

## Health & Retirement Services Of Illinois

October 2010 Newsletter

### OUR NEWS LETTER



## Be skeptical of health-care credit cards

By Michelle Andrews, Tuesday, August 31, 2010 .

These days, you may leave your dentist's office with more than a toothbrush and dental floss in your bag. Thousands of dentists are offering patients health-care credit cards to cover the work that needs to be done, with seemingly hard-to-resist repayment terms. If you need care and don't have insurance to cover it or cash in hand, it's tempting to sign up.

But beware: Many of the card companies and some of the practitioners who offer them are under scrutiny for deceptive and sometimes fraudulent practices. Think hard and read the fine print before you sign on the dotted line.

This month, New York Attorney General Andrew M. Cuomo announced an investigation into the health-care lending industry. The probe grew out of hundreds of complaints received by his office from people who had used the cards for dental work and for elective medical treatments often not covered by insurance, such as cosmetic surgery, chiropractic treatments, Lasik eye surgery and hearing procedures.

New York is not alone in looking at the practice. Last year Minnesota Attorney General Lori Swanson sued two chiropractic clinics, charging that, among other things, they signed patients up for credit cards without their knowledge and charged them thousands of dollars for services not yet provided. Those suits are ongoing, according to a spokesman for her office.

In California, a law that took effect in January prohibits dentists from charging patients for services before they are done unless the dentists provide a detailed breakdown of the treatment to be performed and its costs. Within 15 days of a patient's request, the law also requires dentists to refund charges for work not yet performed.

According to investigators and patient advocates who have worked with consumers to resolve problems, patients frequently aren't even aware they're applying for a credit card; many think they're providing financial information to work out an extended payment agreement with their doctor or dentist.

Once they get the card, more unpleasant surprises can be ahead.

Many cards promise interest-free borrowing as long as consumers pay off the amount owed within a specified time, say six months or a year. But consumers who don't pay off their debt within that time

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frame often get hit with interest charges exceeding 25 percent on the entire amount, back to the original date they purchased the services. Other consumers have discovered they've been charged thousands of dollars for work that hadn't yet been done.

That's what Maxine Veach says happened to her. The 60-year-old retired postal worker has dental insurance through Excellus BlueCross BlueShield and MetLife. Suffering from a sore jaw, she visited a dentist near her Syracuse, N.Y., home who told her she needed three crowns and three extractions. She gave the office information about her insurance so they could bill for the charges. But Veach decided to sign up for the health-care credit card offered by the practice to cover any amounts not paid for by her plan.

After getting her teeth cleaned and a set of X-rays taken, Veach was surprised to receive a bill from the credit card company for \$2,300.

Veach made numerous attempts to sort out the overcharge and get the office to bill her insurers for the work that had been done, but eventually she called Cuomo's office, which negotiated an \$1,850 reduction in the amount owed. Now she's looking for a new dentist.

"I was very upset with them," she says. "I told them they had a nice little scam going on."

New credit card regulations that became effective this month limit the size of late fees and restrict interest rate increases on balances. But the regulations continue to permit "teaser" or promotional rates, and they don't address the issue of charging consumers for services before they're provided, says Gail Hillebrand, a senior attorney at Consumers Union.

Cuomo's investigators allege that one card issuer, GE CareCredit, charges practitioners a fee to offer the cards and then gives them a rebate based on the amount of money they generate in sales. Stephen White, a spokesman for GE CareCredit, says that happens in "limited instances."

CareCredit, which is offered by 130,000 practices nationwide, is one of several companies Cuomo is investigating. "We're cooperating with the attorney general's inquiry and welcome the opportunity to discuss and explain our business," says White.

Other credit card issuers that have been subpoenaed as part of the Cuomo investigation include Chase Health Advance and Citi Health Card. Chase officials said they had no comment, and Citibank said it would cooperate with the probe.

Patient advocates are concerned that practitioners are taking advantage of patients' trust at a time when they need help and may be in pain. "Some of the people we've worked with feel pressured to apply," says Mark Rukavina, executive director of the Access Project, a Boston-based nonprofit that helps consumers solve medical-debt problems. "They need the services, and the provider is really encouraging them to use these medical credit cards."

As health-care costs continue to rise, more people are struggling to cover their medical bills. Using plastic may seem like a good -- and sometimes the only -- solution. But there are better options, say patient advocates. The simplest: Ask for an extended payment plan.

Many providers will offer it and charge no interest, says Rukavina.



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"You've got a relationship there, and both of you want to preserve it," he says.

