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Healthy EndeavorsSM
Fall 2019



**BlueCross
BlueShield**
Federal Employee Program.

Start your pregnancy off right

According to the Centers for Disease Control and Prevention, healthy habits are the best way to help your pregnancy go more smoothly. These tips give you the best chance of having a healthy pregnancy and a healthy baby.

Eat right

Eat foods from all five food groups. These include fruits, vegetables, grains, protein and dairy. Choose whole grains, non- or low-fat dairy, lean meats and fish.

Ask your healthcare provider about prenatal vitamins and folic acid right away to help prevent serious birth defects.

Stay active

Being at a healthy weight can help lower your risk for problems during pregnancy. Exercising during pregnancy is safe and has many benefits, including reducing back pain and constipation.

Talk with your provider about an exercise routine that's safe for you.

Manage medicines and conditions

Talk with your provider about being pregnant and managing your chronic health conditions. Do not forget to tell him or her about any prescription or over-the-counter medicines you are taking. If any are unsafe for pregnancy, he or she can help you stop taking the medication or find an alternative.

Schedule a visit

As soon as you think you are or know you are pregnant, visit your provider. Regular prenatal care helps prevent complications and keep track of your baby's development.

Earn healthy rewards for prenatal care

A healthy pregnancy is just the beginning; get off to a great start. If you are pregnant, you may earn up to \$125 in rewards on your MyBlue[®] Wellness Card.

1. Earn \$50 by visiting www.fepblue.org/bha and completing the online Blue Health Assessment (BHA).
2. Receive a free Pregnancy Care Box upon request on MyBlue[®].
3. Earn \$75 by sending us a copy of your provider-signed medical record from your first trimester visit (go to www.fepblue.org/maternity to see what types of medical records are required).

For a **FREE Your Child's Healthcare Record** book, call 1-984-364-3523.

Take charge of your low back pain

Kick-start your plan to end your low back pain. Because back pain usually goes away on its own, you may not need to see your healthcare provider.

If your pain is unbearable or you have numbness, tingling, weakness in your legs, fever or unusual weight loss, call your provider right away.

You might think you need imaging (an X-ray, CT scan or MRI) for your low back pain. You probably don't. Taking an image of the inside of your body does not take the pain away. Talk with your provider first.

Causes

Back pain can start in each person for different reasons. Some possible causes of low back pain include:

- Aging
- Injury
- Herniated disk
- Narrowing of the spine

Risks

CT scans and X-rays use radiation, which can build up over time and be harmful to you. It is best to avoid radiation when you can. Call our 24/7 Nurse Line at **1-888-258-3432** or Teladoc® at **1-855-636-1579** to speak with a health professional about pain and treatment.

Pain

Tell your provider what your pain level is and how long you have had the pain. Ask him or her what the best way to manage your pain is and what type of movement would help lessen your pain, such as walking.

Your healthcare provider will determine whether you need medicine. An over-the-counter medication may manage your pain. A prescription pain medication may be needed.

You might also try heat and cold for your pain. Heat helps to relax the muscles in your lower back. Try a heating pad, electric blanket, or a warm bath or shower. A cold compress may reduce inflammation and help numb pain. See which one works best for your pain.

Treatments

Your provider may suggest physical therapy (PT), which includes different treatments. These usually are massage, stretching, electrical stimulation and others. A physical therapist can teach you exercises to help ease pain in your lower back.

Talk with your provider about these other possible treatment options:

- Acupuncture
- Yoga
- Massage
- Cognitive behavioral therapy
- Progressive muscle relaxation

Some of these treatments may not be covered by your insurance plan.





Ask the doctor: When should I take antibiotics?

Kelly Hill, M.D.



It starts out as the sniffles, but by the time you wake up the next morning, you know it's here: a cold. And it feels like a bad one. Stuffy head, sore throat, coughing, sneezing, the works. Time to call your healthcare provider and get some antibiotics, right? Maybe not.

Antibiotics can be powerful medicine. But you must use them safely and correctly, says the Centers for Disease Control and Prevention. And sometimes that means not using them at all.

Q. Will antibiotics help get rid of my cold or flu?

A. The first thing to know is that antibiotics are not an all-purpose cure. If you have a bacterial infection — like pneumonia or strep throat — they can be a big help. But most common colds and the flu are caused by different kinds of germs called viruses. So antibiotics won't help you fight these illnesses at all.

