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A note from the Egyptian Trust**OPEN ENROLLMENT ENDS SEPTEMBER 30, 2018**

If you have not made your benefit elections for the new plan year please see your Human Resources representative immediately. Please note it is imperative you provide legible information, along with dependent(s) Social Security numbers for any program for which you enroll. Incorrect or unreadable information will delay your enrollment and ID card production. Open Enrollment ends September 30, 2018. Changes, enrollments, or terminations that are not made by this date will not be accepted.

MENTAL HEALTH PARITY NOTICE—Important Notice to Participants

Group health plans sponsored by State and local governmental employers such as public school districts must generally comply with Federal law requirements in Title XXVII of the Public Health Service Act. However, such governmental employers are permitted to elect to exempt a plan from certain requirements for any part of the plan that is “self-funded” rather than provided through a health insurance policy.

The Mental Health Parity and Addiction Act generally prevents plans from having more restrictive benefits for mental health and substance use disorders than for other covered medical and surgical conditions and benefits. The Egyptian Area Schools Employee Benefit Trust has elected to exempt the Egyptian Area Schools Employee Medical Benefit Plan from some requirements of the Parity Act.

The exemption from these Federal requirements will be in effect for the Plan year beginning September 1, 2018 and ending August 31, 2019, and may be renewed for subsequent Plan years.

Quick Reference Source**Egyptian Trust**

You can view information about Egyptian Trust, programs offered by the Trust, historical newsletters and more at www.egtrust.org

Healthcare

You can securely view your claims history, request a replacement ID card, and more by visiting www.healthscopebenefits.com, or you may contact Customer Service at 1-800-397-9598.

To access the secure portal, please take a moment to register for a User ID / Password, or log-in with the one you already created. **Note:** Dependents over age 18 will need to create their own User ID / Password to access their information.

Provider Network

Find a participating physician or ancillary provider or create a customized directory at <http://www.multiplan.com/healthscope>. You may also search for contracted providers at http://www.hsbdirectoriesonline.com/egyp/searchform.php?network_id=EGYPTIAN_TRUST, or you may contact Customer Service at 1-800-397-9598.

Members may visit any provider for their healthcare needs.

Prescription Drugs

You can securely view your prescription drug claims history and more at www.express-scripts.com. A User ID / Password will be required to view the information, or you may contact Member Services at 1-800-706-1754.

Dental Plan – Ameritas

Find a network provider, view your protected claims / eligibility and more at www.ameritas.com/group/olbc/egyptianschooltrust, or you may contact Member Services at 1-800-487-5553.

Vision Plan – EyeMed

Find a network provider, view your protected claims / eligibility and more at www.eyemed.com, or you may contact Member Services at 1-866-804-0982.

Dearborn National

For assistance with claims, travel / beneficiary resources, portability or conversion policies, you may contact Member Services at 1-800-348-4512.

Summary of Express Scripts' 2019 Formulary changes


Beginning Jan. 1, 2019, the changes below go into effect for Egyptian Trust. The 2019 NPF will exclude 48 additional drugs and prefer lower-cost alternatives. Less than 1% of members under the plan will be impacted by the changes.

Express Scripts will target impacted members, ensuring a smooth experience. Beginning this fall, members will receive personalized notifications, reminder communications and targeted alerts about preferred options. Express Scripts will also notify physicians and pharmacists of the upcoming formulary changes this fall.

New Exclusions: These are drugs that are going to be not covered under the plan beginning 1/1/19. Please work with your physician on having an alternative drug prescribed.

Preferred to Non Preferred Changes: These are drugs that are moving from a preferred to non-preferred status. These drugs will be subject to a higher copay beginning 1/1/19.

NEW EXCLUSIONS		
ALCORTIN A	ALOCRIL	ALOMIDE
ALTOPREV	ATRIPLA	BERINERT
BROVANA	CHORIONIC GONADOTROPIN	CLIMARA PRO
CONTRACE ER	CORTIFOAM	DUZALLO
ELOCTATE	EMADINE	EMBEDA
EXTAVIA	FENOPROFEN Capsule	FENORTHO
FLAREX	FML FORTE, FML S.O.P	HUMATROPE
LUPRON DEPOT-PED	MAVYRET	MAXIDEX
NALFON	NEUPRO	PRADAXA
PRED MILD	PREGNYL	RECOMBINATE
SAVAYSA	TOPICORT Spray	VERDESO
XADAGO	XERESE	XYNTHA, XYNTHA SOLOFUSE
ZURAMPIC	ALL OTHER METERS & STRIPS THAT ARE NOT LIFESCAN BRAND	

