



Client Profile: Penegal Trim and Supply Ltd. & Traditional Door Design & Millwork Ltd.

Inside this issue:

<i>Client Profile: Penegal Trim & Supply Ltd.</i>	1
<i>ClaimSecure is Growing</i>	1
<i>Drug Cost & Pharmacy Fee Pharmacare Program Update</i>	2
<i>Oral Cavity—Total Body Inflammatory Connection</i>	3
<i>Hands-On Stress Relief</i>	3
<i>Have You Had a Good Sleep Lately?</i>	4

Established in 1977, Penegal Trim & Supply Ltd has over 30 years of experience serving the Greater Toronto Area homebuilders...

Penegal Trim & Supply works very closely with its affiliate company, Traditional Door Design & Millwork Ltd, to coordinate the manufacture of custom wood doors and moulding.

Traditional Door Design & Millwork Ltd has been manufacturing stile & rail wood doors since 1989. Traditional Door is able to offer a full line of panel, french and exterior doors to service its local and international customers. Interior and exterior doors are available prehung. Choose from a variety of sidelites and transoms to enhance your prehung system. Decorative glass options are also available in standard and custom designs. AutoCAD design capabilities allow Traditional Door to provide you with a scaled drawing for your final approval. From raised and insert moulding options to raised panel options in any wood species, Traditional Door gives you the opportunity to achieve the custom design you've always

envisioned. Traditional Door's advanced technology has allowed it to complement its standard solid stile & rail line when this type of door construction is required. The most recent product addition is Traditional Door's manufactured line of wood mouldings. Choose from standard profiles or have Traditional Door grind knives to match your custom profile specifications. Exotic woods such as mahogany, maple, cherry and walnut are available along with oak, pine and poplar among many others.

Collectively, Penegal Trim & Supply Ltd and Traditional Door Design & Millwork Ltd offer the residential market a full line of high quality doors, trim and hardware to meet the specifications and requirements of builders, architects and designers. 



Penegal Trim & Supply Ltd.

261 Regina Rd.
Woodbridge, Ontario
L4L 8M3
Phone: (416) 747-1992

(905) 851-1118

Fax: (905) 850-3581


www.traditionaldoor.com



ClaimSecure is growing in leaps and bounds !

Here we grow again! ClaimSecure is on the rise again due to the ongoing support of our valued clients. Over the past

two to three years we've increased our staff in primarily two key areas - Claims Payment and in the bilin-

gual Customer Response Centre....to continue to meet and exceed our customer service expectations. 

Drug Cost & Pharmacy Fee by Province



Linda Lin,
B.Sc.Pharm.,MBA
ClaimSecure

Our clients and consultants often ask us about the average prescription drug cost including dispensing fee and ingredient cost. The table below compares the average eligible dispensing fee, ingredient cost and the total prescription cost per claim by province for the calendar year of 2007 and 2008:

Province	Dispensing Fee		Ingredient Cost		Total Prescription Cost	
	2007	2008	2007	2008	2007	2008
NL	8.51	8.57	49.48	52.73	57.99	61.30
NS	8.58	9.24	60.60	61.60	69.18	70.84
PE	7.57	7.73	50.12	57.48	57.68	65.21
NB	8.07	8.23	53.71	56.17	61.78	64.40
QC	10.45	10.94	36.53	38.79	46.98	49.73
ON	10.17	10.24	58.49	60.57	68.67	70.80
MB	9.01	9.19	42.80	44.28	51.81	53.46
SK	6.92	6.92	35.82	37.26	42.73	44.18
AB	8.84	8.93	51.11	53.58	59.95	62.52
BC	8.12	8.10	47.71	49.85	55.82	57.95


(*) Note-Dispensing fee in the province of Quebec (QC) is an estimated value calculated by ClaimSecure using the ingredient cost price file. Seniors and coordination of benefit claims are excluded.

The Nova Scotia Pharmacare Cancer program includes chemotherapeutic agents, pain medications, antiemetic agents and laxatives for use with chronic opioid therapy.

Pharmacare Program Update

Nova Scotia – Seniors

Effective April 1, 2009, the Nova Scotia Seniors' Pharmacare Program has lowered the co-payment to 30% of the cost of the prescription from 33%. There is no change to the current annual maximum out-of-pocket cost of \$382.00 and the maximum premium of \$424.00 charged on a per patient basis.

This change does impact the plan sponsors that provide retiree drug coverage, as seniors with private plan drug coverage are not eligible to join the Nova Scotia Seniors' Pharmacare Program. However, if the seniors with an out-of-pocket cost exceeding \$806 under its private plan, they are eligible to apply to have the difference covered under the Pharmacare Program. 



Quick Hands-On Stress Relief



Got a minute? Get a massage --- a self-massage that is. These moves can help relieve tension around your head, neck, shoulders and hands.


The scalp soother - Place thumbs behind your ears and spread your fingers on top of your head. Move your scalp back and forth slightly by making circles with your fingertips for 15 – 20 seconds.

The eye easer – Close your eyes and place your ring fingers directly under your eyebrows, near the bridge of your nose.

Slowly increase pressure for five seconds, then gently release. Repeat 2 -3 times.

The shoulder saver – Place your left hand on the right side of your neck by your shoulder. Press fingers firmly into the muscle while tucking your chin in towards your chest. Hold this position for 10 seconds, release, and then repeat on the left side.

The palm pleaser – Lace your fingers together, leaving thumbs free. Slowly knead your left thumb into the palm

of your right hand for 20 -30 seconds. Then repeat on your left hand. 



