THE HEALTH CONNECTION

TOGETHER.
BETTER HEALTH.

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Prescription Opioids: What You Need To Know

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

What are the risks and side effects of opioid use?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

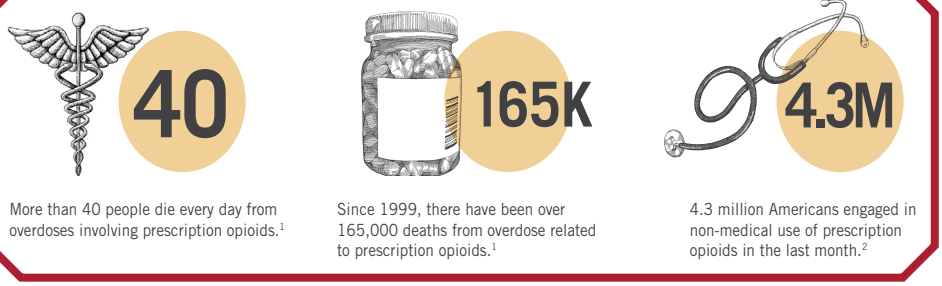
- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

Risks are greater with:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



1 Includes overdose deaths related to methadone but does not include overdose deaths related to other synthetic prescription opioids such as fentanyl. **2** National Survey on Drug Use and Health (NSDUH), 2014

If you are prescribed opioids for pain:

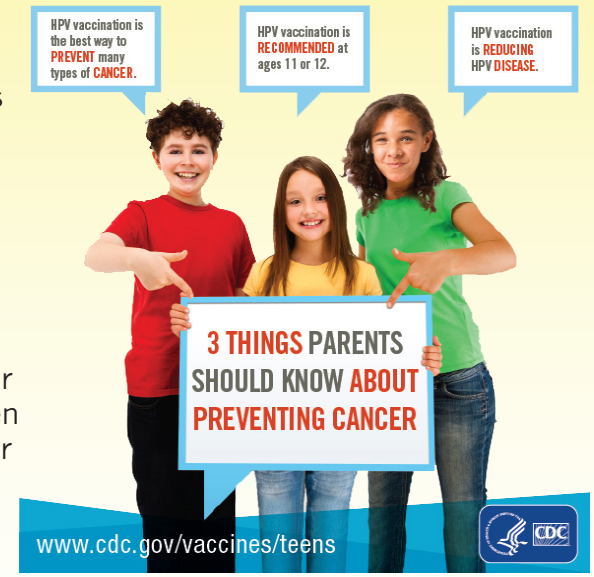
- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider.
- Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids. Find your community drug take-back program or your pharmacy mail-back program.
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call the Substance Abuse and Mental Health Services Administration's national helpline at 1-800-662-HELP.

Vaccines covered at 100% when p

HPV Vaccine for Preteens and Teens

Why does my child need the HPV vaccine?

This vaccine is for protection from most of the cancers caused by human papillomavirus (HPV) infection. HPV is a very common virus that spreads between people when they have sexual contact with another person. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, throat cancer, and genital warts in both men and women. The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. HPV vaccine also produces a higher immune response in preteens than in older adolescents. If your teen hasn't gotten the vaccine yet, talk to their doctor about getting it for them as soon as possible.



What else should I know about the HPV vaccine?

Girls need HPV vaccination to prevent HPV infections that can cause cancers of the anus, cervix, vagina, vulva, and the mouth/throat area. Boys need HPV vaccination to prevent HPV infections that can cause cancers of the anus, penis, and the mouth/throat area. HPV vaccination can also prevent genital warts. HPV vaccines have been studied very carefully. These studies showed no serious safety concerns. Common, mild adverse events (side effects) reported during these studies include pain in the arm where the shot was given, fever, dizziness and nausea. Some preteens and teens might faint after getting the HPV vaccine or any shot. Preteens and teens should sit or lie down when they get a shot and stay like that for about 15 minutes after the shot. This can help prevent fainting and any injury that could happen while fainting. Serious side effects from the HPV vaccine are rare. It is important to tell the doctor or nurse if your child has any severe allergies, including an allergy to latex or yeast.

What's New?



The Shingrix vaccine is covered at 100% if performed by an in-network provider for adults ages 50 years and older.

Based on recommendations from the CDC, Shingrix is now a covered benefit, effective March 15. This is a new vaccine that appears to offer significantly better protection against shingles, a blistering skin eruption that typically affects people 50 and older. Shingrix is the first new shingles vaccine in more than a decade to be approved by the Food and Drug Administration. Shingrix is a two-dose vaccine to be given to people starting at age 50, a full 10 years earlier than previously advised for getting the regular shingles vaccine (also known as Zostavax). The CDC also recommends that people who have already gotten the shingles vaccine should now get Shingrix as well. The new Shingrix is officially the preferred vaccine over the single-dose vaccine. If you have had shingles, which occasionally recurs, you should also get the Shingrix vaccine.

John L Marriotte

performed by in-network providers

Tdap Vaccine: What You Need to Know



Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible. Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months. Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis. Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection. Your doctor or the person giving you the vaccine can give you more information. Tdap may safely be given at the same time as other vaccines.

Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. The Tdap vaccine can protect us from these diseases. And, the Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

Tetanus (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

Diphtheria is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

Pertussis (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

After Vaccination:

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

Resource: Contact the Centers for Disease Control and Prevention (CDC), call 1-800-232-4636 (1-800-CDC-INFO) or visit CDC's website at www.cdc.gov/vaccines.

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Spotlight on Your Benefits and the Calendar Year

Don't forget that when a Health Plan benefit is defined as "per calendar year", the calendar year is January 1 through December 31 of the same year. For new enrollees, the calendar year begins on the effective date of their enrollment and ends on December 31 of the same year. Many preventive benefits are paid one per calendar year. For example, if a member has a preventive (check-up) visit in November, 2017, then the timer starts over January 1, 2018 and the member can have another visit anytime in 2018. Some of the benefits that are covered once per calendar year include:

- One preventive routine examination per person
- A routine gynecological visit
- Routine screening of total blood cholesterol



Other benefits are covered at different intervals of time, but are still based on a calendar year of January 1 through December 31 of the same year. One example is:

Routine mammograms, including 3D mammograms, covered for women age 35 and older

- From age 35 through 39, one is covered during this five-year period
- From age 40 through 64, one is covered every calendar year
- At age 65 and older, one is covered every two consecutive calendar years

Benefits that don't indicate calendar year are paid on a rolling month cycle. For example, external hearing aids are covered every three years, limited to $1,500. If a member purchases a hearing aid in November 2017, the member is not covered again for this benefit until November 2020. In this instance the month and year are part of the rolling month count.