

STEP INTO WELLNESS



Diocese of Palm Beach 2021 Healthiest Employers Award Honoree



U.S. Commemorates 57th American Heart Month



Feb 2022



American Heart Month is a time when the nation spotlights heart disease, the number 1 killer of Americans.

This year, the federally designated event is even more important due to the impact of the coronavirus on the public's heart health, including potential harmful effects on the heart and vascular system, according to recent research. Also, during the COVID-19 pandemic, many people have delayed or avoided going to hospitals for heart attacks and strokes netting poorer outcomes and prompting the AHA to create "Don't Die of Doubt," a national awareness campaign that reminds people that hospitals are the safest place to go when you have symptoms.

While in lockdown, more people have engaged in unhealthy lifestyle behaviors such as eating poorly, drinking more alcohol and limiting physical activity which can contribute to heart disease.

Meanwhile, heart disease continues to be the greatest health threat to Americans and is still the leading cause of death worldwide, according to the AHA's Heart Disease and Stroke Statistics – 2021 update. The update, published in the association's flagship journal *Circulation*, reports that nearly 18.6 million people across the globe died of cardiovascular disease in 2019, the latest year for which worldwide statistics are calculated. That's a 17.1% increase over the past decade. 523.2 million cases of cardiovascular disease were reported in 2019, a 26.6% increase over 2010.

During American Heart Month, the AHA and other organizations reinforce the importance of heart health, the need for more research and efforts to ensure that millions of people live longer and

healthier.

In most cases, heart disease is preventable when people adopt a healthy lifestyle, which includes not smoking, maintaining a healthy weight, controlling blood sugar and cholesterol, treating high blood pressure, getting at least 150 minutes of moderate-intensity physical activity a week and getting regular checkups.

Cardiovascular disease claims the lives of 1 in 3 women.

Signs and Symptoms of Heart Attack

If you have any of these signs, call 9-1-1 and get to a hospital right away.

Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It lasts more than a few minutes or goes away and comes back.

Pain or discomfort in one or both arms, the back, neck, jaw or stomach.

Shortness of breath with or without chest discomfort.

Other signs such as breaking out in a cold sweat, nausea or lightheadedness.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.

It is also the month to wear red! Although celebrated on Friday, February 4, pick a day that you and your team want to wear red for awareness and take a photo for the next issue! We want to see those shades of red!!!! Send photos to cwaring@diocesepb.org

www.heart.org



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Keep Your Heart Healthy With Better Oral Care

According to the Centers for Disease Control and Prevention, research has found a link between this disease and gum health.

Having gum disease can triple the risk of a heart attack, and inflammation may be the link between the two conditions. Prevention is the best medicine.

Regular healthy habits can lower your risk of both gum disease and heart disease. If you already have one or both of these conditions, these strategies can also help you manage them.

Brush and floss regularly. Be sure to brush for at least two minutes twice a day and to floss once a day.

- **Eat a healthy diet.** Try to avoid foods that are heavy on sugars and starches and choose those that are rich in essential nutrients (especially vitamins A and C).

Avoid cigarettes and other tobacco products. These products can destroy your gums and increase your chance of heart disease. This includes vaping and smokeless tobacco products as well.

www.deltadentalins.com

Low Vision Awareness Month

Vision impairment — including low vision — affects millions of Americans, among them are many older adults. Vision impairment can make it hard to do things like reading, shopping, or cooking. And standard treatments — like eyeglasses, contact lenses, medicines, and surgery — can't fix it completely.

The good news is that vision rehabilitation services can help people with vision impairment learn how to stay independent and make the most of their sight. Low Vision Awareness Month is a great time to become aware of vision rehabilitation — and make sure that people with vision impairment know about the services available to them.

There's a lot you can do to keep your eyes healthy and protect your vision. One of the most effective ways to really "see" what is going on with your eyes is to get a comprehensive dilated eye exam.

Getting a dilated eye exam is simple and painless — and it's the single best thing you can do for your eye health! Even if your eyes feel healthy, you could have a problem and not know it. That's because many eye diseases don't have any symptoms or warning signs. A dilated eye exam is the only way to check for many eye diseases early on, when they're easier to treat.

Protect your eyes. Wear sunglasses. Protect your eyes from the sun by wearing sunglasses — even on cloudy days! Be sure to look for sunglasses that block 99 to 100 percent of both UVA and UVB radiation.

Wear protective eyewear. Safety glasses and goggles are designed to protect your eyes during certain activities, like playing sports, doing construction work, or doing home repairs. You can buy them from most eye care providers and some sporting goods stores.




Give your eyes a rest. Looking at a computer for a long time can tire out your eyes. Rest your eyes by taking a break every 20 minutes to look at something about 20 feet away for 20 seconds.

If you wear contacts, take steps to prevent eye infections. Always wash your hands before you put your contact lenses in or take them out. Be sure to disinfect your contact lenses and replace them regularly



www.nei.nih.gov/learn-about-eye-health/healthy-vision/keep-your-eyes-healthy

February Happenings

Feb 1 - 28	American Heart Month 
Feb 1 - 28	Low Vision Awareness Month
Feb 4	National Wear Red Day
Feb 14	Valentine's Day 
Feb 21 	President's Day

Heart Shaped Salad

This lovely fresh salad features a delicious mix of crunchy vegetables and mozzarella cheese. The heart-shaped veggies add a personal touch.

