

# MORE FROM LIFE<sup>®</sup>

## OPIOID USE AND ABUSE

Are you at risk?

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**Together, all the way.®**

**PAGE 8**



## BRAIN-BOOSTING FOODS

What we eat affects more than just our weight. It also has a big impact on our brain health. Nutritionists have long known the value of a diet rich in fresh fruits, vegetables, nuts and berries. In fact, they often call blueberries “brainberries,” because studies show the antioxidant-rich fruit may even help prevent or reduce the effects of age-related conditions, like Alzheimer’s and dementia.

**Turn to page 8 to learn about 10 brain-healthy food choices.**

## FROM OUR PRESIDENT

Dear Cigna-HealthSpring friends,



We're busy gearing up for Medicare's Annual Enrollment Period (AEP), which runs October 15 - December 7. It's the one time of year you're allowed to make changes to your Medicare coverage (with a few exceptions).

During AEP, Medicare Advantage companies like Cigna-HealthSpring are required by law to mail you two important documents:

1. Annual Notice of Changes (ANOC), which lets you know of any changes to your current health plan for 2018
2. Evidence of Coverage (EOC), which provides details about your health plan, including what it covers and how much you'll pay for health care services in the upcoming year

It's important to be aware of your plan benefit changes for 2018. Regardless of

any changes to your plan for 2018, you'll continue to receive the same level of quality care from us and our network of providers. So if you're pleased with your plan, there's nothing you need to do — you'll be automatically re-enrolled for 2018. If you need help or have questions about your coverage, give Customer Service a call, and we'll help you understand your options.

AEP is also a good time to remind your Medicare-eligible friends and family to check us out. If they return the enclosed business reply card, we'll help them get started enjoying the same Cigna-HealthSpring benefits you do.

See you next issue!

Shawn Morris  
President, Cigna-HealthSpring

## \$50 PREVENTION BONUS

### A new reward for customers in 2018

It pays to practice prevention — literally! Get your yearly 360 Exam (wellness exam) in early 2018, and we'll reward you with a \$50 gift card to stores in your area.

### What is a 360 Exam?

This yearly exam provides a full-circle picture of your health and helps:

- > Identify current health conditions and possible health risks
- > Focus on your preventive care needs
- > Develop your customized care plan

- > Drive open, honest communication with your doctor

Look for more details on the \$50 prevention bonus coming in the mail in December.

**To learn more about practicing prevention, see page 15.**



# OPIOID ABUSE CAN AFFECT ANYONE

## Prescription drug addiction is a growing problem

Roxanne's\* arthritis pain in her knees became so frustrating she made an appointment with her primary care doctor. He wrote her a prescription for Vicodin®, an opioid painkiller, and cautioned her to take it only on her worst days. But Roxanne discovered that the medicine not only helped her pain, it also made her feel more relaxed. As a result, she continued to increase her dose to find relief. Soon, she began having intense cravings as her body became physically dependent on the medicine. Before long, she had to take it just to feel normal.

Roxanne isn't alone. The U.S. is in the grips of an opioid epidemic affecting people of all ages and walks of life. It's a serious problem, underscored by the fact that opioid prescriptions increased by 104% between 2000 and 2010.

Let's take a look at the steps that led to Roxanne's problem and how it was resolved.



### 1 Her doctor wanted to relieve her pain.

Doctors are often faced with tough decisions when patients are hurting. People experience pain differently, and what may be extremely painful for one person might not be as bad for someone else. In many cases, doctors have to rely on patient self-reporting to make treatment decisions. When Roxanne told her doctor that her arthritis pain was severe, he took her word for it.

\* Fictional character

### 2 Her doctor had to weigh the benefits against the risks.

Doctors often write prescriptions for a limited amount of opioids to manage acute pain, which is usually temporary. Broken bones and surgery are examples of situations causing acute pain, which generally improves with healing. But Roxanne's arthritis pain was chronic, meaning it was ongoing. While there was no doubt she needed relief, prescribing opioids for the long-term carries a much greater risk for physical dependence and addiction.

### 3 Her doctor trusted her to follow instructions.

When used correctly, opioids can play an important role in managing pain, and Roxanne's doctor trusted her to take the medicine exactly as he prescribed. He also knew she would have to check in with him for refills, since doctors are now legally required to write hard copy prescriptions for opioids. They can no longer call in refills to pharmacies.

