

## Are You "SAD" During the Winter?

Even with the change to Daylight Savings Time, the days are shorter and daylight disappears even before many of us head home from work. This may have an unrealized effect on you, a family member, friend or co-worker.

### Seasonal Affective Disorder (SAD)

is a type of winter depression that affects an estimated half a million people every winter between September and April, in particular during December, January and February.

It is caused by a biochemical imbalance in the hypothalamus due to the shortening of daylight hours and the lack of sunlight in winter.

For many people SAD is a seriously disabling illness, preventing them from functioning normally without continuous medical treatment.

For others, it is a mild but debilitating condition causing discomfort but not severe suffering. This is called 'winter blues.'

### Symptoms

The symptoms of SAD usually recur regularly each winter, starting between September and November and continue until March or April. Only after three or more consecutive winters of symptoms can a diagnosis be made. Symptoms include a number of the following:

- Afternoon slumps with decreased energy and concentration
- A desire to oversleep and difficulty staying awake but, in some cases,

disturbed sleep and early morning wakening

- Feelings of fatigue and inability to carry out a normal routine
- Decreased interest in work or other activities
- Craving for carbohydrates and sweet foods, usually resulting in weight gain
- Feelings of misery, guilt and loss of self-esteem, sometimes hopelessness and despair, sometimes apathy and loss of feelings

- Irritability and desire to avoid social contact

- Tension and inability to tolerate stress

- Decreased interest in sex and physical contact

MentalHealthHumor.com

By: Chato B. Stewart



GLAD helps Your S.A.D

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- Most sufferers show signs of a weakened immune, system during the winter, and are more vulnerable to infections and other illnesses.
- SAD symptoms disappear in spring, either suddenly with a short period of hyperactivity, or gradually, depending on the intensity of sunlight in the spring and early summer.
- In less severe SAD, symptoms such as tiredness, lethargy, sleep and eating problems occur, but depression and anxiety are absent or mild.

## Treatment

Light therapy, exposure for up to four hours per day (average 1-2 hours) to very bright light, has been shown to be effective in up to 85 per cent of cases and is the most common treatment. In some cases antidepressants and/or psychotherapy may be used.

Ordinary light bulbs and fittings are not strong enough to create the levels needed, up to ten times “normal” lighting levels. Light treatment is used daily in winter, starting in early autumn when the first symptoms appear. The person being treated sits two

to three feet away from a specially designed light box allowing the light to shine directly onto the face. The person can engage in normal activity such as reading, working and eating while in front of the box.

Treatment is usually effective within three or four days and the effect continues provided it is used every day. Sunglasses, tinted lenses, or any thing that blocks the light to the retina, should not be worn.

Alternatively, spend more time outside during daylight hours when the sun is shining. If sunlight is in short supply, consider a vacation (or in extreme cases, relocate) to a sunnier locale.

### Other information about Seasonal Affective

Disorder is available at the following locations on the internet:

[Mayo Clinic](#)

[Medline Plus \(National Institutes of Health\)](#)

[American Academy of Family Physicians](#)

[American Psychiatric Association](#)

## Helpful Hints

Although the Consortium health plan’s open enrollment is not until March-April for a May 1 effective date, many of our participants have spouses whose plans’ open enrollment periods are in November-December for a January 1 effective date. With these differences in plans, how can enrollment changes in one plan be coordinated with the other?

Under our Plan, if your spouse makes changes in his/her plan coverage during the other plan’s open enrollment period, you may make a change in coverage under this plan, so long as it is consistent with the change in the other plan.

For example, if your spouse wants to drop you and your children as covered dependents under his/her plan, you may add coverage for yourself and your dependent children under this plan with the same effective date. You will need to provide written confirmation of such change from your spouse’s plan.

Also, if your spouse’s plan makes a major plan change, like adding or dropping a benefit option, you may make enrollment changes in this

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plan. Again, you will need to provide some written confirmation of such plan change.

While the Consortium Plan operates this way, other plans may not. If you are thinking about making an enrollment change at our open enrollment, be sure to check with the other plan to see if they permit changes because of our open enrollment.

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## **Bet You Didn't Know**

At the beginning of September of this year Tennessee Healthcare Network, our PPO network for schools headquartered outside the Memphis area, was bought by NovaNet, a national PPO network headquartered in Atlanta, GA.

