

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

aetna®

# Benefit Options

Choice Value Health

Benefit Liaison Training 2015 Plan Year



# What makes Aetna different?

## Multiple plan options.



**HSA Option<sup>®</sup>**  
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

- 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.



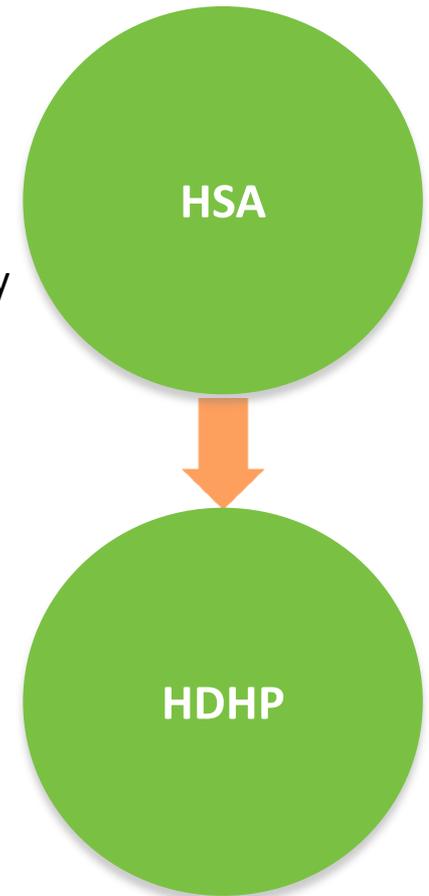
**Empowerment**

***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 (2015 max. \$3,350 ind / \$6,650 fam)
  - 2015 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



# 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 (\$27.70 for individual/ \$55.39 for family per 26 pay periods)**

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\*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

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## 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

# Benefit Options HSA Option HDHP

## In Network Plan Cost Sharing Chart

Deductible	Coinsurance
Your 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
<b>Individual: \$1,300</b>	<b>Individual: \$2,000</b>  Preventative RX copay applies
<b>Family: \$2,600</b>	<b>Family: \$4,000</b>  Preventative RX copay applies
<b>Once the out of pocket maximum is met, the plan will pay 100% of your medical costs for the remainder of that plan year.</b>	

# Consumer Tools

**Aetna Navigator – member online portal via [www.aetna.com](http://www.aetna.com)**

- Cost Estimator Tool – pre-calculate services
- DocFind – provider search
- HSA Savings Calculation Tool – plan how much to save
- Email customer service 24/7
- Claim Activity, Explanation of Benefits, & Temporary ID Cards
- Decision Support Tools – Welvie, InteliHealth, Smart Source
- Online HSA Portal & Dashboard – view HSA related transactions



## Customer Service

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

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

- Use the **Secure Member Website** at [www.aetna.com](http://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

# 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.payflexdirect.com](http://www.payflexdirect.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

The screenshot displays the PayFlex My Dashboard interface. At the top, there is a navigation bar with 'Welcome', 'LOG OUT', 'MY SETTINGS', and 'CONTACT US'. Below this is a secondary navigation bar with 'My Dashboard', 'Financial Center', 'Benefits Center', and 'Resource Center'. The main content area is divided into several sections:

- Quick Links:** Includes 'My Resources' and 'File a Claim'.
- FAQ Quick Links:** Includes 'Managing My Settings', 'All About FSAs', and 'Filing a Claim'. A link to 'See more FAQs' is also present.
- My Dashboard:** A vertical menu with options: Home, My Accounts and Services, My Calendar, Plan My Benefits, Shop Online, PayFlex Mobile, My Documents, My Settings, and My Resources.
- Need Help? Contact Us:** A blue button.
- News You Can Use:** A list of five news items with dates and 'from PayFlex' attribution.
- Accounts Snapshot:** A section with three columns: 'Health Savings Account', 'Limited FSA', and 'Limited FSA'. Each column shows account details like 'Last Deposit Amount', 'Annual Election', and 'Available Balance'.
- Benefits at a Glance:** A section with a 'Medical' sub-section showing details like 'Qualified HDHP', 'Provider: Blue Shield of California', and 'Coverage Level: Employee Only'.
- Digital Library:** A section with the heading 'Here are a few brief videos that may interest you' and two video thumbnails: 'Flexible Spending Accounts' and 'Debit Cards'.

# 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

- \$27.70 individual
- \$55.39 family
- and it is yours to keep even if you no longer work for ADOA – the money transfers 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:

- **Aetna SmartSource** - delivers information that's specific to you based on where you live, your selected Aetna health benefits/insurance plan and other information.
- **Welvie** – a decision support program! A helpful approach to address sensitive care treatment support.
- **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.



