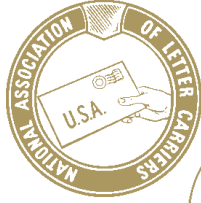


# The NALC Health Benefit Plan



Vol. 09-9



# HBR Report



Fredric V. Rolando, President • Timothy C. O'Malley, Director  
20547 Waverly Court • Ashburn, VA 20149 • 703.729.4677 • 1.888.636.NALC(6252)

November 2009

## Happy Thanksgiving



### Board of Trustees



Michael J. Gill



Lawrence D. Brown Jr., Chairman



Randall L. Keller

## Director's Report

# Happy Thanksgiving!



**Timothy C. O'Malley**  
*Director*

It's hard to believe it's that time of year again. Following along with this month's theme of giving thanks, I'd like to thank everyone who was able to make it out to the 2009 Health Benefit Seminar in Las Vegas. It was a great experience and we had a wonderful turnout!!!

Please join me in congratu-

## Note to the HBR's...

At the 2009 Seminar in Las Vegas, Nevada, we offered a blue "60th Year Anniversary" polo shirt at our NALC Health Benefit Plan store. Since the shirts were such a hit at the Seminar, we have also made the polo shirts available for you to purchase here at the Plan. If you would like to purchase shirt(s) for \$29.00 each, please call Carmella at 703-729-3047.

On another note, included in this mailing is our NALC Health Benefit Plan Pocket Calendar for 2010. Although the end date for Open Season 2009 (for the 2010 Benefit Year) is listed as December 7th in the calendar, this is incorrect. Open Season begins on November 9th and ends on December 14th. Also, the tentative end date for the 2010 Open Season is listed as December 6, 2010, when it should be December 13, 2010. I apologize for any confusion.

lating the two HBR's of the Year, Hector Salinas from Houston, Texas, NALC Branch 283 and Coleman Taylor from Miami, Florida, NALC Branch 1071. Here at the Plan, we sincerely appreciate all of their hard work!

I am very optimistic that we

will be able to increase our membership with letter carriers this Open Season, which would put us closer to our goal of having an all letter carrier plan.

I ask you to take my challenge, the "Director's Challenge," and

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**HBR of the Year: Hector Salinas;**  
**HBR, Branch 283**



**HBR of the Year: Coleman Taylor;**  
**HBR, Branch 1071**

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## Health in the News

# Spotlight on the H1N1 Flu – Q&A

**Q:** *Who is most at risk?*

**A:** Pregnant women and everyone who has a chronic disease such as asthma, diabetes or heart disease. About 70 percent of those who have died had underlying conditions.

**Q:** *What if I get the H1N1 swine flu?*

**A:** Without a lab test, you won't know if it's seasonal flu or the H1N1. Most people get well just by resting, staying hydrated, and taking medications to reduce fever. Stay home and avoid contact with others until at least 24 hours after the fever is gone.

If you have trouble breathing, have chest or abdominal pain, dizziness, confusion, persistent vomiting, or if you don't get better soon, see your doctor.

**Q:** *Should I take an antiviral like Tamiflu?*

**A:** The Centers for Disease Control and Prevention does not recommend taking them for mild cases. Antivirals are recommended for serious cases and for those with other medical conditions.

**Q:** *How about the new vaccine?*

**A:** First, people at high risk should get the two (2) flu shots; H1N1 and seasonal flu. People at high risk include pregnant women, children and adults age six (6) months through 24 years old, people with medical conditions, health care and emergency medical care workers.

The H1N1 vaccine should be

available now and is safe. It does NOT protect against regular seasonal flu. Be sure to get your regular flu shot as well.

**Q:** *How can I protect myself before getting the vaccine?*

**A:** People who are infected with the virus start spreading it a day before they develop symptoms, which means the virus could be present almost anywhere. It is spread through respiratory droplets from a cough or a sneeze. You can get it by touching something they have touched, then touching your mouth or nose.

Handwashing is your most powerful preventive. Wash often with soap and water or a sanitizer.

**Q:** *Should I keep my child home from school if it's going around?*

**A:** No. Schools will watch kids and staff members for symptoms, isolate them quickly and send

them home. In most cases, schools will remain open.

## **Onychomycosis — The Most Common Nail Disease**

Fungal infection of the toenails, known as onychomycosis, is the most common nail disease in adults. Initially, it is only a cosmetic concern but without receiving the proper treatment, toenails can become so thick that they press against the inside of shoes. This can cause irritation, pressure and pain and is especially a concern if you have diabetes or a suppressed immune system.