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## Patients' choices may narrow as insurers adjust standards for doctors, hospitals.

**Quality measurements raise concerns about conflict between best care, cost controls.**

**September 04, 2010|By Bruce Japsen, Tribune reporter.**

The new federal health care law is bringing additional demands by insurance companies that doctors and hospitals be held to higher quality standards.

While this push by insurers on quality implies that consumers will get better care because doctors and hospitals will be measured against the best performers, there may be an unintended consequence: It could leave patients with fewer choices of medical care providers, depending on which health plans they purchase.

Meanwhile, controversy is emerging as to how these doctors and hospitals will be selected to be on an insurer's list of preferred choices. While insurance companies say quality is what gets the name of a doctor or hospital on its preferred choices list, cost is also a major factor. A doctor who manages his patient's medical care better and keeps costs low, for example, would be more apt to make the list.

Insurers argue that higher-quality medical care at a lower cost is attainable.

"Network participation will largely be based on quality outcomes, and it's not now," said Steve Hamman, vice president of networks at Blue Cross and Blue Shield of Illinois. "It's well documented that quality care reduces costs."

Consumers typically get medical care at a lower cost or discount through their insurance networks. A doctor who is selected or hospital procedure that is done out of network generally comes with a higher out-of-pocket price tag, which can eat into a deductible or result in the patient picking up the entire bill.

"The doorway to these (insurance company) networks is a quality doorway," said Dr. Scott Sarran, chief medical officer at Illinois Blue Cross, the state's largest health insurance company. "There will be winners and losers" in which doctors and hospitals make these lists.

The trend toward quality measurements and standards has been in the works for several years, but implementation of the new health law is adding to the urgency.

Among measures to ensure quality, the law requires state-regulated health plans, largely those selling policies to

individuals and small to medium-size businesses, to spend at least 80 percent of premium dollars on medical care. That's squeezing insurers' profits. As a result, health plans are using the quality measures as a way to scale back choices of doctors and hospitals in certain networks.

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## IRS Guidance on 2011 Changes to OTC Drug Reimbursements for FSAs, HSAs and HRAs

On September 3, the Internal Revenue Service issued Notice 2010-59 and Revenue Ruling 2010-23, which provide guidance reflecting the PPACA's statutory changes effective January 1, 2011 with respect to medicine and drug reimbursements under FSAs, HSAs and HRAs. Under the new standard, the cost of an over-the-counter medicine or drug cannot be reimbursed from the account unless a prescription is obtained. The change does not affect insulin, even if purchased without a prescription, or other health care expenses such as medical devices, eyeglasses, contact lenses, co-pays and deductibles. The new standard applies only to purchases made on or after January 1, 2011, so claims for medicines or drugs purchased without a prescription in 2010 can still be reimbursed in 2011, if allowed by the employer's plan.

A similar rule goes into effect on January 1 for Health Savings Accounts (HSAs), and Archer Medical Savings Accounts (Archer MSAs).

The IRS has also posted a questions and answers section on its website concerning these provisions.  
<http://www.irs.gov/newsroom/article/0,,id=227308,00.html>



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## Don't Discount The Value of An Agent, They Discount Your Insurance.



**JANET TRAUTWEIN, CEO National Association of Health Underwriters SEP 09, 2010**

Insurance agents have made for popular punching bags in recent weeks. TIME magazine posited that agents may be the first victims of health reform. And in a KHN column last week, Jonathan Cohn took a gratuitous shot at insurance brokers, calling the carriers that employ them "notoriously inefficient."

But the supposed demise of the insurance agent has been greatly exaggerated.

Millions of individuals and small businesses depend on agents to help them find policies that suit their

needs and budget. And with the new health reform law set to make the insurance market even more complicated, consumers will need the expert advice of agents and brokers more than ever.

Professional agents and brokers are trained specifically to help individuals and businesses choose plans that are right for them. They must complete state-mandated courses and pass state licensing exams in order to become licensed.

Most states also require agents and brokers to take continuing education courses to keep their licenses.

But agents do more than just sell policies. Many function as virtual human resources departments for small businesses.

As the Congressional Budget Office put it, agents and brokers often "handle the responsibilities that larger firms generally delegate to their human resources departments -- such as finding plans and negotiating premiums, providing information about the selected plans, and processing enrollees." Small employers rely on agents to help their employees with claims problems, too.

Without the assistance of an insurance agent or broker, many small businesses would spend more on coverage for their employees than necessary.

