

In This Issue

- Your Prescription Drug Program- CVS Caremark
- HSA-HDHP Changes Effective 1/1/13
- LabCard Program – Receive your lab results on your smartphone through Gazelle free mobile app
- Primary Doctor Referral Requirements
- Pre-Certification Requirements
- About Egyptian Trust and Your Care Coordinators
- Access Your Benefits through a single site
- 'Tis The Season To Live Healthy

“Nothing is ever lost by courtesy. It is the cheapest of pleasures, costs nothing and conveys much.”

Erastus Wiman

Your Prescription Drug Program- CVS Caremark



Frequently Asked Questions - 90 Day Prescription Fills at a Retail Pharmacy

Can I fill my 90 day maintenance drug at my local retail pharmacy?

- Yes, as long as your pharmacy is participating in Caremark’s 90 day maintenance drug network.

What if my pharmacy is not in Caremark’s 90 day maintenance drug network?

- All of the pharmacies used by Egyptian members were contacted prior to September 1 and the majority have joined the Caremark 90 day maintenance drug network.
- If your pharmacy is not in Caremark’s 90 day maintenance drug network and would like to consider joining, they can contact Caremark’s Network Enrollment line at 480-314-8457.

Caremark Customer Service representatives have told me that I can fill my 90 day maintenance drug at my local CVS pharmacy for the same copay as mail order. Is this correct?

- No, copays for all 90 day maintenance drug supplies filled at retail are the same regardless of the retail pharmacy – CVS retail pharmacies are not set up with lower copays for 90 day supplies. Remember, You have the option to fill the first two months of a **newly** prescribed maintenance medication at any local retail pharmacy for the normal 30 day co-pay. After the first two fills of a maintenance medication each fill afterward will be required to be a 90 day fill at either a **participating 90 day retail pharmacy or through Home Delivery.**
- Mail order (Home Delivery) copays are lower than 90 day supplies at all retail locations.

Health Savings Account (HSA) Qualified-High Deductible Health Plan (Bronze Plan) Changes Effective January 1, 2013

In accordance with the IRS Requirements, following are the contribution and deductible/out of pocket limits to the HSA Qualified High Deductible Health Plan (Bronze Plan) which become effective January 1, 2013. The Schedule of Benefits for the Bronze Plan can be viewed under “HEALTH PLAN DOCUMENTS” at www.egtrust.org.

	<u>Individual</u>	<u>Family</u>
Minimum Deductible	\$1,250	\$2,500
Maximum Out-of-Pocket	\$6,250	\$12,500
HSA Contribution Limit	\$3,250	\$6,450
Catch-Up Contribution (55 or older)		* \$1,000

* If a spouse is also 55 or older, a second HSA must be established and a second contribution of \$1,000 could be made to that account. For additional information about Health Savings Accounts please refer to your Bronze Plan Document or visit www.irs.gov.

Vendor/Consultant Websites/Phone

Health

View your protected claims
and eligibility and more at:

www.egtrust.org
click on



CHC Member Services
Phone
855-452-9997

Prescription Drugs

View your protected
prescription drug claims
history and more at:

www.caremark.com

CHC Member Services
Phone
855-452-9997

Egyptian Trust

View information about
Egyptian Trust, programs
offered by the Trust,
historical newsletters, and
more at:

www.egtrust.org

HealthLink Providers

Find a Tier 1 or Tier 2
Participating Provider, create
a Customized Directory, and
more at:

www.egtrust.org
or

www.healthlink.com

CHC Member Services
Phone
855-452-9997

Delta Dental

View your protected claims
and eligibility and more at:

www.deltadentalil.com
Member Services Phone
800-323-1743

UniView Vision Plan

To find a participating
UniView provider go to:

www.unicare.com
Member Services Phone
888-884-8428

Lincoln Financial Group

Member Services Phone
800-423-2765

LabCard Program – Receive your lab results on your smartphone through Gazelle free mobile app

In more than 30 states, using your smartphone and our Gazelle® app, you can receive lab test results directly from Quest Diagnostics—and that's just the beginning of how this versatile smartphone app can help simplify your life. It's easy to use, and it's just as easy to sign up.

