



Health on the Move™

Benefits & Wellness Newsletter

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Teacher Retirement System (TRS)

By Tammye McCollum

The Teacher Retirement System (TRS) provides benefits for service retirement, disability retirement, and death of a member or retiree. The TRS plan is known as a “defined benefit plan” because retirement benefits are based on formulas established by the Legislature, which used the number of years of service credit and salary earned. Unlike a “defined contribution plan”, such as ORP, the TRS benefit amount has no direct relationship to the actual amount of contributions made or if a particular investment in the TRS portfolio does not perform as expected. The formula used is years of service credit times the average highest five annual salaries times 2.3% multiplier. The TRS trust fund is one of the largest public pension funds in the nation. TRS is managed by experienced professional investment officers with a prudent, yet successful, investment strategy and manages a more than \$100 billion trust fund established to finance member benefits. More than 1.2 million public education and higher education employees and retirees participate in the system.

RETIREMENT MANAGER

UT Retirement Manager enables you to enroll and make changes to your Retirement Account and provides excellent financial tools. UT System Retirement Programs Website:

www.aigretco.com/RetireMan

Contact your Benefits Office at ext. 7741 for your unique identification number

Employee contributions are deposited into individual member accounts each month. Interest is added on August 31 of each year at the rate of five percent of the average balance in the account during the fiscal year. Individual accounts are maintained so that employee contributions can be returned to members who desire to relinquish membership upon termination of covered employment. Withdrawn employee contributions will be subject to income taxes and possible IRS early withdrawal penalties unless “rolled over” to an Individual Retirement Account (IRA) or another kind of eligible retirement plan within 60 days of withdrawal. TRS does not allow members to borrow against the funds. They can only be accessed through retirement or termination of employment. All state contributions made on behalf of members are deposited into a single TRS account which is maintained separately from the individual member accounts and used to pay retirement and death benefits. When an employee terminates and withdraws employee contributions, the state contributions deposited on behalf of the employee remain in this TRS account.

The Best Kept Secret in Diabetes Care

November is American Diabetes Month

By Dr. David Shafer (UTHSCT Physician)

Since 20 million people in the US have diabetes and an additional 40 million have pre-diabetes, chances are good that you or someone you know is affected by diabetes. Unfortunately, half of the people affected by diabetes who are at risk for getting it don't know it or are not getting the treatment they need. In fact, a recent NHANES (National Health and Nutrition Survey) study showed that only 11% of individuals with diabetes in the US had control of their blood sugar, blood pressure and LDL (the so-called bad) cholesterol. That's the bad news. The good news is that the American Diabetes Association has published standards of care for people with diabetes, which if followed by patients and their doctors, would prevent most of the bad effects of diabetes on the heart, brain, and kidney and prevent amputations.

What are these standards of diabetes care and how do you know your care measures up? It's really as simple as the ABC's—an A1C of 7% or below (this measures your average blood sugar over the past three months), blood pressure less than 130/80, and cholesterol (LDL) less than 100. Other standards of good care include getting yearly eye exams, yearly urine tests for micro albumin (protein in the urine), the use of specific blood pressure drugs called ACE inhibitors or ARBs (which also provide kidney protection) and for most people with diabetes, the use of drug therapy with statins to get the LDL cholesterol less to than 100. In addition, people with diabetes need periodic foot exams (usually at each visit), instruction on use of blood glucose monitors and individualized instruction on a meal plan designed to control blood sugar, promote weight loss and help with cholesterol and triglyceride levels. Access to diabetes classes that teach the basic survival skills are also needed that empower people with diabetes to control their diabetes instead of diabetes controlling them. Keep in mind, the diabetes treatment standards are in addition to other recommended preventive health measures such as Pap smears, mammograms, colonoscopies, PSA testing for prostate cancer, and immunizations. If you are starting to feel overwhelmed by everything that should be done to take good care of your diabetes and general health, you are not alone. It is hard to find a place where you can be confident that your diabetes as well as your general health is managed according to the most up to date standards.

Now, what is the best kept secret I referred to in the title? The secret is that the best diabetes care available can be obtained right here at the University of Texas Health Science Center at Tyler. While it seems that almost all hospitals and clinics advertised in the media claim to be the best in a particular area, we actually have the facts to back it up. The facts are that four UT physicians have been named to the Diabetes Physician Provider Recognition Program, a joint initiative of the American Diabetes Association (ADA) and the National Committee for Quality Assurance (NCQA). Only 7 physicians in East Texas have achieved this status and only 48 in the entire state of Texas have this distinction.

