



40th Anniversary Edition

2021–2022

Trust the people who care for you

About ASBAIT

The Arizona School Boards Association Insurance Trust or ASBAIT was established in 1981 by the Arizona School Boards Association. Its formation was in response to Arizona school administrators desire to obtain comprehensive health benefits at reasonable costs. Meeting the needs of employees and their dependents is at the core of ASBAIT's philosophy. These factors differentiate ASBAIT plans from commercial employee benefit programs making it the number one choice with Arizona schools.

Mission statement

The mission of the Arizona School Boards Association Insurance Trust (ASBAIT) is to set the standard for service, benefits, and affordability for the health care of Arizona's school employees and their dependents.

Governance

ASBAIT was set up and operates by an "Agreement and Declaration of Trust" in accordance with the laws of the State of Arizona, including, without limitation, Arizona Revised Statutes Section 15-382 as it may be amended from time to time.

Operational authority of the Trust is by the Board of Trustees. The Board of Directors of the Arizona Association of School Boards appoints the Trustees. The Trustees consist of at least one school district governing board member, at least one superintendent of a school district, and at least one school district business manager.

The Trustees meet four to six times per year (schedule of meetings are listed elsewhere) to conduct the business of the Trust. Their major responsibilities include approving rate and renewals for members; overall budget; contractors; and independent financial audit. The Trustees may also hear and make decisions on appeals or exceptions for claim payments to member employees or dependents.

ASBAIT fast facts:



- It's our 40th anniversary!
- Since 1981 ASBA has sponsored this self-funded benefit program that is exclusive to Arizona school districts and community colleges.
- ASBAIT covers approximately 15,000 employees and their dependents.
- Currently there are over 120 participating schools.

Bring healthy balance back to your life

Finding your perfect balance

Meritain Health® knows how important it is that you understand how your benefits work.

That's why this packet contains:

- Useful information about your benefits plan.
- Everything you need to choose the best options for you and your family.
- Instructions on how to enroll, and to begin using your new benefits.

Why do we feel this is important? Because, let's face it, living today can be larger than life. Getting through the day at top speed is a sign of our hurry-up, drive-through times. Many people put themselves at the bottom of their to-do lists, giving everything else the best of their energy.

In this way, life gets out of balance. Most of us can keep juggling it all until one day health and well-being begin to pay the price.

Take a deep breath, step back and see the big picture. Help yourself. Put that life on pause for a few minutes, and take the time to read this packet. You'll see that your employer provides tools, resources and benefits to help you regain your best life and make smart health care decisions.

We want to help you get the most from your benefits—so you can live a life that's balanced and informed.

A balanced life means a healthier you.

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description (SPD) and is not intended to replace the benefit summary or Schedule of Benefits (SOB) contained within the plan. If any provision of these materials is inconsistent with the language of the plan, the language of the plan will govern. Meritain Health is not an insurer or guarantor of benefits under the plan.

We are Meritain Health

Meritain Health is your health care benefits administrator. We process your health care claims and manage other programs for the ASBA Insurance Trust. This is why you will see our logo on your ID cards and benefit documents.



As Advocates for Healthier Living, Meritain Health provides easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.

What's inside?

In this packet, you'll learn more about the following:

Preventive care

- Annual exams and check-ups
- Well-child care
- Immunizations and screenings

Health care benefits when you need them

- Inpatient and outpatient care
- Home health care
- Rehabilitation services
- Doctor visits and prescription drugs
- Mail order and online prescription options
- A large and convenient provider network

Support when you need it

- **ASBAIT Nurse Health Coaching**—you'll get the help you need to manage costs related to your condition, including the highest cost of all—the impact of your condition on your quality of life. You can earn up to a \$100 incentive annually for each member who participates.
- **Employee Assistance Program (EAP)**—counseling when you need it, 24/7. Your EAP is brought to you by Alliance Work Partners.
- **Maternity management**—for a healthy pregnancy and child birth, you need pre-term and post-partum care, tailored to your health needs. You can earn up to a \$100 incentive annually for each eligible member who participates.
- **Case management**—a no-cost program that helps you and your family navigate your health benefits when unexpected illness or injury occurs in your life.

ASBAIT dental and vision benefits (if offered by your district)

For a listing of your dental and vision benefits, refer to the SOB. Refer to your SPD for more complete information.