Symptoms for onychomycosis of the nails include:

- Thickening
- Distortion or disfiguration in shape

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# November 2009

## Food of the Month — Oyster Stuffing

### May Your Stuffing Be Better Than a “Farce”

Stuffing, or the mixture that is known as dressing today, was first called forcemeat, or farce. It was a meat concoction much like modern sausage and first appeared in cooking in the 1530's.



In the theater at that time, the word “farce” meant a light skit between acts of a serious play, one “stuffed between” or just “stuffing.”

The upper classes of the 1880's sought a more elegant cooking term and it became known as a dressing, served with, but not stuffed into, a bird's cavity.

Later, stuffings often included food plentiful in various locales such as pecans and fruits in the Old South or potatoes and apples in Germanic areas.

The key to the oyster stuffing recipe listed below is using just the right amount of oysters so the flavor of the mollusk does not overpower the recipe.

#### Traditional Oyster Stuffing

8 cups bread crumbs or small pieces of dry bread  
1 cup celery  
1/2 cup chopped onion  
1/2 cup butter or margarine  
1 teaspoon sage  
1 cup chicken broth

2 eggs  
1/2 pint fresh or canned oysters  
Salt and pepper to taste

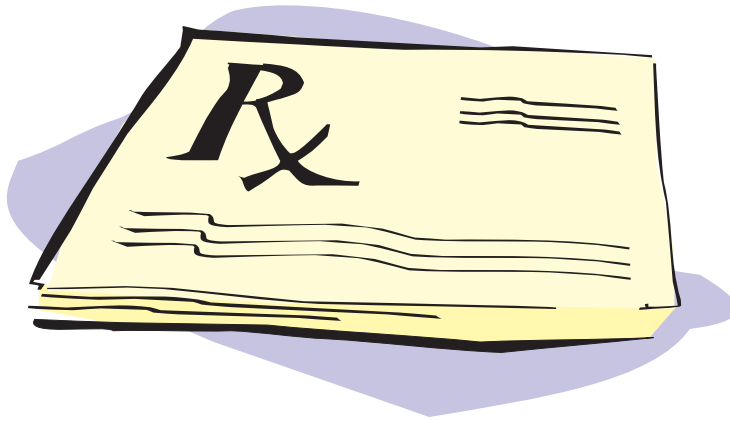
In a saucepan, cook the celery and onion in margarine or butter until tender but not brown. Remove from heat. Stir in sage and several dashes of salt and pepper.

Place bread cubes in a bowl and add the onion and celery mixture.

Whisk the eggs into the chicken broth and drizzle the liquid over the bread crumbs. Drain the liquid from the oysters and thoroughly stir the oysters into the bread mixture. The dressing can be stuffed into the cavity of the chicken or turkey or placed around it in a large baking pan or roaster.

Cook until the bird is done and the top of the dressing in the pan is brown and crisp. If the bird needs to be baked longer, periodically baste the dressing with chicken broth or water to keep it from becoming too dry.

## *The Mental Health Corner*



# Prescription Drug Addiction

Although people may avoid talking about prescription drug abuse, and people who abuse medication may hide the addiction or take desperate measures to get prescription drugs, there is hope. Knowing the signs of abuse and taking action is an important first step.

Surprisingly, men and women ages 65 and older are one of the largest groups of prescription drug abusers. Taking several medications may cause confusion when it comes to following directions. This increases the chances that a prescription will be taken incorrectly.

Several causes for prescription drug abuse are the following:

1. Medications are legal and prescribed by doctors; as a result, people may be more likely to think it is okay to take drugs longer or differently than directed.
2. Certain medications may be easier to get. Some people may lie to a doctor about symptoms to get a prescription, or friends and family may not think twice about sharing a drug.
3. Certain medications can have side effects

that are considered desirable. For example, some drugs decrease a person's appetite. People who feel pressured to stay thin may use this prescription as a substitute to lose weight.

It is very important to always be alert to prescription drug issues. Some of the signs you may recognize is someone experiencing signs of withdrawals, having trouble stopping or controlling use, taking larger amounts than prescribed, and using the medication for longer than prescribed.

Now that we understand the causes of prescription drug abuse, and know how to recognize the signs, the good news is that there is help and treatment.

It is very important that people who have an addiction get help. The most common option is outpatient treatment (although inpatient treatment may be required). Many people with addictions don't believe there is anything wrong. If you believe someone that you know has a problem, talk with him or her. You can also contact a doctor, counselor, or other professional to give you tips about how to start the conversation.

