

SimplyWell

Wellness tips and encouragement from Hally® health.

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And much more.

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Benefits and coverage may vary from plan to plan. Please review your plan documents or call the number on the back of your member ID card for specifics.

Stay hydrated this summer.

Summer and early fall – it's a time of fun activities and spending hours outdoors. As you and your loved ones enjoy this time of year, make sure you're also staying properly hydrated. Here's what you need to know.

Quick Facts

- You need water to live – in fact, about 60% of your body is water!
- The water in your body helps you stay healthy, by keeping your body systems working properly.
- Drinking enough water can also lower your risk of kidney stones, urinary tract infections, constipation and more.

We all lose. (Water, that is!)

Throughout the day, we all lose water – through sweating, urinating and other normal processes. And if we're really active – for example, if we take a long jog or are out in the heat all day – we can lose quite a bit of water from sweating. Illnesses like fevers and diarrhea can also lead to greater water loss.

You can become dehydrated if you lose more water than you drink. This can lead to dizziness, headaches, memory issues, digestion problems and more. And if you don't replenish the water you've lost – and you become severely dehydrated – you can even face more serious issues like kidney failure, heart problems or even death.

How much water do you need?

We know it's important to stay hydrated. But how much water should you drink? It depends on your age, sex, overall health, level of physical activity and other factors.

- For most healthy women, aim for nine 8-ounce glasses of fluid a day. This doesn't count the water you get from the food you eat.

- For most healthy men, the daily goal is 12½ 8-ounce glasses.
- If you're pregnant or breastfeeding – or have kidney, heart or other health conditions – ask your doctor how much water you need daily.

Wondering if you're getting enough? An easy way to check is to look at your urine. If it's a pale yellow color, you're probably drinking enough water. If it's dark yellow or amber-colored, you might need to drink more.

Final Tips

- Listen to your body – it'll tell you when you're thirsty and need more water.
- Pick water instead of sports drinks, soda or other sugary beverages.
- Don't just drink at meals – carry a bottle of water with you all day.

This summer and fall, don't let water loss slow you down. Stay smart and keep hydrated. You got this!



High Blood Pressure – More Serious Than You Think

High blood pressure (HBP, also called hypertension) is common – but that doesn't mean it's not serious. In fact, it lowers life expectancy and can lead to serious and possibly deadly conditions by causing damage to your blood vessels. Understanding the potentially harmful effects of HBP can help motivate you to make the lifestyle changes necessary to get it under control. Here are just some of the ways HBP can harm your health:

Stroke

HBP can cause your blood vessels to burst or clog more easily, which can lead to a stroke if it happens in the brain. 77-percent of people who have a stroke for the first time have HBP.

Heart Attack

Your blood vessels can become blocked, leading to a heart attack. 69-percent of people who have a heart attack for the first time have HBP.

Vision Loss

HBP can rupture the blood vessels in the back of your eyes or make your optic nerve swell, causing loss of vision.

Kidney Disease

When damaged blood vessels stop your kidneys from getting the blood they need to function, they can no longer filter waste from your blood properly. HBP is the second-leading cause of kidney failure.

Sexual Dysfunction

Blood vessel damage from HBP reduces blood flow throughout your body. Lower blood flow to the pelvis can result in erectile dysfunction in men and lower libido in women.



Take Action

The good news is that you have the power to improve your health and well-being. Lifestyle changes – such as eating healthier, limiting how much salt you have, getting regular exercise and quitting smoking – can help you lower your blood pressure. Even small changes can make a big difference. Talk to your doctor and come up with a plan. Don't let HBP take control of your health.

For tips, resources and more to help you manage your blood pressure, visit hally.com and search “blood pressure.”

Note: Blood pressure of 130/80 or higher is considered HBP. Your doctor's blood-pressure goal for you will depend on your individual factors. Ask your doctor today what blood-pressure goal you should aim for.

Mammograms save lives.

