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

The Importance of Exercise for the Ages

By Lynn M., RN, Group Marketing Services, Inc.

Exercise is one of the most important things people can do to be healthier: mind and body.

The well proven benefits are, we feel much better physically, mentally, spiritually and emotionally.

Proper exercise contributes to the quality of our lives, is vital to controlling or preventing serious medical conditions such as diabetes, joint, back and spine problems, and helps us maintain independence as we age.

According to the National Institutes of Health (NIH), National Center for Complementary and Integrative Health, there are some specific benefits of exercise for health and aging:

- **Fitness and cardio-respiratory health:** In one study, moderately fit women and men had a 50% lower risk of type 2 diabetes, hypertension, coronary heart disease, obesity and some cancers when compared with their low fit peers. Very fit people obtained additional benefit, typically another 10-15% lower risk.
- **Reduced pain and better function with osteoarthritis (OA):** In a clinical trial of people age 60 and older with knee OA, those who participated in an aerobic exercise or resistance exercise program reported less pain and better function than those in the group assigned to a health education program.
- **Preventing diabetes:** Results from the NIH-sponsored Diabetes Prevention Program, which examines ways to prevent or delay the development of non-insulin-dependent diabetes, found that people over age 60 at high risk for diabetes reduced their risk by 71% by adopting a moderate exercise routine and a low-fat diet.



When a person reaches age 40, the nature of the human body makes exercise even more important. After age 40 our metabolism (rate at which calories are burned) slows down. This results in weight gain.

You will start to store more fat. Additionally, we lose muscle mass, and bone density, causing weaker bones. Exercise

keeps bones stronger. Doctors state most people over the age of 50 show signs of being pre-maturely old with stiffness, frailty, heart disease, diabetes etc. However, many patients including elderly, have seen dramatic improvements in health and well-being once they began to exercise.

According to the American College of Rheumatology, arthritis is one of the most common reasons people give

for limiting physical activity and recreational pursuits. For many older people with arthritis, joint and muscle changes due to aging make matters worse. However, physically active individuals are healthier, happier and live longer than those who are inactive and in poorer physical condition. This is especially true for people with arthritis. Exercise and arthritis should coexist. People with arthritis who exercise regularly have less pain, more energy, improved sleep and better day-to-day function.

“Exercise Builds Brain Health” by Carl W. Cotman, Ph.D at UC Irvine Institute for Memory Impairments and Neurobiological Disorders. Dr. Cotman states that there are many products advertised to enhance mental and physical health in a relatively fast and painless fashion with miracle elixirs, supplements etc. There is little evidence of efficacy for such claims, but one that is well-documented in the scientific literature is the benefit of physical activity/ exercise on cognitive and physical health. There is an

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increasing body of scientific evidence from human and animal studies revealing the many health benefits of regular physical exercise, including the health and function of the brain. With aging, the levels of a protein called brain derived neurotrophic factor (BDNF) decrease, and this decline is one of the reasons for impaired age-related cognitive function. Exercise counteracts the age declines in BDNF levels.

The U.S. News and World report (noted below) provides a guide for exercising through the ages. Check the fourth website referenced for fitness tips from ages in 20s to age 70+. In your 20s: Build a fitness base. Start a strength-training routine two to three times a week. This should consist of lifting weights or doing exercises that use your body weight for resistance such as push-ups and lunges, for 30 minutes. Age 30s: Goal is to Diversify. Cross-training is a great way to prevent imbalance and overuse injuries. A swimmer can add cycling and running. The fitness regimen should also include balance and flexibility exercises. Age 40s: Preserve strength, fight belly fat. This age is a time where there is a tendency to be sedentary and stop lifting weights, or children, when it should be just the opposite. Age 50s: Protect your heart and core muscles. Yoga and pilates for strengthening abdominals/back/and all core muscles. The American Heart Association (AHA) also recommends 30 minutes of aerobic activity five times per week to preserve heart health. Age 60s: Focus on prevention. Exercise regularly. It doesn't have to be overly strenuous or include heavy weights. Strong muscles and bones and good balance can help prevent falls. Group fitness classes such as Zumba and water aerobics are offered

at many gyms and community centers. Age 70+: Sustain strength and flexibility. Continue to work on strength, flexibility and balance. No rigorous workouts or gyms are required. Simple activities done on or around a chair, followed by stretching, is appropriate.