PREFERRED TO NON-PREFERRED CHANGES		
ACTHAR H.P.	ADCIRCA	ARCALYST
CERVARIX	ELELYSO	EMEND Powder Packet & Vial
GARDASIL	INFLECTRA	LEMTRADA
LUCENTIS	NATAZIA	oxazepam
OXSORALEN	POTIGA	RENFLEXIS
SIVEXTRO Vial	TECHNIVIE	temazepam
VAQTA Vial	VENTAVIS	VIEKIRA, VIEKIRA XR
VPRIV	ZAVESCA	ZOSTAVAX
DIABETIC SYRINGES & PEN NEEDLES NOT MANUFACTURED BY BD OR NOVO	<div> EXPRESS SCRIPTS®</div>	

Should a member have any questions regarding this information or any other prescription drug claims questions, call Member Services at 1-800-706-1754 or visit www.express-scripts.com

Should a member have any questions regarding this information or any other prescription drug claims questions, call Member Services at 1-800-706-1754 or visit www.express-scripts.com

Keenan Pharmacy Care Management (KPCM)

We are proud to introduce the Keenan Pharmacy Care Management (KPCM) program powered by US-Rx Care as an enhancement to your existing pharmacy benefit with Express Scripts. This program will help reduce your out-of-pocket prescription spend on your maintenance medications. KPCM is an innovative program which analyzes all of your prescription drugs and communicates with your doctor on quality of care and cost-saving opportunities.

At times, KPCM may call you to discuss

pharmacy care options. These calls and your prompt reply will provide opportunities for you to save money.

You may also choose to proactively call KPCM and complete a medication review which will begin the process of contacting your doctor to identify potential cost savings.

If you have any questions regarding this program or to complete a proactive medication review, please contact KPCM at 1-800-241-8440.



Understanding Balance Billing

The overall cost of health care continues to rise, and the Egyptian Trust is not immune to escalating premiums. The Trust has made some changes over the past year to keep your premiums down and the benefits reasonable. As you know, during the last renewal the Trust moved to a Value Based Payment model to make sure the amount charged by providers, and paid by you, is fair and reasonable. There may be times when you receive a "balance bill" from a provider, and we wanted to get some information in your hands on what to do in case this happens.

What is Value-Based Payment (VBP)?

Value-Based Payments is a transparent method of determining how much your providers of care will be paid for services (typically Medicare reimbursement, plus a percentage).

HealthSCOPE Benefits will determine the allowed amount to your physician or ancillary providers of service, while HST will determine the allowed amount to your inpatient / outpatient facility providers of service.

What does this mean for you?

For members of the Egyptian Trust benefit plan, this provides you the flexibility to utilize any provider or service, and also reduces the cost of your out-of-pocket expenses.

I have paid my required copay, deductible or out of pocket maximum reflected on my Explanation of Benefits (EOB); however, I have still received a bill from the provider of service.

This is referred to as "balance billing." Balance billing is when a healthcare provider accepts the "allowed" amount from an insurance plan, and then bills the patient for the difference between the charge and the allowed amount. (Please see sample of EOB and balance bill on the next page.)

HealthSCOPE Benefits and HST have you covered in case you do receive a balance bill.

What should I do if I receive a "balance bill" from a provider of care?

The Egyptian Trust plan is based on fair and transparent pricing; therefore, you should not have to worry about unexpected bills. However, as with any plan, you may occasionally receive a medical bill above and beyond what you owe. If you receive a balance bill, simply contact HealthSCOPE Benefits Customer Care at **800-397-9598**. You can follow the phone prompts to be connected to the appropriate team to handle your balance billing situations - facility or physician. (Please have your balance bill with you when contacting Customer Care, as they will need to receive a copy to assist with your claim.)

If the balance billing received is from a physician or ancillary provider of service (e.g. lab, durable medical equipment), the HealthSCOPE Benefits representative will document the information and send to our internal team to reach out to the provider and discuss the VBP reimbursement. A member of the HealthSCOPE Benefits Customer Care department will report the status of those discussions to you.

If the balance billing received is from an inpatient / outpatient facility, HealthSCOPE Benefits will connect you with an HST Patient Advocacy Center (PAC) representative who will manage your balance bill direct with the facility on your behalf.

In either case of balance billing (whether it be a physician or a facility), there is a dedicated team of patient advocates that will take over your balance billing and deal directly with the provider of service so you don't have to. It is important that you contact Customer Care when you receive your first balance bill.

Do not pay a Balance Bill!

