ASBA Insurance Trust

2015 – 2016

Guide to Your Benefits and Enrollment

Arizona School Boards Association Insurance Trust

Find Balance Between a Good Life and Good Health

Join us!

Are you ready to commit to a health plan that can help restore balance to your life? It's simple to enroll—just follow these four steps. And if you have any questions during the enrollment process, check with your human resources department or contact Meritain Health Customer Service at 1.866.300.8449. Once you've completed Step 4 and you've served any waiting period, you're on your way to a fresh new approach to living your best health.

Step 1: Gather your information.

For a complete, efficient enrollment, you may need some of the information below.

- Spouse's and children's birth dates.
- Spouse's and children's Social Security Numbers (SSN).
- Date of marriage.
- If your spouse or children are covered under another health plan, the name of the plan or insurance carrier and the effective date of benefits.
- If your benefits will include life insurance, your beneficiaries' names and SSNs.

Step 2: Double-check every form.

The decisions you make as you enroll in your health plan will affect your future healthcare and finances. We want to help you choose wisely. Take the time to carefully read through this packet. Don't enroll without understanding your options.

Consider:

- Your personal health and the health of your family members.
- Healthcare expenses you can predict for you and your family.
- Other health benefits you or your family members may have.
- Your budget for benefits and expected healthcare services.

Remember:

Copays and deductibles are out-of-pocket costs you will pay for doctor visits and other medical services.

If you or any dependent(s) are covered by another health plan, you have several options.

If you decline benefits now, you won't be able to enroll later unless a special enrollment situation occurs, or during an open enrollment period.

Step 3: Make your decision.

It's time to make changes in the way you think about your health and your healthcare. It's time to step up, take charge and make the best use of your plan, your money and your time. Are you ready to commit to better health, a better life—and the balance you want? We are ready and committed to helping you.

Step 4: Complete your enrollment.

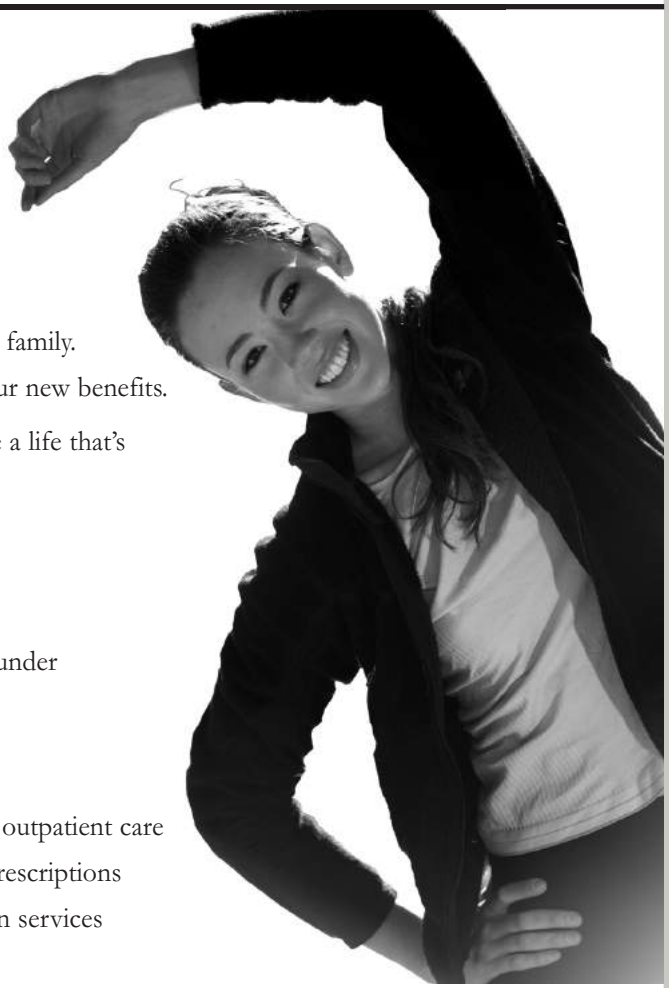
In this section:

Waiting period.

Please refer to your district Human Resources department for information about your plan's waiting period.

Benefit Highlights

Understanding your benefits.



ASBAIT knows how important it is for you to understand how your benefits work.

This packet contains:

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

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

Your preventive care benefits:

- Coverage for preventive care as required by healthcare reform.
- Additional wellness benefit for tests and procedures not covered under healthcare reform.

