



HEALTH MATTERS



A MONTHLY REPORT ON THE STATUS OF THE CITY OF CARMEL EMPLOYEE HEALTH BENEFIT PLAN

December 31 Balance	\$589,830		Dec 31, 2013 Balance	\$589,830
Total Revenues	\$881,306		Jan Revenues	\$881,306
Employer Premiums	673,976		Jan Expenses	\$1,338,488
Employee Premiums	187,662		Jan 31, 2013 Balance	\$132,648
Other Revenues	19,668			
Total Expenses	\$1,338,488		YTD Gain/(Loss)	(\$457,182)
Week 1 Claims	194,958			
Week 2 Claims	417,331			
Week 3 Claims	326,155			
Week 4 Claims	307,402			
Fixed Costs—Premiums	68,573			
Fixed Costs--Fees	24,069			
Monthly Gain/(Loss)	(\$457,182)			
January 31 Balance	\$132,648			

Coming Soon: Employee Health Center

As you have heard, the employee health center is under construction with an opening planned in May. Between now and the opening you will get regular updates regarding the construction process and the services the facility will provide. Some of the most common questions we are hearing now:

Who can use the health center? Health center services will be available to active employees and retirees who participate in the City's health plan, and their dependents aged 18 months and older.

Will I be required to use the health center? No, no one will be required to use the City's health center. You can go to the physician of your choice. However, there will be no copay or office visit charge for using the center, and some common prescription drugs will be available at no cost.

How will the health center be staffed? Health center staff will include a physician (family practitioner), a nurse manager and a medical assistant.

Will the health center do physicals? Yes, the health center will be able to do annual physicals, as well physicals required for school and sports.

What hours will the health center be open? The precise hours have yet to be determined. We anticipate being open every weekday for a minimum of five hours, with at least one evening a week. Hours will be adjusted and perhaps increased as usage requires.

Additional questions can be addressed to Sue Wolfgang at swolfgang@carmel.in.gov.

The Importance of Advance Directives (By Mayo Clinic staff)

Living wills and other advance directives describe your preferences regarding end-of-life care. They speak for you when you're not able to speak for yourself.

Advance directives aren't just for older adults. Your family and doctors will consult your advance directives if you're unable to make your own health care decisions. Having written instructions can help reduce confusion or disagreement. Unexpected end-of-life situations can happen at any age, so it's important for all adults to have advance directives.

Advance directives include:

- **Living will.** This written, legal document spells out the types of medical treatments and life-sustaining measures you want and don't want, such as mechanical breathing, tube feeding or resuscitation.
- **Medical or health care power of attorney (POA).** The medical POA is a legal document that designates an individual—referred to as your health care agent or proxy—to make medical decisions for you in the event that you're unable to do so. It is different from a power of attorney authorizing someone to make financial transactions for you.
- **Do not resuscitate (DNR) order.** This is a request to not have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. Advance directives do not have to include a DNR order, and you don't have to have an advance directive to have a DNR order. Your doctor can put a DNR order in your medical chart.

Do you need a living will and a medical POA? A living will can't cover every possible situation. Therefore, you might also want a medical POA to designate someone to be your health care agent. This person will be guided by your living will but has the authority to interpret your wishes in situations that aren't described in your living will. A medical POA also might be a good idea if your family is opposed to some of your wishes or is divided about them.

Choosing a health care agent. Choosing a person to act as your health care agent is possibly the most important part of your planning. You need to trust that this person has your interests at heart, understands your wishes and will act accordingly. He or she should also be mature and levelheaded, and comfortable with candid conversations.

Your health care agent doesn't necessarily have to be a family member. You may want your health care decision maker to be different from the person you choose to handle your financial matters. It may be helpful, but it's not necessary, if the person lives in the same city or state as you do.

What treatments would you want? In determining your wishes, think about your values, such as the importance of being independent and self-sufficient, and what would make your life not worth living. Would you want treatment to extend life in any situation? Would you want treatment only if a cure is possible? Would you want palliative care to ease pain and discomfort if you were terminally ill?

Although you can't predict what medical situations will arise, be sure to discuss the following treatments. It may help to talk with your doctor about these, especially if you have questions.

- **Resuscitation.** Restarts the heart when it has stopped beating (cardiac death). Determine if and when you would want to be resuscitated by cardiopulmonary resuscitation (CPR) or by a device that delivers an electric shock to stimulate the heart.
- **Mechanical ventilation.** Takes over your breathing if you're unable to do so. Consider if, when and for how long you would want to be placed on a mechanical ventilator.
- **Nutritional and hydration assistance.** Supplies the body with nutrients and fluids intravenously or via a tube in the stomach. Decide if, when and for how long you would want to be fed in this manner.
- **Dialysis.** Removes waste from your blood and manages fluid levels if your kidneys no longer function. Determine if, when and for how long you would want to receive this treatment.

Organ donation. You can also specify in your advance directives any wishes you have about donating your organs, eyes and tissues for transplantation or your body for scientific study.

Share your wishes with your family. Injury, illness and death aren't easy subjects to talk about, but by planning ahead you can ensure that you receive the type of medical care you want. You also relieve your family of the burden of trying to guess what you'd want done. Be sure to discuss your wishes with your loved ones. Let them know you're creating advance directives and explain your feelings about medical care and what you'd want done in specific instances. The painful and very public case of a Carmel family currently battling in court about their father's end-of-life care demonstrates the need for communication and discussion of your wishes.

Fill out the forms. Your advance directives should be in writing. Each state has its own laws regarding advance directives—the Indiana State Department of Health provides additional guidance specific to Indiana residents at <http://www.in.gov/isdh/files/advancedirectives.pdf>. Although it isn't required, you may want to consult an attorney about this process. State-specific forms are available from a variety of websites, such as the National Hospice and Palliative Care Organization.

Once you've filled out the forms, give copies to your doctor, your health care agent and your family members. Keep another copy in a safe but accessible place. You might also want to keep a card in your wallet that says you have a living will and where it can be found.

Review your advance directives from time to time. As your health changes or your perspective on life changes, you might reconsider some of your advance directives. Read over your advance directives from time to time to see if you want to revise any of the instructions. You can change your mind at any time.

To revise your advance directives, you follow the same steps you used to create them. Get new advance directive forms to fill out. Discuss your changes with your friends, family and doctor. Distribute copies of the new advance directives and ask everyone to destroy the earlier version.

If there isn't time to redo the paperwork, you can always cancel your advance directive by telling your doctor and your family. Remember, a living will or medical POA goes into effect only if you are unable to make medical decisions for yourself, as determined by your doctors.