Call Customer Care at 800-397-9598

Example Balance Bill from ABC Medical Group

MAKE CHECKS PAYABLE TO

ABC Medical Group
P.O. Box 123
Little Rock, AR 72205

FOR BILLING INQUIRIES: 501-418-9999

Statement Date
01/19/2018

Pay this amount
\$70.00

Patient Acct#
123456

Show amount paid here:

John Doe
789 Main Street, Apt. A
Anytown, US 12345-6789

STATEMENT

Date of service	Code	Description	Charge	Insurance paid	Patient paid	Balance
01/01/2018	98765	Office Visit	\$200.00	\$100.00	\$40.00	\$60.00
01/01/2018	12345	Blood Draw	\$20.00	\$10.00	\$0.00	\$10.00
TOTALS:			\$220.00	\$110.00	\$40.00	\$70.00
Current	30-60 Days	60-90 Days	90-120 Days	120+ Days		
\$70.00					AMOUNT DUE:	\$70.00

In this example, the member is being billed more than the patient responsibility as shown on the EOB. This is a "balance bill."

Do not pay a Balance Bill!

If you receive a Balance Bill, contact a HealthSCOPE Benefits Customer Care representative. A patient advocate will take over your case and deal directly with your physician/ancillary provider so you don't have to.

Call Customer Care at 800-397-9598

Example Explanation of Benefits (EOB) from HealthSCOPE Benefits

20170227M
123456789

HealthSCOPE Benefits
27 Corporate Hill Drive
Little Rock AR 72205

HealthSCOPE BENEFITS

Explanation of Benefits

THIS IS NOT A BILL

Forwarding Service Requested

Your Member Information
Name: JANE D DOE
EOB Date: 01/01/2018
ID No: SAMPLE1234
Group ID: SAMPLE
Group Name: SAMPLE COMPANY

Contact Us
Phone: 1-800-###-####
Web Address: www.healthscopebenefits.sample.com
Hours: 8AM - 5PM CST
Email: sample@healthscopebenefits.sample.com

Recent Claim Activity

The information below is a summary of your health care claims, including any out-of-pocket expenses or non-covered amounts that you may owe the provider(s). Please review the detailed claim breakdown carefully. Some claims may require more information from you or your provider before they can be processed. You also should compare this summary to any health care bills you may receive.

Total Charge	Reduced Amount	Plan Pay Amount	Patient Responsibility
\$220.00	\$70.00	\$110.00	\$40.00

This is the amount billed by the provider for health care services.

This is the amount saved using available pricing programs and network arrangements provided by your Claims Administrator. These dollars are not your responsibility.

This is the amount the Plan paid for billed services.

This is the amount you may be billed by the provider after reductions or discounts, and after Plan benefits have been applied.

Your next monthly explanation of benefits, if any claims are processed, may arrive no later than the week of: October 8, 2017.

Patient: JANE A DOE **Claim #:** 1111111

Provider: ABC MEDICAL GROUP

Dates of Service	Service Description	Rmk Code*	Total Charge	Reduction Amount	Amount Excluded	Co-Pay	Deductible	Insurance	Other Plan Payment	At %	Plan Pay Amount
01/01-01/01/2018	Professional Service	1234	\$200.00	\$60.00	\$0.00	\$40.00	\$0.00	\$0.00	\$0.00	100	\$100.00
Patient Responsibility			\$40.00			\$40.00	\$0.00	\$0.00	\$0.00	100	\$100.00
Totals:			\$200.00	\$60.00	\$0.00	\$40.00	\$0.00	\$0.00	\$0.00	100	\$100.00

Patient: JANE A DOE **Claim #:** 2222222

Provider: ABC MEDICAL GROUP

Dates of Service	Service Description	Rmk Code*	Total Charge	Reduction Amount	Amount Excluded	Co-Pay	Deductible	Insurance	Other Plan Payment	At %	Plan Pay Amount
01/01-01/01/2018	Professional Service	1234	\$20.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100	\$10.00
Patient Responsibility			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	100	\$10.00
Totals:			\$20.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	100	\$10.00

Reason Code Description

Code	Description
1234	TO MEMBER AND PROVIDER: The amount exceeds the Plan's Reasonable and Customary amount. The difference between billed and allowed is not the patient's liability.

TO MEMBER: Did you receive a balance due statement from your provider? We can help! Please contact our customer care department at the number on the back of your ID card, or at the top of this EOB under "Contact Us."



