

The Informed Employee

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INDIANA UNIVERSITY
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Welcome to the premiere issue of **The Informed Employee**. This bulletin replaces the previous *Benefits Program Bulletin* and now includes information about human resource issues at Indiana University. University Benefits Office and Human Resources are now one department: University Human Resource Services. We look forward to providing you with "the latest work-life issues at IU."

The Informed Employee is published 2-3 times a year by University Human Resource Services for approximately 15,000 full-time appointed staff and academic employees across the eight Indiana University campuses.

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Annual Open Enrollment

Once a year, full-time employees have the opportunity to make changes in health care and Personal Accident Insurance coverages.

Normally, current enrollment status would continue when participants do not change coverage; however, this year **Open Enrollment for 2002 will include mandatory re-enrollment for employees with dependents (spouse or child) enrolled in IU-sponsored health care plans.** See the following article for details.

Full-time appointed employees also have a once-a-year opportunity to enroll in the university's Tax Saver Benefit (TSB) plan. Enrollment is required each year by the IRS to take advantage of pre-tax reimbursement of health and dependent care expenses. Employees do not need to be enrolled in an IU-sponsored health plan to take advantage of the TSB plan.

The Open Enrollment period takes place during November of each year, with enrollment changes becoming effective on January 1. This is an opportunity to:

- Select a different medical plan or drop a plan.
- Add or drop dependents.
- Add or drop dental coverage (if eligible).
- Add, drop or change Personal Accident Insurance.
- Allocate contributions for pre-tax reimbursement of 2002 health care and/or dependent care expenses (TSB).
- For 2002, re-enroll dependents (spouse or child) in health care coverage.

An Open Enrollment packet with additional information and enrollment forms will be sent to full-time appointed employees in mid-October through campus mail. The deadline for submitting Open Enrollment forms is November 14, 2001.

Mandatory Re-enrollment of Dependents IU-sponsored Health Care Plans

Action is required to continue IU-sponsored health care plan coverage for dependents (spouse or children) for 2002. Employees must re-enroll their dependents using a special enrollment form that will be included in the Open Enrollment packet.

This mandatory dependent re-enrollment is being required for the following reasons:

- On January 1, 2003, Indiana University will move to a new Human Resource Management System. Audits show that the current system does not contain complete and accurate information for dependents. This mandatory re-enrollment will provide all the necessary information to implement the new system.
- The university has a responsibility to ensure that only eligible dependents are enrolled in IU-sponsored health care plans. The university continues to find meaningful

numbers of ineligible dependents enrolled in its health plans. **This re-enrollment is the employee's opportunity to remove ineligible dependents from his or her health care plan without penalty. After January 1, 2002, ineligible dependents can result in retroactive termination of coverage for the employee and dependents. Such retroactive termination will result in a liability on the employee's part for any claim costs paid by the plan, retroactive to the date of ineligibility.** Information to determine dependent eligibility will be enclosed in the Open Enrollment information provided to employees.

If a currently enrolled dependent is not re-enrolled during the upcoming Open Enrollment, coverage for that dependent will discontinue effective December 31, 2001, and the employee's coverage will convert to "Employee Only."

For questions regarding Open Enrollment or re-enrollment of dependents, refer to the frequently asked questions on the University Human Resource Services Web site at www.indiana.edu/~uhrs/. For questions not answered there, contact a campus Human Resource office.

2002 Health Care Plans 22.4 Percent Increase in Medical Premiums

For 2002, there will be a 22.4 percent increase in the weighted average adjustment in medical premiums for the university's eight medical plan options. There will also be a 6.5 percent average increase in dental premiums.

The above are adjustments in total premiums, and employee contributions will increase or decrease based on the difference between total premium and the university's contribution amount. For 2002, the university will contribute the following toward enrollment in health care plan coverage:

2002 UNIVERSITY CONTRIBUTIONS

	DENTAL	MEDICAL
Employee Only	\$168.69	\$2,946.71
Employee/Child(ren)	\$240.52	\$5,127.43
Employee/Spouse	\$325.00	\$6,229.47
Family	\$457.65	\$6,696.85

Note: The university will contribute a greater amount for non-exempt staff with a base salary of less than \$22,443.

University contributions for dental coverage will increase by 6.5 percent and university contributions for medical coverage will increase by 22.4 percent.

See page 3 for a list of 2002 medical premiums and employee contributions.

