

Winter 2017

# FAM

A US FAMILY HEALTH PLAN MAGAZINE

**HOOAH!**  
**West Point Teams**  
**Dominate the**  
**Army Ten-Miler**



**FOCUS ON  
WOMEN'S  
HEALTH**

***The Dangers  
that lurk in your  
medicine chest***

**INSIDE:**  
**2018  
Summary  
of Benefits**

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# SUMMARY OF BENEFITS



COVERED SERVICES	COST TO MEMBER	
	Active Duty Family Members & Retirees with Medicare Part B	Retirees <i>without</i> Medicare Part B
<b>OUTPATIENT SERVICES</b>		
Office Visits	\$0	\$20 per visit
Specialty Visit	\$0	\$30 per visit
Maternity Care (prenatal, postnatal)	\$0	\$0
Well-Baby Care (up to age 6)	\$0	\$0
Annual Well-Child Care (age 6 and older)	\$0	\$0
Annual Physical Examination	\$0	\$0
X-ray and Lab tests	\$0	\$0
Ambulatory Surgery & Procedures, incl. Anesthesia	\$0	\$60 per visit
Physical Therapy, Occupational Therapy, Speech Therapy	\$0	\$30 per visit
<b>INPATIENT SERVICES</b>		
Semi-private Room and Board	\$0	\$150 per admission
Physician Services	\$0	\$0
General Nursing Services	\$0	\$0
Diagnostic Tests, including Lab and X-ray	\$0	\$0
Operating Room, Anesthesia, and Supplies	\$0	\$0
Medically Necessary Supplies and Services	\$0	\$0
Physical Therapy	\$0	\$0
<b>BEHAVIORAL HEALTH SERVICES</b>		
Outpatient Care: Individual	\$0	\$30 per visit
Outpatient Care: Group	\$0	\$30 per visit
Partial Hospitalization Mental Health (up to 60 days per enrollment year, subject to medical review)	\$0	\$30 per visit - Individual \$30 per visit - Group
Inpatient Hospital Psychiatric Care (subject to medical review)	\$0	\$150 per admission
<b>SUBSTANCE ABUSE TREATMENT</b>		
Outpatient - Group Therapy	\$0	\$30 per visit
Inpatient Services (up to 7 days for detoxification per year)	\$0	\$150 per admission
Inpatient Rehabilitation (up to 21 days per year)	\$0	\$150 per admission
<b>OTHER SERVICES</b>		
Ambulance Service (when medically necessary)	\$0	\$40 per occurrence
Durable Medical Equipment, Medical Supplies, and Prosthetic/Orthotic Devices	\$0	20% of purchase price or monthly rental rate
Emergency Room Services	\$0	\$60 per visit
Urgent Care Center	\$0	\$30 per visit
Eye Exam/Eyeglass, Annual Preventative (1 per enrollment period)	\$0	\$0
Radiation/Chemotherapy Office Visits	\$0	\$30 per visit
Skilled Nursing Facility Care (when medically necessary)	\$0	\$30 per day
Home Health Care (part time skilled nursing care)	\$0	\$0
<b>PHARMACY</b>		
Retail Pharmacy Drugs (up to 30 day supply) <small>(*effective 2/1/18)</small>	\$11 generic/\$28 brand, formulary/ \$53 brand, non-formulary*	\$11 generic/\$28 brand, formulary/ \$53 brand, non-formulary*
Mail Order Pharmacy Drugs (up to 90 day supply) <small>(*effective 2/1/18)</small>	\$7 generic/\$24 brand, formulary/ \$53 brand, non-formulary*	\$7 generic/\$24 brand, formulary/ \$53 brand, non-formulary*
<b>CATASTROPHIC CAP</b>		
Maximum Out-of-Pocket Expense per Family	Active Duty family members: \$1,000 per enrollment year Retirees: \$3,000 per enrollment year	\$3,000 per enrollment year
<b>ENROLLMENT FEE</b>		
Monthly or Annual Payment	\$0	Retirees: \$289.08 per year - Individual \$578.16 per year - Family TRICARE Young Adult: \$324.00 per month

Rates subject to change.

## FAM HEALTH



## WELL-BEING



## COMMUNITY



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*See if we captured your smile.*

### IMPORTANT INFORMATION:

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2018 Summary of Benefits

## Who We Are

The Uniformed Services Family Health Plan (USFHP) @ Saint Vincents is a TRICARE® Prime military health plan sponsored by the Department of Defense (DoD). We've been providing comprehensive care for military families and retirees for over 35 years. We provide the full TRICARE® Prime benefit including routine doctor visits, specialty care, hospitalization, urgent and emergent care, preventative health care services and prescription coverage—plus extras such as \$0 to low cost eyeglass benefit, annual physical exams and discounts to fitness clubs. USFHP members have access to some of the best hospitals and physicians in the nation.

We pride ourselves on providing friendly, personal service. If you have questions call us toll free (800) 241-4848. You can visit our website @ [www.usfhp.net](http://www.usfhp.net) or at <https://www.facebook.com/usfhp.net/timeline>.