Programs for healthy change

- **Working~Well Employee Wellness Program**—support for improving and maintaining your own good health with a holistic approach.
- **Meritain Health Pharmacy Solutions/ CVS Caremark clinical programs**—step care, reduced cost diabetic supplies/medications, medication monitoring and specialty pharmacy.
- **Biometric testing**—comprehensive 33-panel blood profile. An informative program, with a 28-page personal results report to each individual. Biometric screenings raise awareness and affords the gift of early detection/prevention.



In this section

- What's new for 2021-2022
- Health benefits for your family
- Enrolling at a later date
- Special enrollment situations
- If your spouse already has coverage
- Effective March 1, 2021, the Banner Specialty Pharmacy was replaced with CVS Specialty Pharmacy.

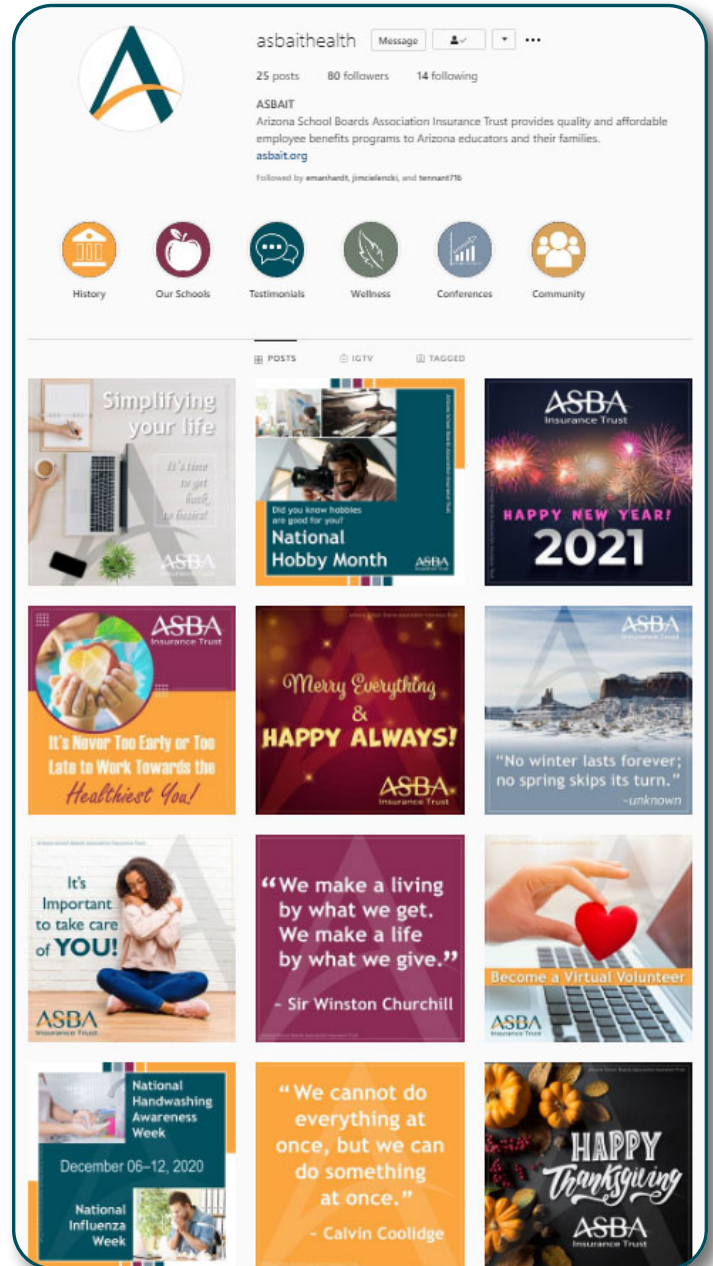
No surprises, just information

What's new for ASBAIT members in 2021

1. There are no changes to the plan designs for the 2021-2022 plan year, but the names of some plans offered by your district may be changing. You will see these changes on your schedule of benefits.
2. Effective July 1, 2021, ASBAIT is adding a program through SkinIO that provides the easiest way to get your annual skin screening. More information is provided later in this document.
3. HINGE Health will now be included as part of your medical plan. Hinge Health will deliver sensor-guided exercise therapy via app (digital therapy) for chronic pain, along with access to interactive 1-on-1 coaching. There is more information included later in this document.

Follow ASBAIT on social media!

