

# UNICARE<sub>exchange</sub>

A periodic publication for our UNICARE customers



## UNICARE's Today's Health and Wellness Magazine<sup>SM</sup> NOW ONLINE



*Today's Health and Wellness Magazine*, UNICARE's semi-annual publication that brings our HMO members health and lifestyle information, is now available to all our clients and members within the "Healthy Living" section of the UNICARE website. To view the newly posted magazine, log on to [www.unicare.com](http://www.unicare.com), click on the "Healthy Living" link, then select the "Today's Health and Wellness Magazine" link.

*Today's Health and Wellness Magazine* includes a variety of interesting and useful information that helps our members make informed decisions about their health. Valuable topics are covered

in every issue including women's, men's and family health information, fitness and prevention articles and a section on healthy eating that features easy, nutritious recipes. Informative feature articles address timely health care issues such as the growing epidemic of antibiotic resistance, the relationship between large food portions and our nation's obesity problem and the warning signs of a stroke. Following each article, *Today's Health and Wellness Magazine* also includes contact information to accredited sources so that clients and members can easily locate additional information and resources on any health care topic.

Our HMO members will continue to receive print versions of the magazine. The HMO Member Updates that are included in the print version of the magazine are also accessible online by clicking on the "UNICARE HMO Member Updates" link on the *Today's Health and Wellness Magazine* home page.

While online, be sure to explore additional information, resources and access to discounts through the "Healthy Living" section of our website, including:

**HealthyExtensions<sup>SMH</sup>**—Discounted programs, services and products to help UNICARE members meet their personal fitness and wellness goals;

**Healthwise<sup>®</sup> Knowledgebase**—A comprehensive online resource that provides members with valuable information on diagnosed conditions, medical tests, treatment options and key decision points;

**Health Articles and Resources**—Provides access to detailed information on a variety of health-related issues as well as a wealth of web and organizational resources;

**TLC: The Last Cigarette**—Our tobacco cessation program offers numerous effective resources and tools to assist members in the battle to quit smoking.

<sup>H</sup> HealthyExtensions materials, services and products are not eligible for benefits under a member's benefits plan. Members are fully responsible for the charges associated with these materials, services and products, all of which are provided by independent practitioners or vendors not affiliated with UNICARE.

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### In The News

#### CLARITIN DEBUTS OVER THE COUNTER

On Wednesday, November 27, 2002, the United States Food and Drug Administration (FDA) approved over-the-counter (OTC) sales of the popular allergy remedy Claritin<sup>®</sup> (loratadine), calling the decision a milestone for drivers because today's OTC antihistamines can make people sleepy and dangerous behind the wheel.

Claritin is the leader in a class of non-sedating antihistamines that treats runny nose, sneezing and other allergy symptoms without making patients drowsy. Claritin's move to OTC status means that patients no longer need a doctor's prescription to buy the drug.

"By making it easier to get this widely used drug, [this] action will enable many people to get less-sedating, effective relief for their allergy symptoms more quickly and at a lower cost," said Mark B. McClellan, M.D., Ph.D., commissioner of the FDA. "This approval reflects FDA's commitment to bringing prescription drugs to the over-the-counter market when they can be safely used without a prescription."

The long-anticipated move was precipitated by a petition filed with the FDA in 1998 by UNICARE's parent company, WellPoint, to convert Claritin, as well as the Aventis drug Allegra<sup>®</sup> and Pfizer's Zyrtec<sup>®</sup>, to OTC status.

"Our goal was to provide our members with lower cost and easier access to the most popular antihistamine drug in the world," said Dr. Robert Seidman, WellPoint's chief pharmacy officer. "Today it is a reality."

As WellPoint's national provider of health care benefits solutions, UNICARE is very proud of this accomplishment.

Check out UNICAREExchange online at [www.unicare.com](http://www.unicare.com)

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*from the desk of*  
**Susan K. Nagy**

*Constituent Relations Manager*



## UPDATE ON WASHINGTON

The 108th Congress convened in January with the White House in a good position to advance its legislative agenda for the next two years. As a result of the 2002 mid-term elections, Republicans regained control of the Senate (51-48-1) and increased their previous majority in the House by six members (229-204-1). The new Senate Majority Leader, Bill Frist of Tennessee, is a friend and ally of President Bush and can be expected to push the President's legislative priorities, particularly in these early months.