A US FAMILY HEALTH PLAN  
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**Rhonda Morris**

*Director Corporate Communications,  
Editor in Chief*

**Angelo Puleo**

*Production Director*

**Carolyn Geida**

*Art Director*

Contributing Writers:

**Gregory Giaconelli**

**Major Kelly Calway**

Contributing Articles:

**CDC.gov**

**virtua.org**

**parentmap.com**

**prevention.com**

**ncbi.nlm.nih.gov**

On the Cover:

**Army West Point Marathon**

**Team Top Finisher, Aaqib Syed.**

**Photo by LTC (R) Rick French.**



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## From the Executive Director

As the colorful dancing leaves of the fall usher out, the winter calmly arrives, almost with a whisper. Families nestle in and look to rekindle the family bond that was remiss during the excitement of the summer and fall.

This season allows us to look back on the year and relish in our accomplishments and reflect on our challenges. 2018, kicks off with TRICARE changes that are designed to simplify and streamline the TRICARE Prime and now TRICARE Select benefit package. While the “US Family member is not directly impacted; you are affected by these changes”. For some families there are increased co-payments and enrollment fees for others it's simply TRICARE as usual.

At US Family Health Plan we are proud to still be of service to our members. We hope to continue to provide our military families with compassionate, quality care that's puts our military families first.

In 2018, US Family Health Plan will continue to seek ways to enhance your experience. The introduction of telehealth services, an expanded network of providers are some of the enhancements we've added; and as always, continuing to deliver great customer service is paramount to our organization.

As I sit with my family I'm reminded of how blessed we are to have the warmth of our home and the love of each other. Families are the backbone of our nation. I encourage all of us to hug each other a little tighter, speak to each other a little longer, and above all else, love each other a lot stronger.

Thank you for being a part of the “US Family”.

All of us at US Family Health Plan wish you a very Happy Holiday season and a peaceful and prosperous New Year!

**Jeff Bloom**

# SPOTLIGHT

## Command Sergeant Major **Bill Grieshaber**

**T**his US Family Health Plan Spotlight features Command Sergeant Major Bill Grieshaber. Bill is a 35 year army reserve veteran who served in the 800th military police brigade.

Bill was drafted in the army in 1952. He was in the Signal Corp, where at the time was a classified military occupational specialty.

After being drafted, Bill went through infantry basics for 6 weeks at Fort Dix. He was stationed at Fort Monmouth for MOS training and then shipped over to Hanau, Germany for 16 months.

While he never saw combat, he came close to fighting in Korea. "An officer from Fort Monmouth came over to interview some of us from the basic training company and told us we have to volunteer," Bill said. "We would be going overseas but we would not be going to Korea. So my hand shot up."

Bill had been married to his late wife Patricia for 62 years and they have four children. Their eldest son passed away at the age of 43. Bill has 11 grandchildren and three great grandchildren.

Bill is currently a patient who volunteers at Mitchel Field Health Center, assisting the staff in copy work and filing. He has been a patient at Mitchel Field for over 20 years. "The Mitchel Field Health Center is my home away from home. I

always feel welcome and that makes me feel special".

Bill also dedicates his time at Mitchel Field to the soldiers who served in his unit as a way of giving back. "It had a lot to do with the troops I had under me," Bill said. "If it weren't for their hard work and efforts, I don't think I would have gotten this far. I never forget where I came from and I take every opportunity I can to give something back."

Bill enrolled into USFHP as soon as he retired. His connections to USFHP came through some of the relationships he had with some of his fellow soldiers.

"I had no other caregiver administrator other than USFHP," Bill said. "Even



*Bill in the quartet, the Once and Future Four*

though I get bills, I call USFHP and they take care of whatever bills I have."

Not only does Bill have a decorated military career, he is very involved with singing with the Big Apple Chorus, one of the top acappella groups in the world. Bill started his singing career with a church choir and moved on to the Amityville choir for a year. Then, he drifted to the Hunt-



*Bill with retirement plaque*

ington choir, whom he thought had a bigger and better singing chorus and good musicians.

While in Huntington, he was also part of a quartet called the Once and Future Four. While they did well in competition, the group never got to the international level. The quartet did finish in eighth place at the district level. Eventually, the baritone of quartet left to Lancaster, PA, thus ending not only the group, but Bill's singing career temporarily.

Due to his civilian jobs, Bill was forced to leave behind his passion for singing. Once Bill retired, his passion was renewed as he joined the Westbury chorus. Through their connections, he learned about the Big Apple Chorus in Manhattan.

Bill joined the chorus five years ago and has been singing with them ever since.

"We've been to a couple of international competitions," Bill said. "We never scored very high or got to the top 10, but it's not always about winning. The fun, camaraderie and good times are more important."

We at USFHP thank Bill for his many years of service. USFHP will be there to meet the needs of Bill and other military members by providing the benefits that they deserve.

by Gregory Giaconelli



*Bill and Patricia with their Grandchildren and Great Grandchildren*



# Get Smart About **BRAIN HEALTH**

Brain health matters in our daily lives. It affects our ability to multi-task, absorb new things, and sometimes remember where we parked the car!

As we inevitably begin to age, exercising good brain health becomes increasingly important. How we put this in practice now may lower our risk for serious memory impairment later on in life.

