I'm Sick, but Is It a Cold or the Flu?

Plus

Sleep Apnea — 10 Things to Know

3 Barriers to Eating Healthy and How to Knock Them Down

Ask ESR! Explanation of Benefits

Know Your Plan Improve Your Health!

Try This Recipe:
Basic Rotisserie Chicken Stock
# I'M SICK, BUT IS IT A COLD OR THE FLU?

Know the symptoms so that you can be prepared to deal with colds and the flu if they pay a visit to your household this winter.

<table>
<thead>
<tr>
<th>Cold</th>
<th>Flu</th>
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</thead>
<tbody>
<tr>
<td><strong>First 3 Days of Symptoms</strong>&lt;br&gt;Cold sufferers are contagious and can infect others during the first 3 days of a cold; symptoms appear 1-3 days after exposure.</td>
<td><strong>1 Day Before Symptoms and 7 Days After</strong>&lt;br&gt;You are contagious 1 day before symptoms appear and up to 7 days after becoming ill; symptoms appear 1 to 4 days after exposure.</td>
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<tr>
<td><strong>Gradual</strong>&lt;br&gt;Cold symptoms come on gradually, often with a sore throat that subsides after a couple of days, followed by nasal symptoms and a cough.</td>
<td><strong>Sympptom Onset</strong>&lt;br&gt;The flu comes on suddenly with perhaps a headache, body aches, fever, chills and/or skin that is sensitive to touch.</td>
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<tr>
<td><strong>Sometimes</strong>&lt;br&gt;A low-grade fever may be present with a cold.</td>
<td><strong>Fever &amp; Chills</strong>&lt;br&gt;Usual A high fever, 100.4 or higher for children and 102 degrees or higher for adults, is typical with the flu, and often lasts 3 to 4 days.</td>
</tr>
<tr>
<td><strong>Occasionally</strong>&lt;br&gt;A mild headache may accompany a cold.</td>
<td><strong>Headache</strong>&lt;br&gt;Common A headache, often quite severe, is a common flu symptom.</td>
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<tr>
<td><strong>Slight</strong>&lt;br&gt;Mild bodily aches and pains may be present with a cold.</td>
<td><strong>Aches &amp; Pains</strong>&lt;br&gt;Usual Severe aches and pains are usually present with the flu.</td>
</tr>
<tr>
<td><strong>Sometimes</strong>&lt;br&gt;A cold may make the sufferer mildly fatigued.</td>
<td><strong>Fatigue &amp; Weakness</strong>&lt;br&gt;Usual Flu sufferers typically are fatigued and feel weak even after the worst of the symptoms disappear for up to 2 to 3 weeks.</td>
</tr>
<tr>
<td><strong>Never</strong>&lt;br&gt;Though some fatigue may accompany a cold, extreme exhaustion should not be present.</td>
<td><strong>Extreme Exhaustion</strong>&lt;br&gt;Usual Typically, at the beginning of the flu, sufferers are extremely exhausted.</td>
</tr>
<tr>
<td><strong>Common</strong>&lt;br&gt;A stuffy or runny nose is typical of a common cold.</td>
<td><strong>Stuffy Nose</strong>&lt;br&gt;Sometimes Flu sufferers may sometimes have a stuffy or runny nose.</td>
</tr>
<tr>
<td><strong>Usual</strong>&lt;br&gt;A cold typically comes with some sneezing.</td>
<td><strong>Sneezing</strong>&lt;br&gt;Sneezing can be present with the flu, but rarely.</td>
</tr>
<tr>
<td><strong>Common</strong>&lt;br&gt;A sore or scratchy throat often manifests as the first sign of a cold.</td>
<td><strong>Sore Throat</strong>&lt;br&gt;Sometimes The flu may be accompanied by a sore throat but not always.</td>
</tr>
<tr>
<td><strong>Common</strong>&lt;br&gt;Cold sufferers often experience mild to moderate chest congestion and/or a bothersome hacking cough.</td>
<td><strong>Chest Discomfort &amp; Cough</strong>&lt;br&gt;Common Chest congestion and coughs are often present with the flu and can become severe.</td>
</tr>
<tr>
<td><strong>Usually 1 Week</strong>&lt;br&gt;Cold symptoms may last up to 2 weeks but most clear up within a week.</td>
<td><strong>Duration</strong>&lt;br&gt;Usually 1 to 2 Weeks The severity of symptoms usually subsides after 3 days of onset, but some symptoms may linger for several days.</td>
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</tbody>
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“My dear doctor, I’m surprised to hear you say that I am coughing very badly, because I’ve been practicing all night.”