### 4 Her doctor recognized the danger signs.

Some people can take painkillers as prescribed and easily stop when the pain gets better. But others — like Roxanne — become dependent on the medication. Asking for repeated refills was a red flag, letting her doctor know she was taking more than she should.

### 5 Her doctor worked with her to come up with an action plan.

Roxanne's doctor talked to her about her dependency and together they came up with a plan to treat her pain without opioids. It included a combination of:

- > **Non-opioid medications.** He recommended she take either a non-steroidal anti-inflammatory drug (NSAID), like ibuprofen (Advil®) or acetaminophen (Tylenol®). Both can be effective pain relievers, but they should be taken with your doctor's approval to avoid possible side effects.\*\*
- > **Physical therapy and weight management,** which can improve pain in the long term. Medications simply mask pain, but physical therapy addresses its root cause. And weight loss can ease the pressure on achy joints.

**If you take an opioid pain medicine like hydrocodone (Vicodin®), oxycodone (Percocet®) or fentanyl (Duragesic®), talk to your doctor about alternatives to these powerful — and powerfully addicting — medicines.**

## Substance Use Coaching Program

In an effort to help older adults who are at high risk for prescription drug abuse, Cigna-HealthSpring offers a no-cost Substance Use Coaching Program. As part of the program, coaches assist and support customers dealing with substance use issues.

If Cigna-HealthSpring finds you're eligible for the program based on your medical history, a coach will contact you. You'll be screened and enrolled in the program. We can provide referrals for in-network care and connect you to resources in your community. We'll give you information about substance abuse, support groups and available treatments. And we'll monitor your progress from start to finish. For more information about this program, call **1-866-780-8546**.

\*\* Like Tylenol and other over-the-counter products, some opioids contain acetaminophen, and too much can lead to liver and kidney damage. The U.S. Food and Drug Administration recommends taking no more than 4,000 mg of acetaminophen daily.

# IT TAKES A VILLAGE

A teamwork success story



***“Alone we can do so little; together we can do so much.”***

**Helen Keller’s famous saying perfectly describes Cigna-HealthSpring’s approach to health care. One customer’s experience with Laura, a Cigna-HealthSpring Case Manager, proves that a little teamwork can make a big difference.**

Samuel,\* a Cigna-HealthSpring customer in Illinois, has diabetes, high blood pressure, high cholesterol and depression. Laura, his Case Manager, knew Samuel needed help based on the Health Risk Assessment (HRA) he completed. But before she could help him improve his health, she had a few obstacles to overcome.

First, Samuel speaks only Spanish, and, while his wife speaks English, she has trouble with some words. So Laura relied on their daughter, Martina,\* to fill in the gaps and act as interpreter, since she’s fluent in English.

Then Laura discovered that Samuel wasn’t taking his blood pressure or diabetes medicine; sometimes he even took his wife’s medicine. He wasn’t testing his blood sugar regularly and he hadn’t seen a primary care physician (PCP) or any specialists about his health conditions.

“I discovered Samuel wasn’t really plugged in,” Laura says. “He didn’t have a doctor and wasn’t getting care. So we started with the basics: scheduling an appointment with his PCP and providing diabetes education.”

Both Samuel and his wife also dealt with depression. They felt socially isolated because they had left their community to move in with their son. Even though they lived with family, they still felt disconnected.

“They didn’t have any community engagement, and that can affect mental health and worsen depression,” says Laura. “I focused first on getting Samuel medically stable with doctor appointments and follow-up care. Then I gave him information that could help provide social support.”

Laura sent Samuel a list of community resources, including senior centers in his area.

*Continued*

She let him know about computer classes in Spanish at his local library. And she helped him find information about local Hispanic events and gatherings.

To address gaps in his medical care, Laura scheduled PCP appointments for him and coordinated visits with an optometrist and a dentist. Laura also worked with Martina to order a glucose meter so her dad could test his blood sugar at home.

Samuel now sees a PCP, who has referred him to specialists for his diabetes care. He regularly tests his blood sugar at home. And he's taking his own diabetes medicine. Laura continues to work with Samuel and his family to ensure his journey to better health is successful.