## What is the difference when it comes to memory?

### ALZHEIMER'S DISEASE

Poor judgement and decision making

Inability to manage a budget

Losing track of the date or season

Difficulty having a conversation

Misplacing things or not being able to retrace your footsteps

### AGE-RELATED

Making bad decisions once in a while

Missing a monthly payment

Forgetting which day it is and remembering later

Sometimes forgetting what word to use

Losing things from time to time

# DIMENSIONS OF BRAIN HEALTH

There are many steps we can take to enhance our brain health such as:

- Physical exercise
- Mental exercise
- Good nutrition

We can do things that help our daily memory function

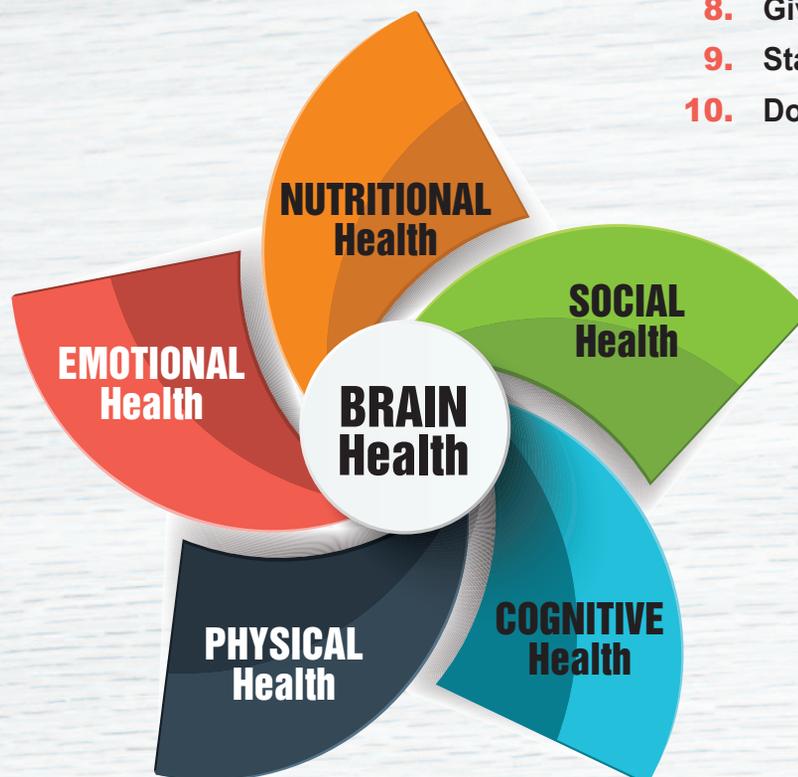
- Get a good night's sleep
- Add a daily challenge to your routine such as a word find or cross word puzzle

We can do things that protect our long term brain health

- Socialize
- Manage stress

## 10 STEPS to Taking Care of Your Memory and Your Mind

1. Know your "health" numbers
  - Healthy weight including BMI
  - Cholesterol
  - Blood Pressure
  - Blood Sugar
2. Follow your heart
  - Strong link between brain and heart health
  - 0-25% of your blood goes to your head
  - Maintain a good heart diet
3. Adopt a brain healthy diet – Not scientifically proven, but increases your chances of maintaining a healthy brain
  - Wild Salmon
  - Blueberries
  - Avocados
  - Whole grain, nuts and seeds
4. Get physical
5. Make healthy decisions
6. Get a good night's sleep
7. Protect your head
8. Give your brain a workout
9. Stay connected
10. Don't forget your doctor





# Protecting Reproductive Health



**A**t one time, cervical cancer was the most common cause of cancer death for American women. But in last 30 years, deaths from cervical cancer have decreased by more than 50%. Pap smears (or cervical cancer screenings) are the main reason for the decrease as they can detect cervical changes long before cancer develops or at an earlier stage.

Cervical cancer is caused by high-risk types of the human papillomavirus (HPV), a sexually transmitted infection or virus. However, HPV vaccines (given in a series to girls and boys starting at age 11) have proven effective in preventing transmission of the human papillomavirus (HPV) and the risk for developing the cancers it can cause.

## Cervical Cancer Types

The two primary types of cervical cancers are squamous cell carcinoma, which accounts for about 80% to 90% of all cervical cancer, and adenocarcinoma. Squamous cell carcinoma develops in thin, flat cells that line the inner part of the cervix. Adenocarcinoma develops in the cells that line the mucous-producing glands of the cervix. Occasionally, cervical cancer has characteristics of both types and is called adenosquamous carcinoma or mixed carcinoma.

## Cervical Cancer Treatment

Treating cervical cancer requires a team of specialists because the care may include surgery, radiation and drug therapy as well as nursing care and physical and emotional support.

**For more information about cervical cancer treatment and services visit:**  
<https://www.cdc.gov/cancer/>



# KNOW YOUR NUMBERS

# HEALTH SCREENING for WOMEN, ages 40-64

You should visit your health care provider from time to time, even if you are healthy. The purpose of these visits is to:

- Screen for medical issues
- Assess your risk of future medical problems
- Encourage a healthy lifestyle
- Update vaccinations
- Help you get to know your provider in case of an illness

There are specific times when you should see your provider. Below are screening guidelines for women ages 40-64.

## BLOOD PRESSURE SCREENING

- Have your blood pressure checked every 2 years. If the top number (systolic number) is between 120 - 139 or the bottom number (diastolic number) is between 80-89 mm Hg or higher, have it checked every year.

