



# Litchfield Elementary School District 2021-22 Insurance Open Enrollment

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**FOR MEDICAL, DENTAL, VISION AND LIFE  
BENEFITS**





# Open Enrollment April 26 - May 9

## All eligible employees must re-enroll

All eligible employees MUST submit their online enrollment for medical, dental, life and vision benefits by May 9, **to continue, change or newly add coverage** for the 2021-22 school year.

## Online Enrollment through iVisions

**Step 1:** Login to iVisions

**Step 2:** Select Benefits, then  
HR Benefits Enrollment

**Step 3:** Submit enrollment by  
May 9

**Need Assistance?**  
**Contact Jeri Burns**  
**(623) 535-6021**

## iVisions Login Assistance

- Elizabeth Thomas  
(623) 535-6024
- Michael Barnes  
(623) 535-6020
- Brittany Carter  
(623) 535-6009



# Litchfield Elementary

School District #79

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## EMPLOYEE HEALTH AND BENEFITS

- [COVID-19 Information](#)

### INSURANCE OPEN ENROLLMENT 2021-2022

**Begins Monday, April 26 – Sunday, May 9, 2021**  
(Coverage effective July 1, 2021)

Insurance Open Enrollment for the 2021-2022 school year will be held April 26 - May 9, 2021. This open enrollment period is for medical, dental, dependent life and vision insurance only. Open enrollment for all other supplemental benefits is held in November 2021 with coverage effective January 1, 2022.

#### How to Complete your Open Enrollment Starting Monday, April 26

All employees eligible for medical, dental, life or vision coverage MUST submit their open enrollment [ONLINE](#) using the iVisions employee portal.

**Step 1.** Login to iVisions

**Step 2.** Select Benefits then HR Benefits Enrollment

**Step 3.** Submit your online enrollment on or before May 9, 2021

#### Need Assistance with Online Enrollment?

For assistance with online enrollment, please contact the Human Resources Department at (608) 785-4400 or [hr@litchfield.k12.wi.us](#).

### More Information

- [2021-2022 Insurance Premiums](#)
- [ASBAIT Medical Guide to Your Benefits & Enrollment](#)
- [Medical Plan Comparison](#)
- [Online Enrollment Instructions - \*\*New Hires only\*\*](#)

### Meritain Health

- [Find a Medical Doctor/Hospital-Online Directory \(DocFind\)](#)
  - [CVS Pharmacy Plan](#)
  - [Mobile App Information from Meritain](#)
  - [Nurse Health Coaching](#)



# Important Premium Information (Covered Dependents)

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## Insurance Deductions for Covered Dependents

Insurance deductions for dependent costs for medical, dental, vision and life are based on coverage from September to August.

If you change your elections and/or newly add dependents (children and/or spouse) to medical, dental, life or vision, you will be charged premiums for **July & August 2021** through payroll deduction by June 8, 2021 or by making arrangements with Jeri Burns in the Benefit's office.



**Have a General Question?** Enter your question in the Chat Box

**Q & A:** General questions will be taken at end of presentation

**Personal medical questions?** Contact Jeri Burns directly  
[burns@lesd.k12.az.us](mailto:burns@lesd.k12.az.us) or (623) 535-6021



## ASBAIT 2021–2022

### Open Enrollment Information

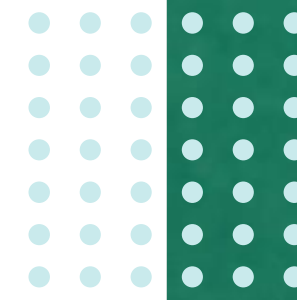
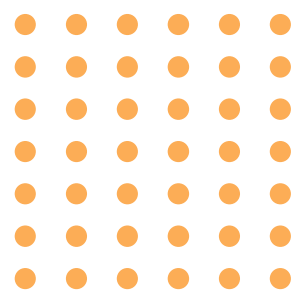
Litchfield Elementary School District

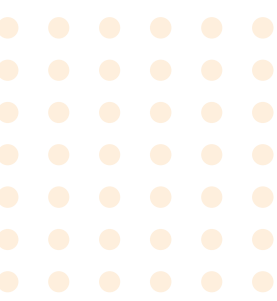
4/27/2021

# Agenda



- ⊕ Benefit programs and services
- ⊕ Provider access in and out of Arizona
- ⊕ Your medical plan options
- ⊕ Get Ready to Enroll





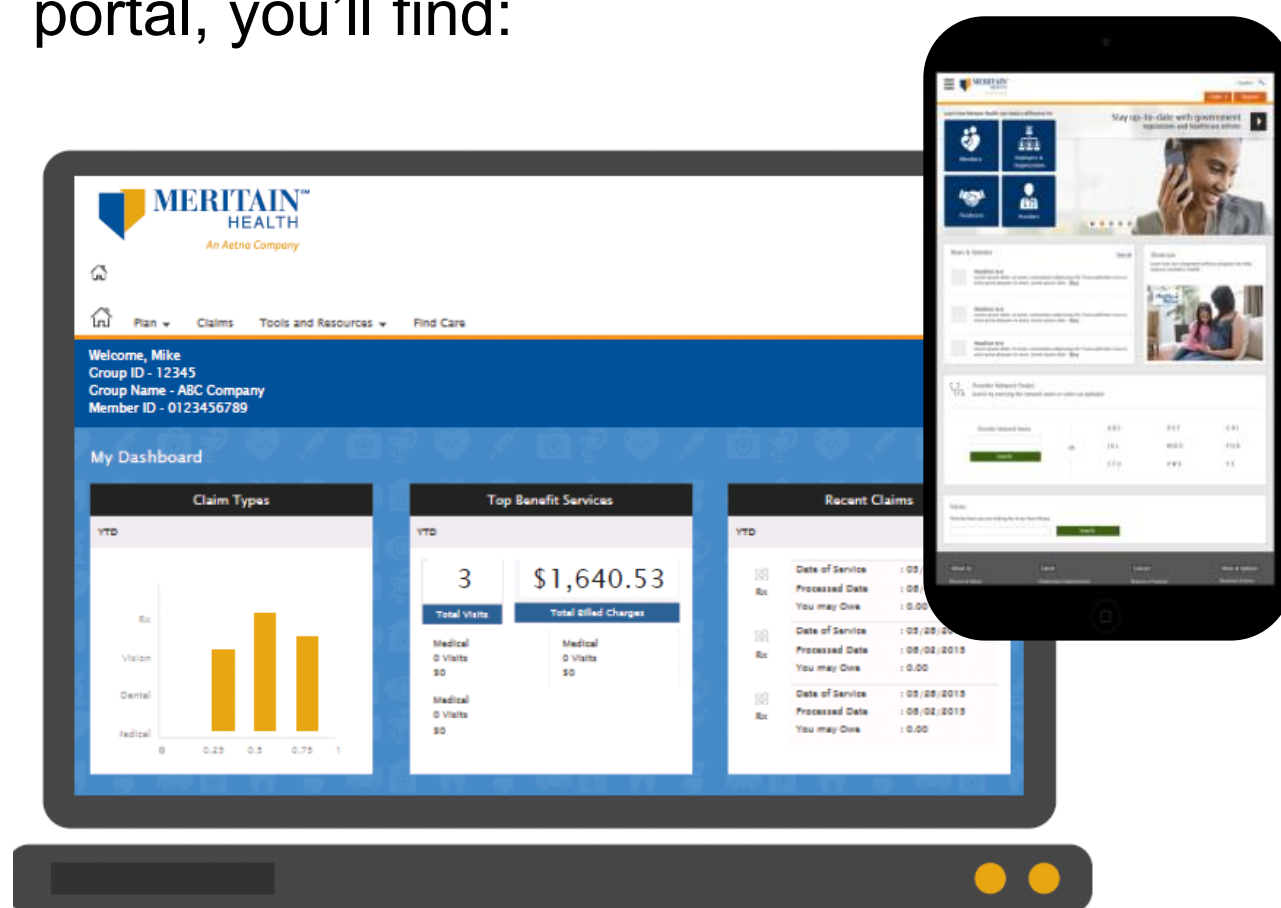
# Meritain Health Member Portal

Our goal is to help you find the benefits information you need, quickly and easily



## Stay on top of your benefits

Your member portal is your all-in-one tool for managing your plan. When you visit the portal, you'll find:



<https://www.meritain.com/>

### An overall tool for:

- Claims history.
- Explanations of Benefits (EOBs).
- Plan documents.
- Eligibility details.
- Wellness resources.
- ID cards (view, print or request new cards).

### Time-saving features

Thanks to our Quick Links, the pages you need are often one click away. Plus, you can access the member portal by computer, tablet or smart phone.