**Health in the News:** *continued from page 3*

- Quality of the nail(s) becomes brittle, splitting, crumbly or ragged
  - Dullness without luster or shine
  - Discoloration or a darkening color
  - Separation from the nail bed
- Wearing socks and shoes that hinder ventilation, do not absorb perspiration, or do not fit properly
  - Feet that perspire heavily
  - Walking barefoot in damp places, such as gyms, swimming pools or showers
  - Minor skin or nail injuries
  - Diabetes, leading to poor circulation or nerve damage to feet and legs
  - A weakened immune system; for example, leukemia, AIDS, or organ transplant
  - Athlete's foot
  - Pre-existing skin conditions, such as psoriasis
  - A previous history of cellulitis

Fungus, a microscopic organism, is the culprit responsible for causing fungal nail infections. This organism thrives in warm, moist settings, which makes shoes a perfect environment where fungi can live and grow. It can invade through tiny cuts or even through a small separation between the nail and nail bed.

There are several risk factors associated with developing onychomycosis. Risk factors include:

There are a number of preventive measures that can be taken to avoid developing this disease. It is a good idea to rotate different pairs of shoes to allow complete drying between wear. Make sure feet are completely dry after bathing or showering as well as before putting on socks. For feet that perspire heavily, try changing socks frequently or use a hairdryer on a cool setting before applying socks. It is also very important to wear shoes in public areas.

It's a good idea to conduct routine foot exams to check for problems. You should always check with your physician if you suspect a fungal nail infection. Also check with your physician about using antifungal foot powders or over-the-counter medications. The physician may prescribe a topical or an oral medication.

**Directors Report:** *continued from page 2*

compare the NALC Health Benefit Plan with any other plan in the FEHB program. You can take the challenge by linking onto the website of the U.S. Office of Personnel Management (OPM). Here's how:

Go to [www.opm.gov/insure](http://www.opm.gov/insure)

Go to the bottom of the screen and under the title "Health," click "Compare Health Plans." This will take you to [www.opm.gov/insure/health/search/plansearch.aspx](http://www.opm.gov/insure/health/search/plansearch.aspx).

Insert your ZIP code. Hit enter, then select the plans you wish to compare (up to four [4] plans).

Click "Compare Selected Plans."

Choose an employee type, such as "U.S. Postal Service, Annuitant." Click "Next."

The comparison will be shown on your screen.

All of the new information for

the Open Season for 2010 plans is there for you to see and make your own determination. We are confident that our members will find the Plan continues to offer excellent benefits at an affordable price.





## The Great American Smokeout: November 19

November 19th, the Great American Smokeout, reminds us of the dangers of smoking. Tobacco causes twice as many deaths a year as AIDS, alcohol abuse, motor vehicle crashes, illicit drug use, and suicide combined. Nicotine is an addictive substance. The act of smoking adds a second obstacle to quitting. It can be very hard to do, but that is one reason we offer the QuitPower® Program to get you through this stressful time.

QuitPower® is a voluntary program that is at no additional cost to you. When you sign up for the program you can qualify to receive an eight (8) week supply of over-the-counter nicotine replacement therapy (NRT) in

the form of patches, inhalers, gum and lozenges.

According to the *Journal of the American Medical Association*, moderate to heavy smokers derive the greatest benefit from NRT. On the negative side, NRT users are more likely to begin smoking again, which is why the QuitPower® Program provides access to a Wellness Coach, a trained professional who can motivate and encourage you to stay on the path to quitting. One study group received hour-long counseling weekly for three (3) months. They were also encouraged to use NRT as well as a certain prescription drug. Two (2) years later, one-third (1/3) of those in the group with counseling had

successfully quit smoking, compared to nine (9) percent who had other care.

Another great part of the program is that it works for your schedule. You can choose to complete it online, over the phone or even by mail. To join, please call 1-877-QUIT-PWR (1-877-784-8797), or log onto our website at [www.nalc.org/depart/hbp](http://www.nalc.org/depart/hbp).

Cold turkey is quitting all at once with no help. It's cheaper and quicker but works mainly for light smokers who are committed to stopping. No matter what your approach, you need a genuine desire to stop. Those who are trying to quit can be helped by exercise, which reduces cravings. Even a five (5) minute walk can help.



Recorded Benefit Information **1-888-636-NALC** • Fraud Hot Line **1-888-636-NALC** • Caremark SPS **1-800-237-2767**  
Health Benefit Plan **1-888-636-NALC** • PPO Locator Service **1-877-220-NALC** • Precertification **1-877-220-NALC**  
Prescription Drug Program **1-800-933-NALC** • Mental Health / Substance Abuse **1-877-468-1016**