## CHOLESTEROL SCREENING

- If you are over age 44, you should be checked every 5 years.

## DIABETES SCREENING

- If you are over age 44, you should be screened every 3 years.

## COLON CANCER SCREENING

- If you are under age 50, you should be screened only if you have a strong family history of colon cancer or polyps, or have a history of inflammatory bowel disease or polyps.
- If you are between ages 50-75, you should be screened for colorectal cancer.

## DENTAL EXAM

- Go to the dentist every year for an exam and cleaning.

## EYE EXAM

- Have an eye exam every 1-3 years if you have vision problems or **glaucoma** risk.

## IMMUNIZATIONS

- You should get a flu shot every year.

- Ask your provider if you should get a vaccine to reduce your risk of pneumonia.
- You should have a tetanus-diphtheria and acellular pertussis (TdAP) vaccine once as part of your tetanus-diphtheria vaccines. You should have a tetanus-diphtheria booster every 10 years.
- You may get a shingles or herpes zoster vaccine once after age 60.

## PHYSICAL EXAM

- You should have a physical exam every 1 to 2 years.

## BREAST EXAM

- Women may do a monthly breast self-exam. However, experts do not agree about the benefits of breast self-exams in finding breast cancer or saving lives. Talk to your provider about what is best for you.
- Your provider should do a complete breast exam as part of your preventive exam.

## MAMMOGRAM

- Women ages 40-49 may have a **mammogram** every 1-2 years. However, not all experts agree about the benefits of having a mammogram in finding **breast cancer** or saving lives. Talk to your provider about what is best for you.

- Women ages 50-75 should have a mammogram every 1-2 years, depending on their risk factors, to check for breast cancer.

## OSTEOPOROSIS SCREENING

- All postmenopausal women with fractures should have a **bone density test** (DEXA scan).

## PELVIC EXAM AND PAP SMEAR

- You should have a **Pap smear** every 3 years. If you have both a Pap smear and human papilloma virus (HPV) test, you can be tested every 5 years. HPV is the virus that causes genital warts and cervical cancer.

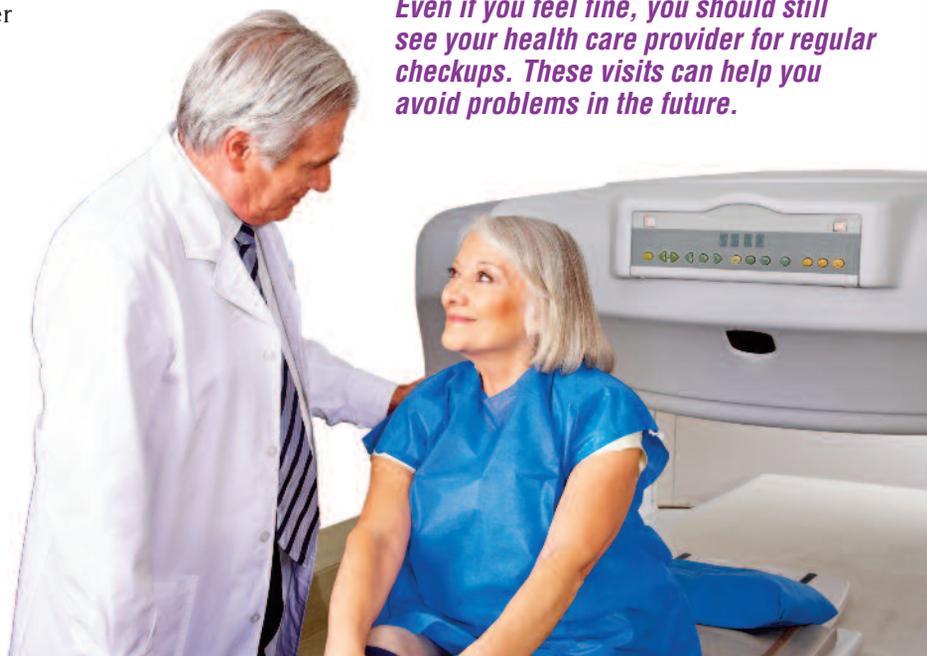
## SKIN EXAM

- The American Cancer Society recommends a skin exam as part of a periodic exam by your provider, if it is indicated.

## LUNG CANCER SCREENING

- The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55-80 years who:
  - have a 30 pack-year smoking history AND
  - currently smoke or who have quit within the past 15 years.

*Even if you feel fine, you should still see your health care provider for regular checkups. These visits can help you avoid problems in the future.*





# Women's Health QUIZ

- 1) Which of the following is a gynecologic cancer?
  - Cervical
  - Ovarian
  - Uterine
  - Vaginal
  - All of the above
- 2) All women are at risk for developing a gynecologic cancer.
  - True
  - False
- 3) The only cancer the Pap test screens for is cervical.
  - True
  - False
- 4) Even though there is no screening test for gynecologic cancers other than cervical, there are things women can do to find these cancers early, when treatment works best.
  - True
  - False
- 5) There is a genetic test you can take to predict if you are at high risk for ovarian cancer.
  - True
  - False
- 6) All gynecologic cancers have the same symptoms.
  - True
  - False
- 7) It is normal to have some vaginal bleeding or spotting after you've gone through menopause.
  - True
  - False
- 8) Which gynecologic cancer is the most common?
  - Cervical
  - Ovarian
  - Uterine
  - None of the above

# FLU BLUES

The common flu, which is medically known as influenza, is a contagious infection caused by a virus. Like the name suggests, it is a common phenomenon and almost every individual has the flu multiple times through the course of his life. While most bouts of influenza do not last longer than 2 – 3 weeks, if the symptoms persist for longer, the risk of complications such as viral pneumonia and sinus infections

increases. Therefore, it is recommended that an individual having the common flu should undertake proper remedial measures immediately. Here are the signs to watch out for that signal the onset of an influenza attack.