Healthcare benefits when you're sick:

- In-network vs. out-of-network
- Doctor visits and prescription drugs
- Home healthcare
- A large and convenient provider network
- Inpatient vs. outpatient care
- Mail order prescriptions
- Rehabilitation services

Programs for healthy change:

- **Working~Well Employee Wellness Program:** Programs to help you improve your health, fitness and quality of life.
- **Catamaran clinical programs:** Step care, diabetes management, medication monitoring and specialty pharmacy.
- **www.azblue.com/chsnetwork:** Discounts offered to you for weight management, eye care, Lasik and a variety of products and services. You can begin registration by clicking *Choose Healthy* on the right side of the page. Call 1.877.335.2746 for more information.

Improve your overall health with ASBAIT dental and vision benefits (if applicable):

- Freedom to utilize any provider of your choice.
- Benefits payable to any provider
- Direct member reimbursement available.

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

Support when you need it:

- Employee Assistance Program (EAP) brought to you by Alliance Work Partners.
- EAP Nurse Line: Talk to a registered nurse anytime, 24/7, about questions and symptoms.
- **www.myMERITAIN.com**: Access easy-to-use decision support tools that help you weigh your care options, and provide cost and quality information.

No Surprises, Just Information

How healthcare reform affects your plan:

In March 2010, President Obama signed the Affordable Care Act, or ACA, into law. ACA, also known as health care reform includes certain consumer protections that apply to the ASBAIT 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 ACA that is included throughout this kit.

In this section:

- **Health benefits for your family**
- **Enrolling at a later date**
- **Special enrollment situations**
- **If your spouse already has coverage**

Important things to know about eligibility.

Health plans are put together carefully to provide the best benefits possible for participants. We know how important it is for healthcare 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."

Healthy balance for your family, too.

Your family members can reap the rewards of the plan, too. Healthcare 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.

The ASBAIT Plan is open to you and your eligible dependents.

An eligible dependent is:

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

Important note: Dependent coverage is now 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**.** Please refer to your summary plan description for specific requirements.

When your dependents are not 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.

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, we use a birthday rule to decide which of the two plans would be the primary plan.

The birthday rule.

If both parents provide benefits for a child, then the primary plan is the one from the parent whose birthday comes first in the year.

So, if one parent's birthday is January 12 and the other parent's is April 1, the primary payer will be the plan from the parent whose birthday comes first—January 12. In the unusual case that both parents have the same birthday, the plan of the parent who has provided benefits longest for the child will be primary.

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.

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."

Plan changes for 2015:

- Your same-sex legal marriage spouse and dependent children are eligible for coverage under your plan beginning 3/1/15.
- You now have coverage for oncotype diagnostic testing in men or women with recently diagnosed breast tumors. You can check your plan document for specific guidelines about this testing. You will need to precertify oncotype diagnostic testing.
- Your plan will now cover mental health and substance abuse disorders at the same level as your medical benefits.
- Your prescription copays and coinsurance will count toward your out-of-pocket maximum on all plans.
- Your prescription drug coverage now has a separate copy structure for specialty medications. You will be responsible for a 20 percent copay, subject to a $100 minimum and $150 maximum. Your specialty medications will be provided by BriovaRX. You can find more information in the Scrip World prescription section of your guide.
- You will notice the following IRS-mandated changes:
  - If you have an HDHP 1250 or HDHP 2500 plan, you will see an increase in the single and family deductibles. Your deductible will increase to $1,300 for the HDHP 1250 single plan, and to $2,600 for the family plan (from $2,500). Your deductible will increase to $2,600 for the HDHP 2500 single plan and to $5,200 for the family plan (from $5,000).

If you have a family member 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.

Open enrollment period.

If you waive or decline benefits at first but change your mind later, you can sign up during the time period designated by your employer as open enrollment.

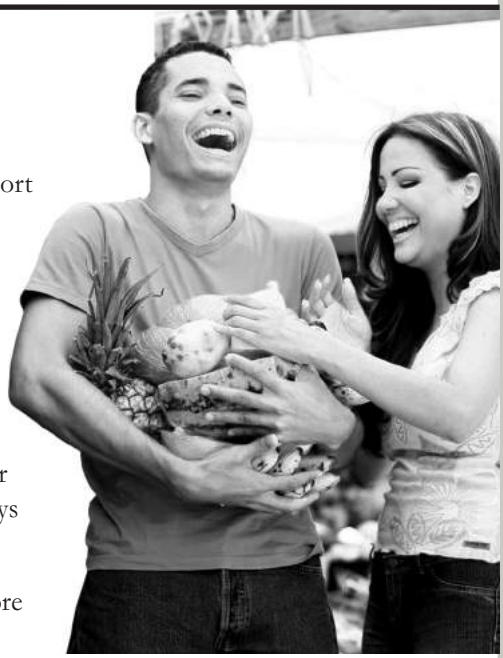
Special enrollment situations.

