



# BENEFIT INSIDER

A PUBLICATION OF THE OHIO CONFERENCE OF TEAMSTERS & INDUSTRY HEALTH & WELFARE FUND

## MARK YOUR CALENDARS AND CHECK YOUR EMAIL & MAILBOX FREQUENTLY!

Starting March 1, 2022, the Ohio Conference of Teamsters & Industry Health and Welfare Plan will be making changes to partners that currently provide its Prescription Drug, Dental and Vision benefits. Additionally, the Plan is implementing a voluntary wellness program that can earn participants and their enrolled spouse up to \$100 each.

Between now and March 1<sup>st</sup>, we will be sending all eligible participants additional information from the Fund office regarding these changes. **Please make sure that we have your current address, phone number and e-mail address on file.** We will be using text messaging to remind you to look out for important information, such as ID cards or benefit information. E-mail will be used to further explain the changes coming your way. Lastly, all pertinent information will always be mailed to your home, therefore, having correct mailing address is very important. **Contact our office at 419-254-3310 or log in at [www.teamstersinsurance.com](http://www.teamstersinsurance.com) to verify or update your personal contact information.**

Here is what you can find in this newsletter. All changes are effective March 1, 2022.

- **New Prescription Drug Manager** – On page 2, find more information about the Prescription Benefit Manager (PBM) change from Optum RX to CVS Caremark® and what you need to do to ensure your transition is seamless.
- **New Dental Administrator** - On page 4, find additional information about Delta Dental, the new dental administrator, which will provide broader access to dentists and lower your out-of-pocket costs.
- **New Vision Administrator** – On page 6, find more about the new vision administrator, National Vision Administrators (NVA), and your improved benefits.
- **New Voluntary Wellness Program** - On page 12, read all about the voluntary wellness program, the requirements you need to meet, and how much money you and your enrolled spouse can earn.

We know that change can be difficult. We want you to know that these changes are necessary to continue providing you and your family with the exceptional benefits you have earned and deserve. These changes are also necessary to reduce your and the Plan's costs while either maintaining or improving your benefits. And lastly, these changes will provide you with better access to in-network providers and pharmacies so that you can get care and supplies where you live and work.

Our office is open Monday to Friday from 8:30 am to 5 pm. We are located in Toledo, OH and have staff dedicated to helping you, our Teamsters! Feel free to contact our office at **419-254-3310** if you have any questions regarding any of the changes effective 3/1/2022. We appreciate your patience during these transitions and know that we are working diligently to make this process as smooth and seamless as possible for you.

IN THIS ISSUE



CVS Caremark®



Delta Dental



Vision Program



Wellness Benefit



CVS Caremark® will become the Plan's Prescription Benefit Manager (PBM), who will manage your prescription benefits effective March 1, 2022. Soon CVS Caremark® will provide you with all the information you need on whether the medications you are taking are covered, how much it will cost you to fill or refill that medication, and any opportunities you may have to save money.

### Register Online at [Caremark.com](https://www.caremark.com)

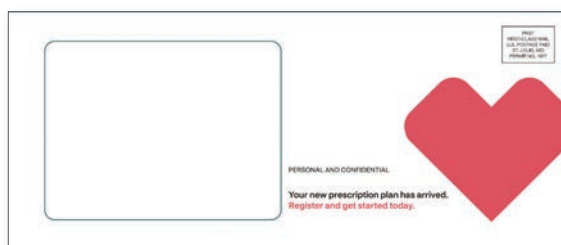
It is very important that you register online on or after March 1, 2022. Once registered, you'll be able to access your benefits, find a network pharmacy and cost information, and access tools to help you stay on track with your medications anytime, anywhere.

### Your Prescription Benefits & Co-Pays

Although your Plan's co-pays for generic and brand name drugs will not change, you may experience a change in coverage of your prescription depending on whether they are a preferred or non-preferred drug with CVS Caremark®. If you are taking a drug that is impacted, CVS Caremark® will tell you if you need to go back to your doctor for a new script or if your doctor must submit a Prior Authorization for the current medication you are taking. Rest assured, we will not let you go without your medications, but you must act quickly once notified by CVS Caremark®.

