Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Arizona Department of Administration
Benefit Options
Benefit Services Division

Benefit Liaison Training 2017
Plan Year

What makes Aetna different?

Multiple plan options.

HSA Option®
Lowest premium with tax advantaged savings account

EPO Option
Lower premium with predictable out-of-pocket costs

PPO Option
Higher premium with deductible and out-of-pocket limits

Great program extras.

ToolKit
Innovations to support smart health care decisions

Aetna Extras
Free with all Benefit Options plans with Aetna

More choices mean you get the health coverage that's right for you.

HSA Option*

Lowest premium with tax advantaged savings account

- Preventive Care covered 100%
- In/Out of network coverage
- Health Savings Account
- Employer contributions that you get to keep
- Pay for service as you go
- Annual limits protect against catastrophic events
- Prescription costs count towards annual limits

EPO Option

Lower premium with predictable out-of-pocket costs

- In network coverage
- Predictable out-of-pocket costs
- 920,000 doctors, hospitals and other health care providers in the network.

PPO Option

Higher premium with deductible and out-of-pocket limits

- In/Out of network coverage
- Higher coverage when you stay in the network
- Copays apply to annual limits after deductible is met

Health Savings Account (HSA)

A health savings account or HSA is a **tax-advantaged** savings account that is used in conjunction with a **high-deductible health plan** (HDHP). Employees can use their account to pay for qualified out of pocket **health care expenses**. There are three components:

Benefit Options HSA Option High Deductible Health Plan

A health plan that is designed to work in conjunction with a health savings account

+

HSA

A permanent and portable personal tax advantaged account that is used to pay for qualified out-of-pocket medical expenses not covered by the health plan this year or any year in the future

+

Member tools and information

A suite of tools designed to help support members in making more informed health care choices and more effectively managing the increased responsibility for financing their health care.

=

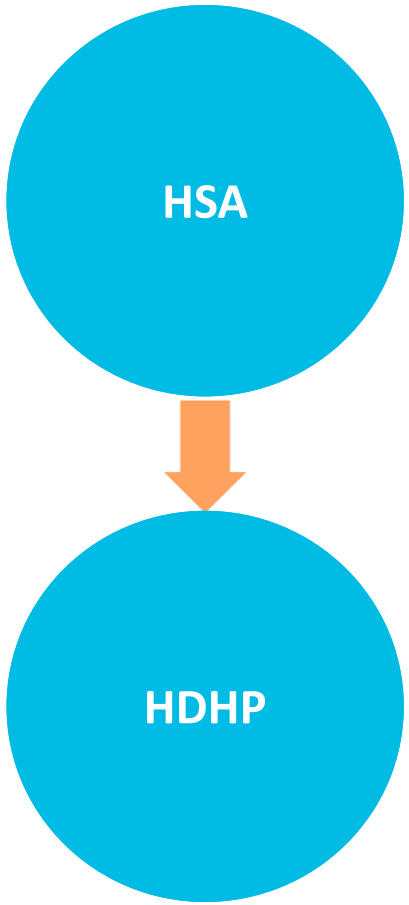
Empowerment

A new attitude and new way of paying for and utilizing health care services.

HSA — Basic Info

HDHP w/HSA

- **HSA is an account - not insurance**
  - Owned by individual; portable
  - Accumulated HSA funds roll over
  - Contributions are tax free and reduce taxable income regulated by IRS and subject to change (2017 max. $3,400 ind / $6,750 fam)
  - 2017 Catch-up contributions of additional $1,000 for age 55+
  - HSA dollars can be withdrawn for any non-qualified expense prior to age 65 – penalties may occur per IRS regulations
  - Qualified withdrawals are tax free
  - Earns interest tax free
  - You can change or stop contribution amount at anytime
- **Used with a qualified HDHP (limits set by the Internal Revenue Service)**
  - 100% coverage for preventive care, not subject to deductible
  - $1,300 / $2,600 minimum deductible



The member experience – HSA member enrollment

Member

- Must be enrolled in medical HDHP.
- Review custodial agreement, fee schedule, and disclosures
- Elect to enroll in HSA and determine contribution level.

aetna®

- Eligibility/contribution information received from Plan Sponsor or Third Party vendor.

- PayFlex Customer Identification Process (CIP)
- US Patriot Act, Section 326
- Verifies member info (SSN, name, address, birth date).
- Member in HSA "pend open" status.

Member passes CIP

- HSA is opened
- Welcome Package and Debit card package arrive within 10-14 days of HSA effective date
- Contributions are deposited
- Member activates HSA debit card
- HSA info available through Aetna Navigator

Member fails CIP

- PayFlex requests member's supporting documentation; three attempts to contact via letter.
- If received and approved, opens HSA.
- If not received, closed HSA.

HSA — How it Works

Enrollment

- Account opening bundled with High Deductible Health Plan Enrollment — No separate application process or signatures required
- Confirmation of disclosure statement and fee schedule

Making contributions

Contribution options:

- Must be enrolled in a qualified high-deductible health plan to make a contribution
- Generally cannot have any other significant medical coverage or be Medicare enrolled
- Contributions by anyone-individual, employer, family member or combination:
    - Payroll deduction
    - Checks, money orders via lockbox
    - Electronic funds transfer from a personal non-HSA account
    - Rollover from IRA*,
    - Trustee to Trustee transfer from Archer MSA or other HSA
    - **Employer contributions bi-weekly ($27.69 for individual/ $55.38 for family per 26 pay periods)**

*One-time transfer from IRA up to permitted annual HSA contribution limit

HSA — How it Works

Withdrawal tools

HSA withdrawal tools

- HSA debit card
  - Issued to all HSA accountholders (no fee)
  - Payment up to available HSA funds at time of withdrawal
- Can be used:
  - To reimburse all or part of accountholder's qualified medical expenses
  - At point-of-sale locations, only with merchants that offer products and services related to health care expenses.
- Online bill pay
  - Automated Clearing House (ACH) credit or electronically transfer to a provider or directly into an account holder's personal bank account
    - One-time or repeating transfer to a linked account
    - No additional cost or fees
  - Pay by check

Account information

- Online via Aetna Navigator®
- By telephone and interactive voice response
- Via PayFlex Mobile™ application
- Monthly electronic or paper account statement
- Account information for tax year via IRS Form 1099-SA and 5498-SA

High Deductible Health Plan Features

In-Network		Out-of-Network	
Deductible	**Coinsurance**	**Deductible**	**Coinsurance**
You are responsible for 100% cost of services until deductible is met	Once deductible met you're responsible for 10% of cost each service until out of pocket maximum is met	You are responsible for 100% cost of services until deductible is met	Once deductible met you're responsible for 50% of cost each service until out of pocket maximum is met
Individual: $1,300	**Individual: $2,000** Preventative RX copay applies	**Individual: $2,600**	**Individual: $5,000** *subject to allowed amounts
Family: $2,600	**Family: $4,000** Preventative RX copay applies	**Family: $5,200**	*subject to allowed amounts
Once the out of pocket maximum is met, the plan will pay 100% of your medical costs for the remainder of that plan year.			

Tools to keep you on track and available when you are!

- Use the **Secure Member Website** at www.aetna.com to get the most from your health plan:
  - Check your benefits, balances and claims.
  - Learn more about or get started with most programs.
  - Download forms, print a temporary ID card.
  - Send an e-mail to Member Services.
- Use **Cost Estimator** to get estimates of what health care services might cost in your area.
- Store all your health information in one convenient place with the **Personal Health Record (PHR).** Share it with your doctor or whenever you choose.
- Use the **Aetna Mobile** tools on your internet-enabled phone to find nearby doctors and facilities, access your personal health record (PHR), view your ID card — you can even download an app to use on your smartphone!

ToolKit
Innovations to support smart health care decisions

Consumer Tools

Aetna Navigator

- DocFind – provider search
- HSA Savings Calculation Tool - https://www.payflexdirect.com/ConsumerCenter/PlanningTools/SavingsCalculator.aspx
- Cost Estimator Tool
- Claim Activity, Explanation of Benefits, & Temporary ID Cards
- Email customer service 24/7

Customer Service & Tools

- Designated ADOA customer service team.
- Aetna Onsite Representative
- Aetna Mobile
- Informed Health Line – registered nurses available to answer your questions 24/7

PayFlex - Aetna's HSA Administrator

- Easy to use website that allows you to manage all aspect of your HSA, including payments, withdrawals, deposits and transfers.
- A designated HSA customer service team with expanded service hours – including Saturdays!
- Access to your own custom HSA Dashboard that allows you to view and manage all aspects of your account – including contributions, expense trends, transaction history and receipt management.
- A mobile application that allows you to access and manage your account from your smart phone!
- Limited banking fees and multiple investment opportunities.

My Dashboard

After successfully logging in, you will be able to access the following.
www.payflex.com

My Resources
- Administrative Forms
- Planning Tools
- Educational Materials
- IRS Resources

Manage My Debit Card(s)
- Card status (active/inactive)
- Order additional cards

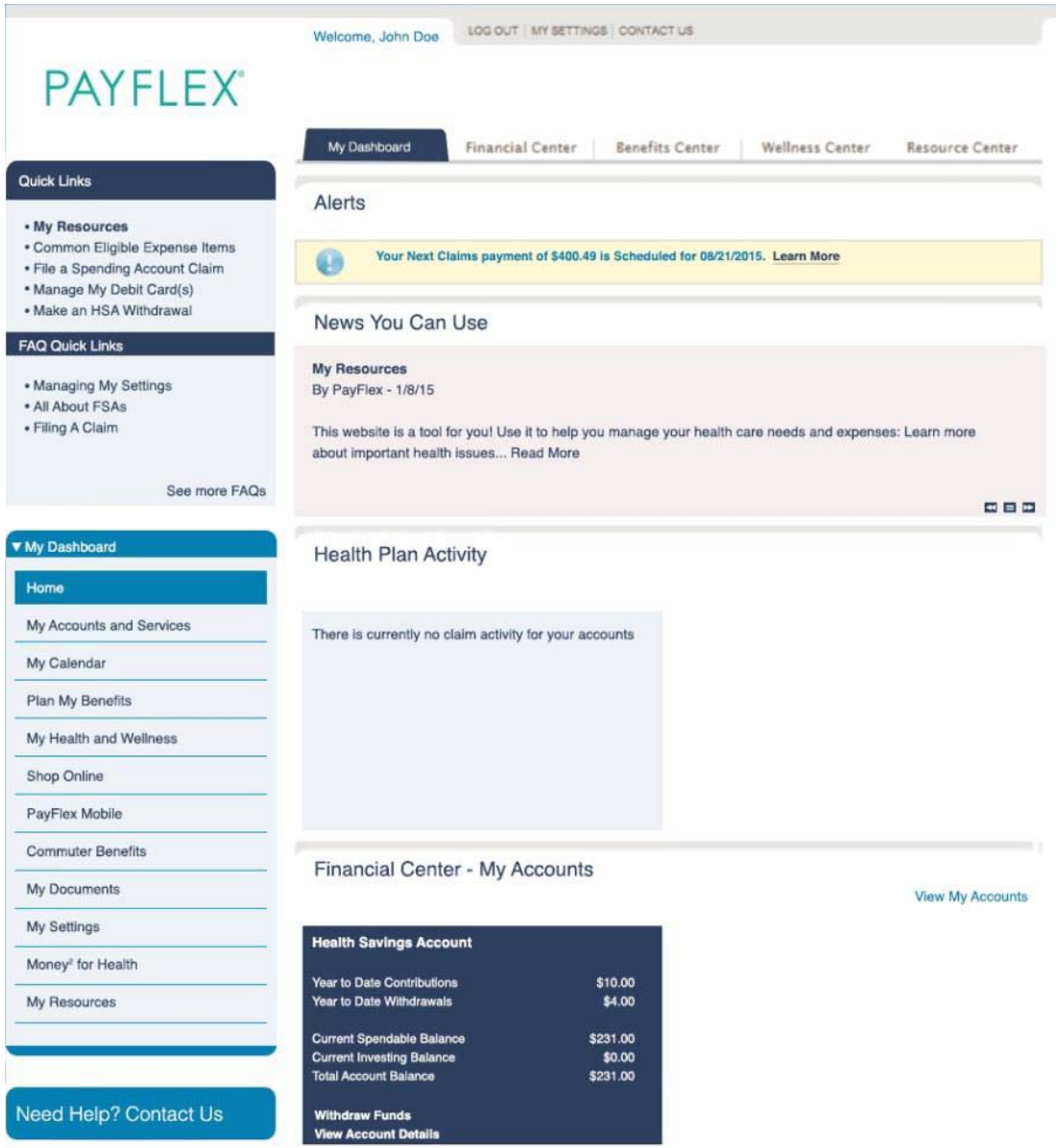
FAQ Quick Links
- Frequently Asked Questions

Alerts
- Important account notifications

News You Can Use
- PayFlex & Legislative updates

Accounts Snapshot
- Annual contribution
- Account balance
- Access to detailed account information

My Documents
- View account notifications, uploaded & faxed documents, and forms



Why Choose the HSA Option?