Highlights of Modifications

- **IU Dental Plan**—Plan administrator and network will change to CIGNA Dental. PPO option annual maximum will increase to \$1,000; second cleaning per year added to PPO out-of-network; PPO (copay/deductible) added. DHMO option will have a new copay schedule.
- **Partners HMO**—Prescription retail copays will increase to \$10 generic, \$20 brand formulary, \$40 brand non-formulary (similar increases in mail order); office visit copay will increase to \$15.
- **M-Plan**—no plan changes.
- **Blue Preferred Primary POS**—Copays will increase to \$250 inpatient and \$75 outpatient, \$75 emergency room (mental health copays will reflect corresponding increases); prescription: non-formulary tiers

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2002 Health Care Plans

(from page 1)

will no longer be split between generic and brand resulting in retail copays of \$8 generic; \$15 brand formulary; \$25 non-formulary (mail copays are 2 times retail for up to a 90-day supply).

- **IU Health Plan POS**—Coverage added for baseline mammogram ages 35-40; autism exclusion eliminated.
- **IU Precision POS**—Coverage added for birth control pills and devices and surgery for morbid obesity.
- **Blue Preferred Primary HMO**—Will be discontinued; current enrollees who do not submit a new enrollment form will automatically be enrolled effective January 1, 2002, in the Blue Preferred Primary POS plan which uses the same provider network as the Blue Preferred Primary HMO.
- **IU PPO \$900 Deductible**—Provider network name change to Blue Access; coverage added for birth control pills and devices and surgery for morbid obesity; dollar limits eliminated for wellness, air ambulance, skilled nursing. Certain modifications are required to migrate to Anthem's new claims system:
 - Covered charges for out-of-network providers, which were reduced by up to 50 percent, will now be covered with a 30 percent copay.
 - Both the deductible and copays will accumulate to the out-of-pocket maximum; therefore, the out-of-pocket maximum will be \$1,900.
 - Therapy will have a maximum of 60

combined PT/OT days and 20 days speech therapy.

- Spinal manipulations will have a maximum of 12 visits without a dollar limit per visit and no annual maximum.
- Emergency room copay will be \$75 without a percent copay on remaining charges.
- Certain outpatient procedures will now need to be precertified, e.g., outpatient surgery, high cost diagnostic procedures, therapy services.
- DME and Home Health Care providers added to the network; therefore, out-of-network is subject to 30 percent copay and 30 home visits.
- **IU PPO Plus**—Provider network name change to Blue Access; coverage added for birth control pills and devices and surgery for morbid obesity; dollar limits eliminated for wellness, air ambulance, skilled nursing (out-of-network skilled nursing will be limited to 30 visits). Certain modifications are required to migrate to Anthem's new claims system:
 - Inpatient admissions and outpatient services will only be subject to the medical copay of 10 percent in-network; 30 percent out-of-network. (Fixed dollar copays of \$250 and \$100 will be eliminated.)
 - Office visit copay will change to \$20 without medical copay on remaining charges; out-of-network will be 30 percent.
 - Therapy will have maximum of 60 combined PT/OT days and 20 days speech therapy.

- Spinal manipulations will have a maximum of 12 visits without a dollar limit per visit and no annual maximum.
- Emergency room copay will be \$75 without a percent copay on remaining charges.
- DME and Home Health Care providers added to the network; therefore, out-of-network is subject to 30 percent copay.
- Certain outpatient procedures will now need to be precertified, e.g., outpatient surgery, high cost diagnostic procedures, therapy services.
- DME and Home Health Care providers added to network; therefore, out-of-network is subject to 30 percent copay.
- **IU PPO Choice**—New plan option using the Sagamore Select provider network; for employees residing in the Richmond area.

Contraceptive Coverage Added to Plans

Effective January 1, 2002, the IU PPO \$900 Deductible, IU Precision POS, and IU PPO-Plus health care plans will begin covering birth control pills and devices. Unlike newer "managed care plans," these traditional plans historically have not covered contraceptives, other than surgical procedures. Adding coverage for birth control pills and devices is intended to make these plans more contemporary by providing benefits that are important to a large number of IU employees. The university believes that it is the "right thing to do."

TSB Parts B and C Direct Deposit in 2002

The university with assistance from Nyhart Company will offer Tax Saver Benefit Parts B and C direct deposit services in 2002. This service enhancement is in response to numerous employee requests. During Open Enrollment, employees may elect to have reimbursement for health care (Part B) and dependent care (Part C) expenses deposited directly into their checking or savings accounts by wire transfer. Reimbursement

claims will continue to be processed by Nyhart on a weekly basis, however, direct deposit makes funds available immediately after the weekly payment cycle. In order to take advantage of this new service, the employee must complete the direct deposit authorization section of the 2002 TSB agreement form. The service may be elected at any time during the year by submitting an authorization form to Nyhart. Participants who do not elect this optional service will continue to receive reimbursement checks by mail.