Ingredients: 1 package spring salad mix (about 6 cups)
1 large cucumber
2 red peppers
1 bunch radishes
1 small brick of mozzarella cheese
10 to 15 small plum tomatoes
1 bottle roasted red pepper with Parmesan salad dressing

Instructions:

1. Slice the cucumber.
2. Remove the seeds and tops and bottoms of the red pepper.
3. Slice the radishes and cut the plum tomatoes into halves.
4. Cut the mozzarella cheese into slices at least a quarter-inch thick.
5. Place the salad mix in a large bowl.
6. With a small, **heart-shaped cookie cutter**, make heart shapes out of the cucumber, red peppers and mozzarella cheese, and then mix them into the salad.
7. Drizzle with dressing before serving, and toss until equally distributed



<https://www1.deltadentalins.com/>

Have an idea, suggestion or comment? Contact your Wellness Coordinator, Carol Waring at cwaring@diocesepb.org or 561-775-9572. Have a benefits question? Contact your Benefits Assistant, Sandy Maulden at smaulden@diocesepb.org or 561-775-9574. Be sure to visit the wellness web page at www.diocesepb.org/wellness for helpful links and information.



Diocese of Palm Beach Increasing Access to Health Care Services for Employees to Aid in Treatment of COVID-19 Over-the-Counter (OTC) COVID-19 Test Kits January 26, 2022

Effective January 15, 2022, the federal government is requiring insurance companies and group insurance plans to cover the cost of over-the-counter at-home COVID-19 tests, so people with private health coverage can get them for free starting January 15, 2022. This benefit will be in effect through the end of the Public Health Emergency which is currently ending April 16, 2022. Please note that this benefit applies to only those employees, and their dependents, who are covered under the Diocese of Palm Beach medical plans. Here are some answers to questions you may have.

Frequently asked questions

Q1: When and how can I get free at-home OTC test kits for COVID-19? Through your Elixir Pharmacy Program: This is the easiest and most convenient way to obtain the test kits. Our plan has chosen to have Elixir process these test kits through your Elixir prescription benefit beginning on January 15, 2022. There is no copay or claim submission, if you use a participating pharmacy and show your Elixir prescription benefit card at the pharmacy counter. Based on availability, you may be able to obtain the test kits at the same pharmacy that you purchase your prescription drugs (Publix, Walgreens, CVS, Walmart, etc.)

Mail Order: Contact Elixir Pharmacy customer care at 800-771-4648 to find out if at-home OTC COVID-19 test kits are available for shipping.

Q2: Do I need a prescription to get free at-home OTC test kits to test for COVID-19? No. Prescriptions are not required.

Q3: How many free at-home test kits can I get? Members can get as many as eight free over-the-counter at-home tests per covered individual per month without a prescription. Your plan is required to provide reimbursement of up to \$12 per home test kit, for up to eight tests per rolling 30-day period, for each individual on the plan, regardless of whether the tests are bought all at once or at separate times throughout the month.

Q4: Do I have to purchase these at-home OTC test kits at specific locations to get them for no cost? Starting January 15, 2022, as a matter of convenience to our employees and covered family members, you are encouraged to get at-home test kits at participating in-network pharmacies – where you would typically get prescription medications. Since your plan has chosen to use the Elixir network for at-home OTC COVID-19 test kit coverage, all pharmacies will be considered in-network as long as they are contracted with Elixir. If you purchase kits at non-participating pharmacies or retailers, or online, you will have to submit to Florida Blue for reimbursement. Please note that Florida Blue will begin processing OTC Covid test claims on 2/1/22 for tests purchased on 2/1/22 and forward, at non-participating pharmacies or retailers, or online. The Florida Blue claim form and instructions is enclosed. Please contact Sandy Maulden, Benefits Assistant at 561-775-9574 or smaulden@diocesdepb.org to discuss options for reimbursement.

Q5: What if I bought and paid for some at-home test kits before January 15, 2022. Can I request reimbursement for those? No, Insurance plans are not required by federal law to cover at-home tests acquired before January 15, 2022.



Instructions for Filing a Medical Claim

1. This form is only needed to submit claims for services and supplies that are not submitted by your provider (i.e., out-of-network doctors and hospitals). You must file your claim within one year from the date of service.

You can submit your claim any time during the year.

2. Use a separate claim form for each family member and each physician or supplier.

3. All sections of the form must be filled out completely or your claim may be returned to you.

4. If your claim is a result of an accident, please provide a copy of the auto carrier's Explanation of Benefits or Letter of Exhaustion (if available).

5. If you have other insurance, please provide a copy of your ID card(s). Please send a copy of Explanation of Benefit statements from the other insurance company for the claim you are submitting (i.e., Medicare, Health, Auto or Workman's Comp).