- **What is Gazelle®?**

Gazelle® is a smartphone app developed by Quest Diagnostics to empower you and other health-conscious people. By being able to see, share and store all your health information in your smartphone, you can take control of your health anytime, anywhere. In select states, you can get your Quest Diagnostics lab results directly, using Gazelle. Additionally, Gazelle offers a feature to remind you of medications you need to take.

- **What other health information can I store with Gazelle®?**

In addition to your lab test results, you can:

- Store your various healthcare providers' names and contact information, immunization records and medical records.
- Make an appointment.
- Monitor blood pressure and weight.
- Store vital health stats, along with the names and numbers of your prescriptions and their dosages, as well as any allergies to foods or medications. All of this data could be invaluable in a health emergency.

- **How do I sign up for Gazelle®?**

First download the [Gazelle® app](#). Then log in with your Quest Diagnostics username and password. If you don't yet have one, create a password. Select "Request Results" from the "Lab Results" menu and fill in the requested information. The first time you use it, you'll be asked to provide authorization to release your results and confirm your identity.

- **How will I be notified when my lab test results are available?**

You'll receive an email informing you that your results are ready. Just log in to see them.

- **Support**

I've downloaded Gazelle to my mobile device. How do I recover my password if I forget it or lose it?

In the event you want to recover your password, you can by selecting "Forgot Password" on the login screen.

- **Who do I contact if I need assistance?**

Have questions? We are here to help. Call us at 1 (877) 291-7521 or email GazelleSupport@QuestDiagnostics.com.

Grace Period for Referrals to Specialist: The Health Plan provided a grace period September 1, 2012 – December 31, 2012 so as not to disrupt the continuity of care for the patients. During this period, your Specialist office visits were treated as though you received a referral from your Primary Doctor and the reduced copay applied for Tier 1 and Tier 2 provider services. **After December 31, 2012, you will be charged the higher copay if you do not receive a referral to a Specialist from your Primary Doctor. Please obtain a referral from your Primary Doctor each time you visit a Specialist.**

Platinum Plan				
Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
Primary Doctor Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	\$25 then 100%, no deductible	\$25 then 100%, no deductible	70%	60%
Specialist Physician Office Visit (With a referral by your Primary Doctor)	\$30 then 100%, no deductible	\$30 then 100%, no deductible	70%	60%
Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 100%, no deductible	\$40 then 100%, no deductible	70%	60%

Gold Plan				
Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
Primary Doctor Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	\$25 then 100%, no deductible	\$25 then 100%, no deductible	65%	55%
Specialist Physician Office Visit (With a referral by your Primary Doctor)	\$30 then 100%, no deductible	\$30 then 100%, no deductible	65%	55%
Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 100% no deductible	\$40 then 100% no deductible	65%	55%

Silver Plan				
Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
Primary Doctor Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	\$25 then 100%, no deductible	\$25 then 100%, no deductible	60%	50%
Specialist Physician Office Visit (With a referral by your Primary Doctor)	\$30 then 100%, no deductible	\$30 then 100%, no deductible	60%	50%
Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 100%, no deductible	\$40 then 100%, deductible	60%	50%

Bronze Plan				
Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
Note: All charges are subject to the Calendar Year Deductible. Copays apply after the deductible is met.				
Primary Doctor Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	\$25 then 80%	\$25 then 75%	60%	50%
Specialist Physician Office Visit (With a referral by your Primary Doctor)	\$30 then 80%	\$30 then 75%	60%	50%
Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 80%	\$40 then 75%	60%	50%

Pre-Certification/Utilization Review Program

Utilization Review is for the purpose of determining the medical need for an inpatient hospital or facility stay, residential treatment or skilled nursing facility stay, oncology and radiation therapy, MRI/MRA and PET scans, home health care and hospice, dialysis, outpatient surgeries, ancillary services, including services for Autism Spectrum Disorders, durable medical equipment, diagnostic imaging and specialty infusion drugs. Precertification does not guarantee benefits for the service if any limitations or exclusions of the Plan apply to that service.

