How extra sugar hurts your heart

Are you about to add a spoonful of sugar to your morning coffee? You might want to pass—at least until you’ve read the next few paragraphs.

That sugar you’re about to consume has zero nutrients. And too much added sugar in your diet can pile on pounds and heighten your risk of heart disease. Research suggests that—even if you’re not overweight—a sugar-rich diet by itself may raise your risk of dying from heart disease.

Easy does it

When it comes to your heart, added sugar is risky enough that the American Heart Association (AHA) advises limiting it. That doesn’t mean cutting back on the kind that occurs naturally in foods like fruit or milk. It’s the sugar added to food during processing that can cause problems.

For most men, the AHA recommends limiting added sugar to no more than 150 calories per day—or about 9 teaspoons. For most women, the AHA suggests keeping added sugar to no more than 100 calories per day—or about 6 teaspoons.

Five ways to cut back

To cut out added sugar, try these tips from the AHA:

1. **Read the fine print.** On food labels, watch for ingredients that end in “-ose,” such as maltose or fructose. Also look out for corn syrup, molasses, honey or fruit juice concentrate. They’re all added sugars.

2. **Swap out soda.** Thirsty? Make water your first choice. If you want some variety, try sugar-free or low-calorie beverages.

3. **Trim and trim again.** Cut back half the amount of sugar, syrup and honey you add to foods. Then gradually reduce from there.

4. **Satisfy with spice.** Add flavor with ginger, allspice, cinnamon or nutmeg rather than sugar.

5. **Redo recipes.** When baking sweets, reduce the sugar by one-third to one-half. Chances are you won’t taste the difference.

Better together

**GUNDERSEN HEALTH PLAN AND UNITY HEALTH INSURANCE MERGE**

Gundersen Health Plan and Unity Health Plans Insurance Corporation are excited to announce that we have finalized our merger agreement. The agreement was approved unanimously by the boards of directors of both companies after clearing the regulatory process in late April.

This new partnership creates an opportunity for both health plans to expand and become stronger. Goals of the partnership include:

- Facilitating a way for patients to access local health systems
- Managing the health of larger populations
- Using the best of each organization’s products and practices
- Allowing the organizations to be more competitive at the statewide and regional level

Gundersen Health Plan, a subsidiary of Gundersen Health System, and Unity Health Insurance, an affiliate of UW Health, will now be operated by a joint management team. We look forward to exciting changes that will benefit our members and customers. As a consolidated organization, we will continue to provide Customer Service from existing health plan offices located in Middleton, Onalaska and Sauk City.

Please continue to contact your local health plan Customer Service team with questions.
Find your medical home

When it comes to getting healthcare, it’s smart to have a place to call your medical home.

In a medical home, you and your doctor get to know each other. Your doctor leads a team of nurses and other providers who manage your overall health—the whole you.

This team can meet most of your needs. That might be wellness checkups or managing an ongoing health problem. If you also need a specialist, your doctor helps you find one. Your doctor will also stay updated on your care.

It makes for more streamlined care. That can mean less hassle for you—and more peace of mind.

Do you see other healthcare professionals?
Do you see a healthcare provider for depression, anxiety or other mental health support, for example? If so, we encourage you to talk to your medical doctor to make sure he or she can access those health records when needed. This will help your doctor provide the best care possible.

Have you changed doctors?
If you have changed doctors, be sure to ask your former clinic to send your records to your new doctor.

Sources: Agency for Healthcare Research and Quality; American Academy of Family Physicians; American College of Physicians

What type of exerciser are you?
FIND YOUR FITNESS MATCH

If you can find an exercise style you enjoy, you’re more likely to stick with it.

Think of it as your fitness personality. For instance, some people go to a gym. Others are happy exercising at home. You might crave heart-pounding workouts or extended bike rides.

Find your groove
So what type of exerciser are you? The answer may help you find activities you’re likely to stick with over time. Here are four main types:

**Planner.** These exercisers tend to like familiar activities within their comfort zone. Often that means exercising alone. You might enjoy taking brisk walks, riding a bike, working with hand weights and fitness DVDs, or doing pushups and lunges at home.

**Social butterfly.** Does exercising with others sound like fun? Perhaps a partner or a group workout would keep you moving. If you like to socialize:
- Join a community sports league

**Go-getter.** Do you like to set goals and track your progress? If so, here are a few ways to stay motivated:
- Aim to increase your walking or cycling distance a little at a time.
- Train for a 5K race.
- Set a goal for weights or pushups—and then work toward it.

**Adventurer.** Do you love the outdoors? Look into hiking trips or bike tours in your area. Stepping out of your routine—and into some gorgeous scenery—might be your motivation to move.

