THE HEALTH CONNECTION

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APWU HEALTH PLAN

www.apwuhp.com
(800) 222-2798

COVID-19 vaccinations

Key things you need to know

What you need to know.

- Vaccines are safe and effective.
- You may have side effects after vaccination, but these are normal.
- It typically takes two weeks after vaccination for the body to build protection. You are not fully vaccinated until two weeks after the 2nd of a two-dose vaccine or two weeks after a one-dose vaccine.
- Everyone 16 years and older is now eligible for a COVID-19 vaccination.

Benefits of getting a COVID -19 vaccine.

- All COVID-19 vaccines are currently available in the US have been shown to be safe and effective at preventing COVID-19.
- Getting vaccinated yourself may also protect people around you.
- People who are fully vaccinated can start to do some things that they had stopped doing because of the pandemic.

How do I get the vaccine.

Visit Vaccines.gov or check your state health department or local pharmacy website.

COVID-19 vaccines for High Option members.

Find out who can receive a vaccine and where vaccines are available in your state by going to the link below or search vaccines.gov, text your zip code to 438829, or call 1-800-232-0233 to find locations near you.

Link: https://www.apwuhp.com/members/high-option/covid-19-benefits-for-high-option-members/

Cost of vaccines: What we know.

The federal government is providing the vaccine free of charge to all people living in the United States, regardless of their immigration or health insurance status.

COVID-19 vaccination providers cannot:

- Charge you for the vaccine.
- Charge you directly for any administration fees, copays, or coinsurance.
- Deny vaccination to anyone who does not have health insurance coverage, is underinsured, or is out of network.
- Charge an office visit or other fee to the recipient if the only service provided is a COVID-19 vaccination.
- Require additional services in order for a person to receive a COVID-19 vaccine; however, additional healthcare services can be provided at the same time and billed as appropriate.

COVID-19 vaccination providers can:

- Seek appropriate reimbursement from the recipient's plan or program (e.g., private health insurance, Medicare, Medicaid) for a vaccine administration fee. However, providers cannot charge the vaccine recipient the balance of the bill.
- Seek reimbursement for uninsured vaccine recipients from the Health Resources and Services Administration's COVID-19 Uninsured Program.

Learn more: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html?s_cid=10493:covid%2019%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY21

5 ways to manage back-to-school anxiety during COVID-19



Routine medical care and immunizations are essential to your child's well-being, but emotional health is just as important—especially during times of high anxiety. Good mental health allows children to think and learn, develop socially, and acquire new skills. Children who will be heading back to school in the coming months may have anxiety about being separated from their families after a year of learning from home during the COVID-19 pandemic. Some kids will find it difficult to return to in-person classes or adjust to a hybrid schedule. It's natural for children to experience anxiety after months of being told to wear a mask, wash their hands, avoid touching surfaces, and stay away from other people.
Here are some tips to help parents deal with all of this anxiety and uncertainty.

Talk to your kids.
Let children express their feelings. Be honest and encouraging, but try not to fuel anxiety. Remind kids that schools have taken lots of steps and made new rules to keep everyone safe. If your child asks a question you can't answer, work together to find the answer.

Foster positive thinking.
Encourage kids to focus on the good things about school. Ask what they're looking forward to. What activities do they enjoy? Which friends are they most excited about seeing again?

Build independence.
Practice separation by starting with small steps. Little things like telling a child to play in their room while Dad makes dinner can begin to build tolerance for the longer separation of going back to school.

Establish a routine.
Routines help us feel more secure. Predictability can diminish the uncertainty that fuels anxiety. Always doing the same things in the same way before school can make kids, especially younger ones, feel safe.

Prepare for change.
Remind kids that the whole family has to be flexible. Children who start school in person may need to return to remote learning at some point. Make sure kids understand that things may change to keep everyone safe and healthy.

