Breast Cancer; 
Early Detection is the Key

Breast cancer is the most common type of cancer in women. The older a woman is, the greater her risk. Most women who develop breast cancer have no special risk factors for the disease, so it is critical to do what you can to detect cancer early and have a healthy lifestyle.

Steps you can take:

♦ Do a monthly breast self-exam. Check for lumps or other changes in your breasts and in your underarm area.

♦ Get a mammogram every 1 to 2 years after age 40, or more often if your health care provider recommends it.

♦ Discuss your family’s health history and your own risk factors for breast cancer with your health care provider.

♦ If you are in menopause and are taking hormone replacement therapy (HRT), talk with your health care provider about whether it is right for you. For some women, it can increase breast cancer risk. Talk with your health care provider about other treatments available to help you manage menopause.

♦ Exercise regularly.

♦ Drink alcohol moderately, if at all (no more than 1 drink per day).

♦ Eat a healthy, balanced diet.

Male breast cancer still remains rare. According to the National Cancer Institute (NCI), it accounts for less than 1% of all breast cancer cases. Breast cancer tends to strike men over 60, but those who are decades younger can get it as well. In addition to family history and age, risk factors include elevated body weight; exposure to radiation; taking estrogen as part of a sex change; liver disease, which can cause an increase in men’s estrogen levels; hormonal disorders or the use of medications containing hormones; and Klinefelter’s syndrome, a congenital disorder that causes hormonal imbalances and infertility in men.

Source: MyHealth@Anthem Self-Care Centers, www.anthem.com

For the latest news, treatments, personal assessment quizzes, and links to other resources on breast cancer see:

anthem.com > Members & Consumers > Maine > MyHealth@Anthem℠ > Self-Care Centers: Breast Cancer

Note: Information found in this article or on www.anthem.com is not intended to be a substitute for professional medical advice.

Source: National Women’s Health information Center, www.4woman.gov
Benefits Corner—continued

Choosing which benefit options are right for you is one of the most important decisions you make as a University of Maine System employee. Medical coverage is among your most valuable benefits. It’s also a benefit you may not think about often until you need it. The University offers a choice between two different medical plans, both of which cover a wide range of services, from hospitalization to doctor’s office visits, from prescription drugs to surgery. Whichever medical plan you select, you can be sure that it is there to protect you from financially burdensome medical bills.

COMP-CARE (Comprehensive Group Health Plan) – The COMP-CARE Plan is insured with Anthem Blue Cross and Blue Shield (ABCBS). This program allows complete freedom of provider choice so that participants needing care may select any medical care provider they wish, subject to medical necessity. However, before charges are covered, you must satisfy an annual calendar year deductible and pay 20% of the provider’s billed charges. Once your annual out of pocket charges are satisfied, covered services are paid at 100% for remainder of the calendar year.

HMO CHOICE (Point of Service) – The Point of Service (POS) plan is also insured with ABCBS, and overall, offers a higher level of benefits than the COMP-CARE Plan, including a wide variety of preventive care services not covered in the Comp-Care Plan. The POS plan is a managed care program that utilizes a network of health care providers. The ABCBS network includes hospitals, primary care physicians, as well as specialty providers such as internists, chiropractors, cardiologists, and neurologists. You may log onto the ABCBS website at www.anthem.com for an online provider directory, or call Anthem directly at 1-800-527-7706 to obtain a hard copy.

All participants must choose a network provider to act as their Primary Care Physician (PCP). PCPs are responsible for coordinating the care of their patients to ensure that patients receive the most appropriate care available. Participants in the POS program have the option to use network or non-network providers. Participants using network providers are covered 100% for hospitalization and pay only a co-payment for physician services. There are no deductibles or claim forms when using network providers. Participants choosing to use non-network providers receive benefits similar to the COMP-CARE Plan, but with a higher out of pocket maximum. When you receive care outside the network, this program also requires pre-certification and utilization review by ABCBS for inpatient hospital stays and other listed procedures.