Individuals and businesses appreciate the high level of service that brokers provide. In a recent survey, IBM found that three-quarters of consumers were very satisfied with their agents' work and remained committed to working with them. Over half of consumers cited personalized service as the most important thing their agent provided.

Critics of agents claim that they force insurers to spend money on administration that should instead be spent on medical care.

But the facts suggest that worries about administrative costs are over-blown – if not downright incorrect.

According to the Centers for Medicare and Medicaid Services, 86 percent of premium dollars are already spent on medical expenses.

Further, a 2008 RAND Corporation study of California's insurance market concluded that "administrative costs and profits are not driving premium growth."

Much of the spending classified as "administrative" actually helps fund fraud-prevention and wellness programs. Such initiatives help keep premium costs down for individuals and businesses.

The new health reform law aims to lower health costs for consumers. Agents have decades of experience doing exactly that for their customers. It's no wonder that the National Association of Insurance Commissioners has explicitly stated that health reform must "protect the indispensable role that licensed insurance professionals play in serving consumers."

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## One percent transaction tax is proposed

Last updated Friday, July 9, 2010 - 3:39pm

President Obama's finance team is recommending a transaction tax. His plan is

to sneak it in after the November election to keep it under the radar. This is a 1% tax on all transaction at any financial institution i. e. Banks, Credit Unions, extra. Any deposit you make, or move around within your account, i. e. transfer to, will have a 1% tax charged. If your pay check or your social Security or whatever is direct deposit, 1% tax charged. If you hand carry a check in to deposit, 1% tax charged, If you take cash in to deposit, 1% tax charged. This is from the man who promised that if you make under \$250,000 per year, you will not see one penny of new tax.

Keep your eyes and ears open, you will be amazed at what you learn.

Lee Hoecherl

Washington Terrac.

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## What's the best way to dry your hands?

September 15, 2010

In the fruitless war against germs, it's not good enough to simply wash your hands. You have to dry them properly, too, according to a new study that found paper towels are more hygienic than electric hand dryers.

(Paper towels reduce noise pollution, too, but we covered that in "Are bathroom dryers too loud?")

The researchers from the University of Bradford looked at three different hand drying methods: Paper towels, traditional warm air machines that rely on evaporation and a new model of hand dryer, called "The Airblade" which rapidly strips water off the hands using high velocity air jets.

In the first trial, which looked at how many bacteria were transferred from the hands to other surfaces after the hands were dried, 14 volunteers massaged the inside of an uncooked chicken (fun!) and then washed and dried their hands using the different hand dryers or no dryer. They transferred the residual bacteria by touching strips of aluminum foil.

At a drying time of 10 seconds, the Airblade led to less bacterial transfer than conventional dryers and letting the hands air dry. At 30 seconds, the dryers produced similar results, but research shows few people want to spend that much time drying their hands.

Hand dryers pose two other issues, however. Some research suggests the blast of hot air flings germs throughout the washroom. In addition, briskly rubbing the hands under a stream of warm air from a conventional dryer can actually increase the number of germs transferred, because it brings bacteria from within the pores to the surface.

When the researchers looked specifically at hand rubbing, they found that paper towels consistently outperformed the other drying techniques, "especially with regard to bacteria left on the palms and fingertips," according to the study, published in the Journal of Applied Microbiology.

But they also noted that public rest rooms often run out of towels or the garbage cans overflow, creating

an unsanitary environment. When this happens, "washed hands remain damp and the risk of bacteria transfer will increase."

So which electric dryer would be better? The Airblade, which doesn't require the user to rub his or her hands together and has a shorter drying time "may improve compliance in terms of both encouraging people to use the drying device and ensuring that the user's hands are actually dry when they leave the unit," the researchers found.

The study was funded by Dyson Limited, which manufactures the Airblade.

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## Google, Microsoft push to extend privacy protections to cloud-based e-mail.

**In a House panel hearing, firms that store users' e-mail and documents on remote computers want changes to a 1986 law. But law enforcement officials say restrictions could hinder their efforts.**

By David Sarno, Los Angeles Times, September 27, 2010

Technology executives and law enforcement officials are clashing over a nearly 25-year-old law that protects Internet users' private information.

Some of the world's largest technology companies, including Google Inc. and Microsoft Corp., are pushing for changes to the law — written before the World Wide Web existed — saying it makes it too easy for government investigators to gain access to their customers' Web-based e-mail and documents. That, the companies say, is bad for the bottom line.