At the same time, the White House will have hurdles to overcome. One is Frist's lack of experience leading the Senate. He is only in his second term, and the leadership role came to him quite unexpectedly after Trent Lott was forced to step down in December. He will be learning as he goes, as will several other party leaders in both the House and Senate who are moving into new positions. Another variable is the state of the United States economy and the rapid transformation of an expected budget surplus into a growing budget deficit. President Bush's proposed economic stimulus package includes additional tax cuts that are welcomed by some and deplored by others. While the President and most Republicans seem comfortable with proposing more than a trillion dollars in spending (for Medicare prescription drug benefits and tax cuts), how a closely divided Senate will handle these issues is unclear. A final unknown is the impact of current international tensions and the potential cost of war on both Congressional and White House legislative priorities.

At the top of President Bush's domestic agenda are the issues of homeland security and the economy. However, health care issues are close behind. Specifically, the President has expressed a strong desire to provide prescription drug benefits to Medicare beneficiaries, in conjunction with broad Medicare reform. The White House would also like to address the growing medical malpractice insurance crisis, and potentially consider ways to increase levels of coverage among the uninsured.

### Medicare Prescription Drug Coverage

Republicans and Democrats have long been split on how to approach a Medicare drug benefit and how much such a benefit should cost the taxpayers. In essence, the Democrats want to add a prescription drug benefit to the existing Medicare program without changing the program as a whole or adding significantly to out-of-pocket costs for beneficiaries. The Administration prefers to introduce competition among providers and health plans to help control costs and ensure Medicare's solvency. It is considering a variety of proposals that would tie prescription drug coverage to a sweeping overhaul of the program to make Medicare more like private insurance. Under these proposals, beneficiaries would be encouraged to enroll in new program options that offer prescription drug benefits along with broader coverage of preventive services and greater protection against the high costs of serious illness. However, these new benefits options would also necessarily include higher premium, deductible and copayment costs.

Specific details on both Republican and Democratic Medicare prescription drug proposals are expected soon. The White House has made passing a prescription drug benefit a priority and anticipates Majority Leader Frist will be an effective leader on the issue. He has extensive knowledge concerning Medicare reform and prescription drugs, both as the only physician member of the Senate and as a result of serving on the bipartisan Medicare commission, which came within one vote of reaching agreement on Medicare reform in 1999.

*For more information, please contact Susan Nagy, constituent relations manager, WellPoint Public Affairs Department, at [susan.nagy@wellpoint.com](mailto:susan.nagy@wellpoint.com).*

### Coverage for the Uninsured and Medical Malpractice

The Administration may also choose to deal with the uninsured in the coming year, as health coverage costs increase and fewer people have health insurance. One concept that will be attractive to Republicans, due to its low cost to the federal budget, is the idea of allowing small businesses to pool into health plans offered by business associations that would be free from state regulation. These "Association Health Plans" would disrupt the small-group market by allowing associations to cherry pick healthy members, leaving insurers with sicker populations who want the state-mandated benefits in their state-regulated products. A bill to allow Association Health Plans is likely to pass the House. In the Senate, the proposal also has strong champions, particularly Senators Talent and Bond (both from Missouri), as well as strong opponents, and so will be the subject of fierce debate there.

Another approach to aid the uninsured is the introduction of tax credits to help uninsureds purchase health care coverage on their own. This is a popular idea, but it is uncertain if the White House will have the budget to consider such a proposal.

Finally, the White House and Congress may pursue both medical malpractice reform and class action reform. The cost of malpractice insurance has skyrocketed in recent years, driving physicians out of states that have been particularly hard hit. The House has previously passed reform legislation on both issues, and there are active efforts to do the same in the Senate. Some Senate Democrats support making modest changes to laws governing class action lawsuits, but virtually all Democrats are resisting proposed changes in medical malpractice. Senate Republicans will continue to press the issue; however, they will have a difficult time finding the nine Democrats they need to prevail.