~ John Philpot Curran
"Tis healthy to be sick sometimes."

-- Henry David Thoreau

I Just Want to Feel Better!

Antibiotics are of no use with cold and influenza viruses. However, they may be prescribed if a bacterial infection, such as pneumonia, results from either illness.

While the virus works its way out of your body, stay as comfortable as possible and prevent a relapse by:

- Resting
- Staying hydrated
- Gargling with salt water for a sore throat
- Using saline nasal drops and sprays for a stuffy nose
- For adults, using over-the-counter pain relievers, decongestants, cold and cough medicines to minimize symptoms (always check with your pediatrician before using any over-the-counter medications for children and babies)
- Sipping warm liquids, such as broths made from chicken, beef, and fish bones
- Using a cool mist vaporizer or humidifier

'Tis the Season

According to the CDC, influenza viruses are present year round, but they are most common during fall and winter, often increasing in October and peaking from December through February, sometimes lasting into May.

The Stomach Flu—Different but Equally Miserable

When vomiting and diarrhea are present, gastroenteritis, sometimes referred to as the stomach flu, is the culprit. This malady is not the same as the flu caused by the influenza virus, though some of the same symptoms may be present.

Causes can be bacteria (antibiotics may be prescribed), viruses, parasites, reactions to food, and unclean water.

According to WebMD, see your doctor if:

- You see blood in your vomit or poop
- Dehydration is suspected (little to no urination, extreme thirst, dry mouth, or you can’t make tears)
- Fever is 100.4 degrees or higher in a child, 102.2 degrees in an adult
- You have a swollen tummy or pain in the right lower part of the belly
- Vomiting lasts more than 48 hours
- You can’t keep fluids down

Bring on the Chicken Soup

Some say it is a cure, others say it is a comfort, and still others say it does nothing at all when it comes to colds and the flu. But experts do agree that any hot liquid will dilate blood vessels, causing increased blood flow, resulting in the movement of mucous. Soups and broths contain salt and are hydrating, providing comfort. Broths made from chicken, beef, and fish bones are becoming popular all year long due to their health benefits, with entire cookbooks dedicated to them. There is even a bone-broth-only take-out restaurant, Brodo, in New York’s East Village.

Dry, Hacking, Nighttime Cough? Try This

It not only keeps the cold or flu sufferer awake, but sometimes the entire household. A dry, hacking cough may last for days after the initial symptoms of a cold or flu have gone away. Some have found that rubbing Vicks® VapoRub™ on the bottoms of the feet, and then wearing warm socks, minimize this nasty nighttime cough.

To Vaccinate or Not

According to the CDC website, “Getting an annual flu vaccine is the first and best way to protect yourself and your family from the flu. Flu vaccination can reduce flu illnesses, doctors’ visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations. The more people who get vaccinated, the more people will be protected from flu, including older people, very young children, pregnant women and people with certain health conditions who are more vulnerable to serious flu complications.”

The CDC recommends everyone six months and older receive the flu vaccine by the end of October, but it is fine to receive the vaccine throughout the season. The vaccine changes every year. For the 2016-2017 season, injectable flu vaccines)—inactivated influenza vaccine (or IIV) or the recombinant influenza vaccine (RIV)—are available, but not the nasal spray flu vaccine.