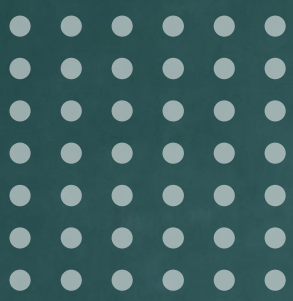
Your member portal is available when—and where—you need it.

### Registration instructions

You can access your member portal in two easy ways:

Register for access from [www.meritain.com](https://www.meritain.com).

View your portal using our Meritain Health mobile app for Apple and Android.



What's New

# ASBAIT 2021–2022



## What's *NEW* with your benefit plan?

(HDHP 1500 is now HDHP A)



## What's *NEW* with ASBAIT?

**SkinIO:** a program that makes it easy to get your annual skin screening

**Hinge Health:** an app that delivers sensor-guided exercise therapy for chronic pain management.



## New ways to communicate

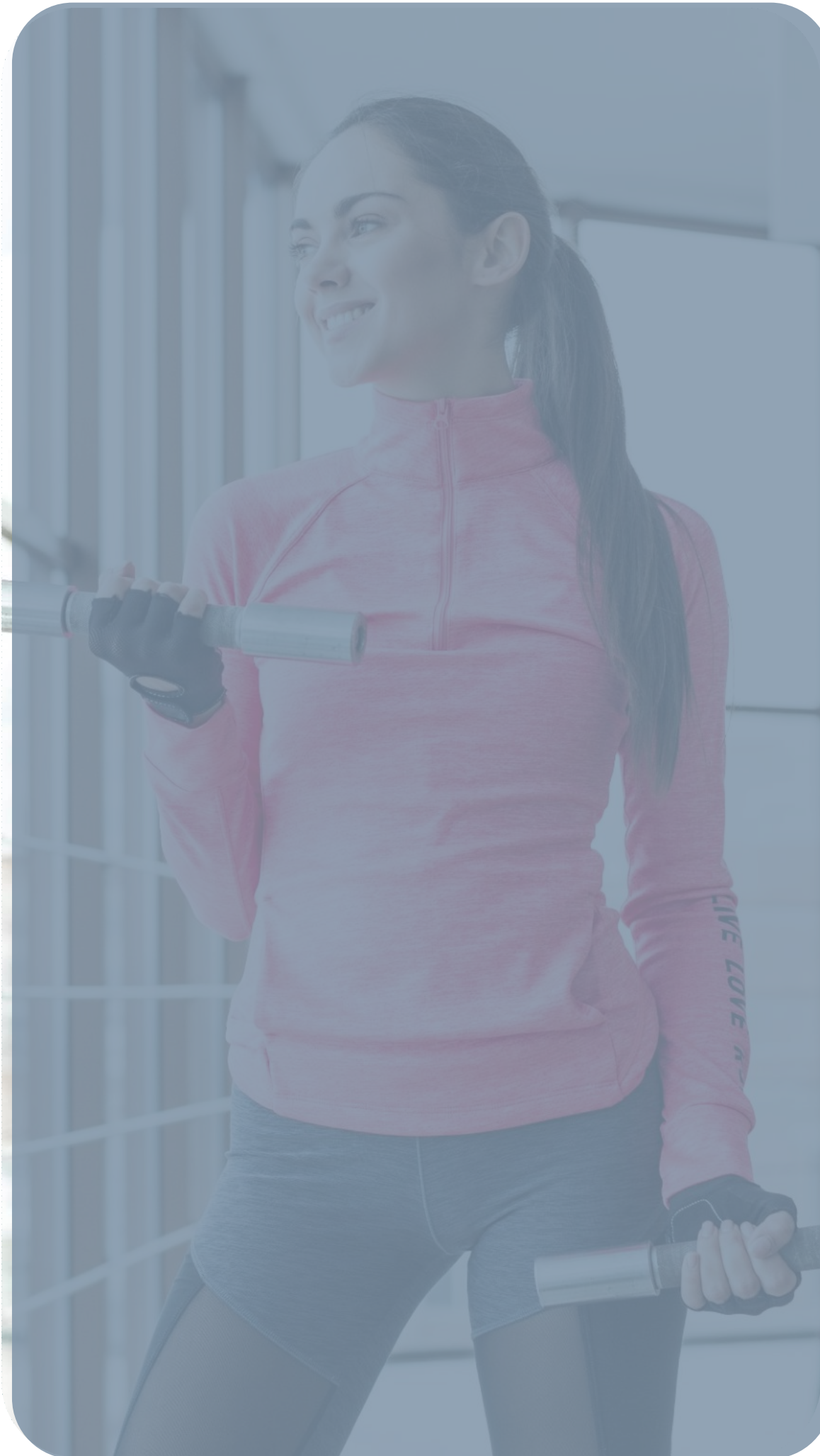
We've expanded our social reach through a YouTube channel and Instagram page.

# Early Detection is Life-Saving: SkinIO



- *Early detection of skin cancer means the difference between an easy fix and a catastrophic diagnosis.*
- ASBAIT members now have access to **SkinIO** for early detection and expert care:
- Easy, intuitive self-screening technology by phone or mobile device
  - Guided photo-taking
  - Mole-mapping
  - Remote dermatologist review
  - Longitudinal change tracking
  - Secure results
  - Connection to care
- Proactively address skin cancers among members
- Help mitigate potential health care costs
- Provide peace of mind





# Hinge Health for Chronic Pain Management



- App for sensor-guided exercise therapy for chronic pain – access on the go from anywhere!
  - Back and knee (hip, shoulder and neck coming soon!)
  - Screening to determine if members are candidates
- Interactive 1-on-1 member coaching
- Member outcomes include 60% fewer surgeries and 50% reduction in pain and depression
- Amazon Fire tablet preloaded with Hinge Health app and Bluetooth-enabled sensors
  - Exercise guidance to all enrolled members

**Learn more!**

**Visit [hingehealth.com/ASBAIT](https://hingehealth.com/ASBAIT) or email [hello@hingehealth.com](mailto:hello@hingehealth.com) to sign up for waitlist!**

# We're Here for You as Life Happens



Your Employee Assistance Program (EAP) helps people like yourself cope with life's challenges. Employees are eligible, as well as their families. This service is available 24/7.

You can register your customized EAP account at [www.alliancewp.com](http://www.alliancewp.com)

- Click *login* at top right
- Enter login email **ASBAITmember** and password **AWP4me** (case sensitive)

Five FREE counseling sessions per incident, per year.  
Call: **1.800.343.3822** to speak with an intake counselor

**Teen Line 1.800.334.TEEN (8336)**

**Safe Ride Program 1.800.343.3822**

# Nurse Health Coaching Program



## A personal Nurse Health Coach can help you manage:

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

<https://www.youtube.com/watch?v=FqBEEIGds0k&t=15s>

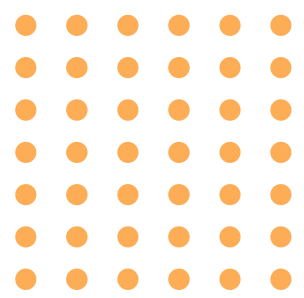
We can help you control your chronic condition while setting achievable steps and goals to assist you with living a healthy lifestyle.

To reach a Nurse Health Coach, please call **1.855.527.2248**, select **option 1**, followed by **option 2**, and then **option 5**.



