

# DIABETES NEWSBEAT

Nebraska Department of Health and Human Services \* Diabetes Prevention and Control Program E-Mail: Diabetes@dhss.ne.gov  
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The Nebraska Diabetes Prevention and Control Program (NDPCP) is a Centers for Disease Control and Prevention grant funded program designed to help reduce the burden of diabetes in the State of Nebraska. The NDPCP works in partnership with the American Diabetes Association and local community and healthcare groups statewide to provide education and assistance with minimizing health problems which may result from diabetes. The NDPCP focuses on prevention through education.

CDC Cooperative Grant No.  
424U32/CCU722731

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## DIABETES EMERGENCIES

You should talk to your healthcare provider about specific steps to take in a diabetes emergency so you will know what to do if one occurs. Becoming familiar with these brief explanations of the conditions, causes, signs and treatment, and sharing this information with family and friends could save your life. This is for informational purposes only and is not a substitute for the advice of a qualified healthcare provider.

**Ketoacidosis** can occur when blood glucose levels are too high for too long a period of time. It mainly affects people with type 1 diabetes. It can happen very quickly, can severely damage the body's cells, and can result in severe illness, coma or death.

The symptoms include chest and/or stomach pain; nausea or vomiting; deep, rapid breathing; thirst or dry mouth; hot, dry or flushed skin; sweet or fruity smelling breath; and ketones in the urine. If you experience these symptoms you should test your urine for ketones and call your physician or healthcare team immediately. They can tell you what "low" or "high" levels of ketones are for you and advise if you

should take more insulin or go to the hospital.

**Hyperglycemia** is also known as high blood glucose (or high blood sugar). It can be caused by not taking enough medicine, eating too much food and getting too little exercise. It can also be caused by unusual stress or illness and can lead to ketoacidosis.

The symptoms include increased thirst, frequent urination, blurred vision, unusually sleepy or tired, frequent infections, irritability or slow healing sores or cuts.

If you experience these symptoms, it is recommended you test your blood sugar. If it is above 240 mg/dl, then test your urine for ketones and call your physician or healthcare provider.

**Hypoglycemia** is low blood glucose. It can be caused by not eating enough food, too few carbohydrates, taking too much medicine, exercising without eating, consuming alcohol on an empty stomach, or losing a lot of weight.

**Mild warning signs** are shaky, lightheaded or dizzy, nervous or irritable, trouble concentrating, tiredness, rapid heart beat, heavy sweating, pale, clammy skin, slurred speech or tingling in face and lips.

**Moderate warning signs** are unusually sleepy, headache, behavior changes blurred or double vision or nausea.

**Severe warning signs** are seizures, unconsciousness or coma. (Some individuals may not experience any warning symptoms.)

If your blood sugar test is low, you should have something to eat or drink that has fast acting sugar (i.e., 1/2 cup of orange juice, a few glucose tablets or 3-6 hard candies, 1/2 cup regular soft drink). Your healthcare team can tell you what "low" is for you. If the symptoms do not stop after 15 minutes, eat the same amount of fast-acting sugar again. Do not use chocolate to treat hypoglycemia as it contains fat which slows down the sugar being used by the body.

Keep an emergency kit on hand for emergencies (containing any of the above items, including a glucagon kit.) You should make sure your family, co-workers and friends know what to do if you should pass out from hypoglycemia. Keep important telephone numbers handy.



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Human Services  
Diabetes Prevention and  
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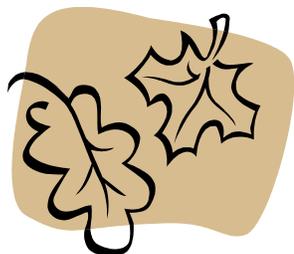
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*Any portion of this publication may be reproduced for furthering the support of persons with diabetes, their families, and their healthcare providers. We encourage readers to share this newsletter with others and to send the editor comments about its contents. Comments may be sent to the address on the back page. A limited number of additional copies are available through this address.*

## NEW NAME, NEW LOGO

On July 1, 2007, three state agencies were combined to create the Department of Health and Human Services. The Diabetes Prevention and Control Program falls under the Division of Public Health. The Chief Medical Officer for Public Health is Dr. Joann Schaefer.