The flu vaccine is considered preventive care by the Affordable Care Act and must be provided free of charge by an in-network provider. Go to www.cdc.gov/flu/protect/whoshouldvax.htm to learn more about the vaccine.

Please Don’t Share!

Doing these things may prevent you from getting sick in the first place, and will keep you from spreading your cold or flu if you do:

- Wash your hands frequently and long enough to matter—hum the Happy Birthday song twice while washing hands with soap, making sure to wash the backs of hands, between fingers, and under nails
- Sneeze and cough into your sleeve
- Rest as much as possible
- Drink plenty of fluids
- Eat fruits and vegetables
- Stay home, at least during the contagious period; you will get better faster and won’t infect others
- Avoid touching your eyes, nose, and mouth
- Get your annual flu vaccine

‘Tis the Season

According to the CDC, influenza viruses are present year round, but they are most common during fall and winter, often increasing in October and peaking from December through February, sometimes lasting into May.
Even when this sleep disorder doesn’t result in death, it can negatively impact the quality of life. Know these 10 things about this sometimes silent, sometimes not-so-silent sleep disorder:

1. Breathing stops (apnea) or becomes very shallow (hypopnea) more than 5 to 100 times per hour in sleep apnea sufferers. It is considered severe when these occurrences happen more than 30-40 times per hour.

2. Obstructive sleep apnea is most common, and occurs when the airway becomes obstructed, often by the tongue or by relaxed throat muscles. When the brain doesn’t send proper signals to the muscles that control breathing, central sleep apnea occurs. Complex sleep apnea syndrome is diagnosed when obstructive and central sleep apnea occur together.

3. Snoring is a primary symptom, though not everyone that snores suffers from sleep apnea and some sufferers don’t snore at all. Often bed partners are the first to recognize a problem, as they are witness to the halted breathing and the gasping when the sufferer’s body tries desperately to begin breathing again to get needed oxygen. Go to YouTube and type in “What does sleep apnea sound like?” to get a truly eye-opening experience of sleep apnea.

4. Excessive daytime fatigue is usually present. The sufferer may not realize that their nighttime sleep is disrupted hundreds of times, but the cumulative lack of quality sleep catches up with them during the day.

5. Obesity may be a contributing factor. Fat cells are everywhere in the body, including the tongue. A thicker tongue contributes to airway obstruction. Losing weight often eliminates or reduces the occurrence of sleep apnea.

6. Men are more prone to sleep apnea due to their narrower throats. Men with 18” necks and women with 17” necks or larger are more prone to the disorder.

7. Sleep apnea may go undetected and untreated for years, while the sufferer instead seeks solutions for the effects of sleep deprivation, including depression, memory issues, high blood pressure, diabetes, and irregular heartbeats. It is associated with increased risk of heart attacks and strokes, and is believed to be a major contributor to vehicle accidents.

8. A sleep study ordered by a physician and conducted by a polysomnographist at a certified sleep laboratory is the most effective way to diagnose the disorder. Several medical specialists, often neurologists, pulmonologists (lung specialists), and otolaryngologists (ear, nose and throat specialists), order sleep studies. The patient is hooked up to equipment that monitors heart, lung and brain activity, breathing patterns, arm and leg movements, and blood oxygen levels while the patient sleeps for a minimum of six hours. Becoming more commonplace are simplified home studies conducted with portable monitoring devices that allow patients to sleep at home in their own beds. A physician may diagnose the condition with the home study alone, or order a second study at a sleep clinic to make a firm diagnosis of sleep apnea.