## 1. Fever

Most flu cases begin with the fever that can last anywhere from 4 to 5 days before breaking. As common flu viruses cannot multiply during high temperatures, your body raises the temperature as a defense mechanism, which results in a fever.

## 2. Muscle Pain

One of the reasons why you feel awful when you have the flu is aching muscles. When you move, even the slightest, everything starts hurting. Pay attention to red and swollen joints – if they appear, you should immediately go and see the doctor.

## 3. Fatigue

An intense feeling of weakness and exhaustion is common when a person is suffering from common flu. Fatigue may last several weeks before your return to good health. In the case of influenza virus, expect fatigue and pain in the body.

## 4. Cough

Flu and colds are respiratory diseases, which mean that they attack the respiratory organs. Therefore, in both cases, coughing is common and expected. Coughing usually starts with a sore throat which develops into persistent dry cough in 2 to 3 days.

## 5. Breathing Difficulty

Shortness of breath is a common and worrisome symptom of common flu that occurs because of congestion and stubborn coughing. The feeling that you cannot draw a breath can develop gradually, with the flu spreading in your body.

## 6. Sneezing

Cold and flu are easily spread by sneezing or coughing. In order to prevent infecting people around you, keep a tissue in the close vicinity, throw it after you used it and wash your hands. Droplets – after coughing or sneezing that stay on your fingers – can easily be passed on other objects and surfaces, such as door handles, computer keyboards, desks or dishes. Also, avoid touching your nose or eyes.

## 7. Loss of Appetite

Dehydration and loss of appetite are common, and challenging if you are also suffering from diarrhea, nausea and vomiting. It is important to continue eating properly even if you are sick. Starving yourself will just slow down the recovery process.

## 8. Headache

A headache is not a reliable indicator of common flu because it also occurs in the case of influenza. However, a headache caused by a cold is less severe than in the case of influenza. This is also true for other common symptoms of colds and flu. In case the patient has a sinus pain, headaches can become worse.

## 9. Nasal Congestion

If you have a stuffy nose, but with no fever, no body aches, just a general feeling of exhaustion and fatigue – most likely it's just a cold. However, it happens that the people who are suffering from flu also have nasal congestion and sneeze a lot.

## 10. Ear Pain

An earache from a common flu can be dull or extremely burning, which can range in severity from mild to moderate to painful. It is not uncommon to also feel a weird pain in the ears. Flu and colds can irritate the Eustachian tube, which connects the throat to the middle ear, which can cause dull pain in the ears.



# AMERICA HAS AN OPIOID PROBLEM...

*and you might be contributing to it*

**T**here are as many as 200 million opioids prescriptions written each year and as many as 92% of patients don't use their entire prescription.

Mary B. suffered an injury and was prescribed some pills for the pain by her PCP. "After taking the pills for a few days I felt better and stopped taking them" stated Mary. She thought that was the end of the story but that's actually when the problem began. Mary like so many other people who had an accident or injury and were prescribed pain med's never thought twice about what to do with the leftover supply. Leftover pills just sitting around the house are the leading cause of drug abuse. Especially if they are left out at homes with young people.

In a study by the Partnership for Drug Free Kids, seven

out of 10 teens said it was no sweat to access prescription drugs in their parents' medicine cabinet. Of those who have misused prescription drugs, four out of 10 said that's where they scored their pills.

While there are many pathways to narcotic abuse, experts say stealing prescription painkillers from the family medicine cabinet is a scarily easy first step for teens, "a very popular way for kids to get started," says Dr. Leslie Walker, former chief of adolescent medicine at Seattle Children's Hospital. Teen opioid abusers don't just raid their own home. They plunder pills from the homes of relatives, friends and

others. They'll go so far as to buddy up with a classmate whose parent has cancer just to pocket the parent's pain meds, Walker says.

## **Gateway to Addiction**

Around the country, headlines and statistics tell us that heroin use and its devastating impact on families is climbing. At first glance, one might wonder why heroin has made such a resurgence, this bewilderment is because the path to heroin use isn't fully understood by communities.

Many prescription pain killers are opioids – the very same class of drug as heroin. Opioids include drugs such as OxyContin and Vicodin. While it is considered safe when administered by a doctor for a particular ailment, when individuals take it for too long or when it's shared with people for whom it was not prescribed, the risk of addiction becomes increasingly likely.

*"Teens often mistakenly believe that misusing [Prescription Opioids] is safer than using street drugs." says Dr. Natalie Richardson, founder and former executive director of Community Warm Hands and Hearts "Medicines stored in the home are providing teens easy access."*





While opioid painkillers can be addictive and deadly on their own, the cruel kicker is their link to heroin. Studies have shown that as many as 80 percent of new heroin users first used prescription opioids.