### Prescription ID Cards

Your ID cards should arrive the last week of February so you can be ready to fill your script on March 1st. It will be mailed in an envelope that looks like the sample below.



**Please make sure you show your new CVS Caremark® ID card to your pharmacy, so they can update their records and confirm your coverage.**

If there are any delays in the mail stream and your card is not received by March 1st, please call our office at **419-254-3310** so we can give you your ID# and you can fill or refill your script.

### **Specialty Medications**

Anyone taking Specialty medications will have to fill their script using the CVS Specialty® pharmacy starting March 1, 2022. **You will need to contact CVS Specialty® at 1-800-237-2767 on or after March 1, 2022 to get started.** A CVS Specialty® representative will set up your account and help ensure a smooth transition of your specialty prescriptions from your current pharmacy. They are open Monday to Friday from 8:00 am to 6:00 pm.

CVS Specialty® also provides you with extra support whenever you need them, such as medication delivery wherever you are, a dedicated team you can count on and helpful digital tools. You can visit [CVSSpecialty.com/GetStarted](https://CVSSpecialty.com/GetStarted) to learn more about the specialty pharmacy and how to get started.

### **Mail Service**

If you are taking advantage of mail service through OptumRx, we will automatically transfer your prescription to CVS Caremark®. Some situations will necessitate seeing your doctor for new prescriptions where the transfer is not allowed (e.g., no refills left, expired script or a controlled substance). Here is what you should do to prepare for the transition to CVS Caremark® as of March 1, 2022:

- Have a one-month supply of your current maintenance medications available
- For controlled substances, expired prescriptions, and prescriptions without refills: these medications cannot be transferred automatically. If this applies to any of your medications, you should ask your doctor to write a new prescription, so it can be filled by the CVS Caremark® mail service, starting March 1, 2022
- Go to [www.caremark.com](https://www.caremark.com) to register and provide payment information

### **Use an In-Network Pharmacy**

One of the best ways to keep the cost of your medications low is to always fill your prescription at an in-network pharmacy. If you fill at a pharmacy that's not in the network, you will have to pay the entire cost of your medication. CVS Pharmacy also offers home delivery for maintenance medications.

To find an in-network pharmacy or change to a new in-network pharmacy near you- on or after March 1, 2022- use the Pharmacy Locator at [Caremark.com](https://Caremark.com). Then call or visit that pharmacy and provide them your new prescription information. Everything they need to transfer your prescription is on the label of your current prescription bottle.





We are pleased to announce our partnership with Delta Dental of Ohio, who will be administering your dental benefits starting March 1, 2022. Delta Dental of Ohio will provide you and your family with more access to in-network dentists than ever before, which means you will pay less out of pocket for covered dental services. You will soon be receiving a welcome packet from Delta Dental of Ohio in the mail, which will include your ID card and benefit information.

*Attention Local 20 Plans 5, 6 and 9 participants! Please check your collective bargaining agreement to make sure your employer elected to provide dental benefits under the Ohio Conference of Teamsters & Industry Health and Welfare Plan. If you are not sure if you have the dental benefit, please contact our office at 419-254-3310, Monday to Friday, from 8:30 am to 5 pm.*

**Your benefits under the Plan are not changing, only the network of dentists and how the benefit is administered.**

Each January 1st you and each one of your enrolled dependents receive up to \$1,500 toward your dental care after you meet the \$100 in-network or \$200 out-of-network deductible (does not apply to preventive benefits) per person and/or family. Below is a brief breakdown of your dental coverage:

- » **Preventive** benefits include services such as routine exams, x-rays, cleanings and fluoride or sealants and are generally reimbursable at 100% of the Delta Dental fee schedule.
- » **Basic** services like fillings, root canals and extractions are reimbursable at 60% of the Delta Dental fee schedule, after you meet your deductible.
- » **Major** services such as crowns, bridges and dentures are reimbursable at 50% of the Delta Dental fee schedule, after you meet your deductible.

