



## Insurance Insights

August 2008

### Expanded Wellness and Preventive Health Benefits

**Effective September 1, 2008**, the University of Texas System UT SELECT Medical Plan will expand the Wellness and Preventive Health Services package to include colonoscopy benefits paid at 100%\* (if performed by a network physician at a network facility). The improved colonoscopy benefit covers the cost of the procedure and associated charges such as member copayment, member coinsurance, outpatient facility charges, and physician fees. In addition, the colonoscopy benefit will not be subject to the plan year \$250 individual network deductible. With this enhanced colonoscopy benefit, UT SELECT members can have the procedure with no out-of-pocket cost under most circumstances.

\*The 100% colonoscopy benefit is based on receiving treatment from a network BCBSTX physician. If treatment is received from a non-network physician, members will be subject to the lower non-network benefit that requires you to pay out-of-pocket cost of a \$500 plan year deductible per individual and 40% coinsurance of the allowable amount for the procedure.

The 100% colonoscopy benefit is the latest addition to UT SELECT Preventive Care benefits. The following link includes a table that illustrates a table that illustrates the comprehensive list of Preventive Care benefits available by copayment and those benefits available with no out-of-pocket cost. Read more about the new colonoscopy coverage at:

<http://www.utsystem.edu/benefits/pubs/news/WellnessandPreventionCoverage.pdf>

Additional information about when you should begin colonoscopy screening and the growing suite of wellness products available via UT System's "Living Well: Make it a Priority" Worksite Health and Wellness Program can be found in this newsletter under *Wellness Wise*.

#### Reminders

##### **Evidence of Insurability Deadline**

During Annual Enrollment (July 1 – July 31, 2008), if you made an insurance election on UT Touch that requires evidence of insurability (EOI), you will be prompted to complete the insurance company's EOI form via an online link. All EOI forms must be printed and mailed by August 15, 2008, in order for your coverage election to be considered.

For additional information on EOI, see the April 2008 OEB newsletter, "A Matter of Health."  
[http://www.utsystem.edu/benefits/newsletter/articles/08apr\\_ben.htm](http://www.utsystem.edu/benefits/newsletter/articles/08apr_ben.htm)

For more information go to the  
UT System Benefits Programs Website: <http://www.utsystem.edu/benefits/>



## Retirement Corner

August 2008

### Asset Allocation 101

Asset allocation involves dividing an investment portfolio among different asset categories, such as stocks, bonds, and cash. The process of determining which mix of assets to hold in your portfolio is a very personal one. The asset allocation that works best for you at any given point in your life will depend largely on your time horizon and your ability to tolerate risk.

- Time Horizon - Your time horizon amount of time you will be investing to achieve a particular financial goal.
- Risk Tolerance - Risk tolerance is your ability and willingness to lose some or all of your original investment in exchange for greater potential returns.

#### Risk versus Reward

When it comes to investing, risk and reward are inextricably entwined. You've probably heard the phrase "no pain, no gain" - those words come close to summing up the relationship between risk and reward. Don't let anyone tell you otherwise: All investments involve some degree of risk. If you intend to purchase securities - such as stocks, bonds, or mutual funds - it's important that you understand before you invest that you could lose some or all of your money.

#### Why Asset Allocation Is So Important

By including asset categories with investment returns that move up and down under different market conditions within a portfolio, an investor can protect against significant losses. Historically, the returns of the major asset categories have not moved up and down at the same time. Market conditions that cause one asset category to do well often cause another asset category to have average or poor returns. By investing mutual funds or annuities that contain more than one asset category, you'll reduce the risk that you'll lose money and your portfolio's overall investment returns will have a smoother ride. If one asset category's investment return falls, you'll be in a position to counteract your losses in that asset category with better investment returns in another asset category.

#### The Connection Between Asset Allocation and Diversification

Diversification is a strategy that can be neatly summed up by the timeless adage "Don't put all your eggs in one basket." The strategy involves spreading your money among various investments in the hope that if one investment loses money, the other investments will more than make up for those losses.