The physicians honored with this distinction are: Thomas Belt, M.D., Chief of Staff and Medical Director for Clinical Affairs, Kent Davis, M.D., Director of the Center for Healthy Aging, Wayne Karaki, M.D., Medical Director of the Internal Medicine Clinic and David Shafer, Director of the Center for Diabetes Care.

Why aren't more physicians recognized by the ADA and NCQA? The answer is that it is not easy to achieve this recognition and that most patients with diabetes are not aware of what quality diabetes care looks like. To achieve Provider Recognition, physicians had to submit data on how well their patients met the standards of care outlined above. Only those physicians whose patient care met the benchmarks set by the American Diabetes Association achieved this recognition. As a further benefit for UT patients, these recognized physicians are primary care internists who can manage a person's overall health as well as provide specialized diabetes care. So they don't just take care of your diabetes.

The Best Kept Secret in Diabetes Care Cont'd

November is American Diabetes Month

By Dr. David Shafer (UTHSCT Physician)

The Health Center's focus on quality diabetes care extends beyond the Provider Recognition Program, however. The UT Center for Diabetes Care is the only program in the area that provides comprehensive quarterly diabetes education classes free of charge to anyone interested in diabetes. Individualized nutritional and diabetes teaching is also available. The Health Center's diabetes education program (called the Empower Program) is certified by the American Diabetes Association, which means it too meets the rigorous diabetes education standards of the ADA. And finally, David Shafer, M.D. and Gerald Brown, P.A.-C, have passed the requirements and testing and are certified diabetes educators (CDE), a program administered by the American Association of Diabetes Educators (AADE) and the ADA.

Well, hopefully the secret is out and that it is clear that a person with diabetes would have a difficult time finding a better place to take care of their diabetes. We look forward to helping you take better care of your diabetes. To make an appointment, contact the Internal Medicine Clinic or the Center for Diabetes Care at 903-877-7911.

Pancreatic Cancer (November is National Pancreatic Cancer Awareness Month)

By BCBS website: www.bcbstx.com/ut

Hard to detect and quick to spread, pancreatic cancer is among the deadliest of cancers. Researchers hope that genetic research will make it more like other cancers -- a treatable disease.

Over the past couple of decades, advances in detection and treatment have changed the meaning of a cancer diagnosis. Of course, no one ever takes the news lightly, but in many cases, cancer is not the death sentence that it once was. Treatment can be an ordeal, but people get through it and go on to enjoy many more years of healthy life.

Pancreatic cancer hits a sour note in this march of medical progress. Even if it's caught while confined to the pancreas -- and it rarely is -- just 16% of patients are alive five years after the initial diagnosis. By comparison, the five-year survival rate for localized breast cancer is 86%. If the cancer has spread beyond the pancreas, the likelihood of living another five years is just 2%. Only the statistics for liver cancer are as grim.

Fortunately, pancreatic cancer is uncommon compared with other major cancers. About 30,000 new cases are diagnosed every year in the United States, in contrast to about 200,000 new cases of breast cancer, and 170,000 new cases of lung cancer. But because it's so untreatable, pancreatic cancer causes about the same number of deaths each year (30,000) as prostate cancer, although over six times as many new cases of prostate cancer are diagnosed each year.

Prevention

Smoking is the clearest risk factor, so not lighting up is the surest -- if painfully obvious -- prevention tip. After you've kicked the habit, in several years your risk becomes the same as if you never smoked.

More good news: the low-dose (81 mg) aspirin that many people take to lower their chances of having a heart attack and stroke may also be a defense against pancreatic cancer. University of Minnesota researchers found last year that aspirin slashes the risk almost in half. Regular use of ibuprofen and other anti-inflammatories didn't confer that benefit.

Health Risk Assessment

If you have not already completed your online Health Risk Assessment, go online to www.bcbstx.com/ut and learn more about your health habits today!

YOGA CLASSES

YOGA IS A GREAT WELLNESS TOOL FOR THE MIND AND BODY. THE YOGA CLASS IS TAUGHT BY DEBBIE TOMPKINS. CLASSES ARE HELD ON TUESDAYS & THURSDAYS FROM 5:15PM TO 6:30PM. THE COST IS \$30 FOR 8 SESSIONS TO BE USED WITHIN 60 DAYS. CONTACT CARYN VORSAS FOR MORE INFORMATION AT EXT. 7293

STANDARD SERVING SIZES

By Tammye McCollum

Eating smaller portions of food is one of the easiest ways to cut back on calories – but it can also be one of the most challenging, with the current trend of super-sizing. Huge portions, all-you-can-eat-buffets, and extra-large “single servings” of chips, candy bars, and other snack foods can all contribute to overeating. How do you know a reasonable portion of food when you see it? Visualize the objects mentioned below when eating out, planning a meal, or grabbing a snack. For example, the amount of meat recommended as part of a healthful meal is 3 ounces – and it will look to be the same size as a deck of cards.