In these situations, 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.

Balancing Your Life Means Protecting Your Health



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 is 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!

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.

Preventive Care:

	In-Network
Physical exams	100%
Well-Child Care	100%
Mammogram	100%
Pap smears	100%
Prostate blood test	100%
Screening lab work	100%

Changes to preventive care benefits.

Your preventive care benefits have been enhanced to provide you and your family with an even greater opportunity to take command of your health and well being.

Preventive care benefits covered in-network at 100%.

As required by ACA, and listed on the U.S. Preventive Task Force list, certain preventive benefits are covered at 100%, with no cost to you. For a complete listing, visit https://www.healthcare.gov/what-are-my-preventive-care-benefits/.

Additional Wellness Benefit:

	In-Network
Wellness tests and procedures not covered under ACA:	First $300 covered at 100%, 10% of eligible thereafter

Preventive care at no cost to you.

In-network preventive care benefits covered at 100% include, but are not limited to:

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

For a complete listing, visit https://www.healthcare.gov/what-are-my-preventive-care-benefits/.

Coverage of women's preventive services.

Good news for women! Your benefits plan covers the women's preventive services[1] listed below, with no copays, coinsurance or deductible when provided in-network.

You won't have to pay anything for these services when:

- The doctor or other healthcare provider is in your network and the main purpose of your visit is to get preventive care.
- You choose generic contraceptives.[2]
- You buy a breast pump according to the guidelines of your benefits plan.

Please note, women's preventive care is **not** considered preventive when it is part of a visit to diagnose, monitor or treat an illness or injury; in this case, copays, coinsurance and deductibles apply.

Contraceptive coverage.

Your benefits plan covers women's contraceptive methods with no member cost share, including two visits per year for patient education and counseling on contraceptives.

Generic contraceptives are covered with no member cost share when they are:

- Approved by the Food and Drug Administration (FDA).
- On your plan's preferred drug list (also called a formulary).
- Filled at an in-network pharmacy.

In addition, your benefits plan covers the member share when your provider bills for the following services separately from other services:

- Administration of certain contraceptives, such as the insertion of IUDs or injections
- Women's sterilization procedures

Prenatal care and breastfeeding.

You won't have to pay anything for your routine prenatal visits provided by an in-network provider. You will pay your normal cost share for delivery, postpartum care, ultrasounds or other maternity procedures, specialist visits and certain lab tests, though. Even if your plan doesn't cover maternity care, it will cover the preventive prenatal visits.

If you need support with breastfeeding, your benefits plan will cover up to six visits with a lactation consultant, at no cost to you. Check with your in-network OB/GYN or pediatrician, who may offer these services through their offices.

Your plan also covers:

- A certain selection of standard electric pumps (non-hospital-grade) within 60 days of birth, once every three years, or
- A certain selection of manual breast pumps within 12 months of birth, if you have not received an electric or a manual breast pump in the last three years.
- Another set of breast pump supplies, if you get pregnant again before you are eligible for a new pump.
- Out-of-network providers—including retailers—may be used to obtain breast pumps. Charges for out-of-network providers are subject to usual and customary reductions.

Other Pregnancy Services.

Additional services for pregnant women include:

- Anemia screenings.
- Bacteriuria urinary tract or other infection screenings.
- Rh incompatibility screening, with follow-up testing for women at higher risk.
- Hepatitis B counseling (at the first prenatal visit).
- Expanded counseling on tobacco use.
- Breastfeeding interventions to support and promote breastfeeding after delivery.

1. These changes go into effect when plans become effective or renew on or after August 1, 2012. Employers with grandfathered plans may choose not to cover some of **these preventive services, or to include cost share (deductible, copay or coinsurance) for preventive care services. Certain religious employers and organizations may choose** *not to cover contraceptive services.*

2. Brand-name contraceptive drugs, methods or devices are only covered with no member cost-sharing under certain limited circumstances.