"It truly takes a village," Laura says. "To know they have someone in their court — someone who is supporting them — is so important and integral to getting the care they need. I think they feel supported by me and know they can come to me when there are issues and problems."

"When I complete a home visit, I walk away with a full heart," she continues. "I enjoy connecting with customers like Samuel to form relationships where they trust me to be there for them on an emotional level. I come away with a sense of accomplishment, of doing good for another human being. It's extremely rewarding."

\* Names have been changed to protect privacy



**"To know they have someone in their court — someone who is supporting them — is so important and integral to getting the care they need."**

## SALUTING OUR EMPLOYEE VOLUNTEERS

**Cigna-HealthSpring cares about you and your community. Here are a few ways we're giving back.**

Our employees:

- > Donated funds to help Bethlehem Centers stock hygiene and cleaning supplies for area seniors
- > Walked to raise funds for arthritis research and other charities
- > Sorted more than 30,000 pounds of food for a local food bank
- > Provided stress balls and exercise bands for a senior citizen center
- > Support the Salvation Army's Angel Tree program year-round by providing Christmas gifts and basic necessities to seniors and visiting low-income senior housing to register residents without transportation for the program



# 10 BRAIN-HEALTHY FOODS

Can certain foods protect your brain function? Researchers say yes. A growing body of evidence suggests regularly eating certain foods can improve memory and brain processing speed, and even help prevent or slow the onset of dementia/Alzheimer's disease. One in particular, called the MIND diet study, points to 10 foods shown to have significant brain-boosting power:

## 1 Green leafy vegetables

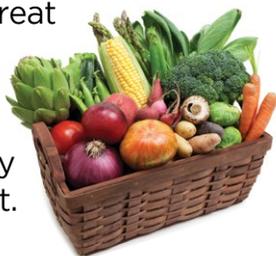
There's a reason your parents told you to eat your veggies, especially the green, leafy variety. In addition to being loaded with vitamins, greens like kale, spinach, broccoli, collards, mustard greens and Brussels sprouts contain a protein called lutein that may protect against mental decline.



**How much?** At least two servings a week, but six or more provide the greatest brain benefits

## 2 Other vegetables

While the green leafy variety rank highest, other veggies have protective effects as well. A daily salad is a great way to feed your brain because it contains a variety of vegetables. When shopping, brightly colored options are best.



**How often?** Daily

## 3 Nuts

If you want to help your brain and protect your heart, go nuts. Walnuts are ideal because they help remove waste deposits from the brain and have anti-inflammatory effects. But almonds, pistachios, macadamias and cashews are good choices too.



**How much?** Five servings a week

## 4 Berries

While blueberries tend to get the most attention, don't overlook strawberries, raspberries and other berries. They're loaded with antioxidants, which can play a role in managing or preventing Alzheimer's.



**How much?** At least two servings a week

## 5 Beans

High in fiber and protein and low in calories and fat, beans are an excellent choice for brain health. You know the traditional kinds: kidney, black, pinto, white and navy. Be sure to also try garbanzo beans (also called chickpeas) and lentils.



**How much?** At least three servings a week

Source: Alzheimer's Association

**6**

## Whole grains

Whole grains may make you think of bread, but cooked grains like brown rice, quinoa, oatmeal and bulgur are excellent options as well.



**How much?** Three servings a day

**7**

## Fish

Fish contains omega-3 fats, which have consistently shown to improve memory and learning. Salmon, mackerel, lake trout and albacore tuna are particularly high in omega-3s.



**How often?** Once a week

**8**

## Poultry

Like fish, poultry (such as chicken and turkey) is lower in saturated fat than red meat and a good source of protein. But to reap its health benefits, skip the fried version.



**How much?** Approximately two servings a week

**9**

## Olive oil

The MIND study recommends cooking with olive oil, which may help prevent protein deposits in the brain that lead to Alzheimer's. It has also been shown to reduce inflammation.



**How often?** Daily

**10**

## Wine

If you don't drink alcohol, there's no need to start. But if you do, you may want to opt for wine. A moderate amount may have brain protective effects.