Plan Design offered by Benefit Options

- Most affordable plan with the lowest employee premium**.**
- Annual out-of-pocket limit provides protection against catastrophic costs.
- In and Out of Network plan design allows the greatest provider choice.
- Includes a Health Savings Account to cover out of pocket costs (deductible / coinsurance).

ADOA contributes to your HSA Account each pay period your enrolled

- $27.69 individual
- $55.38 family
- and it is yours to keep even if you no longer work for ADOA – the money goes with you!

Tip: Allows more control over how your healthcare dollars are spent - if you remain healthy and choose your healthcare services wisely you can save your money for a 'rainy day' or invest them tax free.

Did you know just by enrolling in Aetna you have access to:

- **iTriage®** – Use this free app to look up symptoms and conditions, find the right in-network care, learn about medications and make informed decisions. You can try it online at www.itriagehealth.com.

- **Informed Health Line** – get your health questions answered anytime, anywhere. Call our toll–free 24–hour nurse line.

- **Case Management** - Have a registered nurse help you take charge of your chronic condition.
  – Supports over 30 conditions.
  – Technology monitors claims and alerts you of any gaps in your care.

Discount Programs offered by Aetna

Fitness
(gym memberships, fitness plans, sports equipment)

Hearing
(hearing exams, hearing aids, batteries)

LifeMart® shopping website
(travel, electronics, family care, home, auto)

Weight management
(weight loss programs and products, diet and meal plans)

Vision
(eye exams, frames, contact lenses, LASIK surgery)

Natural products and services
(over-the-counter-vitamins, online medical consultations, skin care)

Oral health care
(water-jet flossers, cavity-fighting products)

Contacts, Websites, and much more…

Aetna Member Services **Aetna Provider Services**	**1-866-217-1953** **1-888-632-3862**	www.aetna.com www.aetnastateaz.com
Aetna Pre-Authorization: **Members** **Providers**	 **1-800-333-4432** **1-888-632-3862**	
Aetna Informed Health Line	**1-800-556-1555**	24 hours/7 days a week
PayFlex Customer Service	**1-888-678-8242**	www.payflex.com Employer ID # needed to register for online access: NAU: 125498 ASU: 125490 ADOA: 125488 UofA: 125496
ADOA Onsite Consultant **Devon Moore**	**602-659-9019**	**MooreD1@aetna.com**
Benefit Services Division **HSA Option – Additional Info** **What is new for 2015** **?'s about HSA Option** **?'s about HSA's** **Learn more about PayFlex**		http://benefitoptions.az.gov/ http://benefitoptions.az.gov/bsd%20hsa%202015.html

Want to learn more?

- Visit www.AetnaStateAZ.com
- Email AZBenefitOptionsPlans@aetna.com
- Talk with your Aetna Onsite Representative: 602-659-9019
- Call Aetna Member Services: 866-217-1953

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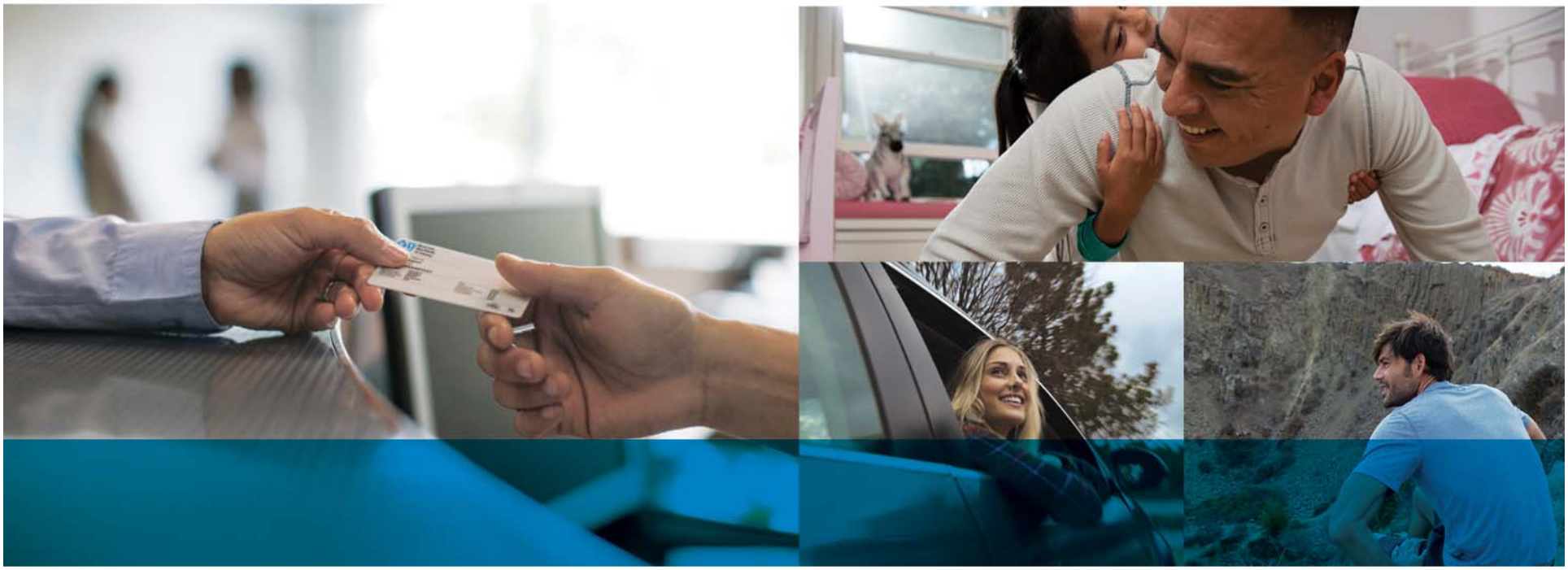
ADOA Liaison Training



BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

Arizona Department of Administration
Benefit Options
Benefit Services Division

Getting Started With
Blue Cross Blue Shield of Arizona

BlueCross
BlueShield
of Arizona

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Providing Health Plans to Arizonans Since 1939

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

- Your *local, not-for-profit* health plan
  - Based in Phoenix
  - Supporting charities and communities throughout the state
- We employ 1,400 Arizonans and serve more than 1.4 million*

** Internal company data*

Service You Can Count On

An Independent Licensee of the Blue Cross and Blue Shield Association

Our Commitment to You: An Exceptional Experience

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

Our member service and claims teams are local

- Customer service representatives know your benefit plan and can help you with your claims questions
- Average 11 years of service
- 4 locations (Phoenix, Chandler, Tucson, and Flagstaff)
- Walk-ins welcome

Speak Spanish – No Problem!

- Mi Consejero Azul: “My Blue Advisor”
- Our bilingual staff have an average of 9 years of service

We're Working Hard Everyday to Support You

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

Member Satisfaction

92%

Outstanding service to our members and employers

Employer Satisfaction

92%

Designated support teams that take care of our members and customers

The Customer Study and Group Benefits Administrator Study were conducted during the second and third quarter of 2015 by Thoroughbred Research, an independent research company.

Plan Choices That Meet Your Needs

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Two Great Plans
To Cover You and Your Family

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Plan Features	PPO	EPO
Arizona and National Network	X	X
Mayo Clinic	X	X
Cancer Treatment Centers of America	X	X
No Referral Required	X	X
In/Out of Network Coverage	X	

A Wide Network of Providers, Hospitals and Clinics to Choose From

An Independent Licensee of the Blue Cross and Blue Shield Association

Getting Care In Arizona and Outside the State

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

We have more providers and hospitals in our statewide and national network than any other health insurance company.

Who's in our Arizona network:

- 91% of PCPs
- 93% of Specialists
- 90% of Hospitals (including the Mayo Clinic and Cancer Treatment Centers of America)

The national "Blues" network includes:

- 93% of PCPs
- 92% of Specialists
- 95% of Hospitals

Source: BCBS - Provider Data Repository (PDR), data as of: 1/28/16
BCBS providers include only active providers displayed on the provider website. Provider counts include MDs and DOs.
Providers counts are based on unique name and are counted once per specialty grouping.

Access to Convenient Care Clinics

BlueCross BlueShield of Arizona
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In addition to hospitals, Care Clinics are available to our members.

healthcare clinic

- Located in Walgreens
- No appointment necessary
- PCP co-pay applies
- On-line access to locate clinics and hours of operation:

www.walgreens.com/clinic

minute clinic

- Located in CVS
- No appointment necessary
- PCP co-pay applies
- On-line access to locate clinics and hours of operation:

www.minuteclinic.com

The Little Clinic
Convenient Neighborhood Medical Care

- No appointment necessary
- Located in Fry's stores
- Open 7 days a week
- PCP co-pay applies
- On-line access to locate Phoenix metro clinics & hours of operation:

www.thelittleclinic.com

Coverage Across the Country and Around the World

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

The BlueCard® Program lets you take your health care coverage with you.

- Nationwide and worldwide coverage: 95% of hospitals, 93% of PCPs and 92% of specialists in the U.S. contract with a Blue Cross Blue Shield plan.

Source: BCBS - Provider Data Repository (PDR), data as of: 1/28/16

Online Tools to Find Your Doctor, Hospital or Claim Information

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Finding a Doctor Online

BlueCross BlueShield of Arizona
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of Arizona

Find a Doctor | Pick a Plan | Types of Costs | Stay Well Toolkit | About Us

Find a Doctor | EPO/PPO Network

Search for a Provider

Quickly locate a doctor, hospital or other healthcare providers in the EPO/PPO Network.

Find a Doctor

What You Need to Know About the EPO/PPO Network

From your neighborhood physician to a convenient retail clinic location, chances are good that your provider is included in the Blue Cross Blue Shield of Arizona's largest statewide EPO/PPO network. The Mayo Clinic and Cancer Treatment Centers of America are in BCBSAZ's network in Arizona and the Mayo Clinic is included nationwide.

Search for medical professionals and facilities in your area. Just enter your ZIP code or city and search by the provider's name, specialty or facility.

Back To Top

Already a Member?

Log in to search your network (and get cost estimates for healthcare services).

Username

Password

Remember Username

Login

Forgot username or password?

adoa.azblue.com

Track and Review Your Claims and Benefits

BlueCross BlueShield of Arizona
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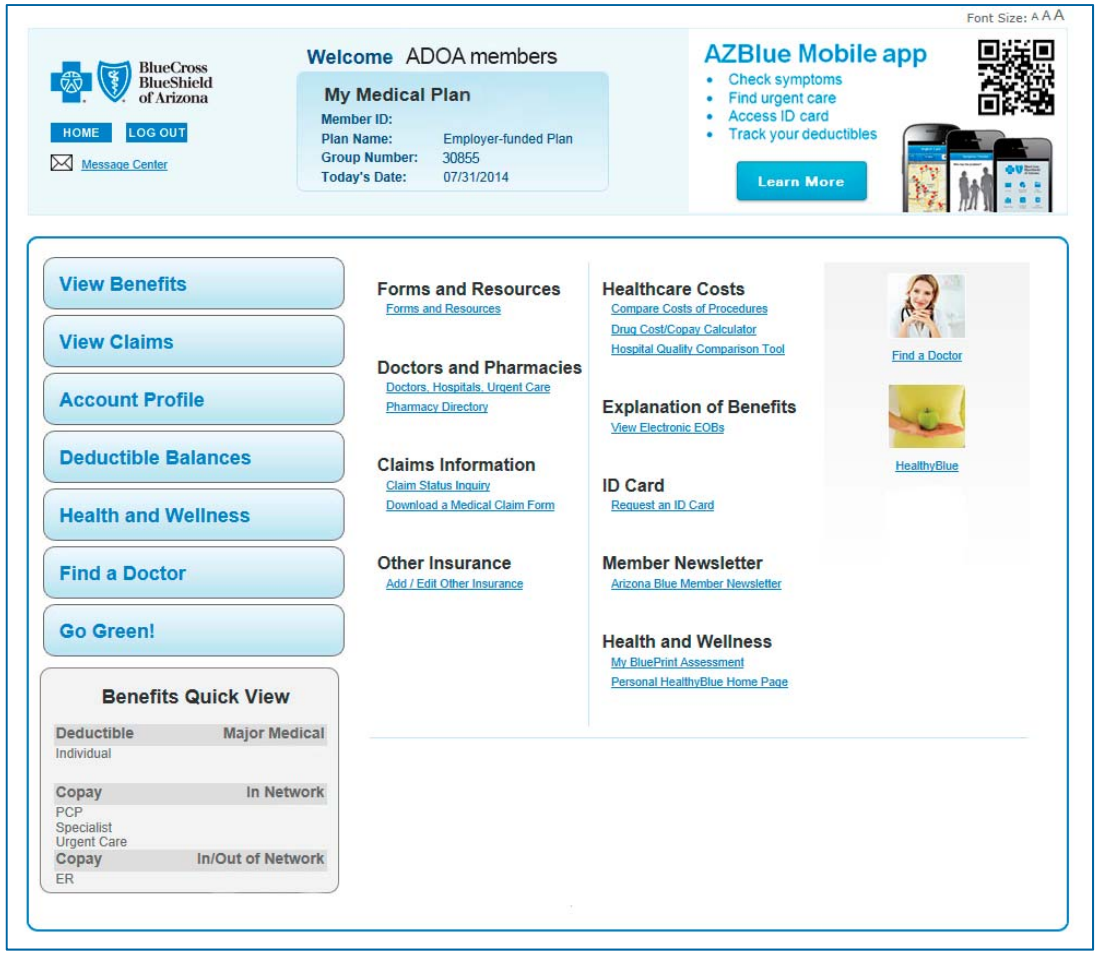
- Review your benefits, claims, deductibles
- Manage your account profile
- Request a temporary ID card
- Go Green! Sign up for e-delivery and paperless access to your health statements



azblue.com

Wellness Tools to Keep You Healthy

BlueCross BlueShield of Arizona

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Health Assessment

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

Get started by taking the online Health Assessment. Then create your personalized health program—at no additional cost

My BluePrint: online access, immediate results, track your progress

Programs No Matter Where You Are On Your Health Journey

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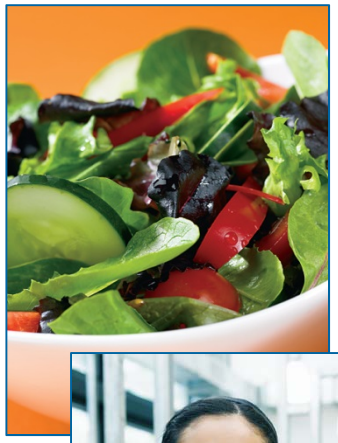
Personal Coaching: Clinically trained coaches are there for you – online or on the phone – to keep you focused on your goals. Consider a coach if you want to be more active, lose weight, relieve stress, eat healthier, etc.