Source: "Back-to-School Anxiety During COVID" - https://childmind.org/article/back-to-school-anxiety-during-covid/

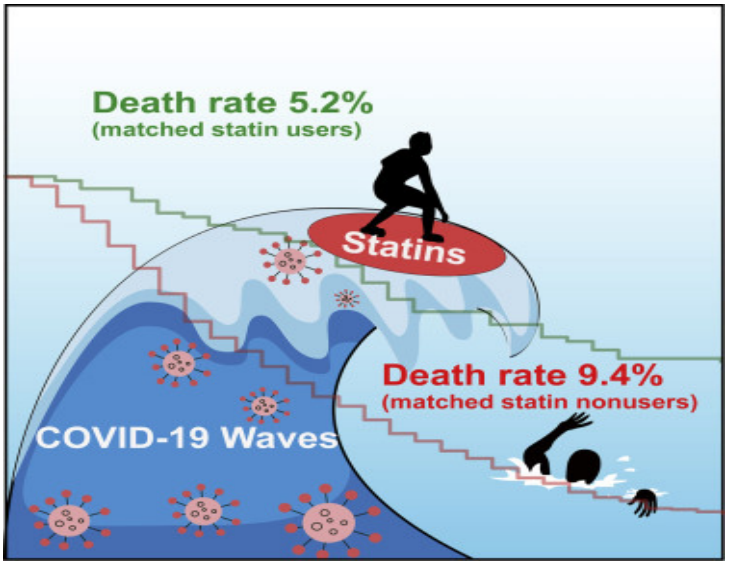
RESEARCHERS STUDY THE USE OF STATINS FOR PATIENTS WITH SEVERE COVID-19

A recent study found that people who took statins to lower cholesterol are about 50 percent less likely to die if hospitalized for COVID-19. The Columbia University study was led by a group of cardiologists who cared for COVID-19 patients during the first wave of the pandemic in New York City in 2020.

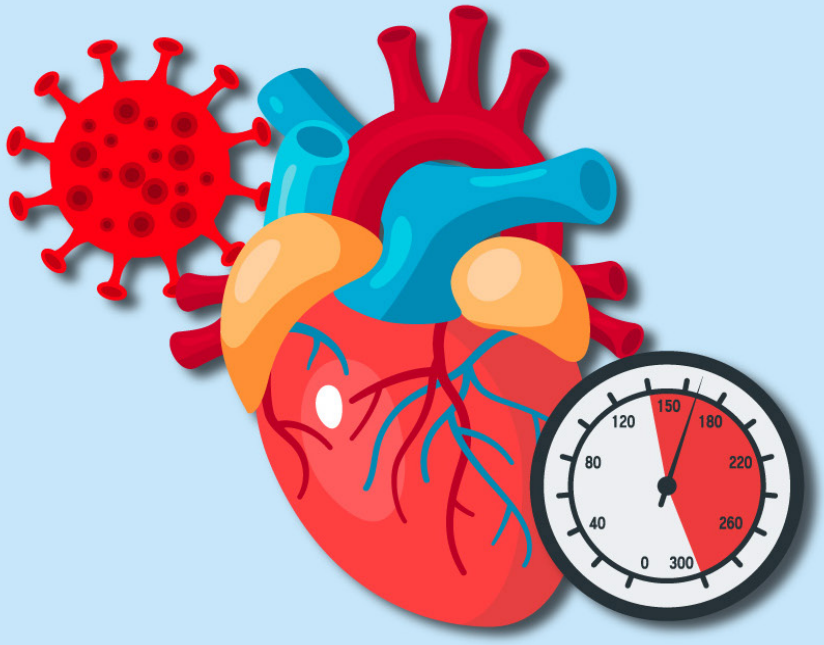
The study found that patients who required hospitalization had high rates of inflammation and blood clotting. Doctors often prescribe statins to lower cholesterol, but these drugs can also fight inflammation and help prevent blood clots. The authors of the study examined the records of more than 2,000 patients with COVID-19 who were hospitalized during the first few months of the pandemic.

Researchers continue to examine the benefits of statins for COVID-19 patients.
Evaluating the benefits of statins in COVID-19 patients requires more studies. Several randomized controlled clinical trials are underway, including studies to determine if statins can prevent hospitalization in COVID-19 patients and lower the risk of death for hospitalized patients.

Source: Nature Communications, "Association between antecedent statin use and decreased mortality in hospitalized patients with COVID-19" - https://www.nature.com/articles/s41467-021-21553-1



How COVID-19 may affect people with high blood pressure



People with uncontrolled or untreated high blood pressure may be at risk of getting severely ill with COVID-19. Untreated high blood pressure may also raise your risk of developing complications from COVID-19. This includes adults with pulmonary hypertension (high blood pressure in the lungs).

More than 100 million Americans have high blood pressure.
High blood pressure, or hypertension, is a common condition where blood flows through your arteries with higher than normal force. Left untreated, high blood pressure can lead to heart disease, stroke, and other health issues.

Researchers have found that adults with high blood pressure may be more likely to get severely ill from COVID-19. Some patients may require hospitalization, intensive care, or a ventilator to help them breathe.