Well-woman care.

Most plans already cover well-woman care, with no member cost share. Well-woman care includes counseling about important health issues, as well as screenings for:

- Breast cancer (mammography every 1-2 years for women over age 40)
- Cervical cancer (for sexually active women)
- Chlamydia infection (for younger women and other women at higher risk)
- Gonorrhea (for all women at higher risk)
- Interpersonal or domestic violence
- Osteoporosis (for women over age 60, depending on risk factors)
- Alcohol misuse, obesity and tobacco use
- Blood pressure
- Cholesterol (for adult women of certain ages or at higher risk)
- Colorectal cancer (for adult women over age 50)
- Depression
- Type 2 diabetes (for adult women with high blood pressure) or gestational diabetes (including screening during pregnancy)
- HIV
- Syphilis

Immunizations.

Doses, recommended ages and recommended populations vary. Covered immunizations include:

- Diptheria, pertussis and tetanus (DPT)
- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chicken pox)

Save when you see network providers.

The ASBAIT Plan offers a provider network of doctors and other healthcare 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 get care as simply as possible when you're sick.

No referrals needed—how convenient!

You don't have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but ASBAIT recommends that you build a relationship with a "home base" doctor—one who has all of your records and health history. For 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 infomation, refer to your summary plan description.

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 healthcare expenditures. For more information, refer to your summary plan description.

ASBAIT Network–BCBS of Arizona.

Your plan's provider network does not require the selection of a Primary Care Physician (PCP), nor are referrals required in order to receive medical services.

Important: The Arizona School Boards Association Insurance Trust (ASBAIT) Plan contracts with BlueCross/BlueShield of Arizona to use their provider network. This medical benefits plan is provided exclusively by ASBAIT and the member school district with claims being paid by Meritain Health. BlueCross/BlueShield of Arizona is not the name of this plan nor is it the insurance carrier.

Special points of interest:

- When you need to see your doctor let them know that you have BCBS of AZ and present your ASBAIT medical/Rx card upon your visit.
- By receiving your care and services from a provider in the BlueCross/BlueShield of Arizona Network, you will receive a higher level of benefits (in-network) and therefore have less out-of-pocket expenses.
- The plan/provider network does not require the selection of a PCP, nor are referrals required in order to receive medical services.
- If the need for emergency medical care occurs when traveling outside the plan's network, benefits will be paid as in-network benefits if medical attention was required due to an accident or illness which was serious enough to constitute an "emergency" as defined in the Plan Document.
- Refer to your schedule of benefits for major medical services and benefits.

Blue Cross/Blue Shield of Arizona.

www.azblue.com/chsnetwork

Provider Search: Choose ID Cards without alpha prefix.

Helpful tip:

You can realize savings while on the road to meeting your annual deductible when you visit doctors and facilities within your provider network.

Nationwide provider access outside of Arizona.

When you and your family must seek healthcare services outside of Arizona, you have access to Aetna's broad national provider network of healthcare providers and facilities. Aetna's network contains more than 850,000 participating physicians and ancillary providers, with 6,900 hospitals. When you must visit providers outside of Arizona, the Aetna network will provide in-network benefits. *Please note: Transplant services will continue to be administered by BlueCross/BlueShield of Arizona providers only.*

Looking for an Aetna provider? It's easy!

Visit Aetna's DocFind at **http://www.aetna.com/docfind/custom/mymeritain/**.

You can use DocFind anywhere you have Internet access. If you have questions while searching for a health-care professional, simply click on the *Contact DocFind* link located at the top of any DocFind page to send us a comment or question.

Support for your health journey.

ASBAIT and your employer want 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.

ASBAIT Medical Management.

Contact a Medical Management Nurse at:

1.8555ASBAIT or 1.855.527.2248

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, call Medical Management.

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

- Chemotherapy: All settings including services rendered in a physician's office.
- Dialysis: All settings including services rendered in a physician's office.
- Durable Medical Equipment in excess of $1,500.
- Hospice care
- Inpatient admissions, including inpatient admissions to a skilled nursing facility, extended care facility, rehabilitation facility and inpatient admissions due to a mental disorder or substance use disorder.
- Radiation: All settings including services rendered in a physician's office.
- Imaging, limited to the following: CT/MRA/MRI/PET scans, scintimammography, capsule endoscopy and U.S. bone density (heel).
- Morbid obesity surgery
- Transplants
- Outpatient surgical procedures, (not including surgery rendered in a physician's office.)
- Pain management injections, including services rendered in a physician's office.
- Oncotype diagnostic testing.