Dependent Eligibility IU-sponsored Health Care Plans

Indiana University provides health care benefits to eligible employees and their eligible dependents. Providing these benefits in a consistent and non-discriminatory manner is fundamental to the statutory authority for the existence of these plans and for the receipt of preferential tax treatments for such benefits.

The university also has a fiduciary responsibility to manage these plans so that benefits are provided only to eligible individuals, as defined by university policy.

The university continues to find meaningful numbers of *ineligible* individuals enrolled in IU-sponsored health care plans. These include divorced spouses, married children, and children who are not a dependent of the employee or employee's spouse as defined by IRS guidelines.

In order to ensure compliance with IRS regulations, the university has restated the definition of a *dependent* for plan enrollment. The restatement clarifies the meaning of a *dependent for federal income tax purposes* with reference to the limiting age and student status. Eligibility ends at the end of the month in which the child reaches age 19, unless the child qualifies as a full-time student as defined by the IRS. Full-time students may continue eligibility through the end of the month in which the child reaches age 24. (Previously, eligibility ended at the end of the year in which the child reached age 23.)

Dependents that are eligible for health care coverage are:

- The employee's spouse as defined by Indiana law; and/or
 - Children who meet *all* of the criteria below.
1. The child has one of the following relationships to the employee or employee's spouse: biological child, lawfully adopted child, or child for whom the employee or the employee's spouse has been legally appointed sole guardian for an indefinite period of time.
 2. The child is unmarried.
 3. The child meets the IRS Section 152 Support Test to be a dependent of the employee or employee's spouse.
 4. The child is under age 19 (eligibility ends in the month in which the child reaches age 19), or qualifies for Student Eligibility (eligibility ends in the month in which the child reaches age 24), or qualifies for Disabled Child Eligibility.

Student Eligibility—A child over age 18 is eligible until the end of the month in which the child reaches age 24, if the child is a full-time student as defined by IRS Section 151 and continues to meet all other eligibility criteria except for age. The employee must periodically verify student status by providing a school verification letter (stating the dependent is a full-time student) or a registration for the school term (indicating the number of hours attended).

Disabled Child Eligibility—A fully disabled child may be able to continue coverage beyond age 19, so long as the child meets the definition of *fully disabled* and meets all other eligibility criteria except for age. A fully disabled child is one who is incapable of self-support due to physical or mental disability and who does not have financial resources for support other than the parents. Verification of the child's disability is required periodically.

IRS Support Test—The employee alone, or the employee and employee's spouse together, must provide over half the child's financial support according to IRS requirements; or the employee must meet the IRS Support Test for Divorced or Separated Parents.

IRS Support Test for Divorced or Separated Parents—In general, the parents must meet the following criteria: (1) have at some time been married; and (2) individually or together provide over half the child's total support as defined by the IRS; and (3) individually or together have custody of the child for more than half of the year. A child who is primarily supported by, or primarily in the custody of an individual other than the parents, does not meet this test. A child who provides over half of his or her own financial support does not meet this test.

See IRS publication 501 for details including instructions on calculating total support and parental support.

Anthem to Change Claims System

Effective January 1, 2002, Anthem is consolidating their claims systems in Indiana, Kentucky, and Ohio. This should provide customers with more streamlined administration of claims, along with electronic customer service functions in the future. For the IU PPO \$900 Deductible and the IU PPO Plus health care plans, this means that claims will be processed on a different claims system beginning January 1; the network name will change from PPN to Blue Access; there will be a new customer service number (800-345-2460); and a new ID card. (Employees may use the old ID until the new ID is received.) As a result of Anthem's change to a new claims system, certain changes in benefits are required to fit the new system. See the "2002 Health Care Plans" article on page 1 for details.

Legal Compliance Training

Over the years, many employee protection laws have been enacted by federal and state legislatures. University administrators recognize the need for supervisors to be knowledgeable about these laws in order to:

- Ensure employees all of the protections afforded to them under these laws
- Ensure consistent application of these laws and regulations across the university
- Promote positive employee relations
- Prevent or limit situations that may put the university at risk both legally and financially

Consequently, the university has initiated efforts for all supervisors to receive training on legal compliance issues. Topics covered include: Equal Employment Opportunity, Sexual Harassment, Family Medical Leave Act, Fair Labor Standards Act, Americans with Disabilities Act, Worker's Compensation, Safety, Employee and Student Records, and Human Subjects. All training focuses on the laws, regulations and procedures as they specifically apply to Indiana University.

