



# Blue Cross Blue Shield of Arizona Administered by AmeriBen and in Association with American Health Holding

Benefit Options  
Choice Value Health

Provider Network access from



An Independent Licensee of the Blue Cross and Blue Shield Association



Benefit Plan Administrator

Ameriben is an independent company contracted with the State of Arizona. Ameriben does not provide Blue products or services and is solely responsible for the products and services it provides.



# Seamless Service with a Personal Touch



# Advantages



Superior  
**Customer  
Service**

Promote  
Strong  
**Turnaround  
Time**

Greater  
**Flexibility**

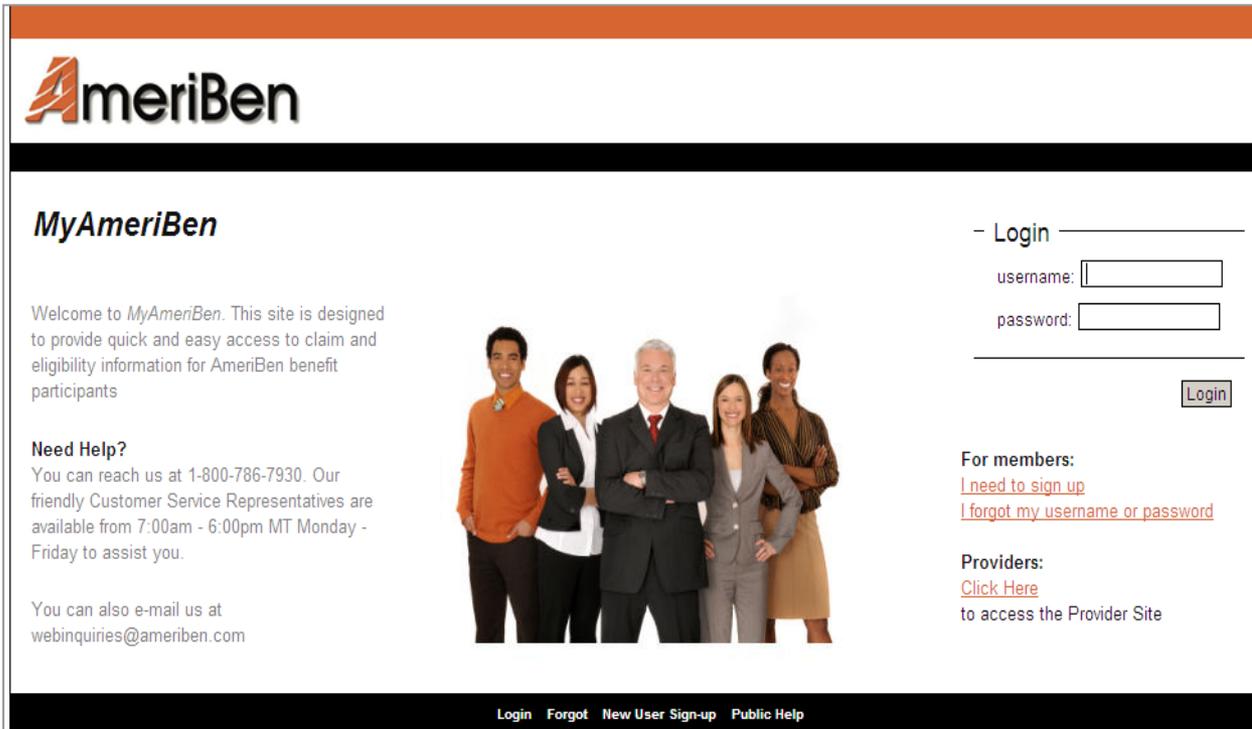
# Network

- BCBSAZ – One of Arizona's Largest Carriers
- AmeriBen and BCBSAZ collaboration – 10 years
- Nearly 22,000 Contracted Healthcare Providers in AZ<sup>1</sup>
- 96% of hospitals and 92% of all MDs and DOs in AZ<sup>2</sup>
- Access to AZ Mayo Clinic Providers and Facilities
- Out-of-State Network – PHCS

<sup>1</sup> BCBSAZ network data, July 2013

<sup>2</sup> BCBS: Provider Data Repository (PDR); data as of April 2013.

# Member Login – myameriben.com



The screenshot shows the MyAmeriBen website interface. At the top left is the AmeriBen logo. Below it, the text "MyAmeriBen" is displayed. A welcome message states: "Welcome to MyAmeriBen. This site is designed to provide quick and easy access to claim and eligibility information for AmeriBen benefit participants." To the right of this text is a photograph of five diverse professionals standing together. Below the photo, there is a "Need Help?" section with contact information: "You can reach us at 1-800-786-7930. Our friendly Customer Service Representatives are available from 7:00am - 6:00pm MT Monday - Friday to assist you." and "You can also e-mail us at [webinquiries@ameriben.com](mailto:webinquiries@ameriben.com)". On the right side of the page is a login form with the heading "- Login" and two input fields for "username:" and "password:". Below the fields is a "Login" button. Further down, there are links for "For members:" including "[I need to sign up](#)" and "[I forgot my username or password](#)", and "Providers:" including "[Click Here](#) to access the Provider Site". At the bottom of the page, there is a navigation bar with links for "Login", "Forgot", "New User Sign-up", and "Public Help".

- Claims Status
- Paperless EOB's
- Look up a provider
- Important Links
- FAQ's
- Forms
- Submit Inquiries

# Member Login – myameriben.com

The screenshot shows the AmeriBen website homepage. At the top left is the AmeriBen logo. To its right is a navigation menu with links for Home, About Us, News, Employment, Contact Us, and Company Home. Below this is a dark horizontal bar with white text for: Benefit Participants, Providers, Employers, Brokers & Consultants, Health & Wellness Resources, and Management Conference. On the left side, there is a vertical list of links: About AmeriBen, Core Purpose, Company News, Services, Executive Team Bios, Locations, and Employment. Below these links is a blue circular icon with an envelope and the word "Email". The main content area features a headline: "AmeriBen Welcomes State of Arizona Employees!". Below the headline is a photograph of a smiling family (a woman, a young girl, a young boy, and a man) with their arms around each other. To the right of the photo is a link: "Click Here For More Information". Below the photo and link is a paragraph of text: "AmeriBen is pleased to announce it has been awarded a contract to administer medical benefits to State of Arizona employees. AmeriBen is a privately-owned service organization and has been in business since 1958. We are based in Boise with operations in Arizona, Utah, Colorado and Oregon. As part of its offering, AmeriBen is pleased to provide state employees access to the Blue Cross Blue Shield of Arizona network! One in three Americans access a Blue Cross Blue Shield network. The Blue Cross Blue Shield of Arizona network is one of the largest networks of doctors, hospitals, urgent care centers and other health care providers in the state. More than 1 million individuals use the Blue Cross Blue Shield of Arizona provider network. Now you, too, can enjoy Arizona's largest provider network available to state employees." At the bottom left are the Blue Cross Blue Shield of Arizona logos and the text "An Independent Licensee of the Blue Cross and Blue Shield Association". At the bottom right is the text "Choose Blue administered by AmeriBen" with a link "Click Here For More Information".

**AmeriBen**

Home About Us News Employment Contact Us Company Home

Benefit Participants Providers Employers Brokers & Consultants Health & Wellness Resources Management Conference

About AmeriBen  
Core Purpose  
Company News  
Services  
Executive Team Bios  
Locations  
Employment

[More Questions?](#)

 Email

## AmeriBen Welcomes State of Arizona Employees!



AmeriBen is pleased to announce it has been awarded a contract to administer medical benefits to State of Arizona employees. AmeriBen is a privately-owned service organization and has been in business since 1958. We are based in Boise with operations in Arizona, Utah, Colorado and Oregon.

As part of its offering, AmeriBen is pleased to provide state employees access to the Blue Cross Blue Shield of Arizona network!

One in three Americans access a Blue Cross Blue Shield network. The Blue Cross Blue Shield of Arizona network is one of the largest networks of doctors, hospitals, urgent care centers and other health care providers in the state. More than 1 million individuals use the Blue Cross Blue Shield of Arizona provider network. Now you, too, can enjoy Arizona's largest provider network available to state employees.

 **BlueCross  
BlueShield  
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

Choose **Blue** administered by **AmeriBen**

[Click Here For More Information](#)

# Member Login – myameriben.com

## Provider Search Feature



**BlueCross BlueShield of Arizona**

### Find A Doctor

 Search for Medical Professionals and Facilities [Search Help](#)

Enter zip or city, state  Enter provider's name, specialty, facility or keyword

*Required* *Required*

#### Corporate Health Services (CHS)

Through CHS from Blue Cross Blue Shield of Arizona (BCBSAZ), you have access to BCBSAZ's provider networks. More than 100 employer groups have chosen CHS to give their approximately 300,000 participants access to BCBSAZ-contracted doctors, hospitals and other healthcare providers. We are committed to giving you a best-in-class network; one of the largest in Arizona -- 20,000-plus and counting.

For quick access, please add this website to your favorites in your web browser. Access the links at the right for more perks and convenience.

BCBSAZ provides network access only. For questions regarding your coverage, refer to your health plan benefit book or call the customer service number on your health plan ID card.



#### Urgent Care/Retail Clinic Information

[Urgent Care Centers & Retail Clinics for Maricopa \[PDF\]](#)  
[Urgent Care Centers & Retail Clinics for Pima \[PDF\]](#)  
[Urgent Care Centers for Rural Arizona \[PDF\]](#)  
[When to use Urgent Care: English/Spanish \[PDF\]](#)

#### Health Resources

[Walking Works@](#)  
Get your walking program started.  
[ChooseHealthy](#)  
Discounts on acupuncture, fitness clubs, massage therapy and more.  
[Preventive Health & Wellness \[PDF\]](#)  
Routine exams and at what age you should consider them.  
[Alternate Search](#)

Thank you for using our *Find a Doctor* directory online. We recommend that you confirm a provider is in the BCBSAZ network prior to receiving services. If you find anything that is incorrect in our directory, please [let us know what needs to be fixed](#).

 [About BCBSAZ](#) | [Careers](#) | [Community](#) | [Get a Quote](#) | [FEP Program](#) | [Contact Us](#) | [Resources](#) | Follow us     

# Convenient Care Clinics Contracted with BCBSAZ

- The Take Care Clinics  | take care clinic<sup>™</sup>  
at select *Walgreens*
- The Minute Clinics 
- The Little Clinics   
Convenient Neighborhood Medical Care

# Take Care & Minute Clinics

- Phoenix and Tucson Metro locations
- No appointment necessary
- Kiosk available at some locations\*
- PCP co-pay applies
- On-line access to locate clinics and hours of operation:
  - Take Care Clinics: [www.takecarehealth.com](http://www.takecarehealth.com)
  - Minute Clinics: [www.minuteclinic.com](http://www.minuteclinic.com)

*\* Locations with Kiosk registration require members to enter BCBSAZ as the insurance carrier*

# The Little Clinics

- No appointment necessary
- Located in Fry's stores
- Open 7 days a week
- Urgent Care Co-pay applies
- Registration requires members to enter BCBSAZ as the insurance carrier
- On-line access to locate Phoenix Metro clinics & hours of operation:
  - [www.thelittleclinic.com](http://www.thelittleclinic.com)

# ChooseHealthy Affinity Program

Access to a wide variety of complementary health care and health improvement services. Details are available at:

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

## With ChooseHealthy you can:

- Receive discounts on services from a national network of more than 22,000 contracted providers
- Access a national network of more than 11,000 fitness clubs and exercise centers that offer a minimum 10% discount off the initiation and/or monthly dues, or the best available public rate based on the type of membership selected
- Access free trial memberships or free introductory sessions at fitness facilities
- Receive discounts on a broad selection of quality health improvement products, with free shipping on most items
- Access the Health Library with dozens of articles on maintaining a healthy lifestyle

Discounted services and/or products are provided by independent contractors who are solely responsible for services and/or products provided to eligible members. These contractors do not provide BCBSAZ products or services.

# ChooseHealthy Member Benefits

## **Access to discounted fees for the following services:**

- Acupuncture
- Chiropractic
- Exercise Centers
- Fitness Clubs
- Massage Therapy

## **Healthy Library**

- Ask an Expert
- Drug Interaction Guide
- Supplement Guide

## **Store (online discounts on the following product types)**

- Vitamins & Supplements
- Herbal Products
- Homeopathic Remedies
- Natural Products
- Diet & Sports Nutrition
- Yoga & Fitness Activities
- Personal Body Care
- Wireless Technology
- Books, Audio, Video & DVDs

# Medical Management Services Overview

## Utilization Management

- Ensures that medical care is appropriate and covered under the plan
- Ensures that the right care is provided in the right setting
- Helps you maximize your benefit dollars

## Case Management

- Provides personalized education and support to ensure the most appropriate and cost-effective treatment after an injury or serious illness is provided
- Helps you and your family to maximize your benefits to lower out-of-pocket costs and to ensure you get the best possible care
- Coordinate services and help you evaluate alternate care options

## Healthy Pregnancy Program

- Maternity Nurse Specialists provide support and guidance both before and after delivery
- Provides education, coordinates health services, answers questions, and assists in maximizing plan benefits by directing you to appropriate care

## Medical Management Services Overview *(continued)*

### *Disease Management – Vital Steps*

Chronic conditions that are addressed in this program include:

- Asthma
- Diabetes
- Coronary Artery Disease
- Congestive Heart Failure
- Chronic Obstructive Pulmonary Disease
- High Blood Pressure
- High Cholesterol
- Chronic Pain

### Referral Sources:

- Medical and pharmacy claims data
- Self-Referral
- Referrals from American Health's integrated CM, UM, Maternity Management, 24/7 Nurse Line

### Disease Management Coaching:

- Provides participant-centric coaching
- Teaches self-management
- Provides educational resources

# The Best-in-Class Approach

- Superior Customer Service
- Superior Provider Network
- Superior Medical Management
- Superior Flexibility
- Accurate, timely claims processing
- Smooth Medicare claims coordination



# THANK YOU

*We appreciate the opportunity  
to meet your health insurance needs  
and look forward to our continued service for  
State of Arizona Members*

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

aetna®

Benefit  Options  
Choice Value Health

Benefit Liaison Training 2013



# What makes Aetna different?

Choose the plan option that's best for you and better your health.



## 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

Tools to support smart health care decisions.