Every year in the U.S., nearly 255,000 women are diagnosed with breast cancer and 42,000 die from the disease, according to the Centers for Disease Control and Prevention (CDC). What can you do to raise awareness and help the women in your life? Perhaps most important of all, make sure you and all your loved ones stay up to date with your mammograms.

Why are they so important?

Mammograms are X-rays of the breast – and they truly save lives. They detect cancer early, when it's easiest to treat. According to a study funded by the American Cancer Society (ACS), women who stay up to date on their mammograms have a significantly lower risk of dying of breast cancer if they end up getting the disease. In fact, even missing one mammogram can raise your chances of death. It's key we all spread the word about how important these screenings are.

Who should get mammograms – and how often?

According to the ACS, women age 45 to 54 should get mammograms every year, while those 55 and older can switch to every two years or continue yearly screenings. Women at higher risk of breast cancer should start getting mammograms before age 45. You can reach out to your doctor for more specifics.

Spread the word.

This article really has two messages. First, get your regular mammograms. Second, make sure your loved ones do too. For various reasons, many women skip their mammograms on certain years – or never get them altogether. Both can be harmful. Be open and talk with your loved ones, reminding them to stay up to date on these important screenings. Here are some tips and conversation starters:

- Some people don't know how important mammograms are. Share facts and articles – like this one.

- Others simply forget to schedule it every year. Be that “calendar reminder” for your loved ones, because a mammogram is one yearly event they shouldn't miss.
- For those without a primary care doctor – and those who don't keep up on their annual physicals or wellness checks – it's even easier to forget mammograms. Help your loved ones get set up with a primary care doctor.
- Many people get anxious or worried about medical tests. Let them know how easy it is to schedule and get a mammogram, and how the benefits greatly outweigh any discomfort or hassle.
- Some people think they don't need mammograms unless they have symptoms or a history of cancer in the family. Let them know that mammograms can catch cancer in its early stages (before symptoms can be felt or seen), and that all women are at risk for the disease.
- Many people worry about the cost of medical tests. You can point them to possible financial help – for example, many hospitals offer cost assistance, and you often only need to call the hospital and fill out some paperwork.
- Finally, if you're a woman, share your own experience about getting your regular mammograms and why it's important to you. Firsthand advice is always valued.

Perhaps the best advice of all? Simply speak from the heart. Tell them how much you love them and care about them. Your voice can truly save lives.

For information on coverage and costs (if applicable) for mammograms, please see your health plan documents or call the number on the back of your member ID card.





Doctor's Orders

Get your shingles vaccine.

Shingles is a disease caused by the same virus as chickenpox. But unlike chickenpox, it's adults – especially those over age 50 – who are most at risk. The disease is characterized by a painful rash or stripe of blisters, and the CDC estimates that up to 33% of adults will get it at some point in their life.

Shingles itself isn't life-threatening, but it can be incredibly painful. Many people also develop nerve pain that lasts for months or even years after the rash heals. And there's also an increased risk of stroke for up to three months after the shingles episode. The disease is serious – but you have the power to prevent it.

Who's at risk?

Anyone who's had chickenpox in their life can get shingles. Your risk increases sharply with age – it's more common in those over 50 and affects up to 50% of people 85 and older. Having diabetes or chronic obstructive pulmonary disease (COPD) also increases your risk of developing shingles.

Prevention

But there's good news – you can prevent shingles with a simple two-dose vaccine. The vaccine is called SHINGRIX, and here's the key information to know.

For adults **50 and older who have healthy immune systems**, the CDC recommends two doses of the vaccine, separated by two to six months. For adults **19 and older who are immunocompromised (have weakened immune systems)**, the CDC recommends two doses of the vaccine, with the second dose typically given two to six months after the first. However, if your doctor thinks you'd benefit from getting the second dose sooner, it can be given one to two months after the first.