**How much?** No more than one 4-ounce glass a day

## Foods to limit or avoid

The MIND study also identified some food types you should limit or avoid. They include:

- > Red meat
- > Butter and margarine
- > Cheese
- > Sweets
- > Fried and fast foods

## The MIND study

MIND stands for Mediterranean-DASH Intervention for Neurodegenerative Delay, which is a hybrid of the Mediterranean Diet and the low-sodium DASH Diet (Dietary Approaches to Stop Hypertension). The study, funded by the National Institute on Aging, followed 923 seniors for four and a half years. It found that participants who closely followed the diet lowered their risk for Alzheimer's by up to 53%; those who followed it moderately reduced their risk by about 35%.

The MIND diet may not be appropriate for everyone. Talk to your doctor to see if it's right for you.

# COOKING TO STAY CONNECTED

In the summer issue of *More from Life*, an article titled “Music as Medicine” explored the healing properties of music for people living with Alzheimer’s. In this issue, we look at how cooking can benefit people who are in early stages of dementia.



Cooking can be a great stress reliever. It engages all the senses, helping home chefs stay connected to the world around them. It’s even been shown to improve behavior problems and lower distress levels associated with memory loss.

With assistance from a family member, close friend or caregiver, the act of cooking — even if it’s just setting the table or cleaning up — can help a person maintain a sense of purpose and find pleasure in an activity they may have previously enjoyed. Below are some tips to make kitchen duties both pleasurable and safe.

**Team up.** Despite conventional advice to hang up the apron as memory declines, it’s possible to continue many meal preparation activities with close supervision by a friend, family member or caregiver.

**Cooking can lower distress in people with dementia and restore a sense of pleasure.**

**Assign simple tasks.** The joy of cooking is that it requires a variety of tasks, both simple and complex. Ask the person with dementia to help with easier jobs, such as gathering ingredients, washing produce, or stirring and transferring mixtures to baking dishes.

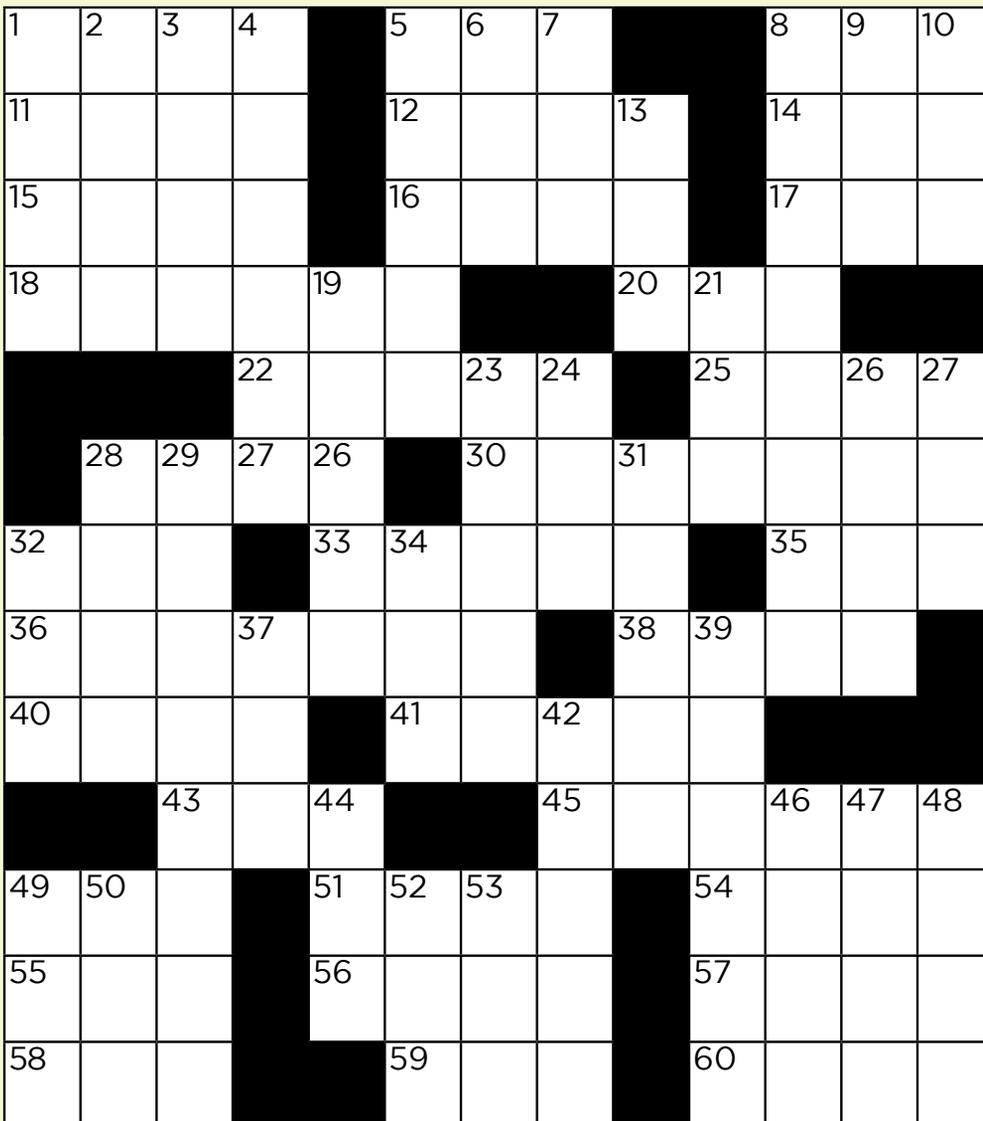
**Encourage creativity.** Choose recipes that incorporate presentation or individual flair. This may be as simple as arranging items on the plate. Or it may be more involved, like using cookie cutters or decorating with icing and sprinkles.