Pre-Certification of Certain Procedures

To be covered at the highest level of benefit and to ensure complete care coordination, the Plan requires that certain care, services and procedures be pre-certified **before** they are provided. Pre-certification requests are submitted to the Care Coordinators by a specialty Physician, designated Primary Doctor, other Primary Doctor, or other healthcare provider. Provider offices have been provided with materials and education regarding this referral process and your Plan identification card includes instructions. Depending on the request, the Care Coordinators may contact the requesting provider to obtain additional clinical information to support the need for the pre-certification request and to ensure that the care, service and/or procedure meet Plan criteria. If a precertification request does not meet Plan criteria, the Care Coordinators will contact the Covered Member and healthcare provider and assist in redirecting care if appropriate. ***You must contact a Care Coordinator at 1-855-452-9997 to pre-certify the following services BEFORE services are received by any Network or Non-Network Provider:***

- Inpatient and Skilled Nursing Facility Admissions
- Outpatient Surgeries
- MRI/MRA and PET scans
- Oncology Care and Services (chemotherapy and radiation therapy)
- Home Health Care
- Hospice Care
- DME – all rentals and any purchase over \$500
- Organ, Tissue and Bone Marrow Transplants
- Dialysis
- Occupational, Physical and Speech Therapy
- Residential Treatment Facility Admissions
- Autism Spectrum Disorders
- Specialty Infusion Drugs

PENALTIES FOR NOT OBTAINING PRE-CERTIFICATION:

A non-certification penalty is the amount you must pay if notification of the service is not provided prior to receiving a service. ***Failure to obtain pre-certification will result in a 50% reduction in benefits up to a maximum reduction of \$250 per inpatient confinement or per course of treatment or therapy.***

About Egyptian Trust and Your Care Coordinators

The Egyptian Trust makes every effort to keep you informed of the benefits of each of the programs endorsed by the Trust including the Health Plans, Voluntary Dental Plans, Vision Plan, and Life Insurance and Voluntary Life Insurance Plans. All benefits, plan, premium changes, program explanations and other important information are reported in the newsletters that are published quarterly. In addition to communicating this information via the newsletter, the Egyptian Trust website is your best source for documents such as:

- ✓ Plan Documents and Schedule of Benefits for Health, Dental, and Vision Plans
- ✓ Frequently Asked Questions about all Egyptian Programs
- ✓ Enrollment Change Forms
- ✓ Dependent Status Forms
- ✓ Historical Newsletters
- ✓ Medical, Dental, and Prescription Drug Claim Forms
- ✓ Prescription Drug Formulary Lists
- ✓ Life Insurance Claim Forms
- ✓ Life Insurance Brochure and Conversion Charts

The website also contains the links to all of the organizations contracted with the Egyptian Trust who provide your benefit programs.

Please visit us at:

www.egtrust.org

In addition, The Care Coordinators are the heart of your *Coordinated Health/Care* program. They are a highly-responsive team of nurses, social workers, patient services representatives, and benefits experts. Using a uniquely human touch, this warm and caring team guides you through healthcare events and the healthcare system. They collaborate with you and your healthcare providers to ensure a smooth healthcare process.

Contact a Care Coordinator at 1-855-452-9997 for the following:

- Answer questions about your medical plan
- Find in-network physicians and providers
- Show you how to save money on out-of-pocket expenses
- Help you lead a healthier life through various resources



Access Your Benefits through a single site

At www.egtrust.org you have 24-hour access to a number of tools and resources that can help you manage your health benefits. Follow the simple instructions below to access you and your family's personal claims information. **Reminder:** HIPAA privacy laws prohibit sharing any information for your spouse or dependent child age 18 or older. Separate sign-on is required for your spouse and your dependent age 18 or older.

Your Care Coordinators are also available to assist you. You may reach them at **855-452-9997**.

**EGYPTIAN AREA SCHOOLS
EMPLOYEE BENEFIT TRUST**

HOME

HOME
ABOUT US
HEALTH PLAN DOCUMENTS
ADMINISTRATIVE FORMS
ENROLLMENT KIT
HIPAA NOTICE
NEWSLETTERS
VOLUNTARY BENEFITS
SERVICE LINKS
PARTICIPATING DISTRICTS

New September 1, 2012 you have a single point of contact with the Egyptian Area Schools Coordinated Health/Care Program. Your Care Coordinators will help you understand your benefits, find in-network physicians, reduce out-of-pocket expenses, pre-certify those services requiring pre-certification, and answer claims questions. They help ensure you're getting the most out of your healthcare benefits. You may reach your Care Coordinators at 855-452-9997.
Click on the following logo to get started using this new plan feature!