It's important to know that ***you can still get the vaccine even if you:***

- Had shingles in the past.
- Had a prior dose of ZOSTAVAX® (a different shingles vaccine that's no longer available in the U.S.).
- Have chronic medical conditions – such as chronic renal failure, diabetes, rheumatoid arthritis or chronic obstructive pulmonary disease (COPD) – unless your doctor advises otherwise.
- Are taking low-dose immunosuppressive therapy, are anticipating immunosuppression or have recovered from an immunocompromising illness.
- Are getting other adult vaccines – such as flu and pneumonia shots – in the same doctor visit.

Finally, ***you should not get the vaccine if*** you have a history of severe allergic reactions to any ingredients in the vaccine, or if you currently have shingles. If you're pregnant, you should consider waiting until after pregnancy to get vaccinated. Likewise, if you're feeling moderately or severely ill (more than just a cold or minor illness), you should usually wait until you're feeling better to get your vaccine.

If you have any questions at all, ask your doctor – they'll be more than glad to help. Shingles is a common and painful disease, but it's one that's preventable. Talk with your doctor today about scheduling your vaccine.

For information on coverage and costs (if applicable) for SHINGRIX, please see your health plan documents or call the number on the back of your member ID card.



hally®

Let's cook
something
delish!

Spinach and Parmesan Egg Bites

Ingredients

Serving Size: 2 quiche bites
8 servings

- Nonstick cooking spray
- 10 oz frozen spinach (thawed and squeezed dry)
- ¼ cup roasted red peppers (drained and chopped)
- 2 green onions (thinly sliced)
- 1 tbsp plus 1 tsp grated parmesan cheese
- 1 cup egg substitute
- ½ cup skim milk
- 1 tsp mustard powder
- ⅛ tsp salt
- ⅛ tsp black pepper

Directions

1. Preheat the oven to 350°F. Lightly spray 16 cups of two 12-cup mini muffin pans or 16 cups of a 24-cup mini muffin pan with cooking spray.
2. In a medium bowl, using a fork, separate the spinach into small pieces. Stir in the roasted peppers and green onions. Spoon the spinach mixture into the sprayed muffin cups. Sprinkle the parmesan over the spinach mixture.
3. In a separate medium bowl, whisk together the remaining ingredients. Pour into the filled muffin cups. Fill the empty muffin cups with water to keep the pan from warping.
4. Bake for 18–20 minutes or until a wooden toothpick inserted in the center comes out clean. Transfer the pans to a cooling rack. Let cool for 10 minutes. Using a thin spatula or flat knife, loosen the sides of the quiche bites. Serve warm.
5. Refrigerate leftovers in an airtight container for up to 5 days. To reheat, put 4–6 quiche bites on a microwaveable plate. Microwave on 100% power (high) for 45 seconds to 1 minute, or until heated through.

Find more delicious recipes at hally.com/category/food-cooking. Yum!

Calories: 50, Total fat: 2 g, Saturated fat: 1 g, Cholesterol: 0 mg, Sodium: 190 mg, Total Carbohydrate: 3 g, Fiber: 1 g, Total Sugars: 1 g, Protein: 6 g | Source: www.diabetesfoodhub.org

Photo may include foods and ingredients that aren't a part of this recipe or included in the nutrition analysis.

Smart Antibiotic Use

You're sick or have an infection – should you grab one of the antibiotics you have handy? Often the answer is no. Here's what you need to know about smart antibiotic use, according to the CDC.



When to Take Antibiotics

Antibiotics only treat illnesses and infections **caused by bacteria**, such as:

- Strep throat.
- Whooping cough.
- Urinary tract infection.
- Certain sinus, middle ear and skin infections.
- Bacterial pneumonia.
- Sepsis.

However, some sicknesses caused by bacteria quickly get better on their own or can be managed without antibiotics. These include certain sinus and ear infections. Always ask your doctor if they recommend antibiotic use, even when bacteria's the cause.