We want to keep you informed about your benefits program. As we're continually trying to increase the ways we communicate with you, we've added a YouTube page and Instagram. Search for ASBAIT on YouTube for informational videos and messages about your benefits. Follow us on Instagram (@asbaithealth) for regular posts to learn more.



How health care reform affects your plan

In March 2010, President Obama signed the Affordable Care Act, or ACA, into law. The ACA, also known as health care reform, includes certain consumer protections that apply to your health plan, for example, the requirement for the provision of preventive health services without any cost sharing. Be sure to review the important information about the ACA that is included throughout this kit.

Important things to know about eligibility

Health plans are put together carefully to provide the best benefits possible for participants. ASBAIT and Meritain Health know how important it is for health care consumers like you to really understand how your plan works. In this way, you can make the changes you want in your health and in your life. The next section of this packet describes some of the most important provisions of your benefits. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed, with no surprises.

Special Enrollment Situations

In these situations during the year or after open enrollment, you may be able to add, delete or change your benefit choices.

- Involuntary loss of other benefits
- Marriage
- Birth
- Adoption
- Placement of a child in your home for adoption

If you're adding a dependent to your benefits through a special enrollment situation, let your employer know within 30 or 31 days (varies by district) of the marriage, birth, adoption, etc.; however, this can vary by group.

Healthy balance for your family, too

Your family members can also reap the rewards of the plan. Health care benefits are available for every eligible dependent. It's a great way to help your family members find the right balance between life's "roller-coaster ride" and their best health. Be sure your family knows about the opportunities open to them—share this packet and other materials you receive from the plan!

Your eligible dependents

This benefit plan is open to you and your eligible dependents. An eligible dependent is:

- Your spouse (as defined in your plan documents).
- Your children, natural or adopted.
- Stepchildren.
- A domestic partner that is living in your home (could vary by district).
- Children who have been placed with you for adoption.
- Children for whom you are the legal guardian.

ACA note: Dependent coverage is available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee's biological, step, foster or adopted child (including a child placed for adoption) until the end of the month in which such child reaches age 26.

Family members covered by a different plan

If a family member is covered by a different plan:

- You can enroll yourself and your eligible dependents in this plan.
- You can enroll yourself in this plan, but decline benefits for some or all dependent(s).
- You can decline benefits for your whole family.

Are your dependents still eligible for benefits under your plan?

Tell your employer if:

- You become divorced or are legally separated from a spouse who was covered under this plan.
- A dependent child ceases to meet the terms of the plan.

To enroll the dependent for COBRA—a special limited-time plan for continuing benefits at your own expense—you must notify your employer within 60 days of that person's change in dependent status.



When you have benefits from two group plans

If you or one of your dependents have benefits under both this plan and another plan, the two plans will coordinate your benefits. One plan will be considered the primary plan (or first payer) and the other will be the secondary plan (pays only after the first plan has paid).

Generally, Meritain Health uses a birthday rule to decide which plan would be the primary plan.

Please refer to your SPD for specific requirements.

If you say “no” to this plan now

You can refuse the benefits of this plan, but be sure you've looked at the pluses and minuses of that decision. **Important:** If you don't enroll now, you'll have to wait for your employer to offer an open enrollment period.

If you lose other group benefits that you or your dependents might have, and it's not your fault (for example, the covered person is laid off or let go from a job) you'll be able to sign up for this plan. Likewise, if you have an event such as your own marriage, divorce, or the birth or adoption of a child, you will have another brief period to sign up for this plan without waiting for your employer's open enrollment period. These are considered *qualifying events*.

Open enrollment period

If you waive or decline benefits at first but change your mind later, you can sign up during the time period known as *open enrollment*. Your school will communicate your dates of open enrollment.

Your member portal

Your Meritain Health member website at www.meritain.com is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We're committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your health care dollars.

Your online tools and resources

With a [meritain.com](http://www.meritain.com) account you can:

- Find the status of a claim /view EOBs.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Download and order ID cards.
- And more.

Your secure member site

Visit www.meritain.com.

Return users, just sign in using your username and password. The first time you access the site, you will be prompted to re-register with a new username and password for enhanced security. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID card the first time. Remember, each member of your family can have an account, too.

If you need help registering, you can contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

How to access your mobile progressive web app

For iPhone®:

- Once you log in to your member portal through www.meritain.com, click the icon at the bottom of the page.
- Then, scroll through the menu options and select *Add to Home Screen*.
- Click *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app, instead of going through the web page.