Many consumers and businesses are finding it easier and cheaper to entrust the storage of their e-mail and documents to Web companies such as Google that can store vast amounts of data in the so-called cloud — networks of remote computer centers filled with thousands of high-speed servers.

But the cloud's wealth of personal data has also attracted law enforcement officials eager to tap into the information to catch and prosecute criminals. They say Congress should be wary about diminishing their powers to investigate crimes in a fast-changing digital landscape where evidence can disappear overseas — or into oblivion — in an instant.

The debate over the 1986 Electronic Communications Privacy Act escalated Thursday in a hearing before a House Judiciary subcommittee — the latest in a series of hearings aimed at updating the law to encourage the growth of online business while striking a balance between effective law enforcement and users' right to digital privacy.

"We must learn to take advantage of these emerging technologies without ushering in a privacy-free civilization," said Rep. Jerrold Nadler (D-N.Y.), the panel's chairman.

With the rise of the Internet, many consumers and businesses have moved to free, Web-based e-mail services such as Microsoft's Hotmail and Google's Gmail — which let users store essentially unlimited numbers of messages, and access them from any networked computer or mobile device.

But law enforcement officials have long known that the trove of online information can be immensely useful — and often easier to get than visiting a suspect's home and seizing desktop computers.

Many crimes now involve the use of digital devices, Thomas B. Hurbaneck, a senior investigator in the New York State Police Computer Crime Unit, said at the hearing. When attempting to identify suspects, he said, "one of the primary sources of information are business records maintained by private-sector entities."



To that end, investigators have frequently used the 1986 law to obtain many kinds of data about people of interest, and they do not want to lose those powers.

Still, the technology companies say, the law may be a little too helpful to crime fighters.

Because it was written before Web-based e-mail, the companies said, it relies on an outdated assumption: that if a consumer shares e-mail with a third party, Google, for example — that e-mail is no longer considered completely private.

That lessened privacy has meant law enforcement officials don't always need a search warrant to force companies such as Google to turn over users' e-mail and documents — something the company doesn't like to do.

"Our laws should protect individuals from unwarranted government intrusion in the online world no less than they do in the home," Richard Salgado, a senior attorney at Google, told the committee.

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## What You Need To Know About 401-K Loans

By Cameron Huddleston, Kiplinger's, 3:00 PM CDT, September 23, 2010

More people are taking loans from their 401(k)s to get them through tough times, according to a report recently released by Fidelity, a top provider of workplace retirement plans. Eleven percent of 401(k) participants took loans from their accounts over the past year, up from 9 percent the previous year. A total of 22 percent of 401(k) participants have loans outstanding, and the average amount is \$8,650.

Borrowing from yourself (your savings, that is) might seem like a good idea. Most workplace-based retirement plans allow you to borrow up to half of your balance, up to \$50,000. But these deals might not be as good as they seem. Here's what you need to consider before you tap your 401(k) for cash.

You have to pay the loan back in five years (except for home purchases, which are eligible for a longer loan period). Most employers deduct monthly loan payments from your paycheck.

You'll have to pay interest on the loan (usually the prime rate plus one or two percentage points). But the interest you pay goes back into your account. That doesn't mean the money is free, though. If borrow from your 401(k) at a 6 percent rate but your account had been earning 8 percent in a stock fund, you're falling two percentage points behind. Plus, you lose future compounding interest on those lost earnings.

If you default on your loan, it will not hurt your credit score. However, you will owe income taxes — plus a 10 percent early-withdrawal penalty if you're younger than 59½ and still working — on the unpaid balance. You will receive a Form 1099 (and the IRS will receive a copy) that shows the amount on which you owe taxes. You have until April 15 of the following year to pay the tax.

If you quit or lose your job, you'll have to pay the loan back (usually within 60 days). If you don't, the money will be treated as a distribution, making it subject to federal and state taxes plus a 10 percent early-withdrawal penalty if you are younger than 55.

Before borrowing from your 401(k), consider other sources of cash or ways to cut expenses first. Also, you can withdraw contributions from a Roth IRA tax-free and penalty-free under certain circumstances. If you have whole-life insurance, you can borrow up to the full cash value — and you won't have to repay the loan.

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## Poll: 49% Back Healthcare Reform; 40% Oppose.

Foes of new health system more likely to vote Nov. 2

By Richard Wolf, USA TODAY

By Richard Wolf, USA TODAY

WASHINGTON — The nation's new health care law regained support among more Americans this month, but opponents are more motivated to vote in November, a non-partisan poll out Monday finds.