Care Coordination Programs: Whether you need to manage a chronic condition like diabetes, transition home from a hospital stay or require special care related to other health needs, we have programs and services to you wherever you are on your health journey.

Nurse on Call: You can speak to a registered nurse – 24/7 for help identifying and evaluating symptoms, or providing information to help you think about your options for what care is best for you.



HealthyBlue Beginnings

BlueCross BlueShield of Arizona
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When you are expecting, expect great care.

Expecting mothers receive (at no charge)

- Preconception education, counseling and free pregnancy test
- Maternity nurse toll-free phone support, 24/7
- Access to maternity website at azblue.com/healthyblue
- Dedicated maternity nurse for high risk care
- Support line available until your baby is six weeks old
- A comprehensive book to guide you through your pregnancy
- $100 gift card to Babies R Us® if you enroll by the 16th week of your pregnancy **and** you complete the final outcomes assessment in the program

Health Discounts Through Blue365

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

Savings on:

fitness equipment
healthy eating
personal care services
and more

And, each week, you'll get an email with the *deal of the week!*

Convenient Ways to Get Information and Answers

An Independent Licensee of the Blue Cross and Blue Shield Association

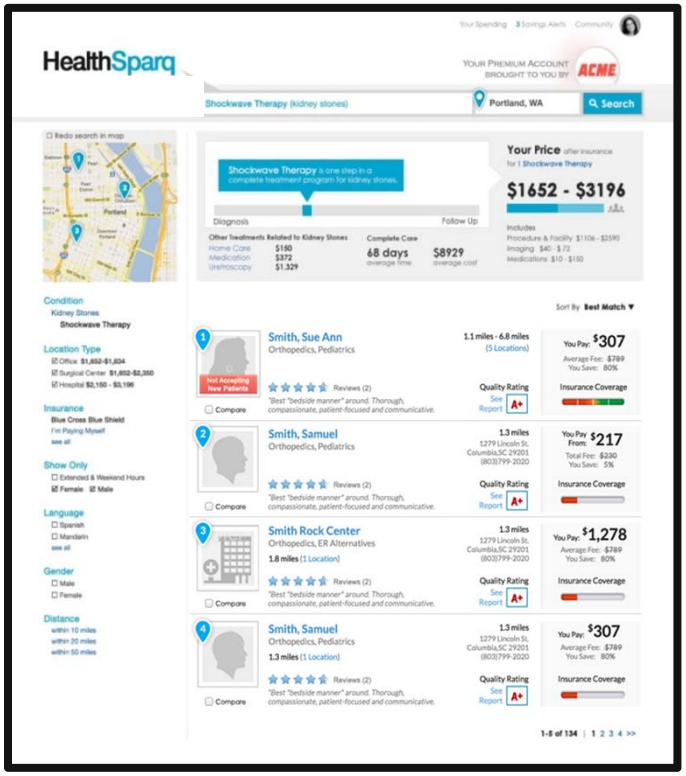
Cost Estimator

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

The cost estimator tool was designed to help you become a more informed healthcare consumer.

With this tool you can:

- Look up different treatment options
- Know the cost of these options and what you will pay based on your plan
- Understand the time it may take to recover from different treatment options
- Discuss option with your doctor



Shopping Tools

BlueCross BlueShield of Arizona
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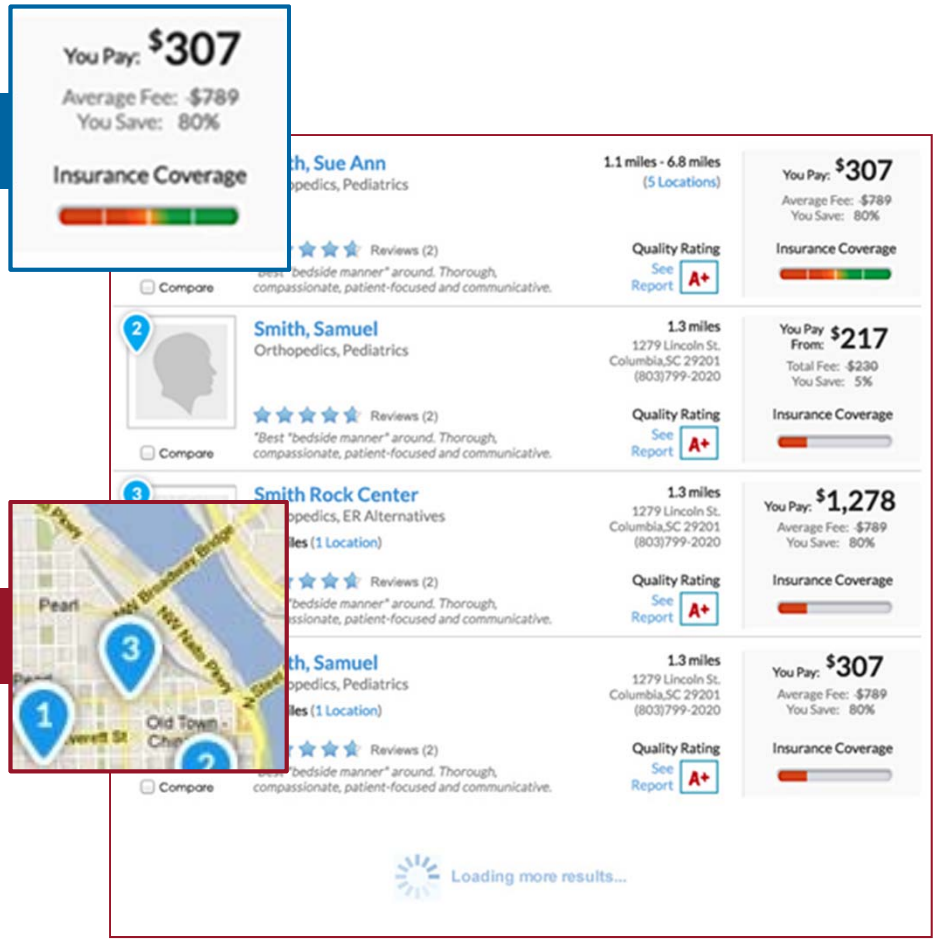
Cost

Quality

Location

Social



Proprietary & Confidential

Stay Connected

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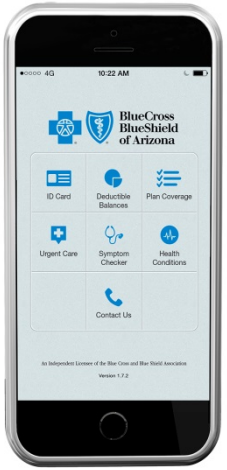
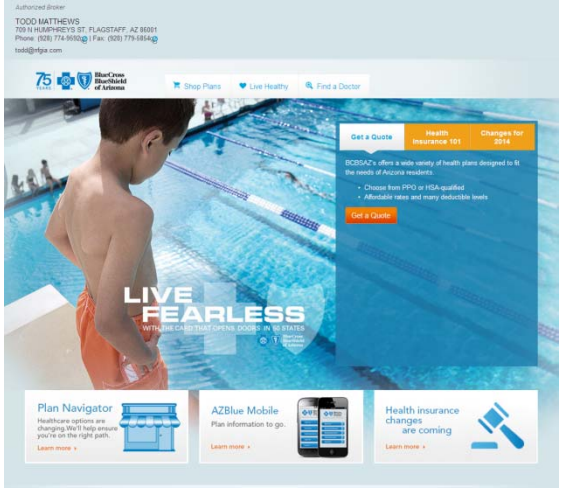
AZ Blue Mobile App



- Access your ID card
- See deductible balances
- Review plan benefits
- Find an urgent care center
- Check health symptoms
- Contacts
  - Nurse on Call
  - Customer service

azblue.com



- Get health and wellness tools & resources
- Join a web-based exercise tracking program
- Access motivational tips and articles
- Review and track your claims

Three Easy, Convenient Ways to Reach Us

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

Phone: **1-866-287-1980**

Web:

Before you enroll adoa.azblue.com

After you enroll azblue.com

Office Locations:

Phoenix
2444 W. Las Palmaritas Dr.
Phoenix, AZ 85021

Tucson
5285 E. Williams Circle, Suite 1000
Tucson, AZ 85711

Chandler
2121 W. Chandler Blvd., Suite 115
Chandler, AZ, 85224

Flagstaff
1500 E. Cedar Ave., Suite 56
Flagstaff, AZ 86004

BlueCross BlueShield of Arizona

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THANK YOU

We look forward to serving you!

YOUR MEDICAL PLAN OPTIONS

Plan year: 2017

Benefit Liaison Training

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

Together, all the way.®

Arizona Department of Administration
Benefit Options
Benefit Services Division

Cigna®

You go the extra mile to be healthy, but you don't have to go it alone.

We'll be right by your side with the coverage, tools and resources to help you – in sickness and in health.

Together, we can help you live a healthier and more secure life.

Together, all the way.

Arizona Department of Administration
Benefit Options
Benefit Services Division

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WE’RE HERE FOR YOU

Tools and resources

Arizona Department of Administration
Benefit Options
Benefit Services Division

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We’re here 24/7/365

TOOLS & RESOURCES

By phone – 800-968-7366

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in over 200 languages
- Talk with a trained nurse when you can’t reach your doctor

Online (non-members) www.cigna.com/stateofaz

Download the myCigna Mobile App for easy access on the go!**

myCigna – online or through the mobile app

- Directory of doctors, hospitals, facilities with cost and quality information
- Useful tools to help you:
  - Check your coverage and EOBs
  - Manage and track claims
  - Track account balances and deductibles, and sign-up for email notifications
  - Find quality of care information for common procedures and treatments
  - Get Claims and Balances statements on demand to view claim history and account transactions

**The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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Simplify access to cost-effective quality care

TOOLS & RESOURCES

Medical — 641,000 doctors
5,500 hospitals

CMG — 23 locations
- 6 multispecialty centers
- 3 urgent care centers

Urgent — 1,000+ clinics

Behavioral — 135,000 service providers nationwide

Labs — LabCorp
Quest

A health plan that offers a large network of health care professionals

Open Access Plus In-network (OAP IN)

- You have the option of choosing a primary care provider (PCP) to guide your care (it is recommended but not required)
- You can see a specialist in the Cigna OAP network without a referral
- For your care to be covered you must use health care professionals and health care facilities in the Cigna OAP network
- You have coverage for emergency and urgent care

Arizona Department of Administration Benefit Options Benefit Services Division

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Helping you get quality care

TOOLS & RESOURCES

Quality ratings help you compare doctors and hospitals

Alerts are sent to you and your doctor if we see or anticipate possible gaps in care, for example missed tests, along with tips to help you manage your care

Our case managers work with your doctors to help them develop a complete care plan if you are hospitalized with a serious illness or injury

Arizona Department of Administration Benefit Options Benefit Services Division

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Helping you where and when you need it

TOOLS & RESOURCES

- Stay in-network – costs may be lower if you choose to see doctors, hospitals and facilities in Cigna's network
- Avoid the ER – urgent care and convenience care clinics are covered for minor injuries or illnesses*
- Balance work and life – talk online or on the phone to people who can help
- Get help – talk to a health advocate if you need help managing a chronic health condition
- Meet with a case manager – for help discussing a care plan with your doctor

*Subject to the terms of your plan, including any applicable plan deductibles, copays or coinsurance. See your plan documents for an explanation of Emergency Services, Urgent Care, and related plan requirements.