NovaNet had existing provider contracts in Tennessee before the purchase, which has resulted in some confusion since September 1 as to which providers are in-network with our plan and which are not. Regrettably it took over a month for the new, combined provider information to be made available to us and our claims administrator.

Some of the greatest confusion has been for participants at the Germantown campus of Union University. NovaNet had, and still has, a contract with the Methodist Healthcare System network, while

the Tennessee Healthcare Network contract was with the Baptist Healthcare System. For our plan, the physicians and hospitals in the Baptist Healthcare System continue to be our in-network providers.



I'm sure they'll figure this out in no time!

One of the other results of this acquisition is that the office responsible for applying network discounts to claims has changed. Until mid-October that office did not have accurate information as to what discount applied to which provider, especially in the Memphis area. Because of that a number of claims incurred after September 1 were processed without any payment amount calculated.

If you have received an EOB (explanation of benefit) for a claim that shows a zero amount

payable by the plan and it also shows a reason code of "20" or "50" (referred to PPO for pricing), that claim will be processed a second time in the near future when the correct discounting has been received and applied.

If you have received an EOB for a claim incurred after September 1 where the claim was paid at the out-of-network (lower) benefit level and you have reason to believe the provider was in-network, please send an email to this office ([tbc@ticua.org](mailto:tbc@ticua.org)) with the name of the claimant, the claim number, date of service and provider's name so we can look into the matter for you.

The Tennessee Healthcare Network web site is now updated with complete provider information. You can get to that through a link on our web site ([www.ticua.org/tbc](http://www.ticua.org/tbc)).

If you go to a health provider you have been using in the Memphis area who tells you they are no longer a participating provider in your plan, please check with this office, or have them check. Unfortunately opportunity for confusion still exists since NovaNet has contracts with two competing Memphis healthcare systems. Because of this confusion we have delayed issuing new Plan ID cards for Tennessee Healthcare/NovaNet PPO participants.

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## Health News Flash

The U.S. Preventive Services Task Force recently updated its recommendations for routine screenings for breast cancer.

Previously the recommendation for women with no known risk factors was a screening mammogram every one to two years for women age 40 or older. The new recommendation is for women with no known risk factors is a screening mammogram every two years starting at age 50.

They further recommend against routine screening mammograms in women ages 40-49 because of the likelihood of “false positive” reports resulting in unnecessary additional imaging tests, biopsy procedures and the related surgical risks and emotional stress.

The American Cancer Society and the American College of Radiology have both criticized this new recommendation.

Under our plan, the frequency limitations remain unchanged as follows:

Under age 30	Not Covered
Ages 30-39	One baseline Mammogram
Ages 40-49	One every other Plan year
Age 50 plus	One every Plan Year

Whether or not screening mammograms are appropriate for a woman at a given age depends

on a number of individual factors. Decisions should be reached by the individual in consultation with her physician.

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## National Healthcare Reform

In case you are wondering what impact the proposed national healthcare reform legislation will have on our Plan, at present there is no way to tell. As of this writing the House of Representatives has passed “their” health reform bill and the Senate has yet to see the bill they are to consider.

The two Senate committees with responsibility for this type of legislation “reported out” bills that were considerably different from each other. Once a “combined” bill is brought before the Senate for consideration it seems likely that there will be many amendments offered. There is no way to predict what those amendments will be or which will be approved.

It does seem certain that some bill will be passed by the Senate, but it seems just as certain that it will be different from the House bill. This means that a joint House and Senate committee will have to meet to iron out the differences and create one bill from the two. After that the bill has to go back to the House and the Senate to be voted on again. Only when both House and

Senate have passed the same bill does it go to the President for signature.

Under any of the bills being considered, it appears there will be no significant impact on existing health plans before 2013.

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## Holiday Office Hours

The Consortium office will be closed on Thursday and Friday, November 26<sup>th</sup> and 27<sup>th</sup> for Thanksgiving. We will also be closed on Friday, December 25<sup>th</sup> for Christmas and Thursday, December 31<sup>st</sup> and Friday, January 1<sup>st</sup> for New Year’s.

The claims office will be closed on Thursday and Friday, November 26<sup>th</sup> and 27<sup>th</sup>, Friday, December 25<sup>th</sup> and Friday, January 1<sup>st</sup>.

You can subscribe to receive an email copy of *Health Matters!* by going to the Consortium News link on our web site or by clicking on this link: [subscribe to newsletter](#). You can use this to send a copy to your home, to a child off at school or any where else you might want to send a copy for you or a family member.

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