9. A CPAP machine is the most common treatment for sleep apnea. CPAP stands for continuous positive airway pressure, and the CPAP machine does just that: delivers air pressure through a mask covering the nose and mouth which keeps the airway open and prevents cessation of breathing during sleep. It normally takes a few nights for a patient to get comfortable with the machine, and there may be a period of trial and error to find the correct mask fit and amount of airway pressure that is most effective. Sufferers are usually happy to deal with these small inconveniences when they awake feeling refreshed from a solid night’s sleep, often for the first time in years.

10. Most health insurance plans assist with the cost of the CPAP machine if the member goes to in-network providers (the diagnosing physician, sleep laboratory, and durable medical equipment provider).

You can learn more about sleep apnea by visiting the American Sleep Apnea Association’s website at www.sleepapnea.org.

“Laugh and the world laughs with you, snore and you sleep alone.” ~ Anthony Burgess
3 BARRIERS TO HEALTHY EATING AND TIPS TO KNOCK THEM DOWN

You want to eat healthier in 2017, but a week or two into the new year and you’re back to eating on the run, visiting the nearest drive-through for your favorite breakfast sandwich, grabbing a slice or two of pizza for lunch, and microwaving the leftover Chinese take-out you got over the weekend for dinner.

The three main reasons busy people give for not eating as healthy as they’d like are 1) no time, 2) it’s too expensive, and 3) they don’t like to cook.

All valid reasons, but with a slight change in thinking and buying habits, you can knock down these barriers and begin eating healthier. Simply replace one or two of your unhealthy food choices per week with a couple of the following. Each takes little time, is inexpensive, and requires almost no cooking skills.

- **Precooked Rotisserie Chicken**
  - Serve for dinner tonight with sliced tomato and baked potato
  - Include leftover chicken on your lunch salad tomorrow
  - Throw what’s left, including bones and skin, into your crockpot, cover with water, add a little apple cider vinegar, a carrot, celery, and onion; turn on low and let cook up to 24 hours; strain; you now have a super healthy bone broth to sip as is, or throw a cup or two of frozen vegetables and a few egg noodles in to make a more substantial soup

- **High-Fiber Wraps**
  - Layer almond butter and low-sugar jam or honey on the wrap, add a banana, roll, cut in half; eat one half for breakfast and take the other half to work for a morning or afternoon snack
  - Spread a thin layer of mayonnaise on the wrap, add chopped lettuce, chopped tomatoes and a couple slices of leftover bacon for a delicious BLT lunch
  - Spread a wrap with a small amount of olive oil, add salt and other seasonings to taste, cut into wedges, bake until crisp; dip in store-bought salsa, hummus, and guacamole for a healthy snack or meal

- **Eggs**
  - Have breakfast for dinner—add chopped green peppers and onions to beaten eggs, scramble, and throw some grated cheese on top
  - Make several hard-boiled eggs on Monday; slice and add to salads; make egg salad; eat with a little salt and pepper for a high-protein snack
  - Buy chopped onions, peppers, and carrots; heat a little coconut oil in a skillet, throw in the chopped vegetables, stir and cook for 3 or 4 minutes; throw in leftover rice and soy sauce to taste; finally add one or two already scrambled eggs—you’ve got yummy and healthy fried rice

- **Frozen Berries, Spinach and Kale**
  - Throw a half cup of frozen blueberries in a small mason jar, drizzle on a little honey, add a layer of healthy granola, a layer of unsweetened yogurt, and top with another layer of granola drizzled with more honey; screw the top on tightly and take to work for lunch or a snack
  - Make a healthy smoothie to drink on your way into work instead of stopping at the convenience store for coffee; recipes using frozen fruit and vegetables that satisfy every palate are easy to find on the internet
  - Combine store-bought broths with kale or spinach, carrots, onions, garlic and seasonings in your VitaMix or Nutri-Bullet; add a touch of milk or cream to make smooth, creamy, and healthy soups

- **Water-Filtering Pitcher**
  - Begin by replacing one sugary soda or bottled tea with the filtered water every day
  - Create thirst-quenching flavored waters; experiment with lemon, lime, and orange slices; mint leaves; ginger; cucumber slices; add a little unsweetened cranberry juice to plain water
  - Use green and naturally flavored teas to make your own iced tea and sweeten with honey to taste

“When diet is wrong, medicine is of no use; When diet is correct, medicine is of no need.” ~ Ayurvedic Proverb
A friend recently discovered that her doctor’s office has been billing her more than what her health plan requires for allergy shots. I see several doctors, including specialists, throughout the year due to a chronic health condition. How can I be sure that I’m being billed correctly for these visits?