**Aetna Extras**  
Free with all Benefit  
Options plans with  
Aetna

# 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)



# 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**<sup>SM</sup>

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

## PayFlex—Customer Identification Process (CIP)

- USA 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 Letter and debit card package arrive within 10-14 days of HSA effective date
- Contributions can be deposited
- Member activates HSA debit card
- HSA info available through Aetna Navigator<sup>®</sup>

## Member fails CIP

- Welcome letter and debit card package arrive within 10-14 days of HSA effective date
- PayFlex requests member’s supporting documentation; three attempts to contact via letter
- If received and approved, opens HSA
- If not received, closes HSA

# Phone #'s, Websites, and much more...

<b>Aetna Member Services</b> <b>Aetna Provider Services</b>	1-800-784-3989 1-888-632-3862	<a href="http://www.aetna.com">www.aetna.com</a> <a href="http://www.aetnastateaz.com">www.aetnastateaz.com</a>
<b>Aetna Precertification</b> <b>Members</b> <b>Providers</b>	1-800-333-4432 1-888-632-3862	
<b>Aetna Informed Health Line</b>	800-556-1555 24/7	
<b>PayFlex Customer Service</b>	888-678-8242	<a href="http://www.payflexdirect.com">www.payflexdirect.com</a> Employer ID # needed to register for online access: NAU: 125498 ASU:125490 ADOA:125488 UofA:125496
<b>ADOA Onsite Consultant</b> <b>TBD</b>	602-659-9019	
<b>Benefit Services Division</b>  <b>HSA Option – Additional Info</b> <b>What is new for 2015</b> <b>?’s about HSA Option Plan</b> <b>?’s about HSA’s</b> <b>Learn about PayFlex</b>		<a href="http://benefitoptions.az.gov/">http://benefitoptions.az.gov/</a>

# Want to learn more?

- Visit [www.AetnaStateAZ.com](http://www.AetnaStateAZ.com)
- Email [AZBenefitOptionsPlans@aetna.com](mailto:AZBenefitOptionsPlans@aetna.com)
- Talk with your Aetna Onsite Representative: 602-659-9019
- Call Aetna Member Services: 866-217-1953

**aetna**<sup>®</sup>

# Blue Cross Blue Shield of Arizona

Benefit Options  
Choice Value Health



**75**  
YEARS  
1939 – 2014



**BlueCross  
BlueShield  
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

# Our Commitment to You: An Exceptional Experience

## Our member service and claims teams are local

- Customer Service Reps know your benefit plan and can help you with your claims questions all in one call
- 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

Member  
Satisfaction

96%

Outstanding service to our members and employers

Employer  
Satisfaction

98%

Designated support teams that take care of our members and customers

Hospital  
Satisfaction

100%

Prompt payments to our health providers

Satisfaction results based on calendar year 2013 research. BCBSAZ conducts satisfaction studies with a statistically valid sample of customers on an ongoing basis. Research was conducted as a telephone survey through an independent research vendor. Annually, 900 medical members participate in these studies.

# Two Great Plans To Cover You and Your Family

Plan Features	PPO	EPO
Arizona and National Network	X	X
Mayo Clinic Included	X	X
No Referral Required	X	X
In/Out of Network Coverage	X	

# Getting Care In Arizona and Outside the State

**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

93% of Hospitals (including the Mayo Clinic)

The national "Blues" network includes:

93% of PCPs

91% of Specialists

96.5% of Hospitals



BCBS providers include only active providers displayed on the provider website. Provider counts include MDs and DOs. BCBS data is as of July 2013. BCBS counts sourced from the Provider Data Repository. Providers counts are based on unique name and are counted once per specialty grouping.

# Access to Convenient Care Clinics

**In addition to hospitals, Care Clinics are available to our members.**



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

[www.walgreens.com/clinic](http://www.walgreens.com/clinic)



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

[www.minuteclinic.com](http://www.minuteclinic.com)



- 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](http://www.thelittleclinic.com)

# Coverage Across the Country and Around the World

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

- Both nationwide and worldwide: 96.5% of hospitals, 93% of PCPs and 91% of specialists in the U.S. contract with a Blue Cross Blue Shield plan – more than any other insurer.<sup>1</sup>



<sup>1</sup> Blue Cross Blue Shield Association, <http://www.bcbs.com>

# Finding a Doctor Through Our Online Directory: [adoa.azblue.com](http://adoa.azblue.com)

Individuals & Families | Seniors | Employers | Brokers & Consultants | Healthcare Professionals

Search  Login / Register  Español

  BlueCross  
BlueShield  
of Arizona

## Find A Doctor

Search for Medical Professionals and Facilities Search Help

Required Required [Advanced Search](#)

### Going to be Out of Arizona?

**Out-of-Arizona Medical Providers**  
Search the BlueCard U.S. Directory for providers in any U.S. state, Puerto Rico or U.S. Virgin Islands. HMO members do not have coverage outside Arizona except for emergent/urgent or authorized follow-up care. For authorized follow-up care, contact your home plan customer service department for precertification.

**Out-of-Arizona Dental Providers**  
DentalMax<sup>®</sup> Dentist Search (Out-of-Arizona)

**BluePreferred Eyewear Providers**  
Either inside or out-of-Arizona.

**BlueCard International Providers**  
For providers in Jamaica, please call (800) 810-BLUE.

### See who accepts YOUR plan...

Already a member?  
[Login](#) - find a doctor on YOUR plan.



Thank you for using our Find a Doctor directory online. We recommend you confirm a provider is in the BCBSAZ network prior to receiving services.  
If you require additional assistance locating a network provider, please [contact us](#) or call (602) 864-4400  or (800) 232-2348 .

Healthcare Providers: please fill out and submit this form to update your directory listings.

\*DentalMax is an independent company contracted to provide a dental network to Blue Members.