For Android™:

- Once you log in to your member portal through www.meritain.com, you'll be prompted with the pop-up message *Add Meritain Health® to Home Screen* at the bottom of the page. Click this message.
- Then, you can click *Add* to add the logo to the home page or *Cancel* to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, launch the app from your home screen and log in.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their Social Security number (SSN), please contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their Protected Health Information (PHI) for treatment, payment or health care operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, close friends).

Balancing your life means protecting your health

In this section

- Preventive care
- Using your provider network
- Medical Management and precertification
- ASBAIT's Nurse Health Coaching
- Employee Assistance Program (EAP)
- Prescription benefits
- SkinIO: skin screening program
- Hinge Health: digital therapy app

Understanding your medical benefits

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. ASBAIT and Meritain Health are here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!



Helpful tip

If you go outside your provider network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

Preventive care for you and your family—protecting your healthy balance

Question: Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Take an easy step towards good health

Your number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why your employer offers many preventive treatments at no cost to you when you visit a doctor in your network.

Using your medical benefits

Save when you see network providers

The ASBAIT plan offers a provider network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of the ASBAIT plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too.

Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that ASBAIT can support your efforts to stay well and have a healthy lifestyle—or to have simple access to care.

No referrals required

You don't have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but we recommend you build a relationship with a "home base" doctor—one who has all of your records and health history. For the best benefits, see specialists that are in the network (called in-network or participating providers). Remember, if you see providers outside the network, you'll share more of the cost. To be sure the plan pays for charges from any out-of-network provider you choose, call customer service before you receive care.

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your SPD.

When out-of-network charges may be covered at the in-network rate

If an out-of-network provider is under agreement with an in-network provider for some part of your care (for example, an out-of-network anesthesiologist or pathologist who regularly works with your doctor) the out-of-network provider's charges will be paid at the in-network rate subject to usual and customary charges. All plan limitations, requirements and provisions apply.

Important: if you (or your in-network provider) could choose an in-network provider for services or consultation, but decide instead to use an out-of-network provider, benefits are reduced to the out-of-network level.

ASBAIT Network: Aetna Choice® Point of Service (POS) II

When you need medical services you have access to providers in the Aetna Choice POS II network both inside and outside of Arizona. It's easy to find doctors and hospitals in your networks. You can find network providers online or by phone.

Helpful tip

It's important to know what is covered under your health plan. This can help you to plan for the cost of your health care expenditures. Refer to your summary plan description for more information.



Find Aetna providers online

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit: <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Key in your location (ZIP code, city, county or state). Then, choose range (e.g., within 25 miles).
3. Under *Broad Medical Network*, choose *Aetna Choice POS II (Open Access)* under *Select Plan*. Then click *Continue*.
4. Next, type the provider name or type of provider, or select from the categories listed. The guided flow search will use some of our most commonly searched terms and easily organize them for you to find. Your provider results will continue to be returned based on relevancy to your search criteria (plan, location and search term).
5. Choose your provider from the list of providers displayed on the results screen. Learn more about each by clicking on the provider's name.
6. Narrow your search results by using the filters under *Narrow Your Results*. Choices include *Group Affiliations, Languages, Gender and Specialty*.

Finding dental providers

If your school offers dental benefits, you can also use DocFind to search for dental providers:

1. Visit: www.aetna.com/docfind/custom/mymeritain/.
2. Choose: *Aetna Dental® Administrators*
3. Choose *Aetna Dental Access®/Vital Savings by Aetna®* under *Select a Plan*.

For more search tips, you can click on *Search Tips and FAQs* on the home screen.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 a.m.–9:00 p.m. ET, Monday through Friday.

Providers are independent contractors and are not agents of Aetna or Meritain Health. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.

Good living = great health habits

ASBAIT's Nurse Health Coaching

If you have an ongoing medical condition, you are far from alone. According to a recent study, nearly 50 percent of Americans have medical conditions of one kind or another. These conditions cause major limitations in daily living for almost 1 out of 10. However, by adopting healthy behaviors, such as eating nutritious foods, being physically active and avoiding tobacco use, you can reduce or eliminate complications associated with your condition.

Incentive Program

You can receive \$100 per member for your participation in the Nurse Health Coaching or Maternity Management programs. This incentive is paid directly to qualifying members (\$25 per quarter).