### **Diversification 101**

A diversified portfolio should be diversified at two levels: between asset categories and within asset categories. Within the UT Retirement Program you can achieve diversity within each asset category through the ownership of mutual funds. A mutual fund is a company that pools money from many investors and invests the money in stocks, bonds, and other financial instruments. Mutual funds make it easy for investors to own a small portion of many investments. A total stock market index fund, for example, owns stock in thousands of companies. That's a lot of diversification for one investment!

Mutual fund investment doesn't necessarily provide instant diversification, especially if the fund focuses on only one particular industry sector. If you invest in narrowly focused mutual funds, you may wish to invest in more than one mutual fund to get the diversification you seek.

### **Changing Your Asset Allocation**

The most common reason for changing your asset allocation is a change in your time horizon. In other words, as you get closer to your investment goal, you'll likely need to change your asset allocation. For example, most people investing for retirement hold less stock and more bonds and cash equivalents as they get closer to retirement age. You may also need to change your asset allocation if there is a change in your risk tolerance, financial situation, or the financial goal itself. However, savvy investors typically do not change their asset allocation based on the relative performance of asset categories - for example, increasing the proportion of stocks in one's portfolio when the stock market is hot. Instead, that's when they "rebalance" their portfolios.

### **Rebalancing 101**

Rebalancing is bringing your portfolio back to your original asset allocation mix. This is necessary because over time some of your investments may become out of alignment with your investment goals. You'll find that some of your investments will grow faster than others. By rebalancing, you'll ensure that your portfolio does not overemphasize one or more asset categories, and you'll return your portfolio to a comfortable level of risk.

### **What to Do**

To determine if your portfolio has a proper diversification or allocation of assets, please contact your UT Authorized retirement provider or visit the UT Retirement Provider page at <http://www.utretirement.utsystem.edu/Providers.html>.

To read more regarding Asset Allocation and Diversification, please visit: <http://www.sec.gov/investor/pubs/assetallocation.htm>.

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## Wellness Wise

August 2008

### The Wellness Guide to Preventive Care

A recent government study showed that more than half of all Americans do not receive many of the important preventive services they need—that is, immunizations, screening tests for early detection of disease, and education about healthy habits and injury prevention. Why not?

- Many Americans—44 million—have no health insurance.
- Many people do not get continuity of care. They may have to switch doctors as they switch from one insurer to another, making it hard to keep track of what services they've had.
- Patients may not insist on getting preventive services. They may be confused about which tests to ask for. They may not know that Medicare (and some other insurance plans) covers some of the pricier items, such as mammograms and colonoscopies, as well as the cheaper ones. They may not know that prevention is usually the most economical form of medicine—well worth budgeting for, even if insurance doesn't cover it.
- With tests for some cancers, there's the embarrassment factor. Some people may dread being tested for colon, prostate, or breast cancer and be relieved if the doctor fails to mention it. Some people would rather not know.
- Both doctors and patients may be confused by contradictory recommendations. What should a medical checkup consist of? Does everybody need an annual physical? Should all men get a PSA test? At what age should a woman start having mammograms? (See below for answers to such questions).
- Doctors may fail to ask patients about smoking and drinking, not to mention exercise habits and diet. Some HMOs don't encourage their doctors to counsel people. Some doctors think their job is to treat illness, not prevent it.
- The watchword among insurers now is cost containment. Yet medical technologies and consumer demand for services are expanding daily. Thus, we all have to make choices. Will patients in a big HMO get more benefit from an additional MRI machine or from having their doctors take time to counsel them about exercise and a heart-healthy diet? The new MRI machine will be easier to justify, in terms of immediate, measurable benefits.

#### How about that annual physical?

It used to seem simple: people were advised to undergo a standardized annual or biannual "complete physical." But in the 1980s, at the request of the government, an independent committee of physicians known as the U.S. Preventive Services Task Force reviewed all evidence and evaluated the benefits and drawbacks of common screening tests and came up with recommendations. (A similar group, the Canadian Task Force on Preventive Health Care, does the same work in Canada.) That head-to-toe physical exam has now been discarded for seemingly



healthy people, since it yields too few benefits for its cost. Over the long run, it doesn't pay off in terms of better health and longer life.