# 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

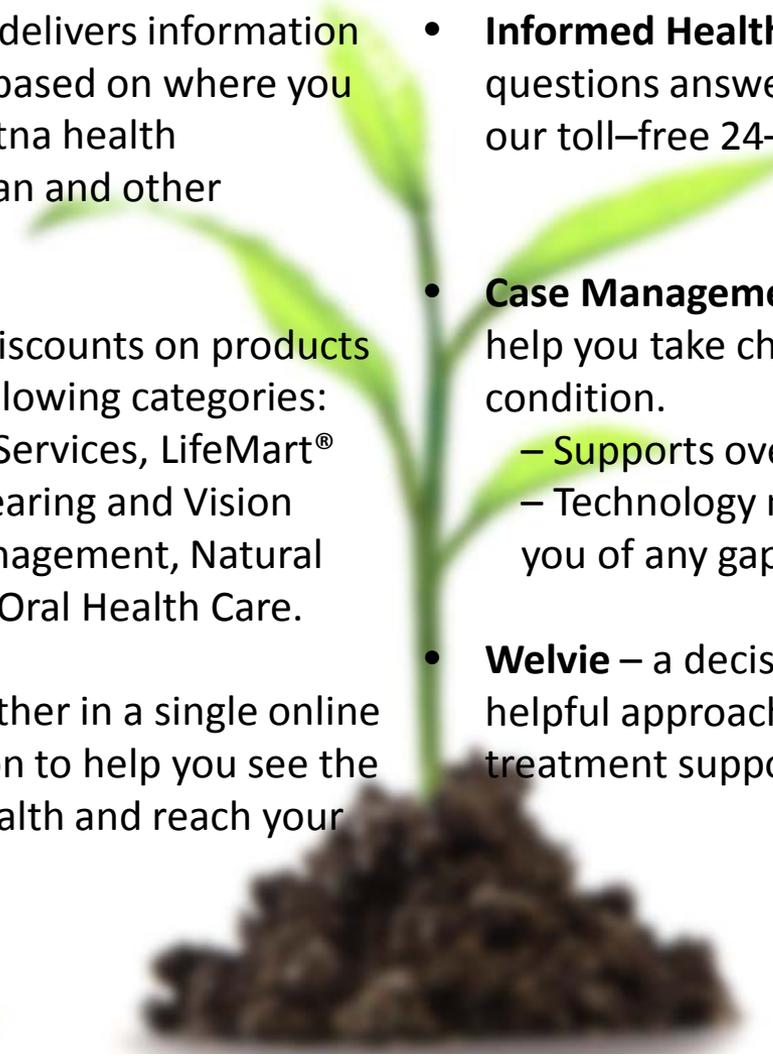
- In/Out of network coverage
- Higher coverage when you stay in the network
- Copays apply to annual limits

# 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!



# 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.
  - **Discounts** – You get discounts on products and services in the following categories: Fitness Products and Services, LifeMart® Shopping Website, Hearing and Vision Products, Weight Management, Natural Health Products, and Oral Health Care.
  - **Care Pass** – sync together in a single online and mobile destination to help you see the big picture of your health and reach your goals.
  - **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.
  - **Welvie** – a decision support program! A helpful approach to address sensitive care treatment support.

# 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





# NOW IS THE TIME TO LIVE WELL

STATE OF ARIZONA

2014 BENEFIT ENROLLMENT GUIDE

WHAT'S INSIDE: BENEFITS OVERVIEW | PERSONALIZED PROGRAMS | ONLINE TOOLS | [WELCOMETOUHC.COM/STATEOFAZ](http://WELCOMETOUHC.COM/STATEOFAZ)

Benefit Options  
Choice Value Health

UnitedHealthcare®

# YOUR BENEFIT OPTIONS

2014 BENEFIT ENROLLMENT GUIDE



## Need more information?

For more information, visit [welcometouhc.com/stateofaz](http://welcometouhc.com/stateofaz) or call the UnitedHealthcare Customer Care number at **1-800-896-1067**.

**Thank you for considering UnitedHealthcare.** We are proud to again have the opportunity to administer your State of Arizona benefit programs. We are committed to giving you access to a better health care experience.

## You're covered everywhere you go

Whether you are at home, traveling or you have a covered child going to school out-of-state, a network doctor or hospital is likely close by. We have a large national network, consisting of more than 720,000 physicians and health care professionals and more than 5,600 hospitals. That's almost seven out of 10 doctors and nine out of 10 hospitals, which means it's easier to find a doctor or facility that meets your needs. In the State of Arizona we have more than 12,800 physicians and more than 80 hospitals.

## Three reasons why you should choose UnitedHealthcare



### 1 We'll help you choose a doctor with confidence

Wherever you are — at home or traveling — it's likely you'll be near a UnitedHealthcare network doctor or facility that meets your needs. You have easy, direct access to specialists without having to get a referral. And with our wide variety of online support tools, you'll have 24/7 support.



### 2 A one-stop shop for managing the health care for you and your family

At [myuhc.com](http://myuhc.com)<sup>®</sup> you'll find everything you need to know about your benefits. You can get benefit coverage and claim details, learn about treatment options and estimated costs for health services and locate network doctors and hospitals.



### 3 Wellness tools to help you manage a chronic condition

You will have a wide range of wellness tools to help you get healthy and stay healthy. If you need help with managing a specific chronic condition, you will have access to a Personal Health Support Nurse through our **Disease Management Programs**.

## Your health plan choices

You have two great plans to choose from — both offering access to an extensive network of doctors and hospitals, and online tools and resources.

### UnitedHealthcare Choice EPO Plan

#### Key features of this plan:

- ▶ See any network doctor or specialist without a referral
- ▶ Little or no out-of-pocket costs when you visit a network doctor or facility
- ▶ Access to a nationwide network
- ▶ Services from doctors or hospitals outside of the network are not covered, except for emergency situations

### Options PPO Plan

#### Key features of this plan:

- ▶ See any network doctor or specialist without a referral
- ▶ Access to a nationwide network
- ▶ If you go outside the network for care, your benefit reimbursement will be lower and you will be responsible for making sure your claim is filed



#### Traveling outside the U.S.?

Emergency care is covered at the network level of benefits for you and your covered dependents, anywhere in the world.

## Treatment



### Find doctors who have been recognized for providing quality care through the UnitedHealth Premium® designation program

As a member, know that UnitedHealthcare will help you in your doctor search by recognizing doctors in your area who have met criteria for providing quality and cost-efficient care. The UnitedHealth Premium designation program uses national industry guidelines for quality and local market benchmarks for cost-efficiency. You can search for Premium-designated doctors on [myuhc.com](http://myuhc.com).

## Finding a doctor

Before choosing UnitedHealthcare, the quickest way to find a health care professional in the network is to go online to [www.welcometouhc.com/stateofaz](http://www.welcometouhc.com/stateofaz).

- 1 Simply go to [www.welcometouhc.com/stateofaz](http://www.welcometouhc.com/stateofaz).
- 2 Click on “Find a Doctor/Hospital” on the left side of the page.
- 3 On the main “Find a Doctor” page, click on “Find a physician near you.”
- 4 Click on “Physician Specialty,” “Facility” or “Condition.”
- 5 Choose your search options.
- 6 Choose a provider.

You can also get background information on physicians, plus driving directions to get to a physician, hospital or other health care professional in the network.



### Wellness Tip Sheets

- ▶ Log on to **myuhc.com** and download fact sheets about common health questions
- ▶ Find information about asthma, diabetes, heart health, weight loss, cholesterol, allergies and more

## Enjoy discounts that could add up to big savings

In addition to medical coverage, as an enrolled State of Arizona health plan member, you can save even more money by using your Health Discount program\* online at **myuhc.com**. No referrals are required and there are no claim forms to submit. To locate participating health care professionals, programs and online retailers:

- 1** Log in to **myuhc.com**, click “Extra Programs & Discounts” and “UnitedHealth Allies.”
- 2** Select a category (such as “Alternative Care”) and a specialty (such as “Massage”).
- 3** For individual providers: Click “Select This Provider” to generate a discount confirmation. **Be sure to print the discount confirmation and take it with you to your appointment.** Note that the confirmation is simply your rate guarantee. You are under no obligation to visit the selected provider.
- 4** Make an appointment, being sure to identify yourself as a UnitedHealth Allies® discount program member, and pay the discounted rate at the time of service.

Use this program for:



\*The health discount program is not insurance.

## My health, my questions, myNurseLine

When you have a health concern, it can be difficult and time-consuming to find the information you need. The **myNurseLine<sup>SM</sup>** program can help you make smart health care decisions with immediate telephone access to experienced registered nurses, at no extra cost to you. Just call **1-800-401-7396**.

The myNurseLine program can help you:

- ▶ Understand treatment options
- ▶ Find and choose appropriate medical care
- ▶ Ask medication questions
- ▶ Help you find an available doctor or specialist in the network

## Take control of your health with these personalized programs

The following innovative programs and services are provided to you at **no additional cost**. They are designed to help you achieve your wellness goals and live a healthier life. For more information, visit [www.welcometouhc.com/stateofaz](http://www.welcometouhc.com/stateofaz).



### Get behavioral health support

Sometimes the challenges you face can feel like too much to handle. Your benefits include behavioral health support provided by **United Behavioral Health**. From everyday challenges to more serious issues, you can receive confidential help for:

- ▶ Depression, stress and anxiety
- ▶ Substance abuse and recovery
- ▶ Eating disorders
- ▶ Parenting and family problems
- ▶ Financial and legal information

To find out more, call the number on the back of your health plan ID card or visit [www.liveandworkwell.com](http://www.liveandworkwell.com).



### Get support for a chronic condition

If you need help with managing a specific chronic condition, a Personal Health Support Nurse assigned to you will put you in touch with a specialized Disease Management Nurse who can provide you with the tools and support you need to better manage your condition. Our

**Disease Management Programs** offer personalized support for the following conditions:

- ▶ Asthma
- ▶ Cancer Support
- ▶ Chronic Obstructive Pulmonary Disease (COPD)
- ▶ Coronary Artery Disease (CAD)
- ▶ Diabetes
- ▶ Heart Failure
- ▶ Kidney Disease

### Get personalized guidance throughout your pregnancy

The **Maternity Support Program** provides:



- ▶ Support for your special health care needs, including high-risk pregnancies
- ▶ Customized maternity education materials including eating healthy, prenatal care, exercise and more
- ▶ Enrollment at your convenience

The **Neonatal Resource Services (NRS) Program** provides consultations with neonatal nurses, access to some of the top Neonatal Intensive Care Unit (NICU) treatments in the nation, and continued consulting during your baby's NICU stay.



### Disease Management

More than 95% of enrolled members are very satisfied or satisfied with our Disease Management Programs.

Source: Internal study of consumer satisfaction results, 2009.

# ONLINE RESOURCES

2014 BENEFIT ENROLLMENT GUIDE



## UHC.TV<sup>SM</sup>

UHC.TV is our new online television network. It presents educational and entertaining programs about good health and living well. Visit UHC.TV today to help you get inspired to take healthy steps.

## Visit your support site

As a State of Arizona employee, you have access to benefit information specific to you. At [www.welcometouhc.com/stateofaz](http://www.welcometouhc.com/stateofaz), you can:

- ▶ View and compare benefit plan options
- ▶ Download open enrollment materials
- ▶ Search for physicians and facilities
- ▶ Learn more about wellness programs and online tools

## UnitedHealthcare Health4Me<sup>TM</sup>



Health4Me

### Always on the go? We can help you there too.

Whether you need to find urgent care, you forget your health plan ID card, or need to call customer service, the UnitedHealthcare Health4Me<sup>TM</sup> mobile app helps put your benefit information in the palm of your hand. The confidential app features include:

- ▶ Search for physicians or facilities
- ▶ View claims, account balances, benefit plan details and your health plan ID card



## Storytellers

### Health care success stories by the people who lived them.

Many UnitedHealthcare members have shared their success stories. To hear how UnitedHealthcare helped these members, in their own words, go to [www.uhc.com/storytellers](http://www.uhc.com/storytellers).

## Your health, your questions, your myuhc.com®

Once you become a member, your first stop is your member website, **myuhc.com**. It's loaded with details on your benefit plan and much more.

The Health & Wellness tab is your own personal website designed to inspire healthy action.

### Need a new doctor or a specialist?

Click “*Find a doctor*” to search for doctors near you. You can even see which physicians have been recognized by the UnitedHealth Premium® designation program for having met national quality standards and local benchmarks for cost-efficiency.

### Looking for an easier way to manage claims?

Click on “*Manage My Claims*” to easily search for claims, track claims you need to watch, mark claims you’ve already paid, and use easy-to-read graphs to better understand your bills and what you owe.

### Want to get rid of that nagging pain, but worried about the cost?

The health care cost estimator tool may help you get the best care for the best cost. Click on “*Estimate Health Care Costs*” to get started. It will guide you through the steps to get your estimate and provide you information about the procedure, risks, and benefits along the way.

### Want a place to keep your personal health information?

The “*Health & Wellness*” tab is your own personal website that is designed to:

- ▶ Inspire healthy action with a step-by-step program
- ▶ Encourage you to remain motivated through online health programs, and innovative tools and calculators that track your progress
- ▶ Reinforce your commitment by acknowledging your accomplishments

# TAKE THE NEXT STEP

Now that you've learned the basics of your plan options, here's what to do next.

## To learn how to enroll in a plan:

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

## To learn more about your benefit tools, resources and options:

- ▶ Visit your pre-member website at [welcometouhc.com/stateofaz](http://welcometouhc.com/stateofaz)
- ▶ Call Customer Care at **1-800-896-1067**
- ▶ Once enrolled, take advantage of your tools and resources by logging on to [myuhc.com](http://myuhc.com)

## Key contact information

|   |  |
|---|--|
| UnitedHealthcare Customer Care Number . . . . . | 1-800-896-1067   |
| Disease Management . . . . .                    | 1-877-283-5424   |
| myNurseLine . . . . .                           | 1-800-401-7396   |
| <hr/>   |  |
| Arizona Support Website . . . . .               | <a href="http://welcometouhc.com/stateofaz">welcometouhc.com/stateofaz</a> |
| Enrollment Website . . . . .                    | <a href="http://www.benefitoptions.az.gov/">www.benefitoptions.az.gov/</a> |
| Member Website . . . . .                        | <a href="http://www.myuhc.com">www.myuhc.com</a>                           |
| United Behavioral Health . . . . .              | <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a>       |
| StoryTellers . . . . .                          | <a href="http://www.uhc.com/storytellers">www.uhc.com/storytellers</a>     |



**Mobile Tools**  
Scan to download  
Health4Me

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

For informational purposes only. UnitedHealthcare does not diagnose problems or recommend specific treatment. The information provided in this document is not a substitute for your physician's care. Services and medical technologies referenced herein may not be covered under your plan or be available in all states or for all groups. Always refer to your benefit plan documents for your specific coverage and limitations.

The myNurseLine<sup>SM</sup>, Care Coordination Nurse, and Cancer Nurse Advocate services are for informational purposes only, and should not be used for emergency or urgent care situations. In an emergency, call 911 or go to the nearest emergency room. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. These services are not an insurance program and may be discontinued at any time. They are included as part of your health plan. For a complete description of the UnitedHealth Premium<sup>®</sup> Designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see [myuhc.com](http://myuhc.com).

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

**Disclosure:** The Health Discount Program is administered by HealthAllies<sup>®</sup>, Inc., a discount medical plan organization. **The Health Discount Program is NOT insurance.** The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA 91209, 1-800-860-8773, [www.unitedhealthallies.com](http://www.unitedhealthallies.com), [ohacustomer@optumhealth.com](mailto:ohacustomer@optumhealth.com).

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# Benefit Liaison Training

2014 Plan Year



**Benefit Options**  
Choice Value Health

**GO YOU**<sup>SM</sup>



## WHY CHOOSE CIGNA?

We are **easy** to work with.

We help **protect** you from the unexpected.

We help you **be well** and **live well**.

**Cigna**<sup>®</sup>

We are **easy**  
to work with.



