Triphasil; Trilevlen (g)
Yasmin (g)
Yaz (g)

Formulary Options/Tier 2

Depo-SubQ Provera 104
Generess FE
Ortho Tri-Cyclen Lo
Ortho Evra (QL)

Bladder control

Formulary Preferred/Tier 1

Bentyl (g)
Detrol (g)
Ditropan, XL (g)
Levbid (g)
Levsin, SL (g)
Levsinex (g)
Sanctura (g)
Urispas (g)

Formulary Options/Tier 2

Detrol LA

Cardiovascular (heart and high blood pressure)

Formulary Preferred/Tier 1

Accupril/Accuretic (g)
Aceon (g)
Agrimol (g)

Aldactone/Aldactazide (g)
Altace capsules (g)
Arixtra (g) <s>
Avalide (g) (QL) (ST)
Avapro (g) (QL) (ST)
Betapace, AF (g)
Blocadren (g)
Bumex (g)
Caduet (g) (QL)
Calan, SR; Isoptin, SR (g)
Capoten/Capozide (g)
Cardene (g)
Cardizem, SR, CD, LA (g)
Cardura (g)
Catapres, TTS (g)
Cordarone (g)

Coreg (g)
Corgard (g)
Corzide (g)
Coumadin (g)
Cozaar/Hyzaar (g) (QL)
Demadex (g)
Diamox, Sequels (g)
Digoxin elixir/tablets (g)
Diuril (g)
Dynacirc (g)
Hydrodiuril; Microzide (g)
Hygroton; Thalitone (g)
Hytrin (g)
Imdur; Ismo; Monoket (g)
Inderal, LA (g) (QL)
Inderide (g)
Inspra (g)
Isordil (g)
Kerlone (g)
Lasix (g)
Lopressor, HCT (g)
Lotensin, HCT (g)
Lotrel (g)
Lotrel 5/40 mg, 10/40 mg (g) (QL)
Lovenox (g) <s>
Lozol (g)
Mavik (g)
Maxzide; Dyazide (g)
Minipress (g)
Moduretic (g)
Monopril, HCT (g)
Nimotop (g)
Nitroglycerin (g)
Nitromist (g)
Normodyne (g)
Norvasc (g)
Plavix (g)
Plendil (g)
Pletal (g)
Prinivil; Zestril (g)
Prinzide; Zestoretic (g)
Procardia, XL; Adalat CC (g) (QL)
Rythmol, SR (g)
Sectral (g)
Sular (g)
Tarka (g)
Tenex (g)
Tenoretic (g)
Tenormin (g)
Teveten (g)
Tiazac (g)
Tidid (g)
Toprol XL (g)
Trental (g)
Uniretic (g)
Univasc (g)
Vaseretic (g)
Vasotec (g)
Verelan, PM (g)
Zaroxolyn (g)
Zebeta (g)
Ziac (g)

Formulary Options/Tier 2

Benicar, HCT (ST) (QL)
Brillinta (QL)

Same medicine. Same results. Less money.

Did you know that 86 percent of all prescriptions for BCN members are dispensed as generics? Using generic drugs can save you as much as 90 percent compared to brand name medications. On average, generics cost 40 to 60 percent less than brand name drugs.

Generic drugs have the same active ingredients and are proven to be just as safe and effective as their brand name counterparts. When the Food and Drug Administration approves a generic version of a brand name drug, you can be sure that the drug has been carefully tested for purity and strength.

Cheaper does not mean lower quality.

Generic drugs work the same as brand name drugs. The Food and Drug Administration requires that they have the same active ingredients as their brand name version. They must have the same strength and be administered in the same way, but they may differ in color and shape.

Generic drugs are less expensive because they cost less to make. Companies that make generics don't have to spend as much on testing and development or marketing as the original patent holder. Also, there's more competition among producers when drugs are no longer protected by patents.

