

REPORTING ON



DIABETES

This report helps you better understand the disease and describes how The Empire Plan's Home Care Advocacy Program (HCAP) and Diabetes Management Program offer support and guidance for living with diabetes.



**The Empire
Plan**

For Empire Plan enrollees and for their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

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UNDERSTANDING DIABETES

It is estimated that 90 percent of diabetes is preventable. Diabetes is a disease that occurs when your body cannot produce insulin or use insulin properly. This is called insulin resistance. Glucose (a type of sugar measured in the blood) is an important form of energy required for our body to function. Our muscles and brain burn energy in the form of glucose. In diabetes, the glucose level rises in the blood and does not get to the tissues that need it to function. In good health, the body regulates the blood glucose very closely by secreting insulin from the pancreas. Those with diabetes however, have excess glucose in the bloodstream that, left unchecked, can damage every system in the body.

Even though the disease is more manageable than ever, diabetes is increasing to epidemic proportions in the United States. According to the American Diabetes Association, 30.3 million people in the United States, or 9.4 percent of the population, have diabetes. While an estimated 23.1 million people have been diagnosed, 7.2 million, or over one-quarter, are unaware that they have the disease and are already suffering from its complications. Taking time to know the causes and asking your physician if you should be screened for diabetes is important.

SYMPTOMS OF DIABETES

If you have any of these symptoms, contact your doctor:

- Frequent urination
- Extreme thirst
- Extreme hunger
- Sudden weight loss
- Unusual fatigue
- Blurry vision
- Tingling or burning sensation in the hands, fingers, feet or toes
- Frequent infections and/or slow wound healing
- Cuts or bruises that are slow to heal
- Itchy and dry skin



TYPES OF DIABETES

The three main types of diabetes are:

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes (diabetes during pregnancy)

Of the 30.3 million people in the United States who have diabetes, about 95 percent have type 2 diabetes and 5 percent have type 1 diabetes. It is estimated that gestational diabetes affects 18 percent of pregnancies.

Type 1 Diabetes

In type 1 diabetes (formerly known as “juvenile diabetes”), the body loses the ability to make insulin. Insulin is a vital hormone made by the pancreas, a gland in the body near the stomach. It is needed to transport glucose, the body’s primary source of energy, from the blood stream into cells.

When insulin is not available, glucose stays in the bloodstream. Left unchecked, excess glucose can damage the blood vessels that nourish the eyes, kidneys, nerves of the feet and internal organs. To regulate their blood sugar levels and prevent this damage, people with type 1 diabetes need to monitor their blood sugar levels throughout the day and adjust insulin with a pump or multiple injections.

Type 1 diabetes usually affects children or adults under age 30, but it can be diagnosed at any age. Environmental factors, such as viral infections, some diseases of the pancreas and chemicals may play a role, but the specific role of these factors still is not clear.

Type 2 Diabetes

Type 2 is the most common form of diabetes, formerly called “adult-onset diabetes”. In type 2 diabetes, the onset occurs slowly and over time when the pancreas cannot produce enough insulin. As with type 1 diabetes, glucose stays in the bloodstream and cannot be used as energy. During this period of insulin resistance, the pancreas makes more insulin. The extra insulin moves enough glucose into cells to keep glucose from building up in the blood. This can go on for months or years without obvious symptoms.

The pancreas eventually begins to tire. Insulin production levels off, and the body cannot keep up with the amount of glucose in the blood. The condition can be diagnosed at early stages when there aren’t many symptoms, and this is why yearly blood glucose tests are important if you are at risk or over 40.

Some people with type 2 diabetes need to take insulin or medication to help their bodies better use insulin.

Gestational Diabetes

Gestational diabetes occurs when a woman’s body cannot produce enough insulin during pregnancy. There are usually no symptoms. Pregnant women should be tested for diabetes between the 24th and 28th week of pregnancy. Women already at risk for diabetes should be screened at their first prenatal appointment.

Most women need two to three times more insulin when they are pregnant due to normal hormonal shifts during pregnancy.

After pregnancy, blood glucose levels may return to normal. However, a woman who has had gestational diabetes is at risk for developing type 2 diabetes later in life. This risk is increased if a woman becomes overweight after pregnancy.

Because gestational diabetes is associated with an increased risk for diabetes during their lifetime, women with gestational diabetes should be tested for persistent diabetes or prediabetes at 4–12 weeks postpartum and also be tested every 1–3 years thereafter if the 4- to 12-week testing is normal.

