

# Health Wise

PERS HEALTH INSURANCE PROGRAM NEWSLETTER

WINTER 2000

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*The first of a four-part series dedicated to diabetes education.*

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*Organizations to contact, tips to prevent hearing loss, and other helpful information.*

Health Wise Editor  
Tiffany Meyer

## Questions, anyone?

*Get your questions about your health insurance plan answered quickly. Use the references below to find the best place to direct your questions.*

### **Call your health plan directly for the following:**

- To change your primary care physician (PCP)
- Any questions or concerns about your doctor
- If you lose your ID card
- Question on the status of an ID card that has been ordered
- Questions about the status of your claim
- Any other billing questions

*All health plan customer service numbers are located on the back page of this newsletter.*

### **Call the PERS Pension Office for the following:**

- Questions about your pension benefit check
- Requests for a change in your pension check payment arrangement (direct deposit instead of paper check).
- Any other non-health insurance related retirement questions.

*The PERS Pension office can be*

*reached at (503) 603-7777, or toll free at 1-888-320-7377.*

### **Call the PERS Health Insurance Program for the following:**

- To terminate your insurance coverage (requires a written, signed request)
- If you've moved out of your service area. Call us so we can send you information on your new service area right away. You will still need to submit a change of address in writing to the PERS Health Insurance Office.
- To receive a packet of information on the PERS Health Insurance Program. If you are a new retiree or have just become Medicare eligible these packets will give a comprehensive explanation of the plan benefits.

*To reach the PERS Health Insurance Program, call (503) 224-7377 or toll free at 1-800-768-7377.*



# PHARMACY Corner

Robin Richardson, *Director of Pharmaceutical Programs, ODS Health Plans*

## Vitamins 101

### **What are Vitamins?**

Vitamins are the "spark plugs" of many of the body's functions, responsible for starting and completing many important chemical processes in the body.

Vitamins are classified into two types, water soluble (vitamins C, B1, B2, B6, B12, biotin, folic acid and pantothenic acid) and fat soluble (vitamins A, D, E and K). Water soluble vitamins stay in the blood stream, are not stored by the body and are excreted daily. Fat soluble vitamins are stored in body fat and are slowly released into the blood stream over time. In other words, amounts of vitamins in excess of the body's needs are either excreted or stored by the body.

### **What quantities of Vitamins does your body need?**

The body needs and uses vitamins in small amounts. However, outside influences such as stress, illness, or even regular exercise can increase the

body's need for vitamins.

### **Where does your body get the necessary vitamins?**

Though most vitamins are obtained by the body from foods, some (such as vitamin D, vitamin K and biotin) can actually be produced by the body itself.

### **What happens if there is not enough vitamins in your diet?**

Prolonged deficiencies of vitamins in the diet can cause a variety of diseases related to the body functions for which they are responsible.

The bodily processes regulated by water soluble vitamins are more immediately affected because these vitamins are not stored by the body.

On the other hand, the body will first deplete its reserves of stored fat soluble vitamins so the effect of vitamin depletion on the body's processes regulated by these vitamins takes a little longer to appear.



### **Is there any specific information about vitamins and the elderly?**

Yes, there is. Several studies have shown that the elderly are at a higher risk than other age groups for potential vitamin deficiencies. Vitamin levels in the body are compromised by reduced food intake, and further compounded by drugs that impair appetite or affect vitamin absorption.

Also, a decrease in the intestinal activity with aging, along with other intestinal problems such as gastritis, has been shown to reduce the absorption of vitamins A, B1, folate

*Continued*

and B12. In addition, decreased exposure to sunlight and reduced activity within the skin may also impair the vitamin D status.

Several recent studies have indicated that the Recommended Dietary Allowances (RDA) may be too low for the elderly for vitamin D, riboflavin, vitamin B6 and vitamin B12 and too high for vitamin A.

### **Can a person take too many vitamins?**

Overdosing is more difficult with water soluble vitamins because the body simply excretes the excess.

Dr. Linus Pauling, Nobel Prize winner, conducted many studies on the properties of the water soluble vitamin C. He believed that large doses of vitamin C help reduce the severity of colds. However, because the body readily excretes excess vitamin C, the large doses necessary to achieve Dr. Pauling's results would need to be taken every day.