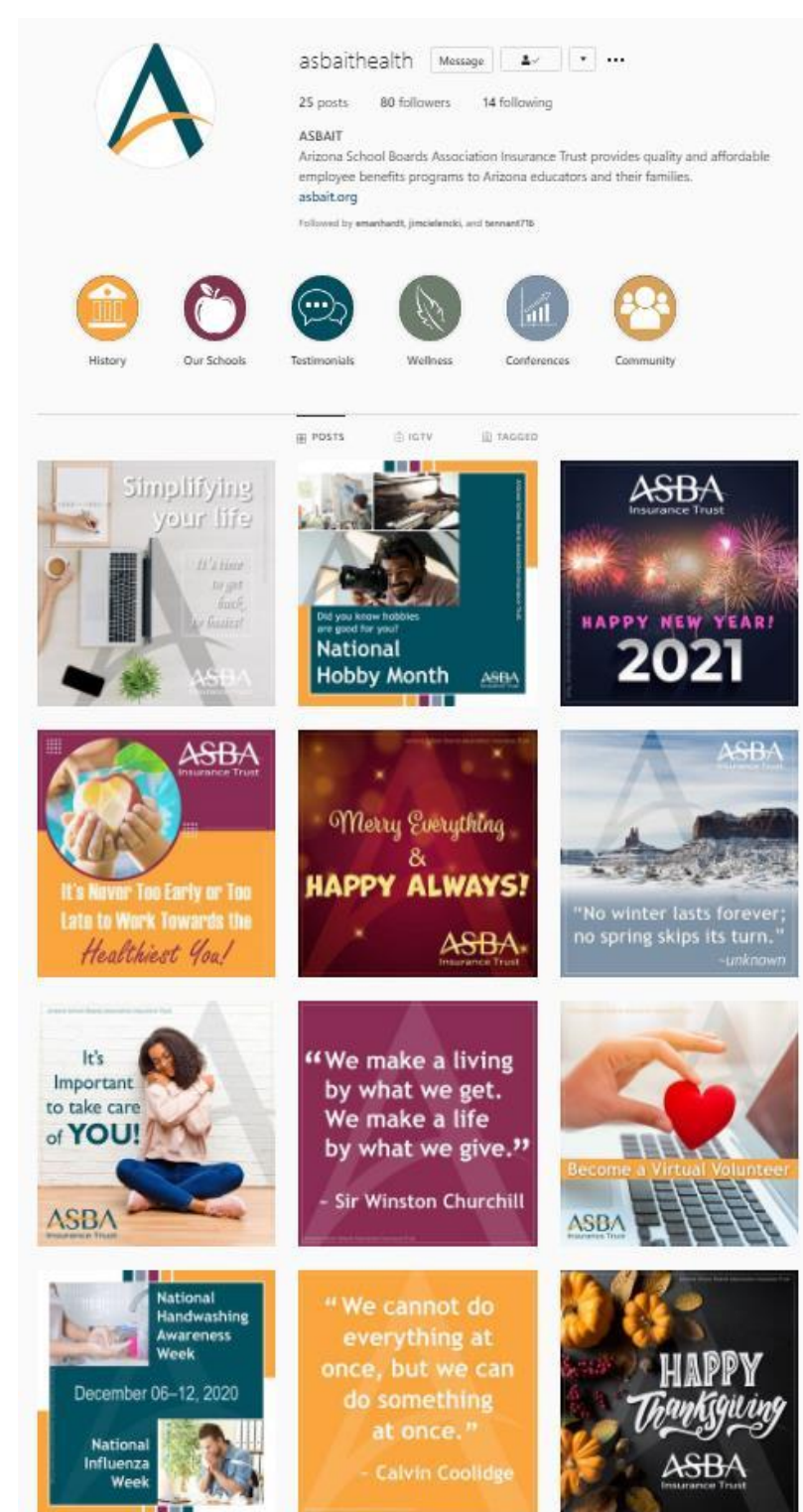
## Earn money for joining!

If you join the Nurse Health Coaching program for help managing your health, you will receive a **\$25 (per quarter) incentive for participating!**



# Follow us on social media!

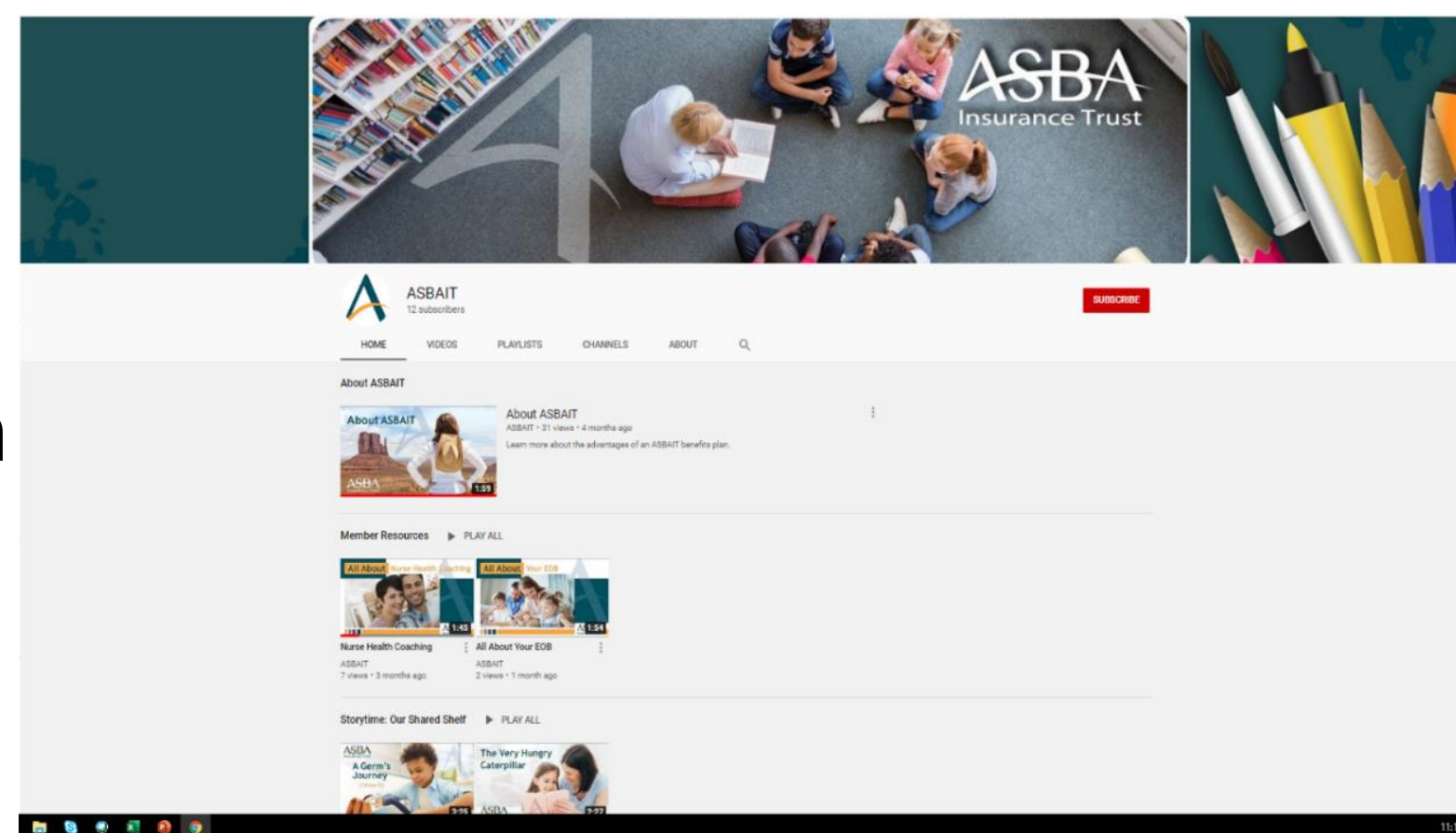
Find plan information, educational content and fun topics!