Inpatient/Outpatient Hospital-Related Frequently Asked Balance Bill Questions

1. How do I know I've been balance billed?

If you receive a bill from your provider for an amount above the Patient Responsibility (deductible, co-pay, co-insurance) as reflected on your EOB, you are being balance billed. Don't pay the Balance Bill! As soon as you receive your first balance due statement from your provider, please contact the HealthSCOPE Benefits Customer Care line at 800.397.9598 to be directed to HST's Patient Advocacy Center. The sooner you reach out to PAC, the sooner PAC will be able to resolve your claim. A Patient Advocate will guide you through the process and handle all communication on your behalf.

2. Should I pay my claim in full?

No, you should not pay the claim in full. The only portion you need to pay is what is identified as the Patient Responsibility on your EOB. If you pay the claim in full, the facility will close the account and will not be open to negotiating with the Patient Advocacy Center.

3. Should I set-up a payment plan with my facility?

Yes, you may set up a payment plan with the facility that only covers your Patient Responsibility as reflected on your EOB. However, when setting up a payment plan with a facility, the facility will typically include the entire balance, including the portion you are not responsible for. Before signing any documents with the facility, it's important that you do not agree to pay the amount over your Patient Responsibility. Please note, the facility will likely not refund payments received for amounts above the Patient Responsibility, therefore, it is important that you keep track of the payments you have made to ensure you do not exceed your Patient Responsibility.

4. What should I do if I have paid an amount that exceeds my Patient Responsibility?

If you have made a payment to your provider that exceeds the amount identified as your Patient Responsibility on your EOB, please contact the Patient Advocacy Center for assistance.

5. What is the benefit of the process taken by the Patient Advocacy Center?

The Patient Advocacy Center will ensure that the only portion that you as the member pay is what is reflected as Patient Responsibility. When your Patient Advocate reaches out to the facility, they educate them on your Plan to help avoid balance billing in the future. Your Patient Advocate will also keep you updated on the progress of your claim.

6. What if I continue to be harassed by my facility?

If you continue to receive phone calls or statements, please make note of the individual calling you, including their phone number, and forward the information directly to your Patient Advocate. Once you present this information to your Patient Advocate, they will reach out to the individual who has been calling you to enforce communications with you cease.

7. Why am I being asked to sign the FDCPA letter and what purpose does it serve?

The Fair Debt Collection Practices Act (FDCPA) letter will be sent to you by the Patient Advocacy Center via DocuSign. DocuSign is an App that allows members to electronically sign agreements quickly and securely; this helps expedite the overall process. This letter is designed to protect your credit under the Fair Credit Reporting Act. By signing the letter, you, as the member are asking the facility to justify the pricing for the services rendered, authorize communication direct with the Patient Advocacy Center and lastly, notify the facility of your rights under the Fair Debt Collection Practices Act; mandating the provider to not threaten your credit rating or report you as delinquent while the claim is being disputed. Please note, you are not required to sign the letter, however, not doing so may hinder efforts in resolving your claim.

Provider Choices:

More Value for Your Health Care Dollars

If you need care from a doctor, hospital, or other health care facility, you have choices. It's important to remember the copays, deductibles, coinsurance, and out of pocket maximums are the same regardless of the type of provider chosen.

- You can seek medical services from any physician, facility, or ancillary provider. This is known as the Value-Based Payment model (or VBP). The Value Based reimbursement model uses a facility's cost basis, plus a profit margin, to establish a reimbursement level that allows a facility to "make a profit." Medical providers are not used to this model and some are very resistant. In such cases, HealthSCOPE Benefits or HST's Patient Advocacy Center will work with the physician or facility on your behalf to settle any "balance billing."
- In cases where contracts have been negotiated with providers (facilities and physicians), those contracted providers (both facilities and physicians) are identified as the **Egyptian Trust Provider Network**. Following is a list of the most frequently utilized facilities currently contracted with the Egyptian Trust.

Egyptian Trust Network Facility Contract List

Facility Name	Affiliate Facility	Location
Advocate Bromenn Medical Center	Unity	Normal, IL
Advocate Eureka Hospital	Unity	Eureka, IL
Alton Memorial Hospital	BJC	Alton, IL
Anderson Home Health Services	Anderson	Maryville, IL
Anderson Hospital	Anderson	Maryville, IL
Anderson Hospital - Acute Inpatient Rehab	Anderson	Maryville, IL
Anderson Hospital - Cancer Center	Anderson	Maryville, IL
Anderson Hospital - Center for Sleep Medicine	Anderson	Maryville, IL
Anderson Hospital - Express Care (Urgent Care)	Anderson	Bethalto, IL
Anderson Hospital - Express Care (Urgent Care)	Anderson	Collinsville, IL
Anderson Hospital - Express Care (Urgent Care)	Anderson	Glen Carbon, IL
Anderson Hospital - Express Care (Urgent Care)	Anderson	Highland, IL
Anderson Hospital - Highland Rehab Services	Anderson	Highland, IL
Anderson Hospital - Pediatric Therapy	Anderson	Maryville, IL
Anderson Hospital - Southern Illinois Specialized Healthcare Associates	Anderson	Alton, IL
Anderson Hospital - Wellness Center	Anderson	Maryville, IL
Barnes Jewish Hospital	BJC	St. Louis, MO