Bottom Line:

It is important to remember that results are not immediate or always visible. Even people who carry a little extra weight can be stronger and healthier when they adopt a lifestyle that includes regular exercise. There is no quick fix to losing weight or improving your health. Diet pills can be dangerous, and becoming a "weekend warrior" without a regimen of regular exercise increases the risk of injury. It takes time, and you are never too old to start increasing your physical activity level. Rather than making a short-lived New Year's Resolution, make a commitment to lifestyle changes and conditioning, setting realistic goals to anticipate discouragement that will cause a return to a sedentary lifestyle and unhealthy habits. Even individuals with chronic illnesses and physical limitations can exercise safely and benefit. Always talk with your doctor regarding the best way to increase your activity level.

References: <https://nccih.nih.gov/news/2011/101811.htm>
<https://www.rheumatology.org/diseases-conditions/living-well>,
<https://www.mind.uci.edu/alzheimers-disease/articles-of-interest>
<https://health.usnews.com/health-news/articles/2012/04/20/your-guide-to-exercising-through-the-ages>

Vaccine For HPV Is Covered Under GLEA Plans

HPV vaccines protect against a very common sexually transmitted virus called HPV or human papillomavirus. HPV infects at least 50% of sexually active people at some point in their lives. The virus often clears from the body on its own. If it persists, it can lead to cervical, anal, and throat cancers and to genital warts.

One HPV vaccine, Gardasil is recommended as a routine vaccination for males and females aged 9-26 years old. Gardasil 9 can be used in the same age group for females and for males ages 9 through 15.

Like all vaccines, these HPV vaccines are not foolproof. They do not protect against all of the 100-plus types of HPV. But both

vaccines are nearly 100% effective in preventing disease caused by high-risk strains of HPV – HPV 16 and 18 – which together account for 70% of all cervical cancers, as well as many cancers of the vagina and vulva.

Gardasil, the First HPV Vaccine

Gardasil, the HPV vaccine made by Merck & Co., was licensed for use in June 2006. It targets four types of HPV: 6, 11, 16 and 18.

Gardasil is provided under the GLEA Plan at the Caremark participating pharmacies with your Prescription Drug Card at a \$0 copay.



President Trump Signs Bill Delaying Three ACA Taxes

President Trump signed legislation (P.L. 115-120) on January 22 to delay the medical device excise tax, the health insurance provider fee, and the excise tax on high-dollar health plans. All three taxes were delayed in a temporary funding bill.

The Patient Protection and Affordable Care Act (ACA) created all three of the taxes. Since passage of the ACA, many stakeholders and lawmakers have called for their repeal or delay. Several years ago, Congress delayed the three taxes. The new year brought renewed calls for further delays, especially the medical device tax. Without another delay, taxpayers would be liable for the first payment under

the medical device tax before the end of January.

Under the new law, all three taxes are again delayed. The medical device tax is suspended for 2018 and 2019.

The health insurance provider fee is delayed for one more year. The excise tax on high-dollar health plans will take effect in 2022.

"We applaud Congress for delaying the excise tax on high-dollar health plans," James Klein, president, American Benefits Council, said. "We will continue efforts to fully repeal this tax and appreciate that Congress has passed this two-year delay as a down payment for full repeal," Klein added.

Source: *Spencer's Research Reports on Employee Benefits, 2018.*



ERISA Requires Annual Form 5500 For Employer-Sponsored Health Plans

Most plan sponsors are aware of the required U.S. Federal Form 5500 annual completion and filing for their retirement plan and a required CPA audit for larger plans. But many employers are unaware that ERISA requires Form 5500 to be filed annually for an employer sponsored welfare benefit plan. A conditional exemption does exist for "certain small welfare benefit plans." To qualify for the exemption, the welfare plan must have fewer than 100 participants as of the beginning of the plan year and:

- Pay benefits through insurance contracts, from the employers general assets or a combination of the two. Benefits cannot be paid from a trust.
- In the case of insured plans where participants contribute to the premium, distribution of premium refunds to participants within three months of receipt by the employer is

refunded. This refund policy must be disclosed to participants when they enter the plan.

Fines for failing to file Form 5500 are up to \$1,100 per day per plan. The most common mistakes are forgetting to file a Form 5500 when a growing employer's participant count exceeds 100 and failing to disclose the refund policy to participants.

In the case of Form 5500, a counted participant is an employee only. Dependents are not counted.

If your welfare plan is required annually to file form 5500, Group Marketing Services can provide the information required for completing Schedule A of the form for Health and Welfare Plans that Group Marketing Services, Inc. administers.

Exclude Excepted Benefits From Group Health Plan Definition for QSEHRA's, Benefits Association Urges IRS

Employers offering plans that provide only excepted benefits should be eligible to establish qualified small employer health reimbursement arrangements (QSEHRA's), according to the Employers Council on Flexible Compensation (ECFC). The ECFC recently sent a letter to the IRS that included comments on IRS Notice 2017-67, which contained guidance on QSEHRA's, and which advised that a group health plan includes a plan providing only excepted benefits described in Code Sec. 9831(c).