If you have high blood pressure, talk to your health care provider about steps you can take to manage your condition.

Make changes to manage your blood pressure.
Your doctor may prescribe medication to help control your blood pressure, but making healthy lifestyle choices can help, too:

- Eat a heart-healthy diet. Focus on fruits, vegetables, whole grains, poultry, fish, and low-fat dairy foods.
- Cut the salt. Limit your sodium intake to less than 2,300 mg a day. (For most adults, a sodium intake of 1,500 mg a day or less is ideal.)
- Lose weight. Even a small amount of weight loss can reduce your blood pressure.
- Move more. Regular physical activity can lower blood pressure, reduce stress, and help you maintain a healthy weight.
- Avoid alcohol. Alcohol can raise blood pressure.
- Quit smoking. Tobacco causes blood pressure to rise.

Take steps to protect yourself from COVID-19:

- Get a COVID-19 vaccine as soon as you're eligible.
- Wear a facemask.
- Practice social distancing.
- Wash your hands often.

Source: CDC, "Certain Medical Conditions and Risk for Severe COVID-19 Illness"
https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

WHAT YOU NEED TO KNOW ABOUT THE A1C TEST

If you have diabetes, your doctor may use the A1C test to monitor your blood sugar levels.

Diabetes is a condition that causes higher than normal blood sugar levels. It occurs when your body can't make or use a hormone called insulin. The cells in your body need insulin, which is made in the pancreas, to process the sugar (or glucose) in the food you eat. Your body uses glucose for energy.

Why some people have high blood sugar levels.
When sugar enters your bloodstream, it attaches to a protein in your red blood cells. This protein is called hemoglobin. It's normal to have some sugar attached to your hemoglobin. However, people with higher blood sugar levels have more sugar attached to their hemoglobin. The A1C test focuses on the percentage of red blood cells that have sugar-coated hemoglobin.

Do you need an A1C test?
If you have risk factors for prediabetes or diabetes, ask your health care provider if an A1C test is right for you. Doctors use A1C tests to:

- Establish your baseline A1C level.
- Diagnose prediabetes, which can increase your risk of developing diabetes.
- Diagnose type 1 and type 2 diabetes.
- Monitor your diabetes treatment plan.

What the A1C test measures.
The A1C measures your average blood sugar level for the past two to three months. A higher A1C level indicates higher average blood sugar levels. If you have diabetes, higher blood sugar levels can increase your risk of developing complications.

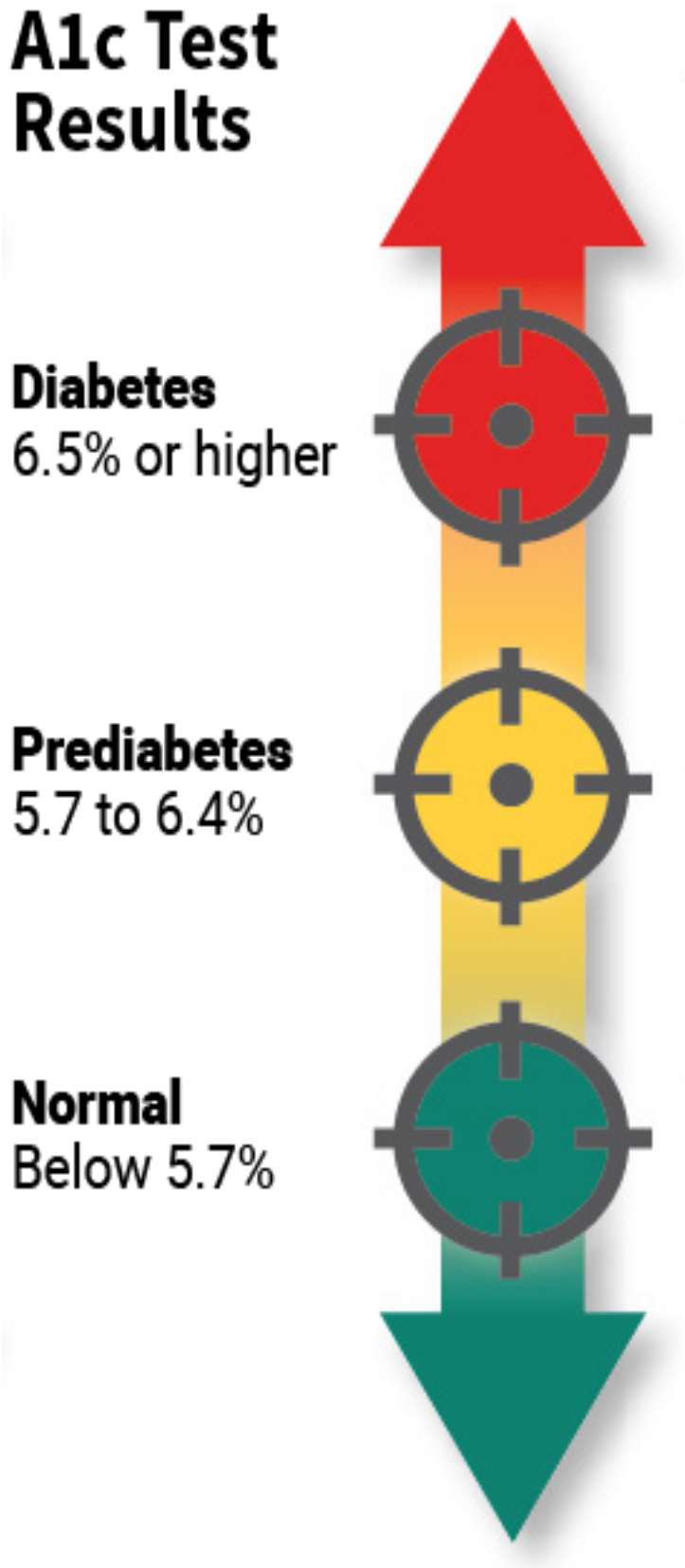
A1C test results are reported as a percentage:

