

Note from the Egyptian Trust

The IRS has announced the official 2018 inflation adjusted amounts for HSA qualifying High Deductible Health Plans (HDHP). The Egyptian Trust offers such a plan, which is known as Plan D – HDHP. The increase to the deductible and out of pocket maximums are effective **January 1, 2018**.

What does this mean if you are in Plan D – HDHP?

This has no impact on your 2017 claims; however you will incur a slight increase in your costs for the 2018 benefit year. The increases breakdown are as follows:

	2017 Calendar Year	2018 Calendar Year	Impact to Member
DEDUCTIBLE			
Individual	\$1,300	\$1,350	\$50 increase for individual
Family	\$2,600	\$2,700	\$100 increase for family
OUT OF POCKET – Level 1*			
Individual	\$3,900	\$4,050	\$150 individual
Family	\$7,800	\$8,100	\$300 Family
OUT OF POCKET – Level 2**			
Individual	\$6,550	\$6,600	\$50 increase for individual
Family	\$13,100	\$13,200	\$100 increase for family

*Level 1 out-of-pocket maximum includes: calendar year medical and Rx deductible, copayments, and most coinsurance amounts.

**Level 2 out-of-pocket maximum includes: all deductible, copayment and coinsurance amounts that apply to the Level 1 out-of-pocket maximum and coinsurance for mental/nervous, alcohol and /or substance abuse treatment charges.

An updated copy of the SCHEDULE OF BENEFITS – PLAN HDHP – HIGH DEDUCTIBLE HEALTH PLAN and Summary of Benefits and Coverage are available at www.egtrust.org.

In this issue:

- Welcome to HealthSCOPE Benefits
- Member Frequently Asked Questions
- How to nominate a provider to PHCS
- The importance of regular eye exams
- Express Scripts prescription drug benefits program
- MedWatch nutrition corner
- Three reasons to take care of your teeth
- Tips for eating healthy this winter
- Accessing the HealthSCOPE Benefits Web Portal

New Program effective February 1, 2018**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. Effective February 1, 2018 this new 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.

A Welcome from



HealthSCOPE Benefits is excited to be your new medical claims administrator effective September 1, 2017! In addition to our claims administration services, we are also responsible for Customer Care, ID cards, and eligibility for Trust plan members.

There are multiple ways that members can contact HealthSCOPE Benefits for assistance. Our outstanding Customer Care team is where we feel HealthSCOPE Benefits stands out above our competition. The Egyptian Trust Customer Care representatives are available to assist members Monday through Friday, 8:00 a.m. – 6:00 p.m.

(Central), with the exception of major holidays. The Egyptian Trust Customer Care team can be reached at **1-800-397-9598**.

In addition to speaking with representatives, members also have the option of accessing their information via our online portal (www.healthscopebenefits.com), or through our IVR (Interactive Voice Response) system. We encourage members to utilize these easy to access features and take advantage of having access to their information during non-business hours. We have included additional information on how to access your information via our on-line portal at www.healthscopebenefits.com

Thank you and we wish you and yours a happy and safe winter!

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; create a customized directory and more at <http://www.multiplan.com/healthscope>, or you may contact Customer Service at 1-800-397-9598.

There is no longer an out of network benefit. Egyptian Trust members can visit any provider for their health care needs. Our vendor partners will work together to extend fair and reasonable reimbursements to all providers of your health care.

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, 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.



Q. Who do I contact to settle a claim for dates of service prior to September 1, 2017?

A. Claims with a date of service prior to September 1, 2017 will continue to be processed by Meritain. If you have an outstanding claim or have received a questionnaire concerning an outstanding claim **YOU MUST TAKE ACTION NOW!** Please contact the Care Coordinators at Quantum Health to assist you in resolving any outstanding claims. The Care Coordinators will continue to assist you through February 28, 2018. You can reach the Care Coordinators either by phone (855) 452-9997, by email, or through their website.

Meritain will not be forwarding claims to HealthSCOPE Benefits, nor will HealthSCOPE Benefits be forwarding claims to Meritain for payment. It will be up to the member to be sure their family's claims are filed to the proper address based on the date of service.

Q. How do I retrieve copies of my historical claims information, Explanation of Benefits (EOB), deductible and out of pocket accumulations?

A. The Quantum Health website will continue to be active through February 28, 2018. If you wish to view or print an Explanation of Benefits (EOB), check deductible and out of pocket accumulator information for prior plan years, you must do so before February 28, 2018. After that date, **you will not** have access to any site to retrieve historical information. If you wish to obtain a copy of your claims history report reflecting a summary of all payments made for a given period please contact Quantum Health and one of the Care Coordinators will be happy to assist.