PRESCRIPTION DRUG COVERAGE – Both of the medical plan options offered provide you with prescription drug coverage. All employees are covered for both generic drugs and brand name drugs. Because brand name drugs are typically more expensive than generic drugs, you should ask your physician to prescribe a generic drug, if appropriate. Also, all employees have the opportunity to use the mail order program, which allows you the convenience of maintenance drugs delivered right to your home! If you have any questions on how to best utilize your mail order prescription drug coverage, please feel free to call ABCBS at 1-800-527-7706.

For a comparison of COMP-CARE vs. POS benefit provisions, please refer to the Anthem Blue Cross and Blue Shield side-by-side benefit comparison on the University’s website at www.maine.edu/bene.html

DATES to REMEMBER

GROUP DENTAL COVERAGE at RETIREMENT

Because it is important to maintain your oral health, the University of Maine System provides employees and retirees the opportunity to purchase dental coverage, currently provided through Northeast Delta Dental.
Dates to Remember...continued

When you retire from the University of Maine System, current policy provides the option of retaining the University’s group dental coverage for you and any eligible dependents. You will need to complete the Dental Election Form, available at your Campus Benefits Office.

Who pays for the coverage? Retirees are responsible for payment of the full cost of the dental premium for the level of dental coverage elected (e.g. single, two-person, or family).

What are the options for payment of the dental premium? Retirees may either elect to have the premium deducted from their monthly University retirement pension or authorize the University to debit their checking account monthly. There is no option to pay by check/cash.

What dental program will be offered? The dental program offered to retirees is the same program currently in effect for non-represented employees, COLT, UMPSA, Police and Service & Maintenance unit employees.

What about faculty who wish to continue dental coverage? Faculty also have the opportunity to elect coverage in the program noted above. They are subject to the deductible, co-payments, and waiting periods in the program noted above; however, their period of enrollment in the faculty dental plan will count toward any waiting periods in the retiree dental plan.

Can I cancel the dental coverage and reactivate it later? The only way to carry dental coverage in retirement is to have elected it as a retiree when it was initially offered in the fall of 2003 or to be enrolled at the time of your retirement from the University of Maine System. Each year during the annual open enrollment, you will have the opportunity to add or remove eligible dependents. Please note, however, that if you cancel the dental coverage on yourself at any time during retirement, it may not be reinstated in the future.

Following are some “helpful hints” to keep in mind when filing claims with Anthem.

If you need to file your own claim

1. You will need to send Anthem:
   - Your completed Anthem Blue Cross and Blue Shield claim form.
   - Your itemized bill.
   - Your Explanation of Medicare Benefits (EOMB), if applicable.

2. Please mail this information to:
   - Anthem Blue Cross Blue Shield
   - P.O. Box 533
   - North Haven, CT 06473

If a provider needs to file a claim for you

Most doctors, hospitals and other health care providers file your claims electronically. But occasionally a provider may not know how to file a claim with Anthem on your behalf – especially if you receive services out-of-state. Here’s what they need to know.

Maine providers (other than hospitals) need to mail the itemized bill and the Explanation of Medicare Benefits (EOMB), if applicable, to Anthem Blue Cross Blue Shield, P.O. Box 533, North Haven, CT 06473. All Maine hospitals file claims with Anthem electronically.

Out-of-state providers need to send the itemized bill and the Explanation of Medicare Benefits (EOMB), if applicable, to their local Blue Cross and Blue Shield, which will then forward the claim to Anthem Blue Cross Blue Shield office located in North Haven, CT.
Fall weather is here, kids are back in school and retirees are heading south. **REMEMBER!!** bundle up, stay warm, exercise, but most important, don’t forget your flu shot and stay healthy. Find the hidden somewhere in this newsletter and you could win a $25 gift certificate from Wal-Mart. Once you find it, mail the location to the University of Maine System, 107 Maine Avenue, ATTENTION: Benefits Office, Bangor, ME 04401, or e-mail it to benefits@maine.edu describing the location and the page where you found it. You will then be entered into a drawing for the $25 gift certificate. All entries MUST BE IN OUR OFFICE BY NOVEMBER 10, 2004. Drawing to be held on NOVEMBER 12, 2004. Good Luck!

**CONGRATULATIONS** to Ralph Morrison, a University of Maine System retiree, winner of July’s Wal-Mart gift certificate.

Correction: April’s Wellness winner listed the wrong campus of employment for Diane Prescott. She is actually employed by the University of Maine.