Arizona Department of Administration Benefit Options Benefit Services Division

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Guide individuals to cost-efficient care providers

Award-winning shop and compare tools

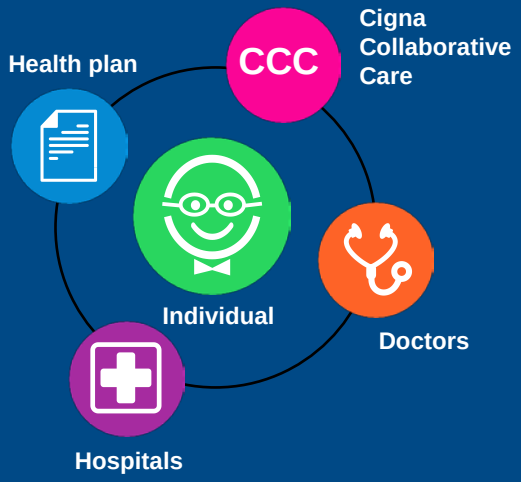
Personal cost – quality estimator

Top-rated doctors and facilities

CIGNA CARE DESIGNATION

CIGNA CENTERS OF EXCELLENCE

Next generation care delivery



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HOW TO USE YOUR PLAN

The claim process explained

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The claim process

CLAIMS PAYING

Visit an in-network doctor/hospital/facility

Show your Cigna ID card

Pay copay or coinsurance* as required

Your doctor will send Cigna the claim

Cigna will send you an explanation of benefits, or "**EOB**," as your receipt

* Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.

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Tracking your claims

CLAIMS PAYING

Explanation of benefits (EOB)

- Clearly shows how and when claims were paid, and by which plan and/or account(s)
- Available in print or online at **myCigna.com**
- You choose if you would like EOBs mailed to your home or go paperless and receive email alerts after each claim is processed and posted to **myCigna.com**

Doctor's fee
Cigna discount
Amount billed
Amount paid to doctor
What you saved
What you owe

Connecticut General Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223

Cigna.

Connecticut General Life Insurance Company AS AGENT FOR ABC COMPANY

Customer service
Call the number on the back of your ID card or (800) 244-6224 (1.800.Cigna24)
www.myCigna.com
If you have any questions about this document, please call Customer Service at the number above. Please have your reference number ready.

JOE SOMEBODY
100 STREET AVENUE
ANYWHERE, WV 12345

Service date
October 2, 2014

THIS IS NOT A BILL.
Your health care professional may bill you directly for any amount that you owe.

Reference # / ID
1234567891234 / U12345678

Account name / Account #
ABC COMPANY / 1234567

Explanation of benefits

for a claim received for JANE SOMEBODY, Reference # 1234567891234

Summary of a claim for services on October 2, 2014

for services provided by WALTER WHOEVER MD

A	Amount Billed	$142.00	This was the amount that was billed for your visit on 10/02/2014.
B	Discount	$24.87	**You saved $24.87.** Cigna negotiates discounts with health care professionals and facilities to help you save money.
C	What Cigna plan paid	$117.13	Cigna paid $117.13 to WALTER WHOEVER MD.
D	What I owe	$0.00	This is the amount you owe after your discount, what your Cigna plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe
	You saved	100%	You saved $142.00 (or 100%) off the total amount billed. This is a total of your discount and what your Cigna plan paid. To maximize your savings, visit www.myCigna.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

C **What my Cigna plan paid:** The portion of the billed amount that was paid by your Cigna health care plan.

D **What I owe:** The portion of the billed amount that you need to pay. This amount might include your deductible, coinsurance, any amount over the maximum reimbursable charge or products or services not covered by your plan.

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HELP WITH YOUR HEALTH

Programs and services

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We want to help you stay healthy

Learn more about your health and how to improve it

- Cigna Healthy Rewards® to save money on health and wellness products and services*
- Simple, fun online health assessment designed to help you live a healthier life
- Online coaching programs help you maintain a healthy lifestyle
- Personal health coaches to help with your health and health benefits
- Programs to help you better manage stress, quit tobacco or lose weight
- Over-the-phone health coaching to help you maintain or improve your health

And help find care for your more serious health conditions

Learn more about your condition, and get tips for self-care

- Work with a dedicated health coach to help you manage your health condition, treatment options and self-care
- Chronic conditions supported:
  - Asthma
  - CAD, angina, AMI, heart disease
  - Heart failure
  - COPD
  - Diabetes, type 1 & type 2
  - Metabolic syndrome
  - Peripheral arterial disease
  - Low Back Pain
  - Osteoarthritis
  - Depression, anxiety, bipolar

* Healthy Rewards is a discount program and is separate from your medical benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. A discount program is NOT insurance, and you must pay the entire discounted charge.

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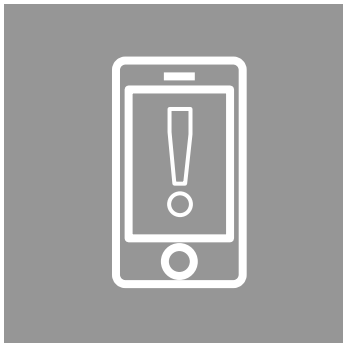
Cigna®

Helping you take care of your family

Healthy pregnancy education programs to help every baby get a healthy start

Healthy Kids Challenge® offers tips and activities to keep your family healthy and active

Reminders to help you stay up to date on childhood immunizations



Alerts can be sent to you and your doctor when we see a missed preventive screening, like a mammogram or colonoscopy

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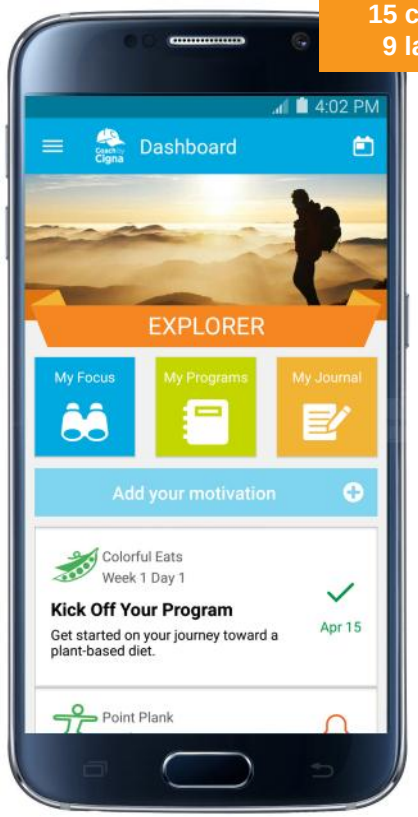
Coach by Cigna. A health and fitness app that's all about you.

Coach by Cigna gets people focused on what matters most in 5 integrated lifestyle areas:

Exercise Food Sleep Stress Weight

It's like having a team of health coaches in the palm of your hand.

Available in 15 countries & 9 languages



The app provides you with:

- **Recommended programs** that fit personal needs and goals
- **Team of health coaches** who provide motivational and instructional video messaging
- **Dashboard** features active programs and daily to-do lists
- **Library** filled with health and wellness articles

Download the FREE Coach by Cigna app

Download on the App Store

GET IT ON Google Play

Available on both iOS and Android™ mobile devices
Compatible with Android ™ 4.4 or higher and iOS 8.0 or higher (U.S. only).
Available FREE to users in 15 countries and 9 languages.

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iOS is a trademark or registered trademark of Cisco in the U.S. and other countries and is used under license. Android is a trademark of Google Inc. The downloading and use of the Coach by Cigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Android™ is a trademark of Google, Inc. Standard mobile phone carrier and data usage charges apply. Must be 18 years or older to download the app. This app is for educational purposes only and does not replace the care or advice of your doctor.
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Rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket and lifetime maximums.

All health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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Cigna®

There are many ways into the complex health care system.

Our large national network of doctors will be there to catch you.

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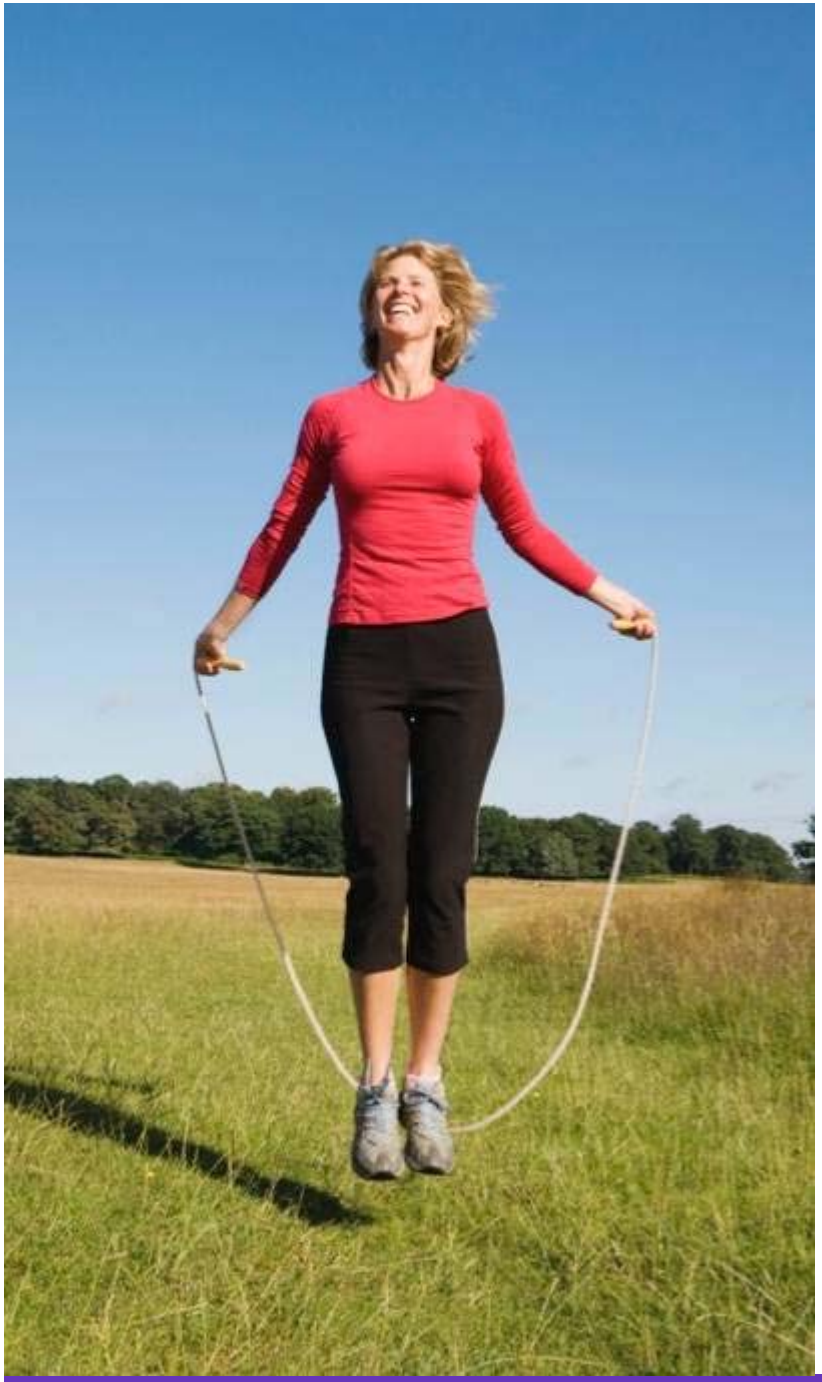
2017 Benefits

UnitedHealthcare®



WELCOME

We start by helping to make it easier to get care and stay healthy.

- Dedicated customer care: phone and online.
- Talk or chat online with a registered nurse, 24/7.
- Personalized coverage, claims, online tools and doctor information on our website, myuhc.com.
- Specialized care programs and services when members have serious health concerns.
- Informational tools to help members and their health care providers make informed decisions about care.