Q. How long do I have to file a claim for reimbursement?

A. Claims for expenses with dates of service prior to June 1, 2017 must be submitted by December 31, 2017, or one year from date of service. Claims with dates of service on or after June 1, 2017 must be submitted within 6 months of the date of service. Claims received after these periods will be denied as not filed timely. It is the member responsibility to contact any providers that may have not filed for services rendered or possibly sent to the incorrect payor address.

Note: If you received an explanation of benefits (EOB) from Meritain denying services for dates of service on or after September 1, 2017, you must contact your provider to refile the

claim to the correct address. Remember, it is ultimately the member's responsibility to be sure the claims are filed to the correct address.

Q. When will HealthSCOPE Benefits start to process claims with dates of service after September 1, 2017?

A. Now that the deductible and out of pocket accumulators have been received from Meritain, HealthSCOPE Benefits can update everyone's information and begin to process your claims. To view your deductible and out of pocket accumulators on the HealthSCOPE Benefits portal, log in to www.healthscopebenefits.com and sign up for access to your on-line record information. See the last page of this newsletter for instructions on how to use the portal.

If you receive a denial from HealthSCOPE Benefits on a claim with a date of service prior to September 1, 2017, your provider will need to refile the claim with Meritain. Both the member and provider will receive an EOB advising them the claim is prior to the date of service with HealthSCOPE Benefits and will need to be refiled with Meritain at the following address: Meritain Health, P.O.Box 853921, Richardson, TX 75085-3921.

Q. What if my health care providers are not participating in the PHCS network?

A. As a reminder, there is no longer an out of network benefit; you can essentially use any physician for your health care needs. If you elect to use a non-PHCS physician or ancillary provider, we will make a fair reimbursement to that physician or ancillary provider on your behalf. Please see the instructions in this newsletter on how to nominate a provider to the PHCS network.

Q. What if my health care provider wants to bill me more than the copay at the time of service?

A. Some physicians that are not participating in the PHCS network of physician or ancillary providers may attempt to bill members after the plan has made payment for your services. This is called "balance billing". If this should occur, simply contact the HealthSCOPE Benefits Customer Service Unit at 800-397-9598 and they will work with the providers of service to accept the fair and reasonable reimbursement in whole with no additional out of pocket cost to you.

PHCS—

Nominating your physician or ancillary provider

If you are currently seeking medical services or supplies from a physician or ancillary provider that is not part of the PHCS network, we have made it easier for you to nominate that provider to join the Egyptian Trust network.

To submit your provider's name for nomination, simply send an email to Egyptian.network@healthscopebenefits.com with the information below, and one of our representatives will complete the nomination process on your behalf. As soon as we receive a status update on your nomination request, we will advise you via email if your nominee elected to participate. (Standard turn around time for a response on the physician / ancillary provider nomination can take up to 60 days.)

The information needed to complete the nomination form is:

- Provider's First Name
- Provider's Last Name
- Specialty
- Group / Practice Name
- Provider's Gender
- Provider's Phone Number
- Primary Service Address (to include City / State and Zip Code)



Regular eye exams can help keep your heart healthy!



Just as your primary care physician may listen to your heartbeat and check your blood pressure to monitor your heart rate, your eye doctor examines your eyes to get a clear look into your cardiovascular system. In fact, the eye is one of the only areas of the body where doctors have an unobstructed view of blood vessels. A full eye examination may reveal the first signs of serious heart conditions, including high blood pressure, before symptoms show up elsewhere in the body. And if not managed effectively,

many of these cardiovascular conditions can lead to vision loss, too.

As part of your exam, your eye doctor may examine the retina to view small changes in the blood vessels in the back of the eye. This test can detect more serious diseases and is painless and noninvasive. Recent advancements such as digital retinal imaging enable your eye doctor to monitor all the structures of the retina over time.

Don't forget to see your eye care professional for regular eye exams. Your eyes and heart will thank you.



For prescriptions:

Express Scripts



Express Scripts became the prescription benefit manager June 1, 2017. The following information is a reminder of how certain medications were grandfathered and other pertinent reminders about your prescription drug program.

Formulary Drugs - Members who were affected by formulary differences received individual letters identifying the medications that would be affected (no longer formulary with Express Scripts program). Those medications were grandfathered until September 1, 2017. Prescriptions filled after that date will be subject to the copays and rules applicable to that medication.