 About BCBSAZ | Careers | Community | Get a Quote | FEP Program | Contact Us | Resources

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Follow us     

# Track and Review Your Claims and Benefits: azblue.com

- Review your benefits, claims, deductibles
- Manage your account profile

Font Size: A A A



HOME LOG OUT  
Message Center

Welcome ADOA members

**My Medical Plan**  
Member ID:  
Plan Name: Employer-funded Plan  
Group Number: 30855  
Today's Date: 07/31/2014

**AZBlue Mobile app**

- Check symptoms
- Find urgent care
- Access ID card
- Track your deductibles

Learn More



**View Benefits**

**View Claims**

**Account Profile**

**Deductible Balances**

**Health and Wellness**

**Find a Doctor**

**Go Green!**

**Benefits Quick View**

Deductible	Major Medical
Individual	
Copay	In Network
PCP	
Specialist	
Urgent Care	
Copay	In/Out of Network
ER	

**Forms and Resources**  
[Forms and Resources](#)

**Doctors and Pharmacies**  
[Doctors](#) [Hospitals](#) [Urgent Care](#)  
[Pharmacy Directory](#)

**Claims Information**  
[Claim Status Inquiry](#)  
[Download a Medical Claim Form](#)

**Other Insurance**  
[Add / Edit Other Insurance](#)

**Healthcare Costs**  
[Compare Costs of Procedures](#)  
[Drug Cost/Copay Calculator](#)  
[Hospital Quality Comparison Tool](#)

**Explanation of Benefits**  
[View Electronic EOBs](#)

**ID Card**  
[Request an ID Card](#)

**Member Newsletter**  
[Arizona Blue Member Newsletter](#)

**Health and Wellness**  
[My BluePrint Assessment](#)  
[Personal HealthyBlue Home Page](#)

**Find a Doctor**



**HealthyBlue**



# My BluePrint Health Quiz

Get started and keep going a personalized and tailored health program—for no additional cost

The screenshot shows the landing page for the My BluePrint Health Quiz. At the top left is the BlueCross BlueShield of Arizona logo. The main heading reads "The tools to live healthier lives." Below this is a large image of a smiling woman. To her right, the text says "My BluePrint™ Find Out Your Health Score and More!". Below the image are two buttons: "Register for BlueNet" and "Login to BlueNet". To the right of the image is a small inset showing a person's health data, with text that says "Register for BlueNet™ to access My BluePrint and other valuable BCBGAL services." Below the main image is a section titled "Take Your Health Assessment!". It contains a small image of the assessment interface and text that reads: "Find out your health score and take your first step to a healthier lifestyle. With My BluePrint from Blue Cross Blue Shield of Arizona, you'll receive immediate feedback on your overall health from your personal health report. It provides the information you need to start making changes today to improve your health. And, My BluePrint works with other HealthyBlue® programs, such as our Healthy Living Program, to help coach, train and motivate you every step of the way to a healthier you. My BluePrint's convenient online survey takes just a few minutes to complete. Start now to get you on your way to a healthier lifestyle." Below this text is another button that says "Find Out Your Health Score!". At the bottom of the section is a large orange button that says "Take Your Health Assessment Now!".

*My BluePrint*: online access, immediate results, track your process over time

# BCBSAZ Programs for Any Health Stage or Condition



**Healthy Living Programs:** step-by-step action items tailored to your specific needs

**Health Coaching:** online or phone and one-on-one health support

**Condition Management:** dedicated staff to help manage diabetes, asthma, COPD, heart disease, arthritis, or depression

**Care Management:** experts to guide you through the health care system and your plan benefits

**Nurse On Call:** get answers to your medical questions by phone or email, 24/7



# If You are Expecting, Expect Great Care with HealthyBlue Beginnings

## Expecting mother will 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](http://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 16<sup>th</sup> week of your pregnancy **and** you complete the final outcomes assessment in the program



# Health Discounts Through Blue365

**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!*

# Connect With Us On Your SmartPhone or Computer

## AZ Blue Mobile App



- Access your ID card
- See deductible balances
- Review plan benefits
- Find an Urgent Care
- Check out the Symptom Checker
- Contact Us
  - Nurse on Call
  - Customer service

## azblue.com



- Get our health and wellness content
- Join one of our Web-based exercise tracking programs
- Access motivational tips and articles
- Review and track your claims

# Three Easy and Convenient Ways to Reach Us

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

## **Web:**

Before you enroll [adoa.azblue.com](http://adoa.azblue.com)

After you enroll [www.azblue.com](http://www.azblue.com)

## **Office Locations:**

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

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

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

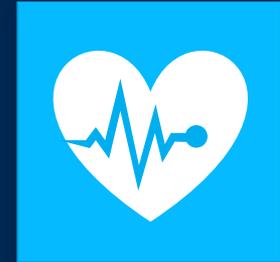
Flagstaff  
1500 E. Cedar Ave., Suite 56  
Flagstaff, AZ 86004

# THANK YOU

*We look forward to serving you and  
welcoming you to the  
Blue Cross Blue Shield of Arizona family*



# YOUR MEDICAL PLAN OPTIONS



Benefit Liaison Training  
2015

GO YOU.