You are wise to recognize that billing mistakes can be made by medical providers. Fortunately, you have an effective tool at your disposal to ensure you are responsible only for the copays, coinsurance, deductibles, and out-of-pocket maximums required by your insurance plan.

The explanation of benefits, or EOB, is that tool. Each time you present your health plan ID card to a provider for a medical visit, treatment, or prescription, the insurance company provides an EOB that breaks down the costs owed by each responsible party.

Just as you review your bank statement regularly to ensure no money is being deducted from your account erroneously, your EOB should be thoroughly reviewed to make sure your providers are correctly billing you and your health plan for services rendered.

Though a few health plans still mail paper EOBs, most plans offer personalized online portals where electronic EOBs are posted, giving you much quicker access to them. We strongly encourage you to take advantage of this convenient online tool. When your EOB is available, compare it with the medical provider’s bill. Specifically pay attention to the following:

- Amount billed by the provider
- Amount allowed by the health plan
- Amount your insurance company is responsible to pay
- Amount you are responsible to pay

Your EOB also tracks how much of your deductible and out-of-pocket maximum has been met to date.

The ESR team suggests keeping a folder handy where you store the following:

- Open enrollment booklet, which includes a summary of your plan’s coverage (copays, coinsurance, deductibles, out-of-pocket maximums, etc.)
- Summary of Benefits and Coverage, also received during open enrollment
- All EOBs provided by your health plan (if you choose to print them out)
- All provider and pharmacy invoices

Please reach out to the ESR team at Creative Benefits if you have any questions about how to read an EOB, or if you need assistance in resolving any billing issues between your provider and your insurance company. Call us between 7:30am – 6:00pm EST on 1-844-231-8414 or email us at esr@creativebenefitsinc.com.
The specialist told Trisha Torrey the golf-ball sized lump on her torso was a rare cancer. She asked if there could be some mistake. No, two labs independently confirmed the results, came the answer. He pushed her to schedule chemotherapy, as the cancer was life-threatening and most people with it die in a couple of years.

The blood work and CT scan ordered by the oncologist curiously came back negative for abnormalities. Yes, she was experiencing night sweats and hot flashes, symptoms of the insidious cancer, but she was also a 52-year-old woman going through menopause. However, the oncologist concurred with the specialist that chemotherapy should begin as soon as possible.

Trisha wondered aloud if a second opinion might be in order. “What you have is so rare, no one will know any more about it than I do!” was the response.

The oncologist’s arrogance combined with her gut feeling that something wasn’t right convinced her to seek out other cancer specialists. Between some deft detective work on her part and being seen by two different doctors, she was relieved to find she didn’t have a life-threatening cancer at all, but panniculitis, an inflammation of fat cells.

Trish’s story is an extreme example of why second opinions should be sought when faced with a medical diagnosis, treatment, or surgery that has life-altering ramifications. **Why you may seek a second opinion**

Certainly, not all diagnoses or treatments warrant a second opinion. And if you require emergency surgery, there will be no time for such an effort.

Trish, who became a patient advocate after her cancer scare, suggests pursuing a second opinion if your treatment is “toxic, invasive, or lifelong.” Reasons include:

- **To guard against misdiagnosis.** Doctors are human and make mistakes. Medicine is not an exact science.
  
  Treatment for a misdiagnosed illness can result in valuable time being lost treating the real illness, an exacerbation of the real illness, side effects from the unnecessary treatment, and wasting precious medical dollars.

