

Here's to Health

nueHealth



IN THIS ISSUE

- Annual Enrollment
- Benefits 101 Webinar Series
- Intellicast - Understanding Medicare
- Vitality - Level UP Challenge
- Awareness Month - Breast Cancer/Women and Men
- Disease Prevention Checklist
- Healthy Recipe - Fall Coffee Drinks
- Puzzle
- Coloring Page

ANNUAL BENEFITS

ENROLLMENT

PERIOD IS

10/28/24 - 11/8/24

Watch your emails and texts for more information regarding the 2025 Annual Benefit Enrollment period.

This is an active enrollment. If you do not log into UKG and update your benefit preferences, your medical participation and flexible spending accounts will end on 12/31/24 and will NOT carry over to 2025.

WELLNESS INCENTIVE PAYOUTS

2024 INCENTIVES

- 1st Qtr. - 4/26/2024
- 2nd Qtr. - 7/19/2024
- 3rd Qtr. - 10/25/2024
- 4th Qtr. - 1/31/2025

Incentives paid to the HSA accounts are subject to the IRS maximums. It is your responsibility to ensure the combined amount you elect AND the amount you receive as an incentive do NOT surpass the HSA IRS limit. You may manage this by adjusting the amount of your biweekly HSA contribution. You may manage this by adjusting the amount of your biweekly HSA contribution in the benefits UKG system.



Benefits 101: Getting ready for Annual Enrollment Webinars

In August the Benefits Team introduced the Benefits 101 webinar series. As Annual Enrollment approaches, our goal with this series is to offer you bite-sized, manageable pieces of information, helping you stay informed without feeling overwhelmed by a large amount of information all at once. If you missed the live webinars, they have been/will be recorded so you can access them prior to Annual Enrollment.

- **Webinar 1:** The Benefits of Life + Care in an LTC World - Tuesday, August 27th - Did you miss the live webinar? Don't worry you can click the link to recorded webinar:
[Click here for the Presentation Recording](#) Password: NH24
- **Webinar 2:** Medical + Flex: Peaceful Coexistence - Thursday, September 26th 2:00 CST - Did you miss the live webinar? Don't worry you can click the link to recorded webinar:
[Click Here](#) for the Presentation Recording No password required
- **Webinar 3:** Partner Perks: An in-depth look at SpouseSaver HRA - Thursday, October 10th 2:00 CST
- **Webinar 4:** 401(k): Now and Later: Preparing for Life to and Beyond Retirement - TBA

We encourage you to participate in the live webinars, or watch the recorded videos. These sessions are designed to provide valuable insights and answer any questions before the annual enrollment period begins.

Are you planning for retirement?

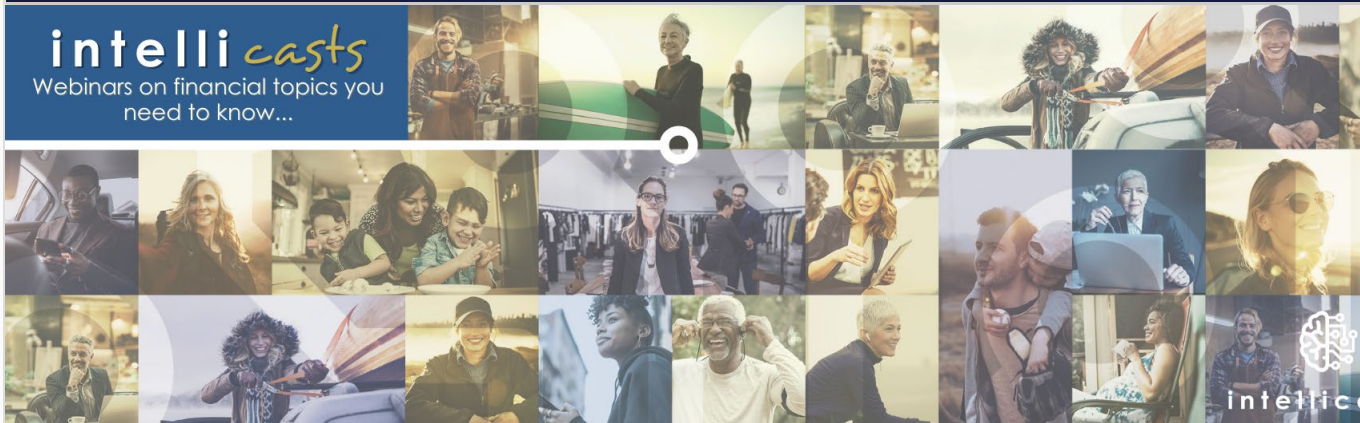
Our 401(k) partners from intellicents are conducting a Medicare webinar for those employees who are approaching age 65 or has reached age 65+.

