Welcome to Capital Rx!

The Fund is dedicated to giving members the best services necessary to provide comprehensive prescription drug coverage and the resources necessary to help you and your family make better healthcare decisions. As of March 1, 2019, Capital Rx is your new prescription benefit manager and Capital Rx’s mail order pharmacy, Magellan Rx, is your new prescription mail service provider.

What to expect next? You should have received a new prescription ID card in the mail and you will need to present the new ID card to your pharmacy in order to fill your medication. Your current co-pay structure is not changing and you may fill 90-day maintenance medications at any in-network retail pharmacy, including CVS, with one co-pay.

With Capital Rx you will have access to services and programs to help you get the most out of your prescription benefits. The Fund’s Board of Trustees made it their priority to ensure that with Capital Rx members would receive the highest standard of customer service in prescription drug benefits.

Register online at www.cap-rx.com and gain access to your online member profile.

What’s Inside:
• Fitness Reimbursement
• WellTeam Kick Off
• CPAP Program
• Colorectal Cancer Awareness
• Staying In-Network
• Healthy Tips On The Go

Did You Know…

Diabetic shoes are now covered under the Fund’s medical plan. The Fund also has a diabetic supply program through Health Care Solutions (HCSC) that provides diabetic testing supplies for a flat co-pay of $10. For additional program information, contact Health Care Solutions at 1-800-655-8125.
Fitness Reimbursement Program

The Fund understands that starting or staying with an exercise routine is not easy. We also know that when you exercise on a regular basis you’ll be healthier and feel better. Fit Teamster is a voluntary fitness incentive program that rewards members for being motivated in having overall good physical health. Members can earn up to $200 for just staying fit!

How the Program Works: Members and one eligible dependent may participate annually in Fit Teamster. Simply, attend a fitness center, gym or yoga studio of your choice and provide proof of attendance to qualify for program reimbursement. Additional requirements for eligibility include:

♦ A minimum of 120 total visits per year between Jan. 1 - Dec. 31, 2019. If you attend your fitness center more than once per day there must be at least three hours in between visits.
♦ Complete a Fit Teamster reimbursement form, attach your attendance record and proof of membership costs from your fitness center and submit your documentation to Member Services. Fit Teamster forms can be downloaded at www.teamsterfunds.com or call Member Services at 1-800-523-2846.
♦ Once you have completed the above requirements submit your documentation via fax to 1-856-382-2402 or mail your completed documentation to: Teamsters Health & Welfare Fund Attn: Member Services 2500 McClellan Ave., Suite 140, Pennsauken, NJ 08109

The Fit Teamster incentive is up to $200 per calendar year per (1) member and (1) eligible dependent / up to $400 max reimbursement per year per eligible family. Attendance records must include the name of the fitness center, your first and last name and the dates you attended. Most fitness centers offer attendance service and proof of membership costs and will be able to supply you with your needed documentation. For more information on the Fit Teamster program, contact Member Services at 1-800-523-2846.

Keep That New Year’s Resolution with Healthy Tips on the Go!

It’s tough to make healthy choices when you’re on the go. The following tips can help you keep that new year’s resolution of living a healthier life style.

Hydrate, hydrate, hydrate! Drinking plenty of water can help you lose weight, increase energy, and even reduce your risk of certain diseases, like diabetes and cancer. How much water should you drink? Divide your total body weight by two, and that’s how many ounces you should be drinking daily.

Watch your serving size! Measure out appropriate serving sizes so you don’t overindulge. Get an eye for portion control: 1 cup = baseball, ½ cup = computer mouse, 3 oz. = deck of cards, 2 tbsp. = ping pong ball.

Get moving! Physical activity, such as walking 30 minutes a day, can help you burn calories, strengthen your heart, help lower blood pressure and blood sugar, boost immune function, increase energy, improve your mood, and ultimately extend your life.

Grab quick, satisfying snacks! Try almond butter with an apple or make your own trail mix with raw nuts, seeds and unsweetened dry fruit. Pair string cheese with fruit or vegetables or have a peanut butter and banana sandwich on whole-grain bread. Grab a handful of berries or dried fruit to add to that Greek yogurt. Last but not least, grab a hardboiled egg for some extra protein to keep you satisfied through your next meal.