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Benefit Plan Options

The State of Arizona Benefit Options program includes both a Choice EPO and an Options PPO benefit program administered by UnitedHealthcare. As a participant with UnitedHealthcare, members have:

	NO REFERRALS REQUIRED	OUT-OF-NETWORK COVERAGE	NATIONWIDE NETWORK	NO PCP REQUIRED
Choice EPO	✓		✓	✓
Options PPO	✓	✓	✓	✓

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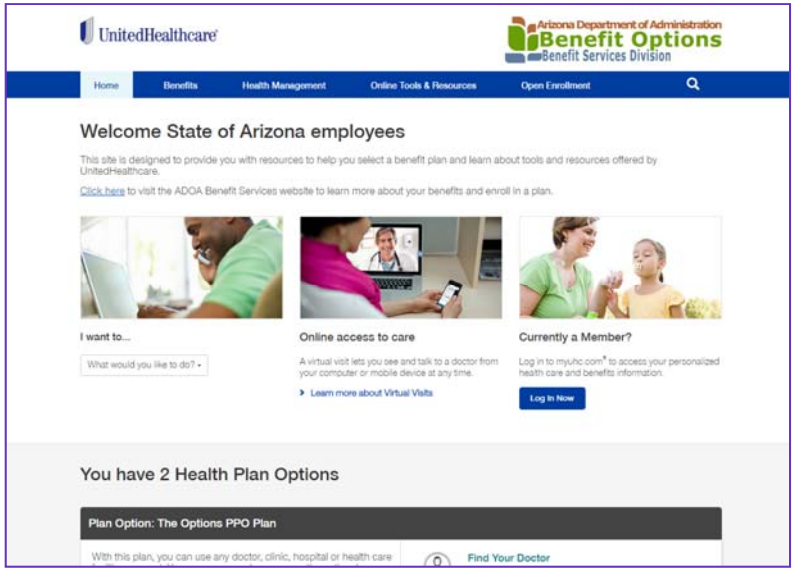
State of Arizona Support Site

From one site, you can:

- Access benefit information
- Learn about tools, resources and programs
- View open enrollment materials
- View and compare benefit plan options
- Learn about specialized benefits
- Search for physicians and facilities
- Access our site for members at myuhc.com



Visit welcometouhc.com/stateofaz

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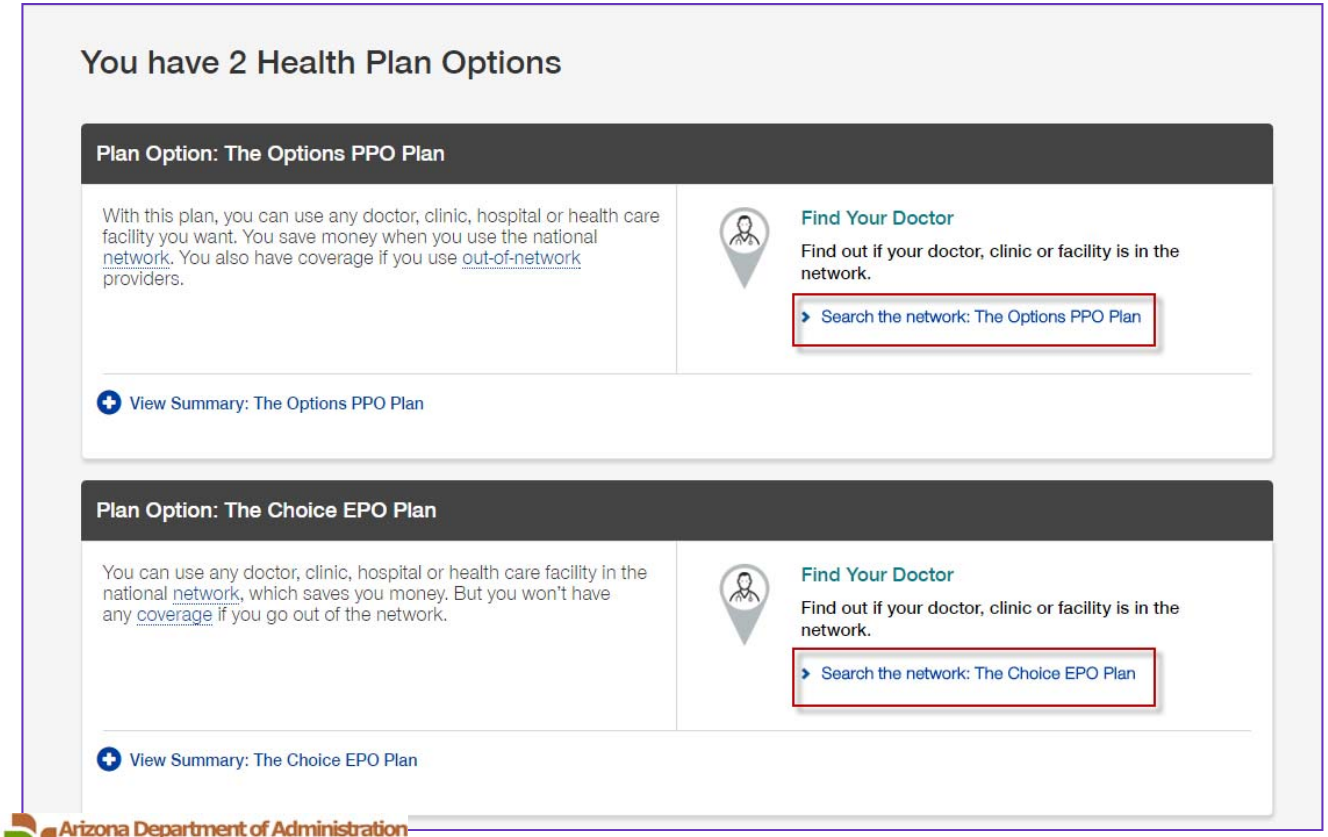
State of Arizona Support Site- How to Find a Doctor

- Visit welcometouhc.com/stateofaz
- Select a health plan option
- Click the "Search the network" link in that health plan section



UnitedHealthcare Network

Arizona:

- More than 80 hospitals
- More than 14,700 doctors and other health care providers

Nationwide:

- More than 5,600 hospitals
- More than 800,000 physicians and health care professionals

Mayo Clinics:

- Mayo Clinics are in the UnitedHealthcare network in Arizona, Florida and Minnesota.

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Open Enrollment Member Material Samples

The **Open Enrollment Brochure** provides an overview of our benefit plan options, services and online resources.

The **Preventive Care Flyer** provides information about health screenings.

The **Virtual Visits Flyer** provides information on access to online care.

The **Health Discount Flyer** provides information on how to get discounts on health and wellness products not included in a standard health benefit plan

The **Hospital Listing Flyer** is a list of participating hospitals in the state of Arizona.

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Resources and benefits to help our members stay healthy.

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Resources for UnitedHealthcare enrolled members

Manage your benefits and health care at myuhc.com.®

- **Track claims and expenses.**
- **Pay health care bills.**
- **View and order replacement ID cards.**
- **Find network providers.**

  Look for the Tier 1 symbol next to the name.

TIER 1

Access your benefits and get help anytime, anywhere with the UnitedHealthcare **HEALTH4ME™** app

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Get your information on the go

Use myuhc.com wherever you are — download the UnitedHealthcare Health4Me™ mobile app.

Health4Me provides instant access to your family's health information — anytime and anywhere.

- Find a physician near you
- Check the status of a claim
- View your ID card
- Speak directly with a health care professional

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myuhc.com.® and **Health4Me™**

Benefits worthy of your favorites bar

Estimate health care costs.

You have easy-to-use tools so you can see what a treatment or procedure typically costs and see what your share of expenses may be.

Get help finding quality care.

The UnitedHealth Premium® Designation Program shows you doctors who meet quality and cost-efficiency guidelines.

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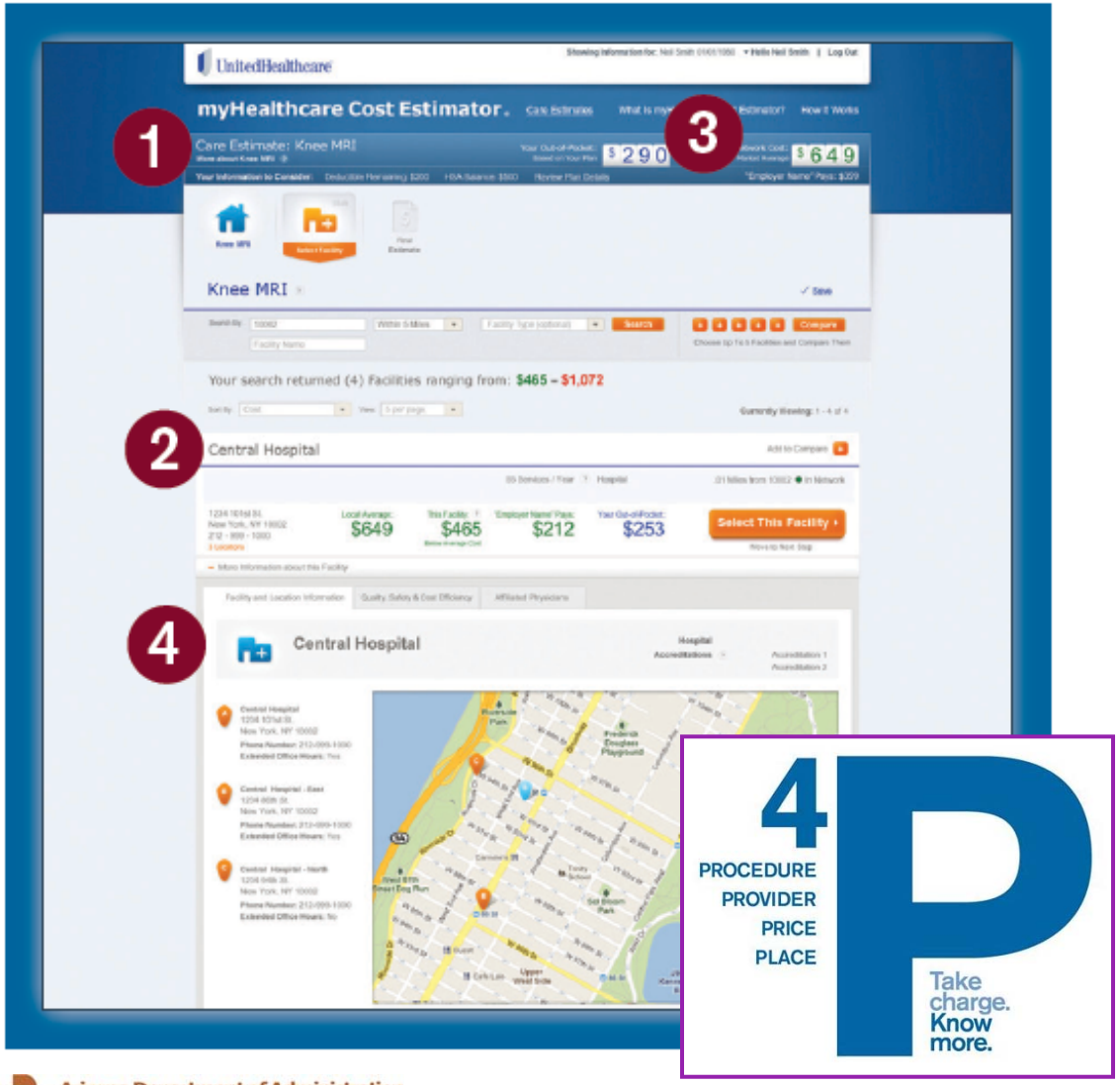
myuhc.com.® and Health4Me™



4 P

PROCEDURE
PROVIDER
PRICE
PLACE

Take charge. Know more.

Know the 4 Ps when shopping for health care.

- ✓ PROCEDURE
  Learn more about a procedure and compare treatment options.
- ✓ PROVIDER
  Select a quality provider for a procedure.
- ✓ PRICE
  Quickly estimate out-of-pocket costs for specific procedures.
- ✓ PLACE
  Locate providers based on geographic search criteria, view maps and print directions

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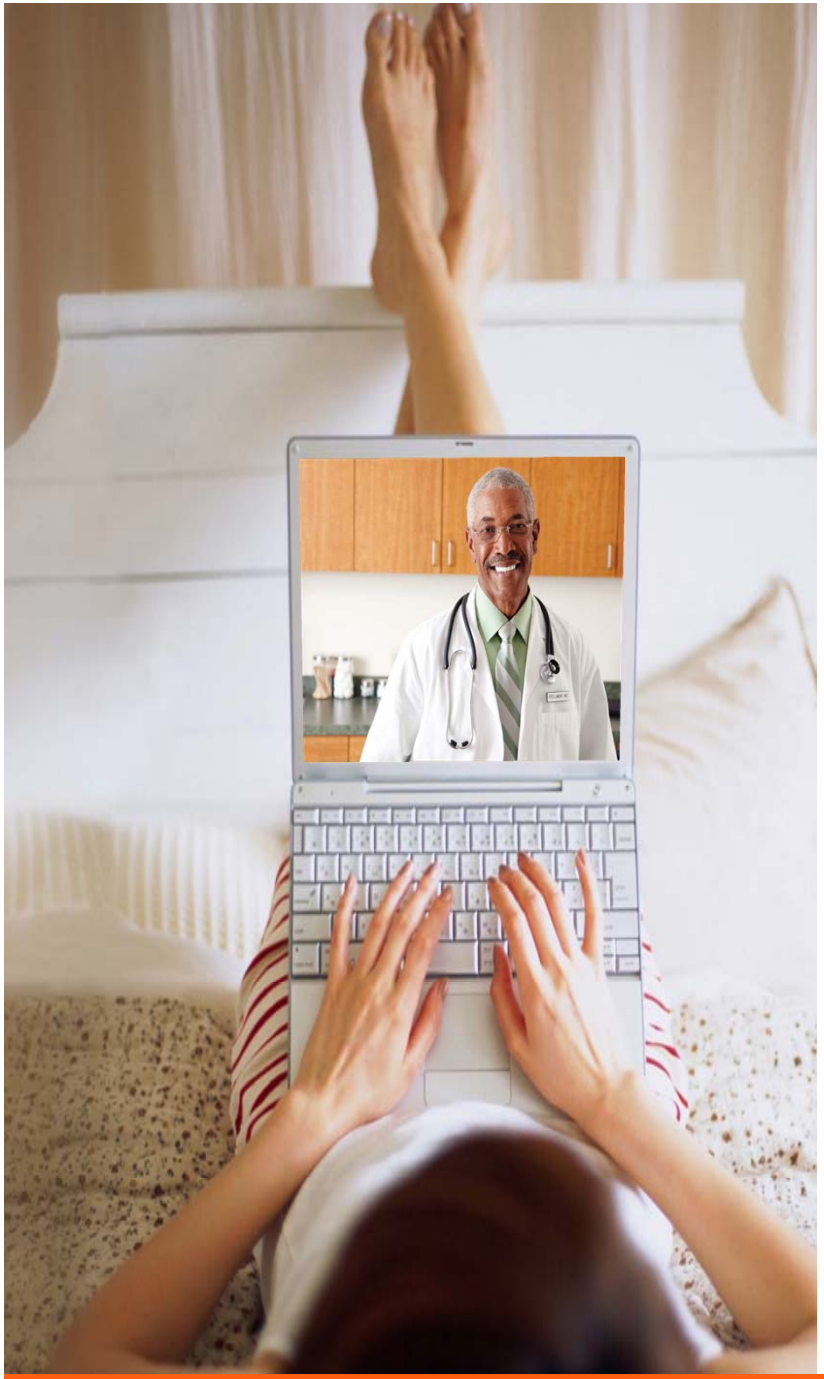

Online access to care

A virtual visit lets you see and talk to a doctor from your mobile device or computer

- No driving or crowded waiting rooms
- 24/7 access
- Log in to myuhc.com or the Health4Me app to learn more

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Health Discount Program

- Members can enjoy a healthy lifestyle for less, with our discounted products and services, including fitness club memberships, weight loss programs, teeth whitening and more. Access our health discount program* online at **myuhc.com**.