The information on this page is from the American Diabetes Association



RISK FACTORS FOR DIABETES

- **Overweight.** The longer people are overweight and the more overweight they are, the greater their risk for diabetes. Recent studies have shown that losing five to seven percent of body weight can help reduce the risk of type 2 diabetes.
- **Blood pressure of 120/80 or higher.** Sixty to 70 percent of people with undiagnosed diabetes have high blood pressure. Normalizing blood pressure greatly reduces the risk of chronic kidney disease, stroke, and heart disease including heart failure.
- **High cholesterol or triglycerides.** More than 75 percent of people with diabetes have high cholesterol or triglycerides, which are components of fat found in the blood. This condition increases the risk of heart disease by up to four times that of the general population. People with diabetes can reduce their risk of heart and blood vessel disease by lowering cholesterol levels or triglycerides. HDL (high-density lipoprotein), or “good” cholesterol, should be no less than 40 mg for men and 50 mg for women; LDL (low-density lipoprotein), or “bad” cholesterol, should be less than 100 mg; and triglycerides should be less than 150 mg.

- **Parent or sibling with diabetes.** A significant number of children or siblings of people with type 2 diabetes eventually will develop the disease unless they take steps to prevent it.
- **Family background of African American, Native American, Asian American, Hispanic/Latino or Pacific Islander.** People in these ethnic groups are at two to three times the risk of developing diabetes compared with all other people.
- **History of gestational diabetes (see page 3) or giving birth to a baby weighing more than nine pounds.** Up to two-thirds of women who develop diabetes during pregnancy may develop type 2 diabetes.
- **Sedentary lifestyle.** “Sedentary” means doing nothing more than the light physical activity of day-to-day life. People who exercise three to five times a week can reduce their risk of diabetes by up to 58 percent.

Prediabetes

As many as 84.1 million Americans are on the brink of developing diabetes, a condition called impaired glucose tolerance (IGT), or more commonly known as prediabetes.

Prediabetes is a condition in which blood glucose levels are not yet in the diabetes range (greater than 100 for a fasting level but less than 126). People with this condition have only slightly elevated blood sugar levels. However, they have an extremely high chance of developing type 2 diabetes within 10 years. This also increases the risk for other serious complications of diabetes, such as kidney failure, heart disease, stroke, limb amputations due to impaired circulation and blindness.

The latest studies also show that prediabetes occurs earlier than originally thought, and that high-risk individuals should be checked more often. It is recommended that individuals 45 or older, especially those who are overweight or have other risk factors, be screened for prediabetes.

There are three different tests your doctor can use to determine whether you have prediabetes: the A1C test (see page 10), the fasting plasma glucose test (FPG) or the oral glucose tolerance test (OGTT).



The blood glucose levels measured after these tests determine whether you have a normal metabolism, prediabetes or diabetes.

If your blood glucose level is abnormal following the FPG, you have impaired fasting glucose (IFG); if your blood glucose level is abnormal following the OGTT, you have impaired glucose tolerance (IGT). Both are also known as prediabetes.

If you are diagnosed with prediabetes, you can take simple steps to prevent or delay type 2 diabetes. Improving your diet, increasing your physical activity and making healthy decisions are among the best ways to stay healthy and possibly delay a diabetes diagnosis.

Source: American Diabetes Association

THE EMPIRE PLAN HOME CARE ADVOCACY PROGRAM

The Empire Plan's Home Care Advocacy Program (HCAP) covers medically necessary diabetic supplies and diabetic shoes prescribed by your doctor.

To be considered for benefits, you must be managing your diabetes under the direction of a doctor, for example, through diet, exercise and/or medication.

Diabetic Supplies

Examples of diabetic supplies include a glucometer (a small, portable machine that you can use to check your glucose levels), test strips, portable lancets, alcohol swabs and syringes.

If you have type 1 diabetes, you are eligible for HCAP benefits for blood-testing supplies, including a glucometer. If you have type 2 diabetes, you may be eligible for blood-testing supplies.

Supplies not covered include tape, cotton balls and disposable containers. Call the HCAP network providers directly at their toll-free numbers for authorization before receiving diabetic supplies.

For most diabetic supplies, call The Empire Plan Diabetic Supplies Pharmacy at 1-800-321-0591. Tell the network provider that you are an Empire Plan enrollee and provide the prescribing doctor's name and phone number. The supplier will confirm your need for diabetic supplies with your doctor.