Of course, you could relate to more than one style. But these ideas can be a good starting point. When you find an activity you look forward to, it’s easier—and more fun—to make fitness part of your day.

Sources: American Council on Exercise; American College of Sports Medicine
3 ways to lift your mood

Try these time-tested ways to make a bad day better.

1. **Write—or tell a friend—about three things you are grateful for.** It’s hard to feel jealous or bitter at the same time you’re feeling grateful. Repeat as necessary.

2. **Do a small good deed for another person.** Try to fit five acts of kindness into your day. You might pick a friend up from the airport, help a stranger carry groceries or pay for the coffee of the person behind you in line.

3. **Take a negative thought you often have and ask yourself: Is it really true?** Chances are, it isn’t—or it’s not as bad as you think. Often, we are our own worst critics. Instead, focus on the good things you’ve done and what you’ve learned from hard times.

Source: American Psychological Association; Mental Health America

---

Food can **affect your mood**

You know that what you eat affects your body. But here’s a surprise: Food can also affect your mood.

In fact, if you feel cranky or tired, changing how you eat might help you feel better. Why? Some foods can help change your brain chemistry and lift your spirits. For a better mood, try these five tips.

1. **Be choosy about carbohydrates.** Carbs can boost a brain chemical that helps you feel calm. They might also help ease depression. But you have to eat the right ones. Good choices include whole-grain breads, brown rice, oatmeal, fruits and veggies. Go easy on white starchy foods, such as white bread and rice. And limit sugary foods, such as cookies, candy and soda. These carbs may make you moody.

2. **Pick protein.** Is it mealtime? Do you feel like a snack? Be sure to have some protein. You’ll feel full longer. And this can help make mood swings less likely. Protein can also help you feel alert. Choose lean, heart-healthy protein, such as eggs, skinless poultry, low-fat milk products and lean cuts of red meat.

3. **Get your omega-3s.** Foods rich in these fatty acids can improve your mood. They can also improve heart health. Oily fish, such as salmon and sardines, are good sources of omega-3s. So are walnuts, ground flaxseeds, soy nuts and canola oil. It’s usually best to get omega-3s from food. Check with your provider before you take any supplement, including one with omega-3s.

4. **Factor in folate and B vitamins.** Research reveals that low levels of folate and vitamin B12 in your body may be tied to depression. So help yourself to plenty of folate-rich food. Enjoy leafy greens, beans and oranges. For vitamin B12, try wild salmon (fresh or canned), lean meat or dairy products. Breakfast cereal is also fortified with both of these vitamins. Just be sure it’s whole-grain.

5. **Dial into vitamin D.** There’s a chance that low levels of vitamin D may be linked with SAD. That’s short for seasonal affective disorder. It’s a type of depression that occurs in the winter. (You might know SAD as the winter blues.) Fatty fish, like salmon, has vitamin D. Most milk has vitamin D added to it. And yogurt, orange juice and soy drinks often have it added to them too.

Source: Academy of Nutrition and Dietetics; American Heart Association; Centers for Disease Control and Prevention; Mental Health America; National Institutes of Health
Making the grade

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool health plans use to measure the quality of care and services we provide—including care that helps you stay healthy and care you need if you get sick. Consumers can use the results to help compare health plans, and we use the results to see where we can improve.

HEDIS includes more than 70 standardized measures. These measures address many areas of care—from how many patients receive beta-blocker medicines after a heart attack to how many have discussed physical activity with their healthcare provider.

Gundersen Health Plan Senior Preferred HEDIS 2015 results

Based on HEDIS 2015, Senior Preferred performs above the 90th percentile for many measures such as breast and colorectal cancer screening and controlling high blood pressure.

In addition, we are working to improve measures such as antidepressant medication management and osteoporosis management in women who had a fracture.

For a more detailed overview of all quality measures or for a copy of our program evaluation or description, please contact Gundersen Health Plan Quality Management at (800) 394-5566.

The source for data contained in this article is Quality Compass® 2015. Quality Compass and HEDIS are registered trademarks of the National Committee for Quality Assurance.

NOTICE OF WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women’s Health and Cancer Rights Act (Women’s Health Act) was signed into law in October 1998. The Women’s Health Act amended the Employee Retirement Income Security Act of 1974 (ERISA) and the Public Health Service Act (PHS Act). This federal law requires group health plans to provide certain coverage for breast reconstruction following mastectomies. This coverage took effect on Jan. 1, 1999.

Your group health plan provides coverage for mastectomies. As part of this coverage, your plan also covers the procedures necessary to effect reconstruction of the breast on which the mastectomy was performed, as well as the cost of prostheses (implants, special bras, etc.) and physical complications of all stages of mastectomy, including lymphedemas.