Want to join? Call **1.855.5ASBAIT** or **1.855.527.2248**

Controlling your condition

The goal of the Nurse Health Coaching Program is to help you control your chronic condition, rather than allowing the condition to control you. At the same time, the program will help you set achievable steps and goals to assist you with living a healthy lifestyle.

ASBAIT's Nurse Health Coaching Program helps members manage the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic pain (caused by arthritis or lower backpain)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hyperlipidemia
- Hypertension

Participating in the program

If you are invited to participate and you choose to do so, you will promptly receive information about the program's resources and educational opportunities.

If you feel you would benefit from the ASBAIT Nurse Health Coaching Program and have not been contacted, you have the option to self-enroll. To learn more about the program or to enroll today and start speaking to a nurse health coach, call **1.855.5ASBAIT** or **1.855.527.2248**.

Maternity Management: a balanced beginning for you and your baby

Through this program, you will be assigned your own maternity nurse specialist. Your nurse will get you answers to questions and concerns and will help you follow your doctor's plan for your care. This program will allow you to earn the incentive payout.

Specifically, your Maternity Management nurse coach will:

- Help you set targets and goals, such as lowering your blood sugar, controlling your blood pressure and reducing your cholesterol.
- Provide information on warning signs and symptoms and what to do if they occur.
- Help you comply with your physician's plan of care.
- Provide educational resources specific to your needs.
- Direct you to local community resources.

Think you may benefit from the program? If you think you would benefit from the program and want to enroll, but you have not been contacted, please call **1.855.527.2248**.

SkinIO early detection

SkinIO is the easiest way to get your annual skin screening, and it is completely free with ASBAIT.

Your skin will tell you it has a problem long before it becomes a serious problem. With the SkinIO app, all you need to take control of your skin health is your smart phone and 15 minutes. Your skin screening will be securely sent to a board-certified dermatologist, who will review your skin for any concerning spots.

Skin cancer impacts one in five Americans. Caught early, it's a manageable fix. With SkinIO, your skin health is now in your hands.

How SkinIO Works

We guide you to take clinical-grade photos of your skin. Our technology helps you through documenting and tracking changes to your skin over time.

For additional information on this program, please contact SkinIO via email at help@skinio.com or toll-free at 1.847.331.2238



HINGE Health

This is an additional benefit included with your medical plan that offers therapy when you need it.

HINGE Health is a digital tool that delivers sensor-guided exercise therapy via app (digital therapy) for chronic pain, along with access to interactive 1-on-1 coaching.

To learn more, visit:

- Website: hingehealth.com/asbait
- Email: hello@hingehealth.com
- Call: 1.855.902.2777

(Hours of operation: Monday-Friday, 9:00am-9:00pm)



Alliance Work Partners: Your Employee Assistance Program

ASBAIT offers an EAP because we know life can be stressful. AWP provides confidential services at no cost to you and your household. Designed to help you with responsibilities, events, work stress and issues affecting your quality of life, AWP is available 24 hours a day, seven days a week.

Key provisions of the EAP:

- It is confidential and available at no cost
- All employees, their household, dependents (age 26 or under), terminated employees (for six months), and retirees are eligible
- You have access to up to five short-term counseling sessions per problem per year, which includes assessment, referral and crisis services
- **LawAccess:** legal and financial services
- **WorkLife:** community services and referrals
- **SafeRide:** reimbursement for unanticipated cab and ride-share services
- **HelpNet resources:** access to webinars, legal forms, training and financial tools

Visit your EAP website at awpnow.com create a customized account by going to:

- Go to www.awpnow.com
- Choose *Access Your Benefits* to create an account or log in.
- Registration code: **AWP-ASBAIT-2811**

For further information or assistance regarding this beneficial program, contact Alliance Work Partners:

- Toll free: 1.800.343.3822
- TDD: 1.800.448.1823
- Teen Line: 1.800.334.TEEN (8936)
- Email: AM@alliancewp.com

Medical Management

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of ASBAIT's Medical Management program. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

How to obtain precertification

For non-emergency procedures and hospital admissions: The covered person or the physician must contact Medical Management prior to the admission or in advance of the procedure. Medical Management will review the request for services and contact the physician for any records or additional information necessary to thoroughly evaluate the need for services.

For emergency procedures or hospital admissions:

The covered person, the physician, the hospital admissions clerk or anyone associated with the covered person's treatment, must notify Medical Management by telephone within 48 hours of the procedure or admission.