Overdosing on fat soluble vitamins is more possible and can cause some serious problems. For example, an overdose of vitamin A may cause hair loss, peeling of the skin, joint pains and liver damage.

### **Are Vitamin Supplements necessary?**

No, not in healthy people who eat a relatively well bal-

anced diet. However, a once-a-day, multi-vitamin doesn't necessarily hurt, especially in today's environment where a healthy diet is increasingly difficult to obtain because many foods are processed or even pre-cooked, which can destroy vitamin content.

For example, fat soluble vitamins can withstand normal cooking, but vitamins A and E are gradually destroyed by exposure to air. Water soluble vitamins such as B1, B6, folic acid and pantothenic acid are destroyed by heat. Vitamin B2 is destroyed by light and vitamin C is destroyed by heat, light and air. Certain food preservatives also destroy the vitamins in food.

Any vitamin supplementation should only be undertaken with the knowledge and advice of your physician and pharmacist.

### **Can I take vitamins with my medications?**

Always tell your physician and pharmacist about all prescription and over-the-counter items you are taking, including vitamins.

If you are taking any prescription medications, it is a good idea to check with your physician and pharmacist before initiating any type of vitamin supplements.

## *Save the Date!*

As a reminder, each fall the PERS Health Insurance Program offers members the chance to hear about changes made to your plan benefits and to voice your questions or concerns. The fall Plan Change Meetings will be held throughout Oregon in October and early November of 2000.

## *Are you Moving?*

If you have moved, please notify the PERS Health Insurance Office in writing of your change of address so we can change your records. Mail your change of address to:

PERS Health  
Insurance Program  
Attn: Address Change  
P.O. Box 40187  
Portland, OR 97240-0187

## REMINDER!

The PERS Health Insurance office will be closed on:

**May 29, 2000**  
*Memorial Day*

# The science behind vitamins: your personal vitamin chart

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**Vitamin D supplements** can interfere with the actions of some calcium channel blocking medications used to treat hypertension.

**Vitamin D (calciferol)**, essential for absorption of calcium and phosphorus and for bone formation. Available from fish liver oils, eggs, butter, liver and enriched milk. Vitamin D is also formed by the action of sunlight on the skin.

**Vitamin A (retinol)**, essential for night vision, healthy skin, and mucous membranes. Available from eggs, butter, milk, cheese, liver, apricots, broccoli, cabbage and carrots.

**Vitamin B1 (thiamine)**, essential for the functioning

of nerve cells, heart muscle and carbohydrate metabolism.. Available from yeast, whole grains, pork, liver, nuts, legumes and potatoes.

**Vitamin B2 (riboflavin)**, essential for protein and carbohydrate metabolism and for maintaining mucous membranes. Available from, yeast, eggs, milk, cheese, liver and green vegetables.

**Vitamin B3 (Niacin)**, essential for cell metabolism and absorption of carbohydrates and maintenance of healthy skin. Available from liver, yeast, lean meats, whole grain enriched breads and cereals.

**Vitamin B6 (pyridoxine)**, essential for general functioning of body cells and amino acids. Available from yeast, whole grains, fish, liver and legumes.

**Vitamin B12 (cyanocobalamin)**, essential for growth of red blood cells and functioning of nerve cells. Available from eggs, milk, cheese, butter, liver, beef and pork.

**Biotin**, essential for energy production from fats and car-

bohydrates and for formation of hormones. Available from all common foods and produced in the body by intestinal bacteria.

**Folic Acid**, essential for red blood cell growth. Available from yeast, liver, leafy green vegetables and fruit.

**Pantothenic acid (B5)**, essential for functioning of enzymes inside the body cells. Available from whole grains, eggs, liver, peanuts and cabbage.

**Vitamin C (ascorbic acid)**, essential for tissue growth, repair and functioning of blood vessels. Available from citrus fruits, tomatoes, potatoes and green vegetables.

**Vitamin E (tocopherol)**, essential for the stability of cell membranes. Available from eggs, vegetable oils, wheat germ and green vegetables.