This mandate also requires your plan to provide the following coverage to a member who elects breast reconstruction in connection with such mastectomy:

• Reconstruction of the breast on which the mastectomy has been performed
• Surgery and reconstruction of the other breast to produce symmetrical appearance
• Coverage for prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Under the Women’s Health Act, coverage of breast reconstruction benefits is subject to the same deductibles, coinsurance and copayments consistent with those established for other benefits under your plan. Please contact your Customer Service representative if you have any questions regarding this notice.
In the United States, about 1 in 20 people will develop colorectal cancer. Testing for colorectal cancer, cancers of the colon or rectum, saves lives. But only about 1 in 3 adults in this country gets the necessary testing.

There are three main tests for colorectal cancer. Each can find cancer early. That’s when it’s most likely to be cured. These tests are:
• Stool tests, which look for blood in the stool.
• Flexible sigmoidoscopy and colonoscopy. Both tests look for cancer and precancerous growths called polyps in the rectum and colon. Flexible sigmoidoscopy and colonoscopy can also prevent cancer. That’s because doctors can remove polyps during the test—before they turn cancerous.

When should testing start?
Most people should start testing at age 50. But if you’re at extra risk for colorectal cancer—for example, if it runs in your family—you may need testing sooner. Ask your doctor when to begin and which screening test is best for you.

Finally, be aware that diet, exercise and body weight can all affect your risk of getting colorectal cancer. To protect yourself:
• Eat more fruits and veggies and less red and processed meat
• Exercise regularly
• Try to stay at a healthy weight

Sources: American Cancer Society; Centers for Disease Control and Prevention

How will my test be covered?
Mammograms, colonoscopies, Pap smears and cholesterol tests are all examples of tests that can be done as wellness or medical services. The health plan pays for the tests differently, depending on why they are being completed.

<table>
<thead>
<tr>
<th>Wellness (preventive care)</th>
<th>Medical (problem-related care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness services are doctor visits and tests that help you stay healthy. This is care you get when you are not having problems, to help you stay well. These services are paid for in-full by your health plan when completed in certain time frames.</td>
<td>Medical services are doctor visits and tests that help you when you are sick or have a health problem. These services are paid for by your health plan based on your plan’s cost-sharing (deductible, coinsurance and copay amounts).</td>
</tr>
</tbody>
</table>

If you have any questions about your coverage, please call Customer Service.
Gundersen Health Plan Senior Preferred is committed to preventing, detecting and investigating fraud, waste and abuse. This commitment is essential in order to maintain an affordable healthcare system, and to ensure the continuation of the Medicare program for seniors.

What is fraud, waste and abuse?
Fraud is generally defined as intentional misuse of information in an effort to receive payment. Waste involves using, consuming or spending thoughtlessly or carelessly. Abuse involves improperly using program resources for personal gain. Here are some examples:

- A provider billing for medical services or items that were not ordered or provided
- A provider providing services or items that a person does not need or are not medically necessary
- A provider billing for services that are more complex than what was actually performed, resulting in higher costs
- A patient who may or may not be ill seeing doctor after doctor in order to obtain multiple prescriptions for painkillers
- A member receiving suspicious phone calls asking for personal health information

Reporting fraud, waste and abuse
If you suspect fraud, waste or abuse, you can report it to Senior Preferred and we will investigate. To protect yourself from fraud, review any bills that you receive from healthcare providers. If you see something that does not look right, you should report it.

How to report
To report any suspected fraud, waste or abuse, you can contact Senior Preferred Customer Service:
- Local telephone number: (608) 775-8077
- Toll-free telephone number: (800) 394-5566
- Email address: hpcustomerservice@gundersenhealth.org
- Senior Preferred Compliance Hotline local: (608) 784-0477
- Senior Preferred Compliance Hotline toll-free: (877) 532-8879

Callers may remain anonymous if preferred. All information will be kept strictly confidential to the fullest extent possible. No retaliatory action will be taken or will be allowed against any person who reports potential issues. Once an issue is reported, Senior Preferred will begin an investigation and will report to the appropriate authorities, if necessary.
Heartburn medication risks

Some common prescription medicines used to treat heartburn (acid reflux) are being closely looked at due to safety concerns. Studies have shown there may be health risks for people who use them for a long period of time. Risks include higher chances of dementia, chronic kidney disease and heart attack, among other problems. These medicines are known as Proton Pump Inhibitors (PPIs) and include:

- Omeprazole (Prilosec)
- Pantoprazole (Protonix)
- Lansoprazole (Prevacid)
- Esomeprazole (Nexium)
- Rabeprazole (Aciphex)
- Dexlansoprazole (Dexilant)

The use of PPIs for longer than four to eight weeks is not recommended for most people. If you have been taking a PPI for a long time, ask your doctor if you need to keep taking it. For most people with heartburn, occasional use of other medicines, such as H2 blockers or antacids, can work well to treat symptoms. Options include ranitidine, famotidine, chewable calcium and antacids. Lifestyle changes can also be very effective in reducing heartburn symptoms. These include avoiding food and drink triggers, reducing stress, quitting smoking, and losing weight.