“Once you become a prescription opioid user, then heroin becomes the logical next step,” says Penny L. whose daughter, Marah, died of a heroin overdose in 2012 at the age of 19.

Marah battled substance abuse and related disorders, such as anxiety and depression, throughout her teen years. Before turning to heroin, Marah misused oxycodone stolen from an overnight kit in the family’s home.

“That was most likely her pathway to heroin,” says Penny, a former reporter and anchor at a local station. “We were just ignorant at the time. We had no idea . . . that opioids could be so incredibly harmful.”

Prescription opioids and heroin are both derived from the opium poppy and interact with opium receptors in the brain to block pain and produce euphoria.

The vast majority of people who take prescription opioids for acute pain after surgery or injury never become addicted. Most people dislike the woozy feeling they get from the drugs, so they stop taking them as soon as possible.

But some people are wired to crave the high they get from prescription opioids or use them to treat chronic pain. Either way, prolonged use warps the brain’s chemistry and sooner or later leads to addiction.

A prescription opioid habit is not an easy beast to feed, though; over time, abusers build up a tolerance and need increasingly stronger doses

to generate the euphoria. Graduating to heroin — cheaper, stronger and easier to obtain — is a natural progression.

**NOTE:** The cost to purchase a 10 milligram pill on the street is \$20 per pill; in comparison to the cost of a bag of heroin which is 75% cheaper @ \$5.

### Disposal of Unused Medicine

Experts recommend bringing unused medicine to a “take-back” event or mixing it with kitty litter in a plastic bag and throwing it away. (Avoid flushing meds down the toilet), because they can get into our waterways.

Consumers can also visit the **DEA’s website** for more information about drug disposal and to locate an **authorized collector** in their area. Local law enforcement agencies may also sponsor medicine take-back programs in your community. Contact your city or county government for more information on local drug take-back programs. The U.S. Drug Enforcement Administration (DEA) periodically hosts **National Prescription Drug Take-Back events** where collection sites are set up in communities nationwide for safe disposal of prescription drugs.

### Wrapping Up

Parents should be educated about the need to secure and monitor prescription drugs in a systematic manner. Parents also need to be made aware of the prevalence of non-medical prescription drug use among teens and of the fact that many teens obtain prescription drugs by taking them without permission from parents and other relatives. Furthermore, parents should be made aware that in addition to getting high, teens may have additional motives for using prescription drugs. These motives can include relaxation, affect regulation, pain relief, and enhancing energy. Parent should be encouraged to securely store prescription drugs to limit access to them. Keeping prescription drugs inaccessible to teens may also send a message that non-medical use of prescription drugs is not acceptable.

As we become increasingly more educated about the opioid epidemic we learn how to prevent it from metastasizing in our homes and communities. Pain medicine when used in correct doses are a necessary means to combat chronic pain, however the responsibility for ensuring that it is used, stored and disposed of properly is ours.

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#### Resources:

- <https://www.parentmap.com/article/pain-pills-safety-drug-addiction>
- <https://www.prevention.com/health/medicine-cabinet-health-hazards/slide/2>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4242095/>

MEMBER UPDATES **MEMBER UPDATES** MEMBER UPDATES



**Did you know?**

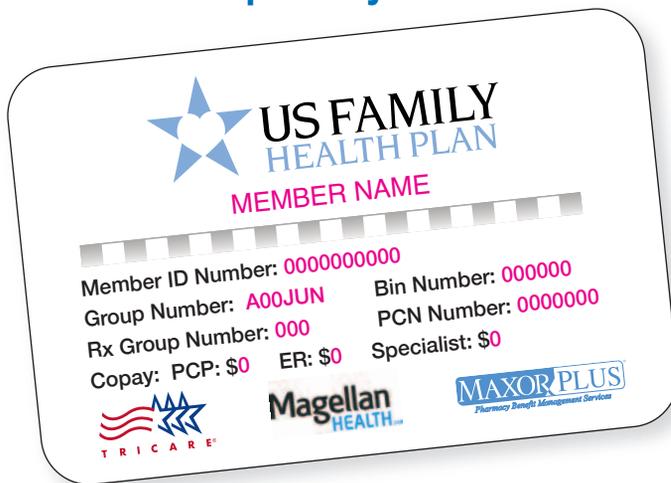
**TRICARE Prime Co-pays Increased for Routine/Specialty Care**

Effective January 1, 2018 TRICARE Prime co-pays will be increased for most military beneficiaries. The co-pay increases range from \$8 for routine appointments (\$12 to \$20) to emergency room visits (\$30 to \$60). For a complete list of copay increases visit:

<http://tricare.mil/About/Changes/General-TRICARE-Changes/Costs>

In preparation for the co-pay changes USFHP will be issuing new ID cards to all of our members.

Please note that your new ID card includes new co-pays for PCP, specialist and emergency room visits.



If you have any questions, call us @ **1-800-241-4848** or Contact us @ <http://usfhp.net/about-us/about-us-video/contact-us/>

**WOMEN'S SYMPOSIUM**



On October 28th 2017, Virtua sponsored a women's symposium at the Crowne Plaza Hotel in Cherry Hill, NJ that attracted close to 400 attendees! The day included expert led health discussions that focused on a wide range of topics, including holistic therapies for chronic pain, controlling emotional eating, caregiving, and sessions on women's personal health. The day started with a healthy breakfast, which included gourmet coffee and fresh fruit.