Remember, small changes can have a big impact on your health!
2019 Wellness Screening Program

Once again, the Fund is ready to kick off its annual wellness screening program for 2019. This year the WellTeam® program will begin on April 1, 2019 and go through September 30, 2019.

As you may remember, participation in the wellness screening, including a dental exam, will allow you and your eligible dependents to enjoy benefits under the Fund’s Platinum Plan. The Platinum Plan has lower deductibles, co-insurances and co-pays compared to the Gold Plan. Those who do not participate in the WellTeam program will default to the Fund’s Gold Plan in 2020. Member and covered spouse, regardless if the spouse carries primary coverage, must complete a wellness screening and dental exam to participate in benefits under the Platinum Plan. Dependent children do not participate in the wellness screening program.

Here are a few ways to obtain your screening:

♦ Schedule an appointment for a free screening at a Quest Diagnostics Patient Service Center between April 1st and September 30th by calling 1-855-623-9355 (M - F, 8:00 am - 9:30 pm and Sat., 8:30 am - 5:00 pm), or call Health Care Solutions (M - F, 8:00 am - 4:30 pm) at 1-800-655-8125 for assistance.

♦ Visit the Quest Diagnostics website at www.my.questforhealth.com, register and schedule your appointment online using the registration key “WellTeam.”

♦ Visit your primary care physician, pay an office visit co-pay and have your doctor fill out a health screening Physician Results form. You can download this form at www.my.questforhealth.com. The form must be completed in its entirety and faxed by your doctor’s office directly to Quest by September 30th. It is your responsibility to confirm that your physician faxed your form to Quest. The Quest fax number is located on the physician form.

A wellness screening provides an overall assessment of your basic health status and offers valuable insight to your health risks. Awareness is the first step in maintaining and monitoring overall good health and wellness.

What it Means to Stay “In-Network”

What’s the difference between in-network and out-of-network? To help you save money, most health plans provide access to a network of doctors, hospitals and pharmacies. These doctors and hospitals must meet certain requirements and agree to accept a discounted rate for covered services under the health plan in order to be part of the network. These health care providers are considered “in-network.” If a doctor or hospital has no contract with your health plan, they’re considered “out-of-network” and can charge you fees that are usually much higher than the in-network discounted rate.

You can receive care from an out-of-network provider, however, if the out-of-network doctor or hospital charges more than your plan is willing to pay, you could be responsible for paying the difference in addition to your deductible, co-pay and/or co-insurance. A “co-pay” is the amount you pay for covered health services at the time you receive care. There are no co-pays when you use a doctor or hospital that is out-of-network, but you will be responsible for paying the “co-insurance,” a percentage of covered charges, and the deductible. These charges may be much higher than the in-network co-pay or co-insurance amount.

You can avoid unexpected medical bills by knowing how your health plan works and your in-network options. Want to know which providers are in your plan’s network? Go to www.teamsterfunds.com under the Health & Welfare tab, click on Schedule of Benefits and select your medical plan’s provider look up link.

Know your in-network options to help save on your health care expenses!
Colorectal cancer can be lethal. It is the second leading cause of cancer-related deaths among men and women in the United States. In 2019, it’s estimated that more than 51,000 adult deaths will occur due to colorectal cancer in our country. In general, the risk of developing colorectal cancer is roughly 4% during a person’s lifetime.

The following risk factors increase the likelihood that a person will develop colorectal cancer:

♦ Being overweight or obese
♦ Diets high in red meat (beef, pork, lamb, liver) and processed meats (hot dogs, cold cuts, bacon)
♦ Smoking tobacco
♦ Heavy alcohol use (greater than two drinks daily in men and one drink daily in women)
♦ Engaging in minimal physical activity

These are all factors that we can control – maintaining a balanced diet and steady, healthy weight, exercising regularly, not smoking tobacco, and not using alcohol in excess are all healthy behaviors that can prevent colorectal cancer. However, there are other factors that we cannot control that contribute to colorectal cancer risk, and age is one of them.

Although colorectal cancer can occur at any age, it is more likely to occur in older individuals, with vast majority of diagnoses after age 50. Another uncontrollable factor is our family genetics. These include having had colon cancer or polyps (precancer) in the past, inflammatory bowel disease (Crohn’s Disease or Ulcerative Colitis), family history of colon cancer or polyps, and certain genetic conditions. It’s important to discuss family history of conditions with relatives and your doctor.