**Keep time in mind.** There may be certain times of day that a person with dementia performs best. Plan activities for those times. And stay aware of the person’s physical and mental state. If he or she begins to appear tired or confused, gradually bring activities to a close.

**Adjust for safety.** As time goes on, it may be necessary for a friend or caregiver to take over more risky activities, such as using a knife, oven or stove.

Source: Alzheimer’s Association

# CROSSWORD PUZZLE



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## ACROSS

- 1 Biddies
- 5 Cask
- 8 Asphalt alternative
- 11 Assist
- 12 Egg-shaped
- 14 Pride
- 15 Bellow
- 16 Furor
- 17 Fish catcher
- 18 Whole
- 20 Food grain
- 22 Stage
- 25 Horse's mom
- 28 Cookie
- 30 Llama relatives
- 32 Mineral
- 33 The Tempter
- 35 Brim
- 36 Prelude to a star's arrival
- 38 Mocked
- 40 Escape
- 41 Up and about

## DOWN

- 43 Jewel
- 45 Proverbs
- 49 Cow pasture
- 51 Upon
- 54 Tiny amount
- 55 Secondhand
- 56 Narrative
- 57 Crack
- 58 Small guitar
- 59 Via
- 60 Congers

## DOWN

- 1 Jackrabbit
- 2 Black
- 3 Cool!
- 4 Chevron
- 5 Asian peninsula
- 6 A Gabor
- 7 Jest
- 8 Octopus feature
- 9 Lifespan
- 10 Decompose
- 13 Constellation
- 19 MTM character
- 21 Med. org.
- 23 Lays aside
- 24 \_\_\_\_\_ Whitney
- 26 Foray
- 27 Second sight inits.
- 28 Spoken
- 29 Rebel
- 31 Tartan
- 32 Not working
- 34 Period of time
- 37 Fixed charge
- 39 Applaud
- 42 Candlewick
- 44 Small rug
- 46 Absent
- 47 And others (Lat.)
- 48 Exhausts
- 49 Baseball's Gehrig
- 50 Deer relative
- 52 Faucet
- 53 Arena cheer

Find the answers  
to this puzzle on  
page 13.



# TAKE YOUR BEST SHOT(S)!

Keep illness away by getting your flu and pneumonia vaccinations

When you were a kid and fell off your bike, you likely hopped right back on — even with a few scrapes and bruises. When you got sick, all it took was medicine, rest and some chicken soup, and you were back on your feet in no time.

Although those memories of childhood remain vivid in our minds, our bodies don't bounce back the way they used to. An illness that can quickly run its course in a teenager can lead to a harrowing road to recovery for an older adult. That's why it's important to protect yourself from flu and pneumonia.