The goal of Compliance Training is to ensure that all Indiana University employees are afforded the protection of employment laws, regulations, and policies, and in so doing, ensure fairness and equality in the workplace. New and existing supervisors and managers are responsible for completing Compliance Training and for applying the knowledge and skills gained through the training to their daily work responsibilities.

Compliance Training will be made available to supervisors on all university campuses. For more information, contact your campus Human Resources office or Affirmative Action Office.

The Fair Labor Standards Act (FLSA)

The FLSA is a federal employee protection law, which has been in effect for over 60 years. More than 80 million American workers are protected by the FLSA, which is enforced by the Wage and Hour Division of the U.S. Department of Labor.

The FLSA's basic requirements are:

- Payment of the minimum wage, currently \$5.15 per hour.
- Overtime pay (or compensatory time) for time worked over 40 hours in a workweek. (IU's workweek begins on Sunday at 12:01 a.m. and ends on Saturday at midnight.)
- Restrictions on the employment of children. (Child labor provisions are designed to protect the educational opportunities of youth and prohibit their employment in jobs and under conditions detrimental to their health or safety.)
- Recordkeeping of time worked.

Among the controversial provisions of FLSA are the many exceptions to the act's overtime requirements. Virtually every employer covered by the FLSA faces the difficult task of deciding which employees qualify for *exempt* status; including executive, administrative, professional, and outside sales employees.

The DOL has authority to define the scope of these *exemptions*, which have three basic requirements in common:

1. The employee must perform work of an exempt nature;
2. The employee must spend sufficient time performing exempt work or, in the case of the highly paid executive, administration or professional employees, the exempt work must constitute the employee's primary duty; and;
3. The employee must be paid compensation in a specified form (for example, on a salary or fee basis) and in at least a specified amount (for example, \$250 per week).

It is important to realize that DOL-defined exemptions are applied on a case-by-case basis, and that job titles do not alone make an employee exempt.

DOL definitions of exempt work will be explored in future articles.

New Dental Plan Administrator

CIGNA Dental Health, Inc., will become the new IU Dental Plan administrator replacing CompDent effective January 1, 2002. This change is in response to unsatisfactory claim payment and customer services by CompDent and related feedback from employees. CIGNA Dental is a member of the CIGNA family of companies who provide a wide variety of employee benefit services nationwide. CIGNA has made a commitment to provide excellent dental administrative services to IU employees.

For IU Dental Plan participants there will be a new identification card, a new provider network, and a change in customer service phone numbers and claim mailing address. CIGNA has networks that support both options of the IU Dental Plan—the POS and DHMO options. While the IU Dental Plan provides a higher level of benefits when dental PPO or DHMO providers are used, enrollees may use any dentist and still receive benefits under the plan. Information about the CIGNA dental network is at www.cigna.com.

There will also be some changes in dental plan benefits. See the "2002 Health Care Plans" article on page 1 for details. Additional information will be provided in 2002 Open Enrollment materials.

Beware Financial Advice

Outside individuals and companies are very eager to provide "financial advice" to Indiana University employees and retirees—even broadcasting e-mail solicitations and holding meetings in public campus facilities. These solicitations sometimes make it sound like the outside entity is familiar with the university's retirement plans and/or is sponsored by the university. In fact, neither of these attributes may be true.

Employees who receive solicitations from outside entities regarding financial planning and retirement plan investments are advised of the following:

- The university has no knowledge of the outside entities' credentials or business status.
- The university does not discuss the provisions of the university's retirement plans with outside entities,

except for TIAA-CREF and Fidelity Investments.

- The university is aware of significant misleading and inaccurate statements by several outside entities. For example, an outside "financial planner" recently stated that employees may transfer retirement funds to another investment company with the expectation of "better returns." This is not accurate, as IU Retirement Plan funds cannot be transferred until after the employee terminates from the university and IU Tax Deferred Annuity funds cannot be withdrawn until the participant reaches age 59½ or terminates from the university.
- The university does not warrant, guarantee, or otherwise certify the accuracy or outcome of transactions by outside entities.
- Services from an outside entity typically include fees and/or commission payments.