In order to establish a QSEHRA, an employer must not be an applicable large employer and must not offer a group health plan to any of its employees, as per Code Sec. 9831(d)(3)(B). The ECFC believes that existing rules proposed in Notice 2017-67 that would make an employer ineligible to offer a QSEHRA by virtue of the fact that it provides certain types of health coverage are needlessly broad and potentially harmful to small employers.

Source: Spencer's Research Reports on Employee Benefits, 2018.

Cardiovascular Exercise

Cardiovascular exercise is considered to be any exercise that elevates the Resting Heart Rate (RHR). Running, power walking, cycling, swimming, weight lifting, use of a stationary machine, weights and elliptical machine; climbing stairs, skiing, step classes, dance, gardening, even marching in place can all be considered cardio training. Cardio training should be designed to improve your heart and lungs function. Cardio training can improve your performance in life, including work and sports. It can reduce mental anxiety and aids in monitoring weight management while decreasing cardiovascular risk factors, such as unhealthy body composition, unbalanced blood lipid profile, high blood pressure and other signs.

To know if you are doing cardio training it is best to find your target heart rate which is 65% to 75% of the heart rate maximum (HRmax). This percentage is known as the cardio base zone. The Karvonen method theory is a popular way to calculate these numbers.

Here is the equation:

$[(220 - \text{age}) - \text{RHR}] \times \text{desired \% for training} + \text{RHR} = \text{HRmax}$ (this is the target heart rate zone)

For example a 38 year old female:

$220 - 38 = 182$

$182 - 70 = 110$

$110 \times 65\% = 71.5$

$71.5 + 70 = 141.5 \text{ BPM}$



RHR is the Resting Heart Rate

Calculating your BPM (Beats Per Minute) can be best measured while in a upright seated position. For a more accurate reading, the resting heart rate should be taken first thing upon waking up in the morning before getting up or sitting up in bed.

Grab a stopwatch, a clock, or watch with a second hand, then find your pulse. You can locate your pulse either in your radial artery on your wrist or at your carotid artery in your neck. Use your first two fingers to feel the pulse, not your thumb, because there is a faint pulse in that digit. Count how many beats occur within 60 seconds. This number will be your Resting Heart Rate (RHR). Generally speaking, the more physically fit you become the lower this number will be. Trained athletes can have a RHR at 40 BPM. Normal adult ranges are between 60 to 100 Beats Per Minute.

Although there's a wide range of "normal", an unusually high or low heart rate may indicate an underlying problem. Consult your doctor if your resting heart rate is consistently above 100 beats a minute (tachycardia) or if you're not a trained athlete and your resting heart rate is below 60 beats a minute (bradycardia) – especially if you have other signs or symptoms, such as fainting, dizziness or shortness of breath.

The Truth About Back Surgery

by Lynn R.N., BSN/Group Marketing Services, Inc.

Back pain is extremely common, and surgery often fails to relieve it. According to the Mayo Clinic website, back surgery can help relieve some causes of back pain, but it's rarely necessary. Back pain is one of the most common ailments seen by family doctors, and back problems typically respond to nonsurgical treatments such as anti-inflammatory medications, heat, gentle massage and physical therapy.

Per the Harvard Health Publications, the decision to consider back surgery should always come after trying nonsurgical or "conservative" options. Conservative options include:

1. Waiting – many times, back pain gets better on its own. Time to see a doctor is if you have "Red Flag" symptoms with back pain, such as fever or loss of bowel or bladder control.
2. Apply ice and heat – in the early or acute stage of a bout of back pain, ice can numb the pain and ease swelling. After a few days, heat may provide more comfort, get the blood flowing and reduce stiffness.
3. Take pain relievers as needed – Over-the-counter pain relievers ease discomfort and some also reduce inflammation. Options of anti-inflammatory pain relievers include Ibuprofen (Advil, Motrin), naproxen (Aleve), or aspirin.
4. Stay physically active – Short periods of bed rest or sitting may be helpful during the acute phase, but extended bed rest isn't. Keep moving as much as possible. The movement will help to keep you functioning.
5. Stretch and strengthen gently – after a short rest, introduce gentle stretching and strengthening exercises. Ask your doctor for detailed guidance. If stretching on your own is not effective, a full course of formal physical therapy would be the next step.