Failure to comply.

Failure to comply with the precertification requirements may result in penalties which you will be responsible for. A 20% 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.

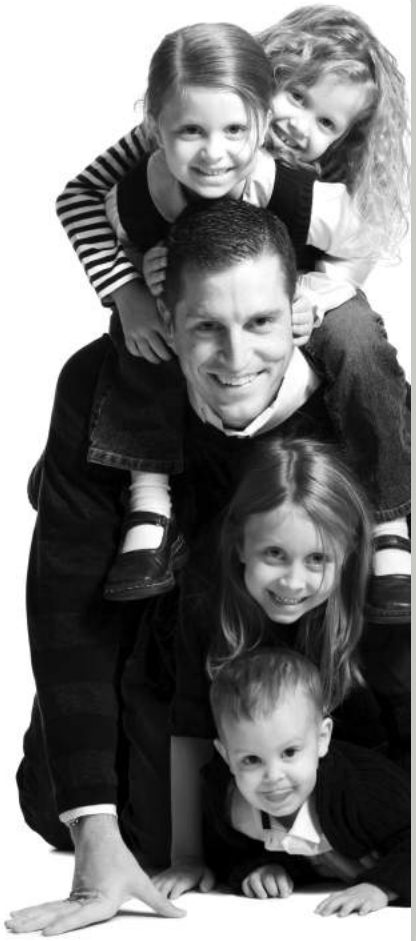
On-site biometric screenings.

A biometric 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.

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.



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.

Controlling your condition.

The goal of ASBAIT's 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.

Participating in the program.

If you are invited to participate in ASBAIT's Nurse Health Coaching Program and you choose to do so, you will promptly receive information about the program's resources and educational opportunities. You may also enroll yourself if you think you will benefit from the program.

Getting the assistance you need.

As a program participant, you will be assigned a personal nurse coach. Your nurse coach is a registered nurse that uses motivational techniques to build your self-confidence in managing your condition and identifies ways you can get and stay healthy.

Specifically, your 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.

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

Think you may benefit from the program?

If you think you would benefit from the program but you have not been contacted, please call 1.855.527.2248. We are ready to help you manage your condition and maximize the quality of your life.

An ASBAIT success story.

Richard, an ASBAIT member, enrolled in nurse health coaching with coronary artery disease. (Coronary artery disease occurs when a waxy substance called plaque builds up inside the coronary arteries, the arteries that supply oxygen-rich blood to your heart. Coronary artery disease is the most common type of heart disease and cause of heart attacks.)

In May of 2013, Richard had stents surgically implanted in his affected arteries (a stent is a tiny wire-mesh tube that opens an artery to keep blood flowing to the heart and reduce the chance of a heart attack). Following surgery, Richard was prescribed medication to help control his coronary artery disease. However, Richard did not follow up with his doctor or refill his medications. When he told his story to an ASBAIT nurse health coach, he was adamant that he would not see a doctor. The nurse health coach could tell Richard wasn't well—he was tired and feeling down. The nurse health coach explained how important it was for Richard to complete follow-up care by seeing a cardiologist to help him manage his disease.

While on the phone with the nurse health coach, Richard looked up a cardiologist. He scheduled an appointment and had a stress test, which is an exercise test that helps doctors see if there is a lack of blood supply through the arteries going to the heart. Richard failed his stress test and needed to have his stents replaced.

Richard recently had his stents replaced and told his nurse health coach that he "feels like a million bucks!" He has his energy back, he's not depressed, and his coworkers are telling him that he is looking and acting better.

Richard has been telling his story to everyone, and thanked his nurse health coach for saving his life.

- Direct you to local community resources.

Alliance Work Partners:
Your Employee Assistance Program.

Alliance Work Partners (AWP) is your EAP provider, offering you and your family valuable, confidential services at no cost to you. Designated to help you manage daily responsibilities, life events, work stresses or issues affecting your quality of life, AWP is available to take your call 24 hours a day, 7 days a week.

Key provisions of the EAP:

- 1-5 short term counseling session per problem per year, which includes assessment, referral and crisis services.
- Dependents age 26, or under, and the employee's household members are eligible to use the confidential EAP.
- The EAP is available at no cost to the employee or family member and is confidential.
- Legal and financial services
- Work Life services
- Nurseline
- HelpNet services – access to online materials

The EAP nurseline: Call anytime, day or night!