@asbaithealth



@asbait



**Click arrow below to access our YouTube videos:**

# Doctors and Hospitals

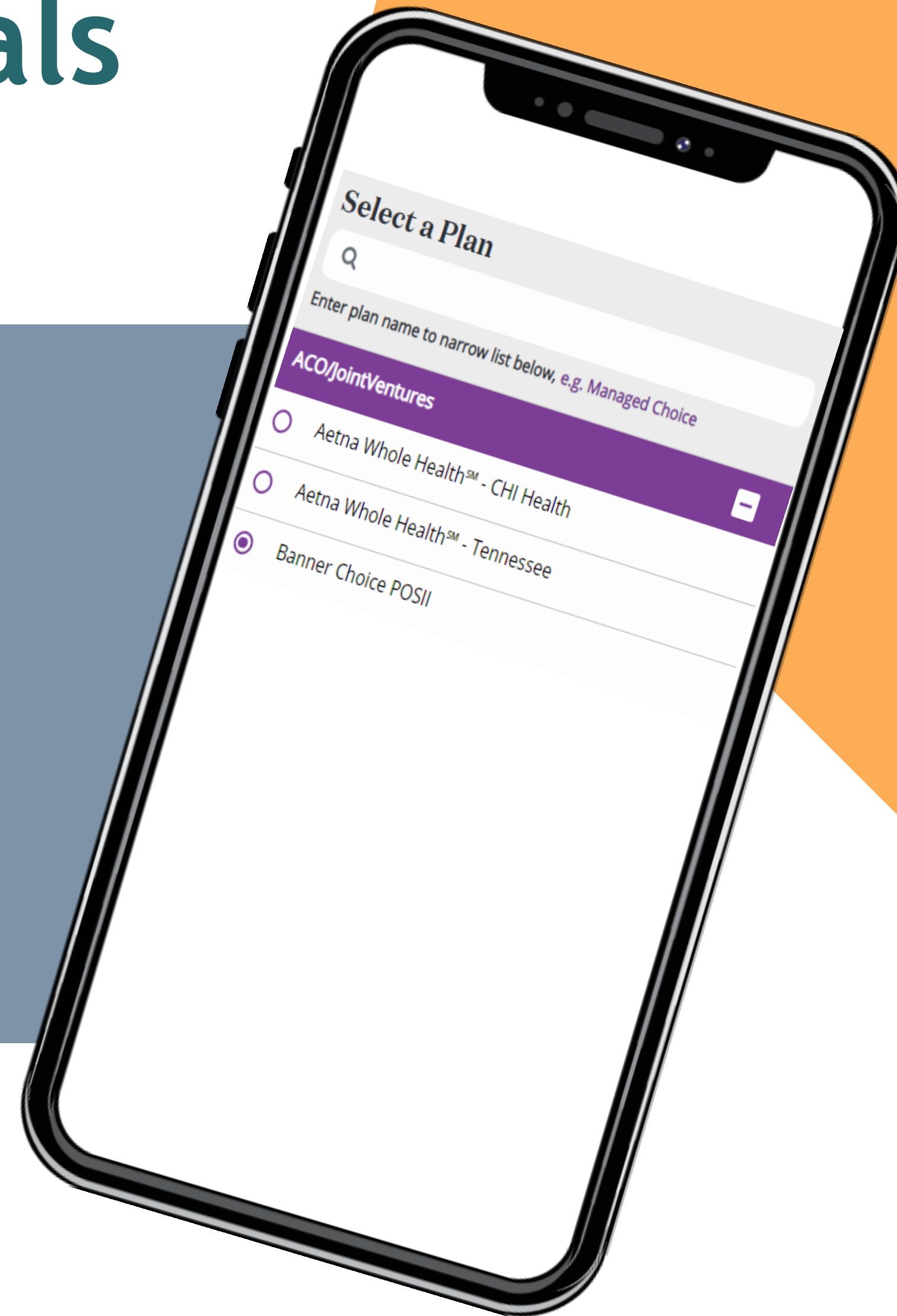


Visit Aetna's DocFind at:

<http://www.aetna.com/docfind/custom/mymeritain>

After entering your search and location information, you'll be asked to select your plan. Under ACO/Joint Ventures, choose: ***Banner Choice POS II***

Then, follow the prompts to find a doctor or facility in the Banner | Aetna network.





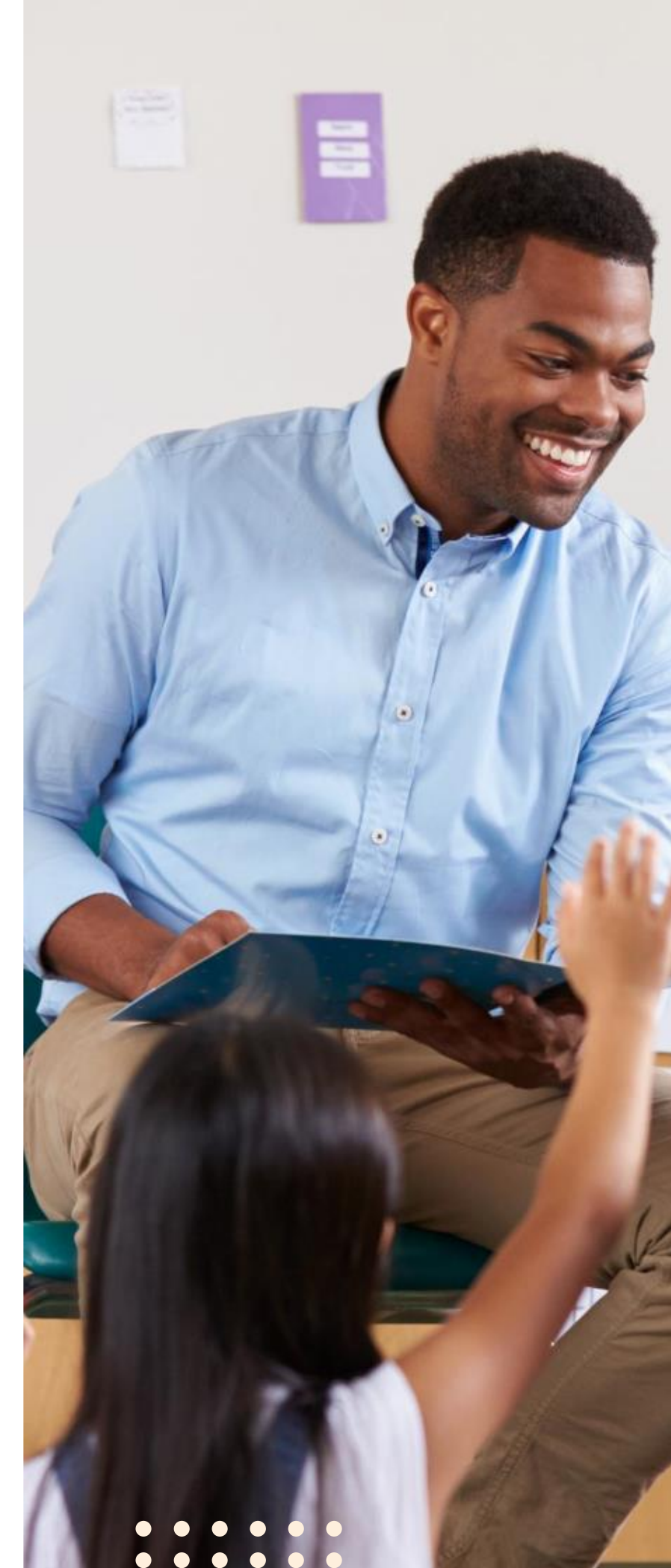
# How the Banner | Aetna Joint Venture Benefits You

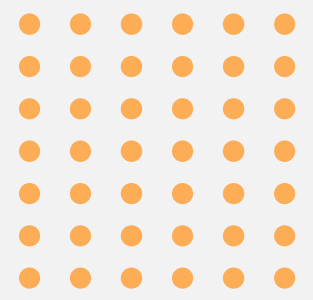
**Together, Banner and Aetna are working to reinvent the health care system in Arizona by delivering the following:**

- A health care model that empowers providers
- Greater efficiency and affordability with each visit
- Care is proactive, not just reactive

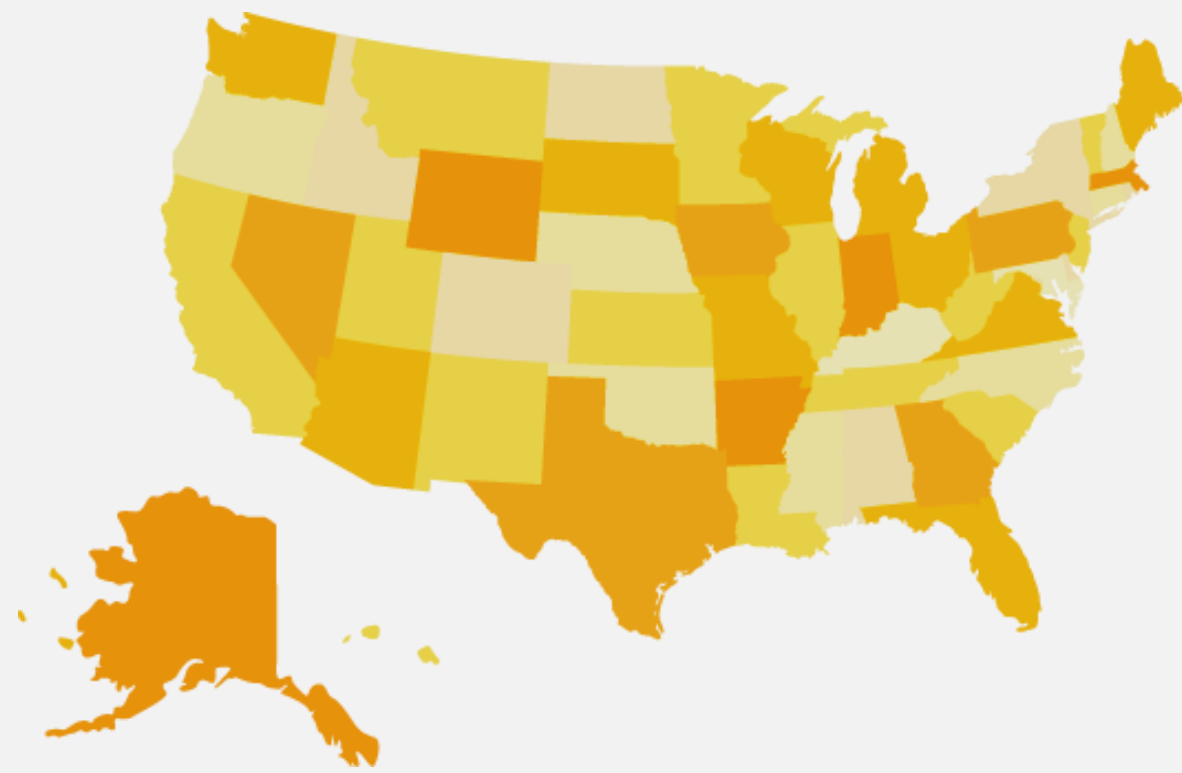
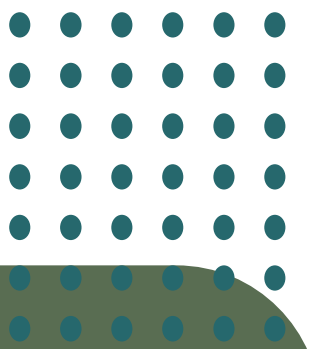
**With Banner|Aetna you gain:**

- Access to a complete care team within a few miles of where you live:
  - Includes a medical director, physicians, specialists and full support staff
- Coordinated care that helps reduce duplication of efforts, while increasing the quality of services





# National In-Network Benefits



**As an ASBAIT member you have access to two in-network tiers of providers. If you visit a Banner Network provider you see extra savings when accessing care. You also have access to a broad national Choice POS II Network. The choice is yours!**

## Aetna Choice® Point of Service (POS) II Network

**within and outside of Arizona includes:**

**664,000+**  
participating  
physicians and  
ancillary providers

**5,700+**  
hospitals



**No referrals needed,  
you choose your care providers!**

## BANNER | AETNA: DRIVING QUALITY OF CARE

Banner|Aetna is an exclusive health care program created with providers in your neighborhood, working together to reinvent health care.