## FLU

Not only is it tougher to recover from the flu as you get older, but the longer you're sick, the more likely you are to infect others around you. Getting a flu shot every year — and getting it as soon as the vaccine is available, generally late September or early October — is an effective way to protect

yourself and others. A high-dose shot designed for older adults may provide the best protection; ask your doctor if it's right for you. Remember: You can't get the flu from the flu shot.

*Continued*

# 90% of flu-related deaths occur in people age 65 and older

## PNEUMONIA

Pneumonia is dangerous for older adults because it can be difficult to recover from and can lead to life-threatening complications. It can also make pre-existing heart and lung conditions worse. There are two pneumonia vaccines you should get at two different times; generally, they should be given one year apart. Your doctor will tell you when to get each shot.

Your Cigna-HealthSpring plan covers the cost of flu and pneumonia vaccinations, so why chance it? Because they're covered at 100%, there are no out-of-pocket costs if you go to an in-network provider, like your primary care doctor or a pharmacy that accepts Medicare. If you get vaccinated somewhere other than your doctor's office, be sure to let your doctor know.

Source: Centers for Disease Control and Prevention

Puzzle solution from page 11

H	E	N	S		K	E	G		T	A	R			
A	B	E	T		O	V	A	L		E	G	O		
R	O	A	R		R	A	G	E		N	E	T		
E	N	T	I	R	E				O	A	T			
				P	H	A	S	E		M	A	R	E	
		O	R	E	O			A	L	P	A	C	A	S
O	R	E			D	E	V	I	L		L	I	P	
F	A	N	F	A	R	E			A	P	E	D		
F	L	E	E			A	S	T	I	R				
			G	E	M				A	D	A	G	E	S
L	E	A			A	T	O	P			I	O	T	A
O	L	D			T	A	L	E			S	N	A	P
U	K	E				P	E	R			E	E	L	S

## NEED TO GET RID OF EXPIRED MEDICINES?

Does your medicine cabinet contain out-of-date prescription drugs? By keeping medicines you no longer use, you're leaving yourself open to theft.

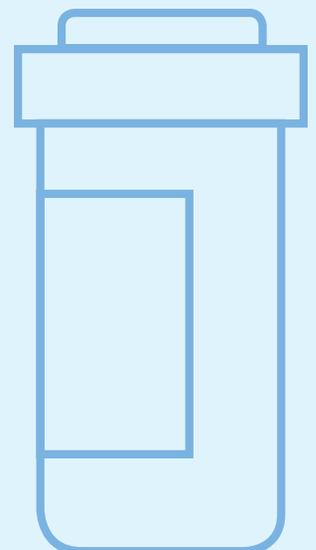
The U.S. Food and Drug Administration recommends disposing of prescription drugs either through a community-based take-back program or during a U.S. Drug Enforcement Agency's National Prescription Drug Take-Back event. For information about programs in your area, visit [www.deadiversion.usdoj.gov/drug\\_disposal/takeback/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html).

## PROVIDER AND PHARMACY DIRECTORY/FORMULARY

Both Cigna-HealthSpring's Provider and Pharmacy Directory and our Formulary (list of covered drugs) are updated throughout the year.

To view the most current and complete directories, visit [CignaHealthSpring.com](http://CignaHealthSpring.com) and follow these steps:

- > To find providers in your area, click the Find a Doctor button.
- > To find pharmacies in your area, click the Find a Pharmacy/Drug button.
- > To view the Formulary, select Drug List from the Medicare Advantage pull-down menu.



# ASK THE DOC



**Dr. Bob Coxe**

Doctors have long relied on statin medicines to lower cholesterol levels. But the clinical guidelines providers use to help make treatment decisions have changed. Instead of basing the decision solely on a patient's cholesterol levels, doctors are using a broader approach. Now, if you have heart-related risk factors, like high blood pressure and/or diabetes, chances are your doctor will recommend a statin — even if you don't have high cholesterol. Cigna-HealthSpring Senior Medical Director Dr. Bob Coxe discusses these guideline changes and what they might mean to you.