**Cigna**®

# SO MANY WAYS TO CONNECT WITH CIGNA. WHENEVER. WHEREVER.



## Cigna.com

- Simple to navigate
- Find what you're looking for, quickly and easily



## New tablet technology

- Used at onsite health screening events
- Engages customers in learning about health risks and ways to improve health



## myCigna.com

- Personalized
- Easy access to doctor and facility searches, cost and quality of care and more



## Interactive Voice Response (IVR)

- New “natural language” system recognizes over 150 languages and dialects



## 24/7/365 live phone service

- Around-the-clock customer service



## Expanded Cigna mobile

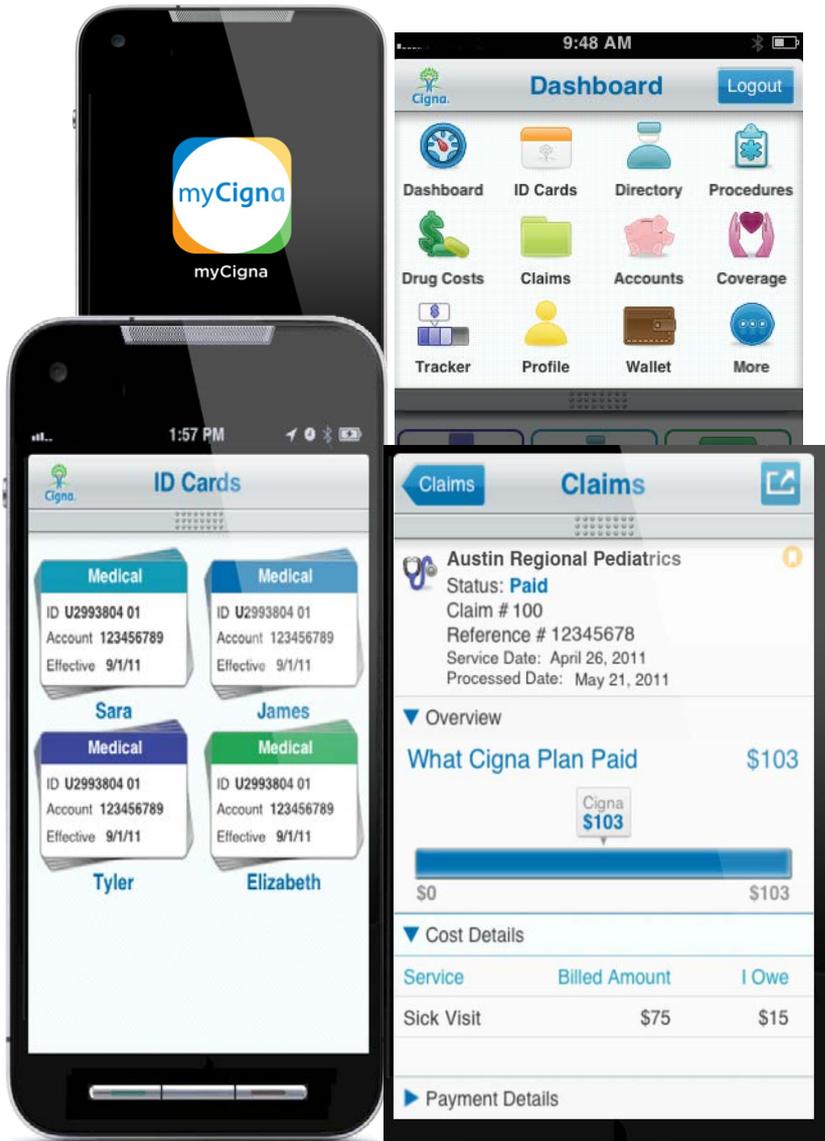
- All Cigna sites available via any web-enabled mobile device

**Cigna**®

- Find all of your information when you need it at **myCigna.com**
  - Coverage details (copays, deductibles, out-of-pocket maximums, etc.)
  - Track claims, payments and deductibles
  - Print a temporary ID card or order a new ID card
  - Health information and tools
  - Cost of care and quality comparison tools
  - View, print and download your Explanation of Benefits
  - Access articles and health education resources, and sign up
  - Keep track of your health history and records with a secure online Personal Health Record
- Easy-to-use decision support information and tools on **myCigna.com**
  - Learn about common health problems and options for treatment
  - Easily find doctors, hospitals, specialists and labs
  - Compare treatment and procedure costs
  - Find cost and quality ratings for doctors and hospitals



# THE NEW MYCIGNA MOBILE APP GOES ONE STEP FURTHER



- Instant, real-time access to health information on the go
- Store and organize info right on smartphone
- Completely personalized
- Available whenever, wherever
- Quick access to all pertinent info from one convenient place
- Quickly view ID cards for the entire family and print or email
- Access and review current and past claims
- Bookmark and group claims for quick and easy reference
- Search for a health care professional in Cigna's national network
- Valuable quality-of-care ratings
- Access maps for driving directions right from your smartphone



# HOW CAN YOU SAVE ME TIME?

- Open Access Plus In-Network:
  - National seamless network
  - No referral requirement
  - No claim forms needed when you receive care from in-network participating health care professionals and facilities
- Cigna Medical Group
  - Operating in greater Phoenix for 45 years, an award-winning **medical** practice with over 170 primary and specialty care providers practicing at 23 locations
  - Non-appointed care at 2 additional convenience care
  - High quality, no hassle health care from friendly doctors and many extra services; from lab and x-rays to urgent care and pharmacy - often available under one roof.
- 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**
  - 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**

Connecticut General Life Insurance Company  
Reimbursement Claim Office  
PO Box 188003  
Chattanooga, TN 37427-8003

**Cigna.**

Connecticut General Life Insurance Company

Customer service  
Call the number on the back of your ID card or  
1.800.244.6224 (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.

Service dates  
June 10, 2008

Reference # / ID  
865999999999 / 123456789

Account name / Account #  
ABC COMPANY / 999999999

**THIS IS NOT A BILL.**  
Your health care professional might bill you directly  
for any remaining amount due.

**Explanation of benefits**  
for a claim received for JOHN Q PUBLIC, Reference # 8659999999999

Summary of a claim for services on June 10, 2008  
for services provided by ABC Facility

|                         |                 |   |
|-------------------------|-----------------|---|
| Amount billed           | \$1,730.00      | This was the amount that was billed for your visit on 06/10/2008.   |
| Discount                | \$430.00        | <b>You saved \$430.00.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.   |
| What my CIGNA plan paid | \$270.00        | CIGNA paid \$270.00 to ABC Facility on 07/10/2008.  |
| What my accounts paid   | \$250.00        | \$250.00 was paid from your Health Reimbursement Account (HRA); you now have \$0.00 left.   |
| What I owe              | <b>\$780.00</b> | 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 when you received care may reduce the amount you owe.                               |
| You saved               | <b>40%</b>      | You saved \$700.00 (or 40%) off the total amount billed. This is a total of your discount and what your CIGNA plan paid.<br>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. |

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 3

We help  
**protect**  
you from the  
unexpected.



**Cigna**®

# HOW CAN YOU HELP ME WHEN SOMETHING CHANGES – MY HEALTH, I MOVE, I'M TRAVELING?

- Avoid the emergency room for minor injuries – visits to urgent care and retail clinics are covered
- Talk to a trained nurse for information when you can't reach your doctor – day or night
  - Skilled, experienced registered nurses provide confidential and convenient service 24/7
  - Level-of-care counseling for current symptom based health issues
  - Health and Medical Information/Education
  - Audio Health Resource Access
- Keep your doctor during transitions (for example, if you're new to Cigna or, your doctor leaves our network) when you are in the middle of treatment for certain health care conditions including, but are not limited to:
  - Pregnancy in the second or third trimester at the time of effective date of coverage
  - Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy, or reconstruction
  - Trauma
  - Transplant candidates, unstable recipients, or recipients in need of ongoing **care** due to complications associated with a transplant
  - **Note** – A medical necessity review is completed once the clinical information is received from the customer/health care professional and a determination is made on coverage of the above services



# HOW DO YOU HELP ME PLAN FOR MY MEDICAL EXPENSES?

## Medical plan highlights

| EPO Plan<br>Employee Cost for Care   |                                  |
|--|----------------------------------|
| Plan Year Deductible   | None                             |
| Out-of-Pocket Maximum  | None                             |
| Lifetime Maximum   | Unlimited                        |
| Office Visit: Primary Care   | \$15                             |
| Office Visit: Specialist   | \$30                             |
| Office Visit: OB/GYN   | \$10                             |
| Urgent Care  | \$40                             |
| Emergency Room   | \$125 (copay waived if admitted) |
| Inpatient Hospital   | \$150                            |
| Outpatient Hospital  | \$50                             |
| Lab/Radiology  | \$0                              |
| <b>Note:</b> These are only highlights. Please refer to your plan document for full benefit details. |                                  |

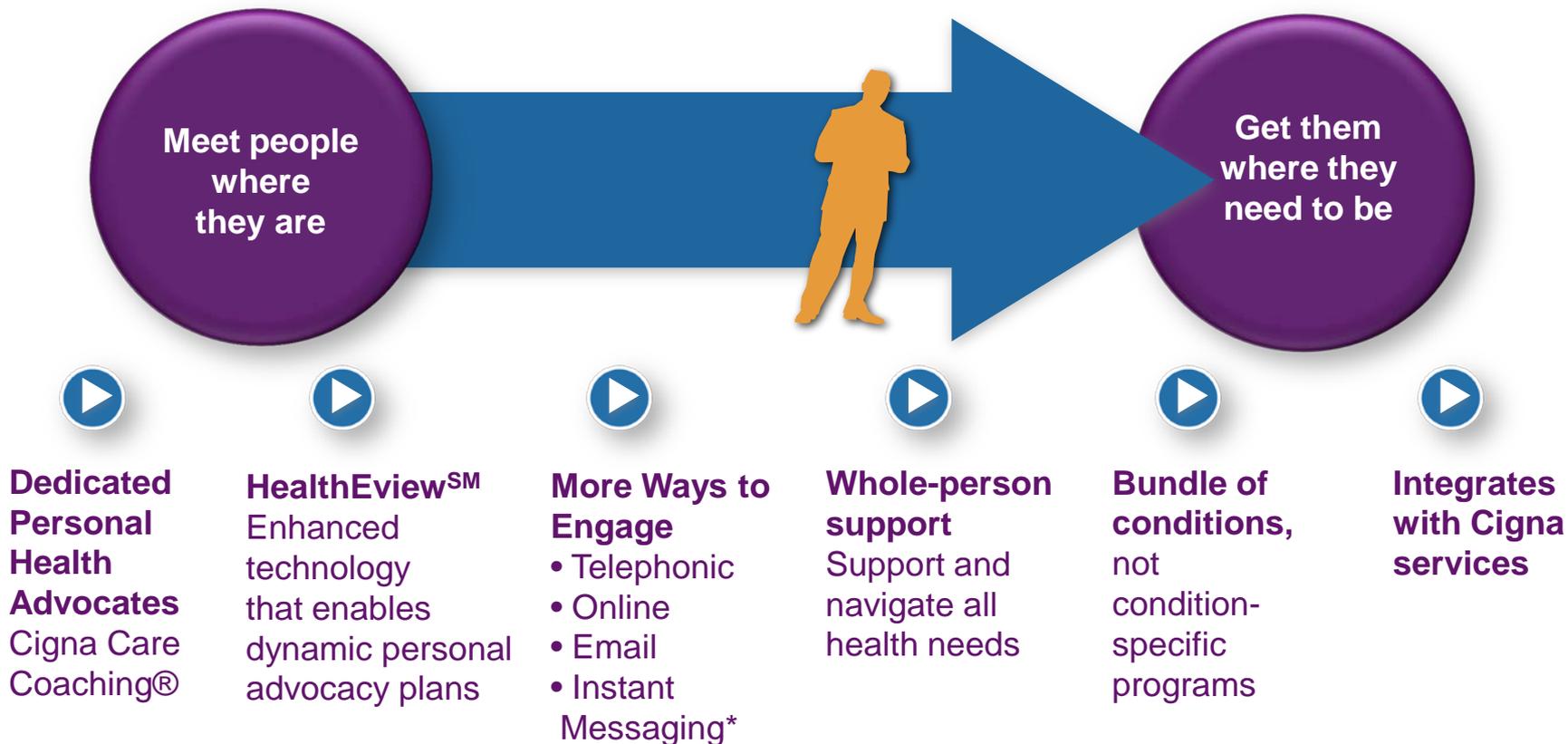


We help you  
**be well**  
and **live well.**



**Cigna**®

# WHAT MAKES OUR SOLUTION DIFFERENT AND BETTER



# VARYING LEVELS OF INDIVIDUAL ENGAGEMENT

Interventions based on risk/severity and individual's wants and needs

- Initially segmented by health risk/severity *and* readiness to change
- Interaction adjusted by additional information and customer preference



# TAILORED TO THE STATE OF ARIZONA'S DNA TO CHANGE UNHEALTHY LIFESTYLE BEHAVIORS



## LIFESTYLE MANAGEMENT PROGRAMS

stress  
weight  
tobacco

online  
phone  
combination

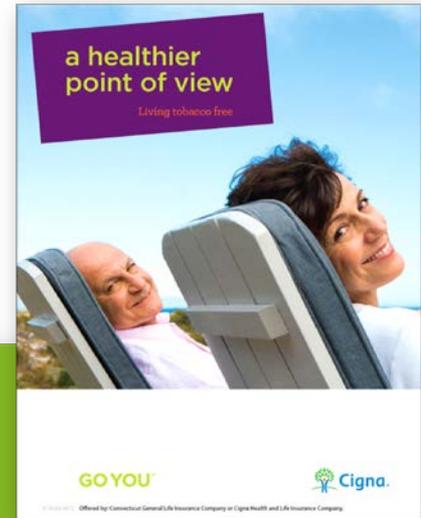
awareness  
attitudes  
action

### Coaching support to:

- Overcome physical, emotional and social obstacles
- Set goals, learn new skills and monitor progress
- Provide resources and motivation to prevent relapse
- Personalized assessment uncovers your needs and goals
- Flexible schedule and style – when and how you need it
- Work with same coach every time to build relationship and trust

# TOBACCO CESSATION PROGRAM

- **Targets physical, emotional and social addiction**
- **Uses strategies proven to double quit rate success:**
  - Counseling and social support
  - Nicotine replacement therapy



## PHONE

- Welcome letter and workbook
- Program is tailored to meet individual's needs
- Free home delivery of over-the-counter nicotine replacement therapy
- Optional weekly group sessions
- Condition-specific educational materials (as appropriate)
- Post-graduation follow-up calls

## ONLINE

- 24/7 access to:
  - Articles
  - Tools
  - Trackers
- Emails at key intervals during the quit process
- Free home delivery of over-the-counter nicotine replacement therapy
- Content tailored to your needs and preferences

# STRESS MANAGEMENT PROGRAM

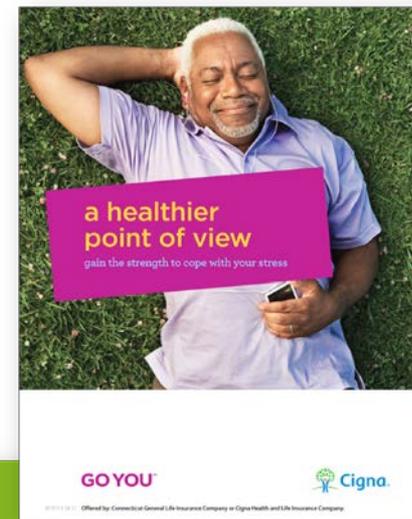
- **Addresses emotional and physical symptoms**
- **Multi-faceted approach:**
  - Job/personal relationships and stress
  - Work/life balance and time management
  - Physical activity, Nutrition and sleep

## PHONE

- Welcome letter and workbook
- Program is tailored to meet individual's needs
- Participants receive toolkit
- Optional weekly group sessions
- Post-graduation follow-up calls

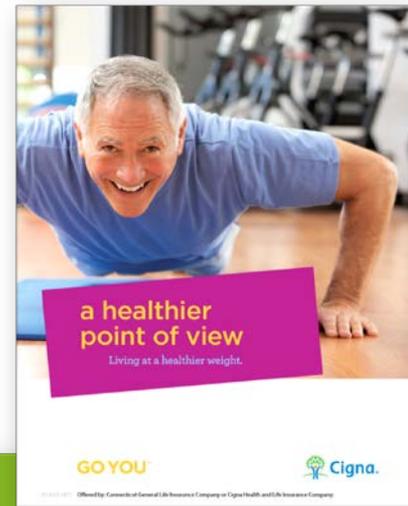
## ONLINE

- Emails at key intervals during the program
- 24/7 access
- Educational articles