Motivational speaker Christine Carter, PhD. highlighted the day with a discussion on "How to accomplish more by doing less". Women were than pampered with free spa treatments, mini yoga classes, lunch and a parting gift.

Virtua is a participating provider of US Family Health Plan serving South Jersey beneficiaries.



*Virtua is a healthcare system in Southern New Jersey that operates a network of hospitals, Surgery centers, physician practices, fitness centers, and more... Virtua hospitals are located in Berlin, Mount Holly, Marlton and Voorhees.*

**US Family Health Plan rep conducts briefings on the 2018 TRICARE changes**



Maria Green, USA (Rtd), and Health Benefit Consultant for USFHP held a briefing for a packed room of over 200 service members of the U.S. Army NYC Recruiting Battalion on December 8th @ Fort Hamilton on the TRICARE Changes. "The group of recruiters had many questions about how they and their potential recruits would be affected by the new changes." stated Maria. Using TRICARE approved material she educated recruiters on the new TRICARE select option as well as the TRICARE Prime option including understanding the new beneficiary groups.

To attend a similar briefing in your area visit our website:

<http://usfhp.net/whats-happening/qa-sessions-2/>



Photo by LTC (R) Rick French

COMMUNITY 

*The West Point Ten-Miler Teams with the Commandant of Cadets, BG Gilland.*

## SPOTLIGHT

# West Point Teams Dominate the Army Ten-Miler

The air was heavy and stale at the starting line of the Army Ten-Miler on Sunday, October 8 in Washington DC. Amongst the 35,000 participants included over 100 runners from the West Point community as well as six teams.

Remnants of Tropical Storm Nate made the weather unusually hot and humid for the fall race, making the Army Ten-Miler particularly challenging this year. In fact, it was the warmest temperature on record for the month of October since 1872 when records were first kept. The conditions were so tough, that the race was changed to a recreational run at 10:08 am and runners who were still on the course were re-routed.

The Army West Point Marathon Team sent two teams to defend their title as the top Military Academy and ROTC Team. They placed first and second out of 76 teams to clinch the championship for the third straight year. The team's top male and female runners, Aaqib Syed ('18) and Paige Dougherty ('18), ran a blazing 55:51 and 71:59, respectively. Cadets Aaron Davis ('18), Ryan French ('20), and Murray Johnston ('20) rounded out the winning team. The Army West Point Marathon Team has had a fabulous season so far, with

a top finish in the Canada Army Run in September. They hope to continue the success as they run their first marathon of the year at the Athens Marathon on November 12th.

West Point fastest runner was also one of its youngest. Despite record setting heat, Cadet Candidate Marshall Beatty ran 54:19, placing 12th among all Army runners at the race.

The West Point MWR Team reclaimed its title as the champion amongst the Army's best Active Duty runners from the 36 post teams. The team was led by LTC Josh Keena of the Systems Engineering Department with a stellar performance of 60:12, followed closely COL Liam Collins of the Modern War Institute in 60:48. MAJ Kelly Calway, of the Department of Physical Education, placed sixth overall in the race with a time of 61:25. LTC Phil Dacunto (GENE), CPT Matt Lensing (DPE), MAJ Curtis Kimbrell (DMI), and MAJ Nerea Cal (SOSH) made up the rest of the victorious Active Duty Mixed Team.

"This was by far the toughest of the 23 Army Ten-Milers that I have run," remarked COL Collins, the team's coach. "Many of us were disappointed with our times until we saw how slow the entire field ran. I was surprised to

see the team pull out the win, since two of our top runners were hurt, but LTC Keena ran a gutsy race. With an ailing calf that has sidelined him from running for the past month, he still went out there and struggled through the injury to help get the team the win. He epitomized selfless service and overcoming adversity."

Two teams of Cadets also competed for Team Tragedy Assistance Program for Survivors (TAPS). Team TAPS Long Gray Line Cadets ran in memory of their recently fallen brothers, CDT Brandon Jackson, CDT Mitchell Winey, and CDT Tom Surdyke. Each of the Cadets wore a custom Army Ten-Miler race bib which displayed photos of their fallen comrades. The Cadets raised money to support military families impacted by a death.

**"We are proud to call the MWR West Point Team; Our team. This is the first year that we actually were a sponsor. We congratulate the team on their wins...Hooah!"**

- Darrel Hutchinson, USFHP Health Benefit Associate

**"[USFHP] Thank you again for everything!"**

- Tyler Gierber, the former MWR Director @ West Point, congratulated the US Family Health Plan - West Point Army Ten-Miler team.

## Women's Health Quiz Answers

### 1) ALL OF THE ABOVE

**Good job.** Gynecologic cancer is any cancer that starts in a woman's reproductive organs. The five main types of gynecologic cancer are cervical, ovarian, uterine, vaginal, and vulvar.