**Our Banner Health Network in Pinal and Maricopa counties includes:**

- 1,850+ Primary Care Providers
- 9,900+ Specialty Providers
- 23 Hospitals.

**Our Banner Health Network in Pima county includes:**

- 590+ Primary Care Providers
- 3,100+ Specialty Providers
- 4 Hospitals.

# Three-Tier Benefits



All plans have 3-tier benefits



MEDICAL SCHEDULE OF BENEFITS – COPAY GOLD BANNER 2021-2022

	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR DEDUCTIBLE Single Family	N/A N/A	N/A N/A	\$900 \$2,700
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card) Single Family	\$5,080 \$10,160	\$6,350 \$12,700	N/A N/A
MEDICAL BENEFITS			
Allergy Serum & Injections			
Injections (If no office visit charge)	100% after \$5 Copay per visit	100% after \$5 Copay per visit	50% after Deductible
Serum	100% after \$32 Copay per visit	100% after \$40 Copay per visit	50% after Deductible
Ambulance Services			
Ground Ambulance Services	100% after \$50 Copay per trip	Paid at the Tier 1 level of benefits	Paid at the Tier 1 level of benefits
Air Ambulance Services	100% after \$200 Copay per trip	Paid at the Tier 1 level of benefits	Paid at the Tier 1 level of benefits Up to 300% of Medicare Allowable Rate
Ambulatory Surgical Center	100% after \$60 Copay per occurrence	100% after \$75 Copay per occurrence	50% after Deductible
Anesthesiologist	100% after \$60 Copay per occurrence	100% after \$60 Copay per occurrence	50% after Deductible
Anti-Embolism Garments (e.g. Jobst)	100% after \$40 Copay per pair	100% after \$50 Copay per pair	\$50 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)	100% after \$24 Copay per visit	100% after \$30 Copay per visit	50% after Deductible
Chemotherapy (Outpatient – includes all related charges)	100% after \$40 Copay* per visit	100% after \$50 Copay* per visit	50% after Deductible
*Copay applies to all related services and supplies related to a patient receiving chemotherapy even if chemotherapy is not administered at the time the services are rendered.			



MEDICAL SCHEDULE OF BENEFITS – CLASSIC GOLD BANNER 2021-2022

	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR DEDUCTIBLE Single Family	\$240 \$720	\$300 \$900	\$1,200 \$3,600
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card) Single Family	\$3,200 \$6,400	\$4,000 \$8,000	N/A N/A
MEDICAL BENEFITS			
Allergy Serum & Injections			
Injections (If no office visit charge)	100% after \$5 Copay per visit; Deductible waived	100% after \$5 Copay per visit; Deductible waived	50% after Deductible
Serum	100% after \$24 Copay per visit; Deductible waived	100% after \$30 Copay per visit; Deductible waived	50% after Deductible
Ambulance Services			
Ground Ambulance Services	85% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Air Ambulance Services	\$200 Copay per trip, then 85% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits Up to 300% of Medicare Allowable Rate
Ambulatory Surgical Center	85% after Deductible	85% after Deductible	50% after Deductible
Anesthesiologist	85% after Deductible	85% after Deductible	50% after Deductible
Anti-Embolism Garments (e.g. Jobst)	\$40 Copay per pair, then 85%; Deductible waived	\$50 Copay per pair, then 85%; Deductible waived	\$50 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)	100% after \$20 Copay per visit; Deductible waived	100% after \$25 Copay per visit; Deductible waived	50% after Deductible
Chemotherapy (Outpatient – includes all related charges)	85% after Deductible	85% after Deductible	50% after Deductible



MEDICAL SCHEDULE OF BENEFITS – HDHP A BANNER PLAN 2021-2022

	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR DEDUCTIBLE (combined with Prescription Drug Card Deductible) Single Family	\$1,500 \$3,000*	\$2,000 \$4,000*	\$2,500 \$5,000*
*Note: If you have Family coverage, the Family Deductible must be satisfied before the Plan will pay any benefits.			
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card) Single Family	\$4,500 \$9,000	\$5,500 \$11,000	\$18,000 \$28,000
MEDICAL BENEFITS			
Allergy Serum & Injections	80% after Deductible	80% after Deductible	50% after Deductible
Ambulance Services			
Ground Ambulance Services	80% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Air Ambulance Services	Deductible, then \$200 Copay per trip, then 80%	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits Up to 300% of Medicare Allowable Rate
Ambulatory Surgical Center	80% after Deductible	80% after Deductible	50% after Deductible
Anesthesiologist	80% after Deductible	80% after Deductible	50% after Deductible
Anti-Embolism Garments (e.g. Jobst)	Deductible, then \$40 Copay per pair, then 80%	Deductible, then \$50 Copay per pair, then 80%	50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)	80% after Deductible	80% after Deductible	50% after Deductible
Chemotherapy (Outpatient – includes all related charges)	80% after Deductible	80% after Deductible	50% after Deductible
Chiropractic Care/Spinal Manipulation	80% after Deductible	80% after Deductible	50% after Deductible
Calendar Year Maximum Benefit	20 visits		
Diabetic Supplies	80% after Deductible	80% after Deductible	50% after Deductible

Tier 1–Banner Providers    Tier 2–Aetna Choice® Point of Service (POS) II    Tier 3–Out-of-network



# Pharmacy Benefits Manager



## Important Plan Information

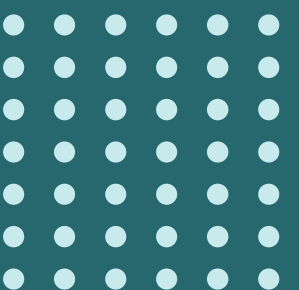
- 90-day medications filled at any retail pharmacy
- Diabetic supplies now available through retail pharmacies
- Your specialty pharmacy vendor is CVS Specialty Pharmacy



## Contact information:

**CVS Caremark: 1.866.475.7589 or  
visit <http://www.caremark.com>**

**CVS Specialty: 1.800.237.2767 or  
visit [www.CVSspecialty.com](http://www.CVSspecialty.com)**





# Prescription Benefits






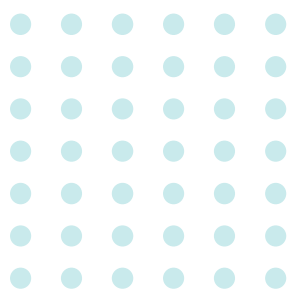
## What are tiers?

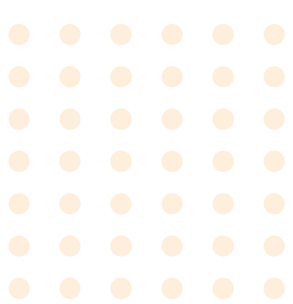
- The different cost levels you pay for a medication
- Each tier is assigned a cost, which is determined by our employers or plan sponsor
- If your medication is Tier 2 or 3, ask for a Tier 1 option

## Why choose generics?

- Save up to 75% on med cost
- FDA testing is exactly the same as brand-name
- Just as effective as brand-name due to same active ingredients

Drug Tier	Includes	Helpful Tips
 <b>Tier 1</b> Lowest Cost	Lower-cost, commonly used generic drugs. Some low-cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
 <b>Tier 2</b> Mid-Range Cost	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
 <b>Tier 3</b> Highest Cost	Mostly higher-cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower-cost options in Tier 1 or Tier 2. Ask your doctor if they could work for you.