Please see the link below (next webinar) to register for “Understanding Medicare” to be held on October 8th at 12:00 noon CST.

You also have access to the past webinar, ‘How Much Do I need to Retire’ at any time by selecting the ‘watch webinar’ box.

Webinar recap and invite for the next one!

[View it in your browser.](#)



intellcasts
Webinars on financial topics you need to know...

Expand your intellicents by recapping our latest webinar, and don't miss signing up for our next session! We're always covering financial topics you need to know...

<< past webinar

next webinar >>



Whether you're just starting your career or getting closer to retirement age, understanding your financial needs is crucial for a secure future. Watch this intellicast that delves into the crucial question: "How much do I need to retire?"



As you near age 65, you may start to think about Medicare. Or if you have family members nearing that age, you may wonder how to help them with it. How do you sort through your coverage options? When (and how) do you enroll? And what if you have other health insurance? Join us for our next intellicast where we'll go over the basics of Medicare and the different parts of it that help cover specific services.



For those who attended our last webinar, we'd love if you took a few minutes out of your day to answer a few survey questions on your experience so we can gather feedback for future intellicasts to serve you best [here](#).

You can also let us know if you'd like an intellicents advisor to follow-up with you personally!



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Level Up Your Status Challenge

Challenge period: September 1, 2024 - November 30, 2024

- Now is the time to push to the next status: by leveling up in the challenge period, you will be entered into a drawing for one of two gift card prizes in each category:
 - Bronze to Silver - \$100 gift card
 - Silver to Gold - \$200 gift card
 - Gold to Platinum* - \$300 gift card

*If you have already reached Platinum Prior to the challenge period, you will be entered into the prize drawing for one of the two \$300 gift cards.



As an extra surprise! We are adding a year-end bonus. We will be awarding the person with the highest total Vitality Points earned beginning January 1, 2024, through November 30, 2024, a Vitality Gift Card Voucher in the amount of \$500. This individual will be known as the **2024 NueHealth WELLNESS WARRIOR.**



What's the difference? Male breast cancer and female breast cancer

Ref: October 19, 2022, | by City of Hope

[Live links in article](#)

Despite outward appearances, the structure of men's and women's breasts are very similar. When it comes to breast cancer, the diagnosis and treatment of the disease are also very similar. The statistical differences between male and female breast cancer, however, are far more dramatic.

Besides skin cancer, breast cancer in women is the [most common cancer diagnosed](#) in the United States. Measured alone, breast cancer in men would rank behind at least 30 other cancers in the number of yearly diagnoses. Less than 1 percent of all breast cancers diagnosed in the United States are in men. In 2022, about 2,700 men will develop the disease, compared to 287,000 women, [according to the American Cancer Society](#) (ACS).



So why do so few [men get breast cancer](#)?

In this article, we'll answer that question and explore other aspects of male breast cancer, including:

Anatomic differences and similarities between men and women

Human breasts in both sexes have nipples, fatty tissue, breast cells and ducts. Men and women also share some of the same [risk factors for breast cancer](#). Both sexes may have a family history of breast cancer or [BRCA1 and BRCA2](#) mutations that may increase cancer risk. Obesity is another common risk factor for both sexes, and the human body, regardless of gender, produces the hormone estrogen, which at certain levels may increase [breast cancer](#) risk.