That's why you should take antibiotics only when your doctor says they are necessary. Not sure if you have a virus or bacterial infection? Ask your doctor for advice.

Q. Should I take antibiotics to keep other people from getting sick?

A. No. Don't take them unless your doctor says you need them for your illness. They won't prevent other people from catching your cold or the flu. And they can create stronger bacteria that are harder to treat.

To learn more about antibiotic use, visit www.cdc.gov/antibiotic-use/community/pdfs/aaw/AU_Arent_Always_The_Answer_fs_508.pdf.

Q. Can antibiotics be harmful?

A. Yes. Antibiotics work by fighting bacteria that make you sick, but bacteria can learn how to resist an antibiotic. The more often you take antibiotics when you don't need them, the bigger the risk that you can end up with stronger bacteria that are very hard to treat. These resistant bacteria can cause serious illness or even death. That's why you should take antibiotics only when your doctor says they are necessary.

Q. When I feel better, can I stop taking the antibiotics?

A. No, take all the medication as it was prescribed by your provider. If you use only part of the medicine, it can mean you treated only part of the infection.



Living well with diabetes

You can live well with diabetes no matter the season. Taking care of your health can also help your diabetes. The American Diabetes Association says that every person with diabetes needs his or her own care plan. But there are steps everyone with diabetes can take to improve their own diabetes care. Here are tried-and-true tips for taking care of yourself and your diabetes:

- **Know your condition.** Talk with your healthcare provider to be sure you understand what diabetes is, how it affects your body and what you can do to keep it under control.
- **Monitor your glucose level every day.** For most people, the target blood glucose level before eating is between 80 and 130 mg/dl. About two hours after the start of a meal, it's less than 180 mg/dl. If you're not sure what your target levels are, check with your provider.

- **Follow a diabetes meal plan, such as the DASH eating plan.** If you don't have one, talk with your provider about getting one. For more information on the DASH eating plan, visit www.nhlbi.nih.gov/health-topics/dash-eating-plan.
- **Get physical activity on most days of the week.** Aim to move a total of at least 150 minutes (two hours and 30 minutes) each week.
- **Stay at a healthy weight.** Ask your provider what healthy means for you.
- **See your provider at least twice a year.** Be sure to have your blood pressure, weight and feet checked.

Work with your provider and healthcare team to create the best diabetes care plan for you.



Your diabetes care checklist

- Visit your **Primary Care Physician** every six months for:
 - Hb A1c test
 - Urine test
 - BP control
 - Foot exam for ulcers
- Find a doctor at www.fepblue.org/find-a-doctor.
- Visit your **Eye Doctor**/Eye Care Provider.
- Visit a **Nutritionist** for a low-carb diet.
- Call **1-888-392-3506** for Nurse Health Coach and Education Materials from Healthy Endeavors^{SM1}.
- Call **1-984-364-3798** for a Clinical Pharmacist to help you manage your medications and possibly save money.
- Call **1-984-364-3523** to speak with an **Incentive Program Navigator** and earn up to \$150 toward your out-of-pocket medical expenses.

Keeping hearts healthier

with Medication Therapy Management

Clinical Pharmacists can help you improve your health. Through Medication Therapy Management (MTM), you can understand your medications, how to take them and why you need them. Understanding your medicines is key to protecting your health.

Statins have been hailed as wonder drugs in the fight against heart attack and stroke — common health issues related to heart disease. The American Heart Association says that since heart disease is the number one cause of death for U.S. adults, it's good to know if a statin can work for you.

Ask your pharmacist what statins can do

Your body needs a specific enzyme to make cholesterol. All statins block this enzyme, which causes cholesterol production to slow way down. This means far less cholesterol is flowing in — or clogging up — your arteries.

Work with your Clinical Pharmacist to find the statin that works best for your body and your budget. Also, keep in mind that as patents on name-brand versions expire, more generic statins become available. Your Clinical Pharmacist can help you get statins that are significantly cheaper than the brand-name statins.

Make healthy choices

Your provider can decide if your cholesterol level is too high by testing your blood. Younger adults ages 20 and older should have this done at least once every five years. Men ages 45 to 65 and women ages 55 to 65 should increase their screening to every one to two years. But it's not just a numbers game. Your healthcare provider will carefully consider not only your cholesterol but also your risk for heart attack and stroke.