## What is a statin? How does it work?

Statin are prescription drugs that block a cholesterol-producing enzyme in your liver. They can also help your body reabsorb existing cholesterol this way: When statins lower your overall cholesterol levels, your body is forced to find other sources of cholesterol from your circulating blood. It accomplishes this by reabsorbing LDL (“bad”) cholesterol that has built up in your arteries, which can help reduce your risk for heart disease.

## What's different about the latest guidelines?

These guideline changes are complex and can be confusing, so it's important to talk to your doctor about how they may affect you.

## Have normal cholesterol levels? You might still need a statin.

To put it simply: In the past, if you had high cholesterol, your doctor would have prescribed a statin based on your LDL numbers. Guidelines now say that adults ages 40 to 75\* should also take a statin if they have one or more risk factors for heart attack or stroke. Risk factors include high cholesterol, high blood pressure, diabetes or smoking. Statins are also recommended for adults with existing heart disease, regardless of age.

If you're at extremely high risk for heart issues, your doctor will likely prescribe the most powerful statin. But people at lesser risk for heart attack and stroke may also benefit from a statin. Talk to your doctor about your risk factors and whether a statin is right for you.

## Do statins have side effects?

Most people don't experience side effects from the drug, but they do occur and can include headaches, muscle pain and dizziness. If you have problems, talk to your doctor before making a change in the way you take it. He or she may prescribe a different statin.

\* If you're age 76 or older, talk to your doctor about your cholesterol screening results and whether a statin is right for you.

This column is intended only as general interest and does not in any way create a doctor-patient relationship. As with all information contained in this magazine, you should discuss any health concerns with your doctor or caregiver. If you have any immediate health care needs, contact your doctor immediately. The information in this column is not intended to serve as medical advice.



# 4 IMPORTANT HABITS

of people who practice prevention

In the past, health care focused more on *treating* illness than *preventing* it. That meant you likely only visited your doctor when something was wrong. Times have changed. We now know that seeing your doctor when you're well is a smart way to **practice prevention**.

People who practice prevention:

## 1 Don't wait for symptoms.

They know that many health problems have no symptoms at all in their earliest stages. The only way to detect and treat them is to get the age-appropriate screenings your doctor recommends.

## 2 Take advantage of no-cost care provided through Cigna-HealthSpring's plan.

Many preventive care services are covered by your plan at 100%. That means you pay nothing for services such as:

- > Preventive visits, like your yearly 360 Exam (wellness exam)
- > Vaccinations, like flu and pneumonia shots
- > Tests and screenings, such as blood pressure and cholesterol checks, mammograms, bone density tests and certain cancer screenings

## 3 See the doctor regularly.

They know that building a strong doctor-patient relationship can be helpful down the road. Regular visits help your doctor fully understand your health history so he or she can best treat you if problems do arise.

## 4 Make time.

Have you heard the saying, "Make time for exercise or make time for illness"? These words of wisdom can be applied to preventive care, too. Spend a little time now practicing prevention, and you might avoid spending a lot of time later treating or recovering from a serious health problem.

Source: Centers for Disease Control and Prevention

## BAKED SALMON DIJON

**This dish is easy to make and rich in brain-boosting omega-3s.**

Preheat oven to 400°F. Whisk sour cream, dill, scallions, mustard and lemon juice in a small bowl to blend. Lightly coat baking sheet with cooking spray. Place salmon skin side down on baking sheet. Sprinkle with garlic powder and pepper, then spread with sauce. Bake fillets until each flakes easily with a fork in the thickest part, about 20 minutes (to a minimum internal temperature of 145°F). Serve immediately.

Makes 6 4-ounce servings

Per serving: 196 calories; 7g total fat; 2g saturated fat; 76mg cholesterol; 229mg sodium; less than 1g total fiber; 27g protein; 5g carbohydrates; 703mg potassium

Recipe is from the National Heart, Lung, and Blood Institute's "Keep the Beat Recipes: Deliciously Healthy Dinners" collection: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov).



- 1 cup fat-free sour cream
- 2 teaspoons dried dill
- 3 tablespoons scallions (green onions), rinsed and finely chopped
- 2 tablespoons Dijon mustard
- 2 tablespoons lemon juice
- 1½-pound salmon fillet, cut into 6 portions (4 ounces each)
- ½ teaspoon garlic powder
- ½ teaspoon ground black pepper
- Cooking spray

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