

Healthwise

A PERS Health Insurance Program newsletter



SUMMER 2008

PERS annual plan change quickly approaching

The annual PERS plan change period is just a few months away. From October 1 through November 14, you will have the opportunity to change to a different health plan as long as it is available in your area. All changes elected during this period become effective January 1, 2009.

If you don't want to make any changes, you won't need to do anything during this time; you will automatically continue enrollment in your current health plan in 2009 unless you tell us you want to change to another plan.

Keeping you informed about the PERS Health Insurance Program is very important to PERS staff, so we want to make sure that you have plenty of advance notice regarding

plan change meetings, which are conducted from late September through October each year. The plan change schedule and any important changes for 2009 will be included in the fall HealthWise issue, which will be mailed to you in mid-August.

A plan change packet will be mailed to you in August as well. The packet will contain a PERS Health Insurance Member Handbook and Benefit Guide, a copy of the important changes and the meeting schedule. At the plan change meetings, representatives from the PERS Health Insurance Program and the health plans will provide an overview of their plans, review the changes for the coming

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UPCOMING PLAN CHANGE DATES TO KEEP IN MIND

Timeframe	What to expect
Mid-August	You will receive the fall issue of HealthWise, which will contain details about any important changes for 2009, as well as the schedule of plan change meetings.
Late August through September	You will receive a packet that contains a cover letter describing any important changes, a 2009 PERS Health Insurance Member Handbook and Benefit Guide and a schedule of plan change meetings.
Late September through end of October	Plan change meetings — Representatives from the PERS Health Insurance Program and from each health insurance plan will provide an overview of their plans, changes for the coming plan year and answers to any questions.

Satisfaction with insurance program remains high among PERS retirees

Beginning in the fall of 2002, the PERS Health Insurance Program began handing out surveys during the annual plan change meetings. This has proven to be an excellent way to hear from retirees around the state regarding satisfaction with the program.

Retirees are encouraged to comment on satisfaction with the member handbook, plan change meetings, telephone customer service, satisfaction with the health

plans, the use of technology and more. These comments provide valuable insight to the PERS staff for making improvements to the member handbook, meeting planning and how retirees are using technology.

The majority of comments reflect retirees' appreciation for the PERS Health Insurance Program. Year after year, statistics show that 97 to 99 percent of retirees are satisfied or very satisfied in

all categories of the survey.

Thank you to everyone who has participated in the survey during the past several years. The PERS Health Insurance Program staff will be conducting meetings again this fall and are looking forward to another opportunity to visit with retirees.

*Barbara Sandoval
PERS Account Executive
The ODS Companies*

Warning: Unnecessary antibiotics can be harmful

Talk with your doctor about antibiotic resistance, and take antibiotics only when you really need them. Taking antibiotics when they're not needed helps resistant bacteria grow, which will make it harder for antibiotics to work when they are needed. These resistant bacteria can stay in your body, spread to other people and cause severe illnesses that are difficult and expensive to treat. Highly resistant bacteria — “superbugs” — sometimes cause infections that can't be cured.

Using antibiotics wisely will help slow the spread of resistant bacteria and keep life-saving antibiotics effective for years to come.

Tips for taking antibiotics wisely

- Never take antibiotics to treat viral illnesses such as colds or the flu. Antibiotics have no effect against viruses.
- When you are prescribed an antibiotic, take EVERY DOSE, even if your symptoms go away. Taking part of the prescription only treats part of the infection.
- NEVER share antibiotics. These strong medications can cause dangerous side effects. They should only be used under a doctor's care.
- Wash your hands well and often. This is the best way to keep from getting sick.
- Ask your doctor about pneumococcal (pneumonia) and influenza (flu) vaccinations.

Source: Oregon Alliance Working for Antibiotic Resistance Education (AWARE)

Researchers find new link between Epstein-Barr virus and MS

Investigators report that individuals who showed signs of significant exposure to the Epstein-Barr virus, which causes several disorders including infectious mononucleosis, were twice as likely to develop multiple sclerosis (MS) up to 20 years later.