As some initial provisions took effect six months after its enactment, the law was favored by 49% to 40% in the Kaiser Family Foundation monthly tracking poll. That margin shrunk to 46%-45% among likely voters. One in four of those polled said they want it repealed outright.

Among other findings:

- Democrats remain the more trusted party on health care and Medicare by a 3-2 ratio. A Republican takeover of Congress would make the health care system worse, 36% said, while 31% said things would improve.

- Four in 10 Republicans said they were more likely to vote because of the law, compared with three in 10 Democrats. Seniors continued to oppose the law, 49% to 38%, and to view the parties equally on health care issues.

As the economy and unemployment dominate the congressional elections, the health care law passed in March is a distant second in voters' minds, the poll found.

Americans are more confused than anything else. More than half of those polled said they were confused about the law, more than at any time since April. Nearly half said they were disappointed; one in three said they were angry.

Even so, the uptick in favorability from August, when Americans were roughly split in the poll, could help Democrats. But the added motivation of opponents could help Republicans.

The White House is taking the results in stride. "We've made slow but steady progress as health reform has come on line and people have seen what it does for them personally," says Dan Pfeiffer, communications director.

Opponents note most polls continue to show strong opposition to the law among those most motivated to vote. "The intensity is on the 'anti' side," says Michael Cannon, director of health policy studies at the conservative Cato Institute. "Intensity is what matters. Intensity is what gets people to vote. Intensity is what gets people to write checks."

Proponents of the law attribute the mixed results to months of negative attacks by Republicans in Congress and interest groups bent on repealing or rolling back the law. "Too many people underestimated the tenacity and the resiliency and the harshness of the attacks," says Ralph Neas, CEO of the National Coalition on Health Care. "I'm confident the trend lines will continue to get better and better over time. The longer the law is in place — and I think that will be forever — the more popular it will be."

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## Should I get the shingles vaccine?

Celeste Robb-Nicholson, M.D., August 25, 2010

**Q:** I'm 79 and had chickenpox as a child. Should I get the shingles vaccine? What are the risks?

**A:** The U.S. Advisory Committee on Immunization Practices (ACIP) recommends the shingles vaccine for most people ages 60 and over, regardless of whether they recall having had the chickenpox or not. (Studies show that 99 percent of people over age 40 have had chickenpox.)

Shingles, also called herpes zoster, or zoster, is a painful blistering rash caused by the same virus that causes chickenpox -- the varicella zoster virus (VZV). After you recover from chickenpox, VZV retreats to nerve cells near the spine, where it lies dormant until it comes to life again as shingles. About one in three people will develop shingles during her or his lifetime.

When VZV is reactivated, it moves away from the spine and travels along nerve pathways that provide the sensory network for specific skin areas called dermatomes, which are arranged in a band-like pattern radiating from the spine. The shingles rash—small fluid-filled blisters resembling chickenpox—breaks out along dermatome lines on one side of

the face or body. It can range from simply itchy and uncomfortable to extremely painful. In about 20 percent of cases, the pain lingers after the rash has disappeared; this sometimes debilitating condition is called postherpetic neuralgia.

The shingles vaccine (called Zostavax) reduces the risk of shingles by 50 percent. Even if you do get shingles, your risk of postherpetic neuralgia is much less. The most common side effects were redness, soreness, and some swelling at the injection site.

The vaccine's maker, Merck, is still collecting data about its safety and effectiveness, and the results have not changed. The only new finding is that the effectiveness of Zostavax is reduced if it is given at the same time as the pneumonia vaccine.

If you currently have shingles or any illness causing a fever of 101° F or higher, wait until you have recovered before getting the vaccine.

You should not get the shingles vaccine if you:

- are allergic to a component of the vaccine, including neomycin or gelatin
- have leukemia, lymphoma, or cancer that affects the bone marrow or lymphatic system
- have an immunodeficiency disease, including HIV and AIDS
- are receiving immunosuppressive treatments such as chemotherapy, steroids, or radiation.

It's always a good idea to talk to your doctor about your possible risks and benefits of getting the vaccine.

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## Swine Flu - What You Need to Know.

Andy Friedman, August 27, 2009

### **Information is the best prevention.**

As the government scrambles to provide vaccine for Swine Flu and contain the spread of the disease, perhaps the best tool available for you is the right information.

### **What is Swine Flu and how is it different from varieties of influenza we've seen before?**

H1N1, or "Swine Flu" contains genetic material from swine, avian and human flu viruses. H1N1 viruses often circulate harmlessly, but since it's a new type of virus, humans don't normally have immunity to it. There are predictions worldwide about the spread of Swine Flu, but nobody is sure how far the disease will spread.