<http://www.dhhs.ne.gov>

### **WHEN PRE-DIABETES COMES KNOCKING: HOW TO ANSWER**

**Linda von Wartburg**  
**Diabetes Health**  
April 10, 2007

Has your doctor told you that you have impaired fasting glucose? That means that the glucose level in your blood, after you haven't eaten for at least eight hours, is still higher than 100 milligrams of glucose per deciliter of blood. In other words, your blood is too sweet because your insulin is not clearing the sugar out of your blood very well. You have pre-diabetes.

What's the difference between pre-diabetes and full-blown diabetes? It's one milligram per deciliter: the difference between 125 and 126 milligrams per deciliter. If your blood contains 126 milligrams per deciliter, you have diabetes. By that time, so much sugar is sitting in your blood that it is causing serious damage. There's another test you may have taken, called the glucose tolerance test. If you've been told that you have impaired glucose tolerance, it means that two hours after you drank a glass of glucose-containing liquid, your glucose blood level was still between 140 and 200 milligrams per

deciliter. Your insulin did not remove the sugar from your blood quickly enough, so you have pre-diabetes. What's the difference between pre-diabetes and diabetes on this test? Again, one milligram per deciliter: the difference between 200 and 201 milligrams per deciliter.

So what do you do, now that you have pre-diabetes? Well, first and foremost, *do something*. It's highly likely that if you have pre-diabetes and you don't do anything, you'll end up with diabetes. It's a matter, after all, of only one milligram per deciliter.

Actually, what you need to do is pretty simple to say, though not quite as simple to do. Guidelines developed by a panel of experts were published in the March 2007 Diabetes Care. The panel's seven-page statement boils down to the following: Lose five to ten percent of your body weight, for starters. That's not all that much: if you weigh 160 pounds, it's about eight to sixteen pounds. Make time for moderate physical activity, like walking, at least thirty minutes a day. Talk to your doctor about starting a medication called Metformin, in addition to the above changes.

A prior study found that just 30 minutes a day of moderate physical activity, coupled with a 5-10% reduction in body weight, produced a 58% reduction in diabetes.

Diabetes is becoming an epidemic, and it causes devastating physical damage if uncontrolled. Now's your chance to get a jump on it and stave it off while you can. The changes that make all the difference aren't complicated; they just take determination and the conviction that your health is worth it. Talk to your doctor. Get together with friends and form a walking group. Join a weight loss group. Do it alone or together, but just do it. There are tons of resources on the web: you might start with [http://www.ndep.nih.gov/diabetes/pubs/GP\\_Booklet.pdf](http://www.ndep.nih.gov/diabetes/pubs/GP_Booklet.pdf), (there is an underscore between GP and Booklet) which has lots of tips on how to get going. You have the power to keep from getting type 2 diabetes. Use it.

**Source: Diabetes Health, 2007**

<http://www.diabeteshealth.com>

## “Lunchbox Architecture—Keeping the Hot Food Hot and the Cold Food Cold”

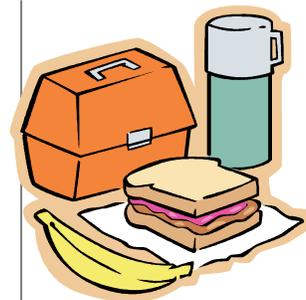
Like flavor and texture, temperature plays a pretty big part in keeping lunchtime favorites tasty. Cold soup is always going to end up down the drain. To keep hot food hot, try the following:

- Invest in a good thermos; they really work. Or place a cheaper thermos in a zip-top bag or a thermal bag (what deli chicken comes in ) to help insulate and contain leaks. Even a paper bag will help.
- Pour boiling water into a thermos, put lid on top, and let it sit for a few minutes; empty and fill with food or drink.
- Wrap heated food in foil and then in a bag or bundle up in a small hand towel.

For keeping cold food cold, try these chilly techniques:

- Ice cubes in a leak-proof container will keep food cool.
- Look for cold packs in stores.
- Freeze juice or water in short, half-full water bottles for a dual-purpose drink.
- Freeze water in empty yogurt cups and then place upright in a twist-tie plastic bag for a homemade cold pack.
- Place frozen corn, peas, or berries in a small container for a refreshing side dish that keeps the rest of the lunch cold. (They most likely will be thawed by lunch time.)
- Freeze yogurt cups or tubes for a cool dairy delight.

Featured in “The Healthy Lunchbox” by Marie McClendon, MEd, and Cristy Shauck.