- Normal: below 5.7%.
- Prediabetes: 5.7% to 6.4%.
- Diabetes: 6.5% or higher on two separate tests.

While target levels vary depending on age and other factors, an A1C level of less than 7% is a common treatment target for adults with diabetes. In some cases, your health care provider may recommend a lower or higher target.

How often do you need an A1C test?
If you have diabetes, your doctor will recommend how often you need an A1C test. Testing frequency depends on a number of factors, including your type of diabetes, the medications you take, and how well you're meeting your treatment goals.

Source: Mayo Clinic, "A1C test" - https://www.mayoclinic.org/tests-procedures/a1c-test/about/pac-20384643



With a virtual visit, you can see a doctor 24/7 from the comfort of home

APWU Health Plan covers telehealth visits for High Option and Consumer Driven Option members. You can video chat or speak to a board-certified doctor 24 hours a day, seven days a week, from your mobile device, tablet, or computer.

During a virtual visit, a doctor provides the same level of health care you would receive in an office visit. The online doctor will evaluate your symptoms, offer a diagnosis, and, if needed, send a prescription to your local pharmacy.

Virtual visits are a great option for minor, non-emergency conditions:

- Allergies
- Bladder/urinary tract infections
- Bronchitis
- Colds
- Coughing
- Diarrhea
- Fever
- Flu
- Migraines/headaches
- Pink eye
- Rashes
- Sinus infections
- Sore throats
- Stomachaches
- And more



Telehealth appointment tips.

1. Plan ahead. Decide in advance what device you'll use for your virtual visit—a desktop computer, laptop, smartphone, or tablet. Make sure you have a reliable internet connection.
2. Choose a quiet, private place. Privacy is important for a productive visit, especially if you need to share personal details. Do what you can to eliminate any distractions or interruptions.
3. Get your medical history in order. Bring a complete medical history to your appointment, including personal and family medical conditions, details about your lifestyle, and any medications you take—prescriptions, over-the-counter medications, and supplements.
4. Write down questions. It can be hard to remember everything you want to ask during a virtual visit. Write down important questions for the doctor ahead of time.
5. Review your treatment plan. During the visit, keep a record of your treatment plan, including next steps and any follow-up instructions. Ask your doctor to explain anything that is unclear.

Call 911 immediately or go to the nearest emergency room if you believe you are experiencing a medical emergency.