**Vitamin K (menadione)**, essential for blood clotting. Available from vegetable oils, leafy green vegetables. Vitamin K is also produced in the body by intestinal bacteria.



# Ask the DOCTOR



Do you have a general health or nutrition question you'd like to ask our PERS physicians? Send your questions to:

**PERS Health Insurance**  
**Ask the Doctor**  
**Attn: Tiffany Meyer**  
**601 S.W. Second Avenue**  
**Portland, OR 97204-3156**

Or e-mail us at:  
**comments@odshp.com**

Not all submitted questions can be answered in the HealthWise newsletter.

*Dear Editor,*

*I have been retired for ten years, after teaching for 22 years.*

*Even though I am 10 years older, I am in much better physical health than when I was teaching. What changes have I made? The two big ones - diet and exercise. I have lost weight and faithfully participate in deep water aerobics and time in the work out room. Most of the year I try to walk up to two miles each day in the fields.*

*So far I have no major health problems. My story isn't earth shattering, but it goes to show that all that is needed to improve our health is to follow what we already know and to be consistent.*

*Sincerely,*  
*B.B. ~ Junction City, Oregon*

## How do antioxidants work?

Packaging, advertisements, even food labels are toting the "antioxidant" qualities of the supplement, or product they adhere to these days. Ever wonder why this has become such a strong selling point?

Well, as a part of their normal function, cells produce toxic molecules called free radicals. A free radical is a damaged molecule - one that's

missing an electron.

A free-radical will react with other molecules around it to "steal" an electron away so it's no longer damaged. In turn, by taking an electron from certain key components in the cell, such as fat, protein or DNA molecules, free radicals damage the entire cell.

Antioxidants that occur naturally in the body and certain

foods may block some of this damage by donating electrons to stabilize and neutralize the harmful effects of the free radicals.

Even though most free radical damage is repaired, a fraction may still remain. Our environment is also a source of free radicals caused by ultraviolet radiation or air-borne pollutants such as cigarette smoke.

# Diabetes Matters

Volume I of IV

Winter 2000

Welcome to *Diabetes Matters*, a four-part diabetes education series brought to you by the PERS Health Insurance Program. Watch for invaluable information in this and the next three issues of HealthWise. Also, look on your *Diabetes Resources* page each issue for new resources within your community, on the internet and from your health plan to receive even more helpful diabetes education. Each of the articles in this section were provided by **Betty Brackenridge**, MS, RD, CDE. Ms. Brackenridge is a former President of the American Association of Diabetes Educators, a founding member of the Advanced Studies Institute for Diabetes Education and the recipient of several national awards for her work in diabetes education.

## Stay safe with the facts

Diabetes is one of the most misunderstood diseases around. A lack of accurate knowledge about the disease can keep you from managing it correctly. Know the facts. Listed below are five very common myths about this disease.

**Myth #1: A person can have a "touch" of diabetes.** Having a "touch" of diabetes is no more possible than having a "touch" of pregnancy. Neither can be "borderline." High blood sugars are abnormal and damaging. If you have diabetes, you have it.

**Myth #2: My doctor takes care of my diabetes.** Diabetes is very different from other diseases you may have had. If you have an infection, your doctor gives you medicine to kill the germs. If

(s)he picks the right antibiotic, the problem goes away. In this case, what the DOCTOR does is most important to the outcome. In diabetes, however, what YOU do is what's most important. You are in charge of the daily decisions: what to eat, when to exercise, whether to check your blood and so on. If you leave everything in your doctor's hands, you are almost sure to have poor control.

**Myth #3: As long as I feel OK, my blood sugar doesn't matter.** Blood sugars above the normal range damage eyes, kidneys, nerves and blood vessels. These problems are not usually noticeable until the damage is truly serious.

You cannot manage diabetes by how you "feel." To protect your health, manage it by the numbers! (See related stories on blood sugar monitoring and goals of control)

**Myth #4: Blood testing and diabetes education are only for people with "bad diabetes."** Because your decisions are the most important part of diabetes care, you need the right information and tools, RIGHT FROM THE START. Would you fly in an airplane with a pilot who didn't know how to keep the thing in the air? Of course not. Your body is in just as much danger as that plane unless YOU know what you're doing. Ignoring

*Continued*

this reality doesn't change it. Learning to manage your diabetes is what allows you to bring the plane in safely.