2002 Medical Premium Rates (Monthly) 22.4 Percent Increase in Average Premiums

As a result of the weighted increase in medical premiums, IU contributions for medical coverage will increase by 22.4 percent. IU contributions for dental coverage will increase by 6.5 percent.

Employee contributions equal the difference between the total premium for the respective plan and IU contributions. IU contributions are the same across all health care plans, with a minimum employee contribution of \$1 per month.

	Total Premium	% of Change ¹	Employee Contribution ²	Difference 2001 to 2002 ³
IU PPO \$900 Deductible				
Employee Only	\$226.18	23.9%	\$1.00	\$0.00
Employee/Child(ren)	\$451.16	23.9%	\$23.87	\$8.83
Employee/Spouse	\$551.53	23.9%	\$32.41	\$11.39
Family	\$626.35	23.9%	\$68.28	\$18.69
IU PPO-Plus				
Employee Only	\$279.28	17.6%	\$33.72	-\$3.14
Employee/Child(ren)	\$553.21	17.6%	\$125.92	\$4.59
Employee/Spouse	\$677.56	17.6%	\$158.44	\$6.40
Family	\$769.34	17.6%	\$211.27	\$13.01
IU Precision POS				
Employee Only	\$273.10	26.5%	\$27.54	\$12.27
Employee/Child(ren)	\$540.98	26.5%	\$113.69	\$35.13
Employee/Spouse	\$662.58	26.5%	\$143.46	\$43.80
Family	\$752.33	26.5%	\$194.26	\$55.47
IU Health Plan POS				
Employee Only	\$222.03	19.0%	\$1.00	\$0.00
Employee/Child(ren)	\$452.58	19.0%	\$25.29	-\$5.94
Employee/Spouse	\$551.98	19.0%	\$32.86	-\$6.87
Family	\$624.04	19.0%	\$65.97	-\$2.49
M-Plan HMO				
Employee Only	\$235.09	16.6%	\$1.00	\$0.00
Employee/Child(ren)	\$477.15	16.6%	\$49.86	-\$10.15
Employee/Spouse	\$581.47	16.6%	\$62.35	-\$12.07
Family	\$658.54	16.6%	\$100.47	-\$8.21
Partners HMO				
Employee Only	\$208.53	22.3%	\$1.00	\$0.00
Employee/Child(ren)	\$398.85	22.3%	\$1.00	\$0.00
Employee/Spouse	\$492.60	22.3%	\$1.00	\$0.00
Family	\$576.56	22.3%	\$18.49	\$3.16
IU PPO Choice (new)				
Employee Only	\$307.20	n/a	\$61.64	n/a
Employee/Child(ren)	\$608.54	n/a	\$181.25	n/a
Employee/Spouse	\$745.32	n/a	\$226.20	n/a
Family	\$846.27	n/a	\$288.20	n/a
Blue Preferred Primary POS				
Employee Only	\$217.48	11.0%	\$1.00	\$0.00
Employee/Child(ren)	\$430.80	11.0%	\$3.51	-\$35.51
Employee/Spouse	\$527.65	11.0%	\$8.53	-\$42.71
Family	\$599.12	11.0%	\$41.05	-\$42.76

¹ Represents the increase of total premiums from 2001 total premiums.

² Employee contributions are lower for non-exempt staff employees with an annual salary of less than \$22,443.

³ Represents the change in employee contribution from 2001.

More details of employee contribution amounts, including dental coverage and additional IU subsidy for lower salaries, will be included with Open Enrollment materials.

Investment Fund Performance

The following *sample* of retirement investment opportunities reflects average annual total return after all administrative expenses. These figures are based on historical results, and they do not necessarily represent future performance.