Facility Name	Affiliate Facility	Location
Barnes Jewish St. Peters Hospital	BJC	St. Peters, MO
Barnes Jewish West County Hospital	BJC	St. Louis, MO
Blessing Hospital	Blessing	Quincy, IL
Boone Hospital	BJC	Columbia, MO
Christian Hospital Northeast-Northwest	BJC	St. Louis, MO
Deaconess Health System	Deaconess	Evansville, IN
Hamilton Memorial Hospital	Hamilton	McLeansboro, IL
Herrin Hospital	SIH	Herrin, IL
Hillsboro Area Hospital	Managed Care Partners	Hillsboro, IL
Holy Family Hospital	HSBS	Greenville, IL
Hopedale Hospital	Unity	Hopedale, IL
HSBS Good Shepherd Hospital	HSBS	Shelbyville, IL
Illini Hospital (BlessingCare Corporation)	Blessing	Pittsfield, IL
Memorial Hospital (Belleville)	BJC	Belleville, IL
Memorial Hospital East	BJC	Belleville, IL
Memorial Hospital of Carbondale	SIH	Carbondale, IL
Methodist Medical Center of Illinois		Peoria, IL

Continued on the next page

Facility Name	Affiliate Facility	Location
Missouri Baptist Hospital of Sullivan	BJC	Sullivan, MO
Missouri Baptist Medical Center	BJC	St. Louis, MO
Murray Calloway County		Murray, KY
Pana Community	Managed Care Partners	Pana, IL
Parkland Health Center - Bonne Terre	BJC	Bonne Terre, MO
Parkland Health Center - Farmington	BJC	Farmington, MO
Pekin Memorial Hospital	Unity	Pekin, IL
Pinckneyville Community Hospital	Managed Care Partners	Pinckneyville, IL
Progress West Hospital	BJC	O' Fallon, IL
Richland Memorial		Olney, IL
Southern IL Healthcare	SIH	
Sparta Community Hospital	Managed Care Partners	Sparta, IL
SSM - Good Samaritan Mt. Vernon	SSM	Mt. Vernon, IL
SSM - St. Mary's Centralia, IL	SSM	Centralia, IL

Facility Name	Affiliate Facility	Location
SSM-DePaul Hospital	SSM	Bridgeton, MO
SSM- St. Louis University	SSM	St. Louis, MO
SSM- St. Joseph Hospital	SSM	St. Louis, MO
SSM- St. Joseph Hospital	SSM	St. Charles, MO
SSM- St. Clare Hospital	SSM	Fenton, MO
SSM- St. Mary's Health (Cardinal Glennon and Children's Hospital)	SSM	St. Louis, MO
SSM- Select Rehab	SSM	St. Louis, MO
St. Anthony's Memorial Hospital	HSMS	Effingham, IL
St. Elizabeth's Hospital	HSMS	O' Fallon, IL
St. Francis Litchfield	HSMS	Litchfield, IL
St. John's Hospital	HSMS	Springfield, IL
St. Joseph Memorial (Murphysboro)	SIH	Murphysboro, IL
St. Joseph's Breese	HSMS	Breese, IL
St. Joseph's Highland	HSMS	Highland, IL
St. Louis Children's Hospital	BJC	St. Louis, MO
St. Mary's Decatur	HSMS	Decatur, IL
The Heart Hospital at Deaconess Gateway, LLC	Deaconess	Newburgh, IN
Union Hospital	Union	Anna, IL
Unity Point	Unity	Peoria, IL

To view the list of health care professionals and facilities in network:

1. Logon to www.healthscopebenefits.com
2. Click on LOGIN/Members
3. Enter Company Name: EGYPT
4. Sign in with your Username and Password (if you have not yet created a Username and Password, click on *New Member Registration* and follow the prompt)
5. On the right side of the page under Links, click on **Egyptian Trust Provider Network**.

You may also visit www.egtrust.org, click on Medical Benefits>Finding a Network Provider and then following the message to click on the **Egyptian Trust Provider Network**.