Precertification of a procedure does not guarantee benefits

All benefit payments are determined by Meritain Health, in accordance with the provisions of this plan. The program is designed as a cost-containment program to maximize the plan benefits and reduce unnecessary hospitalizations, surgical procedures and other diagnostic services. Once a precertification has been received, it is valid for a period of 90 days.

Before you get care, check precertification (Medical Management) requirements

The following items and/or services must be precertified before any medical services are provided:

- All inpatient facility admissions
- Outpatient and physician surgery
- Outpatient and physician diagnostic services
- Non-orthopedic CT and MRI
- PET scan, sleep study
- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant-related injections, infusions and treatments
- Dialysis
- Hyperbaric oxygen
- Home health care
- Durable medical equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices
- High-cost drugs: injectables that cost \$2,000 or more per drug, per month
- Infusion therapies that cost \$2,000 or more per drug, per month

For an all-inclusive list, please refer to your plan document.

Failure to comply with the precertification requirements may result in penalties which you will be responsible for. A 20 percent reduction in benefits may be taken, or you may be disqualified from benefits altogether. Your doctor may request precertification for you, however you are ultimately responsible for making sure precertification is obtained when required.

ASBAIT Medical Management

You can contact a medical management nurse by calling **1.855.5ASBAIT** or **1.855.527.2248**.

On-site biometric screenings

Biometry is a measure of your body's performance and health. If your employer agrees to participate, we come to you—at your work place—to help you get a picture of your current health. The program is voluntary and confidential.

Here's how it works

Professionals will conduct a health risk assessment—a confidential survey about your personal health and history—right at your work place. In a private setting, they'll take your blood pressure and draw a blood sample for a blood chemistry profile. This will be used to determine your health today.

Once you've completed the blood draw, you'll be able to view a personalized, confidential report showing your results. The report will include any "heads-up" messages about areas you might need to discuss with your doctor.

CVS Health: Your prescription for a healthier budget

Your prescription drug benefit—available when you need prescriptions filled—is administered by Meritain Health Pharmacy Solutions, powered by CVS Caremark. You can visit more than 65,000 retail pharmacies nationwide to fill your prescriptions. You also have access to clinical pharmacists for information and support.

Contact CVS Caremark

If you have any questions, call CVS Caremark at **1.866.475.7589** or visit www.caremark.com

Controlling your prescription copay

To get the most from your benefits plan, it pays to be a wise consumer. In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture and they're just as effective as the name brands. You'll save money when you request them because generics have a lower copay than preferred or non-preferred drugs.

Whether you are most comfortable using your desktop, the mobile app on your smart phone, your laptop or your iPad, CVS Caremark can help you digitally manage your prescription benefits when you visit **caremark.com**:

- Check Drug Cost and Coverage
- Get Started with Delivery by Mail
- Easy Refills
- Manage Your Profile
- View ID Card
- Pharmacy Locator
- Find Opportunities to Save

**Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.*

Prescription drug tiers	
Tier 1	Lowest cost drugs, mostly generic
Tier 2	Medium-cost drugs, most are generic; some are brand-name
Tier 3	Higher cost drugs, most are brand-name; some specialty
Tier 4	Highest cost drugs, most are specialty

Prescription drug copays		
Service	Retail	90-day supplies
Mandatory generic	\$15	\$30
Preferred brand-name* (when no generic is available)	20% (\$25 min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name (when no generic is available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug Banner Family Pharmacy-Chandler	20% (\$100 min; \$150 max)	NA
HDHP plans	80%, after ded	80%, after ded

Why generics make sense

Consider all of the compelling reasons to protect your pocketbook with the lower-price generic drugs:

- Generics can cost up to 75 percent less than their brand-name equivalents.
- FDA testing is exactly the same for generic and brand-name drugs.
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages.
- Generic drugs sometimes look different from the original brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works.
- Nearly half of all brand-name drugs have generic equivalents—but you may have to ask for them.
- Generics have the lowest copay under this plan, so you save on every prescription.

The Performance Drug List (CVS)

Also called a formulary, the Performance Drug List is created by pharmacy experts and lists FDA-approved, safe, effective and economical drugs.

How the Performance Drug List works:

- Drugs are added to the list on a quarterly basis.
- Brand-name drugs can be removed at the end of the calendar year.
- Every January, the list is updated and available.
- If a generic becomes available, the brand-name drug will become a non-preferred drug, and may only be available for a higher copay.
- When a generic drug becomes available, you'll pay the lowest copay if you choose the generic.