According to evidence-based recommendations from the American College of Physicians (ACP) and the American Pain Society (APS) doctors should not order x-rays, CT scans, MRIs or other tests for back pain unless they suspect nerve damage or a specific cause of

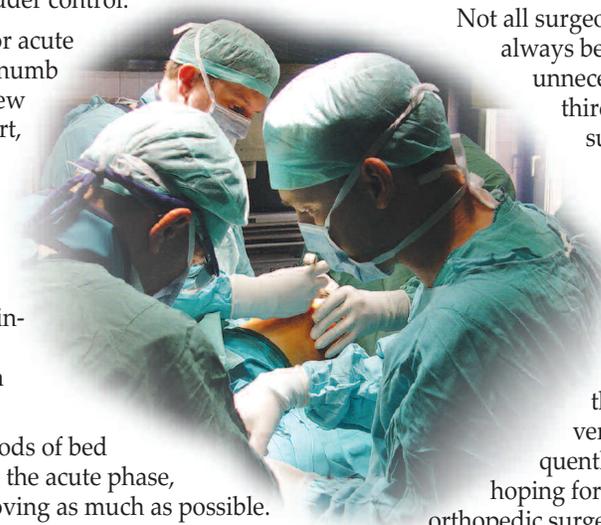
the back pain that would show up on the imaging. A patient's history and the results of the doctor's physical examination should be used to determine whether that patient's back pain is musculoskeletal, associated with nerve damage, or potentially related to another serious condition.

If back pain is severe and disabling with symptoms of progressive and worsening objective neurological deficits, then imaging with MRI or CT scan may be considered. Objective results are the results of the physical examination and office tests performed by the physician. Imaging is NOT medically necessary prior to starting conservative treatment. Further, imaging that demonstrates spinal stenosis, disc herniation, nerve compression etc., does not always mean that surgery would be indicated.

Not all surgeons have the patient's best interest in mind. It is always beneficial, before agreeing to a risky, potentially unnecessary surgery, to obtain a second and possibly third opinion, by a qualified spine specialist. Spine surgeons often hold different opinions about when to operate, what type of procedure to perform and whether surgery is warranted at all. Back and leg pain can be a complex issue that may require a team of health professionals to diagnose and treat.

IN CONCLUSION:

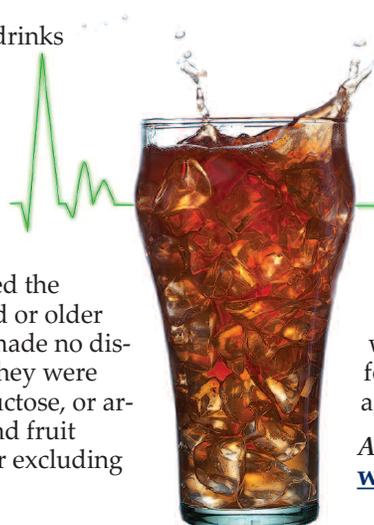
Any type of spine surgery should always be the absolute last resort. Surgery on the spine is very risky, sometimes unnecessary, and frequently does not provide the results that patients are hoping for. Per Charles Rosen, M.D., clinical professor of orthopedic surgery at the University of California, Irvine, School of Medicine, "an enormous number of back surgeries don't give patients long-term relief." There is even a term for what happens when an operation doesn't improve a patient's condition – "failed back surgery syndrome." Also called post laminectomy syndrome, symptoms typically involve persistent back, or back and extremity pain, despite surgical intervention and adequate healing of the surgical site. These symptoms do not only occur after laminectomy, but can also occur after discectomy and fusions.



Sweetened Drinks and Heart Failure

Here's another reason to take sweetened drinks out of your diet: a study published online recently, by the journal *Heart* suggests that drinking sweetened beverages each day is linked to an increased risk for heart failure in men.

Heart failure is a gradual decline in the heart's ability to pump enough blood to meet the body's needs. Researchers tracked the dietary information of 42,000 middle-aged or older men in Sweden from 1998 to 2010. They made no distinction between types of drinks or how they were sweetened, whether it was with sugar, fructose, or artificial sweetener. However, coffee, tea, and fruit juice were not included in the study. After excluding



potentially influential factors, researchers noted that men who drank at least two daily servings of sweetened drinks had a 23% heightened risk of developing heart failure compared with men who didn't drink sweetened beverages. The study didn't prove that sweetened drinks caused heart failure.

In fact, the researchers pointed out that drinking a lot of sweetened beverages is usually an indication of a poor diet, which is a risk factor for heart failure in itself. But they also noted that sweetened drinks are associated with obesity and type 2 diabetes, which are risk factors for heart failure, too. Best advice: avoid sweetened beverages or at least limit them to occasional consumption.

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