The incidence of breast cancer in men is far less than in women, in part because, although the breast tissue in both is similar, men have mainly fat and fibrous breast tissue called stroma, and they have fewer ducts and lobules.

When women's breasts mature during puberty, they develop working lobules and milk ducts to produce and carry milk after childbirth. Most breast cancers in women develop in these ducts and lobules.

Inherited [gene mutations](#) may also increase cancer risk in both sexes, but they're likely to affect men and women differently. While BRCA mutations significantly increase a man's risk of breast cancer, men with these mutations are at a higher risk of [prostate cancer](#) than breast or [other cancers](#).

And women generally produce more [estrogen](#) than men, potentially further increasing cancer risk. "One reason for its rarity in men may be related to their lower estrogen levels," says [Cynthia Lynch](#), MD, Medical Director of the [Breast Cancer Center at CTCA® Phoenix](#).



Men with increased estrogen levels may develop a condition called gynecomastia, which may cause their breast tissue to grow or swell. "Gynecomastia is not a risk factor for male breast cancer, but when discovered, it does need to be differentiated from male breast cancer," Dr. Lynch says. "Additionally, some conditions that predispose men to gynecomastia through increased estrogen levels may also predispose them to male breast cancer."

The unique set of challenges of a male breast cancer diagnosis

The rarity of breast cancer in men, as with rare cancers in general, may create unique challenges for those who develop the disease and doctors who treat it. “Treatment of breast cancer in males is typically guided by studies that were performed in women with breast cancer,” Dr. Lynch says. “While there are few differences in treatment, there are some additional considerations when using hormone therapy in males with breast cancer.”

Other challenges further complicate the matter, including:

Men usually are not taught to screen themselves for breast cancer.

Most men are unaware of the symptoms of the disease.

Men who develop [symptoms of breast cancer](#) may choose to ignore them because of perceived stigmas and fear of emasculation.

Men usually are diagnosed with breast cancer at an older age and with the cancer at a more advanced stage, for these and other reasons, often leading to poorer outcomes.

Overall, men may have poorer outcomes than women due to being diagnosed at more advanced stages and at an older age. The average age of a man diagnosed with breast cancer is 68, while the average age of a woman at diagnosis is 62, and about a third of breast cancer cases occur in women younger than 55, [according to the National Cancer Institute](#).

How is male breast cancer diagnosed and treated?

The [symptoms of breast cancer](#) in men are like those in women, including:


- A lump or thickening in or near the breast
- Changes in the size or shape of the breast
- Dimple or puckering on the breast skin
- Nipple turned inward
- Nipple discharge
- Changes to the appearance of the areola or breast skin, including scaly or red patches or skin that resembles an orange peel

Because men’s breast usually are smaller and have less tissue than women’s breasts, men may be better able to feel a lump or structural changes to the breast.

Just as with women, men with symptoms may undergo a mammogram, a low-dose X-ray designed to detect spots, lumps or abnormalities in the breast tissue. Men may also undergo an ultrasound, MRI or biopsy to help confirm a diagnosis and determine whether the disease has advanced to metastatic breast cancer, in which cancer cells have spread to lymph nodes or distant parts of the body.


Also, as with women, male breast cancer treatment may include:

- [Mastectomy, surgical removal of the breast](#)
- [Radiation therapy](#)
- [Chemotherapy](#)
- Hormone therapy
- [Targeted therapy](#)
- Immunotherapy

BREAST CANCER AWARENESS FACTS  **4,000 NEW CASES IN ALABAMA EACH YEAR.**

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NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
ACCREDITED BREAST CENTER



1 IN 8 WOMEN in the United States are diagnosed with breast cancer in their lifetime.

2.9 **BREAST CANCER** is the *second leading* cause of **CANCER DEATH IN WOMEN.**

MILLION BREAST CANCER SURVIVORS live in the United States.

EARLY SCREENING AND DETECTION DECREASES MORTALITY RATES AND LEADS TO A GREAT RANGE OF TREATMENT OPTIONS.