CVS Specialty Pharmacy

Specialty medications are unique and require extra attention and support. We have partnered with CVS Specialty Pharmacy to provide all ASBAIT members with a highly coordinated, efficient and flexible pharmacy solution for specialty medications.

CVS Specialty Pharmacy is the specialty pharmacy for all members of ASBAIT, whether you use the Banner Network or Aetna Choice POS II. It's a different kind of pharmacy. It does much more than just provide your medication; it also helps you manage your condition, as well as your health.

With CVS Specialty Pharmacy, you'll get the support of a dedicated care team led by pharmacists and nurses specially trained in your condition. You'll also have the choice to have your medications delivered anywhere nationwide or pick them up at any CVS Pharmacy® location. And they'll help you with insurance, handle your claims and find ways to keep your out-of-pocket costs low, too. Visit www.CVSSpecialty.com to learn more.

If you take a specialty medication, don't hesitate to reach out to CVS Specialty Pharmacy at **1.800.237.2767** if you have any questions.



Maintenance drugs

You may fill maintenance prescriptions at the retail pharmacy; however, you will only be able to fill 30-day quantities at a time, subject to retail copays. You may also get maintenance drugs in 90-day quantities at your local pharmacy for the same copays as the mail order program. To receive a three-month supply of your maintenance medication for a two-month copay, you may also use the mail order service. To enroll in the mail order program, call CVS Caremark at **1.866.475.7589** or go online at www.caremark.com.

Appendix

In this section

- Glossary of terms
- Important contact information
- Claims and customer service information
- Online tools with Meritain Health Member Portal
- On-the-go access to health benefits
- About ASBAIT

Glossary of terms

Ambulatory surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Copay

An amount of money that a participant is required to pay each time he or she visits a health care provider or fills a prescription.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs according to the terms of the plan. Until a person meets the annual deductible, he or she pays the full cost of health care services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

Meritain Health Member Portal

Your online health information portal and your personal connection to your plan. Here you can order prescriptions, find health care providers, research health topics and get answers to your questions about health care. The personal information used to access www.meritain.com is confidential. You may need the information on your ID card to log in for the first time.

**See page 15 for more information about our online tools.*

Provider network

Organization that negotiates special, lower rates for health care services provided by physicians and other care providers who are within the network. Providers who belong to a network are called participating or in-network providers.

Usual and customary charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:

- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the health care service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.



Important contact information

What do you need help with?	Who to contact	How to contact
My ASBAIT benefits	Meritain Health Customer Service	Call: 1.866.300.8449 or 1.602.789.1170 Visit: http://www.meritain.com
My prescription drug benefits	CVS Caremark	Call: 1.866.475.7589 Visit: http://www.caremark.com
Precertification	ASBAIT Medical Management	Call: 1.855.5ASBAIT or 1.855.527.2248
Employee Assistance Program (EAP)	Alliance Work Partners (AWP)	Call: 1.800.343.3822 Visit: http://www.alliancewp.com
Working~Well Wellness Program	Edwards Risk Management	Call: 1.800.575.2657
Nurse Health Coaching	Meritain Health	Call: 1.855.527.2248
Health Savings Account (HSA) Information	Health Equity	Call: 1.877.694.3948 Visit: healthequity.com/ed/asbait
Specialty Pharmacy	CVS Specialty Pharmacy	Call: 1.800.237.2767 Visit: www.CVSspecialty.com
Skin health questions	SkinIO	Email: help@skinio.com Call: 1.847.331.2238
Therapy for chronic pain	HINGE Health	Email: hello@hingehealth.com Call: 1.855.902.2777 Website: hingehealth.com/asbait

Claims and customer service information

Balancing health care costs: What you pay and what the plan pays.

Your SOB shows how much you pay for care, and how much the plan pays. It's a listing of what is and isn't included in your benefits plan. For more detailed information, see your SPD.

For example: After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80 percent. The remaining percentage, for example 20 percent, is your responsibility—your "out-of-pocket" costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100 percent.

Claims and customer service

Meritain Health has been the claims administrator for ASBAIT since 1996. All claims adjudication and customer service inquiries are handled by Meritain Health staff members. Correspondence regarding your claims will be sent from our office. The goal of our Customer Service department is to ensure that school employees understand their plan features and receive immediate assistance regarding claims issues, from a highly-qualified and trained staff member. You will be treated with respect, as we are responsible to you for first call resolution with results. It is our goal to not only meet, but exceed your expectations. If you have any questions regarding your benefit plan(s) please contact Meritain Health Customer Service at **1.602.789.1170**, or toll free at **1.866.300.8449**.