Click Here

EGYPTIAN AREA SCHOOLS Coordinated Health/Care

Step One:

Open your web browser and go to www.egtrust.org

Click on the Egyptian Area Schools/Coordinated Health/Care logo at the bottom of your screen.

Click Here

EGYPTIAN AREA SCHOOLS Coordinated Health/Care

Provider? Click here. Call a Care Coordinator (855)452-9997 Email a Care Coordinator

Welcome [Name] Change Password | Log Off | Home | [Email]

Access Your Benefits

- Find In-network Providers
- Health Activity Statement | View Claims Detail (EOB)
- Complete Your Health/Care Profile
- Forms
- Add/Modify Primary Doctor
- Filing an Appeal
- Referral and Pre-Certification Process
- Consult A Doctor - 24/7 Physician Consultations (Health Plan members only)
- Vision Services, Optional by District
- Dental, Optional by District
- Life Insurance Program
- Flexible Benefits, Optional by District

Get To Know Your Plan

- Plan Documents
- Prescription Drug Program
- Maximize Your Benefits
- Enrollment Presentation

Welcome
to your Coordinated Health/Care Program.

Click here to view the Enrollment Presentation!

Coordinated Health/Care is the cure for the common "cold shoulder." In the often impersonal world of healthcare, this program - and its team of Care Coordinators - is unabashedly warm and fuzzy. In fact, your Care Coordinators will gladly hold your hand and guide you through the complex and confusing healthcare system.

"My Care Coordinators are so far ahead of me, they think of the answer before I even know the question." - Plan Participant

Step Two:

Click on Health Activity Statement/ View Claims Detail (EOB) on the left panel in the Access Your Benefits area.

Click Here

EGYPTIAN AREA SCHOOLS Coordinated Health/Care

Provider? Click here. Call a Care Coordinator (855)452-9997 Email a Care Coordinator

Welcome [Name] Change Password | Log Off | Home | [Email]

Access Your Benefits **Get To Know Your Plan** **Health & Wellness**

Health Activity Statement

Summary: Please select a benefit year: 2012 (1/1/2012 - 12/31/2012)

This is the summary of recent activity for your family during the benefit year selected above. To view the activity details for a member of your family, please click on their name. Please call the Care Coordinators if you have any questions at (855)452-9997.

Family Member	Billed Charges	Allowed	Member Responsibility			Health Plan Paid
			Co-pay	Deductible	Out-of-Pocket (OOP)	
	930.00	605.49	0.00	0.00	0.00	605.49
	1055.60	534.34	256.00	192.56	7.75	78.03
	295.50	225.68	25.00	9.42	0.00	191.26
	58.00	36.10	25.00	0.00	0.00	11.10
	0.00	0.00	0.00	0.00	0.00	0.00
Total	2339.10	1401.61	306.00	201.98	7.75	885.88

Step Three:

Select your name to view claim detail.

EGYPTIAN AREA SCHOOLS Coordinated Health/Care

Provider? Click here. Call a Care Coordinator (855)452-9997 Email a Care Coordinator

Welcome [Name]! Change Password | Log Off | Home |

Access Your Benefits Get To Know Your Plan Health & Wellness

Member Health Activity Summary

Below is the summary of your authorizations and claims from (11/12/2012 - 12/31/2012). Due to Federal Privacy Laws claims regarding mental health, substance abuse and certain infectious diseases may not be listed. Please call the Care Coordinator at (855)452-9997 if you have any questions at (855)452-9997.