The study adds to previous evidence linking the virus to the risk of developing MS but does not prove that EBV actually causes the disease. The study, conducted by Dr. Gerald N. DeLorenze of Kaiser Permanente Division of Research, Dr. Alberto Ascherio of Harvard School of Public Health and colleagues, was published online April 10 in the Archives of Neurology.

The cause of MS, an unpredictable immune-mediated disease that attacks the central nervous system, is unknown, but the disease is thought to occur when susceptible individuals encounter a triggering factor or factors in their environment. Several previous studies have suggested a possible link between the Epstein-Barr virus and MS, but other infectious agents have also been linked to the disease.

Some researchers suggest that the way the immune system responds to infections, rather than the infectious agent itself, may lead to the onset of MS.

This study adds to evidence suggesting that an Epstein-Barr virus infection may increase the risk of developing MS. According to Dr. John R. Richert, Vice President of Research and

“This work adds to what we know about MS triggers but doesn’t solve the mystery of what causes this disease.”

In this study, the investigators examined blood serum samples that had been stored from individuals through the Kaiser Permanente Northern California health plan between 1965 and 1974. They compared the presence of antibodies to EBV in the serum of 42 individuals who eventually developed MS with that of individuals who did not develop the disease. They found that the concentration (titers) of antibodies to EBV was significantly higher in those who developed MS than in the control samples. Those with a four-fold increase of antibody titers had twice the risk of developing MS up to 20 years later, compared with those who had lower titers.

Clinical Programs at the National MS Society, “This work adds to what we know about MS triggers but doesn’t solve the mystery of what causes this disease. Also, it’s important to understand that even if a person who has been infected with EBV is at higher risk for developing MS, that risk is still quite small.”

Source: Multiple Sclerosis News, 14 Apr 2006

Michael Patmas, M.D., MMM, FACP, CPE, FACPE; Vice President & Medical Director of Clear Choice Health Plans; Clinical Assistant Professor of Medicine and Geriatrics, Oregon Health & Science University

Making sense of statins – atorvastatin (Lipitor)

Drugs in the class known as "statins" have been available now for 20 years. The statin story is remarkable because there are very few examples of a class of drugs that have more beneficial effects. Statins clearly reduce cholesterol and the risk of heart attack, and they may have additional benefits even beyond heart disease.

The first statin to come out was Mevacor (lovastatin). It was difficult to get patients to take it, because in 1985, it was a new class of drugs and people were afraid of side effects — and it was very expensive.

Then, along came Zocor (simvastatin), which was more potent than Mevacor. The evidence began to accumulate that statins had beneficial effects on heart disease, and we were off to the races. Statin use skyrocketed. After this, a number of copycat statins were introduced, including Pravachol (pravastatin), Lipitor (atorvastatin), Lescol (fluvastatin), Baycol (cerivastatin) and Crestor (rosuvastatin). Eventually,

Baycol was taken off the market because of a higher risk of side effects. The others remain. Mevacor long ago went generic and is now much less expensive.

All statins work by the same mechanism. They inhibit a specific enzyme involved in the production of cholesterol and this accounts for their beneficial effect. The extent to which this class of drugs lowers LDL cholesterol determines their effectiveness. There is no evidence that any statin is safer than any other — except for Baycol, which was taken off the market. The only difference between statins is potency. A dose of 40 mg of Mevacor is equal to 20 mg of Zocor. Lipitor and Crestor are more potent and will lower LDL cholesterol further, so they are reserved for patients with extremely high cholesterol levels who need more potent statins.

Merck is losing its patent on Zocor (simvastatin), so this previously expensive brand-name drug will soon be available generically at a fraction of the cost.