# Prescription Benefits



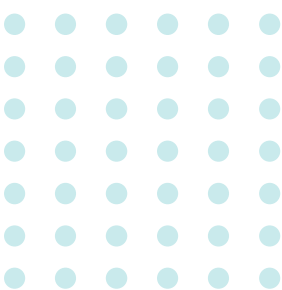
Prescription drug copays (non-HDHP plans)		
	30-day Retail	90-day Retail or mail order
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	20% (\$100 min; \$150 max)	N/A

Prescription drug copays (HDHP plans)	
30-day retail	90-day supply
20% after deductible	20% after deductible

**90-day supply / maintenance medications**

*This Plan will allow maintenance medications to be filled at any retail pharmacy or mail order in 90-day quantities. Covered persons benefit from paying only two copays for a three-month (90-day) supply.*

*\* 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.*



# ID Cards



New ID cards were sent in March 2020.

You will NOT get new ID cards after open enrollment unless you make changes for 7/1/21.

If you need new ID cards, please call customer service or visit [www.meritain.com](http://www.meritain.com)



Remember to show your ID card to your pharmacy to be sure they have your pharmacy coverage information



## Please refer to your ID cards for:

plan, provider network and billing information, medical and prescription benefits customer service numbers and more...



# Medical Management



**Before you get care, check precertification (Medical Management) requirements for things such as:**

**All Inpatient Admissions: Acute**

**Outpatient and Physician: Surgery**

**Outpatient and Physician Diagnostic Services:**

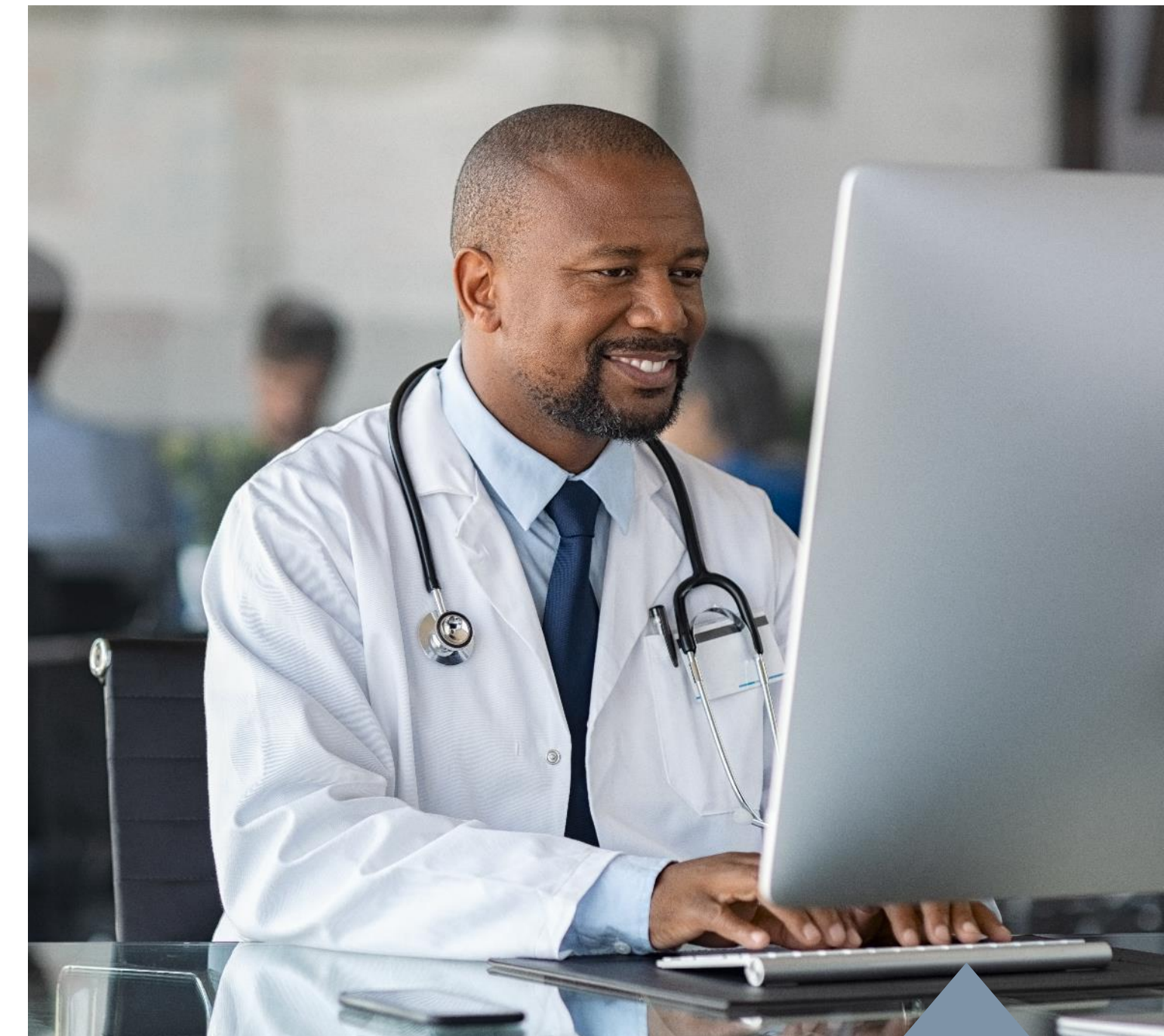
- CT/MRI for non-orthopedic
- PET scans
- Genetic testing, including BRCA
- Sleep study

**Outpatient and Physician Continuing Care Services:**

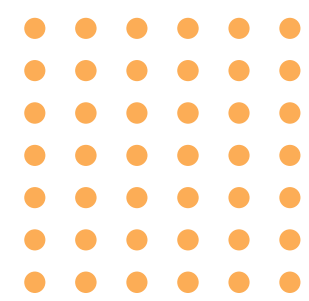
- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant-related injections
- Dialysis

**High-Cost Drugs:**

- Injectables that cost \$2,000 or more per drug per month
- Infusion therapy that costs \$2,000 or more per drug per month



Questions about ASBAIT medical management? You can contact a medical management nurse at **1.855.5ASBAIT** or **1.855.527.2248**



# The Teladoc® Solution and Benefits

**A Teladoc doctor is just a call or click away!**

- Teladoc gives you access to care 24 hours, 7 days a week
- U.S. board-certified doctors
- Your dependents are eligible for Teladoc too (*even if they are not enrolled in your ASBAIT health plan!*)

**Contact Information:**

**[www.Teladoc.com](http://www.Teladoc.com)**

**1.800.TELADOC (835.2362)**



Talk to a doctor anytime, anywhere you happen to be.



Receive quality care via phone, video or mobile app.



Prompt treatment median call back in ten minutes.



A network of doctors that can treat every member of the family.



Prescriptions sent to pharmacy of choice if medically necessary.



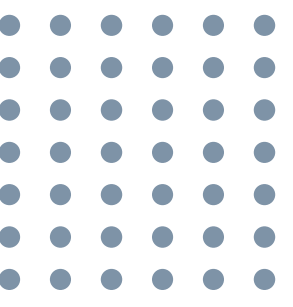
Teladoc is less expensive than the ER or urgent care.



# Get Ready to Enroll



# Picking Your Medical Plan—Option 1



## Copay Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER COPAY GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$0
Family	\$0
Coinsurance after deductible or copays	
0%	
Calendar- year out-of-pocket max	
Individual	\$5,080
Family	\$10,160
Office visits	
Primary care	\$24 copay; no deductible
Specialist	\$32 copay; no deductible
Other copays	Copays in 40 categories: no deductible

BANNER COPAY GOLD Aetna Choice® POS II Participating Providers	
Calendar-year deductible	
Individual	\$0
Family	\$0
Coinsurance after deductible or copays	
0%	
Calendar- year out-of-pocket max	
Individual	\$6,350
Family	\$12,700
Office visits	
Primary care	\$30 copay; no deductible
Specialist	\$40 copay; no deductible
Other copays	Copays in 40 categories: no deductible

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	20% (\$100 min; \$150 max)	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** \*\*\*

*\*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.*

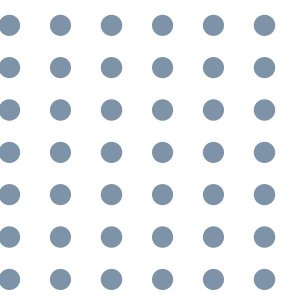
*90-Day Supply: Maintenance Medications*

*This Plan will allow maintenance medications to be filled at any retail pharmacy and mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply.*

*\*\*\*Specialty drugs are administered through CVS Specialty Pharmacy.*



# Picking Your Medical Plan—Option 2



## Classic Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER CLASSIC GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$240
Family	\$720
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$3,200
Family	\$6,400
Office visits	
Primary care	\$20 copay; no deductible
Specialist	\$28 copay; no deductible
Other copays	Copays in 26 categories: deductible waived for 24 of those

BANNER CLASSIC GOLD Aetna Choice® POS II Participating Providers	
Calendar-year deductible	
Individual	\$300
Family	\$900
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$4,000
Family	\$8,000
Office visits	
Primary care	\$25 copay; no deductible
Specialist	\$35 copay; no deductible
Other copays	Copays in 26 categories: deductible waived for 24 of those