For insulin pumps and Medijectors, you must call HCAP for authorization at 1-877-7-NYSHIP (1-877-769-7447). Press or say 1 on the main menu, then 3 for HCAP.

Most diabetic supplies received from an HCAP network provider are covered in full. If you do not call HCAP for precertification before receiving insulin pumps and Medijectors and/or if you use a non-network provider, you will pay a much higher share of the cost.

Diabetic Shoes

If you are diagnosed with diabetes and diabetic foot disease, one pair of prescribed custom-molded or depth shoes per calendar year are a covered expense under The Empire Plan.* There is a \$500 limit per calendar year for diabetic shoes, customized inserts and/or modifications. You must use an HCAP-approved provider, and the shoes must be fitted and furnished by a qualified pedorthist, orthotist, prosthetist or podiatrist (shoes ordered by mail or from the internet are not eligible for benefits).

When you use an HCAP-approved provider for medically necessary diabetic shoes, you receive a paid-in-full benefit up to an annual maximum of \$500. To ensure that you receive the maximum benefit, you must call first to notify HCAP.

If you receive medically necessary diabetic shoes from a provider who is not an HCAP-approved provider, benefits will be considered under the Basic Medical Program subject to the annual deductible. Any remaining covered charges will be paid at 75 percent of the network allowance with a maximum annual benefit of \$500.

Call The Empire Plan, choose the Medical/Surgical Program and then the Benefits Management Program to make arrangements to receive benefits for medically necessary diabetic shoes through HCAP. For more information on HCAP, see your *Empire Plan Certificate and Reporting on HCAP*.

** This benefit does not apply to prescription orthotics, which are covered under The Empire Plan Participating Provider Program or Basic Medical Program.*

THE EMPIRE PLAN DIABETES MANAGEMENT PROGRAM

The Empire Plan's Diabetes Management Program, administered by UnitedHealthcare, provides guidance for improving, managing and living with diabetes or high blood sugar. The Program aims to prevent long-term complications, such as kidney and circulatory disorders, nerve damage and blindness.

If you or your dependents are Empire Plan-primary and have received treatment for diabetes or a diabetes-related problem, you may be invited to participate in this Program. Depending on the severity of your condition, UnitedHealthcare may telephone you or send a letter inviting you to participate in the Program. Participation is voluntary and confidential and has no additional cost.

If you agree to participate in the Program, you will receive informational material to help you understand your diabetes. If you are identified as high risk, a diabetes nurse case manager will be assigned to answer your questions and help you better manage your diabetes. The nurse may help to coordinate care with the doctor treating your diabetes, as well as doctors treating any other health conditions you may have.

To find out if you may be considered for the Diabetes Management Program, please call The Empire Plan NurseLineSM toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 5 on the main menu to speak with a nurse.



COPING WITH DIABETES

Until you are diagnosed with a chronic medical condition, such as diabetes, it is difficult to predict how you will react. Much like the stages of grief, coping with a diagnosis also has its stages.

Feeling down once in a while is normal, but some people feel extreme sadness or hopelessness that just won't go away. Feeling this way most of the day for two weeks or more is a sign of serious depression.

Research by the National Institute of Mental Health has shown that depression is often associated with diabetes. People who have both diabetes and depression tend to have more severe symptoms of both diseases, have higher rates of work disability and use more medical services than those who have diabetes alone.

Also, poor diabetes control can cause depressive symptoms or worsen existing depression. If your doctor has ruled out physical causes for depression, they may refer you to a specialist for mental health treatment or you may seek treatment yourself, such as psychotherapy or medication. It is important to not only treat the diabetes, but to address any accompanying depression as well.

If you or a loved one has diabetes and may be suffering from depression, help is available through The Empire Plan Mental Health and Substance Abuse Program, which is administered by Beacon Health Options, Inc. Call The Empire Plan and press or say 3 for the Mental Health and Substance Abuse Program. The Clinical Referral Line is staffed with licensed clinicians who are available 24 hours a day, seven days a week to answer your questions or locate a local mental health network provider.



You can also ask to receive mailings with information to help manage depression as a part of The Empire Plan Depression Management Program. The clinician can help you access this Program.

If you would like more information about depression, you can access the customized Empire Plan Mental Health and Substance Abuse website at www.achievesolutions.net/empireplan. This website contains articles and other resources on coping with depression and chronic medical conditions, such as diabetes.