**Myth #5: "Bad diabetes" is the kind where you take insulin.**

Insulin is not your enemy, high blood sugar is! Most people with type 2 diabetes eventually need insulin - not because they have done anything wrong, or because their diabetes is now more dangerous. They need it simply because their pancreas has worn out. High blood sugars and high hemoglobin A1c's make your diabetes very dangerous and your risk of diabetes complications great. The only "good" diabetes is CONTROLLED diabetes. It has nothing to do with the form of treatment.

**Look for 5 More Myths of Diabetes in Volume II of *Diabetes Matters!***

# Monitor your blood sugar regularly

If you're not testing your blood sugar regularly, you're ignoring your most powerful tool for better control. You may have stopped testing because you think that it doesn't change things. That's very true if you simply give the results to your doctor every few weeks. The real power of testing comes from using it in a very different way.

Make testing YOUR tool. Test to see the effect of what you do. You can use this information every day to better understand your diabetes and improve control months before you see the doctor again.

**TRY THESE TWO EXPERIMENTS:**

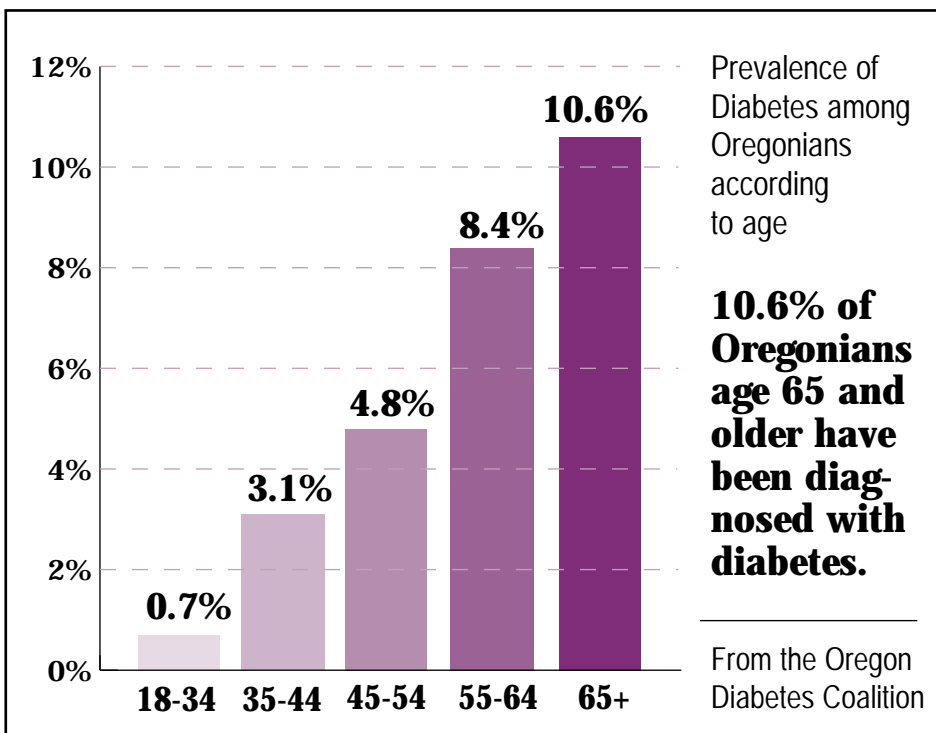
**#1. Is your dinner working for you?** Most people who test, only test before meals. This gives a very incomplete picture of control.

Test after supper at least two nights in the next week. If your blood sugars are above 180mg/dl after eating, it's time for some changes.

Eating less food, especially foods with starches or sugars, may help. If it doesn't, talk to your doctor about your medicine types or doses. Or try exercise.

