A GUIDE TO YOUR BENEFITS & ENROLLMENT

2019 — 2020

ASBA Insurance Trust
Bring Healthy Balance back to your life
Finding your perfect balance

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

That’s why this packet contains:

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

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

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

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

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

A balanced life means a healthier you.

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

Advocates for Healthier Living
Meritain Health provides easy-to-use healthcare benefits you can use to stay healthy and productive. Contact us at the number on your ID Card if you have any questions about your plan.
What’s inside?
In this packet, you’ll learn more about the following

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

Healthcare benefits when you’re sick
• Inpatient and outpatient care
• Home healthcare
• Rehabilitation services
• Doctor visits and prescription drugs with reasonable copays
• Mail order and online prescription options
• A large and convenient provider network

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

ASBAIT dental and vision benefits (if applicable)
• Freedom to visit 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.

Programs for healthy change
• Working™Well Employee Wellness Program—Support for improving and maintaining your own good health with a holistic approach.
• Meritain Health Pharmacy Solutions/OptumRx® clinical programs—Step care, reduced cost diabetic supplies/medications, medication monitoring and specialty pharmacy.
• Biometric testing—comprehensive 33-panel blood profile. An informative program, with a 28-page personal results report to each individual. Raises awareness and affords the gift of early detection/prevention.
No surprises, just information

In this section

- What’s new for 2019-2020
- Health benefits for your family
- Enrolling at a later date
- Special enrollment situations
- If your spouse already has coverage

What’s new for ASBAIT members in 2019-2020

1. You will notice changes to the list of items that require pre-certification. These requirements have been updated to better accommodate your benefits.

2. Just as you do with OptumRx home delivery, you will have a lower copay or lower out-of-pocket cost for your 90-day supply of maintenance medications at any local Walgreens location. For PPO plans, you will receive a 90-day supply for only two copays. HDHP plan member medications are subject to deductible/coinsurance.

How healthcare reform affects your plan

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

Important things to know about eligibility

Health plans are put together carefully to provide the best benefits possible for participants. ASBAIT and Meritain Health know how important it is for 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!

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.
Your eligible dependents

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

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

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

Please refer to your summary plan description for specific requirements.

Family members covered by a different plan

If a family member is covered by a different plan:

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

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.

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

When you have benefits from two group plans

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

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

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.

If you say “no” to this plan now

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

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

Open enrollment period

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

Meritain Health
Your member portal

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

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

**Your online tools and resources**

**With an account you can:**

- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Order ID Cards.

**Your secure member site**

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

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

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

**Privacy regulations**

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

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

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or healthcare operations; and (ii) the health plan’s disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).
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 and Meritain Health are here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

In this section

- Preventive care
- Using your PPO network
- 24x7 Nurse Line
- Medical management and precertification
- ASBAIT’s Nurse Health Coaching
- Employee Assistance Program (EAP)
- Prescription benefits

Take an easy step towards good health

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

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.
Using your medical benefits

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.

Helpful tip

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

No referrals

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

When it’s an emergency

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

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

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

Important: If you (or your in-network provider) could choose an in-network provider for services or consultation, but decide instead to use an out-of-network provider, benefits are reduced to the out-of-network level.
ASBAIT Network: Aetna Choice® Point of Service (POS) II

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

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

Find Aetna providers online
You can use the DocFind directory anywhere you have Internet access. Just:

2. Key in your location (zip, city, county or state). Then, choose range (e.g., within 25 miles).
3. Under Broad Medical Network, choose Aetna Choice® POS II (Open Access) under Select Plan. Then click Continue.
4. Next, type the provider name or type of provider, or select from the categories listed. The guided flow search will use some of our most commonly searched terms and easily organize them for our users to find. Your provider results will continue to be returned based on relevancy to your search criteria (plan, location and search term).
5. If your school offers dental benefits, you can also use DocFind to search for dental providers:
7. Choose: Aetna Dental® Administrators
9. Choose your provider from the list of providers displayed on the results screen. Learn more about each by clicking on the provider’s name.
10. Narrow your search results by using the filters under Narrow Your Results. Choices include Group Affiliations, Languages, Gender and Specialty.

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

Find providers by phone
Need a provider when you’re not near a computer? No problem. Simply call the Aetna Provider Line at [1.800.343.3140](tel:1.800.343.3140) from 8:00 a.m.–9:00 p.m. EST, Monday through Friday.

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

ASBAIT’s Nurse Health Coaching

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

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.

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 back pain)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hyperlipidemia
- Hypertension

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.

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

Maternity management: a balanced beginning for you and your baby

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

Specifically, your maternity management nurse coach will:

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

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

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
- HelpNet services—access to online materials

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

- Go to www.awpnow.com
- Choose Access your benefits
- Registration code: AWP-ASBAIT-2811

Incentive Program

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

Want to join? Call 1.855.5ASBAIT or 1.855.527.2248

Meritain Health
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.

Support for your health journey

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

How to obtain precertification (medical management)

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.

P 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.