When to Not Take Antibiotics

Antibiotics do not work for illnesses and infections **caused by viruses**, such as:

- Colds and runny noses.
- Flu.
- COVID-19.
- Most sore throats (except strep throat).
- Most cases of chest colds (bronchitis).
- Certain sinus and middle ear infections.
- Viral pneumonia.

The Harms of Overusing Antibiotics

Using antibiotics when they're not needed can be harmful – both to you and to humankind in general. How? First, they can harm you by their side effects. Among other side effects, antibiotics can cause dizziness, nausea, rashes, diarrhea and yeast infections. Sometimes, they can even cause life-threatening infections or allergic reactions.

But even more broadly, when we as a society use antibiotics too much, they become less effective in killing bacteria. In other words, they stop working as well. The more we use antibiotics, the more the bacteria learn to change and fight off these medicines. We need these antibiotics to continue working for people with serious, life-threatening conditions – like bacterial pneumonia and sepsis – and for those at high risk of infection, such as cancer patients during chemotherapy. By only using antibiotics when we need them, we help keep them effective for those who really depend on them, both now and in the future.

Final Thoughts

Antibiotics are a great tool against certain illnesses and infections. But they're not right for every situation – and using them too much can even be harmful. If you're ever confused about if you should use them, reach out to your doctor. They'll know what's causing your sickness, and together you'll find the right treatment to help you feel better.

Exciting News

Announcing Our New Member Site and App



We value giving you the best member experience with a variety of options to fit your busy lifestyle – and as a member, you get access to Hally health, our comprehensive suite of health and wellness resources, programs, perks and offerings. We're excited to announce that we've been working hard behind the scenes to put in place a new (and better!) administrative system for claims, enrollment and more. It's called Epic Tapestry, and it'll allow us to deliver an enhanced member experience for you, by helping us improve our workflow and operations.

Coming Soon!

As part of this new system, we'll also be launching a new Hally member site and mobile app in February 2023.

Our new Hally site experience will be supported by MyChart – which many of you may already use on your smartphone, tablet or computer. It's a very popular platform many doctors and hospitals use with their patients.

You'll still have access to the resources you've come to know and love on our current Hally sites, but with a new look, enhanced speed and download times, advanced connectivity to your doctor and so much more.

Hally health is your ally and partner in helping you live your healthiest life. Now – and once we launch the new look – get secure, instant access to your coverage by logging on to hally.com.

Here, you're able to:

- Sign up for alerts.
- Go paperless by opting for secure eDelivery of your plan materials.
- Pay your monthly premium or set up recurring payments.
- View your claims, authorizations and Explanations of Benefits.
- Find doctors, healthcare facilities and pharmacies covered by your plan.

We're excited to keep sharing more about the new site and app coming in February – and how it'll make your experience much smoother and better. Look for more details and updates soon from your health plan and our team at Hally health. And as always, if you have any questions, give us a call at the number on the back of your member ID card – we'd love to share the latest updates!



Understanding Your Health Plan: Terms and Costs

We know health plans can be confusing – especially all of those strange-sounding terms and knowing how much you might have to pay for certain things. Here's a quick list of key terms to know. With this information in hand, you'll feel newly empowered to take the best care of your health. If you have any questions, call us at the number on the back of your member ID card. We're proud to be your partner, giving you the knowledge you need and helping you improve your overall health and wellness.

Common Terms and Costs*

- **Premium:** The monthly amount you pay to be on our plan.
- **Benefits:** The healthcare services your plan covers. These can include doctor visits, tests, yearly physicals, surgeries and more.
- **Out-of-Pocket Costs:** Although your plan covers these benefits, you still have to pay some or all of the costs for many of them. Out-of-pocket costs are the costs you (rather than your health plan) pay.

These can include:

- **Deductible:** A set amount you pay for your care and services, before your plan helps you split costs for the rest of the year.**
- **Copay:** A set dollar amount you pay for a healthcare benefit (like a doctor visit).

- **Coinsurance:** Instead of a set dollar amount, you pay a percent of the total cost (for a healthcare benefit).