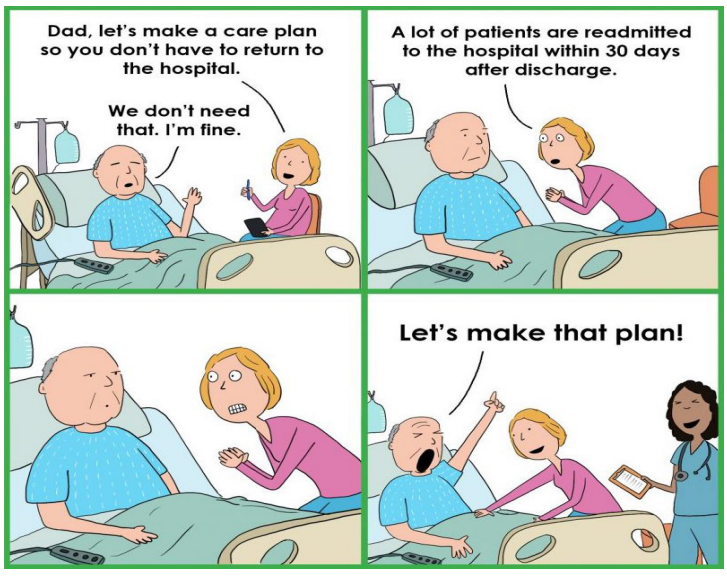
See your primary care provider within 30 days of being discharged from the ER

Leaving the emergency room can be a vulnerable time. To help protect the health and safety of APWU Health Plan members, anyone who visits the emergency room must have a follow-up appointment with a primary care doctor within 30 days.

These follow-up appointments give your doctor a chance to:

1. Find out why you needed emergency care. The goal is to keep you healthy and out of the ER, so your doctor wants to help prevent whatever caused the event from happening again.
2. Review the results of any tests that were performed. Some tests results may not be ready until after you're discharged. Your doctor should review all results to make sure nothing is missed.
3. Evaluate any potential medication changes. Your doctor may also need to monitor any new medications prescribed at discharge.
4. Check your vital signs or repeat blood work. Monitoring blood sugar levels, for example, is particularly important for patients with diabetes.
5. Ensure there aren't any complications. Follow-up appointments also give you an opportunity ask any questions you have about your health and wellness.

Need to find a doctor?
Visit APWU Health Plan online at apwuhp.com and select the Log In or Register button to access your member portal.





Choosing a midwife for your pregnancy and delivery

An increasing number of U.S. families are turning to midwives for maternity care. A midwife is a trained health professional who cares for women and their newborns before, during, and after the delivery of their babies. Midwives care for healthy women who expect to have low-risk, uncomplicated births and may have additional training and credentials for childbirth education and breastfeeding support. The specialization known as midwifery focuses on involving women in decision-making, avoiding unnecessary tests and treatments, and providing flexible, responsive care.

Where midwives practice.
Midwives attend births that take place in hospitals, birth centers, and private homes. In the past, midwives attended a small percentage of births in the United States, but the use of midwifery services has shown a steady increase over time.

Midwives can earn one of three national midwifery credentials.

Certified nurse-midwife (CNM)
CNMs are registered nurses who have training in both nursing and midwifery and have graduated from an accredited nurse-midwifery education program. They become certified by passing an exam and can be licensed to practice nurse-midwifery in all 50 states. Most midwives who practice in the United States are CNMs.

Certified professional midwife (CPM)
CPMs are educated in core content areas and have clinical experience working with pregnant women and newborns. While CPMs are not required to be nurses, they must pass a certification exam.

Certified midwife (CM)
Although CMs are not registered nurses, they're educated in midwifery and other health-related areas and become certified by passing the same exam CNMs must take. Some midwives who offer home birth services lack nationally recognized credentials. Before working with a midwife who is not a CNM, CPM, or CM, ask carefully about qualifications, experience, and relationships with physicians.

Source: Childbirth Connection, "Types of Care Providers" http://www.childbirthconnection.org/healthy-pregnancy/choosing-a-care-provider/types-of-care-providers/

Find out how you can prevent colorectal cancer

Colon and rectal cancer are far too common in the United States. Together, these two cancers are often referred to as colorectal cancer. Colorectal cancer is the third most common type of cancer in the nation, affecting about one in 21 people. The good news is that regular screenings can find colorectal cancer when it's small and may be easier to treat.

Early detection is the key to catching colorectal cancer
Colorectal cancer usually starts as a small growth called a polyp. Even when polyps are pre-cancerous, they rarely cause symptoms. Left untreated, polyps can turn into cancer, but screenings allow doctors to find and remove polyps before they become cancerous.

Is it time for your colonoscopy?
As an APWU Health Plan member, you're covered for colorectal cancer screenings starting at age 50 and continuing until age 75, as long as you choose a network doctor. Colonoscopy is one of the most accurate tests available for colorectal cancer screening. If your doctor doesn't find any polyps, you probably won't need another screening for 10 years.