# GO YOU<sup>®</sup>

You are **one of a kind.** ←

And we want to help you **live that way.**

That's why we offer **coverage** **tools** **resources** that work for you as an individual –

and ultimately help keep you **healthier**

**Cigna.**



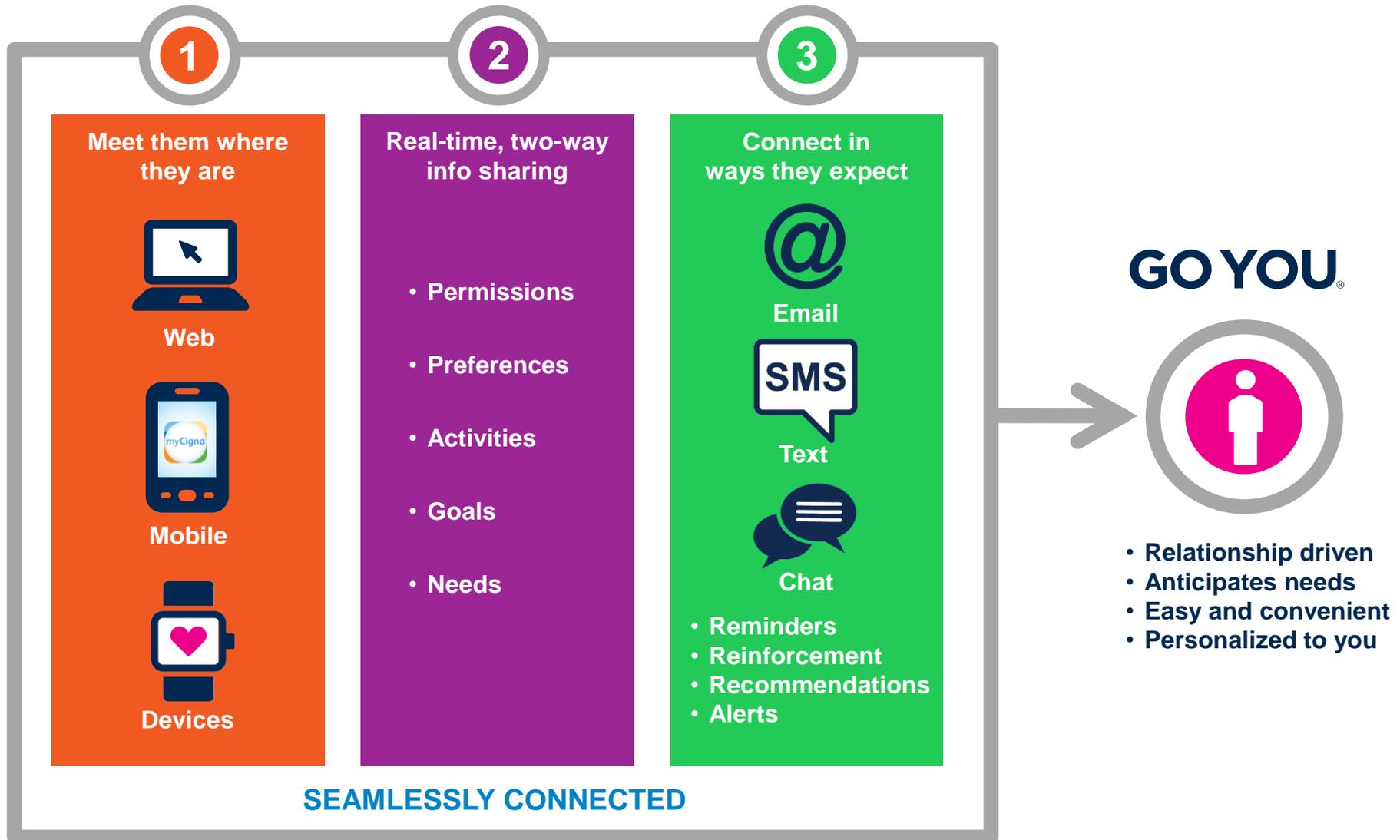
Your medical plan is all about  
helping you get the **most**  
from your plan



and giving you what you **need**  
to live a **healthier life.**

**Cigna.**

# IT STARTS WITH A TRULY CUSTOMER-CENTRIC EXPERIENCE



Cigna.

## WE'RE HERE FOR YOU



**By phone – 1-800-968-7644**

**Online (non-members) [www.cigna.com/stateofaz](http://www.cigna.com/stateofaz)**

**Online and on the go (existing members) – myCigna.com and myCigna Mobile App**

- Award-winning\* directory of doctors, hospitals, facilities with cost and quality ratings
- Coverage details (copays, deductibles, out-of-pocket maximums, etc.)
- Claim activity and history
- Temporary ID cards or info on how to order new ones
- A wealth of health information and resources

# SIMPLIFY ACCESS TO COST-EFFECTIVE QUALITY CARE

**Medical**



641,000 doctors  
5,500 hospitals

**CMG**



25 locations  
- 17 PCP offices  
- 6 multi-specialty centers  
- 2 convenience care

**Urgent**



1,000+ clinics

**Behavioral**

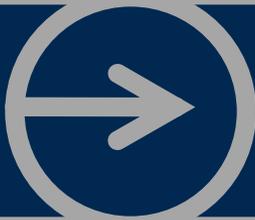


107,000 service  
locations

**Labs**



LabCorp  
Quest



**Better access. Better care. Better choices.**

**Guide Smart Decisions**

**Cigna**<sup>®</sup>

Savings assumes tiered benefits through Cigna Care Network; 1% – 3% projected savings nationally (\$170 PEPY )

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## SAVING YOU TIME

- Find a doctor, hospital, or other health facility whenever you need one – online, by phone or on the go with any web-enabled device\*
- Easy-to-use decision support information and tools on **myCigna.com** and **myCigna Mobile App**
  - Compare treatment and procedure costs
  - Find cost and quality ratings for doctors and hospitals
- Keep track of your health history and records with an online personal health record

**Talk with a coach, trained as a nurse, when you can't reach your doctor**



**No claim forms needed in-network**

**Cigna.**

\*Your carrier's standard mobile phone and data usage charges apply.