6. If your claim is for Durable Medical Equipment (i.e., wheelchair, respirator, oxygen, etc.), you must submit the prescription along with a letter of medical necessity from the treating physician.

7. Your original itemized Bills and Receipts must include:

- * Physician or supplier name
- * Physician or supplier address
- * Physician or supplier Tax ID or NPI (National Provider Identifier) Number
- * Policy Holder (Member) Name
- * Patient's full name
- * Type of service and procedure code
- * Date of service or purchase
- * Diagnosis and diagnosis code
- * Condition being treated
- * Charge for each service

Important: The following are not acceptable documents: cash register receipts, cancelled checks, money order receipts or personal lists. You must submit original bills or receipts from your provider. Please keep a copy as the originals cannot be returned.

8. Please be aware that if the provider or supplier is contracted with Blue Cross and Blue Shield of Florida, payment will be made to the provider. If this is a contracted provider and you have paid in full for services, you will need to seek reimbursement directly from the provider.

9. If this claim is for a non-contracted provider, payment may be made to you or to the provider. You may sign the AUTHORIZATION OF PAYMENT section to have payment sent directly to the provider.

10. Please be sure to review your claim form and documents carefully to ensure we can process your claim accurately and quickly.

MAILING ADDRESS

Please mail your completed claim form with original bills or receipts and copies of other Explanation of Benefits, if applicable to:

Blue Cross and Blue Shield of Florida
P.O. Box 1798
Jacksonville, FL 32231-0014

SAMPLE FORM

MEDICAL CLAIM FORM (To be completed by Member)



- Complete ALL information on your form may be returned.
- This form only needs to be completed if the physician or supplier is not submitting on your behalf.
- Use a separate form for each family member and each physician or supplier.
- Enclose ORIGINAL itemized bills. Keep a copy for your records.
- Mail to: Blue Cross and Blue Shield of Florida, PO Box 1798, Jacksonville, FL 32231-0014

See previous page for more instructions.

MEMBER'S INFORMATION (The policy holder name shown on the front of your ID card.)			
Member's Legal Name (Last, First, Middle Initial)			Date of Birth MM DD YYYY
Member's Street Address, check box if new address <input type="checkbox"/>		City	State Zip Code
Member / Contract Number	Group Number	Employer Name (if applicable)	
PATIENT INFORMATION			
Patient's Legal Name (Last, First, Middle Initial)			Patient's Date of Birth MM DD YYYY
Patient's Relationship to Member <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
PATIENT MEDICAL INFORMATION (May be found on itemized Bill or Receipt)			
Date of Service / Visit MM DD YYYY	Nature of Visit / Diagnosis Code	Procedure Code(s)	Physician or Supplier Information
1			Name
2			Address
3			Zip Code Phone Number
Was the treatment the result of an accidental injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Or work related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of how accident (If accident, include a copy of your auto carrier's Letter of Exhaustion) or work related illness/injury occurred:			
			Date of accident or beginning of illness: MM DD YYYY
OTHER COVERAGE INFORMATION (If yes, include a copy of your ID card from Medicare or other insurance Co.)			
Does patient have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No Part A (Hospital) <input type="checkbox"/> Yes <input type="checkbox"/> No Part B (Physician) <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective Date of other coverage: MM DD YYYY
Is the patient covered under any other insurance policy providing health care benefits or services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, there is other insurance that is NOT Medicare, please complete a. through c. below:			
a. Name on Other Policy:			
b. Name of Insurance:			
c. Policy Number:			
AUTHORIZATION AND SIGNATURE REQUIRED			
I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any hospital, physician, or other provider which participated in any way in my care and treatment to release to Blue Cross and Blue Shield of Florida any medical information which they in their judgment deem necessary to the adjudication of this claim.			
Important: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree. Florida Statutes, Section 817.234.			
Signature of Policy Holder X		Date MM DD YYYY	
AUTHORIZATION OF PAYMENT TO NON-CONTRACTED PROVIDERS (Signature required if payment is to be sent to the provider(s) above.)			
I authorize Blue Cross and Blue Shield of Florida to make payment of benefits directly to the provider(s) indicated on the enclosed bills/receipts in those situations where such provider(s) is/are non-contracted provider(s) and Florida law requires direct payment when authorized.			
Note: Should any such provider also submit a claim for the same services and informs us that the benefits have been assigned, we may honor that assignment should the authorization on this form be signed or not signed.			
Signature of Policy Holder X		Date MM DD YYYY	

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Reset

Employees covered under our Florida Blue PPO plans, and their covered dependents, can get as many as **eight free over-the-counter at-home tests per covered individual per month without a prescription.**

Your plan is required to provide reimbursement of up to \$12 per home test kit, for up to eight tests per rolling 30-day period, for each individual on the plan, regardless of whether the tests are bought all at once or at separate times throughout the month. You can purchase the test kit at the same pharmacy where you purchase your prescription drugs by using your **Elixir card**. Or, you can purchase the test kits and apply through Florida Blue for reimbursement.

Questions? Contact Sandy Maulden (smaulden@diocesepb.org) or Ana Jarosz (ajarosz@diocesepb.org).