# WEIGHT MANAGEMENT PROGRAM

- **Focus on emotions and sensations:**  
awareness of behavioral eating patterns
- **Non-diet approach:**  
small changes in healthy eating, activity and body image lead to sustainable weight loss



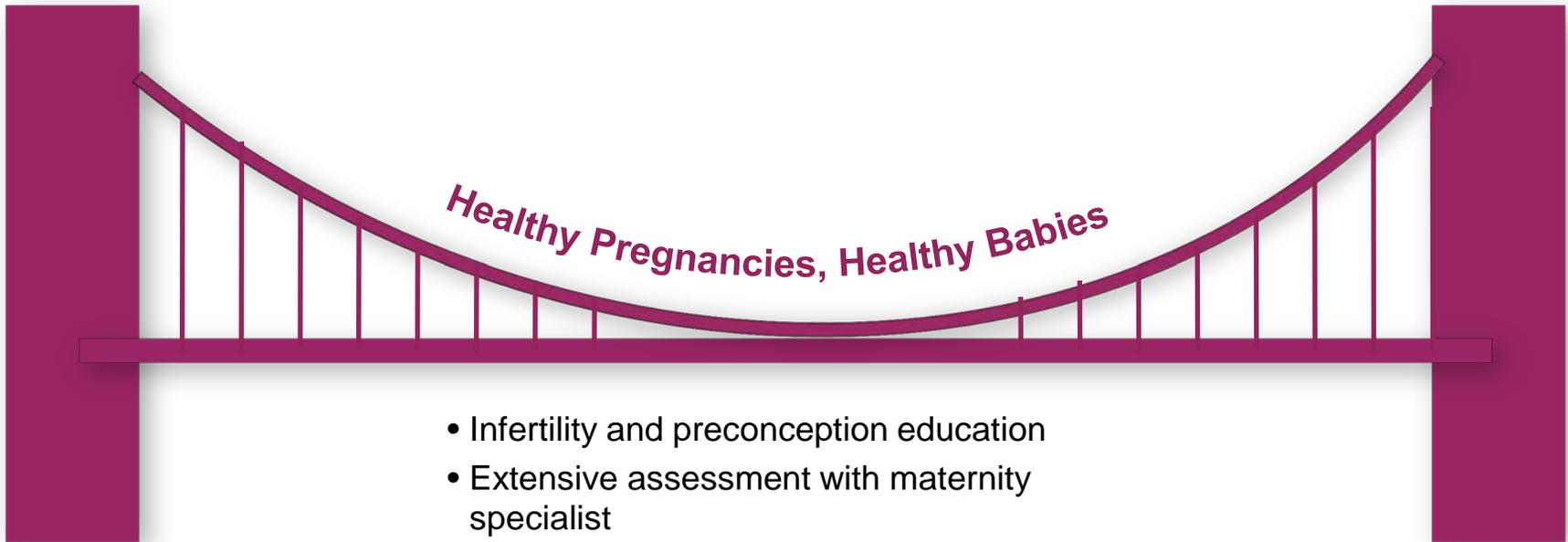
## PHONE

- Welcome letter and workbook
- Program is tailored to meet individual's needs
- Participants receive toolkit
- Optional weekly group sessions
- Post-graduation follow-up calls

## ONLINE

- Emails at key intervals during the program
- Content tailored to your needs and preferences
- 24/7 access to:
  - Articles
  - Tools
  - Trackers

# BRIDGING THE GAP



*Healthy Pregnancies, Healthy Babies*

## Standard Maternity

- Pregnancy education kit
- 24-hour Health Information Line
- myCigna.com

- Infertility and preconception education
- Extensive assessment with maternity specialist
- Early identification of high risk
- Pregnancy education kit
- Ongoing outreach and assessment
- Coaching to promote healthy behaviors and appropriate medical interventions
- Early referral of baby to NICU
- Postpartum depression screening

## Maternity Case Management

- Complex, high-risk pregnancy management
- Referral of babies to NICU case management
- Care coordination with evidence-based guidelines

# CIGNA HEALTHY REWARDS® MEMBER DISCOUNTS

## Just Walk 10,000 Steps-A-Day Walking Program

8-week online program allows you to log your daily steps, track your progress and receive coaching tips and fun facts. Members receive pedometer and related materials (\$29.95 + S&H) Option to extend online program by purchasing the 52-week step-up maintenance program.

## Weight Management Discount Programs

On-line, at home, telephone-based & traditional meeting options



## Fitness Club Memberships

American Specialty Health Networks and ChooseHealthy provide access to over 12,000 fitness clubs, including Yoga and Pilates studios

## Tobacco Cessation Discounts

Telephonic based Employee-pay cessation program. Other discounts through drugstore.com,



## Eyeglasses

Reduced rates at over 15,000 participating retailers and providers. Discounts on eyeglasses prescription sunglasses and vision exams.



## Complementary & Alternative Medicine

Reduced rates from over 31,000 participating providers including chiropractics, acupuncturists, massage therapists & registered dieticians.



## Health & Wellness Products

5% off every order at drugstore.com, including weight management scales and blood pressure monitors. And the ChooseHealthy® Store offers discounts on vitamins & supplements, herbal products, dental products, homeopathic remedies, natural products, diet & sports nutrition, yoga & fitness activities, personal body care, books, audio, video & DVDs.

## Laser Vision Correction (LASIK)

Reduced rates at over 599 participating facilities

Not all programs available in all states. See [www.cigna.com/healthyrewards](http://www.cigna.com/healthyrewards) for more details.



## We are here when and where you need us:

- 1.800.968.7466
- Websites:
  - Existing Members: [www.mycigna.com](http://www.mycigna.com)
  - Non-members: [www.cigna.com/stateofaz](http://www.cigna.com/stateofaz)

**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**
- **Resources**
  - Member Website



# MedImpact Overview



## Who is MedImpact?

- **Largest Pharmacy Benefits Management company that does not sell drugs**
- **Is not a pharmacy**
- **Nation's largest privately owned PBM**
- **Services 35 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

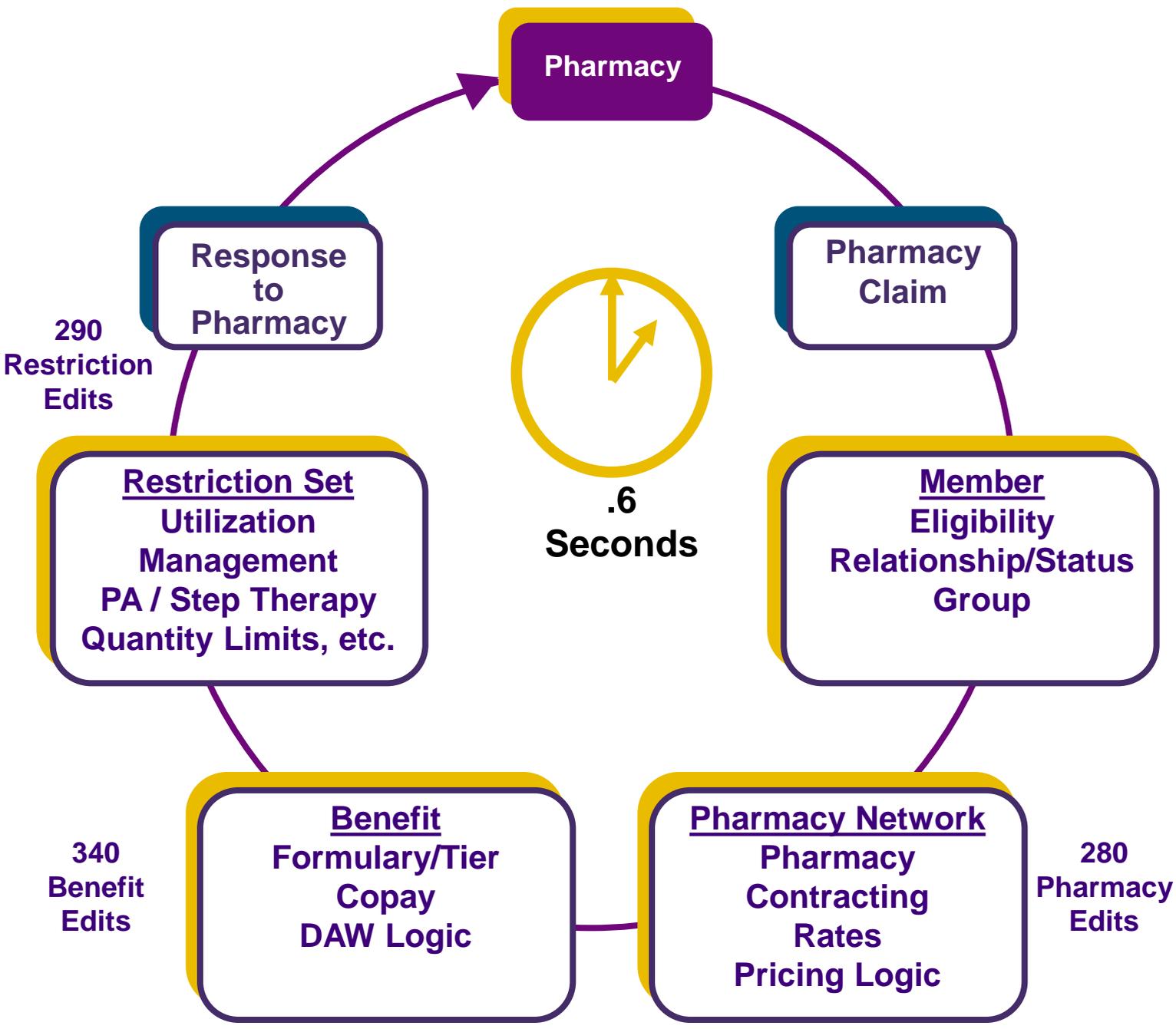
- Provides administrative services
- Processes Claims
- Minimal network influence

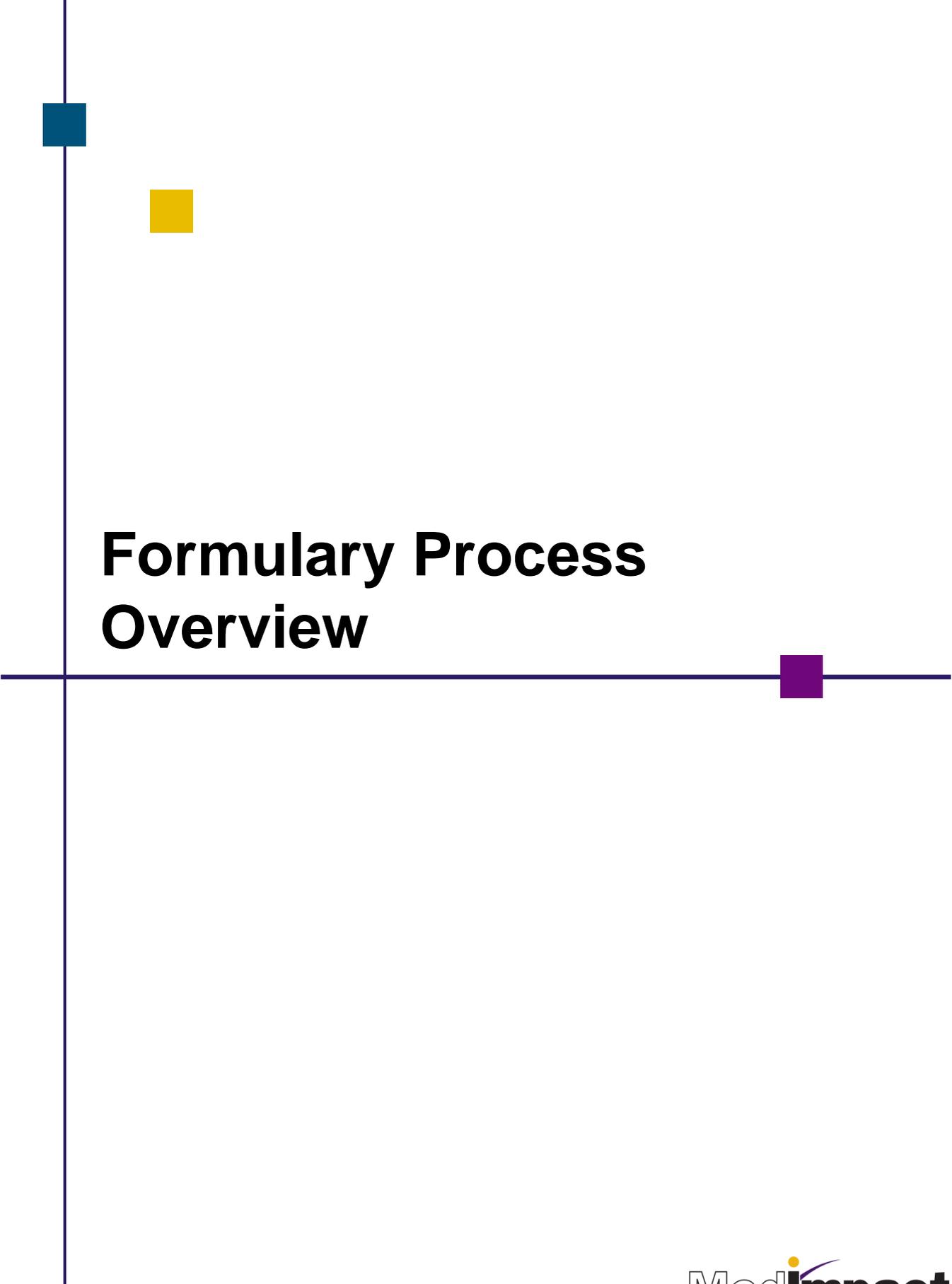


# What does MedImpact do?

- **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

# 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



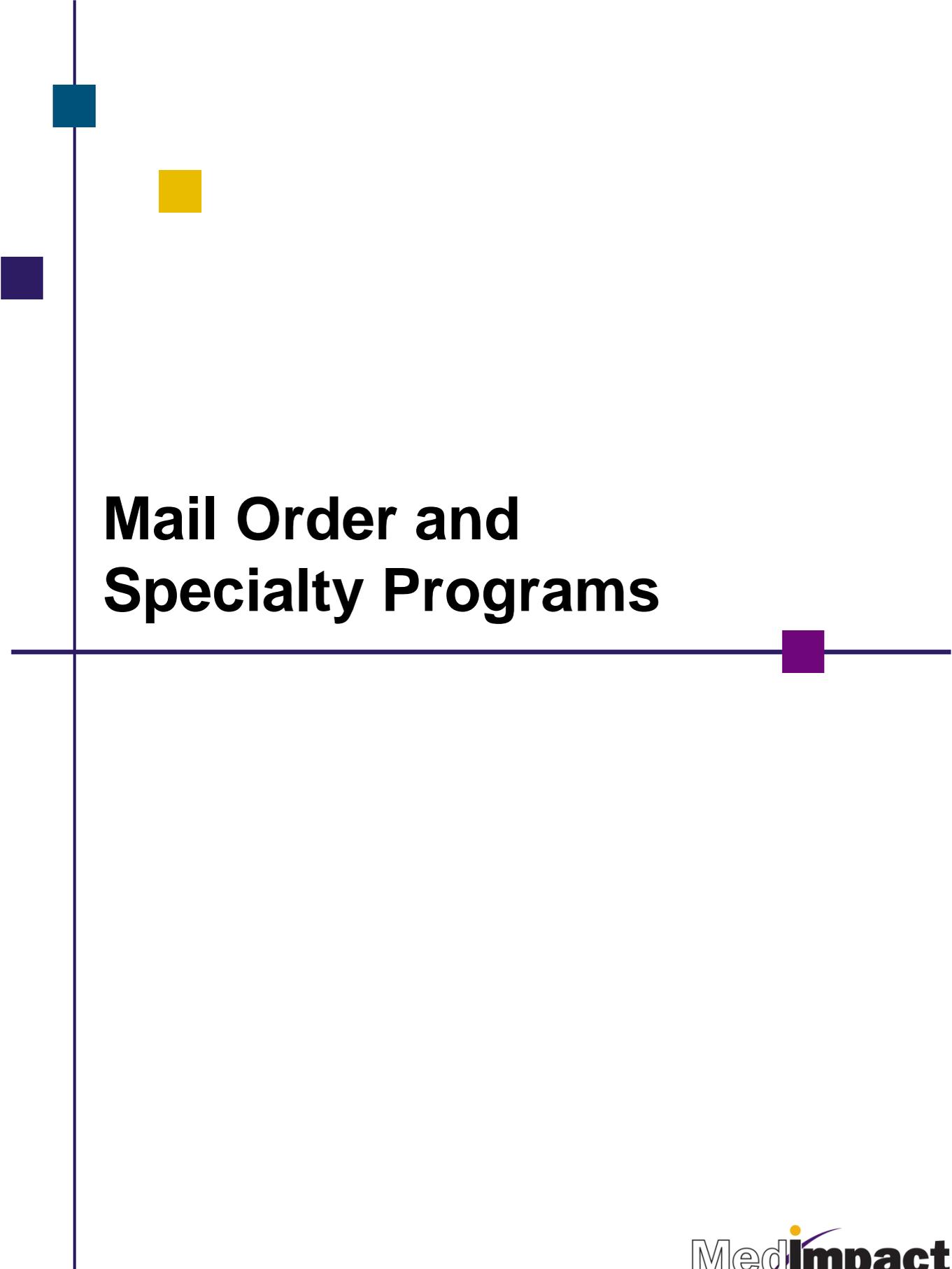
- **Formulary changes are made Quarterly, due to:**
  - New drug releases: new brand and generic drugs
  - Drug safety updates
  - Changes in drug cost and cost effectiveness
  
- **Members that are affected by the formulary changes are notified via letter**
  - For Medication Placement, Quantity Limit 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



A decorative graphic consisting of a vertical blue line on the left and a horizontal purple line at the bottom. Four colored squares are placed at various points: a dark blue square on the vertical line, a yellow square to the right of the vertical line, a dark purple square to the left of the vertical line, and a purple square on the horizontal line.

