

# Turkey & Balsamic Onions Quesadilla

Not your traditional quesadilla, these feature deli turkey and Cheddar cheese, along with onions quickly marinated in balsamic vinegar. Serve with sautéed vegetables or a tossed salad for a quick meal.

## INGREDIENTS

- 1 small red onion, thinly sliced
- 1/4 cup balsamic vinegar
- 4 10-inch whole-wheat tortillas
- 1 cup shredded sharp Cheddar cheese
- 8 slices deli turkey, preferably smoked (8 ounces)

## PREPARATION

Combine onion and vinegar in a bowl; let marinate for 5 minutes. Drain, reserving the vinegar for another use, such as salad dressing.

Warm 2 tortillas in a large nonstick skillet over medium-high heat for about 45 seconds, then flip. Pull the tortillas up the edges of the pan so they are no longer overlapping. Working on one half of each tortilla, sprinkle one-fourth of the cheese, cover with 2 slices of turkey and top with one-fourth of the onion. Fold the tortillas in half, flatten gently with a spatula and cook until the cheese starts to melt, about 2 minutes. Flip and cook until the second side is golden, 1 to 2 minutes more. Transfer to a plate and cover to keep warm. Make 2 more quesadillas with the remaining ingredients.

**Nutritional Information:** Per serving: 328 calories; 12 g fat (6 g sat, 0 g mono); 56 mg cholesterol; 30 g carbohydrates; 24 g protein; 2 g fiber; 871 mg sodium; 33 mg potassium.  
**Nutrition Bonus:** Calcium (30% daily value).

Source: EatingWell.com

## Did You Know?

Calcium is the most abundant mineral in the body. The average male has about three pounds of calcium, the average female, about 2 pounds. Most (99% of) calcium is found in bones and teeth with the remaining 1% in the soft tissues and watery parts of the body where calcium helps to regulate normal processes of the body.



# Wim & Wigor

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Editor: Mendie Ballester

(707) 445-7126

## Director's Note

Stacy Lane - JPA Director

**Below are two very important things for you to read this month. Please review them in their entirety and call our office at 707-445-7126 if you have any questions.**

### Extension of Dependent Coverage to Age 26: Open Enrollment

As I have mentioned several times before, the health care reform legislation will become effective for our JPA on July 1, 2011. At this time, qualifying young adults up to age 26 may be added to your plan. Qualifying young adults include sons, daughters, stepsons, stepdaughters, adopted children or eligible foster children of the parent, regardless of the qualifying young adult's marital status. It will no longer matter if the qualifying young adults are your tax dependents for federal income tax purposes or are enrolled full-time (12 units or more) in school. The open enrollment period to add a qualifying young adult to your plan will be from June 1, 2011 through June 30, 2011. The effective date for coverage will be July 1, 2011. Enrollment forms will be distributed to your district office after the JPA's Board meeting in May. The process for enrollment will be the same as it currently stands for any eligible dependent. That is, you will need to complete an enrollment form, submit it to your district and provide a valid birth certificate for the qualifying young adult. Pending no changes to the legislation, the qualifying young adult will be eligible to remain on your plan until the end of the month in which they turn 26.

### Emergency Services

Do you have a plan in place for when you or a member of your family have a non-life threatening medical emergency? Do you think you should use the Emergency Room (ER) at the hospital closest to your home? Do you know how hospitals segment and bill for services rendered at their ER? Knowing the facts before you have an emergency could save you a substantial amount of unnecessary out-of-pocket expense in the future. Please note that the following suggestions are for non-life-threatening emergencies. If you have a life-threatening emergency, please use your best judgment for the appropriate response plan.

First, in a non-life-threatening emergency, the best course of action for you to take is to call your doctor's office to direct you in a plan of action that best suits your particular emergency. You can also

call the Blue Shield 24/7 Nurse Line (877-304-0504) for assistance. Second, if your emergency occurs after hours, you can call your doctor's office and have the on-call doctor paged. This may save you an unnecessary trip to the ER that could lead to substantial out-of-pocket expenses. Third, you can utilize the services of an Urgent Care Center. These facilities are typically open after-hours and are generally billed like an office visit. They can save you additional deductibles and bills from outside service providers that you would typically see with an ER visit. Finally, the last method you should utilize would be to actually visit a local ER.