NordicTrack Curves Jenny Craig

ANYTIME FITNESS SIERRA TRADING POST GOLD'S GYM

*The health discount program is not insurance.

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Clinical Programs to manage chronic and complex conditions

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Our Suite of Clinical Programs

Personal Health Support with HealtheNotes

Decision Support:

- myNurseLine
- Healthy Back

Disease Management Programs:

- Heart Failure
- COPD
- CAD
- Diabetes
- Asthma

Complex Medical Conditions:

- Transplant Resource Service
- Congenital Heart Disease
- Cancer Support Program
- Kidney Resource Services
- Bariatric Resource Network (Centers of Excellence)

Women's Healthcare:

- Maternity Support Program
- Neonatal Support Program

Wellness:

- Online wellness tools and resources through **Rally**SM

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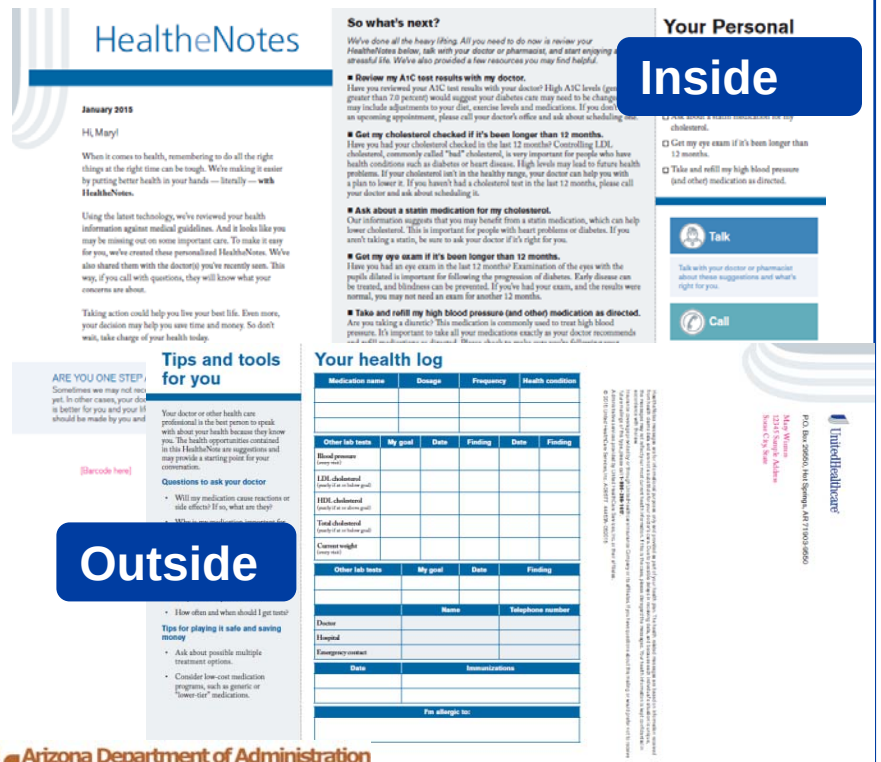
HealtheNote Member Communications

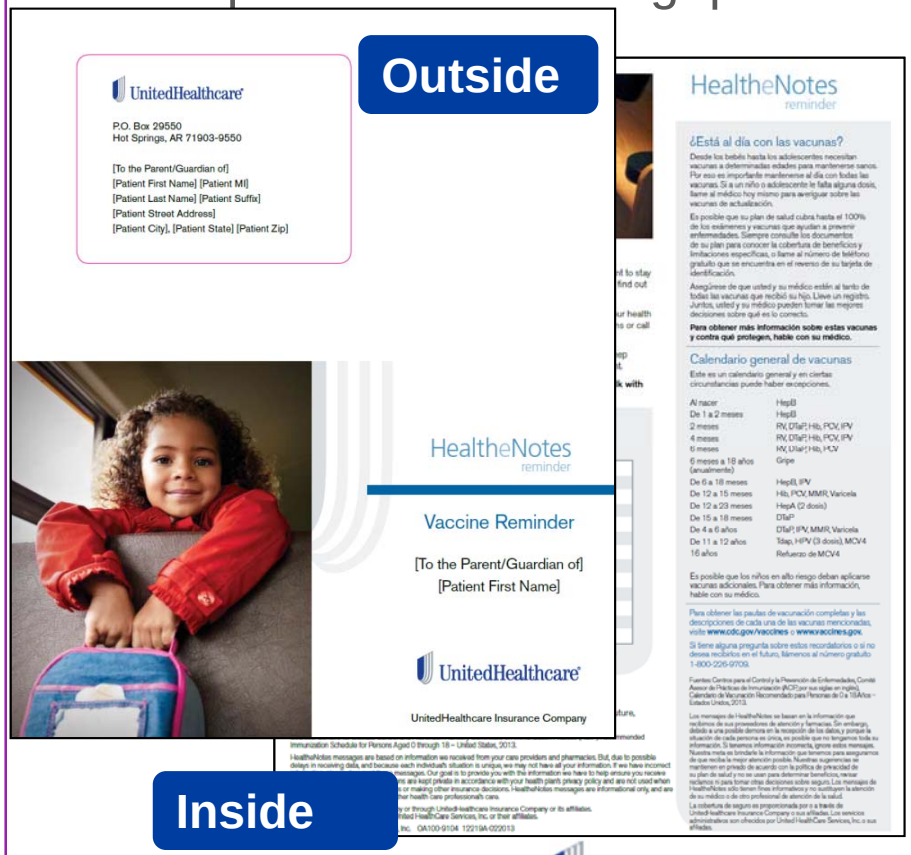
HealtheNotes

Outreach to consumers and their providers on gaps for 20+ conditions



HealtheNote Reminders

Outreach to consumers on preventative care gaps



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myNurseLine℠

Registered nurses available 24/7

- Support symptom based calls
- Education on specific conditions
- Provide information on contracted hospital and Urgent Care

Nurses also chat on myuhc.com 24/7

Health information

- Audio Library of 1700 topics, 600 in Spanish and 700 focused on topics for over age 50

Triage

- Over 60 conditions “flagged” for transfer to Care Coordination based on disposition
- Nurses will triage members to available Disease or Condition Management programs through warm transfer or will generate a referral for outreach if it is after hours

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The Healthy Back Program

A program uniquely positioned to help deliver savings and improved outcomes:

- Claims-based identification finds members with back pain
  - Triggers include emergency room/physician visits, injections and back pain imaging
  - The Healthy Back Program accepts self-referrals from members with back pain
- Extensive outreach efforts generate member engagement
  - Outreach calls to every identified member
  - Letter mailed when team is unable to reach member
- Personalized, one-on-one telephone-based coaching supported by mail-based and online education
  - Coaching calls continue until all available gaps in care are closed or exhausted (2-6 calls per member)
  - Welcome Kit for each enrolled member
- Behavior change towards evidence-based medicine
  - Referral to high-quality providers
  - Member empowerment through coaching on self-care techniques
  - Education on proper treatment options, including evidence-based coaching on surgery and injection

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The Disease Management suite is comprised of five NCQA accredited programs. If an individual has more than one of the five chronic conditions for which we offer, a hierarchy is applied to ensure the individual's most immediate and critical needs are met. The member is guided to the most appropriate program in the following order:

Available disease management programs:

- Heart Failure
- Chronic Obstructive Pulmonary Disorder (COPD)
- Coronary Artery Disease (CAD)
- Diabetes
- Asthma

Programs are designed to help:

- Make health care simple and affordable
- Deliver superior value
- Provide individuals meaningful program accessibility
- Use our capabilities to help drive success

All Disease Management programs are fully accredited by the National Committee for Quality Assurance (NCQA).

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Kidney Resource Services, Transplant Resource Services, Congenital Heart Disease Services and Bariatric Resource Network:

- These programs provide guided access to Centers of Excellence for treatment of these conditions
- Extensive information to patients to assist them in selecting a center for their care
- Nurse consulting services to help patients understand and manage the conditions

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Women's Healthcare – Maternity Support Program

The Maternity Support Program offers personal guidance through all stages of pregnancy and delivery.

OB nurses work closely with expectant mothers to identify potentially high-risk pregnancies and provide case management in an effort to reduce neonatal intensive care unit (NICU) spend.

- Enrollment, assessment and management by an OB nurse creates a personal relationship for the member during the course of her pregnancy
- In addition to identifying and managing cases of high-risk mothers, the program supports mothers experiencing healthy pregnancies by providing education and information on all aspects of pregnancy
- Coordination of the maternity experience to maximize the use of a member's benefit package

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Women's Healthcare – Neonatal Support Program

- Provides on-site and telephone-based case management to help manage NICU cases both inpatient and post-discharge in an effort to reduce costs and improve outcomes.
- Includes a dedicated team of specialized, experienced NICU nurse case managers and full-time medical directors who are well-equipped to care for fragile neonates.

- Specialized clinicians focused on all NICU cases
  - Monitor care plan throughout each stage of development, not just discharge planning
  - Collaborate with providers to promote continuity of care, efficiency and best practices with the goal of improved NICU outcomes
  - Promote family engagement, education and decision support with educational materials, condition specific materials and discharge planning tips
  - Focus on timely discharge through facilitation of home health care needs
- Leverage on-site review for earlier intervention
  - Frequent case review to ensure appropriate level of care
  - Face-to-face interaction with providers and NICU parents/families
- Post-discharge support for up to one year
  - Provide support and monitor infant's health status in an effort to reduce readmissions

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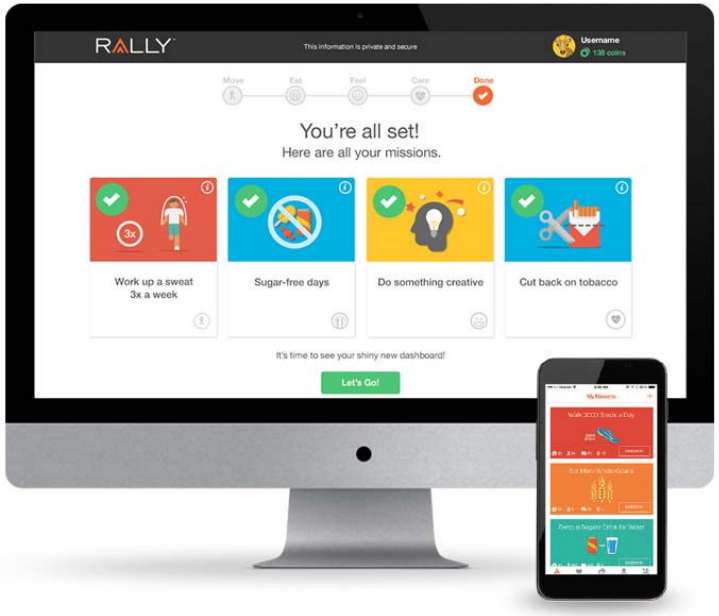
Online wellness tools and resources through **Rally℠**

Support to reach your wellness goals.

Get your Rally℠ Age.

Take the Health Survey and instantly get your Rally Age — a number that gives you a measure of your "health age."

- ✓ Pick missions to help you get your health on track Self-help programs
- ✓ Store your health history
- ✓ Connect with online communities
- ✓ Join fun challenges sharing health topics
- ✓ Earn coins as you track and accomplish each mission.



As you complete certain Rally activities, you may earn coins for your efforts, which can be used to enter sweepstakes for chances to **WIN GREAT PRIZES**.

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Thank You

this much!

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ADOA
Benefit Liaison Training

One Source.
Lower Cost.
Better Care.™

Managing Trend Before It Happens™

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Who is MedImpact?