  In Trish’s case, chemotherapy for the non-existent cancer would have meant months of needless suffering. Her doctors would have been heroes, and nobody would have been any wiser.

- **To explore all options for treatment.** A different provider may offer you alternative treatment options. Medical procedures, treatments, and technology are constantly changing. Your doctor may be comfortable with his suggested treatment plan and not even consider other, state-of-the-art methods.

- **Feeling like you’re not being heard.** A good doctor-patient relationship is critical to successful treatment and recovery. If you don’t believe your provider is listening to you, feel you are being rushed through your doctor visits, are being pressured to go in one direction over another, or don’t feel the doctor is looking at you as an individual, then seeking another opinion may be in order and may lead to a change in doctors.

- **Setting one’s mind at ease.** Having another physician confirm the diagnosis and treatment plan of the first physician gives you confidence to go forward with your treatment without second guessing yourself.

- **You have several medical problems.** If the diagnosed illness is just one of many health challenges you are experiencing, it is critical that your treatment plan considers you a whole person, and not just one diagnosis. Seeking a second opinion if this is the case is wise to ensure the treatment for one illness doesn’t make another illness worse.

**But I might offend my doctor**

One of the most cited reasons patients have for hesitating to seek a second opinion is that they don’t want to upset their current doctor. A good doctor will not let her ego be bruised by a patient’s wish to confirm a diagnosis or explore other treatments. Doctors themselves often seek out the opinions of colleagues on patients’ treatments and diagnoses. Second opinions are a matter of course for most physicians, and your doctor should be pleased that you are taking an active, not passive, role in your health care decisions. If you sense resistance from your doctor for wanting another opinion, that may be a sign you are doing the exact right thing.
My health insurance may not cover the cost

Cost, of course, is always a concern. Most health plans, however, will cover at least a portion of the cost of second opinions, if not the full cost. It is in the best interest of health insurance companies that you receive the correct diagnosis and treatment. Misdiagnosis is costly. Some plans may even require second opinions for certain treatments.

The only way to find out what your insurance will cover is to ask. The ESR team at Creative Benefits can help by investigating what your insurance company requires for second opinions and how much of the cost they will cover.

A second opinion will just confuse me

Dealing with illness can be overwhelming, especially when you’re not feeling well already. It may be appealing to accept your doctor’s diagnosis and treatment plan so that you do not have to make any further health care decisions and you can just “get on with it.”

But you are worth the extra time and effort it takes to make the best health care decisions.

Keep in mind what the goal is. “The second opinion isn’t always the one that’s right. What you’re looking for is a confirming opinion. You are looking for two opinions to say the same thing,” says Trish.

And Trish warns against perpetually looking for a different opinion: “If wishful thinking sends you in a direction of learning more, great, but if it’s only sending you on a lot of wild goose chases, then you’re wasting your time, money, and health—because you’re not getting any better while you’re on that wild goose chase.”

Before you meet with the new doctor

Do your homework. An informed patient can more easily discuss his own care and treatment plan. You don’t need to become a medical expert, but knowing the right questions to ask and showing your provider that you are invested in your own health care will go a long way in partnering with the physicians you choose to work with.

Think different. Find a specialist that is not affiliated with the doctor or practice that gave you the initial diagnosis or treatment plan. You want a completely different set of eyes looking at your case. Providers in the same practice or hospital system may be reluctant to contradict a colleague, or they may have predetermined policies, set treatment plans for certain diagnoses, or be accustomed to handling diagnoses in one certain way.

Go prepared. Ensure that all medical records and diagnostic test results are delivered to the new doctor before your appointment. If you are so inclined, look over your medical records yourself before the visit. You may spot inaccuracies or have questions about what’s in the records that you can bring to the attention of the doctor. Have contact information for all your doctors with you, as well as a list of all your medications and dosages.