- Members may also access care from a group of physicians and ancillary providers called Multiplan/PHCS. These health care providers have already agreed to a negotiated amount for their services, saving you and the Trust money. Visit www.multiplan.com/healthscope to search for a Multiplan/PHCS physician or ancillary provider. Ancillary providers include independent labs, durable medical equipment, etc. You may also find the link on the right side of the Home Page of www.healthscopebenefits.com. Click on **PHCS PPO Provider Lookup**.



HealthyPeople

KNOW YOUR CHOLESTEROL

September is National Cholesterol Education Month, a good time to get your blood cholesterol checked and take steps to lower it if it is high. Take some time to learn about lipid profiles and about food and lifestyle choices that help you reach personal cholesterol goals.

More than 102 million American adults (20 years or older) have total cholesterol levels at or above 200 mg/dL, which is above healthy levels. More than 35 million of these people have levels of 240 mg/dL or higher, which puts them at high risk for heart disease. Cholesterol is a waxy, fat-like substance found in your body and many foods. Your body needs cholesterol to function normally and makes all that you need. Too much cholesterol can build up in your arteries. After a while, these deposits narrow your arteries, putting you at risk for heart disease and stroke.

High cholesterol usually doesn't have any symptoms. As a result, many people do not know that their cholesterol levels are too high. However, doctors can do a simple blood test to check your cholesterol. High cholesterol can be controlled through lifestyle changes or if it is not enough, through medications. It's important to check your cholesterol levels. High cholesterol is a major risk factor for heart disease, the leading cause of death in the United States.



MAKE SURE YOUR CHOLESTEROL IS IN CHECK

The National Cholesterol Education Program (NCEP) recommends that adults aged 20 years or older have their cholesterol checked every 5 years. Preventive guidelines for cholesterol screening among young adults differ, but experts agree on the need to screen young adults who have other risk factors for coronary heart disease: obesity, smoking, high blood pressure, diabetes, and family history. Less than half of young adults who have these risk factors don't get cholesterol screening even though up to a quarter of them have elevated cholesterol. A simple blood test called a lipoprotein profile can measure your total cholesterol levels, including LDL (low-density lipoprotein, or "bad" cholesterol), HDL (high-density lipoprotein, or "good" cholesterol), and triglycerides.

Your doctor may prescribe medications to treat your high cholesterol. In addition, you can lower your cholesterol levels through lifestyle changes:

- Low-fat and high-fiber food (eat more fresh fruits, fresh vegetables, and whole grains)
- For adults, getting at least 2 hours and 30 minutes of moderate or 1 hour and 15 minutes of vigorous physical activity a week. For those aged 6-17, getting 1 hour or more of physical activity each day.
- Maintain a healthy weight.
- Don't smoke or quit if you smoke.

If you have been diagnosed with high blood cholesterol, it is important that you continue your treatment. Follow-up care can vary depending on your cholesterol levels, your risk of having a cardiovascular complication such as a heart attack or a stroke, and your response to treatment. Take care of you.

How 7 New Dental Treatments Make it Easier to Take Care of Your Teeth

“My teeth feel and look great. Why do I need to get them cleaned and checked?” It’s a great question that many people ask. However, a healthy mouth is more than a dazzling smile. Dental problems may be lurking in places you cannot see, such as inside teeth or along the gumline. Fortunately, seven new dental treatments make it easier to take care of your teeth.

Lasers detect tooth decay

Instead of using a sharp dental tool to identify soft spots in tooth enamel, some dentists are using a high-tech diode laser to find cavities. This technology enables dentists to discover decay at an early stage and add a small filling to restore the tooth.

Digital x-rays provide better tooth images

Although digital x-ray technology has been around for several years, many dentists are updating their equipment to provide better patient care. With digital x-rays, dentists can see the entire tooth structure to identify problems, such as cavities, infections or gum disease. Digital scans also help dentists in accurately attaching implants in the jaw.

Crowns made quickly

In the past, if you needed a crown to restore a tooth, the dentist made a mold of the tooth. Then a dental laboratory used the mold to create a permanent crown; a process that could take several weeks. Some dentists have invested in CAD/CAM technology (computer-aided design/

computer-assisted manufacture), so they can make a crown while you wait.

Preserve teeth with veneers

If you have unattractive or crooked teeth, you may be reluctant to smile. Now a new type of thin veneer can be applied to the front of your teeth to enhance your look. With this new style, the dentist reshapes the tooth edges, so the veneer fits perfectly to give you a beautiful smile.