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	20% (\$100 min; \$150 max)	N/A

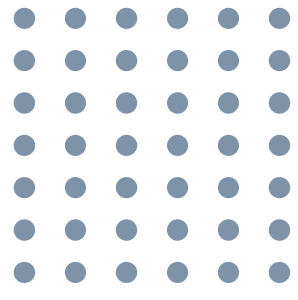
Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** \*\*\*

*\*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.*

*90-Day Supply – Maintenance Medications*

*This Plan will allow maintenance medications to be filled at any retail pharmacy and mail order in 90 day quantities, Covered Persons benefit from paying only 2 Copays for a 3 month (90-day) supply.*

*\*\*\*Specialty drugs are administered through CVS Specialty Pharmacy.*



# Picking Your Medical Plan—Option 3

## HDHP A ~ At-a-Glance

Includes Health Savings Account (HSA)

BANNER HDHP A Banner Health Network Participating Providers		BANNER HDHP A Aetna Choice® POS II Participating Providers	
Calendar-year deductible		Calendar-year deductible	
Individual	\$1,500	Individual	\$2,000
Family	\$3,000***	Family	\$4,000***
Coinsurance after deductible or copays		Coinsurance after deductible or copays	
20%		20%	
Calendar- year out-of-pocket max		Calendar- year out-of-pocket max	
Individual	\$4,500	Individual	\$5,500
Family	\$9,000	Family	\$11,000
Office visits		Office visits	
Primary care	20% after deductible	Primary care	20% after deductible
Specialist	20% after deductible	Specialist	20% after deductible
Other copays	Copays in 14 categories: and deductible applies	Other copays	Copays in 14 categories: and deductible applies

Prescription drug copays		
	30-day retail	90-day mail order**
HDHP plans	20% after deductible	20% after deductible

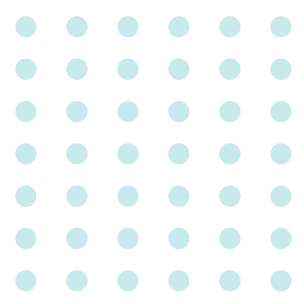
Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark**. \*\*\*\*

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

*This Plan will allow maintenance medications to be filled at any retail pharmacy and mail order in 90 day quantities. Covered Persons are responsible for 20% **after** the deductible has been met.*

*\*\*\*If you have Family coverage, The Family Deductible must be satisfied before the Plan will pay any benefits.*

*\*\*\*\*Specialty drugs are administered through CVS Specialty Pharmacy.*



# Why Choose an HDHP/HSA Plan?

**HSAs are an easy way to win in today's complex health care system**



**Health Savings Accounts (HSAs) empower health savings**

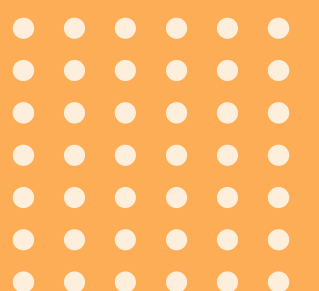
**As an HSA user, you save in several ways:**

- Lower monthly health insurance premiums
- HSA contributions are not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed



Visit [healthequity.com/ed/asbait](https://healthequity.com/ed/asbait) to learn more about the HSA option.

**You own the account and all contributions—**the entire balance rolls over each year and remains yours even if you change health plans, retire or leave the ASBAIT program.

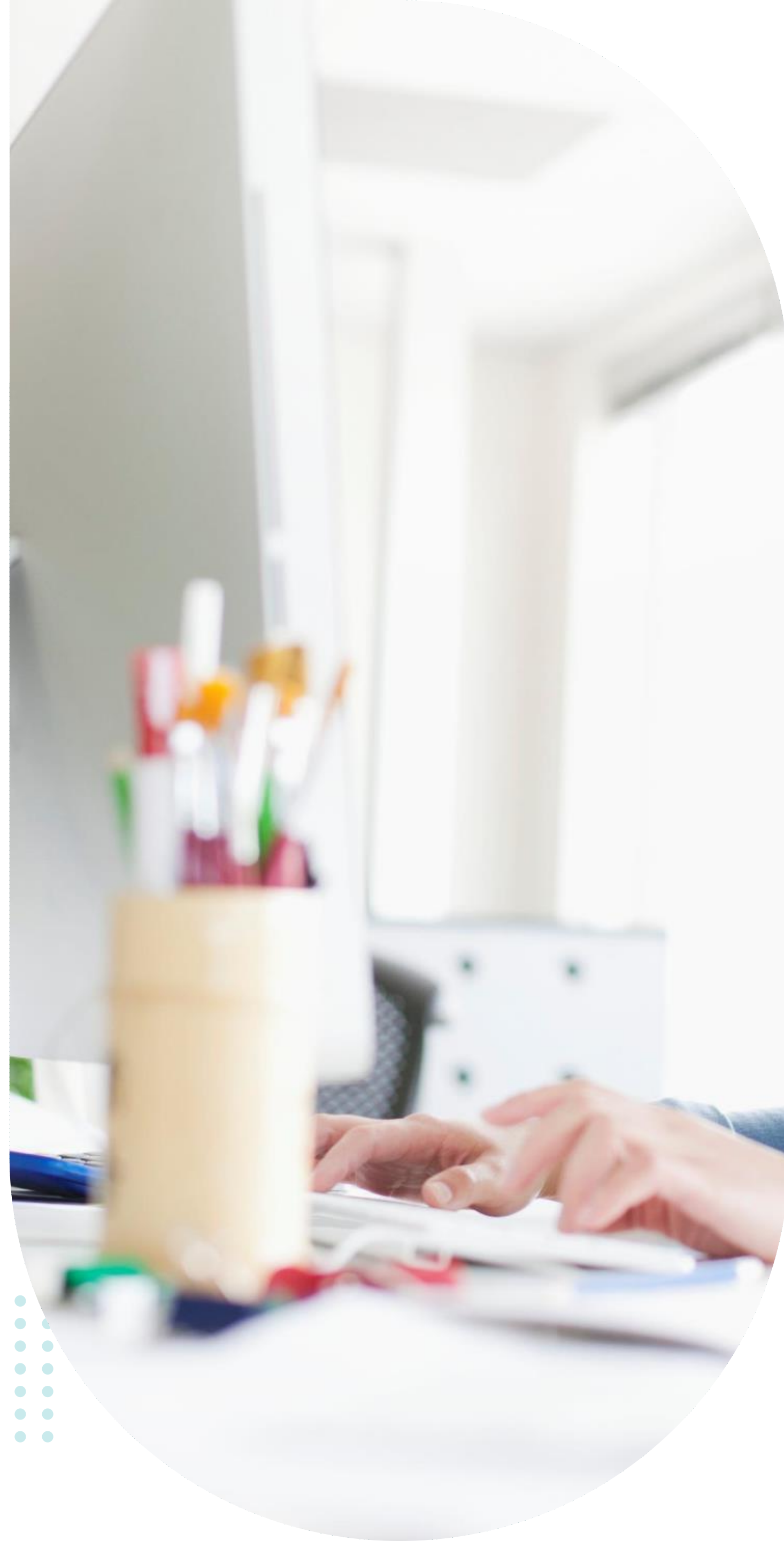


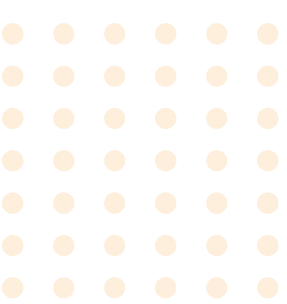
# Maximum Annual Contribution Limits on HSAs



	HSA maximum contribution limit	HSA 55+ additional maximum contribution amount
Single	\$3,600	\$1,000
Family	\$7,200	\$1,000

The entire balance for your HSA rolls over each year. Remember, you own the account and all contributions forever.