**#2. What does activity do to your blood sugar?** If you have type 2 diabetes, you've probably been told to exercise either to lose weight or to improve blood sugar control. It may help to see exactly what exercise can do. Check your blood sugar. Go for a walk. A mile is good, but if you've been very inactive, a shorter walk is just fine.

Test your blood sugar when you get home. If you are like most people with type 2 diabetes, you will see a big improvement in your blood sugar with just a short walk. If you found high blood sugars in #1 above, a walk may be one way to improve things.



## The Goals of Control

The complications of diabetes are extremely serious: heart disease, blindness, kidney failure and nerve damage. Thankfully, your risk for these problems can be greatly reduced or even eliminated through good control. The Oregon Diabetes Coalition has set the following goals for blood sugar, blood pressure, and blood lipid (blood fats) control. Their purpose is to protect the health of people with diabetes and cut the human and financial costs of this disease.

### Hemoglobin A1c

(measures your blood sugar control over the last three months. It is the best way to know if your blood sugar is under control.)

8 PER CENT or lower

### Blood Pressure

less than 130/85 mm

### LDL Cholesterol

below 130 mg/dl  
(less than 100 if you have heart disease)

# Are you at risk for diabetes? Find out!

Approximately 1 in 10 Americans over age 60 has diabetes. The number is even higher among certain ethnic groups and in people with a family history of the disease. At least a third of people with diabetes don't even know they have it.

As a result, nearly half already have complications when their diabetes is first diagnosed. Answer the fol-

lowing questions to learn if you're at risk.

If your total score is 10 or more, you are could be at risk for diabetes. Check with your doctor to determine if you should have a fasting blood glucose test. This is the test that is now used to diagnose diabetes. What you don't know CAN hurt you when it comes to undiagnosed diabetes.

## Diabetes self-assessment

	YES	NO
I am overweight or obese	<b>5pts</b>	<b>0pts</b>
I get little or no exercise during a usual day	<b>5pts</b>	<b>0pts</b>
I am between 45-64 years of age	<b>5pts</b>	<b>0pts</b>
I am 65 years old or older	<b>9pts</b>	<b>0pts</b>
I am a woman who had a baby weighing more than nine pounds at birth	<b>1pt</b>	<b>0pts</b>
I have a sister or brother with diabetes	<b>1pt</b>	<b>0pts</b>
I have a parent with diabetes	<b>1pt</b>	<b>0pts</b>
<b>TOTAL POINTS</b>		

## WE'D LIKE TO TALK WITH YOU!

If you are a PERS member with diabetes and would like to be featured in an article entitled, "Living with Diabetes," in the next volume of this series, contact us today!

Tiffany Meyer, HealthWise Editor  
503-228-6554

# Diabetes Resources

Volume I of IV

The information contained in these resources is not intended to be a substitute for professional medical advice or medical care. Always seek the advice of a physician or other qualified health provider with any questions you may have regarding a medical condition or prior to starting any new treatment.

## RESOURCES AVAILABLE TO ALL PERS MEMBERS

### BOOKS & MAGAZINES

#### AMERICAN DIABETES ASSOCIATION PUBLICATIONS

To order, call 1-800-342-2383

**The American Diabetes Association Complete Guide to Diabetes**

**The American Diabetes Association Healthy Living Catalog**

**Diabetes A to Z: What You Need to Know About Diabetes - Simply Put**

**Diabetes Forecast**

**Diabetes Self-Management**  
bi-monthly magazine  
R. A. Rappaport Publishing Inc.  
1(800)234-0923

**The Johns Hopkins Guide to Diabetes: For Today and Tomorrow**  
Christopher D. Saudek, Richard R. Rubin, Cynthia S. Shump  
*Available at bookstores*

### BOOKS & MAGAZINES

**The Joslin Guide to Diabetes: A Program for Managing Your Treatment**

Richard S. Beaser,  
with Joan V. C. Hill  
*Available at bookstores*

**The Type II Diabetes SourceBook**

David E. Drum, Terry Zierenberg  
*Available at bookstores*

### BY PHONE

American Diabetes Association  
Oregon Affiliate  
**1-800-342-2383**

American Dietetic Association  
Nutrition Information Line  
**1-800-366-1655**

Providence AudioLibrary  
**1-800-700-0561**

### ON THE INTERNET

American Diabetes Assoc  
**[www.diabetes.org](http://www.diabetes.org)**

Center for Disease Control  
Diabetes & Public  
Health Resource  
**[www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)**