Some tests that used to be routinely done, such as chest X-rays, electrocardiograms (EKGs), urine tests, and complete blood counts, are now reserved for people with symptoms or risk factors. In other words, they are not general "screening" tests and are not done routinely in everyone (and as such are not covered in this article).

The U.S. and Canadian Task Forces continue to update and re-evaluate their advice, reviewing thousands of studies every year and consulting hundreds of scientific reviewers.

### **Blood pressure measurement (to detect hypertension)**

**Who needs:** All adults.

**How often:** Once every 2 years for those with normal blood pressure.

**Comments:** More frequent monitoring for those with readings of greater than 130/85 or higher—consult your doctor.

### **Cholesterol measurement**

**Who needs:** All adults.

**How often:** Once every 5 years. More often if total or LDL ("bad") cholesterol is high, HDL ("good") is low, and/or you have risk factors.

**Comments:** Those at high risk for heart disease need medical advice about life-style changes and possibly drug therapy—consult your doctor.

### **Pap smear (for early detection of cervical cancer)**

**Who needs:** All women with a cervix, starting at age 18, or earlier if sexually active.

**How often:** If 3 annual tests are normal, then once every 3 years. More often if you smoke or have multiple sex partners or other risk factors.

**Comments:** Some experts advise that woman who have never had an abnormal result can stop being screened after age 65—consult your doctor.

### **Breast cancer screening (mammography)**

**Who needs:** All women 50 and over; those 40-49 should discuss risk factors with a doctor.

**How often:** Annually. Medicare reimburses for it.

**Comments:** Clinical breast exams are also important—consult your doctor.

### **Colonoscopy screening (fecal occult blood test, sigmoidoscopy)**

**Who needs:** Everyone 50 and over; earlier for those at high risk.

**How often:** Occult blood test annually; sigmoidoscopy every 5 years or colonoscopy every 10 years.

**Comments:** Digital rectal exam and X-ray with barium enema may also be done. Medicare now pays for colonoscopy—consult your doctor.



### **Prostate cancer screening (prostate specific antigen, or PSA, test; and digital rectal exam, or DRE)**

**Who needs:** Blacks and men with family history, DRE and PSA starting at age 40. For others, DRE, and possibly PSA, starting at 50.

**How often:** DRE annually; PSA on professional advice.

**Comments:** Usefulness of PSA screening for all men remains controversial—consult your doctor.

### **Diabetes screening (fasting blood glucose test)**

**Who needs:** Everyone 45 and older; earlier for those at high risk.

**How often:** Every 3 years.

**Comments:** Blacks, Hispanics, Asians, Native Americans, obese people, and those with a strong family history need more frequent screening, starting at age 30—consult your doctor.

### **Thyroid disease screening**

**Who needs:** Women 50 and over; those with high cholesterol or family history of thyroid disease.

**How often:** On professional advice.

**Comments:** Routine screening remains controversial. Talk to your doctor about risk factors.

### **Chlamydia screening**

**Who needs:** Women 25 and younger, if sexually active.

**How often:** Annually, or more often.

**Comments:** Men and women of any age who are at risk for STDs (chlamydia, gonorrhea, syphilis, and HIV) should be tested—consult your doctor.

### **Glaucoma screening**

**Who needs:** People at high risk: those over 65, very nearsighted, or diabetic; blacks over 40; those with sleep apnea or family history of glaucoma.