## Sleep Apnea

“People with sleep apnea are more than twice as likely to have diabetes as those who don’t. In addition, 50% of men with type 2 diabetes have sleep apnea, compared to an estimated 4% of middle-aged men overall. Several recent studies have suggested that insulin sensitivity—the body’s ability to respond to insulin—decreases as sleep apnea severity increases.”—Ralph Pascualy, M.D. *Diabetes Self-Management*, July/August 2007.



## A New Feature—Answers to Frequently Asked Questions

Cindy Polich, RD, LMNT, CDE, The Nebraska Medical Center

Diabetes Center Omaha, NE

**Question:** Are the high-protein, low-carbohydrate diets an effective weight management approach for people with diabetes?

**Answer:** The American Diabetes Association does not endorse a specific diet for maintaining weight but instead encourages individuals to make healthy food choices on a regular basis. It is recommended that everyone with diabetes meet with a registered dietitian to answer questions and help develop a plan that works best for you. Many weight loss experts do not recommend the very-low-carbohydrate diets. These

approaches lead to short-term weight loss; however, many individuals are not able to keep the weight off. The best way to lose weight and keep it off is to follow a well-balanced plan in which you consume fewer calories than you burn. Other concerns with the very-low-carb diets include inadequate nutrient and fiber intake, possible adverse effects on blood lipids and the risk for added stress to the kidneys, especially in those with existing kidney disease.



**Diabetes Small Steps #13:**

**Increase the fiber in your diet.**



*Small Step  
#23:  
Don't eat  
late at  
night!*

## PLANNING AHEAD

### Back to school!

The start of school signals a new routine—change of season, fall activities, and a chance that lunch boxes will be in use again! It's important to plan healthy breakfasts, lunches, and snacks for kids on the go.



*National Diabetes Education Program*

For youth with diabetes, consider how changes in their activity level may cause fluctuations in their blood glucose levels or the amount of insulin/medication needed for treatment (Joslin Diabetes Center).

Now is the time to work together to implement a school diabetes medical management plan.

*Online resources for parents and school staff:*

The Joslin Diabetes Education Program for School Nurses [http://www.joslin.org/1317\\_2667.asp](http://www.joslin.org/1317_2667.asp)

"Helping the Student with Diabetes Succeed: A Guide for School Personnel"—National Diabetes Education Program <http://www.ndep.nih.gov/diabetes/pubs/YouthSchoolGuide.pdf>

American Diabetes Association's Safe at School Program [www.diabetes.org/uedocuments/0505safeatschool.pdf](http://www.diabetes.org/uedocuments/0505safeatschool.pdf)

Self-Management of Diabetes at School Consent/ Release Form DHHS <http://www3.hhs.state.ne.us/public.forms/pdffdocs/PublicHealth/FH-25.pdf>

For more information, please visit <http://Schoolwalk.diabetes.org>

## NATIONAL BURDEN OF DIABETES

*AMERICAN DIABETES ASSOCIATION 2007 STATISTICS*

- Nearly one in 10 American adults now has diabetes.
- Diabetes is the fifth leading cause of death by disease in the U.S.
- One out of every three Americans born today will develop diabetes in their lifetime if present trends continue.
- Each year, more than 80,000 people with diabetes undergo amputation.
- Nearly 6.2 million people (nearly one-third) of the 21 million children and adults in the U.S. living with diabetes are unaware that they have the disease.



## One Call, One Click

The National Diabetes Education Program (NDEP) is initiating a new awareness campaign to let people know they are “Your Source for Free Diabetes Information.” They have two new easy-to-remember website addresses and a new phone number. The new website addresses are [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org) and [www.diabetesinformacion.org](http://www.diabetesinformacion.org) (for Spanish-language materials) and the new toll-free phone number is 1-888-693-NDEP (6337).

Information is available in a variety of languages. It provides information for all age groups and at-risk populations, and is targeted for the general public and healthcare professionals. In most cases, single copies can be ordered at no cost or can be downloaded or printed.

We encourage you to take advantage of this great source of diabetes information.

### Diabetes Information



one call

1-888-693-NDEP



NDEP

National Diabetes  
Education Program



one click

www.YourDiabetesInfo.org

Your Source for Free  
Diabetes Information



A message from the U.S. Department of Health and  
Human Services' National Diabetes Education Program,  
a joint program of the **National Institutes of Health** and  
the **Centers for Disease Control and Prevention**.

Small Step #30:  
Ask your doctor  
about taking a  
multivitamin

Small Step #33:  
More carrots,  
less cake!