- **Out-of-Pocket Maximum:** After you pay this amount in combined out-of-pocket costs throughout the year, your plan pays 100% of covered expenses for the rest of the year.** You no longer have to pay copays or coinsurance, just your monthly premium.

*All plans are different. Call the number on the back of your member ID card for information about your plan's specific benefits, coverage, costs and maximums.

**Not all plans cover a full year, and not all begin in January and end in December. Call the number on the back of your member ID card for information about your plan's specific benefit period.

Here's an example of common payments and how they work. The services, costs and percentages are just examples. Actual costs and percentages will vary.

Every month, you (or your employer) pays your **premium**.
\$50

Imagine your **deductible** is
\$1,000.

You visit the doctor and pay
\$100.

You still have
\$900
more until you reach your **deductible.**

Your doctor says you need surgery.
It costs
\$1,000.
You pay the
\$900
left of your **deductible.**
Your plan now helps you split costs. For the **remaining \$100**, you have a **coinsurance of 10%** – which equals
\$10.
Your plan then pays the **remaining \$90.**

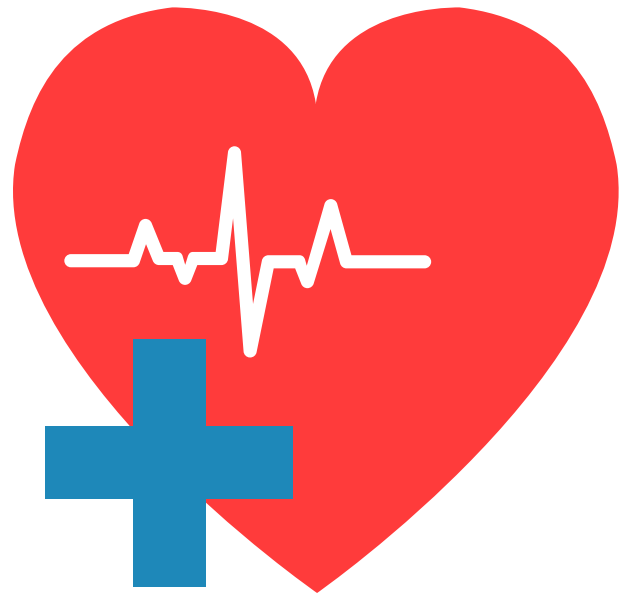
You have a follow-up visit with your doctor. It again costs **\$100** – but since you already reached your **deductible** this year**, you only need to pay a
\$20
copay. Your plan pays the **remaining \$80.**

Once all your out-of-pocket costs this year add up to your **out-of-pocket maximum** amount, your plan pays 100% of covered expenses for the rest of the year**

Diabetes 101

Questions to Ask Your Healthcare Team

Living with diabetes isn't always easy, but you never have to deal with the disease alone. Your doctor, nurses and entire healthcare team are at your side helping you live your healthiest life. According to the CDC, here are the top questions you should be asking them (and some ways they might respond).



How can I keep my blood sugar, blood pressure and cholesterol in check?

- Stay up to date with your **A1C tests**. These measure your average blood sugar over two to three months.
- Ask your doctor what your **target blood pressure** should be – and then regularly measure it at home.
- Watch and control your **cholesterol levels** – ask your doctor for their top recommendations.

How can I tell if my current diabetes medicines are working?

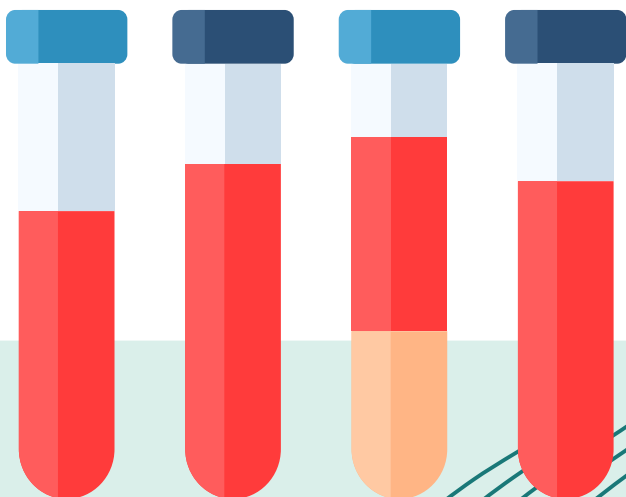
- If your blood sugar, blood pressure and cholesterol numbers are at your target levels (or close), your medicines are probably working.