**Save Money on Dental Services**

Delta Dental has two levels of in-network dentists, Delta Dental PPO and Delta Dental Premier. With the Delta Dental PPO, you may save more money and receive higher levels of coverage because Delta Dental PPO dentists have agreed to accept lower fees as full payment for covered services. However, if you go to a dentist who doesn't participate in Delta Dental PPO, you can still save money if your dentist participates in Delta Dental Premier. Like the PPO dentists, Delta Dental Premier dentists agree to accept Delta Dental's fee determination as full payment for covered services.

<b>DELTA DENTAL NETWORKS</b>	<b>Delta Dental PPO</b>	<ul style="list-style-type: none"> <li>• No balance billing on covered services</li> <li>• Most significant network discounts with more than 381,800 office locations nationwide</li> <li>• Dentists file claims for member</li> </ul>
	<b>Delta Dental Premier</b>	<ul style="list-style-type: none"> <li>• No balance billing on covered services</li> <li>• Significant network discounts with the most office locations nationwide-more than 448,400</li> <li>• Dentists file claims for member</li> </ul>
<b>OUT-OF-NETWORK</b>	<b>Out-of-network dentist</b>	<ul style="list-style-type: none"> <li>• May be balance billed</li> <li>• No discounts</li> <li>• May need to file own claims</li> </ul>

### Finding an In-Network Dentist

Visit [www.deltadentaloh.com/findadentist](http://www.deltadentaloh.com/findadentist) to find an in-network dentist near you. Remember that using a PPO dentist will save you the most money. When you call to make an appointment with the dentist you choose, simply tell the dental office you have benefits through Delta Dental of Ohio.

### Contacting Delta Dental

If you have questions about your benefits, claims, ID cards or network dentists, you can contact Delta Dental's customer service team, starting on March 1, 2022, at **1-800-524-0149** Monday to Friday 8:30 am to 8:00 pm EST. Their automated inquiry system is available 24/7 and can answer many of your questions.

### Download the Mobile App

By downloading the Delta Dental Mobile App, you can search for dentists without logging in, or enter your username and password and securely access your personal benefit information or estimate your dental care costs. You can also pull up your ID card right on the app and show it to your dentist right on your mobile device, or easily save it to your device and quickly access it using Apple Wallet or Google Pay.

To download the app on any device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

### Submitting a Claim for Reimbursement

Delta Dental PPO and Delta Dental Premier dentists submit claims for you. If you visit an out-of-network dentist, you may need to file your own claim. Printable claim forms are available to download within the Member Portal at [www.memberportal.com](http://www.memberportal.com) or from the Delta Dental of Ohio website, [www.deltadentaloh.com](http://www.deltadentaloh.com). Either you or your provider can complete the form and attach a copy of your bill. The completed reimbursement forms should be mailed to:

Delta Dental  
PO Box 9085  
Farmington Hills, MI 48333-9085





# Your NVA Vision Benefit Summary

## Ohio Conference of Teamsters & Industry Health & Welfare Fund

Effective 03/01/2022

Group Number# 1369

### Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
<b>Examination</b> Once Every 12 months	<ul style="list-style-type: none"> <li>Covered 100% After \$5 copay</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$30</li> </ul>
<b>Lenses</b> Once Every 12 months	<b>Standard Glass or Plastic</b> <ul style="list-style-type: none"> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%<sup>①</sup></li> </ul>	<ul style="list-style-type: none"> <li>Up to \$50</li> <li>Up to \$70</li> <li>Up to \$80</li> <li>Up to \$130</li> <li>N/A<sup>②</sup></li> </ul>
<b>Frame</b> Once Every 12 months	<b>Retail Allowance</b> <ul style="list-style-type: none"> <li>Up to \$125 (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$35</li> </ul>
<b>Contact Lenses</b> Once Every 12 months	<b>In lieu of Lenses &amp; Frame</b>	<b>In lieu of Lenses &amp; Frame</b>
Elective Contact Lenses	<ul style="list-style-type: none"> <li>Up to \$125 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$80</li> </ul>
<b>Fit/Follow-Up***</b>		
Standard Daily Wear	<ul style="list-style-type: none"> <li>Covered 100% After \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$20</li> </ul>
Standard Extended Wear	<ul style="list-style-type: none"> <li>Covered 100% After \$30 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$30</li> </ul>
Specialty Wear	<ul style="list-style-type: none"> <li>Covered 100% After \$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$50</li> </ul>
<b>Medically Necessary****</b>	<ul style="list-style-type: none"> <li>Up to \$125</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$80</li> </ul>