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## HELPING YOU GET QUALITY CARE



Quality ratings help you compare doctors and hospitals



Online resources help you research information about your drug including possible dangerous drug interactions



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 you and your doctors to help develop a complete care plan if you are hospitalized with a serious illness or injury

# THE CLAIMS PROCESS



Visit in-network doctor/hospital/facility.



Show Cigna ID card.  
Pay copay or coinsurance as required.



You get an explanation of benefits, or “**EOB**,” (your receipt) from Cigna.

# TRACKING YOUR CLAIMS

## 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

Connecticut General Life Insurance Company AS AGENT FOR ABC COMPANY

JOE SOMEBODY  
100 STREET AVENUE  
ANYWHERE, WV 12345

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



Customer service  
Call the number on the back of your ID card or (800) 244-6224 (1.800.Cigna24)  
[www.myCigna.com](http://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.*

Service date  
July 5, 2011

Reference # / ID  
1234567891234 / U12345678

Account name / Account #  
ABC COMPANY / 1234567

**Explanation of benefits**  
for a claim received for JANE SOMEBODY, Reference # 1234567891234

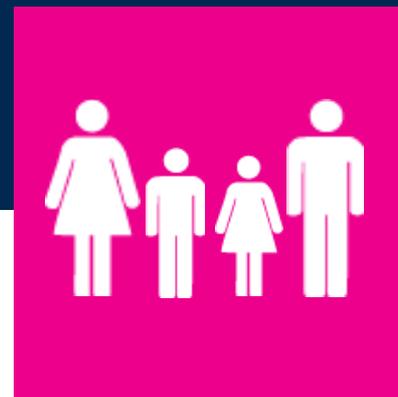
**Summary of a claim for services on July 5, 2011**  
for services provided by WALTER WHOEVER MD

Amount Billed	\$142.00	This was the amount that was billed for your visit on 07/05/2011.
Discount	\$24.87	You saved \$24.87. Cigna negotiates discounts with health care professionals and facilities to help you save money.
What Cigna plan paid	\$117.13	Cigna paid \$117.13 to WALTER WHOEVER MD.
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	<b>100%</b>	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 <a href="http://www.myCigna.com">www.myCigna.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H001A 2010

## YOUR FAMILY HEALTH

- Healthy pregnancy education programs to help every baby get a healthy start
- Fit and Fun Family Toolkit, created by the 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



# SIMPLIFY ACCESS TO COST-EFFECTIVE QUALITY CARE

Guides individuals to cost-efficient care providers

## Award-winning shop and compare tools



Personal cost – quality estimator

## Top-rated doctors and facilities

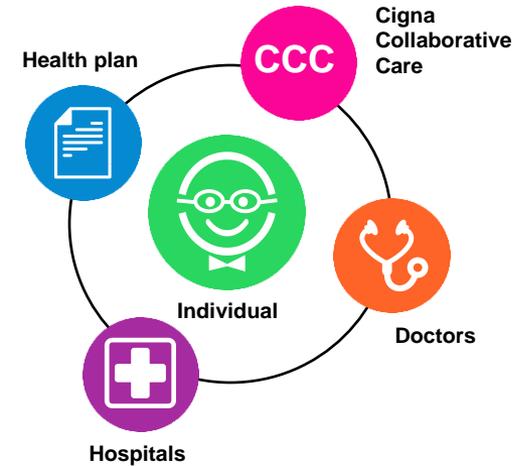


**CIGNA CARE DESIGNATION**



**CIGNA CENTERS OF EXCELLENCE**

## Next generation care delivery



**Better decisions. Better care. Better savings.**

**Cigna**<sup>®</sup>

\* Savings will vary for each client depending on the geographic distribution and utilization patterns.

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# OUR EDGE GIVES YOU THE EDGE

## Superior Experience



#1 Large Call Center



#1 Health Insurer Ranking



My Personal Champion®  
First health plan to earn award



Customer Service  
Optimization  
Social Media



Rated “most favorable”  
in national provider survey

## Clinical Excellence



Wellness Programs



HEDIS® leader  
10 straight years



Physician &  
Hospital Quality  
Measurement



“Excellent”

Medicare Advantage  
Only public health plan  
to earn 5-star rating



Best rehabilitation case  
management program

Best disability case  
management program

## Innovation & Strategy



Top 10 Innovator  
Cost & Quality  
Online Tools



2012 Health Insurance  
Awards Best Group  
International Private  
Medical Insurance  
Provider



Surgeon General's  
Medallion  
Reducing Health  
Care Disparities



National Business  
Group on Health  
Innovation Award

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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**GO YOU.**



# Stepping up for a healthier you

State of Arizona – 2015 Benefits



# Benefit Plan Options

- The State of Arizona Benefit Options program includes both an EPO and a PPO benefit program administered by UnitedHealthcare. As a participant with UnitedHealthcare, members have:
  - Easy, direct access to specialists without having to get a referral
  - Informational tools to help you and your doctor make informed decisions about your care
  - Personalized coverage, claims, online tools and doctor information on our website, **myuhc.com**®
  - Innovative plan options, programs and informational resources
  - Comprehensive, toll-free help line for your health-related and other personal concerns
  - Specialized care programs and services when you have serious health concerns

# How to find a doctor

- Visit [welcometouhc.com/stateofaz](http://welcometouhc.com/stateofaz)
- Click on “Find a Doctor/Hospital”
- Choose “Find a physician/facility near you”

## UnitedHealthcare Network

### Arizona:

- More than 80 hospitals
- More than 13,300 doctors and other health care providers

### Nationwide:

- More than 5,600 hospitals
- More than 768,000 physicians and health care professionals

### Mayo Clinic:

- The Mayo Clinic is in the UnitedHealthcare network in Arizona, Florida and Minnesota.