Providence Health Library  
**[www.providence.org](http://www.providence.org)**

Kaiser Permanente  
**[www.kp.org](http://www.kp.org)**

ODS Health Plans  
**[www.odshealthplans.com](http://www.odshealthplans.com)**  
**[www.diabeteswebsite.com](http://www.diabeteswebsite.com)**

Mayo Health Oasis  
**[www.mayohealth.org](http://www.mayohealth.org)**

My Web MD  
**[www.webmd.com](http://www.webmd.com)**

Joslin Diabetes Center  
**[www.joslin.harvard.edu](http://www.joslin.harvard.edu)**

## RESOURCES AVAILABLE THROUGH YOUR HEALTH PLAN

### KAISER PERMANENTE

**[www.kponline.org](http://www.kponline.org)**

Nurse Advice Line  
**1-800-813-2000**

**KP Health Resource Centers**  
Interstate Medical Office South  
**503-331-6050**

Salmon Creek Medical Office  
**360-571-3080**

Sunset Medical Office  
**503-617-2329**

### PROVIDENCE HEALTH PLAN

Providence RN  
**1-800-700-0481**

### ODS HEALTH PLANS

See general resources above.  
For more information,  
contact your doctor.

# Layer up for winter comfort

Whether taking a stroll on a sunny winter day or observing a winter sport, it's important to protect yourself from the elements.

To understand how, let's refer back to physics 101. When you step out of the shower, your body is cold. As the cool air outside meets the water on your skin, it actually pulls heat from your body, lowering your body temperature.

The layering of proper fabrics can actually pull perspiration away from your body so when it meets the elements outside, it does not rob you of body heat. Instead, it traps body heat in a protective bubble around the body.

## LAYER 1

The layer closest to your skin should be comprised of fabrics that whisk moisture away from your skin. Synthetic microfibers, such as polypropylene or polyester, soak up water from the outside and sweat from the skin, trapping it inside the fibers of the garment.

You can find long underwear products (pants and shirts) and turtlenecks made of these fibers just about anywhere. Turtlenecks provide extra protection in colder weather.

For this layer, avoid cotton.

While breathable, cotton retains moisture from your body instead of whisking it away. This means you have cold moisture in direct contact with your skin, making it very difficult for your body to stay warm.

## LAYER 2

Your second layer should be an insulation layer. It's important that this layer is lightweight, breathable and able to both whisk moisture away while keeping your body heat inside.

Again, it's important to avoid fabrics like cotton that retain moisture.

Fabrics such as wool, synthetic fleece, or goose down provide a quality insulating layer that keeps moisture locked in away from the body. Each of these fabrics are also very lightweight, making them easy to carry along.

Fleece can actually be treated to be water-resistant using a water-proofing agent found in many outdoor stores. Once it's treated, it may be sufficient alone as your outer layer. However, with rain, snow or even wind, you should consider a third "shell" layer.

## LAYER 3

This final layer is called your "shell". To do its job of warding off the elements, it should be

both waterproof or water resistant, and windproof. If it stops raining or gets warmer, this layer can always be discarded. However, in the event of poor weather, you need it as your best defense.

Many "shell" layers also include your insulating layer in the form of a fleece or goose down lining. Others have zippers to zip your insulating layer inside.

There has been a steady advance in technology for wind and waterproof fabrics. The best known today is Gore-tex. Other fabrics can be treated to be water resistant using a waterproofing agent. Before purchasing your shell layer, consider your insulating layer as well. Do you have a need to purchase them separately, or would you be fine with a shell that also has an enclosed insulating liner?

## YOUR HANDS & FEET

The places on your body that are the farthest points from the heart (your hands and feet), are highly vulnerable to the cold.

Often people will gear up for the cold by simply wearing two or three pairs of cotton socks. It's important to remember that if your shoes or boots are too tight, or if you have too many layers of socks, you can actually reduce

circulation and make your toes even colder.