Dyrenium
Edecrin
Effient (QL)
Iprivask <s>
Multaq (QL)
Nitro-Bid ointment
Nitromist
Nitrostat sublingual tablets
Pradaxa (QL)
Xarelto (QL)

Central nervous system (miscellaneous)

Formulary Preferred/Tier 1

Aricept, ODT (g)
Cogentin (g)
Dostinex (g)
Eldepryl (g)
Eskalith, CR (g)
Exelon capsules (g) (QL)
Lithium citrate (g)
Lithobid (g)
Mirapex (g)
Parcopa (g)
Parlodel (g)
Provigil (g) (PA) (QL)
Razadyne, ER (g)
Requip (g)
Requip, XL (g) (QL)
Sinemet, CR (g)
Stalevo (g)
Symmetrel (g)
Formulary Options/Tier 2
Apokyn <s>
Azilect
Comtan
Eldepryl
Exelon patch, solution (QL)
Namenda, solution
Nuedexta (PA) (QL)
Rilutex

Cholesterol-lowering

Formulary Preferred/Tier 1

Caduet (g) (QL)
Colestid (g)
Fibricor (g)
Lescol (g) (QL)
Lipitor (g) (QL)
Lofibra (g) (QL)
Lopid (g)
Mevacor (g) (QL)
Pravachol (g) (QL)
Questran, Light (g)
Tricor (g) (QL)
Zocor (g) (QL)
Formulary Options/Tier 2
Crestor (QL) (ST)
Niaspan
Welchol
Zetia (QL)

Diabetes treatment

Formulary Preferred/Tier 1

Actos (g) (QL)
ActoPlus Met (g) (QL)
Amaryl (g) BE
Diabinese (g)
Diabeta; Micronase (g)
Glucophage, XR (g)
Glucotrol, XL (g)
Glucovance (g)
Glynase (g)
Metaglip (g)

Orinase (g)
Precose (g)
Starlix (g)
Tolinase (g)
Formulary Options/Tier 2
Apidra Solostar
Duetact (QL)
Humulin/Humalog vials
Lantus, Solostar
Levemir
Novolin/Novolog pen
Novolin/Novolog vials
Prandin

Female Hormones

Formulary Preferred/Tier 1

Activella (g)
Aygestin (g)
Climara (g) (QL)
Estrace (g)
Estratest, HS (g)
Femhrt (g)
Ogen; Ortho-Est (g)
Prometrium (g)
Provera (g)
Vivelle (g) (QL)

Formulary Options/Tier 2

Alora (QL)
Crinone (PA)
Endometrin (PA)
Enjuvia (QL)
Estraderm (QL)
Estring (QL)
Femhrt 0.5mg-2.5mcg
Premarin, Low Dose
Prempro, Low Dose
Premphase
Prochieve
Vagifem (QL)
Vivelle-DOT (QL)

Gastrointestinal agents

Formulary Preferred/Tier 1

Antivert (g)
Axid (Rx only) (g)
Carafate, solution (g)
Compazine (g)
Cytotec (g)
Kytril (g) (QL)
Marinol (g)
Pepcid (Rx only) (g)
Phenergan (g)
Prevacid (Rx only) (g) (ST)
Prevacid Solutab (g) (ST)
Prilosec, (OTC) (g)
Protonix (g)
Reglan, solution (g)
Tagamet (Rx only) (g)
Zantac (Rx only) (g)
Zegerid (g) (PA) (QL)
Zofran, ODT (g)

Formulary Options/Tier 2

Emend 80, 125 mg capsules (QL)
Helidac
Pancreaze
Prevpac
Relistor (PA) (QL)
Transderm-Scop
Ultresa
Viokace
Zenpep

Glaucoma agents

Formulary Preferred/Tier 1

Alphagan, P 0.15% (g)
Betagan (g)
Betoptic solution (g)
Cosopt (g)
Pilocar, Isopto-Carpine (g)
Propine (g)
Timoptic, XE (g)
Trusopt (g)
Xalatan (g)