You need to be careful when selecting an ER, and know the facts before you need to visit one. It may be in your best interest, financially speaking, to not visit the closest ER to your home. An additional ten minute drive could potentially save you hundreds, if not thousands of dollars, in costs. It is very common nowadays for hospitals to subcontract for ER services. While you may be correct in thinking the hospital is contracted, its subcontracted physicians, laboratories, anesthesiologists, radiologists and other providers may in fact, not be contracted even though the hospital itself is. For example, if you go to one ER, all providers who service the ER, although billed separately from the hospital, may be contracted, substantially limiting your out-of-pocket expenses. However, another ER may only be contracted for the hospital portion of the bill, but not for the charges from the ER physicians or the radiology staff that reviews your x-rays. This was the case with Blue Cross, as well as with Blue Shield. This could also be the situation with routine services rendered in a hospital setting, such as a doctor-referred mammogram or colonoscopy. It is very important that before you have an emergency, or a scheduled procedure in a hospital setting, you call the hospital and find out who will be billing for each type of service and specifically ask if all service providers who will be billing you are contracted. Knowing these facts before you have an emergency will help your family reduce any large out-of-pocket expenses you may be subject to. I know this may be confusing, so I encourage you to call our office or your closest hospital when you put together your emergency plan. Being prepared and knowing the facts ahead of time will save you money in the future!

# May is National Osteoporosis Awareness and Prevention Month

Thirty years ago, most people thought osteoporosis and the broken bones it can cause were a part of normal aging. That view has changed. Researchers today know a lot about how you can protect your bones throughout your life. We have learned that getting enough calcium, vitamin D and regular exercise are important for your bones. Eating fruits and vegetables is also good for bone health. On the other hand, eating poorly, smoking, drinking too much alcohol or not exercising can cause bone loss and osteoporosis.



You're never too young or too old to improve the health of your bones. Osteoporosis prevention should begin in childhood. But it shouldn't stop there. Whatever your age, the habits you adopt now can affect your bone health for the rest of your life. Now is the time to take action.

While osteoporosis is not curable, it is treatable. There are many steps you can take to manage the disease and reduce your chance of breaking a bone. It is important to work with your healthcare provider to learn about your risk for osteoporosis and broken bones.

A medical evaluation to diagnose osteoporosis and estimate your risk of breaking a bone may involve one or more of the following steps.

- Medical history
- Physical examination
- Bone density test
- Laboratory tests

For more information, contact: National Osteoporosis Foundation  
1150 17th Street NW, Suite 850  
Washington, DC 20036  
(800) 231-4222

Source: National Osteoporosis Foundation Web site

# Prevent the Five Most Common Running Injuries



It doesn't matter if you're just beginning to run or you're a marathon veteran: running injuries can happen to anyone. And when a runner gets hurt, plantar fasciitis, Achilles tendinitis, iliotibial band syndrome (ITBS), shinsplints, or runner's knee usually is the diagnosis. Allison Lind, a physical therapist in New York City, developed an exercise program that will make you less vulnerable to these five injuries. Do them together as a prerun routine.

## 1. Prevent ILIOTIBIAL BAND SYNDROME with Side-leg Raisers

Prevent ITBS by strengthening the gluteus medius muscle near the hip. When it's weak, another upper-leg muscle overcompensates and pulls on the ITB, causing pain along the outside of the leg, down to the knee.

Lie on your side with your hips and legs stacked. Lift your top leg up, keeping it straight, but point your toes inward and toward the ground to isolate the gluteus medius. Hold for 30 seconds, then release. Roll over so your opposite leg is on top, and repeat. Do three sets on each leg, working up to one minute per set.

## 2. Prevent SHINSPLINTS with Heel Walking and Big-toe Raisers

Prevent shinsplints by strengthening the muscles that attach to the shinbone. A. Walk in place barefoot for one minute with your forefeet off the ground. Do three sets. B. Lift the big toe of one foot as high as you can, lower, repeat 10 times. Switch feet. Do three sets.

## 3. Prevent RUNNER'S KNEE with Half-squats on a Downward Slope

Prevent runner's knee, or patellofemoral pain syndrome, by strengthening the quads to keep the kneecap aligned. Stand facing down a hill or on a decline board. Squat halfway between the start position (straight leg) and a full squat (90 degrees). Do three sets of 10. Too easy? Try single-leg squats.

## 4. Prevent ACHILLES TENDINITIS with Calf Drops

Prevent Achilles tendinitis by strengthening the calves. Stand barefoot with the balls of your feet on a step. Rise up on your toes with both feet. Shift your weight to one foot; lower down on that foot. Rise up on both, lower on one. Do three sets of 10 on each side.

## 5. Prevent PLANTAR FASCIITIS with Arch Raisers

Prevent plantar fasciitis by strengthening foot muscles. Stand barefoot on one leg. Imagine your foot is a tripod and place even pressure on your big toe, pinkie toe, and heel. Ground these three points as you "scrunch up" your arch. Hold for 30 seconds; repeat three times.



Source: Runner's World