

NOVEMBER 2021

REVITALIZE: YOUR INSIGHT



GOT LACTOSE INTOLERANCE?

Lactose is the sugar present in milk. The body uses the enzyme lactase to break down this sugar so it can be absorbed. People with lactose intolerance don't produce enough lactase. With a low level of lactase, your body can still digest dairy, but these symptoms may occur within 30 minutes to 2 hours after eating or drinking dairy products:

- Bloating
- Upset stomach
- Gas
- Diarrhea



If you have lactose intolerance, don't worry - there are lactose-free options for milk and cheese. You can also take over-the-counter supplements like Lactaid before eating dairy - they help break down the milk sugars your body can't. If you decide to cut out dairy entirely, you can substitute almonds, tofu, and soy milk into your diet to get calcium and vitamin D.

LEARNING ABOUT FERTILITY

Starting a family is a goal for many people, but getting pregnant isn't always so simple. Some pairs struggle with infertility. Infertility is defined as not being able to get pregnant after one year of trying (or six months for people with a uterus over 35). For people with a penis, infertility is caused low or abnormal sperm production or blockages; for people with a uterus, causes include ovulation disorders, endometriosis, or other uterine or cervical issues.

If you are having fertility issues, here are some resources to help:

**Resolve:** A non-profit supporting those dealing with infertility. They offer information, virtual support, and community.

**The American Society for Reproductive Medicine:** This site offers the latest in news and research for reproductive care and fertility.

The **CDC** provides resources on Assisted Reproductive Technology (ART) to help people learn about the options that are available.



According to the CDC, around 10% of Americans with a uterus (6.1 million) ages 15-44 have difficulty getting or staying pregnant.

BENEFIT SPOTLIGHT



In general, plans with low monthly premiums have higher coinsurance while plans with higher monthly premiums have lower coinsurance.

CURIOUS ABOUT COINSURANCE?

Coinsurance is your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, after you meet your deductible. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

Here's another example for a high-cost procedure. The allowable costs of the procedure are \$12,000.

- **Deductible:** \$3,000
- **Coinsurance:** 20%
- **Out-of-pocket maximum:** \$6,850

First, you'd pay \$3,000 to reach your deductible. Then you'd pay 20% of the remaining \$9,000 (\$1,800) for the coinsurance. This would make your out-of-pocket costs \$4,800 (deductible plus coinsurance). If your costs went over the out-of-pocket maximum of \$6,850, the insurance company would pay for all covered services over that amount for the rest of the plan year. Check your benefits guide to see what your coinsurance is for different services.



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