Counseling and Referrals

AWP can help you with issues related to:

- Job performance
- Marital issues
- Family issues
- Communication skills
- Managing depression and anxiety
- Child and elder care resources
- Parenting support
- Anger management
- Legal and financial issues
- Grief and bereavement
- Self-improvement plans
- Stress management
- Personal concerns
- Career management
- Substance abuse
- Urgent/Crisis callers

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

Alliance Work Partners is here for you as life happens.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

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

• Toll free: 1.800.343.3822
• TDD: 1.800.448.1823
• Email: AM@alliancewp.com
Before you get care, check precertification (medical management) requirements

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

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

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

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

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.

Your 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 Scrip World, powered by OptumRx. You can visit www.optumrx.com to:

- Review a complete list of covered drugs.
- Locate a pharmacy
- Look up possible lower cost medication alternatives.
- Compare medication pricing and options.

Contact OptumRx

If you have any questions, contact OptumRx customer service by calling 1.855.312.6103.

Controlling your prescription copay

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

*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.

** Mandatory Mail Order Program—This plan will allow maintenance medications to be filled at retail in 30 day quantities or in 90 day quantities at Walgreens retail stores only. For members who would like to purchase a 90 day supply of maintenance medications, the mail order option may also be chosen.
**Why generics make sense**

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

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

**Specialty drugs**

Specialty medications are unique and require extra attention and support. We have partnered with Banner Family Pharmacy—Chandler to provide all ASBAIT members with a highly coordinated, efficient and flexible pharmacy solution for specialty medications. Banner Family Pharmacy—Chandler is the specialty pharmacy for all members of ASBAIT, whether you use the Banner Network or Aetna Choice POS II.

Banner Family Pharmacy—Chandler, Banner Health’s integrated specialty pharmacy, has a number of advantages for our members who take specialty medications. The team of clinical pharmacists and pharmacy patient advocates:

- Establish therapy goals for complex conditions and the medications used to treat them.
- Apply for any financial assistance programs to make sure specialty medications are affordable.
- Schedule convenient delivery of specialty medications.

If you take a specialty medication, don’t hesitate to reach out to Banner Family Pharmacy—Chandler at 1.602.747.6442 or 1.844.747.6442 if you have any questions.

If you have any questions about your plan or your specialty pharmacy network, please call Meritain Health at the number on the back of your ID card.

Members taking Specialty Drugs and receiving medication through Briova Rx will be grandfathered to continue utilizing Briova.

**Maintenance drugs**

You may fill maintenance drugs at the retail pharmacy; however, you will only be able to fill 30-day quantities at a time, subject to retail copays. You may also fill maintenance drugs in 90-day quantities at your local Walgreens stores for the same copays as the mail order program. To receive a three-month supply of your maintenance medication for a two-month copay, you may also use the mail order service. To enroll in the mail order program, call Optum Rx at 1.855.312.6103 or go online at www.Optumrx.com.

**Diabetes Management**

Your pharmacy benefits include free access to the Liberty HealthyLiving® program, administered by Liberty® Medical, a provider of diabetic testing supplies and services. Getting better control of your diabetes is one of the first steps you can take toward living a healthier life. The Liberty HealthyLiving® program offers you and your covered dependents who have diabetes savings with a low copayment on your testing supplies, personalized support, and much more. Enrollment is just a phone call away.

Through this program, you can order a 90-day supply of your testing supplies for a low copayment, conveniently delivered to your home. Call and enroll at 1.877.852.3512, toll-free. Find out more about all the advantages of the Liberty HealthyLiving® program. There is no obligation, just an excellent opportunity to ensure your continued good health!
Appendix

In this section

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

Glossary of terms

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

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

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

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.

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.

Meritain Health Member Portal
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.meritain.com is confidential. You may need the information on your ID Card to log in for the first time.
Important Contact Information

**Important plan contacts**

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<th>Who to contact</th>
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<td>My ASBAIT benefits</td>
<td>Meritain Health Customer Service</td>
<td>1.866.300.8449 or 1.602.789.1170</td>
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<td>My prescription drug benefits</td>
<td>OptumRx</td>
<td>1.855.312.6103</td>
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<tr>
<td>Precertification</td>
<td>ASBAIT Medical Management</td>
<td>1.8555ASBAIT or 1.855.527.2248</td>
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<tr>
<td>EAP</td>
<td>Alliance Work Partners (AWP)</td>
<td>1.800.343.3822</td>
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<tr>
<td>Working™ Well Wellness Program</td>
<td>Edwards Risk Management</td>
<td>1.800.575.2657</td>
</tr>
<tr>
<td>Nurse Health Coaching</td>
<td>Meritain Health</td>
<td>1.855.527.2248</td>
</tr>
</tbody>
</table>

**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 percent. The remaining percentage, for example 20 percent, is your responsibility—your “out-of-pocket” costs. You’re protected from financial hardship by a maximum out-of-pocket amount each year—the most you’ll have to pay before the plan covers costs at 100 percent.

**Claims and customer service**

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

**Claim submission**

Mail your claim forms and attachments to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
24-hour access to online tools with Meritain Health Member Portal

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

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

Your online tools and resources

With Meritain Health Member Portal you can:

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

Your secure member site

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

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

If you need help registering for Meritain Health Member Portal, you can contact Meritain Health Customer Service at [1.866.300.8449](tel:1.866.300.8449) or [1.602.789.1170](tel:1.602.789.1170).

