



Great Lakes Employers Association
Group Marketing Services, Inc.

● *Benefit Plan Developments*

● *Group Insurance That Benefits Small Business.*

A PUBLICATION FROM GROUP MARKETING SERVICES, INC. KALAMAZOO – GRAND RAPIDS – (800) 354-4768

Early Mothers Program



Group Marketing Services, Inc. has NOW implemented a new, cooperative program for first time Mothers-to-be, or those soon-to-be once again.

This is a companion program that starts with a phone conversation about what to expect during the developing pregnancy and the tools available from the Early Mother's Program.

A book from the American College of Obstetricians and Gynecologists, "Your Pregnancy and Childbirth Month to Month", will be provided as our gift to Mom. The Early Mother's Program will provide specialized support and education throughout the pregnancy and the early days of motherhood.

Further, the Mother to-be will be introduced to our Early Mother's Program, which is a companion throughout her pregnancy.

There is a nurse available to help follow up and monitor the pregnancy progress. The nurse will be a contact, providing information and to answer pregnancy concerns, expectations and preparations for both the Mother and the Newborn.

Learn more about this new resource and other pregnancy advice by visiting: www.yourpregnancyandchildbirth.com. It is important to receive information about who to contact early in the process.

Please forward the name and contact information to: Jacquea@groupmarketingservices.com or telephone at 800-632-5015, extension 108.

When To Apply For Dependent Coverage

When you acquire a dependent through marriage, birth or adoption, it is important to apply for Dependent Coverage by submitting a completed and signed Enrollment Form GP2917 within 30 days after marriage, birth or adoption.



The GLEA Prescription Drug Card NEW Free Delivery Program

As you may have seen in the recent press release, CVS/caremark Pharmacy(ies), including CVS/ caremark Pharmacies inside Target stores, have launched a 1-2 day delivery to all customers, effective June 18, 2018. The Member Maintenance Choice Voluntary All Access (MCAA) program will be enhanced to include the new maximum 1-2 day delivery at a small cost to members. CVS Caremark will provide On-Demand Delivery as an exclusive benefit for all GLEA/Caremark Prescription Drug Card Plan members.



Should you have any questions please email or call 800-632-5015, ext. 108 at your convenience.

For information on Voluntary Maintenance Program: [Voluntary Maintenance Program](#)

For information on Free Rx Delivery FAQ: [Rx Delivery FAQ](#).

These links are also found on our website, www.groupmarketingservices.com.

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For more information, please contact:
Group Marketing Services, Inc.
● *Group Insurance That Benefits Small Business.*
(800) 632-5015

Second Surgical Opinions

When a doctor recommends non-emergency surgery, there are many questions that you should ask. There are risks and potential complications with any surgery and your doctor is responsible for making you aware of all potential risks. One way you can help yourself reach a decision regarding surgical intervention is to seek the advice of another qualified doctor/surgeon. This advice is called a second opinion. A Second Surgical Opinion is an Eligible Benefit expense under the Great Lakes Employers Association Group Insurance Plan underwritten by Assurity Life.

Asking the right questions and receiving thorough information increases your chances of making the decision that is right for you.

Questions you should ask:

1. What does the doctor say is your medical condition? Request the diagnosis and ask if there are other related conditions that may affect your treatment.
2. What is the proposed operation/surgical procedure?
3. What are the likely benefits for you if you have the surgery?
4. What are the risks and potential complications of the surgery and how likely are they to occur?
5. How long would the recovery period be and what is involved?
6. What are the charges (total cost) for the procedure? Make sure to request what the facility (hospital or outpatient center) charges because the physician's office will likely only quote the physician's charges. The facility has many additional charges. The physician's office may refer you to someone at the facility who can provide that information to you.
7. What will happen if you don't have the operation?
8. Are there other ways to treat your condition that could be tried first?

Ask these and any other questions you might have. The more you know, the better prepared you'll be to make a decision about surgery.

Anytime a doctor recommends a non-emergency surgery, you should consider getting a second opinion. Before doing so, you should:

1. Make sure that a short delay will not be harmful.
2. Make sure that you have as much information as possible about the benefits and risks of the surgery.
3. Find out if there are any other methods of treatment that you can try first. Ask your doctor about the statistics regarding the effectiveness of conservative treatments versus surgical intervention.