## UNICARE's Duplex Printing Project

At UNICARE, we not only care about the health of our members, but about the health of our planet, as well. In the spirit of Earth Day, April 22, we're pleased to announce that we will begin printing our Explanation of Benefits (EOBs) for members and providers, and our

*By Saving Paper—We're Saving Trees*

Remittance Advice notices for facilities on both sides of each sheet of paper. Look for our new duplex printing process in March 2003.



## SPOTLIGHT

# ON UNICARE'S Dental Program

*Many corporate dental plans today are generic and do not take into consideration the particular needs of an organization. But UNICARE will work with you to design a plan based on the specific needs of your company and its associates—in both price and range of benefits.*

Focusing on your specific needs is also cost effective. Our philosophy is to price your plan correctly in its first year to avoid higher than average increases in subsequent years. This philosophy of anticipating the utilization accurately is intended to provide a stable cost to your organization and its associates over the long-term.

Our benefits expertise, combined with our national network of over 34,600 dentists with whom we have negotiated competitive rates, means your plan will deliver easy access, comprehensive coverage and lower out-of-pocket expenses.

All network dentists are approved for participation in the network based on accepted industry credentialing standards. This information is reviewed and monitored continually to make sure our participating dentists continue to meet our quality standards. On an ongoing basis we review the public records from states listing dentists who have received license revocations, restrictions or sanctions. UNICARE also reviews evolving treatments, techniques and technologies to help our clients provide cost-effective dental coverage for their associates.

### FLEXIBLE PLAN DESIGN

UNICARE's dental plans can be tailored to meet your specific needs. So whether you're a small start-up or a large company with thousands of employees, many of the following plan designs can be customized to provide the flexibility you seek:

#### UNICARE DENTAL PPO<sup>‡</sup>

UNICARE's independently contracted PPO dentists have agreed to provide care to plan members at a pre-arranged fee—in many cases a significant reduction from the dentist's normal charges.

**Incentive Plan**—The deductible and coinsurance plan differentials in this type of plan are based on whether a member seeks care from a dentist or specialist within the PPO network or out of the network;

**Non-incentive Plan**—Under this plan there is no plan payment differential for in-network or out-of-network services.

#### UNICARE INDEMNITY PLAN

This is traditional fee-for-service dental insurance. The plan reimburses members for dental services provided to patients based on bills submitted after the services are rendered.

#### UNICARE DENTAL PLANS—TEXAS

In Texas, our network has over 1,600 qualified dentists and dental specialists. UNICARE offers the following types of dental plans in Texas:

**Scheduled Plan**—This type of plan offers a choice of cost-saving plans and pays a scheduled benefit for contracting and non-contracting services. Members who choose contracting providers can save through negotiated fees which are below usual charges for covered services;

**Network Plan**—There are no coinsurance differentials for contracting and non-contracting services in this plan. In most cases, members who choose contracting providers are not balance billed for covered services;

**Indemnity Plan**—This is traditional fee-for-service dental insurance. The plan reimburses members for dental services provided to patients based on bills submitted after the services are rendered.

Each UNICARE dental plan covers a broad range of services. As always, you can customize plans to include preventive, basic restorative, major restorative, reconstructive and orthodontic care.

You can also modify many plans in regard to deductibles, coinsurance levels, maximums, benefit limitations, waiting periods and more. Overall, we recommend plan designs that support lower out-of-pocket amounts for preventive and basic restorative services. This approach of encouraging plan members to get regular preventive and basic restorative services from their dentist helps them avoid more costly services later on.

### USER-FRIENDLY ADMINISTRATION

Account management, billing and reporting for the dental plans are integrated through a single point of contact at UNICARE. Your account manager's job is to help make sure that your plan and its benefits are administered smoothly and quickly. To make things easier, UNICARE dental plan members receive:

- ✓ Toll-free customer service for providers and members;
- ✓ A dedicated Dental Service Center to administer all dental claims processing and customer service;
- ✓ Paperless claims processing when your associates use network providers. Except for your associates' out-of-pocket expenses, most paperwork and financial obligations are transacted directly between UNICARE and the dentist.