### How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every 12 months from last date of service

For your convenience, at the start of the program, you will receive two identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at [www.e-nva.com](http://www.e-nva.com), or download our mobile app by searching NVA Vision, or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number **136900001** or the group number on the identification card and enter in your search parameters. It's that easy!

\*Does not apply to certain proprietary brands. \*\*Does not apply to Contact Fill (NVA Mail Order) or certain locations at: Target, Sears, Pearle, & K-Mart and may be prohibited by some manufacturers. \*\*\*Only covered if you choose Contact Lenses. \*\*\*\*Pre-approval from NVA required.

- ①In network Tri-focal and Tier 1 Progressive covered in full
- ②Out of network Tier 1 Progressive included in Tri-focal reimbursement

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

<ul style="list-style-type: none"> <li>\$75 Polarized</li> <li>\$30 Blended Bifocal (Segment)</li> <li>\$40 Blue Light Blocker (Standard)</li> <li>\$60 Blue Light Blocker (Premium)</li> <li>\$150 Blue Light Blocker (Ultra)</li> <li>\$12 Fashion Gradient</li> <li>\$20 Glass Photogrey (Single Vision)</li> <li>\$30 Glass Photogrey (Multi-Focal)</li> <li>\$55 High Index</li> <li>\$12 Ultraviolet Coating</li> </ul>	<ul style="list-style-type: none"> <li>\$25 Polycarbonate (Single Vision)</li> <li>\$30 Polycarbonate (Multi-Focal)</li> <li>\$10 Scratch-Resistant Coating (Standard)</li> <li>\$65 Transitions Single Vision (Standard)</li> <li>\$70 Transitions Multi-Focal (Standard)</li> <li>\$10 Solid Tint</li> <li>\$40 AR Coating – Tier 1</li> <li>\$50 AR Coating – Tier 2</li> <li>\$65 AR Coating – Tier 3</li> <li>\$80 AR Coating – Tier 4</li> </ul>	<ul style="list-style-type: none"> <li>20% discount AR Coating – Tier 5</li> <li>\$80 Progressive – Tier 2</li> <li>\$100 Progressive – Tier 3</li> <li>\$120 Progressive – Tier 4</li> <li>\$140 Progressive – Tier 5</li> <li>\$165 Progressive – Tier 6</li> <li>\$190 Progressive – Tier 7</li> <li>20% discount Progressive – Tier 8</li> </ul>
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For lens options & services purchased from a participating NVA provider, NVA members will only pay the fixed maximum amount or the provider's Usual and Customary (U&C) charge less 20%, whichever is less. Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price. Fixed prices are available in-network only. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers. Some optometrist affiliated with Optical Retail locations (i.e., Visionworks, etc.) are independent providers and may not participate in the NVA program.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.



# Get a Better View

**Plan Specific Details Online:** The NVA website is easy to use and provides the most up to date information for program participants:  
 -Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent  
 -View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

**Examinations:** The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

**Lenses:** NVA provides coverage in full for standard glass or plastic eyeglass lenses.

**Frames:** Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

**Contact Lenses:** The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

**Non-Participating Providers:** You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website [www.e-nva.com](http://www.e-nva.com) or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

**Laser Eye Surgery:** NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

**Hearing Discount:** You will receive up to up to 60% savings at participating provider locations through NationsHearing®

**Discounts:** In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

\*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
<b>Eye Examination:</b>	<b>Member Cost:</b> Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
<b>Contact Lens Fitting:</b>	Retail Less 10%	
<b>Lenses:</b>	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
<b>Frame:</b>	Retail Less 35%	
<b>Contact Lenses*:</b>	<b>Member Cost:</b>	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at 20% off the Provider's Retail (U&C) price.