## NOVEMBER IS NATIONAL DIABETES MONTH TAKE FIVE SMALL STEPS TO PREVENT DIABETES

### *National Diabetes Education Program (NDEP)*

More than 41 million Americans are well on their way to developing diabetes—and most don't even know it. They have a condition called pre-diabetes, which means their blood glucose levels are higher than normal, but not yet diabetic. The good news is there is now scientific proof that they can prevent or delay the disease and its devastating complications.

The key to diabetes prevention is taking small steps toward living a healthier life, according to the U.S. Department of Health and Human Services National Diabetes Education Program (NDEP), jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

In recognition of National Diabetes Month, NDEP is delivering the message that diabetes prevention is *proven, possible and powerful*.

The Diabetes Prevention Program (DPP), a landmark study sponsored by the National Institutes of Health, found that people at increased risk for diabetes can prevent or delay the onset of the disease by losing 5 to 7 percent of their body weight through increased physical activity and a low fat, low calorie eating plan.

If you are over 45 and overweight, you are at increased risk for pre-diabetes. Here are five small steps you can take today to live a healthier life and prevent or delay diabetes:

**1. Find out if you are at risk:** The first step is to find out if you are at risk for diabetes or if you have pre-diabetes. Talk to your healthcare provider at your next visit.

**2. Set realistic goals:** You don't have to knock yourself out to prevent or delay diabetes. Start by making small changes. For example, try to get 15 minutes of physical activity a day this week. Each week add five minutes until you build up to the recommended 30 minutes a day, five days a week.

**3. Make better food choices:** Try to eat more fruits and vegetables, beans, and grains. Reduce the amount of fat in your diet. Choose grilled or baked foods instead of fried.

**4. Record your progress:** Write down everything you eat and drink. Keeping a food diary is one of the most effective ways to lose weight and keep it off. Review this diary with your healthcare provider.

**5. Keep at it:** Making even modest lifestyle changes can be tough in the beginning. Try adding one new healthy change a week. Always get back on track, even if you fall off a few times. The key is just to keep at it. If you have pre-diabetes, the NDEP has information to help you.

To get a free copy of "Small Steps. Big Rewards. Your GAME PLAN for Preventing type 2 Diabetes," call 1-888-693-NDEP or visit the NDEP website at [www.YourDiabetesInfo.org](http://www.YourDiabetesInfo.org).



## HEALTHY EATING DURING WINTER GATHERINGS FOR PEOPLE WITH DIABETES

Winter is a season of holiday celebrations, football play-offs, and other occasions when family and friends get together over meals and snacks. For people with type 2 diabetes, it can be especially challenging to stick to a meal plan. Mouth-watering options such as honey-baked ham, buttery mashed potatoes, and sweet yams are popular for festive dinners, while chicken wings, cheesy nachos, and chips are among the favorites at football play-offs and other gatherings.

However, you don't have to completely sacrifice all of your favorite foods. The key is to make a variety of healthy food choices and limit portion sizes.

*Follow these tips from the National Diabetes Education Program (NDEP) to help you eat healthy during gatherings throughout the winter season:*

- **Eat a healthy snack.** Eating a healthy snack prior to leaving home can prevent overeating at the party.
- **Plan ahead.** Check out the party food options before you begin eating, and make a mental note of what and how much you

will eat. Your food choices should fit into your meal plan.

• **Bring a dish.** Share your healthy dish with family and friends.

- **Move away from the buffet.** Fix your plate, and then step away from a table of finger foods to avoid grazing while chatting.
- **Savor the flavor.** Eating slowly reduces your chances of overeating.
- **Drink H2O.** Water is a healthy, no-calorie beverage. Drink plenty of it.
- **Trim it down.** Eat smaller portions of food. Trim off extra skin and fat from meat.
- **Party hard!** Focus on family, friends, and activities rather than food. Stay active by participating in games or dancing.

*Follow these tips if your goal is to serve healthy feasts to your guests:*

- **Bake it. Broil it. Grill it.** Consider healthy alternatives to traditional meats. Choose skinless meat or poultry and avoid fried dishes.