# Mail Order and Specialty Programs

# 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

UPI#: 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

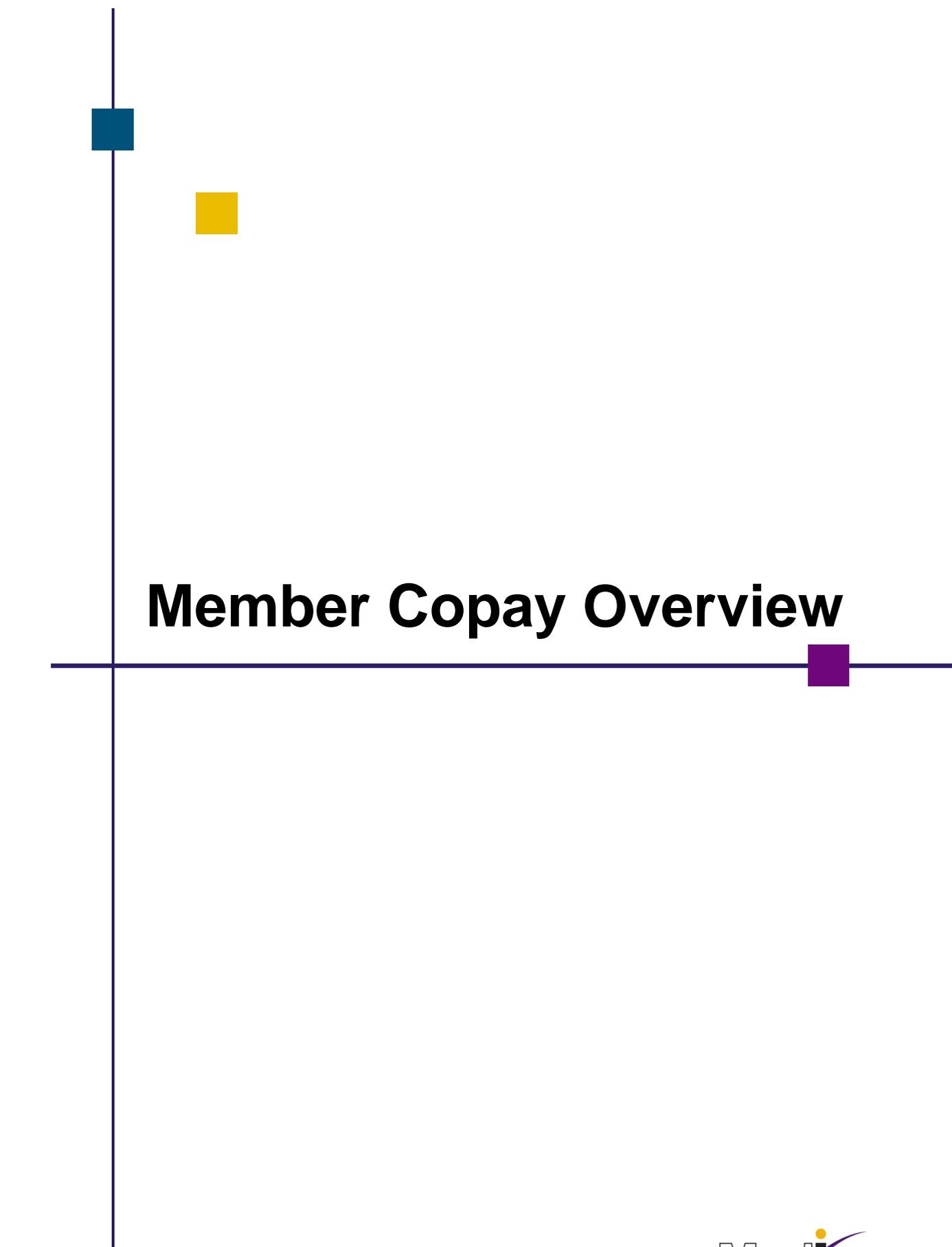
Brand names are the property of their respective owners. ©2009 Walgreen Co. All rights reserved.



# 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

# 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



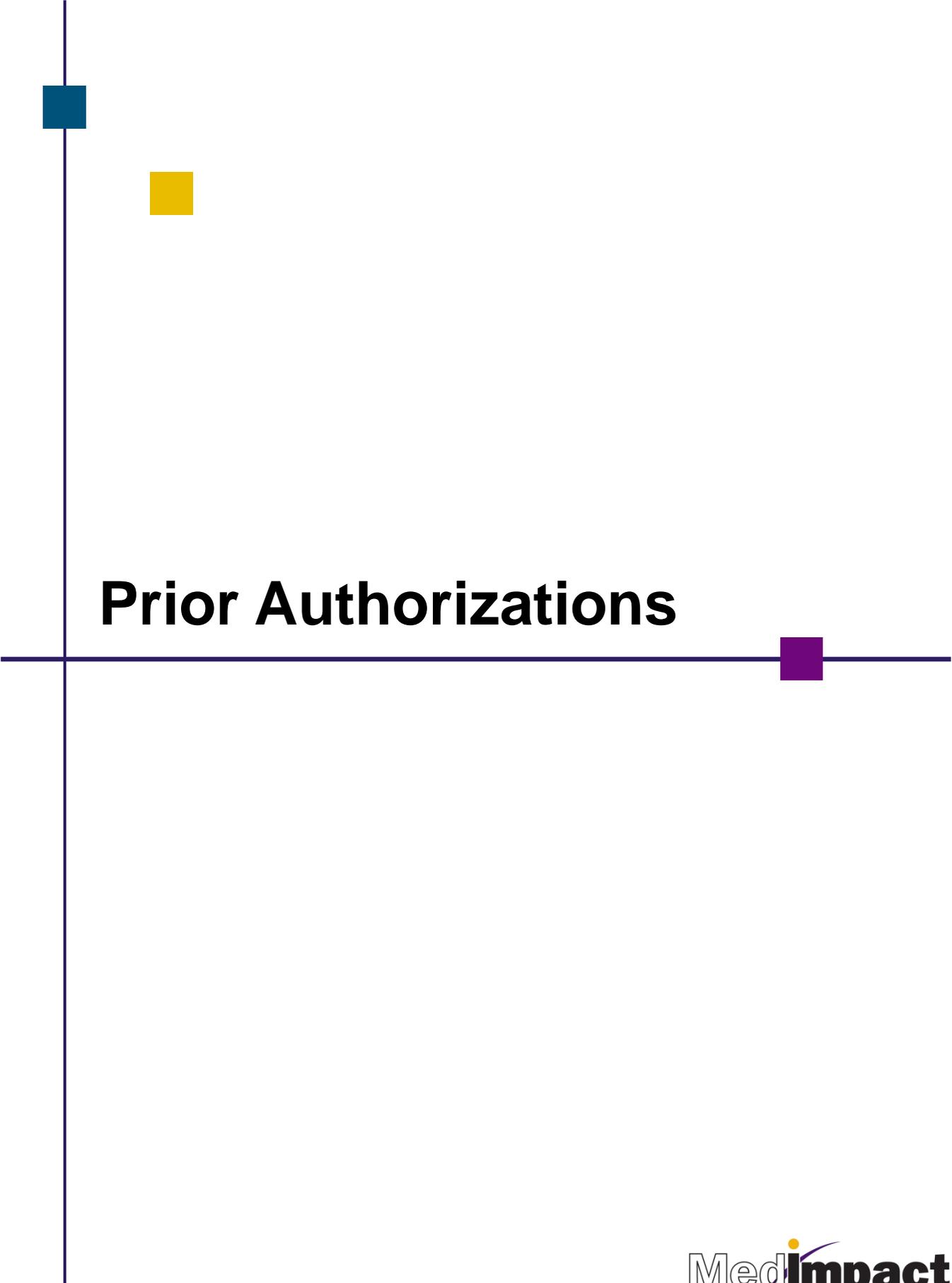
|                   | Generic | Formulary | Non-Formulary Brand |
|-------------------|---------|-----------|---------------------|
| <b>Retail</b>     | \$10    | \$20      | \$40                |
| <b>Specialty</b>  | \$10    | \$20      | \$40                |
| <b>Choice90</b>   | \$25    | \$50      | \$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 Authorizations

# 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<br>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<br>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):<br>( ) - |
| Diagnosis (required):  | Physician Area Code and Fax Number (required):<br>( ) -       |
| Pharmacy used by Member:   | Pharmacy Area Code and Telephone Number:<br>( ) -             |
| 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

# Step Therapy: What is it?

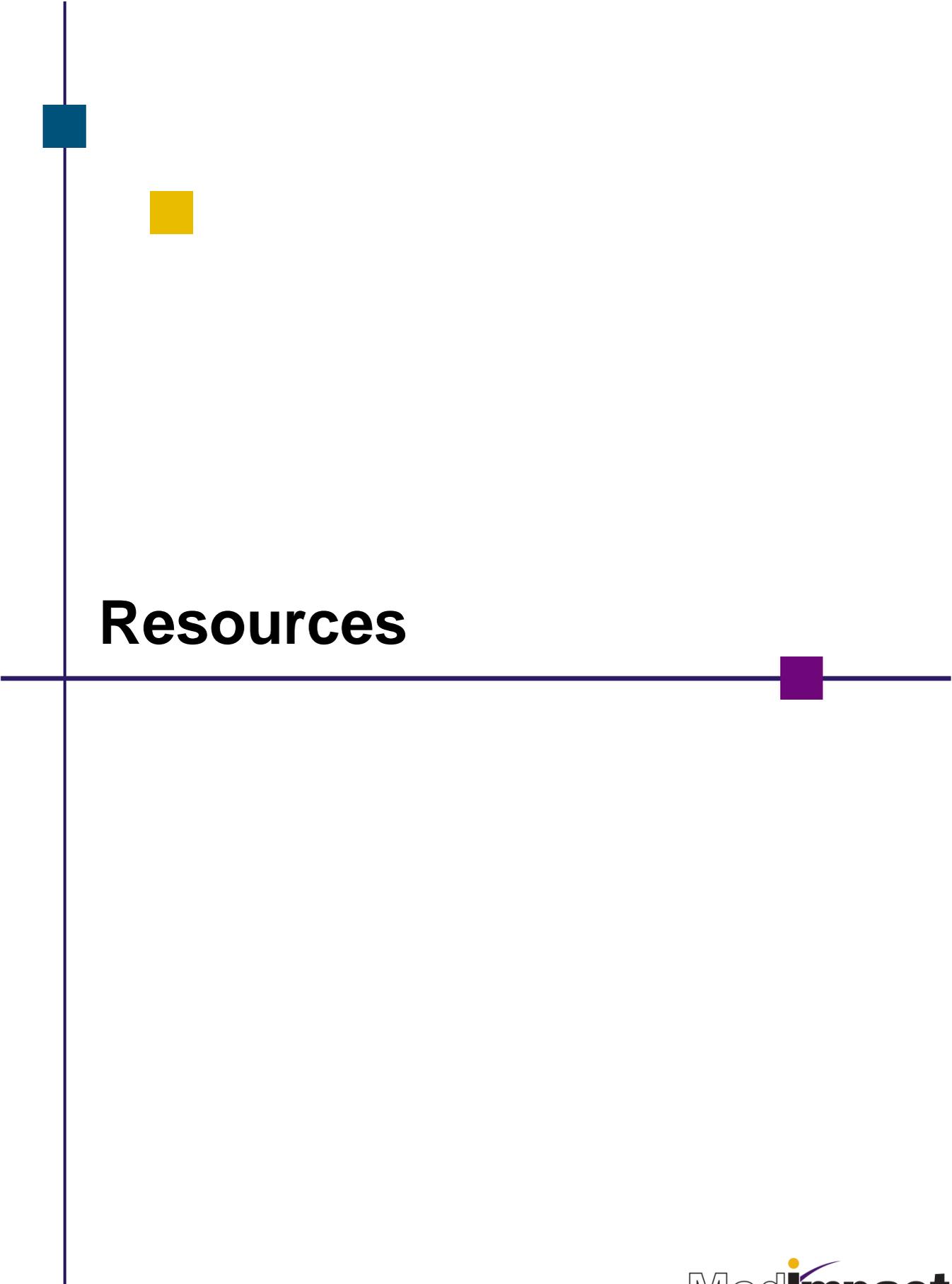
- **Step therapy is a clinical tool used in your prescription benefit to promote the use of effective, clinically appropriate medications that may be less costly**
- **Step therapy requires that a patient try a clinically appropriate, lower cost medication first, or requires that their doctor has clinically 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.





**Resources**

# 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, Arizona Department of Administration, Human Resources Division - Benefit Services. The top navigation bar includes the logo and the AZ.GOV link. A left sidebar contains a menu with items like 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 informational text:

- MedImpact Pharmacy Website**: 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.
  - Personal Health History – Find 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, 2013 through September 30, 2013.
- MedImpact Specialty Drug List (pdf)**
- HSA Preventive Drug List**
- Tobacco Cessation Program Flyer (pdf)** – You can quit. We can help. Call 1-888-215-8542 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**
- Walgreens Mail Order Website**: Walgreens will be transitioning members to a new website ([www.walgreens.com](http://www.walgreens.com)) effective 07/01/2013. Information on how to set up a user account is below. For additional support, members may contact Walgreens customer support team at 800-525-1590.
  - [Guide for users without a pre-existing Walgreens.com account](#)
  - [Guide for users with a pre-existing Walgreens.com account](#)

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





# Member Website

# 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.

# Delta Dental of Arizona

## State of Arizona

### Benefit Liaisons Training



# The dental benefits leader



## **Experience.**

The Delta Dental system is the nation's largest, most experienced dental benefits carrier, providing dental coverage to 1 out of every 3 Americans.