- If not, talk to your healthcare team to see if you need to change medicines or adjust your treatment plan. When you meet with them, make sure you bring all your current medicines (both prescription and over-the-counter ones) with you, as well as your blood sugar records.

When's the best time to talk with my healthcare team about my diabetes?

Any time is a good time. But make sure you at least talk with them:

- When you're first diagnosed.
- Once a year during the annual review of your educational, nutritional, physical and emotional needs.
- Whenever new complications arise. These can be changes to your physical health, emotional well-being, financial situation or anything else.
- Whenever your care plan changes – for example, if your medicines or treatment plans change, if your healthcare team gets new doctors or nurses, or if your living situation brings about changes.



What healthcare appointments should I set up?

- See your regular healthcare team twice a year (or more).
- Visit an eye doctor, foot doctor and dentist once a year (or more).
- Make sure you've gotten all your vaccines – ask your doctor which ones you might still need.

Where can I learn more about managing my diabetes?

- Seek out diabetes education programs and support groups in your community.
- Visit diabetes.org, the website of the American Diabetes Association®.
- Visit our website, hally.com, and search “diabetes.”

This is just some of the help that's out there for you. Ask your healthcare team for even more resources, and keep working closely with them to get the education, support and help you need. They'll help you control your diabetes and live your best life.

For information on coverage and costs (if applicable) for specific tests, screenings, vaccines, exams and appointments, please see your health plan documents or call the number on the back of your member ID card.



A close-up photograph of a hand holding a lit cigarette. The cigarette is lit, with a glowing orange tip and a small amount of ash. The hand is positioned on the left side of the frame. Overlaid on the right side of the image is a large teal circle containing white text. The background is a soft, out-of-focus light blue. There are decorative elements: a blue shape in the top left, a yellow arc in the top right, and a yellow circle and a teal circle in the bottom right. The bottom right corner also features a series of thin, curved teal lines.

The Dangers of Tobacco

Tobacco – it's the leading cause of preventable disease, disability and death in the U.S. According to the CDC, almost half a million Americans die every year because of smoking or exposure to secondhand smoke. For every person who dies, 30 are living with a serious smoking-related illness. Here are just some of the ways smoking can harm you and others – along with a few helpful resources to help you or your loved ones quit.

Harmful for Your Whole Body

Smoking affects nearly every organ in your body. It can lead to diseases and disabilities, including:

- **Cancer** of the lung, voice box, mouth, throat, esophagus, kidney, liver, pancreas, bladder, colon, cervix, rectum, stomach and blood.
- **Heart disease and stroke.**
- **Lung diseases** like chronic obstructive pulmonary disease (COPD), which includes emphysema and bronchitis. Smoking can also trigger attacks, or make them worse, if you have asthma.
- **Diabetes.** And not only does smoking increase your risk of developing diabetes, but it also makes it harder to control your blood sugar and raises your risk of serious complications from diabetes – like heart disease, kidney disease, nerve damage, ulcers and blindness.

Harmful for Others

When you smoke, you're also harming others. According to the CDC:

- Secondhand smoke can cause **stroke, lung cancer and heart disease** in adults.
- Children exposed to secondhand smoke have a higher risk of **respiratory infections, impaired lung function, middle ear disease and worsened asthma attacks.**

- Smoking during pregnancy raises the risk of **premature birth, low birth weight, congenital disorders and SIDS (sudden infant death syndrome).**

Get help quitting.