Sources: National Institute of Mental Health and American Diabetes Association

IF YOUR CHILD IS DIAGNOSED WITH DIABETES

According to the National Institutes of Health (NIH), diabetes is one of the most common diseases in school age children, with over 208,000 diagnosed cases of type 1 and type 2 diabetes in children age 20 and under. While type 1 diabetes accounts for almost all diabetes in children less than 10 years of age, the incidence of type 2 diabetes is occurring more often in children age 10 or older.

One of the main causes of this increase of type 2 diabetes in children is obesity, which contributes to both insulin resistance and cardiovascular problems. Since the 1970s, the rate of obesity in children has more than doubled. Many attribute this to an increasingly sedentary lifestyle, as well as poor nutritional choices.

Often diet, exercise and lifestyle changes can help children manage diabetes or prevent it from developing, but sometimes medications may be needed as well.

Goals of Managing Diabetes in Children

Managing diabetes in children involves several goals:

- Keep blood sugar levels normal

- Improve insulin sensitivity, which helps control blood sugar levels
- Treat cardiovascular issues and fatty liver disease
- Prevent complications associated with diabetes, such as nephropathy (kidney disorder); neuropathy (nerve damage), especially to the feet and legs; and retinopathy (eye disease)

Underlying all these goals is the essential challenge to instill lifestyle changes to combat obesity, which will help people of all ages achieve the treatment goals for diabetes.

Benefits of Diet and Exercise

Doctors recommend that children with diabetes or prediabetes (see page 4) consume more fresh fruits, vegetables and whole grains, eat fewer high-fat and processed foods, and eliminate sweetened beverages, such as soda, entirely from their diet.

In addition to eating healthy, children with diabetes should make a habit of engaging in physical activity for at least 60 minutes daily. Exercise helps to lower blood glucose levels, maintain a healthy heart and lungs and to control weight. Your child will reap these health benefits even if he or she remains overweight.



The National Institutes of Health recommends that children limit watching television and playing video games to no more than one hour per day. Instead of sedentary entertainment, doctors recommend active playing and/or participation in organized sports, such as soccer, baseball, dance or other physical activities at home.

Medications and Other Treatments for Children

The most important factors in combating diabetes for children are diet and exercise. Ideally, a diabetes health care team for children and adolescents will include nutritionists and activity leaders to help patients and families incorporate these healthy activities into their lives.

Even if no symptoms of diabetes (such as increased thirst or urination) are present, health care providers may prescribe antidiabetic medications if lifestyle changes fail to decrease the risks associated with diabetes. With good medical care and support from adults, children with diabetes can lead healthy, active lives.

Healthy Choices for Healthy Children

School lunches are notoriously high in carbohydrates and fats, but most school lunch programs are offering healthier options. With a little planning, lunches purchased at school or brought from home can be appropriate for your child's diabetes meal plan.

Balancing choices is important. Your child can have the school pizza, but should then choose a fruit and skim milk, or even a salad, to balance the meal. Generally, the earlier you start educating your child about healthy choices and portion control, the better.

Parents can help their children stick with healthy choices by making recommendations, asking them what they ate at school and establishing good eating habits at home. If the child makes good choices most of the time, a little treat at lunch is sometimes okay. It's also possible that if they eat well at home, they may not even be tempted to buy ice cream or chips at school.

A lunch brought from home gives you much more control over your child's choices. You can pack a more nutritious and filling lunch with whole grains, fruit and low-fat snacks. Your child can also buy lunch, and instead of having the school's dessert, pack a fat-free pudding. Mixing and matching is a smart way to balance taste and temptation.

DIABETES EDUCATION AND SELF-CARE

Diabetes education can be an important part of a treatment plan for diabetes. Diabetes educators provide information on nutrition and lifestyle improvement that can help diabetics better manage their disease.

The Empire Plan network includes Diabetes Education Centers that are accredited by the American Diabetes Association Education Recognition Program. If you have a diagnosis of diabetes, your visits to a network center are covered and you pay only an office visit copayment for each covered visit. Covered services at a non-network diabetes education center are considered under the Basic Medical Program, subject to deductible and coinsurance.

The Diabetes Self-Management Education (DSME) available at a network center is a series of weekly individual or group sessions. Both individual and group DSME focus on sharing information about self-care skills and habits for diabetes control, such as checking blood sugar, following a meal plan, exercising, checking feet and, if indicated, taking the correct doses of oral medicines and insulin at the right time.