**How often:** On professional advice of eye specialist.

**Comments:** Many eye specialists advise screening all adults every 3-5 years, starting at age 39—consult your doctor.

### **Dental checkup**

**Who needs:** All adults.

**How often:** Every 6 months, or on professional advice.

**Comments:** Should include cleaning and exam for oral cancer—consult your doctor.

### **Tetanus/diphtheria booster**

**Who needs:** All adults.

**How often:** Every 10 years.

**Comments:** People over 50 are least likely to be adequately immunized—consult your doctor.



### **Influenza vaccine**

**Who needs:** Everyone 50 and over, people with lung or heart disease or cancer, and others at high risk.

**How often:** Annually, in autumn.

**Comments:** Even healthy younger adults can benefit and should consider getting the shot—consult your doctor.

### **Pneumococcal vaccine**

**Who needs:** Everyone 65 and over, and others at high risk for complications.

**How often:** At least once.

**Comments:** Effective against most strains of pneumococcal pneumonia; lasts at least 5-10 years—consult your doctor.

### **Rubella vaccine**

**Who needs:** All women of childbearing age.

**How often:** Once.

**Comments:** Avoid during pregnancy—consult your doctor.

### **Hepatitis B vaccine**

**Who needs:** All young adults, as well as adults at high risk.

**How often:** On professional advice.

**Comments:** All newborns should be vaccinated—consult your doctor.

### **Chickenpox vaccine**

**Who needs:** Anyone who has never had chickenpox.

**How often:** Once. But above age 13 it requires two shots.

**Comments:** Not recommended for pregnant women or those with compromised immunity—consult your doctor.

### **Article Source:**

The National Coalition on Health Care. [www.nchc.org](http://www.nchc.org)

### **Resources:**

#### **Free Online & Telephonic Weight Management Program**

Sometimes a little extra support is all it takes to stay on track with weight loss goals. The Blue Cross and Blue Shield Weight Management Motivational Toolkit provides just that. When our members decide to make positive lifestyle changes by managing their weight, we are ready with resources to help make the journey successful! Read more about this free program available to all BCBS members at our website at

[http://www.utsystem.edu/benefits/newsletter/pubs/Weight\\_Management\\_Tool\\_Kit\\_08.pdf](http://www.utsystem.edu/benefits/newsletter/pubs/Weight_Management_Tool_Kit_08.pdf)

### **What is My Rx Choices?**



My Rx Choices is a complimentary program offered by Medco, your prescription drug benefits manager. My Rx Choices provides you with available lower-cost options to the medications you take on an ongoing basis in order to help you save on your prescription drug costs. To find out more about My Rx Choices, click on [www.medco.com](http://www.medco.com) and start saving!

### **Personal Health Manager and Work–Life Balance**

With a wide range of online tools and information, you can better manage every aspect of health and wellness for you and your family with programs that are for UT employees, retirees and their dependents. Start by taking the health risk assessment to better understand your current health condition, identify potential issues and reinforce what you are doing right! See below some of our resources/services:

**Online Personal Health Manager** provided by Blue Cross Blue Shield- your source for health and wellness information, such as:

- Quitting Smoking (*Ask A Life Coach* to get support and answers to your smoking-related questions)
- *Ask A Nurse*
- Planning nutritious meals
- Recording workouts
- Keeping track of health records
- Addressing financial concerns
- Addressing relationship and family matters
- Earning *Blue Points*

Visit the Personal Health Manager at Blue Access® for Members today, and stay with it to manage your stress.

- Visit <http://bcbstx.com/ut/>
- Log onto Blue Access
- Select Personal Health Manager Icon
- Go to the top center banner

## **America On the Move: UT System Ultimate Challenge Final Results!**

As for the challenge, every institution was a winner. We had a total of 5,319 registered participants and were able to get non-active employees to become active and also, create awareness of resources and programs available to our members (employees, retirees and dependents). So thank you all again, without your support this would have not happened. Now we do have to crown a winner for our 2008 institution challenge. This institution did an excellent job promoting the program with the involvement of Senior Management, HR/Benefits and Wellness Champions. Our 2008 UT System Physical Activity Challenge is UT Health Science Center San Antonio. Congratulations!

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We presented the Traveling Trophy to UT Health Science Center San Antonio on July 24th. See program results and award ceremony photos at

[http://inside.uthscsa.edu/inside/AMO\\_photo\\_callout.shtml](http://inside.uthscsa.edu/inside/AMO_photo_callout.shtml)

Continue the challenge: Even though the UT System competition is over, you can continue using the free tool. For more details go to the America On the Move: UT System Ultimate Challenge website at

<http://www.utssystem.edu/benefits/Health/challenge.htm>

Stay tuned for our next UT System Physical Activity Challenge that will take place in September or we should call it "STEP-ember".