Smoking is dangerous. But we know quitting isn't easy. In fact, many people don't succeed until their second, third – or even twelfth – time trying. But it's worth trying – and trying again – until you're able to stop. And you don't have to do it alone. There's a lot of help waiting for you:

- If you're a member of one of our health plans, call the number on the back of your member ID card and ask if your plan includes Quit For Life® – a personalized program to help you quit. Visit hally.com/care to learn more.
- Reach out to your doctor and ask them for help quitting.
- Visit cdc.gov/tobacco for tips, resources and more.

You deserve the best health and quality of life. Take action today and get the help you need to quit smoking for good.



Help raise awareness about suicide.

Suicide is hard to talk about. But it affects people of all ages and backgrounds, and it's a topic that's too important to ignore. Let's take action to learn more, especially about how to help those dealing with suicidal thoughts and behaviors. We all can spread awareness and hope.

Important Information and Facts

According to the National Alliance on Mental Illness (NAMI), suicidal thoughts and behaviors are often the result of mental health conditions that have gone untreated. Because mental health issues in general – and suicide in particular – are too often stigmatized or simply considered too difficult to talk about, many people don't seek the treatment they need. Here are some statistics from NAMI, to help us understand more as we help spread awareness:

- Almost half – 46% – of those who die by suicide have known mental health concerns.
- Suicide is the second-leading cause of death for Americans age 10 to 34.
- The suicide rate in the U.S. has increased by 35% since 1999.
- Men are four times more likely to die by suicide. However, women attempt suicide more often.

It's also important to know some of the common risk factors that lead to suicide. In addition to mental health issues in general, risk factors include stress, experiencing loss or tragedy, histories of trauma or abuse, intoxication and dealing with chronic medical illnesses.

Looking out for warning signs is also key. Watch for aggressive, impulsive or reckless behaviors; dramatic mood swings; increased substance abuse; withdrawal from family and friends; and comments about suicide, such as “nothing matters” or “I wish I wasn't here.” Also be aware if someone starts collecting pills, purchases a weapon, begins giving away their belongings or starts saying goodbye to loved ones.

What to Do

Suicidal thoughts and behaviors should be treated seriously. According to NAMI, here's how you should take action:

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**Men are four
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**The suicide
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TALK, LISTEN AND SUPPORT

If you yourself are dealing with these issues, reach out for help. Talk to your loved ones, your doctor, *whoever* you're most comfortable talking with. You can also call the National Suicide Prevention Lifeline at 988 or 911. If you prefer texting, text "NAMI" to 741-741 to connect to a free Crisis Text Line. There's nothing to be embarrassed about, and there's plenty of help out there.

If someone you know is dealing with suicidal thoughts or showing behaviors that worry you, NAMI has this advice:

- Be there to talk – and listen – to them, whenever and however they need. Ask what you can do to help. Be honest, open, compassionate and supportive, and show your concern. Avoid debates or arguments. Be patient. Let them know you're always available for them.
- Help guide them to mental health professionals, therapy resources, support groups and other resources. Let them know about the National Suicide Prevention Lifeline and the NAMI Crisis Text Line mentioned above.

We all have the power to help. Be there for others. Seek help if you yourself need it. Talk openly and spread the word that mental health issues are nothing to be embarrassed about. Raise awareness about the resources that are out there. Together we can help make suicide less common – and bring hope and renewed life to all those in need.





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Want to Make a Difference?

We are looking for members who are comfortable sharing their perspectives and feedback on how we, as a health plan, can improve for the greater good of our membership. If you are interested in learning more, please email Gregg.Mottola@healthalliance.org. Meetings are typically held on a quarterly basis, so you would be asked to share your perspective 3 - 4 times a year. As always, our goal is to represent our membership's diverse geographic, cultural and medical backgrounds.

Benefits and coverage may vary from plan to plan. Please review your plan documents or call the number on the back of your member ID card for specifics.