Repair chipped teeth easily

It’s easy to chip a tooth if you have an accident, grind your teeth, or chew ice cubes. Often, people choose not to have the problem fixed. However, dentists are using new bonding materials and techniques to restore chipped teeth. The material is matched to your natural tooth color, so the repair is not noticeable.

Restore damaged gums

As people age, oral tissues can change. It’s easy to develop pockets where gum tissue fits loosely around your teeth. Dental decay can form along the gums, bacteria can settle into the pocket, and the tooth structure can be damaged. However, dentists now can deep clean teeth to remove decay.

Replace lost teeth with better implants

People often lose a tooth due to an accident or decay. For years, dentists have replaced teeth with dental implants. In the past, some implants have broken off or did not fuse correctly into the jawbone. Researchers have developed new implants and improved the procedure. Today about 95 percent of implants last about 15 years or longer.

Source: WebMD





5 Back-to-school rules to help protect kids' eyes

A child won't raise their hand if they don't know the answer to a problem, and that includes fuzzy vision. Most kids simply don't realize if their sight is off. From tripping and tilting to picking the right lens, we've got a list of gotta-knows aimed to keep their kids' vision focused and healthy. A whopping 80% of a child's learning comes through the eyes, yet 1 in 4 school-age children have a vision problem. So thanks to Pearle Vision here's a back-to-school vision checklist to help spot vision issues.

1. Vision and behavior are often blurred. Children who have trouble seeing are often misdiagnosed with behavioral problems like Attention Deficit Hyperactivity Disorder. Before prescribing medications, take notice if your child is holding books or other things unusually close or far away from their eyes. If he or she struggles, it may be time for an eye exam.
2. Another common sign of vision troubles is using a finger or pencil to guide the eyes while reading.
3. Beware of tilt-a-words. Head tilting may look inquisitive and cute, but when a child makes a habit of doing so while reading, it could signal a potential vision problem. The same goes for kids who rub their eyes a lot or cover one eye while reading.¹
4. Going "bump" into the night, and day. Clark Kent might be able to do super things without his glasses, but kids with vision problems can't. If a child often bumps into desks, knocks things over and trips, he might not just be clumsy. See an eye doctor to help rule out vision problems before pulling out the first aid kit (again).
5. Computer vision syndrome is a thing. Yep, research suggests that heavy computer use among kids can lead to early myopia. This is because the computer forces the child to focus and strain more than many other tasks, which stresses the eyes.²

If you want your kids to ace their classes this year, remember a good "see" can lead to straight A's and more importantly, a happy child.

1. "Learn with Your Eyes," Pearle Vision, <https://www.youtube.com/watch?v=aE2ODK87Tt8>
2. Children and Computer Vision Syndrome," By Gary Heiting, August 2017, <https://www.allaboutvision.com/cvs/children-computer-vision-syndrome.htm>



Back-to-school checklist for the family

One of the biggest challenges about getting ready to go back to school is creating a routine again. We know how rough it can be getting back into the swing of homework, practices and classes!

To help you and your family make a seamless transition this back-to-school season, we've created a handy checklist with important items you won't want to miss:

- ☐ Post a family calendar on the fridge filled with everyone's activities
- ☐ Begin readjusting sleep and food schedules one week before classes start
- ☐ Book sitters for school parent nights or to help with extracurricular programs
- ☐ Before you go back-to-school clothes shopping, having your kids try on clothes that haven't been worn since last year; donate what no longer fits
- ☐ Contact your child's school to discuss any necessary health precautions like food allergies or medications
- ☐ Make quality bonding time a daily priority for the family, either by playing a game, taking a walk or having dinner together¹
- ☐ Create a homework station where you can find what your child needs and help them focus on tasks
- ☐ Take your family grocery shopping to find healthy snacks and items for school lunches

By taking a moment to update your child's health history now in your Teladoc account, you can make back-to-school easier for both of you.

With an updated health history on file, you'll be prepared ahead of time if your child gets sick, freeing you up to focus on their care quickly.

Visit www.teladoc.com to update your family's health history today before the back-to-school rush!

Have a safe and happy school year!

1.<http://abcnews.go.com/GMA/Parenting/back-school-complete-checklist-parents/story?id=11407354>

Teladoc⁺



The importance of adult vaccinations

Did you know that adults need vaccines too? Each year 50,000 to 90,000 adults die from vaccine-preventable diseases in the United States. We all need immunizations regardless of our age to protect against serious and sometimes deadly diseases. The specific vaccines you need as an adult are determined by many factors including your age, job, lifestyle, health conditions, travel destinations and which vaccines you've had in the past. Adult vaccines are recommended for protection against:

- Seasonal influenza (flu)
- Pertussis (whooping cough)
- Tetanus and diphtheria (every 10 years following Tdap vaccine)
- Shingles (for adults 50 years and older)
- Pneumococcal disease (for adults 65 years and older)

Adults with weakened immune systems and/or chronic conditions such as heart disease, diabetes or lung disease are more likely to develop serious complications from vaccine-preventable diseases including hospitalization, prolonged illnesses, or even death.