What do you do when you're not sure WHAT to do?:

- When you don't know where to go for care (is it really an emergency?).
- When it's 4 a.m. and your child can't stop coughing?
- When you've taken a tumble and your ankle is swelling?

Now you can call the EAP Nurseline to talk to a registered nurse who will listen and give you professional, seasoned advice, making sure you get care in the right place at the right time. One more great support feature for plan participants: Our nurse counselors can connect you to community resources, like support groups, classes and seminars.

- Stress
- Grief
- Marital
- Relationships
- Substance Abuse
- Emotional Health
- Family
- Occupational
- Legal
- Financial

Guidance and confidential counseling for you and your family: EAP Teen Line: 1.800.334.TEEN (8336).

Safe Ride Program.

For those occasional moments when calling a cab is the right thing to do, the Safe Ride Program is available—another FREE and CONFIDENTIAL program for you and your family. AWP will reimburse the cost of cab fare (up to 50 miles one way) when you choose to call a cab rather than drive or ride with someone who has had too much to drink. For more details please call AWP's 24-hour toll-free number: **1.800.343.3822**.

Alliance Work Partners.

For further information or assistance regarding this beneficial program, contact AWP.

Toll free: 1.800.343.3822

TDD: 1.800.448.1823

Email: AM@alliancewp.com

Visit your EAP website at alliancewp.com.

Create a customized account by going to:

- Go to http://www.alliancewp.com.
- Click "login" at the top right
- Initital login:
  Email: **ASBAITmember**
  Password: **AWP4me** (case sensitive)
- You will be prompted to create your own unique username and password.

A prescription for a healthier budget.

When you need prescriptions filled, you have your easy-to-use prescription drug benefit. But to get the most from your benefits plan, it pays to be a wise consumer.

Your prescription drug benefit is administered by Scripworld powered by **Catamaran**.

Controlling your prescription copay.

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. **Visit www.mycatamaranrx.com for a drug formulary, which lists which drugs are considered preferred or non-preferred.**

Prescription drug copays:

	Retail Pharmacy 30-day supply	Mandatory Mail Order 90-day supply**
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)	30% ($40 min; $110 max)	30% ($80 min; $225 max)
Specialty drug (BriovaRX)	20% ($100 min; $150 max)	NA
HDHP plans	80%, after ded	80%, after ded

***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.*

*** Mail order is required for all 90-day prescriptions.*

Why generics make sense—and dollars.

Because companies that develop new drugs have long-term patent protection for their products, other drug companies are prevented by law from manufacturing those drugs—even if they can produce them less expensively.

When patents expire, other companies can make equivalent drugs, usually at a much lower price. Generic equivalents go through rigorous FDA testing regularly to assure that they are just as effective as the brand-name drugs.

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.

Scripworld/Catamaran.

Contact the Pharmacy Help Desk / Customer Service at:

1.855.312.6103

Prior authorization.

If your prescription is subject to prior authorization or step care, the pharmacist will make contact with the prescriber. You may also contact Scripworld/Catamaran Customer Services at **1.877.665.6609** (same phone number as the Pharmacy Help Desk) for more information.

Prescription questions?

Contact Catamaran at:

- **1.855.312.6103** for questions on your prescription drug benefits.
- **1.877.665.6609** for clinical prior authorizations.

Order Form (please print)

Patient Name (First MI Last)		Date of Birth
Shipping Address*		
City	State	Zip
Preferred Phone Number	Alternate Phone Number	
Member ID #	Group #	

* A physical address (not a P.O. Box) is typically required for temperature-sensitive medications and controlled substances.

Shipping Methods: ☐ Normal (no charge) ☐ 2nd Day Air ($11.00) ☐ Next Day Air ($25.00)

Payment Methods:
- ☐ Check
- ☐ Money Order
- ☐ Visa
- ☐ MasterCard
- ☐ American Express
- ☐ Discover

Credit Card Payments choose one:
- ☐ One-time use only
- ☐ Approved for future recurring orders

Credit Card #: _____

Exp. Date: _____

_____
Name of Cardholder

NOTE: Make check payable to: Catamaran Home Delivery. DO NOT send cash. Orders received without payment may result in delays in processing and may therefore extend delivery times.