## Healthy Recipe of the Month

August 2008

### Five-Spice Chicken Breasts with Hoisin Glaze

Chicken breasts with the skin on are not usually boneless, so you may need to special order them from your butcher or debone them at home. They don't dry out as easily as the skinless, boneless variety.

For a delicious and also highly nutritious summer dish, try the following recipe.

#### Ingredients:

- 3 1/2 cups water
- 1/3 cup kosher salt (such as Diamond Crystal)
- 3 tablespoons dark brown sugar
- 2 tablespoons low-sodium soy sauce
- 2 tablespoons five-spice powder
- 4 (6-ounce) boneless chicken breast halves
- 1 cup of ice
- 2 tablespoons hoisin sauce
- 2 teaspoons dark sesame oil
- 2 teaspoons minced fresh ginger
- 1 1/2 teaspoons dark brown sugar
- 1 1/2 teaspoons low-sodium soy sauce
- 1/4 teaspoon five-spice powder
- Cooking spray

#### Preparation:

Combine first 4 ingredients in a large bowl, stirring until salt and sugar dissolve. Stir in 2 tablespoons five-spice powder. Pour salt mixture into a large zip-top plastic bag. Rinse chicken with cold water. Add chicken and ice to bag; seal. Refrigerate 2 hours, turning bag occasionally. Remove chicken from bag; discard brine. Pat chicken dry with paper towels. Combine hoisin sauce and next 5 ingredients (hoisin sauce through 1/4 teaspoon five-spice powder).

Prepare the grill for indirect grilling, heating one side to medium and leaving one side with no heat.

Place chicken, skin side down, on grill rack coated with cooking spray over medium heat side. Close lid; grill chicken 8 minutes on each side, brushing occasionally with hoisin sauce mixture. Place chicken, skin side up, on unheated side; brush with hoisin sauce mixture. Grill an additional 5 minutes or until done. Discard skin; serve immediately.



Combine remaining 3 tablespoons olive oil, juice, salt, black pepper, and garlic in a small bowl; stir with a whisk. Pour dressing over pasta mixture, and toss well. Serve at room temperature or chilled.

**Yield:**

4 servings (serving size: 1 chicken breast half)

**Nutritional Information**

- CALORIES 241(18% from fat);
- FAT 4.7g (sat 0.9g,mono 1.5g,poly 1.6g);
- IRON 1.8mg;
- CHOLESTEROL 99mg;
- CALCIUM 35mg;
- CARBOHYDRATE 7.4g;
- SODIUM 909mg;
- PROTEIN 39.8g;
- FIBER 0.3g

**Recipes Source:** Cooking Light, July 2005

## Resources:

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## Featured Resources

August 2008

### Employee Assistance Program (EAP)

The EAP is a benefit of your University employment, which provides confidential, professional assistance to help you resolve problems that affect your personal life or job performance. It is designed to allow you to seek help when you need it, at no charge. The EAP can help with stress, depression, alcohol or drug problems, financial issues, interpersonal problems and much more. It also offers other services such as seminars, training and resource referrals.

Visit the UT System EAP main page for a directory of all institutions' EAP at <http://www.utsystem.edu/benefits/Health/eap/homepage.htm>

### Free Online & Telephonic Weight Management Program

Sometimes a little extra support is all it takes to stay on track with weight loss goals. The Blue Cross and Blue Shield Weight Management Motivational Toolkit provides just that. When our members decide to make positive lifestyle changes by managing their weight, we're ready with resources to help make the journey successful!

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### 24/7 Nurse Line:

A staff of trained, experienced registered nurse counselors is available 24/7 to answer health care questions and provide information about a wide variety of health care issues and medical non-emergencies. To talk to a nurse, call this toll-free number: 1-888-315-9473.

[http://www.utsystem.edu/benefits/newsletter/images/27\\_7\\_nurseline.gif](http://www.utsystem.edu/benefits/newsletter/images/27_7_nurseline.gif)