### ONLINE SERVICE—QUICK AND EASY

Our online dental claims processing system provides speedy claims processing, automated plan control features, identification of invalid or duplicated information and quick response to members and providers.

#### For Members

Our online capabilities also allow members to help themselves to plan information and benefits questions. With Member Services at [www.unicare.com](http://www.unicare.com) your associates can:

- ✓ Find a network dentist in the Provider Finder database;
- ✓ Check on the status of a claim or deductible;
- ✓ View their Explanation of Benefits (EOB) for a particular claim;
- ✓ Nominate a provider to join the network;
- ✓ Access personalized plan coverage and more.

#### For You

Company administrators can use UNICARE's online capabilities to their advantage, too. With [myunicareonline.com](http://myunicareonline.com), you can quickly enroll, review and maintain associate benefits with the speed and convenience of the Internet.

### ADDED BENEFITS FOR ADDED VALUE

Our HealthyExtensions<sup>SM</sup> program, available to our Dental Program members at no cost, builds on existing UNICARE prevention and wellness benefits by providing members with access to a large selection of materials, services and products for health and fitness at special discounted rates<sup>§</sup>.

For information on UNICARE dental plans, contact the UNICARE sales representative in your area by calling **1(877)UNICARE**, or visit us at [www.unicare.com](http://www.unicare.com).

<sup>‡</sup> The dentists and other providers that are part of the UNICARE Dental PPO network of providers are independent contractors who exercise independent judgment and over whom UNICARE has no control or right to control. They are not agents or employees of UNICARE. Providers exercise independent professional judgment and should discuss treatment options with members, even those that might not be eligible for benefits under the plan. UNICARE's decisions about whether any dental or medical service or supply is covered under the plan are benefits plan decisions only and are not the provisions of dental or medical care.

<sup>§</sup> Although offered at a discounted price, associates are fully responsible for the charges associated with these materials, services and products.

# UNICARE'S EYE ON HEALTH

## STUDY RAISES QUESTIONS ABOUT HORMONE REPLACEMENT THERAPY

Deciding whether to use hormone replacement therapy (HRT) during or following menopause can be a difficult and confusing process for many women. Historically, studies found evidence that estrogen might help with some postmenopausal health risks—especially heart disease, the leading killer of American women, and an increased rate of bone loss. Treatment has been found to provide effective relief of menopausal symptoms such as hot flashes, sleep disturbances and mood swings, as well as reduce the risk of osteoporosis. However, recent studies have given conflicting results about HRT's effects on heart disease, breast cancer, strokes and blood clots, and have raised uncertainties about long-term use.

HRT can involve the use of either estrogen alone or combined with another hormone called progesterone, or progestin in its synthetic form. Progestin is added to estrogen to prevent the overgrowth (or hyperplasia) of cells in the lining of the uterus, which can lead to uterine cancer. Currently, six million women in the United States use estrogen and progestin combined HRT, according to the National Institutes of Health (NIH).

In 1991, the National Heart, Lung and Blood Institute (NHLBI), and other units of the NIH, launched the "Women's Health Initiative" (WHI). One of the largest studies of its kind ever undertaken in the United States, the study's main goal was to see if HRT therapy would help prevent heart disease and hip fractures. Another goal was to see if the benefits of HRT were greater than the potential risks from breast cancer, endometrial (or uterine) cancer and blood clots. The study did not address the short-term risks and benefits of hormones for the treatment of menopausal symptoms. The estrogen and progestin combined HRT trial study involved 16,608 women ages 50 to 79 with an intact uterus, who were randomly assigned to a daily dose of estrogen plus progestin (0.625 mg of conjugated equine estrogens plus 2.5 mg of medroxyprogesterone acetate) or to a placebo.