Even if you're prescribed a statin, it's still important to follow a healthy lifestyle. Concentrate on these practices to manage your cholesterol:

- Stay at a healthy weight.
- Eat lots of fruits, vegetables, whole grains, poultry, fish and nuts. Avoid red meat, fried foods and dairy products made with whole milk.
- Aim for at least 150 minutes (two hours and 30 minutes) of moderate-intensity aerobic activity every week. Break down the 150 minutes into as many smaller sessions as needed.
- If you smoke, ask your provider to help you quit. For nonsmokers, try to limit exposure to second-hand smoke.



Need assistance?
Call your Clinical Pharmacist at
1-984-364-3798.

Should I go to the emergency room?

Emergency departments are busy places. The Centers for Medicare and Medicaid Services says you should only use the emergency room when you need serious medical attention or have a life-threatening condition. Here are some tips to help you know when to go to the emergency room — or when other kinds of care will do just fine.

Healthcare provider

Make your primary care provider your first choice when you need treatment for chronic conditions or preventive care, such as immunizations and check-ups. Building a relationship with your doctor can lead to better care on future visits.

Nurse Advice Line

Do not call the Nurse Advice Line for life-threatening emergencies. Good uses of the Nurse Advice Line include:

- Asking questions about symptoms
- Figuring out where to get care
- Secure email/chat for nonclinical questions
- Requesting educational materials

Urgent care

An urgent care center is a good option when your provider's office is closed or you are unable to get an appointment. These centers are also usually open on nights and weekends. Urgent care centers treat problems such as:

- Minor cuts that require stitches
- Animal bites
- Nausea
- Rashes
- Flu

Emergency room

Call 911 or go to the emergency room when you need immediate care for

ACT-FAST CARE GUIDE

SEEKING ADVICE 24/7 Nurse Line	WANT CARE QUICKLY Telehealth Services	NEED CARE TODAY Primary Care Doctor	NEED CARE SOON Retail Clinic	NEED CARE NOW Urgent Care Center	EMERGENCY 911 or Nearest ER
General questions about health issues or where to go for care	Treatment for minor illnesses and injuries	Diagnosis & treatment of illness, chronic conditions, routine checkups	Health screenings, vaccinations, minor illness or injury	Non-life-threatening illness or injury that requires immediate care	Life-threatening illness or injury (chest pain, signs of stroke, difficulty breathing/moving)
Available by phone at 1-888-258-3432 or online at fepblue.org/myblue	Visit fepblue.org/telehealth or call 1-855-636-1579	Call your doctor's office for an appointment	Walk-in appointments at a clinic in your nearby pharmacy	Walk-in appointments with shorter wait times than the ER	Immediately call 911 or go to your nearest ER
Our registered nurses are available 24/7 by phone, online chat and email	Board-certified doctors available 24/7 via phone, video or the Teladoc® app	Many offer night & weekend hours & 24-hour phone lines	Often open nights & weekends	Open 7 days a week, often with evening hours	Open 24/7
Included with your membership at no cost	Standard Option: \$10 Basic Option: \$15 FEP Blue Focus: First two free ; \$10 for all additional visits <i>Telehealth behavioral health therapists are available 7 a.m. to 9 p.m. local time.</i>	Standard Option: \$25 Basic Option: \$30 FEP Blue Focus: \$10 each for first 10 combined professional service visits	Standard Option: \$25 Basic Option: \$30 FEP Blue Focus: \$10 each for first 10 combined professional service visits	Standard Option: \$30 Basic Option: \$35 FEP Blue Focus: \$25	Standard Option: 15% of our allowance* Basic Option: \$125 per day FEP Blue Focus: 30% of our allowance* Ground Ambulance Transportation: \$100 per day for Standard & Basic Option; 30% of the allowance for FEP Blue Focus

*The calendar year deductible applies in this situation. Standard Option: \$350 per person or \$700 per family; FEP Blue Focus: \$500 per person or \$1,000 per family; Basic Option does not have a calendar year deductible.
The information in this document does not replace the advice of a healthcare provider. You should speak to your provider about any specific health concerns.
This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochures (Standard Option and Basic Option: RI 71-005; FEP Blue Focus: RI 71-077). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.
The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.
請撥打您ID卡上的客服號碼以尋求中文協助。

serious and life-threatening conditions.