### 2) TRUE

**Good job.** All women are at risk. There is no way to know who will get a gynecologic cancer. Each type of gynecologic cancer has different risk factors, and risk increases with age. You can do these things to help reduce your risk. Pay attention to your body; know what is normal for you. Make healthy lifestyle choices. (such as: eat a diet rich in fruits and vegetables; exercise regularly; maintain a healthy weight; avoid smoking; and practice safe sex.). Know your family health history. Share it with your doctor. Get the HPV vaccine, if you are at an age when it is recommended. Get regular Pap tests. Get the HPV test, if it is recommended by your doctor.

### 3) TRUE

**Good job.** The Pap test is recommended to screen for cervical cancer, not other types of cancers. The Pap test helps find pre-cancers on the cervix so they can be treated. It can also find cervical cancer early, when treatment is most effective. How often you should get a Pap test depends on your test results and your age.

### 4) TRUE

**Correct.** Gynecologic cancers have warning signs. You can learn the symptoms, pay attention to your body, and see your doctor if you experience anything unusual that persists or worsens.

### 5) RIGHT

**Right.** If you have a family history of breast or ovarian cancer, your doctor may recommend genetic counseling and testing. It is useful for a small percentage of women who have a family history of these cancers. It is not recommended for all women, but it is important for all women to know and tell their doctors about their family history.

### 6) FALSE

**Good job.** Each gynecologic cancer has different signs and symptoms. Symptoms may include abnormal vaginal bleeding or discharge; pelvic pain or pressure; abdominal or back pain; bloating; feeling full too fast or having trouble eating; having to urinate more often and more urgently; itching, burning, or tenderness of the vulva; and changes in vulva color or skin. The Inside Knowledge campaign's symptoms diary helps you track symptoms. If you have unexplained symptoms that don't go away, see your health care provider. It may be nothing, but find out for sure.

### 7) FALSE

**Good job.** Any vaginal bleeding after menopause needs to be reported to your doctor. If you have not yet gone through menopause but notice that your periods are heavier, last longer than normal for you, or if you're having unusual bleeding between periods, talk to your doctor.

### 8) UTERINE

**Correct.** Uterine cancer is the most common gynecologic cancer. Ovarian causes the most deaths. Cervical is the most preventable and the only gynecologic cancer with a screening test and a vaccine.

**Thank you for taking the time to complete this quiz!**  
Find more information about gynecologic cancer by visiting  
<https://www.cdc.gov/cancer/knowledge/quiz/index.htm>



Content source: CDC.gov

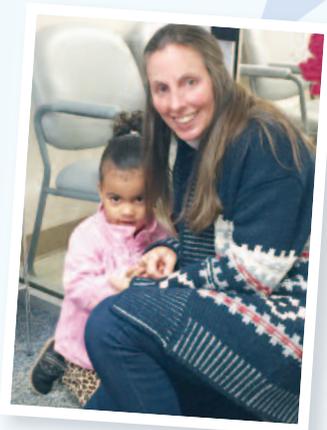
# FAM CAM...

## Out and About

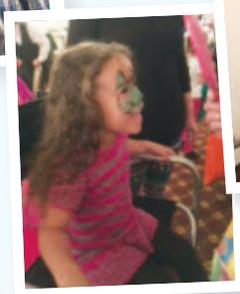
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**158th  
Holiday  
Event**



Mitchel Field Family Health Center **John, Arnie and Bill  
Veterans Day 2017**



**254th  
Regimen  
Holiday  
Party**



**Hearts Apart  
Winter Carnival**



**Trunk  
Treats**



**Children's  
Holiday Village**



# BAKED MACARONI & CHEESE

*One of my favorite dishes is baked macaroni and cheese. This is probably the first casserole dish I learned how to prepare. This baked mac and cheese is a family favorite recipe, loved by both children and adults. My version uses a combination of cheeses (probably not too good for our lactose intolerant folks) for a deliciously cheesy dish!*

## INGREDIENTS

- 1 package (16 ounces) uncooked elbow macaroni
- 1/3 cup plus 1/4 cup butter, divided
- 3/4 teaspoon salt
- 1/4 teaspoon pepper
- 1 can of evaporated milk
- 7½ cups shredded sharp cheddar cheese
  - 2 Extra Sharp (Yellow)
  - 2 Sharp (Yellow)
  - 1 Extra Sharp (White)
  - 1 Extra Sharp (White)
- ¼ teaspoon of paprika

Prep Time: 10 minutes

Baking Time: 45 minutes

## DIRECTIONS

- Preheat oven to 350°. Cook macaroni according to package directions for al dente; drain.
- In a Dutch oven, heat 1/3 cup butter over medium heat. In a medium size bowl whisk eggs, salt, pepper and ½ can of evaporated milk. Stir mixture until blended; gradually stir in remaining milk. Bring to a boil, stirring constantly; heat and stir until thickened. Add in ½ grated cheese until melted. Stir in macaroni. Transfer to a greased 13 x 9 in. baking dish.
  - In microwave, melt remaining butter; create layer of noodle mixture and top with grated cheese, add remaining noodles to create 2nd layer and repeat preceding process. Bake, covered, until heated through, 30-35 minutes. Sprinkle a small amount of paprika on casserole; return to oven for 5 minutes.

Yield: 8 servings



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*Air Force Maj. Joshua Boudreaux and Maj. Jason Curtis greet their children after performing their first delta formation on Nellis Air Force Base, Nev., Jan. 13, 2015. Boudreaux and Curtis are pilots assigned to the Air Force Thunderbirds air demonstration team.*



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