Reduce your risk factors for colorectal cancer
1. If you smoke or use tobacco, stop. Ask your doctor for help creating a quit plan, and enroll in an APWU Health Plan tobacco cessation program at no cost to you.
2. If you eat a lot of red meat (like beef), cut back and fill your plate with high-fiber fruits and vegetables.
3. If you drink alcohol, try to limit yourself to one drink per day.
4. If you're overweight, take steps to lose weight. Find ways to add moderate physical activity to your daily routine. If you haven't exercised for a while, your doctor can recommend activities that are safe for you.

Remember, colorectal cancer is highly preventable. And when detected early, it's one of the most curable types of cancer.

Source: Cleveland Clinic, "What You Can Do to Catch Colon Cancer Early" https://health.clevelandclinic.org/what-you-can-do-to-catch-colon-cancer-early/

What to do with leftover pain medication

Your doctor may prescribe pain medication, known as an opioid, after surgery or following a serious injury or broken bone. While you may want to keep leftover pain pills in case you need them in the future, it's never a good idea to hang onto unused opioids. If children or pets accidentally ingest leftover prescription opioids, the consequences can be deadly. Opioids can also be stolen and used to get high.

How to dispose of unused opioids.
The best way to dispose of expired or unused pain medicines (and other medications) is through a drug take back program. If a program isn't available in your community, you have other options.

Drug take back programs.
The U.S. Drug Enforcement Administration (DEA) sponsors National Prescription Drug Take Back Day to provide a safe and convenient way to dispose of leftover prescription drugs. Visit takebackday.dea.gov to learn more about upcoming events.

Many communities also have their own take back programs. Check with your local law enforcement officials to find a location near you. Some pharmacies offer drop boxes, mail-back programs, and other ways to help you safely dispose of unused medicines.

Dispose of medicines in your household trash.
If a take back program is not available, you can throw most medicines into your household trash. This includes prescription drugs and over-the-counter drugs (pills, liquids, drops, patches, and creams).

Follow these steps:

1. Remove the drugs from the container and mix them with used coffee grounds, dirt, or cat litter. This makes the medicine unappealing to children and pets.
2. Put the mixture into a zipper storage bag or other sealable container to prevent the drug from leaking or spilling out.
3. Throw the container into the garbage.
4. Scratch out all your personal information on the empty medicine container before you throw it away. This will protect your identity and privacy.

Flushing medicines.
The U.S. Food and Drug Administration (FDA) maintains a list of list of medicines you can dispose of by flushing them down the sink or toilet. To view the list, enter "FDA flush list" into a search engine on your computer or mobile device and select the link at the top of the page. Only flush medicines that are on the list.

Flushing drugs is safe for the water supply.
You may wonder if it's okay to flush medicines because traces of drugs have turned up in rivers, lakes, and drinking water. However, the FDA has found that flushing recommended drugs does not harm the environment. Small amounts of drugs enter water systems when people take medicines as prescribed and naturally pass them through their bodies.

Source: FDA, "Where and How to Dispose of Unused Medicines"
https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines



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TOGETHER.
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How to file an Appeal, a Complaint or a Grievance



You have the right to send us your suggestions, file an appeal, a complaint or a grievance about the Health Plan, a health care service or a health care provider.

Appeal: A dispute of a decision made by the Health Plan pertaining to a pre- or post-service claim. Appeals must be made in writing and submitted within 180 days of the original claim determination.

Complaint: Dissatisfaction with service, policies, administration, health care providers and/or Health Plan staff. You may express your complaint in writing or by contacting Member Services at (800) 222-2798 (High Option) or (800) 718-1299 (Consumer Driven Option).

Grievance: A request for reconsideration of a decision solely based on medical necessity and/or appropriateness of medical treatment. A grievance must be submitted in writing.

Urgent Appeal or Grievance.
If your concern is regarding medical care or treatment that is urgent and requires expedited handling, contact the Health Plan at (800) 222-2798 (High Option) or (800) 718-1299 (Consumer Driven Option).

This pre-service expedited review will be completed within 72 hours. Additional information on the appeal process can be found on our website at www.apwuhp.com or in the official Health Plan Brochure, Section 8.

Your comments and suggestions are important to us as we strive to improve the quality of service and care that we provide to you.

Mail appeals or grievances to:
High Option | APWU Health Plan | P.O. Box 1358 Glen Burnie, MD 21060-1358