[Click Here](#)

[Go Back to the Health Activity Statement](#)

Medical Activity Pharmacy Activity

Type	Begin Date	End Date	Claim Number	Provider	Billed Amount	Allowed	Denied	Member Responsibility			Health Plan Paid
								Deductible	Co-pay	Out-of-Pocket	
RXCLAIM	11/12/2012	11/12/2012	DPB...	[Redacted]	205.35	205.35	0.00	0.00	0.00	0.00	205.35
CLAIM	11/09/2012	11/09/2012	DPS...	[Redacted]	453.00	243.84	0.00	0.00	0.00	0.00	243.84
RXCLAIM	08/29/2012	08/29/2012	DJ25...	[Redacted]	134.82	134.82	0.00	0.00	0.00	0.00	134.82
CLAIM	04/25/2012	04/25/2012	BE12...	[Redacted]	292.00	204.40	0.00	0.00	0.00	0.00	204.40
CLAIM	04/25/2012	04/25/2012	BFN...	[Redacted]	185.00	157.25	0.00	0.00	0.00	0.00	157.25
Total					1270.17	945.66	0.00	0.00	0.00	0.00	945.66

Step Four:

Click on the Claim Number to view further detail of the specific claim.

EGYPTIAN AREA SCHOOLS Coordinated Health/Care

Provider? Click here. Call a Care Coordinator (855)452-9997 Email a Care Coordinator

Welcome [Name]! Change Password | Log Off | Home |

Access Your Benefits Get To Know Your Plan Health & Wellness

Health Activity Details

Below are the details for claim number [Number]. Please call the Care Coordinator at (855)452-9997 if you have any questions at (855)452-9997. [View Explanation of Benefits](#)

[Click Here](#)

[Go Back to the Member Health Activity Summary](#)

Begin Date	Expire Date	Provider	Status	Billed Charges	Allowed	Member Responsibility			Health Plan Paid	
						Deductible	Co-pay	Out-of-Pocket	Total	
11/09/2012	11/09/2012	[Redacted]	TH Paid	130.00	98.76	0.00	0.00	0.00	98.76	
11/09/2012	11/09/2012	[Redacted]	TH Paid	22.00	9.42	0.00	0.00	0.00	9.42	
11/09/2012	11/09/2012	[Redacted]	TH Paid	72.00	58.18	0.00	0.00	0.00	58.18	
11/09/2012	11/09/2012	[Redacted]	TH Paid	229.00	77.48	0.00	0.00	0.00	77.48	
Total					453.00	243.84	0.00	0.00	0.00	243.84

Step Five:

Click on View Explanation of Benefits under the Health Activity Details title.

You will receive a prompt to open or save your explanation of benefits for this particular service.

EGYPTIAN AREA SCHOOLS Coordinated Health/Care

Provider? Click here. Call a Care Coordinator (855)452-9997 Email a Care Coordinator

Welcome [Name]! Change Password | Log Off | Home |

Access Your Benefits Get To Know Your Plan Health & Wellness

Health Activity Details

Below are the details for claim number [Number]. Please call the Care Coordinator at (855)452-9997 if you have any questions at (855)452-9997. [View Explanation of Benefits](#)

[Go Back to the Member Health Activity Summary](#)

Begin Date	Expire Date	Provider	Status	Billed Charges	Allowed	Member Responsibility			Health Plan Paid	
						Deductible	Co-pay	Out-of-Pocket	Total	
11/09/2012	11/09/2012	[Redacted]	TH Paid	130.00	98.76	0.00	0.00	0.00	98.76	
11/09/2012	11/09/2012	[Redacted]	TH Paid	22.00	9.42	0.00	0.00	0.00	9.42	
11/09/2012	11/09/2012	[Redacted]	TH Paid	72.00	58.18	0.00	0.00	0.00	58.18	
11/09/2012	11/09/2012	[Redacted]	TH Paid	229.00	77.48	0.00	0.00	0.00	77.48	
Total					453.00	243.84	0.00	0.00	0.00	243.84

File Download

Do you want to open or save this file?

Name: 29d4e756-4b7b-4b7b-b48b-fd5f8335d709.pdf
 Type: Adobe Acrobat Document, 27.8KB
 From: services.meritaincorp.com

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)

Consult A Doctor
will take care of your
loved ones during
flu season.

LIKE HAVING A DOCTOR IN THE FAMILY.

Each flu season, new variations arise, spread and affect people differently based on their bodies' ability to fight infection. Even healthy children and adults can get very sick from the flu and spread it to other people around them. Don't take chances.