Some optometrist affiliated with Optical Retail locations (i.e., Visionworks, etc.) are independent providers and may not participate in the NVA program.

## At NVA, We Work Only for Our Clients.

**Exclusions / Limitations:** No payment is made for medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/ contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by federal, state, local government or Worker's Compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

National Vision Administrators, L.L.C. • PO Box 2187 • Clifton, NJ 07015  
 Web: [www.e-nva.com](http://www.e-nva.com) • App: App Store or Google Play • Toll-Free: 1.800.672.7723  
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*This document is intended as a program overview only and is not a certified document of the individual plan parameters.*



# Get your health back on track



According to a study published by the National Institutes of Health, more than one-third of adults have not received recommended screenings for age-associated risks during the pandemic. Moreover, 43% of patients missed routine preventive appointments because of COVID-19.<sup>1</sup>

Vaccine rollout and declining COVID-19 infection rates mean a return to normal for many. So how can you get your health back on track following the major disruptions of the COVID-19 pandemic? This checklist can help you and your family get back to your routine.



## Catch up on annual physicals, bloodwork and health screenings

Undergoing routine preventive care is one of the most effective ways to stay healthy. However, according to the United States Centers for Disease Control and Prevention (CDC), preventive care is not used as often as it should be, leading to higher rates of chronic diseases like diabetes, heart disease, cancer and more. To catch any health issues before they become serious, you should see your primary care doctor once a year for an exam. During this exam, your doctor will learn about your family health history, ask you about any recent health issues you may have, order bloodwork and recommend health and lifestyle choices tailored to you.

Based on your age or other risk factors, your primary care doctor will also recommend routine screenings and other preventive medical treatments specific to your health.<sup>2</sup> This might include receiving a mammogram, prostate exam, colonoscopy, getting vaccinated for pneumonia or shingles, and more. These screenings are important as they may help you identify early-stage cancer or prevent a more serious illness.

Finally, don't forget any other routine care that you may have postponed because of the pandemic. This includes eye exams, dermatology visits and teeth cleanings.

<sup>1</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7738274/>

<sup>2</sup>[https://www.cdc.gov/pcd/issues/2019/18\\_0625.htm](https://www.cdc.gov/pcd/issues/2019/18_0625.htm)



# The MedMutual Maternity App

Resources to help you prepare for baby's arrival

**If a new baby is on the way, the MedMutual Maternity app can help you manage your health journey with articles, tips and to-do lists that will keep you on track. Plus, easily connect with Medical Mutual resources with just one click.**

## MedMutual Maternity App Features and Benefits

The app can provide you with:

- Week-by-week updates during your pregnancy
- Daily tips and affirmations
- A tool to look up symptoms and issues
- Screening for high-risk pregnancy and support from our clinical team
- Due date calculator
- Weight gain calculator
- Baby Boost relaxation tool
- Feeding and diaper tracker
- Developmental milestones from birth to age 2
- Health profiles for the whole family
- Articles about health and wellness

You can find the app by searching MedMutual Maternity in the Apple App Store® and Google Play.® Once you have downloaded the app to your device, it's simple to create an account by entering your Medical Mutual member ID number and your date of birth.



MedMutual  
Maternity

## Pregnancy Check-in Surveys

Upon enrollment, we encourage you to take a short survey so we can see if you are getting all the support you need. You will also have the opportunity to check in with us throughout your pregnancy by taking an additional survey as often as you like.

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# 5 TIPS TO PREVENT SEASONAL AFFECTIVE DISORDER



## WHAT IS SAD:

Seasonal Affective Disorder (SAD) is a type of depression that's related to changes in the season. SAD begins and ends at the times every year.