Your prescription benefit uses the Express Scripts National Preferred Formulary. The formulary encourages patients to use clinically appropriate medications while helping to manage increasing costs. A formulary is a list of medications in different therapy classes. Therapeutic classes are used to categorize or group the drugs on the formulary. The classes group drugs which are considered similar by the disease they treat or by the effect they have on the body. There are three copay tiers, or levels:

Tier 1: Generic drugs – a safe, effective drug approved by the U.S. Food and Drug Administration (FDA) that also costs less – you'll pay the lowest copayment.

Tier 2: Formulary (or preferred) brand name drugs

Tier 3: Non-formulary (or non-preferred) brand name drugs

For a copy of the formulary, please call Express Scripts at 1-800-706-1754 or visit Express-Scripts.com to perform a coverage check

Specialty Drugs - Prescriptions that had open refills in the CVS/Caremark specialty pharmacy (except for controlled substances and compound medications) were automatically transferred to the Express Scripts specialty pharmacy, Accredo. Beginning September 1, 2017 you are required to purchase specialty drugs through Accredo, an Express Scripts specialty pharmacy and in most cases are limited to a 30 day supply. Specialty drugs are very high cost biologic and injectable drugs that are not typically stocked by retail pharmacies. If a member tries to fill a specialty script at retail, the pharmacy will notify the member that the drug must be ordered from Accredo. You

may begin using Accredo for those specialty medications at any time by calling 1-877-ACCREDITO (222-7336).

Home Delivery - Prescriptions that had open refills in the CVS/Caremark mail order pharmacy (except for controlled substances and compound medications) were automatically transferred to the Express Scripts mail order pharmacy.

If you are interested in obtaining a 90 day supply of your medication through the Express Scripts Home Delivery you can get set up one of the following ways:

Call 800-698-3757 to speak with a prescription plan specialist. They are available Monday—Friday from 7:30 a.m. to 5 p.m. EST.

Register at www.Express-Scripts.com or on our mobile app. There is an option to sign up for Home Delivery and have us contact your physician to get a new prescription.

Prior Authorizations (PA) - Medications that required a prior authorization (PA) previously authorized by the CVS/Caremark program continued to be considered authorized until the specified expiration date. You may check the expiration date of the authorization with Express Scripts. In order to avoid delays in filling prescriptions requiring a Prior Authorization it is recommended your prescribing physician contact Express Scripts 30 days in advance of the expiration date. Ask your physician to call Express Scripts at 800-417-1764 to update your authorization.

Maintenance Medications—Your plan allows members to fill 2 times at the retail pharmacy for 30 day supplies of maintenance medications. On the third fill you must have your local pharmacy fill the prescription for 90 days or you can switch to Home Delivery through Express Scripts. If the local pharmacy processes the third fill as a 30 day supply, your claim will be charged a higher cost for the medication. If this happens, ask the pharmacist to reprocess as a 90 day supply. The pharmacy may need to contact your prescribing physician to obtain a 90 day prescription.

KPCM—Effective February 1, 2018 your plan is offering a new program to help reduce costs for maintenance drugs. This program is introduced on page 1 of this Newsletter.

MedWatch Nutrition Corner



Boost Your Mood with Proper Foods

If you're feeling blue—or want to ward off feeling that way—studies suggest that adding the following foods may help reduce stress, ease anxiety and fight depression.

Fish. Eating oily, fatty fish (salmon, tuna, sardines, rainbow trout) and mussels will give you omega-3s—a key mood-boosting nutrient and one our bodies don't produce on their own.

Greek Yogurt. This dairy pick is packed with more calcium than you'll find in milk or regular yogurt, which is good news for your mood. Calcium gives your body the "Go!" command, alerting your brain to release feel-good neurotransmitters.

Eggs. Eggs are loaded with mood-promoting omega-3 fatty acids, zinc, B vitamins, and iodide, and because they're packed with protein, they'll also keep you full and energized long after you eat them.

Coconut. The presence of potassium in coconut is the main reason for the feel-good factor. Drink your coconut or sprinkle some coconut flakes into your recipe.

Green Tea. Green tea helps in a variety of ways, and can act as a mood improver when you are feeling anxious or angry.



3 reasons for taking great care of your teeth

If you've lost teeth, you're not alone. By age 50, most Americans have lost 12 teeth, including wisdom teeth, due to injury, smoking, gum disease or tooth decay. Tooth loss can affect your bite, smile, facial structure, overall health, and lifespan. Here are three reasons why it's important to take care of your teeth:

1. Increases life expectancy – Research shows that people who have all their teeth at age 74 have a greater chance of reaching age 100. Those who have lost five teeth by age 65 are at higher risk of premature death.