A few of the many reasons why adults need vaccinations!

You didn't get fully vaccinated as a child. If you didn't get vaccines for things like chickenpox, measles, mumps, and rubella, or have any of those diseases as a child, you need to be vaccinated as an adult.

You may no longer be protected. Even if you had been vaccinated as a child, some vaccines such as pertussis, tetanus and HPV require a booster if you want to remain protected.

Getting vaccinated protects your family. Receiving your recommended vaccines reduces the risk of becoming ill and spreading the disease to others - especially babies too young for vaccines and the elderly, who may already have weakened immune systems.

Everyone needs a flu vaccine, every year. The CDC recommends every- one 6 months of age and older

receives a flu shot annually unless they have a medical reason not to receive the vaccine.

You may need vaccines when you travel. Headed off to explore the developing world? You may run into illnesses you would never find at home. Specific vaccinations, such as yellow fever and cholera, are required for travel to certain countries. The CDC's web site provides details about what you may need for your destination.

New vaccines have been developed. Some vaccinations recommended for adults are fairly new. For example, the FDA approved the first HPV vaccine and shingles vaccine in 2006.

Talk with your doctor to learn what is right for you!



Vaccinations: Myths vs. Facts

Myth: No one else is at risk if I don't vaccinate my kids.

Fact: Unvaccinated children and adults cause the most outbreaks of diseases.

Myth: Vaccines cause autism.

Fact: Over 100 studies show no link between vaccines and autism.

Myth: Giving infants multiple vaccines overwhelm the immune system.

Fact: There is no relation between multiple shots and chronic health problems.

Myth: Vaccine-preventable diseases aren't really that serious.

Fact: Most "common" diseases are deadly if left unchecked.

Myth: Spreading out vaccines can be safer for kids.

Fact: Spacing out vaccinations leaves children vulnerable to diseases.



Make walking your healthy habit

Walking is one of the most beneficial activities you can choose. It provides many health benefits including lowering the risk of high blood pressure, heart disease, stroke, diabetes and even certain cancers. Walking strengthens your bones, increases energy and blood circulation, reduces stress, depression and the risk of dementia. A 2017 study from the American Cancer Society found that lack of exercise is likely to cause premature death. Walking just 20 minutes a day makes a difference!

How can you make regular walking a daily habit? The key to building any successful habit is to make it enjoyable. Try these tips to help you stick with your walking routine:

Set yourself up for success. Start with a simple goal like a 10-minute walk during your daily lunch break. When that becomes a habit, set a more challenging goal.

Walk in places you enjoy, like a park, walking trail, beach or even a shopping mall. Try different places and routes to keep it interesting and to stay motivated.

Listen to your favorite music as you walk. Keep the volume low so you can hear sounds around you.

Bring a friend or family member. Having a regular walking buddy will help keep you going.

Have a “Plan B”. When bad weather or roadblocks get in the way, have options like mall walking, a gym track or a stationary bike.

Track your progress to keep motivated. Use a pen and paper, an online program, or a fitness device and app for your phone or computer, to help you count steps, calories and distance.

KEEP ON WALKING!

Creative Ways to Walk 10,000 Steps a Day

- Walk to work or park far from the office
 - Use the stairs, not the elevator
- Walk the kids to school or the bus stop
 - Vacuum the house
 - Mow or rake the lawn
- Take an extra lap around the grocery store
 - Hop off the bus or train one stop early
 - Window shop on your lunch break
 - Walk the dog
- Visit your coworkers instead of emailing
 - Play with your kids

Reward yourself as you achieve your goals. New clothes, walking shoes or even a movie.

Join a walking club. Health organizations, fitness clubs, schools, churches, local parks and recreation facilities all offer walking programs.

Register for a walking event. If you are a beginner, select a 5K or 10K charity event. If you are ready for a more serious challenge, register for a half or full marathon or multi-day walking festival.

Setbacks happen. It's OK as long as your return to your walking routine again as soon as you can. Keep motivated during your walk and you will stay persistent in your routine towards a healthy mind and body. Set goals, monitor your progress and shed those unhealthy pounds!