I certify the information provided on this form is correct. I authorize the release of all information to the plan sponsor, administrator or underwriter. I authorize Catamaran to substitute generic drugs in all cases where permissible under applicable state laws and consistent with doctor's orders. My signature also acknowledges I have been provided with a copy of the Notice of Privacy Practice.

_____
Signature

_____
Date

Total Co-Payment: $ _____

Shipping: $ _____

Total: $ _____

State and federal regulations require patient identification when dispensing controlled substance prescriptions. Please provide **one** of the following:

Driver's License:
State _____ #_____

— *or* —

Social Security #_____

Contact Us

Catamaran Home Delivery
P.O. Box 166
Avon Lake, OH 44012-9927

Member Services
Phone: 1.800.763.0044 (TTY: 888.206.8041)
Fax: 1.800.893.2299
Monday-Friday 8am-10pm (EST)
Saturday 8am-5pm (EST)
Sunday Closed

www.mycatamaranRx.com

Catamaran™ Home Delivery for prescription medications

the convenient and cost-effective way to get your prescriptions filled

catamaran™
stay well ahead

209-083012-1

Getting Started

Have your doctor write your prescription for the maximum days supply allowed by your plan (typically a 90-day supply plus 3 refills for a one-year supply).

Write the patient's name, date of birth and identification number on the back of each original prescription.

Complete the order form and patient profile section of this brochure. Mail the form, original prescriptions and payment information to:

Catamaran Home Delivery
P.O. Box 166
Avon Lake, OH 44012-9927

We'll do the rest!

Most orders are shipped through the U.S. Postal Service with delivery to your home, office or alternate location. Controlled substances may require an adult signature upon receipt. Packaging does not indicate that medications are enclosed.

Please allow 10–14 days for delivery of your prescriptions. Expedited shipping options are also available. Please note that this only reduces transit time and will NOT affect the processing time of your prescription. If you do not get your order within 14 days, please contact Member Services.

for additional information

call 1.800.763.0044
(TTY: 888.206.8041)
or visit mycatamaranRx.com

Frequently Asked Questions

What drugs are covered?

Prescription drugs that are covered by your benefit plan are available through mail order. Insulin, insulin syringes and test strips need a prescription when you order them through Catamaran Home Delivery.

When will I get my order?

You should receive your order within 10–14 days. Please allow a few extra days for your first order.

Am I charged for shipping?

Shipping is free. You can get Next Day or Second Day delivery for an extra charge.

Is my information kept private?

Yes, we keep this information completely private. Please read the Notice of Privacy Practices included with this guide. After reading it, you must sign the bottom of the order form.

Patient Profile

Use one form per patient.
Additional forms are available at mycatamaranRx.com.

Please review your order carefully. Once submitted, an order cannot be cancelled or returned.

	Drug Allergies						Medical Conditions					
	Other	Penicillin	Codeine	Sulfa	Aspirin	None	Other	Diabetes	Glaucoma	Heart Condition	High Blood Pressure	Thyroid
Patient Name (First MI Last)												
Date of Birth: _____ ☐ Male ☐ Female Plan Member (Insured) ID#_____ Relation to Member: ☐ Self ☐ Spouse ☐ Dependent	Describe other allergies or conditions:											

Prescription Info

If you would like Catamaran to contact your physician to request a prescription for you, please provide the information below. Your order will be shipped once we receive the prescription. Remember, you can always view the status of your order online.

Drug Name & Dosage	Doctor Name	Doctor Phone #	Doctor Fax #

If a prescription medication is entered above, but a doctor's prescription is NOT enclosed, we will contact the physician listed.

Specialty drugs.

BriovaRX is a specialty pharmacy that works as a support system for you and your providers. BriovaRX delivers patient care personalized to meet your individual needs. They will work with you to ensure you are comfortable with your medications, dosing and potential side effects. A staff member will stay in contact with you throughout treatment and notify your physician of any adverse events or complicatins as they arise.

To learn more about your specialty medication serivce, visit BriovaRX.com or contact the customer service team at **855.4Briova** (**855.427.4682**).

Claims and customer service information

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

Your Benefits Schedule 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 summary plan description (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%. The remaining percentage, for example 20%, 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%.

Claim submission.

Mail your claim forms and attachments to:

Meritain Health
P.O. Box 27267
Minneapolis, MN 55427-0267

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**.