## **Access.**

Our dental networks are unrivaled. We're the largest in the nation with more than 142,000 dentists at 250,000 office locations. In Arizona, we have more than 3,100 dentists at 6,710 locations across the state.

## **National capabilities, local presence.**

We provide all the advantages of a national plan with local control and service. For 41 years, Delta Dental has been providing quality dental benefits to Arizona residents and 21 years with the State of Arizona.

## **Service.**

Our local customer service representatives are committed to providing you with the best service in the business.

# 2014 benefits overview



- ✓ \$2,000 yearly maximum per covered person
- ✓ Diagnostic and preventive services are not part of the yearly maximum
- ✓ No deductible for diagnostic and routine services
- ✓ Deductible of \$50 per person; no more than \$150 per family
- ✓ Access to the PPO plus Premier network

## **Delta Dental PPO plus Premier**

- 6-month waiting period no longer applies
- Orthodontic payments will change from 1 payment in 6 months to 1 payment in 12 months

# Covered services

## 100% Diagnostic & Preventive Services

**Diagnostic:** Exams, evaluations or consultations (2x in a benefit year).

**X-rays:** Full mouth/Panorex or vertical bite wings (1x in a 3-year period), bitewing (2x in a benefit year), and Periapical.

**Preventive:** Routine cleanings (limited to 2x in a benefit year) or 1 difficult cleaning may be exchanged for 1 routine cleaning. However, the difficult cleaning is limited to not more than once in a 5-year period.

- Topical application of fluoride 2x in a benefit year up to age 18
- Space maintainers for missing posterior primary (baby) teeth up to age 14.



# Third cleaning benefit

As a way of supporting **preventive care**, **improving health** and **lowering overall costs** for members with qualifying medical conditions, we have added a third dental cleaning option.\*

This benefit is available to members who have had 2 cleanings during the current benefit period and have:

- Diabetes
- Women in their third trimester of pregnancy
- Renal dialysis patients
- Suppressed immune system patients (due to chemotherapy, HIV positive, organ transplant or stem cell/bone marrow transplant)
- Head and neck radiation patients

**Register for this benefit via the Member Connection at [www.deltadentalaz.com](http://www.deltadentalaz.com).**

*\*Benefit applies to benefit year max*



# Other covered services (deductible applies)

## 80% Basic Services

**Restorative:** Fillings - silver, synthetic tooth color fillings, stainless steel crowns (for baby teeth)

**Oral surgery:** Extractions

**Endodontics:** Root canal treatment (permanent teeth), pulpotomy (baby teeth)

**Periodontics:** Treatment of gum disease - non-surgical, 1x every 2 years, surgical, 1x every 3 years

**Emergency:** Treatment for the relief of pain

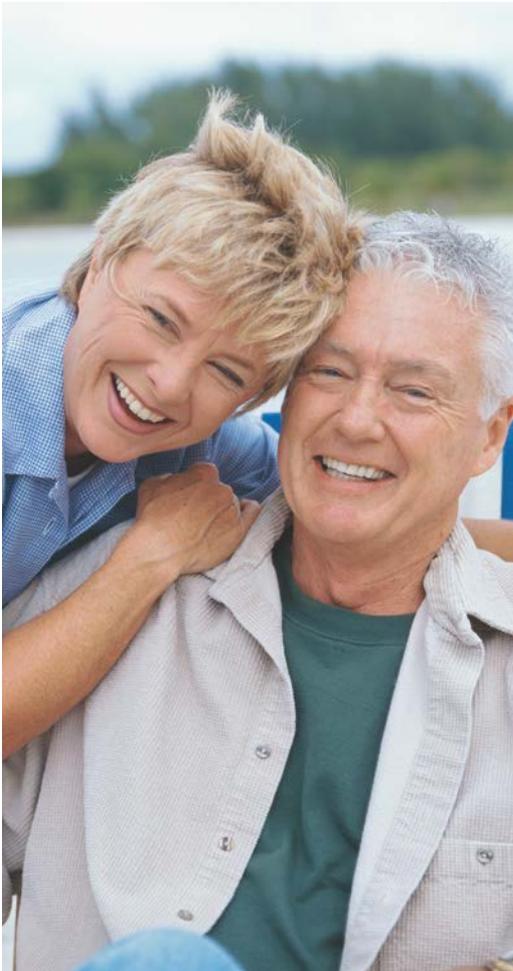
## 50% Major Services

**Restorative:** Crowns, onlays

**Prosthodontics:** Bridges, partial dentures, complete dentures

**Bridge & Denture Repair:** Repair of such appliances to their original condition, including relining of dentures

**Replacement:** 5-year waiting period applies to all major services





## **50% Orthodontics Services**

- Benefit available for both adults and children.
- Lifetime orthodontia benefit is limited to a maximum of \$1,500 per patient. Payable in 2 payments - upon initial banding and 12 months after
- This maximum is separate from the benefit year maximum for your other dental benefits

# Customer service



- Dedicated State of Arizona customer service number staffed by experienced personnel:
  - Toll-free hotline: 1-866-9state9 or 866-978-2839
  - Local: 602-588-3620
- 24/7 access to information at [www.deltadentalaz.com](http://www.deltadentalaz.com)

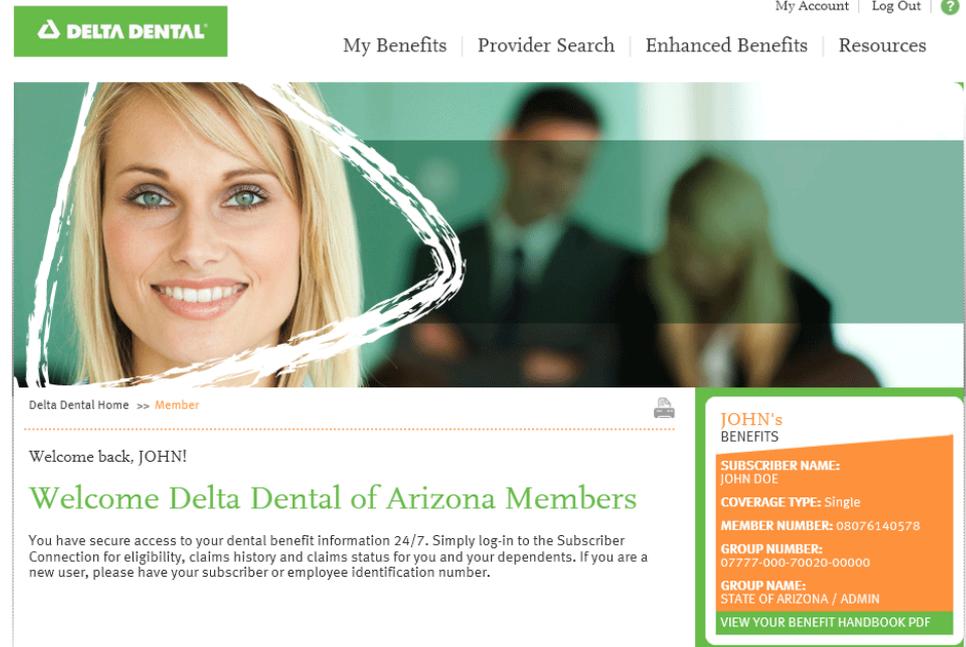
*It takes an average of **20 seconds** to connect with a Delta Dental representative by phone and **99.98%** of inquiries are resolved on the first call.*

## Member Connection

Visit [www.deltadentalaz.com/member](http://www.deltadentalaz.com/member) for 24/7 access to your dental benefits information.

Log in or create your new account today and take advantage of all you can do online:

- Check benefits and eligibility
- Check claims status
- View maximums and benefit levels
- Find a participating dentist
- Print ID cards
- Download benefit booklet



The screenshot shows the Delta Dental Member Connection website. At the top left is the Delta Dental logo. To the right are navigation links: "My Account", "Log Out", "My Benefits", "Provider Search", "Enhanced Benefits", and "Resources". Below the navigation is a large banner image of a smiling woman. Underneath the banner, there is a breadcrumb trail: "Delta Dental Home >> Member". A welcome message reads "Welcome back, JOHN!". Below this is a heading "Welcome Delta Dental of Arizona Members" and a paragraph of text: "You have secure access to your dental benefit information 24/7. Simply log-in to the Subscriber Connection for eligibility, claims history and claims status for you and your dependents. If you are a new user, please have your subscriber or employee identification number." On the right side of the page, there is a sidebar titled "JOHN'S BENEFITS" with a list of details: "SUBSCRIBER NAME: JOHN DOE", "COVERAGE TYPE: Single", "MEMBER NUMBER: 08076140578", "GROUP NUMBER: 07777-000-70020-00000", and "GROUP NAME: STATE OF ARIZONA / ADMIN". At the bottom of the sidebar is a link: "VIEW YOUR BENEFIT HANDBOOK PDF".

## Summary

The following is a report summary

**What does the Risk Score mean?**

Your *Risk Score* describes the chance your health will get worse **without** good home and professional care.

**What does the Disease Score mean?**

Your *Disease Score* describes how much care is needed to get you as healthy as you can be or to prevent another episode of disease.

### Gum Disease Risk: 4

Your estimated gum disease risk is 4, indicating high risk.



### Gum Disease Score: 3

Your estimated gum disease score is 3, indicating mild periodontitis.



### Tooth Risk: 2

Your estimated tooth risk is 2, indicating low risk.



### Tooth Needs: 2

Your estimated tooth needs is 2, indicating low restorative needs.



### Oral Cancer Risk: 1

Your estimated oral cancer risk is 1, indicating very low risk.



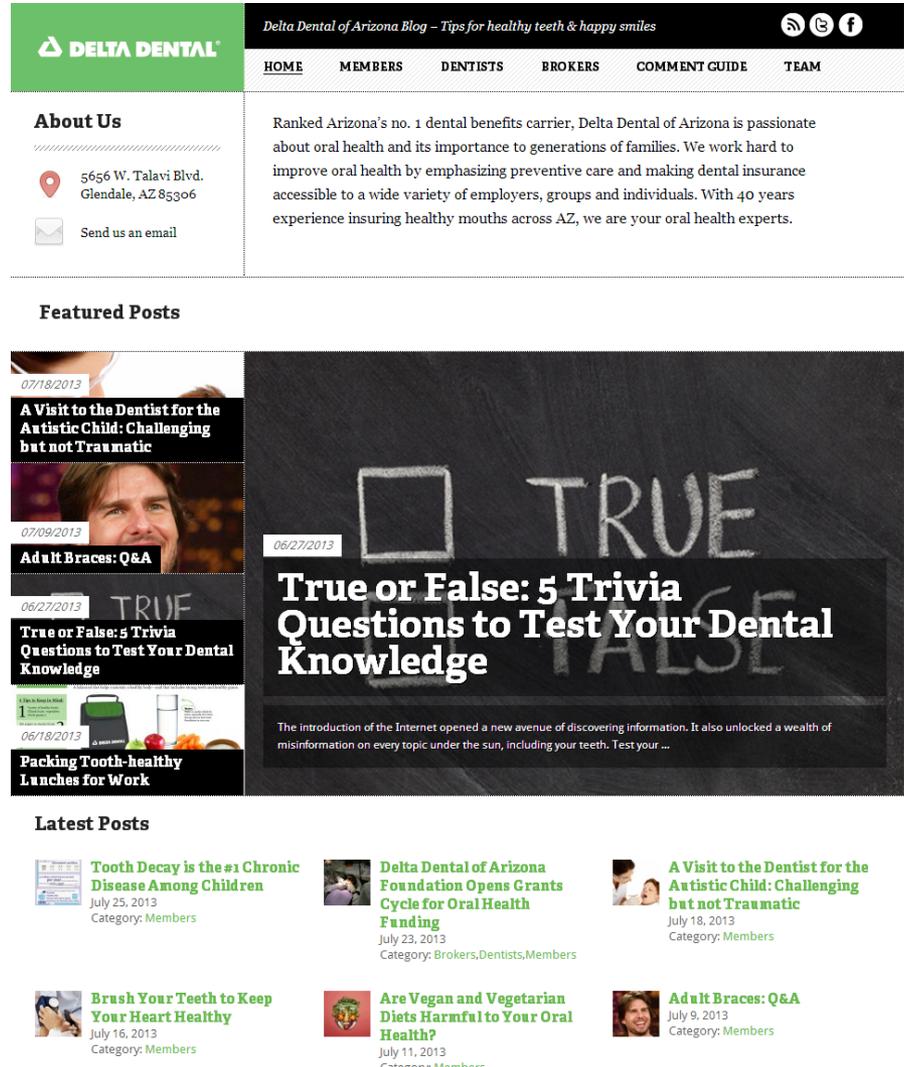
## MyDentalScore Risk Assessment Tool

1. Take a few minutes to answer some simple questions about yourself and your oral health. When finished you will receive an easy to understand oral health score report.
2. Print your personalized MyDentalScore report and schedule an appointment with your dentist
3. Your dentist will look at the results and, if needed, help you create a treatment plan.

*Find out your oral health score now at [www.deltadental.com/mydentalscore](http://www.deltadental.com/mydentalscore).*

## Delta Dental AZ Blog

Visit [www.deltadentalazblog.com](http://www.deltadentalazblog.com) for oral health news and tips to keep your smile healthy!



The screenshot shows the Delta Dental AZ Blog homepage. At the top left is the Delta Dental logo. The main header includes the site title "Delta Dental of Arizona Blog - Tips for healthy teeth & happy smiles" and navigation links for HOME, MEMBERS, DENTISTS, BROKERS, COMMENT GUIDE, and TEAM. Social media icons for RSS, Twitter, and Facebook are also present.

**About Us**  
 5656 W. Talavi Blvd.  
 Glendale, AZ 85306  
 Send us an email

**Featured Posts**

- A Visit to the Dentist for the Artistic Child: Challenging but not Traumatic** (07/18/2013)
- Adult Braces: Q&A** (07/09/2013)
- True or False: 5 Trivia Questions to Test Your Dental Knowledge** (06/27/2013)
- Packing Tooth-healthy Lunches for Work** (06/18/2013)

**Latest Posts**

- Tooth Decay is the #1 Chronic Disease Among Children** (July 25, 2013) - Category: Members
- Delta Dental of Arizona Foundation Opens Grants Cycle for Oral Health Funding** (July 23, 2013) - Category: Brokers, Dentists, Members
- A Visit to the Dentist for the Artistic Child: Challenging but not Traumatic** (July 18, 2013) - Category: Members
- Brush Your Teeth to Keep Your Heart Healthy** (July 16, 2013) - Category: Members
- Are Vegan and Vegetarian Diets Harmful to Your Oral Health?** (July 11, 2013) - Category: Member
- Adult Braces: Q&A** (July 9, 2013) - Category: Members

The featured post "True or False: 5 Trivia Questions to Test Your Dental Knowledge" includes a chalkboard graphic with the words "TRUE" and "FALSE" and a text box stating: "The introduction of the Internet opened a new avenue of discovering information. It also unlocked a wealth of misinformation on every topic under the sun, including your teeth. Test your ..."

# Save money using a network dentist

Network dentists have agreed to accept negotiated fees for services. When you visit a participating Delta Dental PPO or Delta Dental Premier network dentist, you cannot be billed for the difference between your dentist's normal rate and Delta Dental's negotiated rate.