Oral Cavity - Total Body Inflammatory



Dr. Mark Donnelly,
DDS Dental

Cardiovascular disease and periodontal (gum) disease are among the most prevalent conditions affect-

ing adults today.

Periodontal disease has been shown to affect (at some time) up to 75% of the adult population. Gum disease results in inflammation which can become systemic. As far as heart disease goes, it is estimated that one out of three adults has some form of cardiac disease. Almost one half of these people are under sixty years of age.

Recent clinical studies have suggested a strong connection

between periodontal disease and cardiovascular disease.

One such study demonstrated a positive relationship between periodontal microbiota (i.e. organisms in the gum tissue) and carotid plaque build up. This strengthens the hypothesis that oral infection may contribute to cardiac disease morbidity and atherosclerotic development in the arteries.

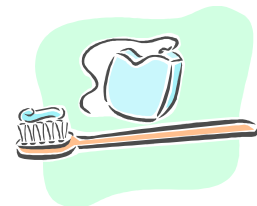
Along the same lines, another study measured elevated C-reactive protein (CRP) levels when inflammation is present. Patients who had gum conditions treated conservatively were able to reduce these elevated levels after only one month.


Another study found that early on in the development of arterial disease there is an

“endothelial dysfunction”. This study showed that the intensive treatment of gum disease resulted in an improvement in this endothelial dysfunction.

Other studies conducted to determine if the treatment of chronic inflammation caused by organisms other than those found in gum disease did NOT have the same improvement in reducing cardiac problems.

One ten year study on middle aged men followed blood levels of cytokinases and proteinases which are involved in the breakdown of cell material. They are found both in the patients with gum disease and heart disease. The men who sustained high levels of these inflammatory mediators had higher incidences of cardiac problems.



Another study looked at periodontal disease as a risk factor for ischemic stroke. They compared patients with a recent stroke to control patients. They found that patients with more severe periodontal disease had a 4.3 times higher risk of cerebral ischemia than subjects with little or no periodontal problems. Current evidence supports an association among periodontal infections atherosclerosis and vascular disease, although it will still be debated for some time to come. 

Have you had a Good Sleep Lately?



Dr. David Wong,
Medical Consultant

Sleep apnea usually is a chronic (ongoing) condition that disrupts your sleep 3 or more nights each week. It is one of the leading causes of excessive daytime sleepiness.

Fortunately for the majority of us, having a good night's rest happens more often than not. Although there are many common factors that may prevent an individual from obtaining a restful sleep, such as worry or anxiety, excessive caffeine or alcohol, overexertion near bedtime, and shift work, few of these conditions lead to any serious consequences. Of the serious sleep disorders, the most common is obstructive sleep apnea.

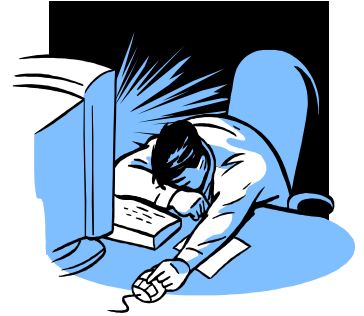
Obstructive sleep apnea occurs when an individual stops breathing repeatedly during sleep as the airway keeps collapsing. Fatigue and daytime sleepiness are the results as the normal sleep patterns are disrupted. Approximately 2% of women and 4% of men have obstructive sleep apnea.

There may be various reasons for a collapsing airway. A poor sleeping posture may cause the tongue to fall backwards, hence closing off the airway. Extra tissue in the back of the airway, such as large tonsils, may decrease the size of the normal airway opening. Increasing age or a specific medi-


cal condition may cause a decrease in the tone of the muscles normally holding the airway open. Regardless of the reason for a collapsing airway, obstructive sleep apnea is of concern because the condition may lead to other health risks. Untreated sleep apnea may cause high blood pressure, and hence place an individual at greater risk for developing a heart attack or a stroke. Daytime drowsiness can cause motor vehicle or work-related accidents. The restless sleep may also lead to problems with mental function, such as difficulties with memory, concentration, and judgement, as well as mood disorders such as depression or being easily irritated or getting angry.

If an individual suspects that he or she has sleep apnea, it is vital to see a physician immediately. A referral can then be made to have a sleep study performed, where an individual is monitored overnight while sleeping with various leads or wires attached to the head, face, chest, and legs.

Once the diagnosis has been established, treatment may



initially involve lifestyle modification for the milder cases. Weight loss, abstinence from chemicals (such as caffeine, alcohol, certain medications and recreational drugs), and general sleep habit advice are all beneficial to follow.

For the more severe cases of sleep apnea, the treatment of choice is continuous positive airway pressure, or CPAP (pronounced "see-pap"). CPAP treats sleep apnea by providing for a gentle flow of positive-pressure air through a mask in order to splint the airway open during sleep. Less commonly, surgery or dental devices may be prescribed for the treatment of sleep apnea. 

Important health information on-line now!
www.claimsecure.com
health library
menu santé
L'information importante de santé en-ligne maintenant!

Visit our health library which has recently been updated.

Your feedback is important to us. If there is anything you would like to see in this newsletter, or you have any suggestions or comments, please contact:

Editor:
Ellen Trotman,
Director, Client Services
1-888-479-7587 ext. 3014
Fax: 905-949-3029

Associate Editor:
Rita Moxam,
Client Services Representative
1-888-513-4464 ext. 2585
Fax: 705-673 5968

<http://www.claimsecure.com>