Manuka Honey Dressings

Manuka (*Leptospermum*) honey is a medical grade honey that is harvested from the Manuka plant in New Zealand. It has been found that this plant species has unique components that make it ideal for the treatment of wounds and burns.

Available at retail pharmacies, these dressings are infused with the medical-grade honey, assisting in



maintaining a moist environment for optimal wound healing.

Ideal for burns, abrasions, cuts and lacerations. Available in the over-the-counter medications section of drug stores.

4. Weigh the benefits and risks of having surgery against the benefits and risks of not having an operation.

How to find a specialist to give you a second opinion:

1. Ask your doctor to give you the name of another doctor, in a different office, to see for a second surgical opinion. Some people may not feel comfortable letting their doctor know that they want, or are getting, a second opinion from another doctor. However, if you tell your doctor, you can ask that your records be sent to the second doctor. In this way, you may be able to avoid the time, costs and discomfort of having to repeat tests that have already been done.
2. You can check online for the names of appropriate specialists in your area.
3. Contact your local medical society or medical schools in your area for names of specialists in the particular field for your condition.

When getting a second opinion, you should tell the second doctor:

1. The name of the surgical procedure recommended.
2. Any tests you know you have had so the second physician can review the results.

If the second doctor agrees that surgery is the best way to treat your problem(s), he or she will usually send you back to the first doctor to do the surgery.

If the second doctor disagrees with the first, most people find that they have the facts they need to make their own decision. If you are confused by different opinions, you may wish to go back to the first doctor to further discuss your case.

Key points to remember about second surgical opinions:

1. You can get a second opinion whenever non-emergency surgery is recommended. Most doctors approve of patients getting a second opinion and will assist you in doing so.
2. Second opinions are a way for you to get additional expert advice from another doctor who is knowledgeable in treating your medical problems.
3. Second opinions are your right as a patient. They can help you make a better, informed decision about surgery.
4. The final decision regarding non-emergency surgery is up to you. Surgery is not without risk so it is not a decision that should be made without seeking out as much information and input from the medical community as possible.

REMEMBER: Rarely is surgery the "quick fix" that many people believe it will be and continued symptoms are common. In the long term, diligence with conservative treatments often provide the same clinical result as surgery.



FSA and DCAP Claims Review/Payment Guidelines

Every claim (Expense) that is submitted under an Employer's cafeteria plan's health, Sec. 1.25 arrangement (Flexible Spending Arrangement) FSA and (Dependent Child and Parent) DCAP must be reviewed for proper payment before providing reimbursement.

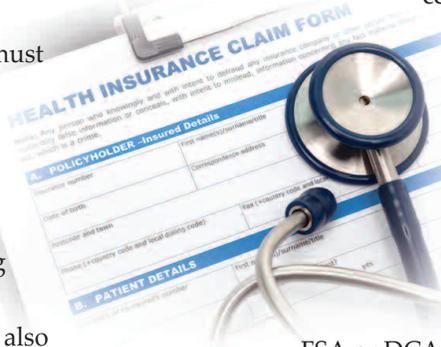
Generally, all health FSA and DCAP claims must be substantiated with information from an independent third party (i.e., a party independent of the employee and the employee's spouse and dependents) describing the service or product, the date of the service or sale, and the amount of the expense. Original receipts are required by the Group Marketing Services, Inc. FSA Plan administration.

The 2007 proposed cafeteria plan regulations also contemplate independent claims adjudication, meaning that every claim must be reviewed by an independent entity. These requirements are designed to ensure that health FSAs and DCAPs reimburse only legitimate claims found on the IRS allowed listing of Eligible Items. (Other requirements also apply.) IRS rules require that each claim be substantiated and reviewed,

including debit card programs.

Because all claims are subject to the claims substantiation requirements, administrators cannot review only a percentage of claims (i.e., sampling) or automatically reimburse claims that are below a "de minimis" dollar threshold or that appear to be from medical providers. These actions jeopardize the income exclusion that would otherwise apply to reimbursements from these arrangements under the Internal Revenue Code and could cause all reimbursements to be taxable for all Plan Participants (not just those approved using the impermissible techniques). The 2007 proposed cafeteria plan regulations also provide that if a health FSA or DCAP fails to comply with applicable substantiation requirements, all employees' elections between taxable and non-taxable benefits under the entire cafeteria plan will result in gross income.