Formulary Options/Tier 2

Alphagan P 0.1%
Azopt
Betoptic S
Isopto Carbachol
Lumigan
Pilopine HS
Travatan Z

Impotence*

Formulary Preferred/Tier 1

Yohimbine (g)
Formulary Options/Tier 2
Caverject (PA) (QL)
Cialis (PA) (QL)
Muse (PA) (QL)
Viagra (PA) (QL)

Interferons and MS therapy

Formulary Preferred/Tier 1

Ribavirin (g) <s>
Formulary Options/Tier 2
Actimmune <s>
Alferon N
Avonex <s>
Copaxone <s>
Infergen <s> (PA)
Intron A <s> (PA)
Peg-intron, Redipen <s> (PA) (QL)
Pegasys, Proclink <s> (PA) (QL)
Rebif <s>

Migraine

Formulary Preferred/Tier 1

Alsuma (g) (QL) (ST)
Amerge (g) (QL) (ST)
D.H.E. 45 (g) (QL)
Fioricet; Esgic, Plus (g)
Fiorinal, with codeine (g)
Imitrex (all) (g) (QL)
Midrin (g)
Phrenilin (g)
Formulary Options/Tier 2
Cafergot (QL)
Ergomar (QL)
Maxalt, MLT (QL) (ST)
Migranal (QL)
Phrenilin Forte

Osteoporosis

Formulary Preferred/Tier 1

Boniva (g) (QL) (ST)
Didronel (g) (QL)
Fosamax, Weekly (g) (QL)
Miacalcin nasal spray (g)
Formulary Options/Tier 2
Actonel (all) (QL) (ST)
Evista

Pain (anti-inflammatory drugs)

Formulary Preferred/Tier 1

Anaprox, DS (g)

Ansaid (g)
Arthotec (g) (PA) (QL)
Clinoril (g)
Daypro (g)
Feldene (g)
Indocin, SR (g)
Lodine, XL (g)
Mobic (g)
Motrin (g)
Naprosyn (g)
Orudis; Oruvail (g)
Ponstel (g)
Relafen (g)
Toradol (g) (QL)
Voltaren, XR; Cataflam (g)
Formulary Options/Tier 2
None

Prostate health

Formulary Preferred/Tier 1

Cardura (g)
Flomax (g)
Hytrin (g)
Proscar (g)
Uroxatral (g)
Formulary Options/Tier 2
Avodart
Jalyn (QL) (ST)

Rheumatoid arthritis

Formulary Preferred/Tier 1

Arava (g) (QL)
Azulfidine, EN-Tab (g)
Imuran (g)
Methotrexate (g)
Plaquenil (g)
Formulary Options/Tier 2
Rheumatrex; Trexall
Enbrel <s> (PA) (QL)
Humira <s> (PA) (QL)

Sleep and anxiety

Formulary Preferred/Tier 1

Ambien (g)
Ambien CR (g) (QL) (ST)
Ativan (g)
Buspar (g)
Dalmane (g)
Halcion (g)
Librium (g)
Niravam (g)
Prosom (g)
Restoril (g)
Serax (g)
Sonata (g)
Tranxene (g)
Valium (g)
Xanax, XR (g)
Formulary Options/Tier 2
None

Smoking-cessation products

Formulary Preferred/Tier 1
Commit Lozenge (OTC) (g) (QL)
Nicotine gum (OTC) (g) (QL)
Nicotine patches (OTC) (g) (QL)
Zyban (g)
Formulary Options/Tier 2
Chantix (QL)

Get answers to **FAQs** about your benefits



There's lots of important health plan information available at **bcbsm.com** and in your *Member Handbook*. For example, your "Rights and Responsibilities" information lets you know all the rights you have as a Blue Care Network member, including what you can expect from us and what you can do as a member. Other topics include:

- Confidentiality and protected health information
- Fraud, waste and abuse
- The appeals and grievance process
- Affirmative statements
- Continuity of care

To order a new *Member Handbook*, please call the Customer Service number on the back of your ID card between 8 a.m. to 5:30 p.m. Monday through Friday, or send a letter to:

Blue Care Network
P.O. Box 68767
Grand Rapids, MI 49516-8767

To review your "Rights and Responsibilities" information online, please visit **bcbsm.com** and type "Rights and Responsibilities" in the search tool, then select your plan information.