- Largest Pharmacy Benefits Management company that does not sell drugs
- Is not a pharmacy
- Nation's largest privately owned PBM
- Services 50 million lives

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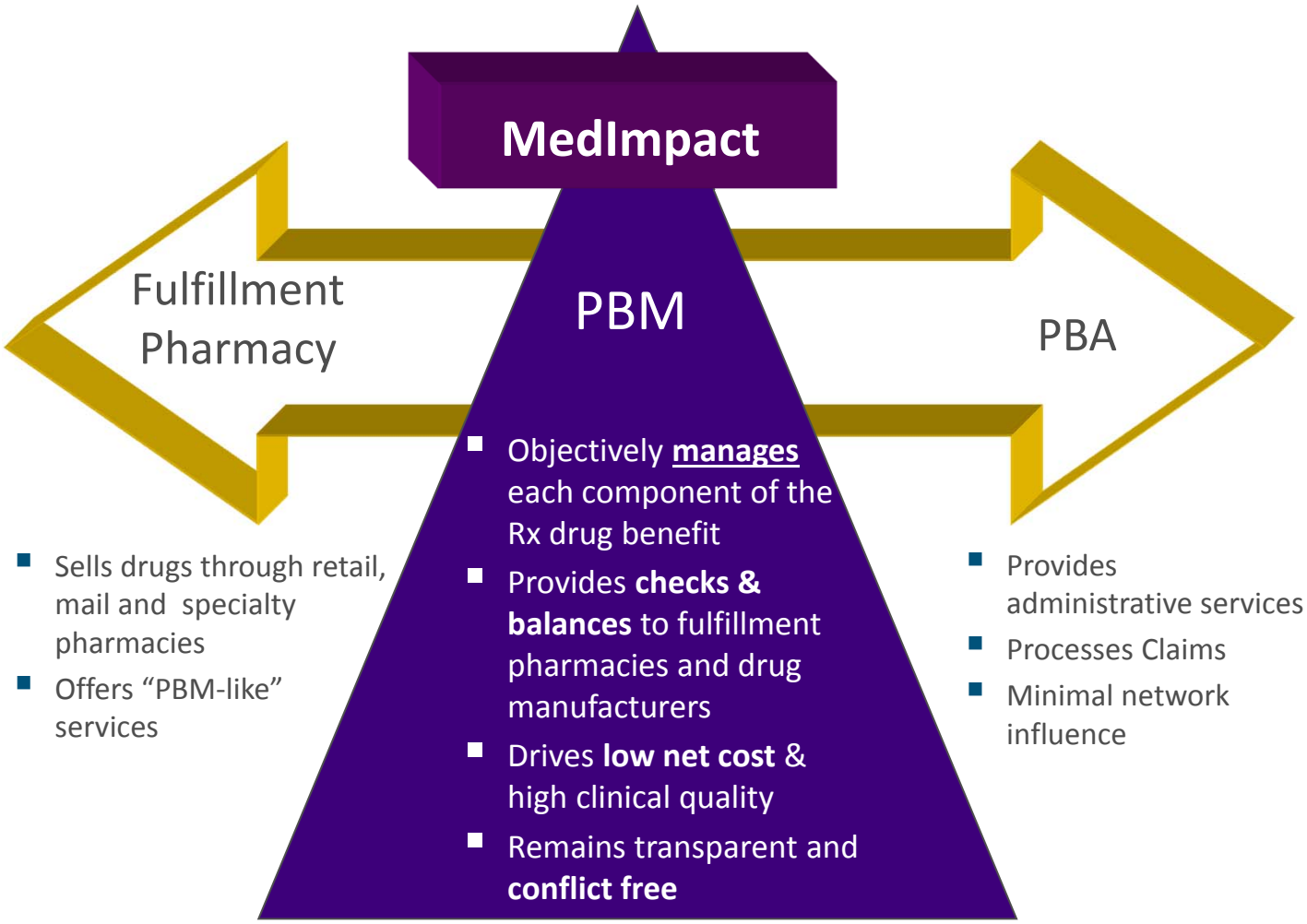
PBM Industry Overview



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What does MedImpact do?

- Claims Processing (on-line and paper)
- Customer Service
- Manages third-party pharmacy benefits
- Creates and maintain drug formularies and pricing
- Manages pharmacy networks (pharmacy contracting)
- Provides contracted clinical services
- Provides reports and trend analysis
- Provides Medicare Part D services to clients
- Offers solutions to challenges facing our clients

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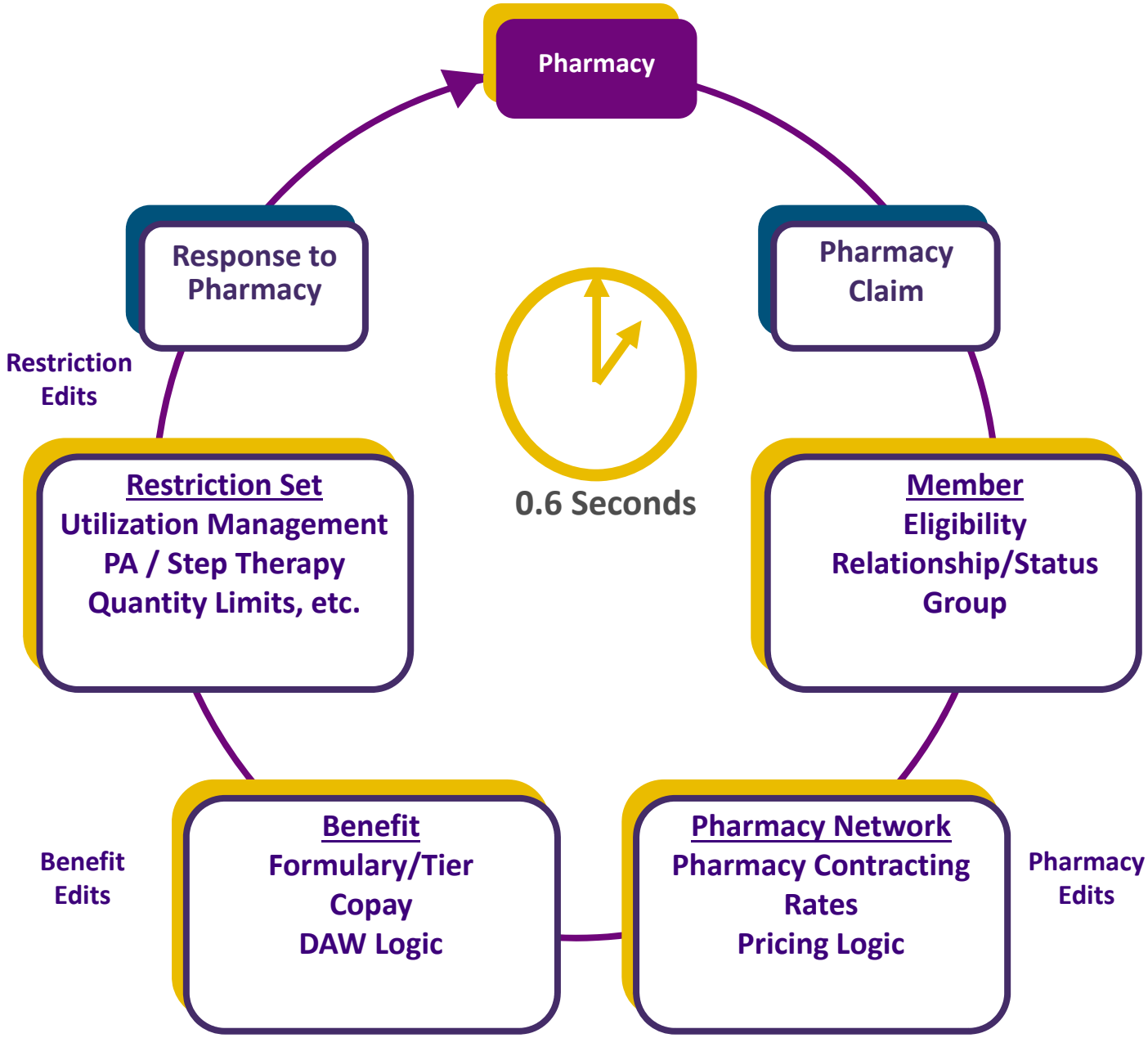
PBM 101: Claims Adjudication



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Formulary Process Overview

- A formulary is a listing of medications that are covered by a member's pharmacy benefit as well as any edits or limitations associated with those medications

- A formulary can be viewed as having two separate components:
  - **Medication Placement**, which indicates the medication's Tier level:
    - Generic
    - Formulary
    - Non-Formulary Brand
  - **Medication Edits**, which indicate if there are certain limitations to receiving the medication:
    - Age Limits
    - Quantity Limits
    - Step Therapy Limits
    - Prior Authorizations

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Formulary Process Overview

The Formulary can be accessed via:

- ADOA's formulary posted on the www.benefitoptions.az.gov website
  - A PDF version is posted online for downloading by clicking "Pharmacy" and then clicking on the "MedImpact Formulary List (pdf)" link
  - Members can also use the Drug Price Check tool on the "MedImpact Pharmacy Website" by creating a user name and password for site access
- Contacting a MedImpact Customer Service Representative at 1-888-648-6769 and asking for a copy to be sent to your address

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Formulary Process Overview

- Formulary changes are made Quarterly, due to:
  - New drug releases: new brand and generic drugs
  - Drug safety updates
  - Changes in drug cost and cost effectiveness

- Members that are affected by the formulary changes are notified via letter
  - For Medication Placement, Quantity Limit and Prior Authorization changes:
    - Members are mailed a letter if they have used the affected medication within the past 120 days
    - Letters are mailed directly to the member, and are customized to the type of formulary change affecting that member
    - Letters are mailed no later than 1 week prior to the formulary change occurring
    - For Medication Placement changes, members are grandfathered at the lower copay for 90 day
  - For Step Therapy changes:
    - Letters are not sent to members, as there will not be any disruption to members currently obtaining the medication

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Formulary Process Overview

- Formulary changes are decided upon by MedImpact's Formulary Committee as a result of MedImpact's P&T Committee meeting:
  - The P&T Committee is made up of physicians and pharmacists
  - Drug and drug class reviews are prepared by clinicians and presented during the P&T Committee meeting
  - Drugs are clinically evaluated by the committee and are reviewed from an effectiveness, safety, and cost management standpoint

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Walgreens Pharmacy Mail Order Service

- A convenient and less expensive mail order service is available for employees who require medications for on-going health conditions or who will be in an area with no participating retail pharmacies for an extended period of time
- Members can obtain a 90 day supply of medication for two co-pays
- Please note: MedImpact is not a pharmacy but has contracted with Walgreens Mail Order Pharmacy to provide these services
- Walgreens Mail Order website can be accessed at: www.walgreens.com/mailservice

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Walgreens Pharmacy Mail Order Form

Walgreens Mail Service Registration & Prescription Order Form

State of Arizona

991000STAZMSAZ001

Use this form to register/submit your first prescription order. You can also register at Walgreens.com/mailservice. DO NOT staple, tape or paperclip anything to this form.

Please print clearly using only BLACK INK and UPPERCASE letters. Fill in the applicable circles completely (●). Not all ID and Group Number boxes may be needed.

MEMBER INFORMATION

○ Male
○ Female

Date of Birth [MM/DD/YYYY] / /

Intercom: STAZM UPI#: SAZ001

Member ID Number *(Located on card)*

Suffix *(If on card)*

Group Number 2 8 9 1 7

Email Address *(To receive information regarding the processing of your order)*

Last Name

First Name

Cell Phone – –

Text Msg* ○Yes ○No

Permanent Address Line 1

Daytime Phone – –

Permanent Address Line 2

Evening Phone – –

City

State

ZIP Code

Government ID *(Most states require ID for controlled Rx substances by law)*†

Prescriber Last Name

Prescriber First Initial

Prescriber Phone – –

Prescriber Fax – –

MEMBER

Allergies	Health Conditions	Order Preference
○ Aspirin	○ Arthritis	○ Large-print vial labels
○ Cephalosporin	○ Asthma	○ Spanish vial labels
○ Codeine derivatives	○ Diabetes	○ Automatic refill‡
○ Morphine derivatives	○ Glaucoma	
○ Penicillin	○ Heart disease	*‡Fill in this circle if you would like us to automatically refill your prescriptions in the future.*
○ Sulfa drugs	○ Hypertension	
○ None known	○ Pregnancy	
○ Other *(Use lines below)*	○ Thyroid disease	
	○ None known	
	○ Other *(Use lines at right)*	

Payment Options

Payment is required at time of order. Please do not send cash.
We accept American Express®, Discover®, MasterCard® and Visa®.

○ Check made payable to Walgreens

○ Charge credit card below for this order only

○ Place credit card below on file for this and all future orders

Credit Card Number

Expiration Date [MM/YY] /

I authorize Walgreens to charge my credit card for services for which I am financially responsible. If the credit card provided is not able to fulfill payment for any reason, I agree to pay my statement balance upon receipt of the statement and understand that failure to do so may result in discontinuation of pharmacy services.

Cardholder Signature _____ Date _____

**Standard text message and data rates may apply.*
†Driver's license, state ID number, social security number, military ID or passport ID.

Brand names are the property of their respective owners. ©2010 Walgreen Co. All rights reserved.