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Breast Cancer Risk Factors

FAMILY HISTORY AND GENETICS

- Relatives with breast cancer or ovarian cancer at a young age
- Changes in BRCA1, BRCA2, or other genes related to breast cancer

LIFESTYLE

- Sedentary lifestyle & inactivity
- Being overweight
- Smoking

MENSTRUATION

- Starting your period before age 12
- Starting menopause after age 55

MOTHERHOOD

- Having children after age 35 or never having children
- Not breastfeeding

HORMONES

- Hormone replacement therapy (HRT) increases your risk for breast cancer. Ask your doctor if HRT is necessary.

OTHER RISK FACTORS

- Getting older
- Radiation treatment to the chest
- History of breast cancer
- Being a woman

YOUR HEALTHIEST SELF

Disease Prevention Checklist

Health screenings, vaccines, and guarding yourself from germs and bugs can help keep you feeling your best. Here are tips to help you better prevent diseases:



GET SCREENED FOR DISEASES

Some screenings can reduce your risk of dying from a disease. But sometimes, experts say, a test may cause more harm than good. Before you get a test, talk with your doctor about the possible benefits and harms to help you decide what's best for your health.

TO LEARN ABOUT SCREENING TESTS, ASK YOUR DOCTOR:

- What's my chance of dying of the condition if I do or don't have the screening?
- What are the harms of the test? How often do they occur?
- How likely are false positive or false negative results?
- What are possible harms of the diagnostic tests if I get a positive screening result?
- What's the chance of finding a disease that wouldn't have caused a problem?
- How effective are the treatment options?
- Am I healthy enough to take the therapy if you discover a disease?
- What are other ways to decrease my risk of dying of this condition? How effective are they?

For other wellness topics, please visit www.nih.gov/wellnesstoolkits





Be Well Cooking Corner

HEALTHY FALL

Coffee Drinks



Starbucks Iced Cinnamon Almond Milk Macchiato

90 CALORIES/

- Ask for a GRANDE Iced Cinnamon Almond Milk
- Ask to substitute FOUR pumps of sugar free cinnamon dolce syrup
- Ask for LIGHT caramel drizzle on the inside of cup
- Ask for LIGHT cinnamon dolce topping



At Home Honey Latte

95 CALORIES

- 1 cup brewed coffee
- 1/2 cup whole milk
- 1 1/2 teaspoon of coconut extract
- 2 1/2 teaspoon of honey



At Home Protien Pumpkin Cold Brew

135 CALORIES

- Add 4oz of Cold Brew
- Add 4oz of unsweetened vanilla almond milk
- Add 1 scoop of pumpkin spice protein
- Add 1oz of skinny pumpkin spice syrup
- Blend and add ice until you get the desired texture



Dunkin' Pumpkin Spice Cold Brew

70 CALORIES

- Ask for a MEDIUM Cold Brew
- Ask for ONE HALF (1/2) pump of pumpkin spice FLAVOR SWIRL
- Add a splash of cream yourself or use their individual creamer cups (you can sub for almond milk if you want non-dairy)
- Add ONE-TWO Splenda



Starbucks Pumpkin Spice Cold Foam Cold Brew

75 CALORIES

- Ask for a GRANDE Cold Foam Cold Brew
- Ask for ONE PUMP OF PUMPKIN SPICE in the cold foam (make sure they don't add vanilla to the non-fat milk)
- Ask for THREE pumps of Sugar Free Vanilla Syrup in the cold brew
- OPTIONAL: Ask for a splash of cream (or any other milk)



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Breast Cancer Awareness

E	M	R	I	Y	M	O	T	C	E	P	M	U	L
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CLINICAL TRIALS
 NEOPLASIA
 CYST
 HORMONES
 LYMPHEDEMA
 CYTOTOXIC
 LYMPH NODES
 LUMPECTOMY
 NORMAL TISSUE
 CHEMOTHERAPY
 OOPHORECTOMY
 MASTECTOMY
 ONCOLOGIST
 PALPABLE
 BIOPSY
 METASTASIS
 ESTROGEN
 MRI

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