Food Item	Serving Size	Compare to
Dairy		
Yogurt/Cottage Cheese	8 oz or 1 cup	Tennis ball
Cheese	1.5 - 2 oz	Two domino pieces
Ice cream	4 o. or 1/2 cup	1/2 baseball
Meat/Protein		
Chicken, Fish or other meat	3 oz	A deck of cards
Peanut Butter	2 Tbsp	One golf ball
Egg	1 whole or (3 oz scrambled)	
Beans	1/2 cup	1/2 baseball
Grains		
Potato	1 medium baked or 1/2 cup	A computer mouse or a small fist
Rice	1/2 cup	A cupcake wrapper
Pasta (alone)	4 oz or 1/2 cup	A computer mouse or a small fist
Cereal	3/4 cup (except granola - 1/2 cup)	1/2 a soup bowl
Hot Cereal	1 cup	A baseball
Salads		
Specialty salad of the week	3 oz (side) or 8 oz (entrée)	3 oz fills bowl. 8 oz fills 9" plate
Vegetables		
Raw	1 cup or medium-sized	A baseball
Steamed	1/2 cup	Bulb part of a light bulb
Stir-fry	6 oz	Fills 1/2 of 9" plate
Fruit		
Canned	1/2 cup	Bulb part of a light bulb
Raw	Medium-sized	A baseball
Misc.		
Wraps and prepared sandwiches	1 portion/sandwich, as prepared	
French fries/Potato wedges	3 oz	Bar of soap or 1/4 of 9" plate
Soup	6 oz	1 Soup bowl
Casserole, mixed entrée or blended pasta	8 oz or 1 cup	A baseball
Salad dressing	2 Tbsp	One golf ball
Beverages		
Pop, milk	8 oz or 1 cup	Fills dining room glass to 1" from the top
Hot beverage	4 oz	Fills dining room coffee cup
Juice	6 oz or 3/4 cup	Fills dining room glass 2/3 full

Give Your Tailgating Party the Winning Edge

By *America on the Move* (www.americaonthemove.org)

Fall has arrived! For football fans, that means pulling into a parking lot, unloading the cooler, and firing up the grill. But overindulging on tailgating fare can add hundreds of unwanted calories. Plan instead for healthy options that family and friends can enjoy without penalty.

Call Yourself Coach for the Day

If your traditional tailgating menu includes high-calorie, high-fat foods, you'll need a new strategy. When coaches plan for the big game, they have an offensive and defensive plan. You can use the same tactic for a menu that maximizes healthful food choices.

Offensive Game Plan

Tailgating doesn't mean you have to settle for hamburgers, hot dogs, and chips. Here are some terrific ideas for executing your offensive game plan:

- Kick off the party with crisp veggies and low-fat dip, baked chips with salsa, hummus and toasted pita wedges, or chilled shrimp and cocktail sauce.
- Get a 1st down by grilling marinated chicken strips, flank steak, and fresh vegetables for tasty fajitas.
- Relax at halftime with pita pockets or fresh whole-grain rolls stuffed with smoked turkey, lean ham, or seafood salad.
- Heat things up with spicy chili, meatless lasagna, or turkey sausages.
- Don't forget the sideline players - broccoli salad, whole-wheat pasta salad, 3-bean salad, or grilled portobello mushrooms.
- Celebrate the victory by dishing up fresh fruit with yogurt sauce or low-fat brownies.

If your plan includes traditional tailgating fare, modify recipes so they contain fewer calories but still taste great. For more ideas, use our recipe finder or see [Healthy Recipe Makeover](#).

Defensive Game Plan

Any coach will agree - a good defense is critical to success on game day. Defensive eating strategies can play a big role in helping you avoid unwanted calories. Here are some tips:

- Warm up for game day with some energizing physical activity. The calories burned will help balance any excess you may consume at your tailgating party.
- Tackle calorie heavyweights by eating smaller portions. Get up, move around, and visit other tailgaters so you're not tempted to keep eating.
- Don't get sacked by too much alcohol. Pack plenty of bottled water in your cooler.
- Focus on the nonfood details. Get excited about the game by decorating with banners, flags, colorful tablecloths, and other items in your team's colors.

Great game, coach...you deserve the MVP award: Most Valuable Plate. Enjoy your new, healthier tailgating experience!



Office of Employee Benefits News Release

Filing Deadlines for 2007-2008 UT FLEX Accounts

This is a reminder about two important deadlines regarding the 2007-2008 UT FLEX accounts: **Additional Period for Submitting Claims for the Plan Year Ending August 31, 2008:** The last day to submit claims for reimbursement for all Medical Expense Reimbursement Accounts and the Day Care Reimbursement Accounts is Sunday, November 30, 2008.