2. Promotes quality of life – People who have lost teeth can experience bite misalignment that creates problems when eating or pronouncing words clearly. So often those with missing teeth smile only with their lips or avoid talking with people in small group conversations.

3. Reduces health problems – Missing teeth may be an indication of oral health problems that can create other medical issues, such as rheumatoid arthritis, dementia, heart disease, osteoporosis, diabetes, and oral cancers, which can limit life expectancy.

- Nearly 66 percent of American adults age 60 and older have been diagnosed with periodontal disease, a bacterial infection in the soft tissue and bone around the teeth.
- Older women with periodontal disease have a 12 percent higher chance of premature death; tooth loss is responsible for a 17 percent higher chance of death.
- Researchers are working on a new vaccine that targets gingivitis and periodontitis gum disease.



HealthyPeople

EATING HEALTHY IN THE WINTER

Look around your produce department during winter. The zucchinis are small and depressing, the berries are overpriced, and there's not a peach in sight. However, there are several nutritious seasonal options which will provide you with the exact nutrients you need during the colder months: immunity-boosting vitamins to ward off the common cold and flu and mood-boosting minerals to beat seasonal affective disorder. Winter squashes (including acorn, butternut, spaghetti, pumpkin, and kabocha), brussel sprouts, apples, pears, cauliflower, potatoes, carrots, cabbage, and beets are some of the many vegetables that harvest in November, December, and January. Many of these fruits and vegetables can and/or should be cooked for optimal flavor and digestion. Roasted or steamed vegetables and baked fruits provide that warmth that your body desires during winter, and these healthy foods provide the same mental benefits as comfort foods while nourishing your body.



MAKE IT HEARTY—AND HEALTHY TOO!

Try Warm and Hearty Soups

Our bodies crave warm food during the fall and winter months. Instead of eating your normal cold salad, top your favorite greens with roasted vegetables and potatoes, crispy chickpeas, toasted nuts, or warm chicken or beef. The warmth of the food will better satisfy your hunger and provide the same feeling of comfort food while giving your body the nutrients it needs. Many autumn and winter vegetables, such as cauliflower, winter squash, cabbage, brussel sprouts, and parsnips, are also easier to digest when cooked, which is another reason to cook your toppings and transform your salad into a hearty winter meal.

Pack Soups and Chili Full of Vegetables

Chili does not always sound like the healthiest food, but it's easy to adapt to fit a healthy diet while still being a comfort food. Try Paleo chilis and vegetarian chilis; they're flavorful, warming, and satisfying on their own, or they can be enjoyed on

top of rice or whole grain pasta. While some cream-based soups can be loaded with fat and calories, healthy soup recipes abound and are easy to make. The volume of soup makes it incredibly satisfying, and you can pack a lot of vegetables into a single serving of soup.



Add Warmth with Spices

We associate certain spices with fall and winter: cinnamon, nutmeg, and paprika, for instance. Many spices add depth and warmth to food and provide that comfort-food taste without adding on extra calories or fat. Think of how spicy foods heat you up from the inside out! Cumin, cinnamon, turmeric, chili powder, paprika, nutmeg, ginger, and harissa all add a lot of flavor to healthy meals that will keep you toasty even on a cold winter day. Spicy foods offer winter-specific health benefits as well: if you get sinus infections or colds in

winter, spicy foods may help clear out your sinuses or relieve a stuffy nose.

Make Healthy Alternatives To Your Comfort Food Favorites

Mac & cheese, mashed potatoes, baked pastas, and pizza are foods we all love. However, for the sake of your healthy—and sometimes sensitive—stomach, don't always indulge in the heavy versions of comfort foods. Instead of traditional mac and cheese, make a cheese sauce using chicken stock, squash puree, and a sharp and flavorful cheese for a creamy texture and cheesy flavor but less calories and fat. Lighten up mashed potatoes by using red potatoes (they're less starchy) and just a tiny bit of butter and a splash of cream or coconut milk. With a bit of creativity, you can easily enjoy your favorite comfort foods regularly throughout the winter – no more deprivation!

Source: www.runnersrecipes.com

Accessing the HealthSCOPE Benefits Web Portal

You have 24/7 access to your customized website. The instructions on this page explain how to access your account.

1 Connect to www.healthscopebenefits.com and click on **Login**, then **Members**.

2 On the Welcome Members screen, enter the Company Name **EGYP** and click **Submit**.

3 Enter your user name and password and click **Sign In**. If you haven't registered for an account yet, follow the on-screen prompts to do so.