## Welcome State of Arizona employees



This site is designed to provide you with resources to help you select a benefit plan and learn about tools and resources offered by UnitedHealthcare.

- > Home
- > Health Plans
- > Find a Doctor/Hospital
- > Tools and Resources

Why choose UnitedHealthcare?



### Health4Me

View claims, find a doctor, access your Personal Health Record, manage your family's health, and more all on your Smartphone.

LEARN MORE

The Mayo Clinic is in the UnitedHealthcare network in Arizona, Florida and Minnesota.



About Your Benefits

A UnitedHealthcare medical plan can give you the freedom to use any doctor or hospital in our nationwide network, including specialists. You can locate network doctors easily at [myuhc.com](http://myuhc.com).

[View all Medical Benefits](#)

Already a Member?

Login to [myuhc.com](http://myuhc.com) to access your personalized health care and benefits information.

Login Now

3

# UnitedHealth Premium<sup>®</sup> program

- The **UnitedHealth Premium<sup>®</sup>** program can help members choose a doctor with confidence
- The program evaluates doctors in 25 different medical specialties, using national standards for quality and local benchmarks for cost efficiency

UnitedHealth Premium Designation	Meets quality criteria	Meets cost efficiency criteria	UnitedHealth Premium Tier 1
Quality & Cost Efficiency	✓	✓	✓
Cost Efficiency & Not Enough Data to Assess Quality	Not enough data to measure.	✓	✓
Quality & Not Enough Data to Assess Cost Efficiency	✓	Not enough data to measure.	
Quality & Did Not Meet Cost Efficiency	✓		

If a doctor does not have a Premium designation, it does not mean he or she provides a lower standard of care. It could mean that the data available to us was not sufficient to include the doctor in the program. All doctors who are part of the UnitedHealthcare network must meet our credentialing requirements (separate from the Premium program).

- myuhc.com gives members practical, personalized information so they can:
  - Understand their coverage
  - Find a doctor in AZ
  - Manage their claims
    - myClaims Manager allows members to easily search for claims, track claims they want to watch and subscribers can pay their health care providers online for any claim that has a 'You Owe' amount using the 'Make Payment' feature (all payment methods may not be available for all providers)
  - Organize their health information
  - Estimate health care costs
    - With myHealthcare Cost Estimator, members can view treatment options and see variations in cost and quality by provider or facility all before seeking care



# UnitedHealthcare Health4Me<sup>SM</sup>

- **Always on the go? We can help there too.**
- Whether a member needs to find urgent care, forgets their health plan ID card or needs to call customer service, the UnitedHealthcare Health4Me<sup>TM</sup> mobile app helps put their benefit information securely in the palm of their hand. The features of the app include:
  - Search for physicians or facilities
  - View claims, account balances, benefit plan details and your health plan ID card



# Open enrollment Member material samples



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

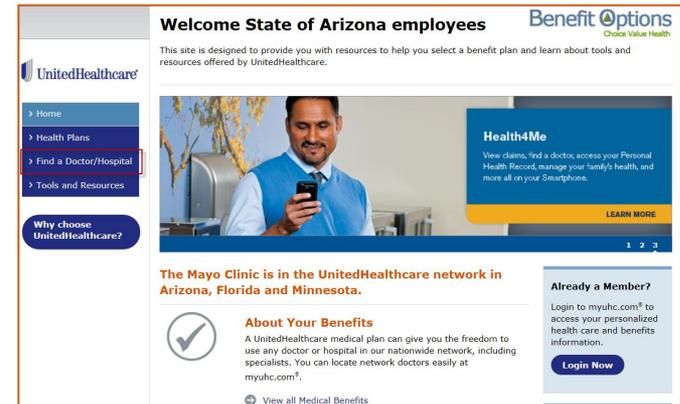


The **Hospital Listing Flyer** is a list of participating hospitals in the state of Arizona.

# State of Arizona support website



- From one site, you can access benefit information, learn about available tools, resources and programs, view open enrollment materials and more. View and compare benefit plan options
  - Learn about specialized benefits
  - Search for physicians and facilities
  - Access our site for members, myuhc.com
  - **welcometouhc.com/stateofaz**



# 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:

- Maternity Support Program
- Neonatal Support Program

Myuhc.com:

- Online Wellness Programs



# Disease Management

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:

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



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

# Diabetes Prevention Program (DPP)



- Members have access to the Diabetes Prevention Program (DPP program)
  - It is a 16-session lifestyle coaching program conducted in a small group setting at your local YMCA for people with pre-diabetes or online virtually
  - Pre-diabetes is a diagnosed condition where your blood sugar levels are high but not yet high enough to be diagnosed as diabetes.
  - In this 16-week group-based program, at just one hour a week, members will:
    - Learn how to lose weight and keep it off
    - Explore fun, easy ways to change your life
    - Get the motivation you need in a small group setting
    - Receive personal attention from a lifestyle coach
- Visit [notme.com](http://notme.com) to learn more