Effective DSME does more than provide knowledge and skills. Enrollees can get emotional support and help from certified diabetes educators and other group members to solve problems in their everyday lives. On an ongoing basis, DSME fosters a level of self-care that is essential to prevent the debilitating effects of diabetes and to have a higher quality of life.

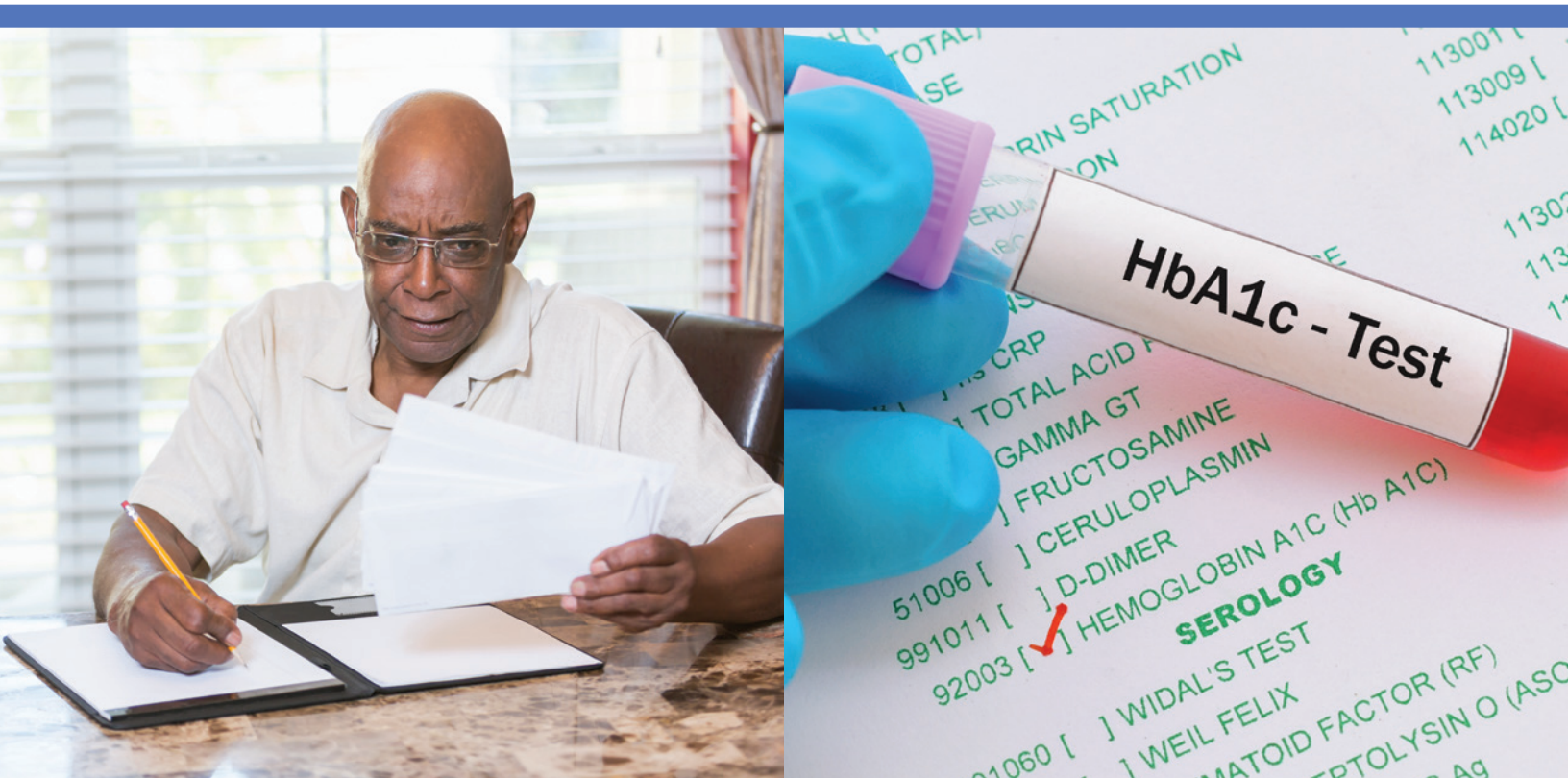
To find an Empire Plan-participating Diabetes Education Center

You can call The Empire Plan and press or say 1 for the Medical/Surgical Program. Or, go to our website at www.cs.ny.gov/employee-benefits. Select Find a Provider, scroll down to Medical/Surgical Program and click on The Empire Plan Medical/Surgical Provider Directory link. Select “Search the Provider Directory” and then “Search for physicians, laboratories or other facilities.” From this page, click on the box labeled “Places,” then on the box labeled “Specialty Centers.” This will bring you to a list where you can select Diabetic Education Centers.