Additional “Grace Period” for Incurring Eligible Expenses for Medical Expense Reimbursement Account Members Only for the Plan Year Ending August 31, 2008: If you participated in the 2007-2008 UT FLEX Medical Expense Reimbursement Account, you have an additional 2 ½ months following the end of the plan year (August 31, 2008) to use any remaining funds in your Medical Expense Reimbursement Account by receiving eligible services and/or making eligible health related purchases between September 1 and November 15 of this year. This extended “Grace Period” does NOT apply to the Day Care Reimbursement Account.

If you are participating in the Medical Expense Reimbursement Account for the prior plan year (September 1, 2007 – August 31, 2008) and the current plan year (September 1, 2008 – August 31, 2009), PayFlex Systems USA, Inc. (PayFlex) has implemented improvements to make the payment process during the grace period simpler and easier to understand. All eligible Medical Expense Reimbursement Account expenses incurred during the grace period between September 1 and November 15 and submitted to PayFlex by November 30, 2008 will automatically be paid out of the “prior” plan year balance, thereby helping you to “use up” your prior plan year balance before any claims are paid from your current Medical Expense Reimbursement Account balance. Once the prior plan year balance is exhausted, all remaining eligible claims will be applied toward your current plan year account balance. You will find a detailed description of this process on the PayFlex website. **Notice for Day Care Reimbursement Account Members:** The extended grace period for incurring eligible expenses does not apply to the Day Care Reimbursement Account. Only eligible services provided during the plan year (September 1, 2007 through August 31, 2008) can be reimbursed from a Day Care Reimbursement Account.

Filing Deadline: Claims for UT FLEX accounts may be submitted either by mail or electronically via PayFlex Express Claims available on the PayFlex website at www.utflex.com. All UT FLEX claims for the prior plan year ending August 31, 2008, including Medical Expense Reimbursement Account expenses incurred during the additional 2 ½ month period, must be submitted or postmarked by no later than November 30, 2008. Any claim submitted or postmarked after that date for either UT FLEX account will not be eligible for reimbursement.

For additional information regarding the grace period, filing deadline, claims status or account balances, please visit the PayFlex website (www.utflex.com) or contact PayFlex customer service at (866) 887-3539.

White Chocolate and Cranberry Cookies

By Rachel Trammell (UTHSCT Food Services)

1-1/8 cup all-purpose flour
 1/2 cup rolled oats
 1/2 teaspoon baking soda
 1/2 teaspoon salt
 1/3 cup packed brown sugar
 1/3 cup white sugar
 1/2 cup dried cranberries
 1/2 cup white chocolate chips
 1/2 cup chopped pecans
 1/2 cup softened butter
 1 egg
 1 teaspoon vanilla

Preheat oven to 350 degrees F (175 degrees C). Grease a cookie sheet or line with parchment paper. In a medium bowl, beat together ½ cup softened butter, 1 egg and 1 teaspoon of vanilla until fluffy. Add all other ingredients, and mix together by hand until well blended. Drop by heaping spoonfuls onto the prepared baking sheets. Bake for 8-10 minutes, or until edges start to brown. Cool on baking sheets, or remove to cool on wire racks.

Also makes a great gift in a jar. Take dry ingredients and layer in a jar of your choice. Attach recipe and directions. Decorate jar to fit the occasion.

HR/Benefits Staff:

Georgia Melton (Assoc. VP of HR)
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Sherry Shipley (Benefits Specialist II)
 Ext: 7741

Tammye McCollum (Benefits Analyst)
 Ext: 7784

Office Hours: Monday – Friday 8am – 5pm

UTHSCT Benefit Provider Numbers:

UT Select/Blue Cross Blue Shield

1-866-882-2034 or www.bcbstx.com/ut

Medco Health Prescription Plan

1-800-818-0155 or www.medcohealth.com

UT Select/Blue Cross Blue Shield

1-866-887-3539 or www.payflex.com

The Hartford(Long Term & Short Term Disability)

1-800-741-4306 or www.thehartfordatwork.com

Teachers Retirement System of Texas

1-800-223-8778 or www.trs.state.tx.us

Delta Dental Premier

1-800-893-3582 or www.deltadentalins.com/universityoftexas

Superior Vision

1-800-507-3800 or www.superiorvision.com

Long Term Care

1-888-825-0353 or www.ltcbenefits.com/uts

Ft. Dearborn Life Insurance

1-866-628-2606 or www.fdl-life.com/ut