- **Increase fiber.** Serve whole grain breads, peas, and beans as part of your meals.
- **Easy on the toppings.** Lighten your recipes by using reduced-fat or fat-free mayonnaise, butter, sour cream, or salad dressing.
- **Focus on fruits.** Serve fresh or canned fruits instead of ice cream, cake, or pie. Transform high fat, high-calorie desserts by replacing whole milk or whipped cream with 1 percent or nonfat milk.
- **Serve low-calorie beverages.** Offer your guests sparkling water or diet beverages.
- **We're all in this together.** Support your family and friends by encouraging them to eat healthy during the winter months and throughout the year.



## DO I NEED A FLU SHOT OR A PNEUMONIA SHOT THIS FALL?

### AMERICAN DIABETES ASSOCIATION RECOMMENDS:

#### Flu Shots

Having the flu can be dangerous for anyone. But it is extra risky for people with diabetes or other chronic health problems.

In general, every person with diabetes needs a flu shot each year. Talk with your doctor about having a flu shot. Flu shots do not give 100% protection, but they do make it much harder for you to catch the flu for about 6 months. For extra safety, it's a good idea for the people you live with or spend a lot of time with to get a flu shot, too. You are less likely to get the flu if the people around you don't have it.

The best time to get your flu shot is beginning in September. The shot takes about two weeks to take effect.

If you have a cold or other respiratory illness, wait until you are healthy again before having your flu shot. And don't get a flu shot if you are allergic to eggs.

#### Pneumonia Shots

People with diabetes are about 3 times more likely to die with flu and pneumonia. Yet only one-third of them ever get a simple, safe pneumonia shot. A pneumonia shot is recommended for anyone age 2 or older who, because of chronic health problems (such as diabetes) or age, has a greater chance of getting and dying with pneumonia. A pneumonia shot can also protect you from other infections caused by the same bacteria. Consider the risks everyone faces:

--1 in 20 adults who get pneumonia (a lung infection) dies

- 2 out of 10 adults who get infection of the blood (bacteremia) die
- 3 out of 10 adults who get infection of the covering of the brain (meningitis) die

About 10,000 people die each year because of these bacterial infections. A pneumonia shot, however, can help protect you against getting these illnesses. In fact, it is about 60% effective in preventing the most serious pneumonias, meningitis, bacteremia and death. You can get a pneumonia shot anytime during the year. For most people, one shot is enough protection for a lifetime. People under 65 who have a chronic illness or a weakened immune system should ask their doctor about getting another shot 5-10 years after their first one.

**Source: ADA, 2007 guidelines**



NEBRASKA • DIABETES  
**Prevention & Control**

The National Changing Diabetes Program (NCDP) study, based on 2005 Federal data, found that one out of every eight U.S. Federal healthcare dollars is spent on treating those with diabetes. (*Bill Berkrot, Reuters, 6-19-07*)

## GREATER RISK OF BLOOD CLOTS FOR OFFICE WORKERS

A New Zealand study found that office workers that remain seated for the majority of a work day are at greater risk for blood clots in the legs (deep-vein thrombosis) than air travelers. Results of the study concluded that 34 percent of those patients admitted to a hospital with blood clots had been seated for long periods of time at their workplace. This finding compares to 1.4 percent of those patients admitted due to blood clots from long-distance air travel. The study evaluated 62 patients under the age of 65.

Study leader Professor Richard Beasley (Medical Research Institute, New Zealand) noted that perhaps the most alarming finding is that "people are working for so long. We had people not uncommonly working up to 12-14 hours a day and being seated for that time."

In any case, the risk for blood clots developing in leg veins increases with being sedentary and long periods of inactivity in general. It's important to find time for small breaks

for activity. A walk to the drinking fountain can give your legs a break and also help you to remain hydrated. Those who are at increased risk due to other factors should seek professional advice from their physician regarding the prevention of blood clots.



## NEW STAFF MEMBER

Lesa Hoppe, RN, BSN, joined us as the community health nurse for the NE DPCP in June. She will work closely with primary care clinics and rural health centers on diabetes quality improvement and will provide educational workshops on diabetes and care management. She is also available as a resource for diabetes-related questions.



# Comprehensive Health Insurance Pool (CHIP)

A Non-Profit Program Created by the Nebraska Legislature



Information provided by  
State of Nebraska  
Department of Insurance

01/07

For more detailed explanation, please contact the Plan Administrator.

### Plan Administrator

Blue Cross and Blue Shield of Nebraska is the Plan Administrator and responsible for determining applicant eligibility, collecting premiums, and paying claims.