4 On the next screen, click **Claims** and **Eligibility**.

5 The **Member Dashboard** displays several options, including:

Current coverages – displays current plans and any changes in history.

Recent Claims – displays claims history.

Benefits Used – displays dollar amounts paid per category per benefit year and overall lifetime maximum.

Quick Links – users can request duplicate ID cards, or review demographic information.

HealthSCOPE BENEFITS

ABOUT TOTAL HEALTH MANAGEMENT CAREERS NEWSLETTERS LOGIN

Members Employers Providers Brokers

Welcome Members

HealthSCOPE Benefits makes it easy to manage your health care!

HealthSCOPE Benefits is pleased to provide our customers with convenient online services and services.

In this section, you can view your personal account information, find a provider, download forms and member publications, and contact us directly. If you have account information about yourself or your family members, you can register with our member self-service portal, a simple, convenient, and secure portal to your personal health coverage information.

BENEFIT INFORMATION

Please Enter Your:

Company Name:

Site Sign In

Username: Password:

[New Member Registration](#)
[Forgot Username or Password?](#)

Seasonal allergies: Nip them in the bud

Spring means flower buds and blooming trees — and if you're one of the millions of people who have seasonal allergies, it also means sneezing, congestion, a runny nose and other bothersome symptoms. Seasonal allergies — also called hay fever and allergic rhinitis — can make you miserable. But before you settle for plastic flowers and artificial turf, try these simple strategies to keep seasonal allergies under control.

Resources

Below are helpful resources for you.

[Claims and Eligibility](#)

Order ID Card

Quick Links

[Request ID Card](#)
[Change COB Information](#)
[Electronic Transactions Setup](#)
[View Personal Information](#)

Announcements

[Welcome to HealthSCOPE Benefits](#)

Documents

[Medical Claim Form](#)
[Clean Claim and Medical Claim Form](#)
[Glossary of Medical Terms](#)

Links

[PHCS](#)
[Health Care Cost Estimator](#)
[Express Scripts](#)

Member Dashboard

Current Coverages

Coverage	Type	Coverage Name	Effective Date	Termination Date	Premium	Covered Dependents
Health	HSA		01/01/2016		PPP	PARKER (S), JUDY (W)

Recent Claims

Claim ID	Claim Type	Patient	Service Date	Billed	Paid	Provider	Status	EOB
220082	Health	PARKER (S)	03/09/2017	\$103.00	\$0.00	Columbus Radiology Corp	Processed	
220083	Health	PARKER (S)	01/06/2017	\$116.00	\$64.80	Highland Health Providers Corporation	Processed	
220084	Health	PARKER (S)	03/06/2017	\$116.00	\$0.00	Highland Health Providers Corporation	Processed	
220085	Health	PARKER (S)	03/09/2017	\$1,114.00	\$0.00	Ohio Emergency Professionals	Processed	
220086	Health	PARKER (S)	03/09/2017	\$430.00	\$0.00	Columbus Radiology Corp	Processed	
220087	Health	JUDY (W)	04/09/2017	\$1,114.00	\$875.00	Ohio Emergency Professionals	Processed	
220088	Health	JUDY (W)	01/21/2017	\$11,030.00	\$7,721.00	Cleveland Clinic Beachwood Asc	Processed	
220089	Health	JUDY (W)	01/14/2017	\$3,836.72	\$334.00	Indu and Ray Son Medical Beaver Creek Medical Center Oba	Processed	
220090	Health	JUDY (W)	02/13/2017	\$174,299.69	\$27,478.76	The Toledo Hospital Ambulatory Health Center	Processed	

Don't see the claim you're looking for? [Search Claims](#)

Benefits Used

Plan Year: 2017

Member	Out of Pocket Spending	Deductible	Copay	Coinsurance	Annual \$ Paid by member	Lifetime \$ Paid by member
PARKER COOK	\$1,316.00	\$4,000.00	\$0.00/\$0.00	\$16.20/\$4,182.20	\$64.80	\$64.80
JUDY COOK	\$2,684.00	\$4,000.00	\$0.00/\$0.00	\$16.20/\$4,182.20	\$64.80	\$64.80

User Details

COOK, PARKER (Parktest)
HealthSCOPE Benefits
Primary Insured
[Sign Out](#)

Member Info

PARKER COOK INSURED
Alternate ID: A0932271
Group Name: DEMO
Group ID: DEMO
Subgroup Name: DEMO PLAN
Subgroup ID: DEMO PLAN

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