Claim submission

Mail your claim forms and attachments to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921



*24-hour access to online tools with Meritain Health Member Portal

Your Meritain Health member website at www.meritain.com is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We're committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your health care dollars.

Your online tools and resources

With Meritain Health Member Portal you can:

- Look up health and wellness topics.
- Keep track of your Flexible Spending Account (FSA).
- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Order ID cards.
- View plan documents.

Your secure member site

First, visit www.meritain.com. Return users, just sign in using your username and password. The first time you access the site, you will be prompted to re-register with a new username and password for enhanced security. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID card the first time. Remember, each member of your family can have an account, too.

If you need help registering for Meritain Health Member Portal, you can contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

On-the-go access to your Meritain Health benefits

Now you can get benefits information when and where you need it—right from your smart phones and tablets. It's all part of the new Mobile Capabilities for members from Meritain Health. And it's available now.

Easy to access and easy to use

1. First, simply register for your mobile account through www.meritain.com.
(If you've already registered to access your personal information on Meritain Health Member Portal—you can skip this step. Simply log in to Meritain Health Member Portal through the browser on your smart device to access your account.)*
2. From any mobile device, just log into Meritain Health Member Portal. Once you do, your mobile features will be ready to use. You'll find quick-to-navigate displays you can easily use with your device's touch screen.

** For best results, we recommend you register for your mobile account using a desktop computer.*

You may not always be in front of your computer. But now, you'll always be able to find the health care information you need to help you get the most out of your health care benefits. It is one more way Meritain Health is working hard to help you be your healthiest self.

If you have any questions about how to register or use Meritain Health's Mobile Capabilities, we can help. Simply call Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.



Health Claim Form



Mail your claim forms
and attachments to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. A diagnosis must be shown on bill. Do not submit this form if injury occurred on the job. Please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding a work related claim.

Section 1. EMPLOYEE INFORMATION					
Name (last, first, initial)			Sex	Employer Name	
Home Address			Identification Number	Birthdate	Group Number
City	State	Zip Code	Work Telephone ()	Home Telephone ()	
Section 2. PATIENT INFORMATION					
The patient is:	<input type="checkbox"/> The employee (Go to section 3)	<input type="checkbox"/> Employee's Spouse (Complete spouse information)	<input type="checkbox"/> Employee's Child (Complete spouse and child information)		
Spouse's Name (last, first, initial)		Sex	Child's Name (first, last, initial)		Sex
Spouse's Birthdate	Spouse's Social Security Number		Child's Birthdate	Child's Social Security Number	
Spouse's Employer					
Spouse's Employer's Address					
Section 3. OTHER COVERAGE					
<input type="checkbox"/> Yes (then complete) <input type="checkbox"/> No (go to section 4)			Name of Policy Holder:		
Name of Other Health Insurance Carrier or Plan		Address		City	State Zip Code
Other Insurance Carrier's or Plan's Telephone #	Type of Coverage <input type="checkbox"/> Group <input type="checkbox"/> Individual		Group Number	Contract or Policy Number	
Spouse's Employer					
Spouse's Employer's Address					
Section 4. ABOUT THIS CLAIM					
<input type="checkbox"/> Injury <input type="checkbox"/> Illness		Describe injury, when and how it happened or nature of illness:			
Date and time of accident:					
Was this injury the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If auto insurance was involved, please provide:			Policy #	Name of insurance company	Address (city, state, zip)
Was this a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			If injury is work-related, please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding this claim.		
EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED					
The statements above are true and correct to the best of my knowledge. I authorize any provider of services to furnish any information requested to the Benefit Administrator. I also authorize the Benefit Administrator to release or obtain from any organization or person information that may be necessary to determine benefits payable under the Benefit Plan. A photo-static copy of this authorization shall be considered as effective and valid as the original. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to reimburse the plan in a lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable.					
Signature:				Date:	
ASSIGNMENT OF BENEFITS (complete this section if provider is to be paid directly)					
I authorize payment of benefits to the doctor or supplier of services listed here.					
Provider to be paid			Employee's Signature		
Provider's tax ID number or Social Security Number			Date		