These include:

- Difficulty breathing
- Fainting or sudden dizziness
- Chest pain or pressure lasting two minutes or more
- Uncontrolled bleeding
- Coughing or vomiting blood
- Sudden or severe pain
- Changes in vision
- Confusion or changes in mental status or ability to speak

Have a plan

If you do get admitted and need to stay in the hospital, you don't want to end up back after a few days or weeks. Take steps to prevent landing in the hospital again. To continue your path to wellness, you should:

- Review the list of medicines you need to take with your provider before and after you leave the hospital. If you don't fully understand your medications, ask your provider for help to avoid taking them incorrectly.
- Take note of your discharge instructions or ask a family member to write them down. Request that the nurse check your notes to make sure you have them right.
- Make an appointment with your provider within a week of leaving the hospital. Follow-up appointments are important to prevent a return trip to the hospital. See your doctor sooner if you have any worrisome symptoms.



Understanding asthma and COPD

When you're diagnosed with asthma or chronic obstructive pulmonary disease (COPD), it can be difficult to breathe. The American Lung Association says the right diagnosis is important with lung conditions, and education is key to understanding treatment options.

Asthma vs. COPD

Asthma occurs frequently in people with a family history of the disease and often begins in childhood. Symptoms include shortness of breath, wheezing, coughing and chest tightness, and these symptoms flare up during an asthma attack. At other times, symptoms may fade or become minimal.

COPD is different and usually strikes later in life. Most people diagnosed with COPD either used to smoke or still do. Some symptoms — such as chest tightness and coughing — are similar to asthma. Other symptoms, such as mucus production, are specific to COPD. Unlike with asthma, symptoms rarely ever fade completely.

Having both conditions

This dual diagnosis is called asthma-COPD overlap syndrome (ACOS). People at risk for ACOS are typically those with asthma who smoke. But healthcare providers also see cases in those who don't use tobacco.

ACOS means you have some symptoms of asthma and some of COPD. As with COPD, you may often have trouble breathing. But like with asthma, you may have flare-ups or attacks more frequently than someone with COPD alone.

Keep an eye on symptoms

Talk with your healthcare provider. He or she will likely recommend a spirometry test, which measures how much air you can breathe out (and how quickly). You may also need to get a chest X-ray so that your provider can gain a better understanding of your symptoms or condition.

Improving lung health

No matter which lung condition you have, working closely with your health-care team can help control its effects on your everyday life. But there are other steps you can take as well. For instance, if you smoke, it's never too late to quit. Make sure that you're current with all vaccinations, especially the pneumococcal and annual flu vaccine. These viruses can be very harmful to people with a lung disease. In addition, consider asking your provider about pulmonary rehabilitation if you have consistent breathing problems. This type of rehabilitation focuses on managing symptoms, exercising and eating a proper diet.

If you have asthma, learn more about the condition from our RN Health Coaches — call **1-888-392-3506**. To learn more about how you can earn incentive dollars, call **1-984-364-3523** to speak with an Incentive Program Navigator who can help you.

In touch

Leena Mehta
Manager

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Healthy Endeavors^{SM1} members who received health coaching will receive this magazine.



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Chicken quinoa soup

- | | |
|--|------------------------------------|
| 1 cup uncooked quinoa | 2 cups water |
| Olive oil spray | ½ tsp. sea salt |
| 1 lb. boneless, skinless chicken breasts, cut into cubes | ½ tsp. freshly ground black pepper |
| 1 small yellow onion, diced | 1 tbsp. minced fresh parsley |
| 1 cup diced carrots | 1 tbsp. minced fresh thyme |
| 4 cups roughly chopped kale | 1 tbsp. lemon zest |
| 32 oz. unsalted chicken stock or broth | 1 tbsp. lemon juice |

Directions

Cook 1 cup quinoa as directed on the package instructions. Set aside. Spritz a large pot with olive oil spray. Heat on medium-high for two minutes. Then add cubed chicken breasts and sauté until cooked, about five minutes. Add onion and carrots and sauté for five to eight more minutes, until cooked and softened, stirring frequently. Continue stirring and add kale. Sauté for two more minutes or until wilted. Add quinoa, chicken stock and water, then season with salt, pepper, fresh herbs, lemon zest and lemon juice. Cook until everything is piping hot, about five to 10 more minutes.



Per serving:
Makes five servings. Each serving provides: 260 calories, 5 g fat (1 g saturated fat, 0 g trans fat), 70 mg cholesterol, 400 mg sodium, 26 g carbohydrates, 5 g fiber, 4 g sugars, 28 g protein.