### Additional Questions/Information

If you have questions about how to apply, costs/rates, or further details of the coverage (including exclusions, any reductions or limitations, and the terms under which the contract may be continued in force), or if you wish additional information or need assistance, contact:

CHIP Customer Service Center  
c/o Blue Cross Blue Shield of Nebraska  
P. O. Box 3248  
Omaha, Nebraska 68180-0001  
Local: 402-343-3574  
Outside of Omaha: 1-877-348-4304

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Nebraska Department of Insurance  
941 O Street, Suite 400  
Lincoln, Nebraska 68508-3639  
402-471-2201  
FAX: 402-471-4810  
TDD: 1-800-833-7352  
VOICE: 1-800-833-0920

Website: [www.doi.ne.gov](http://www.doi.ne.gov)

If special accommodations or alternate formats of this material are needed, please let us know.

OUTS4054

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CHIP PPO PLAN	
Choice of Nine Calendar-Year Deductibles	
• \$500 PPO/\$1,000 Non-PPO	
• \$1,000 PPO/\$2,000 Non-PPO	
• \$1,500 PPO/\$3,000 Non-PPO	
• \$2,000 PPO/\$4,000 Non-PPO	
• \$3,000 PPO/\$6,000 Non-PPO	
• \$4,000 PPO/\$8,000 Non-PPO	
• \$5,000 PPO/\$10,000 Non-PPO	
• \$7,500 PPO/\$15,000 Non-PPO	
• \$10,000 PPO/\$20,000 Non-PPO	

CHIP also offers a Health Savings Account (HSA) Plan. Please contact the Plan Administrator for more information on the HSA.

### Benefits

The CHIP plan provides a variety of benefits, including those listed below:

- Anesthetics and their Administration
- Cardiac and Pulmonary Rehabilitation
- Diabetes Patient Education
- Emergency Ambulance Service
- Home Health Care & Home Infusion Therapy
- Hospice Care
- Hospital Room and Board
- Hospital Pre-admission Testing
- Inhalation Therapy
- Maternity Care (Optional)
- Medical Supplies and Equipment
- Newborn Coverage
- Occupational Therapy
- Oral Surgery
- Organ & Tissue Transplants
- Oxygen & Equipment for its Administration
- Physical and Speech Therapy
- Physician Charges
- Prescription Drugs
- Renal Dialysis
- Routine Screening Mammograms
- Routine Care Benefits
- Skilled Nursing Facility Care
- Mental Illness, Drug Abuse, & Alcoholism
- X-ray and Lab

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CHIP PPO PLAN	If You Use CHIP PPO Providers	If You Use Non-PPO Providers								
Maximum co-insurance	\$1,500 per calendar year	\$3,000 per calendar year								
Percent payable for most hospital/medical/surgical covered services	CHIP pays 80% Insured pays 20%	CHIP pays 70% Insured pays 30%								
Percent payable for treatment of mental illness, drug abuse, and alcoholism	CHIP pays 50% Insured pays 50%	CHIP pays 40% Insured pays 60%								
Percent payable for miscellaneous covered services	CHIP pays 80% Insured pays 20%	CHIP pays 70% Insured pays 30%								
Rx Nebraska Prescription Drug Program	<table border="1"> <thead> <tr> <th>Tier &amp; Drug Type</th> <th>Copay</th> </tr> </thead> <tbody> <tr> <td>1. Generic</td> <td>\$10</td> </tr> <tr> <td>2. Formulary brand name</td> <td>\$25</td> </tr> <tr> <td>3. Non-formulary</td> <td>\$40</td> </tr> </tbody> </table>	Tier & Drug Type	Copay	1. Generic	\$10	2. Formulary brand name	\$25	3. Non-formulary	\$40	
Tier & Drug Type	Copay									
1. Generic	\$10									
2. Formulary brand name	\$25									
3. Non-formulary	\$40									
Office visit copay	\$10	Not applicable								
Routine care benefits	\$150 per calendar year, deductible & coinsurance waived	\$150 per calendar year, subject to deductible & coinsurance								
Policy maximum for mental illness, drug abuse, and alcoholism benefits	\$25,000									
Maximum CHIP policy benefits during your lifetime	\$1,000,000									
Penalty for failure to follow cost containment program procedures	Benefits for medically necessary covered services are reduced by 25%; benefits for services CHIP determines not medically necessary are denied									

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**What is CHIP?**

It is not an agency of the State of Nebraska, but is a nonprofit program created by the Nebraska Legislature for the purpose of providing health care coverage at an affordable price or without health restrictions. All insurers authorized to issue or provide health care coverage in Nebraska are members. The specific statutory citation establishing CHIP is [Neb.Rev.Stat. §§44-201 through §44-235](#).