*Why pay more when you can receive services from a Delta Dental PPO or Delta Dental Premier network dentist and reduce your out-of-pocket costs?*

## PPO versus Premier Dentist *Sample Savings*

A major restorative Type III (Major Services) procedure for which the dentist typically charges \$900.

| Network              | Dentist's Regular Charge | Delta Dental's Negotiated Fee | Delta Dental's Payment                   | Members' Co-payment (based on coinsurance) | Members' Balance payable to the dentist |
|----------------------|--------------------------|-------------------------------|--|--|---|
| Delta Dental PPO     | \$900                    | \$650                         | 50% of the \$650 negotiated fee or \$455 | \$325.00                                   | \$0                                     |
| Delta Dental Premier | \$900                    | \$770                         | 50% of the \$770 negotiated fee or \$539 | \$385.00                                   | \$0                                     |

# Find a network dentist



About 85% of the nation's dentist are contracted with Delta Dental, so finding a network dentist is easy. Our dentist directories are accessible via the Internet and our toll-free phone line.

## BY TELEPHONE

Call 800-352-6132, select option 5 and follow the automated instructions.

## ON THE WEB

Go to [www.deltadentalaz.com](http://www.deltadentalaz.com), select the "Provider Search" menu at the top of the page and click "Find a Network Dentist."

## Sample wording from EOB



### EXPLANATION OF BENEFIT

\*\* Duplicate/Corrected Copy – This Is Not A Bill \*\*

Delta Dental of Arizona  
PO Box 43026  
Phoenix, AZ 85080-3026  
Inquiries: 800.352.6132  
www.deltadentalaz.com

Check #: 123456  
Name of Payee: David Fox DDS

David Fox  
5656 W. Talavi Blvd  
Glendale, Az. 85306

|          |                  |
|----------|------------------|
| Claim:   | 1-1203-888-91    |
| Group:   | City of Chandler |
| Member:  | John Dental      |
| ID#:     | xxx-xx-1234      |
| Patient: | John Dental      |
| DOB:     | 7/7/1977         |
| Dentist: | Dr. David Fox    |

| Procedure/<br>TTH             | Surf | Service<br>Date | Proc<br>Code | Submit<br>Amt | Fee<br>Adjust | Approved<br>Amount | Allowed<br>Amount | Deduct<br>Applied | Delta<br>CoPay | Patient<br>Payment | Delta<br>payment  | Ref<br>Code |
|-------------------------------|------|-----------------|--------------|---------------|---------------|--------------------|-------------------|-------------------|----------------|--------------------|-------------------|-------------|
| Comprehensive Oral Evaluation |      |                 |              |               |               |                    |                   |                   |                |                    |                   |             |
|                               |      | 5/5/2011        | 150          | 69.00         | 22.00         | 47.00              | 47.00             | 0.00              | 100%           | 0.00               | 47.00             |             |
| Bitewings – Four Films        |      |                 |              |               |               |                    |                   |                   |                |                    |                   |             |
|                               |      | 5/5/2011        | 274          | 49.00         | 14.00         | 35.00              | 35.00             | 0.00              | 100.00         | 0.00               | 35.00             |             |
| Prophylaxis - Adult           |      |                 |              |               |               |                    |                   |                   |                |                    |                   |             |
|                               |      | 5/5/2011        | 1110         | 72.00         | 14.00         | 58.00              | 58.00             | 0.00              | 100%           | 0.00               | 58.00             |             |
|                               |      |                 |              |               |               |                    |                   |                   |                | Patient Pay        | 000.00            |             |
|                               |      |                 |              |               |               |                    |                   |                   |                |                    | Net Delta Payment | 140.00      |

#### Reference Codes:

You pay only the amount shown in the "Patient Payment" column. This Delta Dental PPO Dentist has agreed to a discount shown in the "Fee Adjust" column. Payment for these services is determined in accordance with the specific terms of your dental plan and with the terms of Delta Dental's agreements with Delta Dental network dentists. Procedures requiring professional judgment for benefit determination have been reviewed by a dental consultant.

If you have questions regarding how your claim was processed, please view our Explanation Of Benefit (EOB) videos at: [www.deltadentalaz.com/EOBvideos](http://www.deltadentalaz.com/EOBvideos)

#### Right of Appeal

ERISA requires Delta to send a notice when a claim is denied or payment is reduced in whole or in part, including those due to eligibility to participate or utilization review. This EOB includes the reason for your claim denial and/or when additional information is required to process your claim. The plan provisions that are relied upon for processing are included in your benefit booklet. If you have questions or disagree with how your claim was processed, you may call Delta or you may have it reviewed. For plans not ERISA, consult your benefit booklet or ask for a copy of the Delta's Health Care Insurer Appeals Process Information Packet. The packet is available via our website: [www.deltadentalaz.com](http://www.deltadentalaz.com) or by calling us at 602-938-3131 in the Metro Phoenix area or 800-352-6132. We rely upon internal protocol for utilization review and a copy of this protocol will be available to you free of charge upon request. We rely upon enrollment information from employers to make eligibility determinations. Written requests for review must be sent to us within 60 days of your receipt of your EOB. Please state the reasons you feel your claim should not be denied, include a copy of your EOB and any documents (such as dental or medical records) that you feel support your claim. Be sure to include your name, group number, member identification number, name of the patient and your relationship to the patient on all correspondence and supporting documents. Under normal circumstances, you will be notified of the final decision within 60 days of your receipt of your request for review, special conditions may require 120 days. If you are not satisfied with the outcome of the review process and your plan is subject to ERISA, you are entitled to sue for benefits under ERISA Section 502(a). If your plan is not subject to ERISA, you are entitled to sue for benefits under Arizona Law. For additional information, please refer to your employer or nearest Area Office of the U.S. Labor management Services, Dept of Labor.

- You pay only the amount shown in the "Patient Payment" column.
- This Delta Dental PPO dentist has agreed to a discount shown in the "Fee Adjust" column.
- Payment for these services is determined in accordance with the specific terms of your dental plan and with the terms of Delta Dental's agreements with Delta Dental network dentists.
- Procedures requiring professional judgment for benefit determination have been reviewed by a dental consultant.
- If you have questions regarding how your claim was processed, please view our Explanation Of Benefit (EOB) videos at [www.deltadentalaz.com/EOBvideos](http://www.deltadentalaz.com/EOBvideos).

From all of us at Delta Dental of Arizona,

Thank you for helping us achieve our ranking as Arizona's #1 dental plan for 14 years in a row. Thank you for your trust and for choosing us as your preferred dental carrier for 2014.

**Please don't forget to enroll.**

**Open Enrollment: October 28, 2013 – November 15, 2013**

*Connect with us online!*



2014 Benefits Open Enrollment

# PRE-PAID/DHMO DENTAL A500S Product Training



# PLAN HIGHLIGHTS

- No Deductible
- No Annual Plan Maximum
- No Waiting Periods
- No Pre-Existing Conditions(except for procedures in progress)
- No Gatekeeper to Specialist Care
- No Prior Authorizations
- No Predetermination of Benefits
- No Missing Tooth Clause
- In-Network Coverage Only (except for emergencies)
- \$50 Allowance for Emergency
- Out-of-State dependents /students allowed with in-network coverage only

# PLAN ADVANTAGES

- No Separate per Appointment Office Visit
- Copays Required for Covered Services (General Dentist)
- Copays for Specialty Care (Endodontists, Periodontists, Oral Surgeons)
- Pediatric and Prosthodontic Care covered at TDAHP Negotiated Rate
- Fixed Lab Fee Copays (\$185 for Crowns - \$275 for Partial and Dentures)
- Adult and Child Orthodontia Coverage (no lifetime benefit maximum)
- Sealants to age 17 and Fluoride to age 15
- Implant Coverage
- Resin (white) posterior fillings
- Value Added Discount Programs (hearing, vision and prescription)
- Each family member may choose a different General Dentist

# CONTRACTED PROVIDERS

- General Dentists = 2375
  - Endodontists = 187
  - Periodontists = 140
  - Oral Surgeons = 195
  - Orthodontists = 245
- Pedodontists (Pediatric) = 140
  - Prosthodontist = 4
  - TMJ Specialists = 1

# TDAHP PLAN CONTACTS



**[www.TDA dental.com](http://www.TDA dental.com)**

On-line Provider Search  
Change/Select General Dentist  
Provider Nomination  
A500S Benefit Plan Booklet



**2111 E Highland Ave  
Suite 250  
Phoenix, AZ 85016**



**(602) 266-1995  
(602) 381-4280  
(866) 921-7687**

Bi-Lingual (Spanish) Reps  
Claims Status  
Customer Service

Arizona Department of Administration  
Human Resources Division – Benefit Services

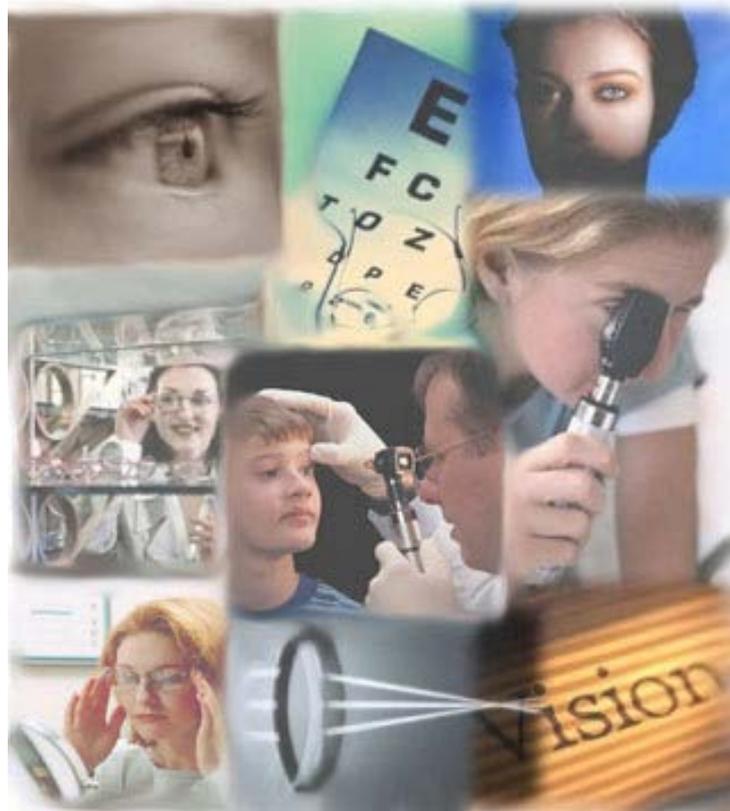
STATE OF ARIZONA

Arizona State University  
University of Arizona  
Northern Arizona University

# 2014 AVESIS Vision Plans

- Benefit Options is offering two vision care programs:
  - ▣ Avesis Advantage Plan 938AZ
  - ▣ Avesis Discount Plan 9000
  
- Open Enrollment is October 28<sup>th</sup> through November 15<sup>th</sup>
  
- Members are eligible for new benefits beginning January 1, 2014
  
- Avesis State of Arizona Toll Free Number: 1-888-759-9772 (includes a fraud prompt)

# PLAN 938AZ – AVESIS Advantage Plan



# Plan 938AZ- Benefit Frequency

- Benefits renew every 12 months on January 1<sup>st</sup>
  - ▣ Vision Examination
  - ▣ Lenses
  - ▣ Frame
  - ▣ Contact Lens Allowance
  - ▣ Once benefits have been exhausted, the member will receive a 20% discount on additional eyewear.
- LASIK
  - ▣ Once in a lifetime benefit
  - ▣ In lieu of all other benefits for the benefit year.

# Plan 938AZ- Exam, Frames, and Lenses

| Service  | Benefit Frequency                            | In-Network   | Out-Of-Network Reimbursement                               |
|--|--|--|--|
| <b>Examination</b>   | Once Every 12 Months                         | \$10 Copay   | Up to \$50<br>(Copay does not apply)                       |
| <b>Frames</b>  | Once Every 12 Months                         | \$ No Copay<br>Covered within plan allowance<br>(Approximately \$100-\$150 retail value)<br>(\$50 wholesale allowance) | Up to \$50   |
| <b>Standard Lenses</b><br>Single Vision<br>Bifocal<br>Trifocal<br>Lenticular | Once Every 12 Months                         | No Copay<br>Covered-in-full<br>Covered-in-full<br>Covered-in-full<br>Covered-in-full                                   | Up to \$33<br>Up to \$50<br>Up to \$60<br>Up to \$110      |
| <b>Progressive Lenses</b><br><b>Non-Standard Lenses</b>                      | Once Every 12 Months<br>Once Every 12 Months | Avesis Preferred Pricing<br>Avesis Preferred Pricing   | Up to \$60<br>Refer to<br>Standard Lenses<br>Reimbursement |
| <b>Lens Options</b>  |  | Avesis Preferred Pricing   | No Reimbursement   |

# Plan 938AZ- Vision Exam



| Service                   | Benefit Frequency    | In-Network | Out-Of-Network |
|---------------------------|----------------------|------------|----------------|
| <b>Vision Examination</b> | Once Every 12 Months | \$10 Copay | \$50           |

- This benefit does not include related contact lens professional fees (fitting fees).
- Dilation is covered if medically indicated by an In-Network Provider.

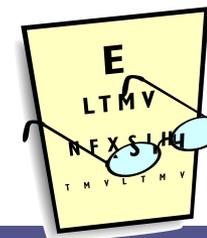
# Plan 938AZ- Frames



| Service | Benefit Frequency    | In-Network                                 | Out-Of-Network |
|---------|----------------------|--|----------------|
| Frame   | Once Every 12 Months | Covered-in-full<br>(within plan allowance) | \$50           |

- Covers approximately a \$100-\$150 retail value (\$50 wholesale allowance). As with most products, retail prices may vary. Retail Chain Stores (eg, Wal-Mart, Sam's Club, EyeMasters (VisionWorks), etc.) will have equivalent price points due to already deep discount pricing.
- Member may choose from a variety of frames at Avesis Participating Provider locations. The member has the choice of staying within the plan allowance with no out-of-pocket expense or choosing a frame outside their plan allowance and paying the designated amount.

# Plan 938AZ- Spectacle Lenses



| Service                    | Benefit Frequency    | In-Network               | Out-Of-Network              |
|----------------------------|----------------------|--------------------------|-----------------------------|
| <b>Standard Lenses</b>     |                      |                          |                             |
| Single Vision              | Once Every 12 Months | Covered-in-full          | \$33                        |
| Bifocal                    | Once Every 12 Months | Covered-in-full          | \$50                        |
| Trifocal                   | Once Every 12 Months | Covered-in-full          | \$60                        |
| Lenticular                 | Once Every 12 Months | Covered-in-full          | \$110                       |
| <b>Progressive Lenses</b>  | Once Every 12 Months | Avesis Preferred Pricing | \$60                        |
| <b>Non-Standard Lenses</b> | Once Every 12 Months | Avesis Preferred Pricing | Standard Lens Reimbursement |

- Selected spectacle lens tints and coatings are available at a discounted price at an Avesis Participating Provider's office. There is no reimbursement out-of-network.