In July 2002, the combined estrogen and progestin component of the WHI was halted when the study demonstrated that the overall risks from use of the estrogen plus progestin therapy outweighed and outnumbered the benefits. The key adverse effects were more cases of breast cancer, heart attacks, strokes and blood clots. The main benefits were fewer hip and other fractures and cases of colorectal cancer. A summary of the findings provided by NIH is as follows:

- **Breast cancer**—The increased risk of breast cancer appeared after four years of hormone use. After 5.2 years, estrogen plus progestin resulted in a 26 percent increase in the risk of breast cancer—or eight more breast cancers each year for every 10,000 women. Women who had used estrogen plus progestin before entering the study were more likely to develop breast cancer than others, indicating that the therapy may have a cumulative effect.
- **Stroke**—For the first time, estrogen plus progestin was shown to cause more strokes in healthy women. By the end of the study, the estrogen plus progestin group had 41 percent more strokes than the placebo group—or eight more strokes each year for every 10,000 women.
- **Fractures**—Estrogen plus progestin reduced hip fractures by 34 percent—or five fewer hip fractures for every 10,000 women. This is the first solid evidence from a clinical trial that hormone therapy may help prevent bone loss and osteoporosis and protect women against fractures.
- **Blood clots**—The risk of total blood clots was greatest during the first two years of hormone use—four times higher than that of placebo users. By the end of the study, it had decreased to two times greater—or 18 more women with blood clots each year for every 10,000 women.
- **Heart attack**—For heart attack, the risk began to increase in the first year of estrogen plus progestin use and became more pronounced in the second year. After 5.2 years, there were 29 percent more heart attacks in the estrogen plus progestin group than in the placebo group—or seven more heart attacks each year for every 10,000 women. Unlike a previous study which involved women with heart disease, the increased risk from estrogen plus progestin did not go back down again.
- **Colorectal cancer**—The therapy lowered the risk of colorectal cancer by 37 percent—or six fewer colorectal cancers each year for every 10,000 women. This reduction appeared after three years of hormone use and became more significant thereafter. However, the number of cases of colorectal cancer was relatively small, and more research is needed to confirm the finding.

The findings apply to the estrogen and progestin combined therapy and do not apply to postmenopausal use of estrogen alone. That arm of the study, which did not have the same increased breast cancer risk, continues. However, an observational study, supported by the NIH's National Cancer Institute (NCI), recently found that estrogen-only therapy appeared to increase the risk of ovarian cancer. Because similar studies have not found such an increased risk, the possible relationship between estrogen use and ovarian cancer remains unclear.

Although the findings have provided important information about the potential dangers and benefits of HRT, many questions remain. The WHI is following the women in the estrogen plus progestin trial to see if and when increased risks and benefits decline after use of the therapy ends. Also, in 2005, the WHI is expected to release key information about the effects of postmenopausal estrogen-only therapy.

For now, the only consensus among experts is that the decision to use HRT is an individual one since every woman's lifestyle issues and risk profile is different. Because most treatments carry risks and benefits, it's important that women talk with their health care provider to help decide what's best for their health and quality of life.

### Talking With Your Health Care Provider

Because it's important to be an educated consumer actively involved in one's own health care, the NIH has provided the following suggested questions to help women discuss hormone therapy with their health care provider:

- Why should I take hormone therapy? Or, why am I taking hormone therapy?
- Which hormone therapy should I be on or am I on?
- What are my risks for heart disease, breast cancer and osteoporosis?
- Should I stop taking the hormone therapy?
- What's the best way for me to stop? What side effects will I have?
- Is there an alternative therapy that I can use long-term?
- What alternatives can help me prevent heart disease?
- What alternatives can help me prevent osteoporosis?
- What can I do to keep menopausal symptoms from returning?

As a woman's risk for heart disease, osteoporosis and colorectal cancer may change over time, it's a good idea to regularly review health status with a doctor or other health care provider. Taking HRT is one of the most important health care decisions a woman in mid-life can make. UNICARE hopes this article offers some guidance and an informed platform for discussion between women and their health care providers. This article is not intended to be a substitute for your health care provider, who is always the best source of information for all your medical questions. We encourage women to discuss the findings with their health care provider.

For more information: National Institutes of Health Menopausal Hormone Therapy: <http://www.nih.gov/PHTindex.htm> • National Center for Complementary and Alternative Medicine • Alternative Therapies for Managing Menopausal Symptoms: <http://nccam.nih.gov/health/alerts/menopause> • Sources: National Institutes of Health, The Journal of the American Medical Association (JAMA), CNN.com