Premium charges are based on 135% of average standard health insurance rates. Premium charges for children are set at 67.5% of the standard rate.

**Who is Eligible?**

To be eligible to purchase CHIP coverage, you must either, (A):

1. Be a Nebraska resident for at least six months; and,
2. Have been rejected for health insurance coverage for medical reasons within the last six months from an insurer; or
3. Have been offered, within the last six months, health insurance coverage which includes a restrictive rider limiting coverage for a pre-existing medical condition; or
4. Have been refused comparable health insurance coverage or have been offered a comparable coverage at a higher premium within the last six months; or
5. Have one of the specified conditions listed below:

- Acquired Immune Deficiency Syndrome (AIDS)
- Angina Pectoris
- Arteriosclerosis Obliterans
- Artificial Heart Valve

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- Ascite
- Cardiomyopathy
- Chemical Dependency
- Cirrhosis of the Liver
- Coronary Insufficiency
- Coronary Occlusion
- Cystic Fibrosis
- Dermatomyositis
- Friedreich's Disease
- Huntington's Chorea
- Hydrocephalus
- Intermittent Claudication
- Juvenile Diabetes
- Kidney failure requiring dialysis
- Lead poisoning with cerebral involvement
- Leukemia
- Lupus Erythematosus Disseminate
- Malignant Tumor (if treated or has occurred within last four years)
- Metastatic Cancer
- Motor or Sensory Aphasia
- Multiple or Disseminated Sclerosis
- Muscular Atrophy or Dystrophy
- Myasthenia Gravis
- Myotonia
- Open Heart Surgery
- Paraplegia or Quadriplegia
- Parkinson's Disease
- Peripheral Arteriosclerosis (if treatment within last three years)
- Polyarthritis (periarthritis nodosa)
- Postlateral Sclerosis
- Psychotic Disorders
- Silicosis
- Splenic Anemia (True Banci's Syndrome)
- Still's Disease
- Stroke
- Syngomyelia
- Tabes Dorsalis (locomotor ataxia)
- Thalassemia (Cooley's/Mediterranean anemia)
- Topectomy and Lobotomy
- Wilson's Disease

- or (B):
1. Be a Nebraska resident for any length of time; and

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2. Been covered for 18 months by prior creditable coverage under a group employer, governmental or church plan; and
3. Not be eligible for another group health plan, Medicare due to age, or Medicaid, or have other health insurance coverage; and
4. Your most recent coverage was not terminated because of nonpayment of premium or fraud; and
5. If offered COBRA coverage and exhausted it, the premium for the continuation coverage is higher than the CHIP premium.

- or (C):
1. Be eligible for the Health Care Tax Credit (HCTC)

**Note:** To be eligible for continued CHIP coverage, you must maintain residency in the State of Nebraska.

If you are eligible for Medicare (by reason of age), Medicaid or other medical assistance, you cannot purchase CHIP coverage. A person who becomes eligible for Medicare for reasons other than age (i.e. disability, kidney transplant, dialysis) is eligible for CHIP coverage.

**Please note:** If you are covered by any other insurance, major medical plan, or local, state or federal program, CHIP benefits will be reduced by all amounts payable by your other plan(s).

**Pre-existing Conditions**

CHIP will not pay for claims of pre-existing conditions for the first six months. However, this exclusion may be waived if one of the following occurs:

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- Health coverage was involuntarily terminated because of the withdrawal by the insurer from the state, the bankruptcy or insolvency of the employer or employer trust fund, or the employer ceases to provide any group health plan for all of its employees. The applicant must be eligible for CHIP coverage and must apply for the pre-existing waiver within 60 days after the termination of prior coverage. The applicant cannot be eligible for a conversion policy or a continuation of coverage policy under federal or state law.
- Medicaid coverage ended within six months of the effective date of CHIP coverage.
- The applicant received medical assistance through the Medically Handicapped Children's Program within six months of the effective date of CHIP coverage.
- The applicant was an organ transplant recipient terminated from Medicare within six months of the effective date of CHIP coverage.
- The applicant had a health continuation policy under COBRA or similar program which was exhausted or was offered COBRA but the individual premium rate was higher than the CHIP premium rate. Application for CHIP coverage must be made within 90 days of the end of prior coverage.
- The applicant qualifies for CHIP because of maintaining 18 months of prior creditable coverage under a group employer, governmental or church plan and applies for CHIP coverage within 63 days of termination such coverage.