# What Makes an HSA Plan Different?

Let's compare contributions	Traditional plan (no HSA)	HDHP (includes HSA)
Employer contribution to <b>your</b> HSA	\$0	\$1,458 annually (\$69/check)
Employee contributions \$3,550 single/\$7,100 family annual maximum	\$0	\$500 (\$42/month)
Total contributions	\$0	\$1,958 (or could have up to \$3,600/\$7,200)

Claims scenario	Traditional plan (no HSA)	HDHP (includes HSA)
Preventive care (covered 100%)	\$0 (free to you)	\$0 (free to you)
Six doctor's visits (primary care)	\$180 \$30 copay	\$225 \$75 billed/50% Aetna discount leaves balance of \$37.50 X 6
12 prescriptions generic \$4	\$48	\$48
Total out of pocket:	\$228 paid personally	\$273 paid from HSA
HSA Balance (your money)	\$0 - <b>no HSA allowed</b>	<b>\$1,685</b> is left in your HSA after paying \$273 in expenses



# Using Your HSA

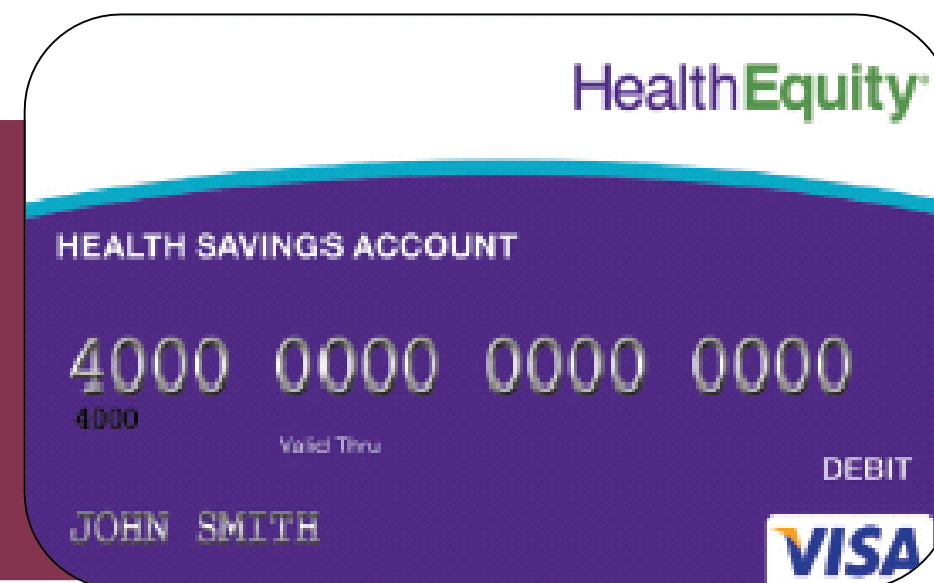


## HSA funds can be used for qualified medical expenses:

- Acupuncture
- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- Fertility enhancement
- Hearing aids
- Lab work
- Medical supplies
- Physical exams
- Prescriptions
- Orthodontia
- Radiology
- Stop-smoking programs
- Surgery (non-cosmetic)
- Therapy
- And more!

For a complete list, visit: [www.HealthEquity.com/qme](http://www.HealthEquity.com/qme)

**Easily access  
your HSA funds  
with a debit card**



## How it works...

### At the doctor's office

1. Receive services
2. Provider bills Meritain Health
3. Meritain Health sends EOB
4. Provider sends invoice
5. Pay invoice with HSA

### At the pharmacy

1. Obtain prescription
2. Pharmacy verifies coverage
3. Pay for your prescription

### Over-the-Counter (OTC) medication

The IRS does not allow HSA funds to be used for OTC medicines without a prescription.



# Covering Your Dependents



## Your eligible dependents may include:

- Your spouse or domestic partner (varies by plan).
- Your children, natural or adopted.
- Your stepchildren.

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 such child reaches age 26.





# Open Enrollment and Qualifying Events

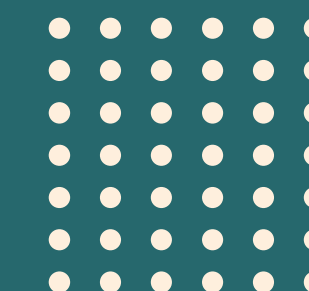


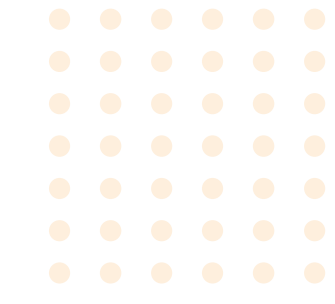
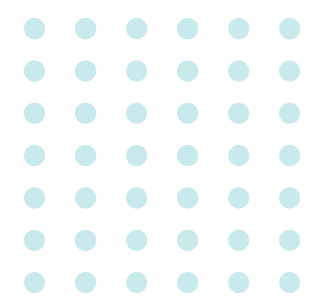
If you enroll or decline coverage now, you may be able to add, delete or change your benefit choices within **30 days** of the qualifying event:

**During your employer's next open enrollment period**

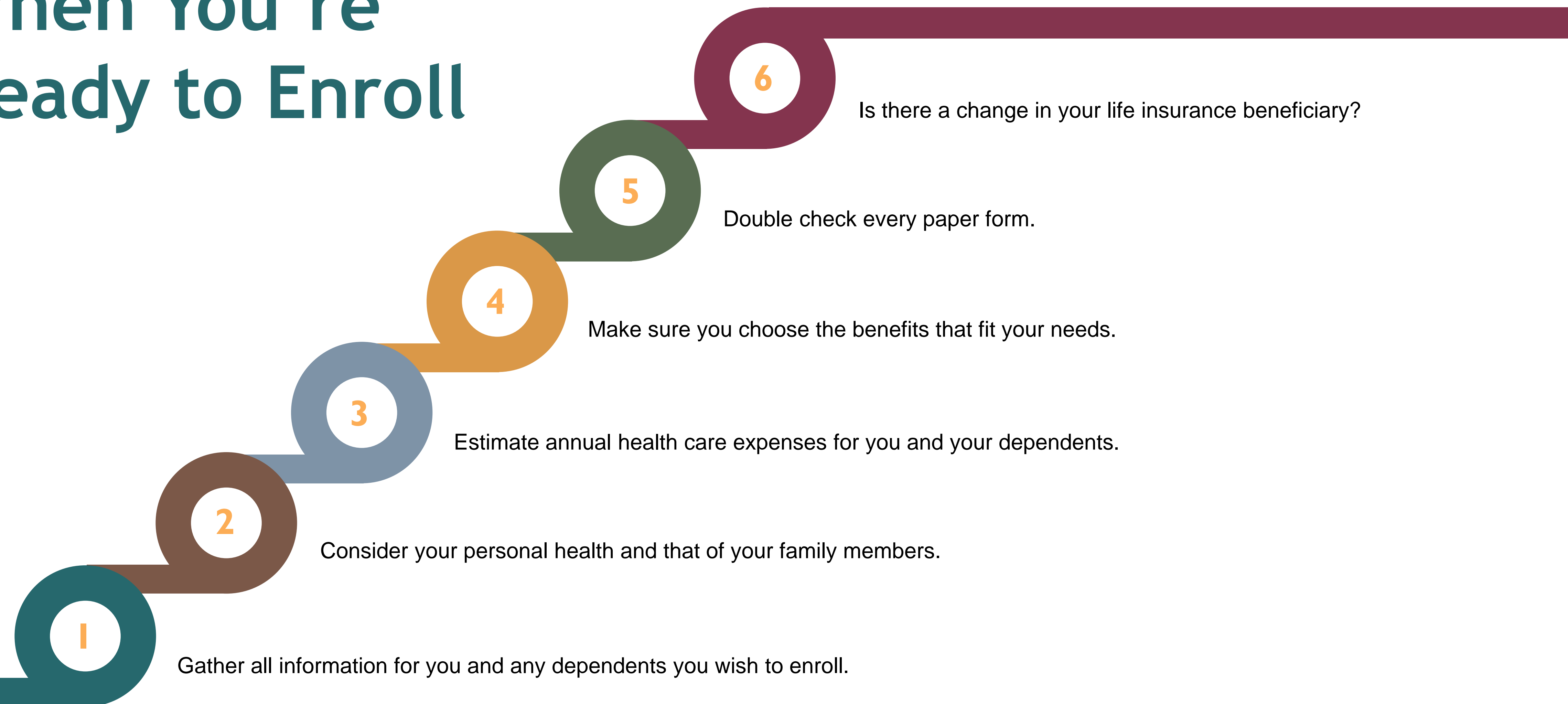
## **If you have a qualifying event:**

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





# When You're Ready to Enroll



# Important Plan Contacts

Important plan contacts		
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: <a href="http://www.meritain.com">http://www.meritain.com</a>
My prescription drug benefits	CVS Caremark	Call: 1.866.475.7589 Visit: <a href="http://www.caremark.com">http://www.caremark.com</a>
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: <a href="http://www.alliancewp.com">http://www.alliancewp.com</a>
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: <a href="http://healthequity.com/ed/asbait">healthequity.com/ed/asbait</a>
Specialty Pharmacy	CVS Specialty Pharmacy	Call: 1.800.237.2767 Visit: <a href="http://www.CVSspecialty.com">www.CVSspecialty.com</a>
Skin health questions	SkinIO	Email: <a href="mailto:help@skinio.com">help@skinio.com</a> Call: 1.847.331.2238
Therapy for chronic pain	HINGE Health	Visit: <a href="http://Hingehealth.com/ASBAIT">Hingehealth.com/ASBAIT</a> Email: <a href="mailto:hello@hingehealth.com">hello@hingehealth.com</a> Call: 1.855.902.2777



# Thank You!



**PROPRIETARY NOTICE**

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