Access your FSA balances and usage 24/7 on our website: <https://www.groupmarketingservices.com/logon.html>.



Reduce Your Risk of Silent Strokes

Exercise, get a proper amount of sleep, eat healthy, manage blood pressure and cholesterol to lower your odds of having a stroke.

What is a silent stroke?

In simplest terms, a stroke is a disruption of blood to brain tissue. A silent stroke is usually the result of a clot forming in a tiny artery supplying blood to a "silent" part of the brain, Dr. Rost explains. These areas don't control vital functions, such as speech or walking, which is why the interruption of blood flow doesn't result in obvious symptoms. But a person can experience multiple silent strokes, which can start to reveal themselves through memory lapses and mood changes.

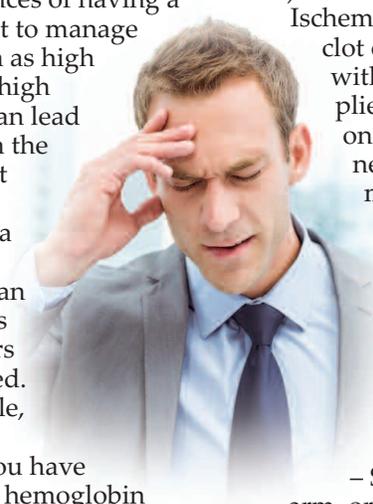
"We've learned that the cumulative effect of these 'silent' injuries manifests itself with impairment in thinking skills, functional decline, trouble walking and late-life depression, Dr. Natalia Rost, director of Acute Stroke Services at Harvard-affiliated Massachusetts General Hospital says. "Most importantly, silent strokes are also linked to the risk of future symptomatic strokes."

Because silent strokes don't have clear-cut symptoms, you may find out "by accident" that you've had one or more of these events. If you get a MRI or CT scan of the brain for any reason, it may reveal evidence of brain tissue damaged from a silent stroke.

Lower your risks

To reduce your chances of having a silent stroke it is best to manage key conditions, such as high blood pressure and high cholesterol, which can lead to plaque buildup in the arteries. A blood clot can form on the plaque's surface, or a piece of plaque can break off and block an artery. Dr. Rost adds that some risk factors tend to go undetected. Diabetes, for example, can raise the risk of stroke. But unless you have your blood sugar or hemoglobin A1C levels checked routinely, you may go a long time without knowing you have diabetes. She also notes that smoking is an especially strong indicator of white matter brain disease. The white matter of the brain carries the "wires" that connect one nerve cell with another. Disease of white matter often adversely affects brain functions.

Work with your primary doctor to reduce your chances of having a silent stroke. "Regular contact with a Primary Care Physician, frequent blood pressure checks, and healthy lifestyle habits, including regular exercise, getting enough sleep, no smoking, and a healthy diet, go a long way toward lowering your risks of a silent stroke," Rost says.



There are two basic types of stroke: A) ischemic and B) hemorrhagic.

Ischemic strokes occur when a blood clot or other debris blocks an artery within the brain or one that supplies blood to the brain, such as one of the carotid arteries in the neck. A hemorrhagic stroke is much less common: it happens when a weakened blood vessel ruptures— either within the brain or in the area between the brain and the skull and blood seeps into surrounding brain tissue.

Among the most common symptoms of stroke are:

- Sudden weakness in the face, arm, or leg, especially on one side of the body.
- Blurred vision in one or both eyes.
- Trouble speaking or understanding what others are saying.
- Loss of balance, dizziness, and difficulty walking.
- A sudden and severe headache.

If any of these symptoms appear, contact 911. Do not drive yourself to the hospital. Make a note of the exact time when symptoms first appeared.

In patients having an ischemic stroke, a clot-busting drug can sometimes be administered to minimize damage. But the drug must be given within three hours after symptoms begin.

Cholesterol Drugs: A New and Serious Side Effect

Statins are powerfully effective drugs used to improve cholesterol levels. They're among the most commonly prescribed drugs worldwide.