Important phone numbers:

For questions about...	You may call...	At this number:
■ ASBAIT benefits ■ Flexible spending accounts	Meritain Health Customer Service	**1.866.300.8449 or** **1.602.789.1170**
■ Prescription drug benefits	Scripworld/Catamaran Clinical Prior Authorization	**1.855.312.6103** **1.877.655.6609**
■ Precertification	ASBAIT Medical Management	**1.8555ASBAIT or** **1.855.527.2248**
■ EAP/Nurseline	Alliance Work Partners (AWP)	**1.800.343.3822**
■ Health U-Safe U Wellness Program	Edwards Risk Management	**1.800.575.2657**
■ Nurse Health Coaching	Meritain Health	**1.855.527.2248**

24-hour access to tools you can really use at www.myMERITAIN.com.

The Meritain Health member website, www.myMERITAIN.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 healthcare dollars.

Go to myMERITAIN.com to log in to our secure site.

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.

At myMERITAIN.com you can:

- Look up health and wellness topics in our online medical library.
- Keep track of your flexible spending account (FSA).
- Find the status of a claim.
- Find network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Order ID Cards.
- View plan documents.

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 healthcare 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:

- Since 1981 ASBA has sponsored this self-funded benefit program that is exclusive to Arizona school districts and community colleges.
- ASBAIT covers over 31,000 employees and their dependents.
- Currently there are over 160 participating schools.

Glossary of terms

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

Coinsurance. A percentage of the billed amount that you are responsible for on a service or procedure (after you have met the annual deductible). Coinsurance is different from copays and deductibles in that the plan will pay a designated percentage of charges until the annual out-of-pocket maximum is reached.

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 healthcare services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

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

Provider network. Organization that negotiates special, lower rates for healthcare 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.

Out-of-pocket maximum. A limit to the total amount of expenses you will incur each year. Once you meet your out-of-pocket maximum, the plan will pay at 100% for the remainder of the year.

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 healthcare service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.

Notes

Health Claim Form

ASBA Insurance Trust

Complete and send to:
ASBA Insurance Trust
P.O. Box 27267
Minneapolis, MN 55427-0267
Fax: 1.763.852.5057

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: ☐ **The employee** (Go to section 3) ☐ **Employee's Spouse** (Complete spouse information) ☐ **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

☐ **Yes** (then complete) ☐ **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 ☐ **Group** ☐ **Individual**	Group Number	Contract or Policy Number	
Spouse's Employer				
Spouse's Employer's Address				

Section 4. ABOUT THIS CLAIM

☐ **Injury** ☐ **Illness**
Date and time of accident:

Describe injury, when and how it happened or nature of illness:

Was this injury the result of an accident? ☐ **Yes** ☐ **No**

If auto insurance was involved, please provide:	**Policy #**	**Name of insurance company**	**Address (city, state, zip)**

Was this a work-related injury? ☐ **Yes** ☐ **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

MERITAIN HEALTH
An Aetna Company

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill.

A	**Patient Name (last, first, initial)**	**Birthdate**
B	**Address**	
C	**Is this condition the result of an injury arising from patient's employment?** ☐ **Yes** ☐ **No** ***If yes, please contact the Worker's Compensation Carrier/Administrator for proper instruction regarding this claim.***	
D	**Pregnancy?** ☐ **Yes** ☐ **No**	**If yes, expected date of delivery**
E	**If illness, date of first treatment**	**If treating injury, date of injury**
F	**Name of referring physician**	**Referring physician's address**
G	**Name and facility where services were rendered (if other than home or office)**	
H	**Was laboratory work performed outside your office?** ☐ **Yes** ☐ **No**	
I	**For service related to hospitalization, give dates:** ☐ **Admitted** ☐ **Discharged**	
J	**Diagnosis and current conditions (if diagnosis other than ICD-9* used, give name):** **1.** **2.** **3.** **4.**	

K

Dates of Service From	To	Places of Services**	Procedure Code (If other than CPT*** code used, give name)	Description of surgical or medical services rendered	Diagnosis Code	Charges

*ICD-9 * International Classification of Disease
*** CPT Current Procedural Terminology (current edition)

**Abbreviations: 11-Physician's Office 12-Inpatient Hospital 23- Emergency Room 12-Patient's Home 22-Outpatient Hospital 81-Independent Laboratory

Date	Physician's Name (print)	Degree	Provider's Tax ID Number or Social Security Number:
			Must be furnished under authority of law

Physician's Signature	Telephone
	( )

Street Address	City	State	Zip Code