# Complex Medical Condition Programs UnitedHealthcare®

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



# Cancer Support Program



- The Cancer Support Program is a valuable supplement to your health care coverage, and is available to covered members at no cost. If you have been touched by cancer, the program is available for you or your covered dependents as part of your benefit plan.
- This program covers all types of cancer and gives you and your family a single source for personal support through an experienced cancer nurse
- Our dedicated nurses can provide information, answer your questions, guide you to a provider in your local community or within the UnitedHealthcare cancer Centers of Excellence network, and also help you deal with the emotional side of cancer
- Cancer Centers of Excellence network facilities are nationally respected organizations chosen because of their high quality results

## 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](https://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



# The Healthy Back Program



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

- Claims-based identification finds members with low back pain
  - Triggers include emergency room/physician visits, injections and low 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
  - Access to Back Pain Program on the Health & Wellness tab on myuhc.com<sup>®</sup>(online health coach)

## 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

# 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](http://myuhc.com).



\*The health discount program is not insurance.



# Questions



# ADOA Benefit Liaison Training

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# Table of Contents

- **MedImpact Overview**
- **Formulary**
- **Mail Order and Specialty Programs**
- **Copay**
- **Prior Authorizations**
- **Step Therapy**
- **EGWP Retiree Program**
- **Resources**
  - Member Website



## Who is MedImpact?

- **Largest Pharmacy Benefits Management company that does not sell drugs**
- **Is not a pharmacy**
- **Nation's largest privately owned PBM**
- **Services 47 million lives**

# PBM Industry Overview



MedImpact

Fulfillment  
Pharmacy

PBM

PBA

- Objectively manages each component of the Rx drug benefit
- Provides **checks & balances** to fulfillment pharmacies and drug manufacturers
- Drives **low net cost &** high clinical quality
- Remains transparent and **conflict free**

- Sells drugs through retail, mail and specialty pharmacies
- Offers “PBM-like” services

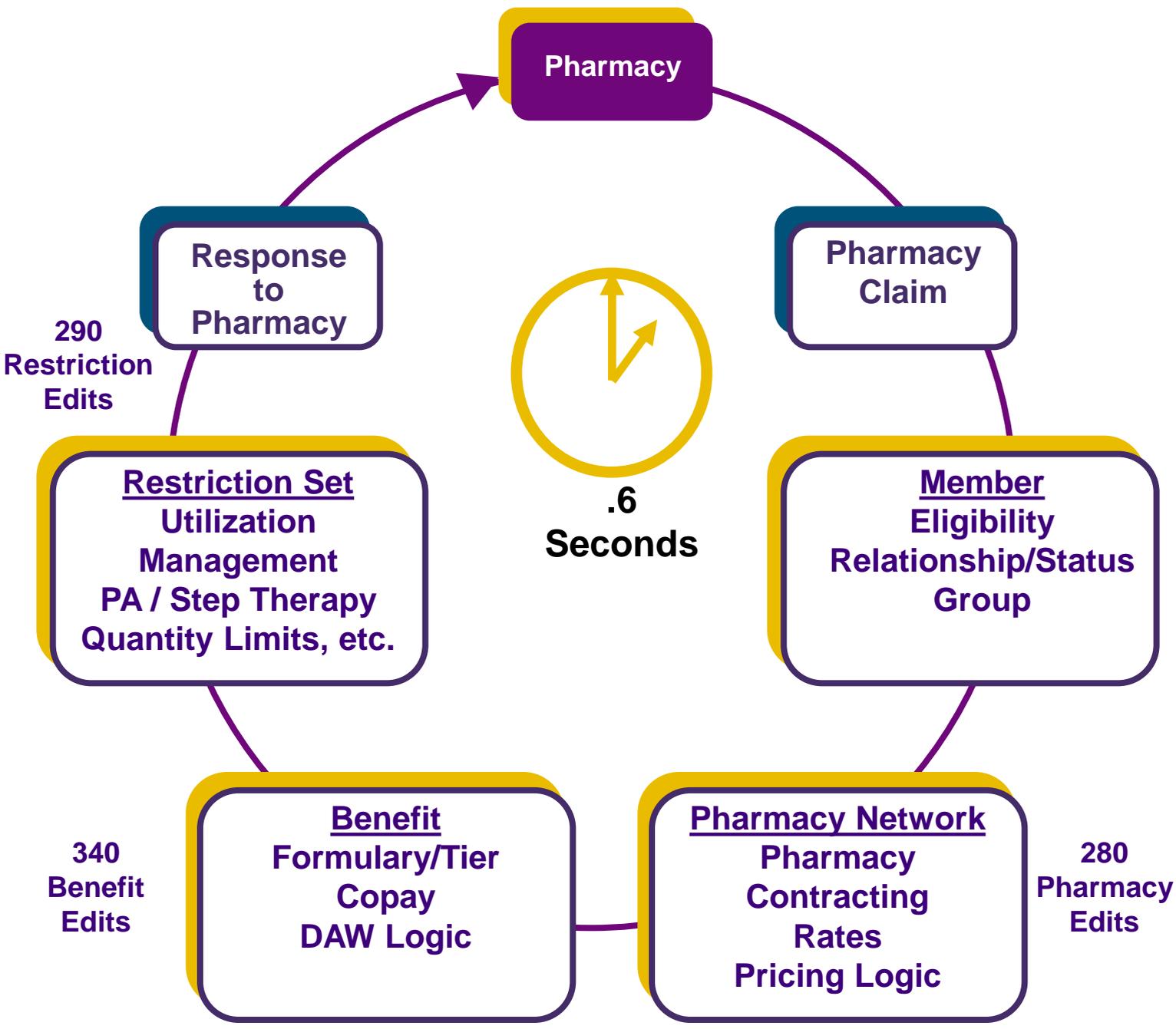
- Provides administrative services
- Processes Claims
- Minimal network influence