If the flu strikes, you and your family have access to U.S. board-certified doctors 24/7 to obtain information, advice and medication, if appropriate* without ever having to step in a doctor's office, an urgent care clinic or the emergency room.

WHEN TO USE

- ✓ Primary care physician is not available or accessible
- ✓ Need treatment for your medical condition
- ✓ After normal business hours, nights, weekends
- ✓ For non-emergent medical issues, questions, or concerns
- ✓ Traveling and need medical advice
- ✓ Request prescription* or refills



5 EASY WAYS TO CONSULT

BY PHONE

1 On Call

- ✓ Connect to a doctor in as little as 2 minutes
- ✓ Receive medical advice and recommendations

2 Priority

- ✓ A doctor will call you back in as little as 30 minutes (guaranteed 1 hour)
- ✓ Obtain a diagnosis, treatment plan and prescription, including refills*

3 By Appointment

- ✓ Just like a Priority Consultation
- ✓ Set a time that fits your schedule, Monday – Friday
- ✓ Next day appointments available

ONLINE

4 E-Consult

- ✓ Consult with a doctor discreetly by secure messaging
- ✓ Receive a response within 2-4 hours (24 hours guaranteed)
- ✓ Get expert information and advice regarding important medical questions

5 Video Consults

- ✓ "Face-to-face" video consult
- ✓ Obtain a diagnosis, treatment plan and prescription, including refills*



For more information

Call: 800-DOC-CONSULT
(800-362-2667)

Click: www.ConsultADoctor.com

* Call and connection times vary. Consult A Doctor makes no warranty as to the content of any treatment response. You and your physician are solely responsible for all information and communication sent during a consultation. Consult A Doctor is not health insurance, and does not replace your primary care physician. You agree to contact your Primary Care Physician should your condition change or your symptoms worsen. Priority and By Appointment consultations do not guarantee prescriptions as requested. Consult A Doctor is not a prescription fulfillment center. It is not guaranteed that the doctor will issue a script for prescription medication. Consult A Doctor's physicians do not prescribe DEA-controlled medications or lifestyle drugs. If you have an emergency medical condition, please dial 911. All services are HIPAA-compliant.

'Tis The Season To Live Healthy

Chocolate-Chocolate Chip Cookies

Surrender To Guilt-Free Cookies

Ingredients

1 cup all-purpose flour	2 large egg whites
1/2 cup sugar, granulated	1/4 cup butter, softened
1/4 tsp baking soda	1/2 cup brown sugar, packed
1/3 cup unsweetened cocoa	1/3 cup semi-sweet miniature chocolate chips
1/8 tsp salt	

Instructions

Combine flour, baking soda and salt in a large bowl. Set aside. Beat Butter and brown sugar with mixer until light and fluffy. Add granulated sugar, cocoa and egg whites, continue beating. Then add flour mixture. Stir in chocolate chips. Spoon 1 ½ inches apart on a sheet coated with cooking spray. Bake at 350 degrees for 10 minutes.

Yield: 40 cookies Serving size: 1 cookie Weight Watchers® points value: 1 point

Chocolate and Vanilla Banana Cream Parfaits

These parfaits are a wonderful combination of creamy pudding and banana chunks with a cookie topping. Almost like mini crustless cream pies.

Ingredients

2 cup(s) prepared vanilla pudding, made with skim milk
2 medium banana(s), cut into small chunks
2 cup(s) prepared chocolate pudding with skim milk
1/2 cup(s) aerosol whipped cream
5 1/3 Tbsp graham cracker crumbs
8 tsp unsalted dry roasted peanuts, chopped

Instructions

Place 1/4 cup vanilla pudding in each of 8 small glass bowls or parfait glasses; top each with a layer of banana chunks. Top banana with 1/4 cup chocolate pudding; cover tightly with plastic wrap and refrigerate until cold.

When ready to serve, remove plastic wrap; sprinkle each with 2 teaspoons graham cracker crumbs and 1 teaspoon peanuts. Spray each dessert with 1 tablespoon whipped cream; serve immediately.

Yield: 8 servings Serving size: 1 Parfait Weight Watchers® points value: 6 points

*Best Wishes for Safe and Happy Holidays
to you and yours from all of us at Meritain Health !*