Because the vast majority of patients on Lipitor (atorvastatin) are taking the minimum dose (20 mg), it has become obvious that most patients could switch to generic Zocor and save money. The makers of Lipitor are very nervous about this and are doing everything they can to prevent losing market share. They will claim their drug is unique in that way — but the facts are clear, and the trend is inevitable. All over the country, patients are switching from Lipitor to generic Zocor because they can get the same degree of cholesterol reduction at a fraction of the cost. In the final analysis, for most patients, it doesn't make any difference which statin people take. Since they all work through the same mechanism, people should take the least expensive statin that will lower their LDL to the target range.

Michael Patmas, M.D., MMM, FACP, CPE, FACPE; Vice President and Medical Director of Clear Choice Health Plans; Clinical Assistant Professor of Medicine and Geriatrics, Oregon Health & Science University

Protein and energy supplements: Do you need them?

We've all seen the ads for protein and energy supplements targeting seniors. Typically they depict a healthy older person who claims to maintain their vibrant energy level because of a delicious chocolate drink as they stroll out the door to

Annals of Internal Medicine published the findings of a massive study on this topic. Compiling the results of 55 major trials involving more than 9,000 patients, the study produced some surprising results. Oral nutritional supplements can

patients in the hospital. But, current evidence does not support routine supplementation for older people residing at home or for well-nourished older patients in any setting. So, if you eat well and are a healthy senior, don't waste your money on expensive protein drinks. But if you or a loved one is ill and undernourished, especially in a hospital setting, protein supplementation can make a significant difference.

*Michael Patmas,
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“Current evidence does not support routine supplementation for older people residing at home or for well-nourished older patients.”

play golf. It sounds good and everyone should buy these products, right? Not so fast!

The January 2006 issue of the

improve nutritional status and reduce mortality and complications for undernourished elderly

PERS annual plan change quickly approaching

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plan year and answer any questions you may have about the program.

Your plan change packet is important.

It is very important that you review your handbook. New rates effective January 1, 2009, will be listed. As a reminder, premium rates are effective from January through December of each year and

change annually. As a result of premium adjustments, you will see a change in your January 1 pension deduction, Electronic Funds Transfer (EFT) from your bank account or monthly invoice, whichever premium payment method you use. Although plan change information is distributed each year, the PERS Health Insurance Program's Customer Service

staff receives hundreds of calls every January from members who have not reviewed the material and are surprised to see a change in premium. If you have not received the plan change packet by mid-October or if you have any questions, please contact a PERS Health Insurance Customer Service Representative at 503-224-7377 or 800-768-7377.

Numbers

PERS

www.pershealth.com
P.O. Box 40187
Portland, OR 97240-0187
503-224-7377
800-768-7377

PERS Pension Office

www.oregon.gov/pers
Mailing Address
P.O. Box 23700

Tigard, OR 97281-3700

Street Address

11410 S.W. 68th Parkway
Tigard, OR 97223-8634
503-598-7377
888-320-7377

Kaiser Permanente

www.kaiserpermanente.org
500 N.E. Multnomah, Ste. 100
Portland, OR 97232-2099
503-813-2000
800-813-2000

Providence Health Plan

www.providence.org
3601 S.W. Murray Blvd. #10
Beaverton, OR 97005
503-574-8000
800-603-2340

Mailing Address

P.O. Box 4327
Portland, OR 97208-4327

Claims

P.O. Box 3125
Portland, OR 97208-3125
Providence RN
503-574-6520
800-700-0481

Clear Choice Health Plans

www.clearchoicehp.com
2965 N.E. Conners Ave.
Bend, OR 97701
541-385-5315
888-863-3637

Claims

P.O. Box 7469
Bend, OR 97701

The ODS Companies

www.odscompanies.com
601 S.W. Second Ave.
Portland, OR 97204-3156
Medical

503-243-3880
800-962-1533 (Oregon)
800-852-5195 (National)

Dental

503-243-4494
800-452-1058 (Oregon)
800-852-5195 (National)

Pharmacy

503-265-4709
888-786-7509

Claims

P.O. Box 4030
Portland, OR 97208-4030

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