## 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**

# PBM 101: Claims Adjudication



# 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

# Formulary Process Overview

The Formulary can be accessed by:

- **ADOA's formulary is posted on the [www.benefitoptions.az.gov](http://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**



# 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

# 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

# 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](http://www.walgreens.com/mailservice)**

# Walgreens Mail Order Form



Registration and Prescription Order Form  
State of Arizona



991000STAZMSAZ001

Use this form to register/submit your first prescription order. You can also register at [WalgreensHealth.com](http://WalgreensHealth.com). **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

UP#: SAZ01

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

Permanent Address 1

Daytime Phone

 -  - 

Permanent Address 2

Evening Phone

 -  - 

City

State

ZIP Code

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

 -  - 

Prescriber Fax

 -  - 

## MEMBER

### Allergies

- Aspirin
- Cephalosporin
- Codeine derivatives
- Morphine derivatives
- Penicillin
- Sulfa drugs
- None known
- Other (Use lines below)

### Health Conditions

- Arthritis
- Asthma
- Diabetes
- Glaucoma
- Heart disease
- Hypertension
- Pregnancy
- Thyroid disease
- None known
- Other (Use lines at right)

### Order Preference

- Easy-open caps
- Large-print vial labels
- Spanish vial labels
- Automatic refill\*

\*Fill in this circle if you would like us to automatically refill your prescriptions in the future.

## 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 Mail Service
- 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 Mail Service 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

Brand names are the property of their respective owners. ©2009 Walgreen Co. All rights reserved.



# 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**



# Member Copay Overview



	Generic	Formulary	Non-Formulary Brand
<b>Retail</b>	\$10	\$20	\$40
<b>Specialty</b>	\$10	\$20	\$40
<b>Choice90</b>	\$25	\$50	\$100
<b>Mail Order</b>	\$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

# Member Copay Overview



	Generic	Formulary	Non-Formulary Brand
<b>Retail</b>	\$10	\$20	\$40
<b>Specialty</b>	\$10	\$20	\$40
<b>Choice90</b>	\$25	\$50	\$100
<b>Mail Order</b>	\$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

# 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

# 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

# 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 MedImpact 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 MedImpact'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):**

<b>+</b> 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):	



# 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**



# 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.



# 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



# EGWP Retiree Program



- 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](http://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)
<b>Tier 1: Generic</b>	\$10	\$20	\$25
<b>Tier 2: Preferred Brand</b>	\$20	\$40	\$50
<b>Tier 3: Non-Preferred Brand</b>	\$40	\$80	\$100
<b>Tier 4: Specialty - Over \$600*</b>	\$40	Not available	Not available

\*Total Medication Cost

# Resources

[www.benefitoptions.az.gov](http://www.benefitoptions.az.gov)

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

The screenshot displays the website interface for Benefit Options, part of the Arizona Department of Administration's Human Resources Division. The header includes the logo for Benefit Options (Choice Value Health) and the AZ.GOV logo. A navigation menu on the left lists various services such as Home, Benefits Eligibility, Summary of Benefits and Coverage, Plan Descriptions, Guides & Forms, Pharmacy, COBRA, Contacts, FAQ's, Wellness & EAP, Auto & Home, Computer Purchase, Discount Program, Legal Notices, and Resources. The main content area is titled 'Pharmacy' and features several links and information: 'MedImpact Pharmacy Website' (a resource for up-to-date information on pharmacy benefits), 'General Pharmacy Locator' (for finding participating pharmacies), 'MedImpact Formulary List (pdf)' (effective July 1, 2013 through September 30, 2013), 'MedImpact Specialty Drug List (pdf)', 'HSA Preventive Drug List', 'Tobacco Cessation Program Flyer (pdf)', 'Mail Order Registration Form', 'Mail Order Frequently Asked Questions', 'Pharmacy Reimbursement Form', and 'Walgreens Mail Order Website'. A sidebar on the right contains links for 'Annual Report - Health Care Fund' and 'Announcements Archive'. Logos for Wellness, Y.E.S. (Arizona's Employee Assistance Program), and Arizona OpenBooks are visible at the bottom of the page.

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

# 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

## 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 17,000 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.
- **Pharmacy Locator** – Find a participating pharmacy near your location.
- **PersonalHealth Rx<sup>®</sup>** – Print your prescription history for a physician visit or tax reporting.
- **Microsoft<sup>®</sup> HealthVault<sup>™</sup>** – 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:

.....  
Don't have an account?

[Register Now](#)

Need to update your password?

[Forgot Password](#)

[Change Password](#)

Are you a Plan Administrator?

[Go to Administrator Home](#)



# Member Website Functions

- **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.