Wool or polypropylene socks provide both insulation and the wicking of moisture away from the body.

For your hands, observe the elements to determine the best protection. If you're in the snow, wind or rain, consider gloves that have an insulating layer inside and a water-resistant shell layer outside. For most conditions, fleece or wool gloves will work just fine.

In general, mittens are warmer than gloves because they retain more heat surrounding your fingers.

## Recognizing hypothermia

Hypothermia. That's only a danger if you're stuck out on a mountain or if you fall into a cold winter stream, right?

Not always. **Exposure hypothermia** occurs when a healthy person is exposed to low temperatures when inadequately dressed. It can occur quickly, or over a number of hours.

**Secondary, or urban hypothermia**, is another form that develops slowly over days or even weeks. Because its symptoms are subtle, it is often hard to notice. As the name implies, it often occurs indoors in an underheated home.

Conditions do not have to be extremely cold. Victims are gen-

## YOUR HEAD

You can lose a lot of body heat from your head if it is exposed to the elements. Once again, wool or fleece will whisk moisture from your head, protecting you from the cold. Depending on the weather and your activity, you may need to find a hat that covers your ears and neck as well.

Enjoy the winter months in comfort by using these tips to stay dry and warm. By looking for fabric types instead of label names (polyester instead of "Columbia Sportswear"), you can enjoy winter weather without breaking the bank.

erally the elderly or very young, the chronically ill, or mentally ill. If you notice the following warning signs of hypothermia, seek medical attention right away:

- Excess shivering
- Lack of shivering, even though the person is very cold
- Stiffness and numbness in arms or legs
- Impaired thinking, confusion, amnesia, irrationality
- Denying that help is needed
- Fatigue, sleepiness
- Clumsiness
- Slurred speech
- Shallow breathing
- Weak pulse; low blood pressure

## Free Book Offer!

Send *HealthWise* your personal accounts of steps you've taken to improve your health. In return, we will send you the free book described below!

**Healthwise for Life: A Medical Self-Care for Healthy Aging**, written by Molly Mettler, MSW, and Donal W. Kemper, MPH. This is a user-friendly guide targeting self-care for health problems from back pain to mental health. Quantities are limited to stock on hand.

Stories will be used anonymously as anecdotes for the *HealthWise* newsletter.

**Please forward your stories to:** PERS Health Insurance Program, Attn: Tiffany Meyer, HealthWise Editor, 601 S.W. Second Avenue, Portland, OR 97204.

Do you have questions about the new **Long Term Care benefit?**

Call UNUM directly, at **1-800-227-4165**

They will be happy to assist you.

# Numbers You Should Know



## **PERS Pension Office**

*Mailing Address*  
P.O. Box 23700  
Tigard, OR 97281-3700

*Street Address*  
11410 S.W. 68th Parkway  
Tigard, OR  
(503) 603-7777  
1-888-320-7377

## **PERS Health Insurance Program**

*General Correspondence*  
P.O. Box 40187  
Portland, OR 97240-0187  
(503) 224-7377  
1-800-768-7377

**Providence Health Plan** *NEW!!*  
3601 S.W. Murray Blvd. #10  
Beaverton, OR 97005  
(503) 574-8000 • 1-800-603-2340

*Mailing Address*  
P.O. Box 4327  
Portland, OR 97208-4327

*Ask A Nurse*  
1-800-365-7010

*Claims*  
P.O. Box 3125  
Portland, OR 97208-3125

*Providence RN*  
(503) 230-6520 • 1-800-700-0481

**ODS Health Plans** *NEW!!*  
601 S.W. Second Avenue  
Portland, OR 97204-3156

*Medical*  
(503) 243-3880  
1-800-962-1533 (Oregon)  
1-800-852-5195 (National)

*Dental*  
(503) 228-6554  
1-800-452-1058 (Oregon)  
1-800-852-5195 (National)

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

**Kaiser Permanente**  
500 N.E. Multnomah, Suite #100  
Portland, OR 97232-2099  
(503) 813-2000 • 1-800-813-2000

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The first of a four-part series dedicated to diabetes education.  
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