Use these guidelines if you need to **see your doctor**

Always call your primary care physician first for all your health care needs — from a routine checkup to an injury or illness (high fever, unusual pain) that requires prompt attention. We encourage members who visit a specialist, obstetrician-gynecologist or behavioral health specialist to share this service information with their primary care physician. Below are some standard guidelines for making appointments.



TYPE OF CARE	DESCRIPTION	TIME FRAME	WHAT YOU NEED TO DO
Preventive care	Physical exam	Within 30 days	<ul style="list-style-type: none"> • Call well in advance. • Bring all prescriptions and over-the-counter medicines. • Always bring immunization records. • Make a list of questions to ask your doctor.
Routine primary care	Treatment for: <ul style="list-style-type: none"> • Nonacute, nonlife-threatening illness, such as a sore throat, cold or rash • Ongoing symptoms, such as rashes or joint and muscle pain • Patients who were seen previously 	Within 10 days	Call ahead to ensure prompt service. If a follow-up visit is needed, schedule it before you leave the doctor's office.
Follow-up care	A previously diagnosed condition, such as an ear infection or high blood pressure	Within 14 days	Keep your appointment, even if you are feeling better.
Urgent care	A condition that is not life-threatening, but is potentially dangerous, such as high fever (101 degrees for more than 24 hours), persistent vomiting, diarrhea or a new skin rash	Within 2 days	Call your primary care physician. Your physician or an on-call doctor will provide care or direct you to an urgent care center near your home. You can also locate an urgent care center near you at bcbsm.com/find-a-doctor .
Emergency care	A condition that causes symptoms severe enough that someone with average health knowledge would believe that immediate medical attention is needed or it could be life-threatening	Immediately	<ul style="list-style-type: none"> • Seek help at the nearest emergency room or call 911. • Contact your primary care physician within 24 hours.
Hospital care	Conditions that require a hospital stay	As needed	Your primary care physician will arrange the hospital care you need and direct the care of any specialists who will see you there.

We have behavioral health specialists available 24 hours a day, seven days a week. You do not need a referral from your doctor.

Use these guidelines when you need **behavioral health care**

Call the mental health help number on the back of your ID card 24 hours a day, seven days a week, to get behavioral health services (substance abuse care and mental health services). A care manager will evaluate your needs and arrange for services. You do not need a referral from your primary care physician. If you are hospitalized, it's a good idea to continue care with an outpatient mental health professional immediately after discharge. Schedule your follow-up appointment to be seen within seven days.

TYPE OF CARE	DESCRIPTION	TIME FRAME	WHAT YOU NEED TO DO
Routine care	Where no danger is detected and the member's ability to cope is not at risk	Within 10 days	Tell the behavioral care manager of any special needs to ensure appropriate referral.
Urgent care	Conditions that are not life-threatening, but face-to-face contact is necessary within a short period of time (for example, severe depression)	Within 48 hours	Call the mental health help number on the back of your ID card.
Emergency care for conditions that are not life-threatening	Conditions that require rapid intervention to prevent deterioration of the patient's state of mind, which, left untreated, could jeopardize the patient's safety	Within 6 hours	Call the mental health help number on the back of your ID card.
Emergency care for life-threatening conditions	A condition that requires immediate intervention to prevent death or serious harm to the patient or others	Immediately	<ul style="list-style-type: none"> • Seek help at the nearest emergency room, or call 911. • Contact your primary care physician within 24 hours.
Hospital care	Conditions that require a hospital stay	As needed	Your primary care physician will arrange the hospital care you need and direct the care of any specialists who will see you there.



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of Michigan**

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