### **What are the symptoms?**

These include:

- Fever
- Cough
- Sore throat
- Runny nose
- Body aches
- Chills
- Fatigue

Some cases also involve diarrhea and vomiting.

These symptoms are relatively common in most types of influenza. Your doctor can give you a Swine Flu

test, though the results are not always definitive.

A fever is defined as having a body temperature of 100 degrees or greater.

Swine flu can also cause neurological problems in children, as do other types of flu. The disease is fatal in rare cases.

#### **Who's at the highest risk?**

Most U.S. cases have involved young adults and older children. A large number have involved those with morbid obesity.

Experts still caution that those at the highest risk from Swine Flu are young children, the elderly, those with immune disorders and other chronic illnesses.

#### **How can I tell if co-workers, family members or others have Swine Flu?**

It's virtually impossible to tell, as Swine Flu symptoms are similar to those of other types of flu. Still, experts advise you to stay six feet from those who appear sick. It's not necessary to wear a face mask, but it can help prevent you from spreading your flu virus to others.

#### **How can I avoid infection**

The CDC says hand washing is one of the best ways to reduce your risk of infection. Also, staying away from those who exhibit symptoms is also effective. A personal distance of six feet is recommended.

All household surfaces should be kept clean. Experts say the flu virus (H1N1 included) can stay alive on doorknobs, books, counters, sinks and desks for up to 8 hours.

#### **What vaccines are available?**

Vaccines are being prepared in large numbers. Millions of doses will be available in October with more being distributed each month thereafter. The CDC says children ages 6 months to 19 should get a flu shot each year.

#### **What medications are effective?**

Tamiflu (oseltamivir) and Relenza (zanamivir) are thought to be the most effective medications to combat H1N1. Doctors advise taking these drugs as soon as possible after symptoms are exhibited. The CDC adds that those who have been to areas with widespread infection should talk to their doctors about taking one of these antiviral medicines.

Health officials don't advise stockpiling Tamiflu and Relenza, though there have been reports in recent years about public health workers doing just that. Still, the government recommends leaving available medicines for those truly in need.

#### **How do I prepare my family for a possible major outbreak?**

The government web site Flu.gov advises that you keep a two week supply of food and water in the house. You should also make sure you have a large supply of any prescription drugs on hand. Make sure your children know to always wash their hands and stay away from others who are sick. Parents should cover coughs and sneezes with tissues and model that behavior for the children.

Talk with family members and loved ones about how they would be cared for if they got sick, or what will be needed to care for them in your home. Parents should make plans for child care in the event they themselves become sick.

#### **What if a family member becomes sick?**

Call your doctor. If you, your spouse or the kids are coughing and sneezing it could just be a cold. But if there's a fever, headache and other flu symptoms, that's an indication that it could be Swine Flu or some other strain of season influenza.

Also, anyone who's sick should stay home and avoid public areas.

#### **What about travel? Is it safe?**

Experts advise caution when traveling to Mexico since there have been large numbers of people infected with Swine Flu there. But you should check with your airline, and websites for the CDC and WHO before traveling since new advisories are constantly posted.

#### **Why have so many people died from Swine Flu in Mexico but not in the U.S.?**

Nobody is exactly sure, but it's possible that Americans generally get better, faster medical care. But some experts worry that the number of U.S. deaths could increase as the disease spreads.

**Should we avoid pork?**

That's not necessary. Swine Flu or H1N1 virus is spread between individuals or by touching surfaces contaminated with the virus. Pork has nothing to do with it.

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## More Seniors In Doughnut Hole Likely To Get Assistance Next Year.

**Study: More Seniors In Doughnut Hole Likely To Get Assistance Next Year.**

CQ HealthBeat (9/30, Bunis, subscription required) reports, "Some seniors are likely to get relief from the dreaded prescription drug 'doughnut hole' next year as the number of drug companies that say they will cover at least some brand-name drugs will triple -- from 35 to 106 -- according to an analysis released Wednesday by Avalere Health, a private research firm." Avalere Health CEO Dan Mendelson stated, "Increased gap coverage offered by plans will greatly improve beneficiaries' access to affordable medications in 2011 -- and significantly lessen the impact of the donut hole experienced by many seniors, particularly those with multiple chronic illnesses. ... On average, beneficiaries will have a choice of 11 different plans that offer gap coverage."

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