## SYMPTOMS MAY INCLUDE:

- Feeling depressed most of the day nearly everyday
- Having low energy
- Having trouble sleeping
- Feeling hopeless, worthless or guilty
- Having difficulty concentrating
- feeling sluggish



## SUPPLEMENT YOUR DIET

Reach for a daily multivitamin containing ample amounts of the Bs, such as vitamin B6, thiamin, and folic acid, says Rosenthal. Studies show that the B vitamins, in particular, can enhance mood.



## WALK OUTSIDE

Go outdoors on a bright winter day, and you'll naturally soak up some of that feel-good light. Even on a cloudy day, you'll get more light than you would indoors.



### DUPLICATE THE SUN

Specially designed light fixtures, boxes, and visors offer full-spectrum lighting that replicate natural light without the harmful ultraviolet rays. Light therapy is a proven treatment for SAD.

Typically, people with SAD benefit from sitting in front of a light box for 30 minutes to 2 hours daily. A study of 96 Canadians with SAD found that light therapy was just as effective as Prozac, at improving mood. The light therapy brought relief after only 1 week, compared with Prozac which took twice as long.



### GET FIT

Whether you walk, jog, or cycle indoors or out, aerobic activity heightens mood-boosting brain chemicals that banish winter blues. For a one-two punch against SAD, combine exercise with light.

For example, walk outside or set up a light box in front of your stationary cycle. If heavy aerobic activity isn't for you, try Yoga. Yoga can help with SAD by boosting the level of serotonin in the body.



### SEEK WARMTH

Some experts believe that temperature affects seasonal changes in behavior, . Lots of people with SAD also hate cold weather and say they can't get warm in winter, no matter how many layers of socks they put on. People who dislike cold may simply avoid the outdoors in winter and get less sunlight, worsening their blues. Some possible strategies for staying warmer: Nudge the thermostat upward, wrap yourself in an electric blanket, or sip hot beverages.

### INFORMATION PROVIDED BY / LEARN MORE :

<https://www.prevention.com/health/a20517028/12-strategies-to-deal-with-seasonal-affective-disorder/>

<https://vkool.com/how-to-treat-seasonal-affective-disorder/>

<https://www.yogajournal.com/lifestyle/lighten-2>



## Ohio Conference of Teamsters & Industry Health & Welfare Fund

435 S Hawley Street, Toledo, Ohio 43609



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Permit #964

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## New Voluntary Wellness Benefit Program

Ohio Conference of Teamsters & Industry Health and Welfare Fund is excited to announce a new partnership with Medical Mutual. In addition to being our health insurance carrier, Medical Mutual will begin administering our new wellness program!

Your wellness is a key part of your overall health. Taking care of your body and mind can help you prevent illness, reduce your risk of chronic conditions, and live a happier and healthier life. That's why we are offering a wellness program that's filled with a variety of tools, information, and activities to put you on a path to a healthier you. Working together, we can create a healthier workplace and you reap the benefit of earning incentives!

Our wellness portal will open on **Tuesday, March 1, 2022** for all health plan enrolled participants and their covered spouses. **Those who choose to participate in the voluntary wellness program can earn up to \$100 and up to \$200 if both you and your covered spouse participate!** The program will include:

- **Online Health Assessment** – Available on 3/1/22, the health assessment only takes about 15 minutes to complete and **you will earn \$20** for doing it.
- **Annual Physical** – Schedule an annual wellness visit with your healthcare provider between 1/1/22 – 12/31/22. After the claim processes you will be awarded credit on the wellness portal. **You will earn \$40**, just note that it can take up to 4 weeks for processing.
- **Know Your Numbers – Biometric Health Screening** – Preventive lab work can be completed through your healthcare provider between 1/1/22 – 12/31/22. When completing through your provider, there is a form that must be completed and returned. This **will earn you an additional \$40** once submitted and processed.

In February, you can expect a welcome letter from Medical Mutual with additional program details. This letter will also include a customized Biometric Health Screening form for you, and if applicable, your spouse. Make sure you keep the form and do not share it with your co-workers as it is customized just for you!

We look forward to your participation and are excited to offer this new wellness benefit!