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Walgreens Specialty Pharmacy Program

- Certain medications used for treating complex health conditions must be obtained through Walgreens Specialty Program, as contracted by MedImpact

- Certain conditions which may require Specialty medications include but are not limited to:
  - Cystic Fibrosis, Enzyme Deficiency, Growth Hormone Deficiency, Multiple Sclerosis, Rheumatoid Arthritis, and Viral Hepatitis

- The Walgreens Specialty Pharmacy Program includes monitoring of specific injection drugs and other therapies requiring complex administration methods and special storage, handling, and delivery. This program also provides patient education.

- Specialty medications are limited to a 30-day supply

- Specialty medications are available through Walgreens Retail Pharmacies (subject to availability) or Walgreens Mail Pharmacies

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Member Copay Overview

	Generic	Formulary	Non-Formulary Brand
Retail	$10	$20	$40
Specialty	$10	$20	$40
Choice90	$25	$50	$100
Mail Order	$20	$40	$80

- If a brand medication is chosen by the member (does not want to use a generic) when a generic is available, members pay the generic copay plus the difference between the brand and generic costs. Example:
  - Generic X is $40 ($10 member copay and ADOA would pay $30)
  - Brand X is $100 ($40 member copay and ADOA would pay $60)
  - If the member wants Brand X instead of Generic X, the member would pay a total of $70 [$10 copay + $60 (difference between brand and generic)]
  - ADOA will pay the generic cost, which is $30
  - Pharmacy is reimbursed $100 for brand ($70 member cost + $30 ADOA cost)
- If the total cost of the medication is less than the copay, members pay the lesser amount.
  - For example, if the member copay for a generic is $10 and the medication costs $4.99, the member would only pay $4.99

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Member Copay Overview

	Generic	Formulary	Non-Formulary Brand
Retail	$10	$20	$40
Specialty	$10	$20	$40
Choice90	$25	$50	$100
Mail Order	$20	$40	$80

- If a formulary change is made that causes an increase in copay, members are "grandfathered" with their lower copay for 90 days
  - This allows the member time to discuss switching to a lower cost alternative with their physician
- Members are notified of their grandfathered status via letter, prior to the formulary change
  - Members are identified for the mailing based on their use of the affected medication within the past 120 days
  - At the end of the 90 day period, members are not notified again that their grandfathered status has expired
- For Walgreens Mail Order fills, member credit card information is provided at the time of order
  - If the order exceeds a member payment amount of $125, the mail order facility will call the member

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Member Copay Overview

- Aetna has the option of an HSA plan:
  - The same copays as above apply
  - There is a combined Medical/Prescription member deductible of $1,250 in-network ($2,400 out-of-network) and family deductible of $2,500 ($4,800 out-of-network)
  - There is a member out-of-pocket maximum of $2,000 in-network ($5,000 out-of-network) and family out-of-pocket of $4,000 in-network ($10,000 out-of-network)
- Deductible Examples:
  - Before reaching the deductible amount, member pays total cost of the script. Ex. $100 total medication cost = $100 member cost.
  - After the deductible is met (combined amount of member cost on medical and prescription), member pays their regular copay amount. Ex. $100 total medication cost, but member pays $20 copay.
- Maximum Out-of-Pocket Examples:
  - After the member has paid $2000 out of pocket, the member no longer pays a copay. Ex. Member has paid $2000 in medical and prescription costs, their next medication fill will charge the member a $0 copay.
- There is an HSA list of preventative medications in place
  - Members receive medications on this list at their regular copay amount
  - Fills for medications on this list do not apply to the member's deductible

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Prior Authorization Services

- Prior Authorization (PA) and Utilization Management (UM)
  - PA Programs:
    - Provide an exception process for patients to receive certain non-formulary or restricted medications when medically appropriate (including medications subject to on-line edits)
    - Ensure appropriate and cost-effective medication use consistent with the patient's benefit
    - Control utilization of high cost medications by assuring that alternatives are used when appropriate
    - Promote utilization of formulary alternatives
    - Promote medication safety

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MRF: Medication Request Form

MedImpact Healthcare Systems, Inc.

Medication Request Form

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Attn: Prior Authorization Department

10680 Treena Street, Suite 500
San Diego, CA 92131
Phone: 1-800-788-2949
Fax: 858-790-7100

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Denied:
Returned:
PA #

Instructions:
This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to Med**Impact** Healthcare Systems, Inc. at (858) 790-7100 or please call (800) 788-2949 with this information. If you have any questions regarding this process, please contact Med**Impact**'s Customer Service at (800) 788-2949.

Review Criteria:
The following criteria is used in reviewing medication requests:
1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

Medication Request Information (please complete each section of this form prior to transmittal):

Patient Name (required):	Patient's Health Plan (required):
Patient ID # (required):	Physician Name/Specialty:
	Physician ID#/DEA #:
Patient DOB (required):	Physician Area Code and Telephone Number (required): ( ) -
Diagnosis (required):	Physician Area Code and Fax Number (required): ( ) -
Pharmacy used by Member:	Pharmacy Area Code and Telephone Number: ( ) -
Drug Requested:	Quantity (per month):
Dose:	Length of Treatment (**please be specific**):
Strength:	Dosage Form (e.g. Oral, Injection):
Reason for Medication Request (**please be specific, give detail**):	
Other Medications Tried and/or Failed (**please be specific, give detail**):	
Other Pertinent History (relative or pertaining to this request):	

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Step Therapy: What is it?

- Step therapy is a clinical tool used in your prescription benefit to promote the use of effective, clinically appropriate medications that may be less costly

- Step therapy requires that a patient try a clinically appropriate, lower cost medication first, or requires that their doctor has clinically documented why the patient is not a good candidate for the clinically appropriate, lower cost medication, or therapy

- Example: If a member wants to obtain Ambien CR and does not have a history of being on this medication, they will need to try the generic Zolpidem Tartrate prior to being able to obtain the brand Ambien CR

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Step Therapy: How does it work?

- The pharmacist uses step therapy to automatically review a patient's medication history to ensure the patient is filling the most clinically appropriate and cost effective prescription medication. Often, step therapy will recommend an alternative medication (sometimes a generic medication) to replace the more costly medication (sometimes a brand medication).

- Step therapy is used when the patient history shows that the brand or higher cost medication was not filled in the past. The patient now has the opportunity to evaluate if the clinically appropriate, lower cost drug works for them.

- For those patients that do not meet the step therapy requirements, the patient's doctor may submit a request for prior authorization, letting the pharmacy know that the patient meets the clinical criteria to receive the brand or higher cost medication without using step therapy.

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iRx Program™ Overview

- ADOA members may be able to obtain a discount on certain brand and generic medications that are not covered by the ADOA pharmacy drug plan, through the iRx Program™.
- Members can present their medical insurance ID card at any participating pharmacy, along with a prescription for the medication. Savings are applied automatically when the item prescribed qualifies for a discount. The amount of the discount will vary based on pharmacy chosen and type of medication.

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EGWP Retiree Program Review

- ADOA's retiree drug program is via EGWP (Employer Group Waiver Plan)
  - The plan is offered by MedImpact's EGWP partner, Medicare GenerationRx and has been in effect since 1/1/2014
  - A Prescription Drug Plan (PDP) = prescription drug coverage that is offered under a policy, contract, or plan that has been approved by CMS
  - PDP market segmented into 2 types of products:
    - EGWP or Individual Products

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EGWP Retiree Program Review

- Medicare eligible retirees and their Medicare eligible dependents enrolled in Medicare GenerationRx will each receive their own prescription drug ID card. This card is in addition to members' medical ID cards.
- The Medicare GenerationRx for Benefit Options plan has a 4-Tier formulary
- The Plan provides full coverage so there is no Coverage Gap, or "Donut Hole." Members pay the same copays throughout the year during all the Medicare Part D stages.
- Members can view the Medicare GenerationRx for Benefit Options plan benefits, find a participating pharmacy, or look up the price of drugs at: www.medicaregenerationrx.com/stateofaz

- Tiers and Copays are as follows:

Tier Number / Name	Retail (up to 31-day supply)	Mail Order (up to 90-day supply	Choice90Rx - extended supply at retail (up to 90-day supply)
Tier 1: Generic	$10	$20	$25
Tier 2: Preferred Brand	$20	$40	$50
Tier 3: Non-Preferred Brand	$40	$80	$100
Tier 4: Specialty - Over $600*	$40	Not available	Not available

*Total Medication Cost

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Member Website

www.benefitoptions.az.gov

- Access the MedImpact Member Website
- Formulary List
- Mail Order Registration Form

Benefit Options

Arizona Department of Administration
Benefit Services Division

AZ.GOV
Arizona's Official Web Site

- Home
- Affordable Care Act (ACA)
- NEW - Health Center
- Benefits Eligibility
- Insurance Policies
- Guides & Forms
- Pre-Retirement Information
- Pharmacy
- COBRA
- Contacts
- FAQ'S
- Wellness & EAP
- Auto & Home
- Computer Purchase
- Discount Program
- Legal Notices
- Publications and Reports
- Resources

Y·E·S ALL YOURS!

ARIZONA OPENBOOKS OpenBooks.az.gov

You Are Here: Home > Pharmacy > Active Members

Pharmacy - Active Members

MedImpact Pharmacy Website

This website is a resource to keep you up-to-date about your pharmacy benefit. Benefit Options members can register and log into the portal to find:

- **Drug Search** – Find information on over 17,000 medications.
- **Benefit Highlights** – View your current copayment amounts and other pharmacy benefit considerations.
- **Formulary Lookup** – Determine drug coverage and obtain a cost estimate for a selected medication.
- **Pharmacy Locator** – Find a participating pharmacy near your location. **PersonalHealth Rx®** – Print your prescription history for a physician visit or tax reporting.
- **Health & Wellness** – Valuable health tips plus information on diseases and health conditions.

General Pharmacy Locator -- You can find a participating pharmacy without registration by selecting **General Pharmacy Locator.**

MedImpact Formulary List (pdf) **-- Effective July 1, 2016, subject to change without notice. Members can log into the MedImpact Pharmacy Website for complete formulary information.**

MedImpact Specialty Drug List (pdf) **-- Effective July 1, 2016, subject to change without notice. Members can log into the MedImpact Pharmacy Website for complete formulary information.**

HSA Preventive Drug List

Tobacco Cessation Program Flyer (pdf) -- You can quit. We can help. Call **1-844-866-3727** to enroll and speak with a pharmacist about what medication is right for you.

Mail Order Registration Form

Mail Order Frequently Asked Questions

Pharmacy Reimbursement Form

Announcements

06.29.16 2015 Annual Report, Health Insurance Trust Fund

Announcements Archive

- MedImpact Customer Service Help Desk can be reached 24/7 at 1-888-648-6769

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Member Website

- The MedImpact Member Web Site allows consumers to obtain prescription benefit and drug coverage detail as well as health and wellness information that will better enable them to manage their own health and improve the quality of their care

MedImpact

Arizona Department of Administration
Benefit Options
Benefit Services Division

Members

- Welcome

Drug Search
FAQ
Glossary Of Terms
Help Desk
Generic Resource Center

Health and Wellness

Benefit Highlights
Drug Price Check
Prior Authorization Status
Pharmacy Locator
PersonalHealth Rx
HealthVault

Wellness Program
Benefit Option

Choice90Rx
Click Here to Learn More

Welcome

MedImpact has been selected as your pharmacy option offered through the State of Arizona Benefit Options Program. This website is a resource to keep you up-to-date about your pharmacy benefit and help you manage your health by providing access to comprehensive health and wellness information.

Available Tools

- **Drug Search** – Find information on over 20,000 medications.
- **Health & Wellness** – Valuable health tips plus information on diseases and health conditions.
- **Benefit Highlights** – View your current copayment amounts and other pharmacy benefit considerations.
- **Drug Price Check** – Make informed prescription choices and compare drug prices.
- **Prior Authorization** – View the status of your open prior authorization requests and your request history.
- **Pharmacy Locator** – Find a participating pharmacy near your location.
- **PersonalHealth Rx®** – Print your prescription history for a physician visit or tax reporting.
- **Microsoft® HealthVault™** – Upload your prescription claims to your Microsoft HealthVault account.
  Learn More Privacy Policy

Sign In

Sign in for quick, secure access to your account. Please note that the password is case sensitive.

Username:
Password:
SIGN IN

Don't have an account?
Register Now

Need to update your password?
Forgot Password
Change Password

Can't remember your User Name?
Forgot User Name

Are you a Plan Administrator?
Go to Administrator Home

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Member Website

- Drug Search enables you to enter a drug name and retrieve comprehensive information about a drug, including possible medication uses, side effects, how to use the drug, common brand names, drug interaction information
- Health & Wellness allows you to find information on diseases and conditions, health tips, and health FAQs
- Benefit Highlights displays the current year's co-payment amounts and, if applicable, other pharmacy benefit considerations, such as benefit limits, deductibles or maximum out-of-pocket expenses
- Drug Price Check allows you to search for your medications by name, to check for drug coverage and copay information
- Pharmacy Locator was designed to help you identify pharmacies that participate in the network that serves your pharmacy benefit plan
- PersonalHealthRx allows you to view and print current drug histories, including co-payments and compliance, as well as current benefit amounts and accumulators for deductibles and maximum out-of-pocket expenses. You may also view and print yearly tax reports of drug expenditures.

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