If you have been taking a PPI for a long time, do not stop taking the medicine all at once. It’s best to stop taking it gradually. This will help you avoid heartburn symptoms coming back. First, decrease to the lowest available dose for a week or two. Then take the lowest dose every other day and then every third day until you stop taking the medicine totally.

Jeremy Fejfar, PharmD

Dr. Fejfar has been a pharmacist with Gundersen Clinic Pharmacy since 2003. He is also the health plan clinical pharmacy director. Dr. Fejfar earned his doctorate in pharmacy from South Dakota State University. He is a member of the Pharmacy Society of Wisconsin.

Formulary updates

All pharmacy benefit information applies only to members with prescription Part D drug coverage through Senior Preferred. Injectable and intravenous drugs may not be added to the formulary due to possible coverage under the medical (Part B) benefit. These drugs may require an approved prior authorization to be in place for coverage under the medical benefit.

If you have any questions about the availability of discounts for the drugs you are taking or about the Medicare Coverage Gap Discount Program in general, please contact Customer Service.

To learn more, visit the pharmacy section of the Senior Preferred member website at seniorpreferred.org. You will find information about the formulary and drugs requiring prior authorization. You can also contact Customer Service at hpcustomerservice@gundersenhealth.org or (608) 775-8077 or (800) 394-5566.

### SENIOR PREFERRED PART D FORMULARY UPDATES

| New generic drug additions to tier 1 preferred generics | OLOPATADINE HCL 0.1% EYE DROPS |
| New generic drug additions to tier 2 nonpreferred generics | NORG-EE 0.18-0.215-0.25/0.025 |
| New drug additions to tier 3 preferred brands | PRADAXA 110 MG CAPSULE (QL) |
| New drug additions to tier 4 nonpreferred brands | BELBUCA (QL) |
| New drug additions to tier 5 specialty medications | ALECENSA (QL, PA) |

PA: Requires prior authorization  
ST: Requires use of a first line drug under step therapy program  
QL: Quantity limits are in place
When a loved one has memory loss

It’s never easy when someone you’re close to has Alzheimer’s disease or dementia. Maybe you’re caring for a spouse at home or have a dear friend in the early stages of memory loss.

The challenges can take a toll. But these suggestions may help:

- **Learn all you can.** The more you know about the disease, the more you can help your loved one. You can get started online at [www.morehealth.org/alz](http://www.morehealth.org/alz) and [www.alz.org](http://www.alz.org).
- **Educating yourself can help you handle challenges.** For instance, the National Institute on Aging offers tips like these:
  - Try not to correct the person every time he or she forgets something.
  - Be patient when he or she has trouble finding the right words.
  - Use gentle touch to guide your loved one.
  - Do fun things together, like taking walks or visiting friends.

Visit us

Our offices are located at
3190 Gundersen Drive, Onalaska, WI, and at the Resource Center located in the Gundersen Lutheran Medical Center – La Crosse Clinic at
1836 South Ave., La Crosse, WI.

Our network of providers

To learn if a healthcare provider is in the Gundersen Health Plan Senior Preferred network:

- Check our Provider Directory online at [gundersenhealthplan.org/spdirectory](http://gundersenhealthplan.org/spdirectory).
- Call Customer Service at (608) 775-8077 or (800) 394-5566.

Visit our website

[seniorpreferred.org](http://seniorpreferred.org)

Email us

[hpcustomerservice@gundersenhealth.org](mailto:hpcustomerservice@gundersenhealth.org)

Talk to a nurse 24/7

Do you have a health question or concern? Do you think you may need to go to the doctor, but you aren’t sure? You have free access to a Nurse Advisor 24 hours a day, 7 days a week. Call (800) 858-1050 or (608) 775-4454.

Give your comfort foods a healthy boost

When it comes to fat, salt and sugar content, comfort foods can really take you out of your comfort zone. To make your favorite foods healthier, try these tips:

- For cheesy dishes, choose strong-tasting varieties—like Parmesan or sharp cheddar—so you can use less.
- Try low-sodium and reduced-fat soups in creamy casseroles.
- Make dips with nonfat Greek yogurt instead of mayo.
- Swap regular french fries for sweet potato fries.
- Instead of a chocolate bar, have chocolate-dipped strawberries.
- Slip spinach into your favorite casseroles, mac and cheese, meatloaf, and pizza—and take added comfort in knowing you made them healthier!

Sources: American Diabetes Association; Produce for Better Health Foundation