However, statins are associated with a number of side effects, including muscle aches and weakness. Rarely, statins can cause muscle toxicity and damage that causes significant muscle pain. These problems typically go away after the drug is stopped.

Now, a newly recognized, rare statin side effect called immune-mediated necrotizing myopathy has emerged. As the name suggests, statins somehow trigger your immune system to attack your own muscle tissue and slowly destroy it. The attack may be more severe if you're also on medications such as gemfibrozil to treat elevated triglycerides. Once the immune system switches to a muscle-attack mode, stopping statins doesn't stop the immune attack.



Rather, additional medications are needed to treat the attack. The main symptom of immune-mediated necrotizing myopathy is severe weakness. Muscle weakness may also lead to swallowing problems or shortness of breath and fatigue.

If immune-mediated necrotizing myopathy is diagnosed, statins are stopped. In addition, an aggressive attempt is typically made to suppress the immune system enough to interrupt the attack on muscle tissue. A number of immune-suppressing drugs may be tried to find a drug or combination of drugs that can achieve this result.

If a response is achieved and symptoms improve, immune-suppressing drugs may be tapered down in dose, but may need to be continued, as relapse rates are high.

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Do You Need Iodized Salt?

Q: I like to use sea salt when cooking, but I've noticed many sea salts don't contain iodine. Do I need iodized salt?

A: For most people, iodized salt is probably the easiest way to maintain sufficient iodine intake. Iodine is an important nutrient that your thyroid needs to produce certain hormones. Not getting enough iodine in your diet can lead to problems such as an enlarged thyroid gland (goiter) and an abnormally low level of thyroid hormones (hypothyroidism).

Iodine is a trace element present in the earth. Distributed variably around the world due to the effects of the ice age, iodine has accumulated primarily in coastal areas. The most common dietary sources of iodine are seaweed, fish and dairy products. Inland areas have fewer natural sources of iodine. In the U.S., areas where iodine deficiency was common in the early 1900s—the Great Lakes, Appalachians and Northwest—were known as the “goiter belt.” Researchers from these areas encouraged the U.S. to adopt table salt iodization as an inexpensive yet universal way of providing iodine supplementation. Although salt iodization was never made mandatory, estimates are that more than 90 percent of U.S. households today have access to iodized salt.

Other sources of dietary iodine include eggs, enriched grain products and plant foods grown in iodine-rich soils. Unfortified sea salt contains only a small amount of iodine.

Still, it's hard to determine precisely how much iodized salt contributes to an individual's iodine levels. Iodized salt in the U.S. contains 45 micrograms (mcg) of iodine per gram of salt. The recommended daily intake for adults is 150 mcg, which can be obtained from about 1/2 to 3/4 teaspoon of table salt. Testing of the general population indicates that most Americans consume sufficient levels of iodine through their diets. Pregnant women and nursing mothers are the only groups in the U.S. that are advised to take a daily iodine supplement, usually as part of a prenatal vitamin.

Depending on where you live and how much seafood you eat, it may not be time to ditch your table salt. Still, that shouldn't stop you from using sea salt when you want that particular flavor.

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Television Watching: An Overlooked Health Risk?

Watching TV or videos may be a potentially overlooked health risk, a new study shows. In the study, every two-hour increment of daily TV watching increased the risk of death over the 14-year course of the study by 14 percent. The research, published in American Journal of Preventive Medicine, looked at questionnaires from more than 200,000 Americans in good health between the ages of 50 and 71.

The overall increased risk of death over the course of the study associated with TV watching was mainly due to much larger increases in risk of dying from various diseases including Parkinson's, liver or lung disease, diabetes, flu or pneumonia, heart disease and, to a lesser extent, cancer.

Researchers also divided the subjects into a group that got more



than four hours of physical activity a week, and a group that got less physical activity. When compared, the inactive group predictably fared worse than the more active group when amounts of TV watching were the same. However, being active didn't cancel out the negative effects of TV.

This research has some limitations, but it's confirmation of other studies that have come to similar conclusions. If you watch TV, keep it to a minimum. Avoid snacking and instead look for ways to stay active. If you do watch TV, try walking during commercials, or perhaps walking on a treadmill, riding an exercise bicycle or doing chores when the TV is on.

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