Help Manage Your Diabetes with a Simple Test

If you have been diagnosed with diabetes, ask your doctor about a hemoglobin A1C test, which shows the average amount of sugar that has been in your blood over the last two to three months. In addition to monitoring your daily blood sugar levels at home, the A1C test can help determine if your treatment is working effectively. It also gives you and your doctor important information about how to manage your diet and exercise plan, as well as how to adjust dosages of insulin and other prescription drugs.

Through The Empire Plan Diabetes Management Program (see page 6), work with your doctor to lower your hemoglobin A1C level to less than seven percent. The normal range for people who do not have diabetes is between four and six percent. Keeping your A1C under seven percent will significantly reduce your risk of diabetic complications, including serious eye and kidney disease and, most commonly, heart attack and stroke.



YOUR PRESCRIPTION DRUGS

The Empire Plan Flexible Formulary is a list of the most commonly prescribed generic and brand-name prescription drugs, including medications used to treat diabetes. To review the list, go to the New York State Department of Civil Service Employee Benefits website at www.cs.ny.gov/employee-benefits. After choosing your group and plan, select Using Your Benefits and then the current year's Empire Plan Flexible Formulary.

The Empire Plan Flexible Formulary drug list will help you and your doctor determine if your prescription is for a generic or a preferred brand-name drug. However, this list does not include all the prescription drugs covered under The Empire Plan.

Note: Medicare-primary enrollees and dependents, refer to The Empire Plan Medicare Rx drug list at www.empireplanrxprogram.com and click on the link for Empire Plan Medicare Rx.

For specific questions about your prescriptions, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press or say 4 for the Prescription Drug Program.

SMOKING CESSATION BENEFITS

Research has shown that smokers are 30 to 40 percent more likely to develop type 2 diabetes than nonsmokers. Diabetics who smoke are more likely than nonsmokers to have trouble controlling their disease.

If you have diabetes and want to quit smoking, the U.S. Public Health Service has recommended medications and individual counseling as effective in helping smokers quit.

Through The Empire Plan Prescription Drug Program, you have access to prescription drugs, whether covered in full or subject to the appropriate copayment, that can help you to quit smoking. Talk to your doctor about which prescription drug(s) would be appropriate for you.

The Patient Protection and Affordable Care Act covers preventive services, including an annual lung cancer screening and tobacco use counseling for smokers. Call The Empire Plan for more information. If Medicare is your primary insurance, individual smoking cessation counseling is covered through Medicare.

For more information, visit the customized Empire Plan Mental Health and Substance Abuse Program website at www.achievesolutions.net/empireplan.

Based on information from The Centers for Disease Control and Prevention



RESOURCES

The Empire Plan Home Care Advocacy Program (HCAP)

1-877-7-NYSHIP
(1-877-769-7447)

Press or say 1 for the Medical/
Surgical Program, then press
or say 3 for HCAP.

The Empire Plan Diabetic Supplies Pharmacies

HCAP network supplier
for diabetes supplies
1-800-321-0591

The Empire Plan NurseLineSM

Health information and support
24 hours a day, seven days
a week
1-877-7-NYSHIP
(1-877-769-7447)

Press or say 5 on the
main menu.

American Association of Diabetes Educators

1-800-338-3633

www.diabeteseducator.org

American Diabetes Association

1-800-DIABETES
(1-800-342-2383)

www.diabetes.org

Centers for Disease Control and Prevention

www.cdc.gov/diabetes

Children with Diabetes

www.childrenwithdiabetes.com

Exercise is MedicineTM

www.exerciseismedicine.org

U.S. Department of Health & Human Services

www.healthfinder.gov

Juvenile Diabetes Research Foundation International

1-800-533-CURE
(1-800-533-2873)

www.jdrf.org

National Cancer Institute Smoking Quitline

1-877-44U-QUIT
(1-877-448-7848)

National Diabetes Health Information Center

1-800-860-8747

www.diabetes.niddk.nih.gov

New York State Smokers' Quitline

1-866-NY-QUITS
(1-866-697-8487)

www.nysmokefree.com

This issue of *Reporting On* is for information purposes only. Please see your doctor for diagnosis and treatment. Read your plan materials for complete information about coverage.

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