The easiest way to stay ahead in colorectal cancer is by scheduling screenings – looking for cancer or abnormalities in people before they even show signs or symptoms. The data shows that colorectal cancer can be fatal, but there has been a decrease in the death rate over the past several decades that can directly be linked to the increase in precautionary screenings. There are several tests to screen for colorectal cancer; these options should be discussed with your doctor. We know that only about 1 in 3 people who should be screened for colorectal cancer are actually undergoing screening.

Apart from the early detection of colorectal cancer, screening can actually PREVENT colorectal cancer. We know that most cancers begin as polyps - growths in the lining of the colon and rectum - that over time can mutate and cause cancer. By finding and removing suspicious polyps, colon cancer can often be prevented entirely.

The most common screening method is one that we’ve all heard about – a colonoscopy. This is a safe and effective screening test where a lighted tube with a camera is used to look at the lining of the colon and rectum, with the purpose of detecting and removing polyps. The American Cancer Society has lowered the age to begin screening for colorectal cancer to 45 years for average risk people. It’s important to talk to your doctor about if a colonoscopy for colorectal cancer screening and prevention is a good option for you.

For information on a preventative colorectal cancer screening at CTCA, call 215-537-4944.

Preventative screenings can save your life!
What’s Keeping You Up at Night?

Are you getting enough sleep? According to the National Institutes of Health (NIH) about 70 million Americans have sleep problems that keep them awake when they want to sleep. Sleep disorders are also linked with many chronic conditions, such as type 2 diabetes, heart disease, obesity, and depression. Getting enough sleep every night is not a luxury, it is something we need for good health. It is recommend-ed that adults get between seven and eight hours of sleep each night to be well-rested. Here are some tips to help you catch up on those Z’s:

♦ Go to bed at the same time each night.
♦ Create a regular, relaxing bedtime routine such as listening to soft music or soaking in a hot bath one hour before the time you want to fall asleep.
♦ Turn off electronic devices - tv, cell phone, I-pad, computer.
♦ Finish eating at least two to three hours before bedtime.
♦ Don’t have alcohol or caffeine close to bedtime.
♦ Exercise regularly - at least 30 minutes everyday.

Do you have sleep apnea? Snoring may be more than just an annoying habit – it may be a sign of sleep apnea. Common characteristics of sleep apnea are loud snoring, gasps and repeated stops and starts in your breathing as you sleep. With sleep apnea you may also experience excessive daytime sleepiness and may not feel rested when you wake up. However, with the right treatment you can control your snoring and the symptoms of sleep apnea, get your sleep back on track, and feel refreshed and alert during the day.

The most common treatment for sleep apnea is with Continuous Positive Airflow Pressure (CPAP). The CPAP device is a mask-like machine that covers your nose and mouth, providing a constant flow of air that keeps your breathing passages open while you sleep. Lifestyle changes can also help to reduce sleep apnea symptoms, such as losing weight, quit smoking and regular exercise.

The Fund offers a CPAP therapy program through Health Care Solutions. To qualify for a CPAP unit, you will need to have a sleep study that was completed within the last five years and a prescription from your physician. Program co-pays are minimal. Members in the Platinum Plan have a co-pay of $30 and members in the Gold Plan have a co-pay of $40.

From treatment identification to successful therapy, the HCSC CPAP Program serves members at home with trained respiratory therapists and a professionally installed CPAP machine. For more information on the CPAP therapy program, contact Health Care Solutions at 1-800-655-8125.

The Fund wants to make every effort to find the right CPAP therapy for you!
What Do Your Genes Say About Your Health?

The Fund has put many resources into place for our members to live healthier lives. Our biggest focus is on wellness and member programs that support healthier lifestyles. But what about those health risk factors we can’t control or change, like risks influenced by genetics?

Did you know that your genes influence your risk of heart disease, your likelihood of developing cancer and how your body processes certain commonly prescribed medications? As a Fund, we want to take a proactive approach with our members to help them improve their health outcomes and reduce health care costs. We also know personalized health has a positive impact on our members and their families.

With Color Genomics, the Fund can offer eligible members free access to a genetic testing program with a return on investment...a healthier community.

Genetic testing options coming soon!