	Average 5 yrs.	Annual 10 yrs.	% Return Life	Fund Inception		Average 5 yrs.	Annual 10 yrs.	% Return Life	Fund Inception
Money Market Funds					Stock Funds				
CREF Money Market	5.50	4.97	5.76	4/88	CREF Stock	11.66	13.10	11.10	7/52
Fidelity FMMT	5.47	4.93	5.58	12/88	CREF Growth	11.17	---	14.80	4/94
Fixed Annuity					Fidelity Blue Chip	13.59	16.83	17.22	12/87
TIAA Annuity	7.25	7.55	---	---	Fidelity Contrafund	13.62	17.01	13.89	5/67
					Fidelity Magellan	14.19	15.44	21.03	5/63
Bond Funds					International/World Funds				
CREF Bond	7.30	7.80	7.98	3/90	CREF Global Equities	8.48	---	11.53	5/92
Fidelity Govt. Inc.	6.81	7.56	9.17	4/79	Fidelity Europe	8.68	11.50	10.92	10/86
Fidelity Inv. Grade	6.91	7.82	8.20	8/71	Fidelity Overseas	6.45	8.37	14.54	12/84
Growth & Income Funds					PERF Options				
CREF Soc. Choice	11.62	12.44	12.24	3/90	Money Market Fund	5.53	4.93	5.40	5.68
Fidelity Fund	15.23	15.45	11.03	4/30	Guaranteed Fund	9.00	8.25	8.25	8.25
Fidelity Equity Income	13.33	15.45	14.14	5/66	Bond Fund	14.77	4.73	4.44	11.23
Market Indexes					1 YEAR % RETURN				
Dow Jones Industrial	15.09	16.23	---		6/30/98	6/30/99	6/30/00	6/30/01	
S&P 500	14.48	15.10	---		Money Market Fund	5.53	4.93	5.40	5.68
NASDAQ	13.18	17.19	---		Guaranteed Fund	9.00	8.25	8.25	8.25
Russell 2000	9.62	13.50	---		Bond Fund	14.77	4.73	4.44	11.23
EAFE	3.02	6.45	---		S&P 500 Stock Indexes*	30.16	21.23	8.03	-14.85
					US Small Co Stock*	16.51	- .04	7.97	30.54

*S&P 500 and Russell 2000 (small company) Index one year returns.
Figures for TIAA-CREF, Fidelity Investments and Market Indexes are as of 6/30/2001.

Preferred Providers

Providers can be contacted at the phone numbers below to verify their participation status. Provider lists will also be available at Open Enrollment sessions or employees can review lists at a Human Resources office.

IU Precision POS

(812) 330-8003
www.phn-in.com
PCP list: www.indiana.edu/~uhrs/

IU PPO and PPO-Plus Plans

(800) 345-2460
www.anthem-inc.com
BlueCard Providers (800) 810-2583
www.bluecares.com

M-Plan HMO

(317) 571-5320 or (800) 816-7526
www.mplan.com

IU PPO Choice

(800) 320-0015
www.sagamorehn.com

Partners HMO

(219) 233-4677 or (800) 967-5439
www.partnersindiana.com

Blue Preferred Primary POS

(800) 535-8269 for a provider directory
www.anthem-inc.com

IU Health Plan POS

(317) 871-8814 or (800) 927-7927
www.iuhp.com

Scrip Pharmacy Solutions

(800) 213-5640 for benefit/claims questions
(800) 677-4323 for mail order
(800) 205-7408 fax
www.mimrx.com

IU Dental Plans (as of 1/1/2002)

CIGNA Dental
DHMO (800) 367-1037
DPPO (800) 336-8258
www.cigna.com

Tobacco Use and Health

Secondhand Smoke Impairs Heart

A recent report in the *Journal of the American Medical Association*, of smokers and nonsmokers, suggests that secondhand smoke can impair normal blood flow to a nonsmoker's heart. The smokers, whose heart arteries already showed damage, were not further impaired by secondhand smoke. However, in nonsmokers, exposure to secondhand smoke resulted in a reduced ability of heart arteries to dilate. (Previous studies suggest this may be a precursor to hardening of the arteries.)

This "reduced ability of arteries to dilate" may be one reason passive smoke is a risk factor for cardiac disease, as reported in the above journal. Secondhand smoke appeared to impair the functioning of the endothelium, a lining of cells in the arteries that helps regulate dilation. Some scientists believe coronary artery disease may begin when the endothelium becomes damaged, leaving the arteries prone to blockages or narrowing.

Dr. David Faxon, president of the American Heart Association, states that if exposure to smoke continues "gradually, as hardening of the arteries sets in, it's irreversible."

Community VA Clinics

Veterans may be eligible for low-cost health care at community VA clinics. The Department of Veterans Affairs (VA), has opened clinics across the U.S. to provide low-cost health care to veterans. In Bloomington, Indiana, the VA has contracted with Bloomington Hospital for such a clinic. There are several other VA clinics in the state.

The VA clinics provide primary physician care, including lab and x-ray services. Some VA clinics also fill prescription drug orders.

VA clinics typically have patient fees that are income-based, up to a maximum copay. The VA states that their goal is "to ensure the quality of care and service you [veterans] receive is consistently excellent, in every location, in every program."

The Informed Employee

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UNIVERSITY HUMAN RESOURCE SERVICES