On-the-go access to your Meritain Health benefits

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

Easy to access and easy to use

1. First, simply register for your mobile account through [www.meritain.com](http://www.meritain.com).

   (If you’ve already registered to access your personal information on Meritain Health Member Portal—you can skip this step. Simply log in to Meritain Health Member Portal through the browser on your smart device to access your account.)*

2. From any mobile device, just log into Meritain Health Member Portal. Once you do, your mobile features will be ready to use. You’ll find quick-to-navigate displays you can easily use with your device’s touch screen.

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

If you have any questions about how to register or use Meritain Health’s Mobile Capabilities, we can help. Simply call Meritain Health Customer Service at [1.866.300.8449](tel:1.866.300.8449) or [1.602.789.1170](tel:1.602.789.1170).

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

Privacy regulations

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

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at [1.866.300.8449](tel:1.866.300.8449) or [1.602.789.1170](tel:1.602.789.1170).
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 20,000 employees and their dependents.
- Currently there are over 125 participating schools.
**Section 1. EMPLOYEE INFORMATION**

<table>
<thead>
<tr>
<th>Name (last, first, initial)</th>
<th>Sex</th>
<th>Employer Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Identification Number</th>
<th>Birthdate</th>
<th>Group Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Work Telephone (</th>
<th>Home Telephone (</th>
<th></th>
</tr>
</thead>
</table>

**Section 2. PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>The patient is:</th>
<th>☐ The employee (Go to section 3)</th>
<th>☐ Employee’s Spouse (Complete spouse information)</th>
<th>☐ Employee’s Child (Complete spouse and child information)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse’s Name (last, first, initial)</th>
<th>Sex</th>
<th>Child’s Name (first, last, initial)</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse’s Birthdate</th>
<th>Spouse’s Social Security Number</th>
<th>Child’s Birthdate</th>
<th>Child’s Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse’s Employer</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse’s Employer’s Address</th>
</tr>
</thead>
</table>

**Section 3. OTHER COVERAGE**

<table>
<thead>
<tr>
<th>☐ Yes (then complete)</th>
<th>☐ No (go to section 4)</th>
<th>Name of Policy Holder:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Other Health Insurance Carrier or Plan</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Insurance Carrier’s or Plan’s Telephone #</th>
<th>Type of Coverage</th>
<th>Group Number</th>
<th>Contract or Policy Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>☐ Group</th>
<th>☐ Individual</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse’s Employer</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse’s Employer’s Address</th>
</tr>
</thead>
</table>

**Section 4. ABOUT THIS CLAIM**

<table>
<thead>
<tr>
<th>☐ Injury</th>
<th>☐ Illness</th>
<th>Describe injury, when and how it happened or nature of illness:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date and time of accident:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was this injury the result of an accident?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If auto insurance was involved, please provide:</th>
<th>Policy #</th>
<th>Name of insurance company</th>
<th>Address (city, state, zip)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Was this a work-related injury?</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Provider to be paid</th>
<th>Employee’s Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider’s tax ID number or Social Security Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Patient Name (last, first, initial)</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>B</td>
<td>Address</td>
</tr>
<tr>
<td>C</td>
<td>Is this condition the result of an injury arising from patient’s employment?</td>
</tr>
<tr>
<td></td>
<td><em>If yes, please contact the Worker’s Compensation Carrier/Administrator for proper instruction regarding this claim.</em></td>
</tr>
<tr>
<td>D</td>
<td>Pregnancy?</td>
</tr>
<tr>
<td></td>
<td>If yes, expected date of delivery</td>
</tr>
<tr>
<td>E</td>
<td>If illness, date of first treatment</td>
</tr>
<tr>
<td></td>
<td>If treating injury, date of injury</td>
</tr>
<tr>
<td>F</td>
<td>Name of referring physician</td>
</tr>
<tr>
<td></td>
<td>Referring physician’s address</td>
</tr>
<tr>
<td>G</td>
<td>Name and facility where services were rendered (if other than home or office)</td>
</tr>
<tr>
<td>H</td>
<td>Was laboratory work performed outside your office?</td>
</tr>
<tr>
<td>I</td>
<td>For service related to hospitalization, give dates:</td>
</tr>
<tr>
<td></td>
<td>□ Admitted</td>
</tr>
<tr>
<td>J</td>
<td>Diagnosis and current conditions (if diagnosis other than ICD-9* used, give name):</td>
</tr>
<tr>
<td></td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>4.</td>
</tr>
<tr>
<td>K</td>
<td>Dates of Service From</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*ICD-9* = International Classification of Disease
*Abbreviations: 11-Physician’s Office 12-Patient’s Home 22-Outpatient Hospital 23-Emergency Room 81-Independent Laboratory

Date | Physician’s Name (print) | Degree | Provider’s Tax ID Number or Social Security Number:
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Must be furnished under authority of law</td>
</tr>
</tbody>
</table>

Physician’s Signature | Telephone | Street Address | City | State | Zip Code |