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# TAILGATING TREATS



The following recipes are excerpts from the American Diabetes Association's *Mr. Food's Quick and Easy Diabetic Cooking*, which has many excellent recipes for diabetic cooking. This book and other informational diabetes materials can be ordered at a cost from the American Diabetes Association at 1-800-ADA-ORDER (232-6733) or through their website at <http://store.diabetes.org>.

## Parmesan-Spinach Dip



Serving Size: 1/4 cup, Total Servings: 16

- 2 packages (10 oz. each) frozen chopped spinach, thawed and squeezed dry
- 2 packages (8 oz. each) reduced-fat cream cheese, softened
- 1/2 cup grated Parmesan cheese (1 tablespoon reserved for topping)
- 1/3 cup light mayonnaise
- 2 tablespoons fresh lemon juice
- 1 teaspoon garlic powder
- 1 can (8 oz.) sliced water chestnuts, drained and chopped

Preheat the oven to 350°F. Coat a 9-inch pie plate with nonstick cooking spray. In a medium bowl, beat the spinach, cream cheese, all but the reserved 1 tablespoon Parmesan cheese, the mayonnaise, lemon juice, and garlic powder until well blended. Stir in the water chestnuts, then spoon the mixture into the pie plate.

Sprinkle the dip with the reserved 1 tablespoon Parmesan cheese, then cover with aluminum foil and bake for 15 minutes; remove the foil and cook for 15 to 20 minutes, or until heated thoroughly. Serve immediately.

Exchanges	
1	Vegetable
2	Fat
Calories.....	114
Calories from Fat.....	79
Total Fat.....	9 g
Saturated Fat.....	5 g
Cholesterol.....	25 mg
Sodium.....	248 mg
Carbohydrate.....	4 g
Dietary Fiber.....	1 g
Sugars.....	2 g
Protein.....	6 g

## Spicy Glazed Meatballs

Serving Size: 3 meatballs, Total Servings: 8

- 1 pound extra-lean ground turkey breast
- 1 small onion, finely chopped
- 1/2 medium-sized green bell pepper, finely chopped
- 1/4 cup shredded wheat cereal, finely crushed
- 2 egg whites
- 1/2 teaspoon garlic powder
- 1/4 teaspoon ground red pepper
- 1/2 teaspoon salt
- 1/4 teaspoon black pepper
- 1 tablespoon canola oil
- 1/4 cup jalapeño pepper jelly, melted

In a medium bowl, combine the turkey, onion, bell pepper, cereal, egg whites, garlic powder, ground red pepper, salt, and black pepper. Shape into 24 one-inch meatballs.

Heat the oil in a large skillet over medium heat. Add the meatballs, cover, and cook for 8 to 10 minutes, or until no pink remains, turning occasionally to brown on all sides.

In a large bowl, combine the meatballs and the melted jalapeño pepper jelly, tossing to coat completely. Serve immediately by placing on individual plates if an appetizer, or on a platter with toothpicks if an hors d'oeuvre.

Exchanges	
1/2	Carbohydrate
2	Very Lean Meat
Calories.....	115
Calories from Fat.....	20
Total Fat.....	2 g
Saturated Fat.....	0 g
Cholesterol.....	35 mg
Sodium.....	200 mg
Carbohydrate.....	8 g
Dietary Fiber.....	0 g
Sugars.....	6 g
Protein.....	15 g





Nebraska Department of Health  
and Human Services

Nebraska Department of Health and Human Services  
Diabetes Prevention and Control Program  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, NE 68509-5026

25-47-00

Address Service Requested

Phone: 1-800-745-9311  
Fax: 402-471-6446  
E-mail: [diabetes@dhhs.ne.gov](mailto:diabetes@dhhs.ne.gov)

<http://www.dhhs.ne.gov/dpc/ndcp.htm>



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I have access to the internet but do not have Email

Patient/Public                      Professional \_\_\_\_\_

Mail to: Department of Health and Human Services  
Diabetes Prevention and Control Program  
301 Centennial Mall South  
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Lincoln, NE 68509-5026  
Attn: Newsletter Mailing List