# Plan 938AZ- Contacts Lens Benefit



| Service               | Benefit Frequency    | In-Network                           | Out-Of-Network |
|-----------------------|----------------------|--------------------------------------|----------------|
| <b>Contact Lenses</b> | Once Every 12 Months |                                      |                |
| Elective              |                      | \$150 Allowance<br>(10-20% Discount) | \$150          |
| Medically Necessary   |                      | Covered-In-Full                      | \$250          |

- Contact lenses are in lieu of frames and spectacle lenses for the benefit year
- Contact lens allowance applies toward contact lenses and/or fitting fees
- Contact lens allowance can be used incrementally throughout the benefit year

# Plan 938AZ - LASIK Benefit



- Up to a 20% Discount using LASIK Contracted Provider
- \$300 LASIK Allowance
- Once Per Lifetime Benefit
- In Lieu of All Other Benefits for the benefit year

# Plan 938AZ-Out of Network Reimbursement

| Services                       | Maximum Reimbursement                      |
|--------------------------------|--|
| Examination                    | \$50                                       |
| Spectacle Lenses               |  |
| Standard Single Vision Lenses  | \$33                                       |
| Standard Bifocal Lenses        | \$50                                       |
| Standard Trifocal Lenses       | \$60                                       |
| Standard Lenticular Lenses     | \$110                                      |
| Progressive Lenses             | \$60                                       |
| Frame                          | \$50                                       |
| Contact Lenses                 |  |
| Elective                       | \$150                                      |
| Medically Necessary            | \$300                                      |
| (In lieu of frames and lenses) |  |
| LASIK                          | \$300 (No Discount Applies Out-Of-Network) |

- Exam Copayment does not apply to Out-of-Network fee schedule.
- Member submits receipt along with claim form to Avesis. Avesis will reimburse the member directly.

# Extra Value Services



- Benefits include prescription Sunglasses in lieu of standard lenses with preferred discounts on the tinting
- A second set of glasses at preferred pricing
- Contact lenses in addition to glasses for 10%-20% discount
- Up to 20% discount on non-covered services
- Unlimited discounts after benefits are exhausted

# Plan 938AZ- Premiums (Active Employees)

- Three tier rates
  
- Payroll Deduction Per Pay Period (26 Pay Periods)
  - ▣ Employee only: \$2.23
  
  - ▣ Employee plus one dependent: \$6.24
  
  - ▣ Employee plus family: \$7.78

# Plan 938AZ- Premiums (Retirees)

Retiree premiums are the same as active employees

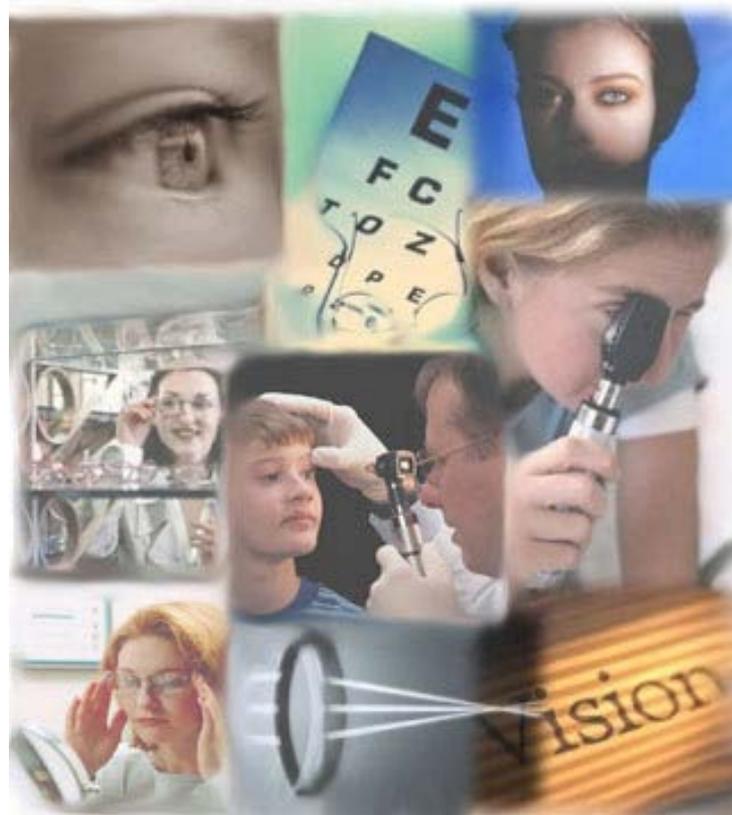
- Three tier rates
- Retiree Quarterly Rates (Manual Payment)
  - Single only: \$14.49
  - Single plus one dependent: \$40.56
  - Single plus family: \$50.58
- Retirees are billed on a quarterly basis by Avesis and can pay by check/money order or credit card.
- Checks/MO are made payable to Fidelity Security Life Insurance Company & mailed to:
  - Avesis Third Party Administrators, Inc.
  - Attn: Eligibility
  - PO Box 7777
  - Phoenix AZ 85011-7777

# Exclusions and Limitations

There are no benefits under the vision plan for:

- ❑ Orthoptics or vision training
- ❑ Vision aids or supplemental testing
- ❑ Non-prescription lenses
- ❑ Two pairs of glasses in lieu of bifocals
- ❑ Medical/surgical treatment of eye disease or injury
- ❑ Replacement of lost/broken optical materials
- ❑ Eye examination or eyewear for employment
- ❑ Services covered under Worker's Compensation Laws

# Plan 9000 - AVESIS Discount Plan



# Plan 9000 - Overview

- Discount plan
- Automatically enrolled if Plan 938AZ is not selected
- **No premium for all participants**
- Discount LASIK
- No out-of-network benefits
- No limitation to the amount of use of benefits

# Plan 9000- In-Network Benefits Only

| Service                    | Discount Program         |
|----------------------------|--------------------------|
| <b>Examination</b>         | Up to \$45               |
| <b>Standard Lenses</b>     |                          |
| Single Vision Lenses       | Up to \$35               |
| Bifocal Lenses             | Up to \$50               |
| Trifocal                   | Up to \$65               |
| Lenticular                 | Up to \$80               |
| <b>Non Standard Lenses</b> | Avesis Preferred Pricing |
| <b>Frames</b>              | 20-50% Discount          |
| <b>Contact Lenses</b>      |                          |
| Elective                   | 10% - 20% Discount       |
| Medically Necessary        | 20% Discount             |
| <b>LASIK</b>               | Up to 20% Discount       |

- Retail chains use their discount schedule when plan is accepted. Please visit our website at [www.avesis.com](http://www.avesis.com) for contracted providers for Plan 9000
- No out-of-network benefits

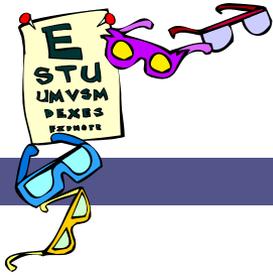
# AVESIS Website Services



- Members have secure sign-on based on last name and EIN number
- Members can look up providers by name or city and create a list of providers using any zip code
- Members can verify their eligibility for covered services
- Members can print a benefit summary
- Members can print an ID card for each enrolled family member
- Members can review important vision facts and FAQs

# How Members Use The AVESIS Plan

- ✓ Members call 1-888-759-9772 for assistance in locating an Avesis Participating Provider for Plan 938AZ and Plan 9000, or for additional information regarding your vision care options.
- ✓ Members may also visit our website at [www.avesis.com](http://www.avesis.com) to locate an Avesis Participating Provider, verify their eligibility, print an ID card, nominate a provider, or obtain an out-of-network benefit claim form. Members login with their EIN Number and last name.
- ✓ Members contact any Avesis Participating Provider and identify themselves as an Avesis Member (Plan 938AZ) or (Plan 9000-Discount).
- ✓ Schedule an appointment.
- ✓ Plan 938AZ - Pay the applicable copayment at the participating provider's office and any expenses that are not covered. (OR)
- ✓ Plan 9000 – Pay the Avesis Participating Provider the negotiated discounted fees for vision services.
- ✓ For a complete listing of covered services please refer to the plan descriptions at [benefitoptions.az.gov](http://benefitoptions.az.gov)



# QUESTIONS?

Short Term Disability, Long Term  
Disability and Life Claims  
Liaison Training September, 2014

# Short Term Disability for the State of Arizona

# STD Benefits Overview

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- **What is Short-Term Disability?**

Income replacement for off the job disabilities

- **Who Pays for this coverage?**

The STD is 100% Employee paid – 100% Tax Free Benefit!

- **Why is Short-Term Disability important?**

- Every second a new disabling injury occurs in the US.

- 30% of employees between the ages of 25-65 will experience a disability that will keep them out of work for 3 months or longer.

- Disability causes 50% of all mortgage foreclosures.

## STD Benefits Overview (Con't)

---

- **When can an employee enroll for Short-Term Disability?**

At initial eligibility as a new hire, annual enrollment or within 31 days from a Qualifying Life Event.

- **What are the Short-Term Disability Benefits?**

- Benefits will start on the 1st day for an accident and the 31<sup>st</sup> day for a sickness.

- Benefits are 66 2/3% of weekly earnings to a maximum of \$769.27 per week with a minimum benefit of \$57.69.

- The maximum duration for benefits is up to 26 weeks as long as the definition of disability is met.

# STD Benefits Overview (Con't)

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- **Does the Short-Term Disability plan have any Pre-existing exclusions?**

No. However if the employee did not elect coverage when they were initially eligible and elected coverage later at an annual enrollment or a Qualifying Life Event, for the first 12 months they are covered under the plan, benefits will start on the 61<sup>st</sup> day for a sickness. Benefits will still start on the 1<sup>st</sup> day for an accident regardless of when the employee enrolled.



## STD Benefits Overview (Con't)

---

- **What happens if the disability continues past the maximum durations?**

If the employee has Long-Term Disability with the Hartford, the claim would transition right into Long-Term Disability with the Hartford.

If the employee is covered under the Arizona State Retirement System, they would need to file a separate claim with ASRS (Sedgwick).

# Claim Office Overview

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- **Short Term Disability (STD) and Life Claims are administered in Hartford's Sacramento, California Claim Office**
- **Highly-trained intake/claim management staff**
  - Includes over 150 claim professionals
  - All resources U.S. based
  - Intake: Telephonic and Web-based (Web for STD only)
    - Telephonic Claim Submission – Call 866-712-3443
    - Web-based – [www.thehartfordatwork.com](http://www.thehartfordatwork.com)
  - Interactive voice response after hours
- **Claims office available from 7 AM to 5 PM Arizona Time**
- **Holistic approach – clinical triage & automated system functions for claim durations**
- **Call Management System – call recording, language translation line**

# Short Term Disability Claim Process

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## ***Business Day 0***

- Employee calls The Hartford at 866-712-3443 to report the disability claim.
- Clinical Intake Nurse captures information and explains the claim process, including what happens on days 4 and 15.

## ***Business Day 1 - 2***

- The Hartford On-Site representative requests and obtains the employer certification information from ADOA or University.
- The Hartford makes up to 2 attempts to obtain the attending physician within 48 hours to obtain necessary medical information to make the initial claim decision.

## Short Term Disability Claim Process (Con't)

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### ***Business Day 4***

- If employer information is missing, The Hartford will follow-up with the Hartford On-site Representative for missing information.
- If additional medical information is missing after 2 calls to the physician, the Ability Analyst calls the employee to advise of the missing information.
- The Ability Analyst reminds the employee that if the information is not received by the 15th business day, the claim will be closed until it is received.
- If either additional medical information or employer information is missing, and we are unable to reach the employee by phone, Ability Analyst sends the employee a letter that explains the process.

## Short Term Disability Claim Process (Con't)

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### *Business Day 15*

- If employer or attending physician information is still missing, the Ability Analyst closes the claim for lack of information.
- The Ability Analyst sends a letter notifying the employee that the claim has been closed and what information was missing.

### *Claim Adjudication – Once Complete Claim Information is Received*

- Ability Analyst adjudicates the claim after receiving complete claim information.
- Ability Analyst calls to notify employee of claim approval or extension, and sends appropriate notice to employee – a letter or Explanation of Benefits (EOB).
- STD payments are issued weekly by Check or Electronic Fund Transfer (EFT).
- If we are unable to approve disability benefits, the Employee will receive notice by phone and in writing, including instructions to appeal the decision if he/she disagrees with the determination.

## Experienced and compassionate nurses:

- Offer ease for employee and employer when filing a claim.
- Effectively communicate with physician about employee's ability and gather appropriate medical information, as needed.
- Supported by system-generated protocols and expertise.
- Set initial claims duration and appropriate milestones for future clinical review.
- Provide information to employee about next steps in the process.

# Clinical Claims Management for STD

## Nurse Intake



Nurses with an average of 20 years experience ✓

Nurse handles new STD claims and sets initial duration ✓

Nurse immediately calls attending physician to gather more information, as needed ✓

## Medical/Behavioral Health Case Managers



Clinical experts in nursing, behavioral health ✓

Provides specialized clinical case management ✓

Reviews employee's claim based on automatic system prompt or intake nurse referral ✓

## RTW Coordination



Rehabilitation experts dedicated to STD ✓

Reviews claims with return-to-work potential at specific intervals ✓

Coordinates with employee, his/her physician and agency to facilitate a faster, smoother return to work ✓

# Return-to-Work Coordinator

On average, our STD return-to-work coordinators help employees return to productivity nearly **12 days sooner** than initially estimated by their physicians.<sup>2</sup>



## STD RETURN-TO-WORK COORDINATORS:

- Expert, knowledgeable resources
- Stay in close contact with physicians
- Focus on ability
- Offer feasible return to work strategies

Benefit Options  
Choice Value Health

<sup>2</sup>The Hartford's Internal Database Records, 2007 – 2010.

# Family Medical Leave (FML) vs. Short Term Disability (STD) for the State of Arizona

# Family Medical Leave (FML) vs Short Term Disability (STD)



- **What is FML?**

FML is a Federal law which entitles eligible employees to take job-protected leave for specified family and medical leaves.

## **What is STD?**

STD insurance provides you with income if you become disabled from a covered injury, sickness, or pregnancy.

- **How is an FML claim approved?**

Employees request FML from their employer. The employer reviews the request and bases approval and certification according to ADOA requirements.



# Family Medical Leave (FML) vs Short Term Disability (STD) continued



- **How is an STD claim approved?**

The employee must be disabled by Sickness or Injury according to The Hartford Short Term Disability Insurance policy and submit the claim to The Hartford. If the employee is eligible and The Hartford determines that medical records and information support the disability, the claim will be approved.

## **If approved for FML, will my STD claim also be approved?**

It is possible to be approved for FML and not be approved for STD. For STD, the medical records and information provided to The Hartford must support the disability. FML follows different requirements. For example, an employee may take an FML leave to care for certain family members, this would not qualify as an STD claim.



# Long Term Disability (LTD) for the State of Arizona

# Long Term Disability Benefits Overview

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- **What is Long-Term Disability?**

Lifestyle protection!

- **Who Pays for this coverage?**

The Hartford LTD is 100% Employer paid.

- **Why is Long-Term Disability important?**

- Every second a new disabling injury occurs in the US.

- 60% of adult Americans have NO savings for emergencies.

- In December 2010, over 2.5 million disabled Americans in their 20s, 30's and 40's are receiving Social Security Disability benefits.

# Long Term Disability Benefits Overview (Con't)



- **Who is Eligible for Long Term Disability with The Hartford?**

Employees who are not covered by the Arizona State Retirement System (ASRS) LTD Plan.

- **What are the Long Term Disability Benefits?**

- Benefits will start after 180 days or the end of any Employer sponsored salary continuation or sick pay.

- Benefits are 66 2/3% of monthly earnings to a maximum of \$10,000 per month.

# Long Term Disability Benefits Overview (Con't)

- **How long can LTD Benefits Continue?**

Benefits may continue until age 65 if disabled prior to age 62. Below are the durations for benefits on employees who become disabled after age 62.

- **Age When Disabled**

## **Benefits Payable**

|                 |           |
|-----------------|-----------|
| Age 62          | 42 months |
| Age 63          | 36 months |
| Age 64          | 30 months |
| Age 65          | 24 months |
| Age 66          | 21 months |
| Age 67          | 18 months |
| Age 68          | 15 months |
| Age 69 and over | 12 months |

## Long Term Disability Benefits Overview (Con't)

- **What qualifies for “Disabled” under the Long Term Disability Plan?**

**Disability or Disabled** means the employee is prevented from performing one or more of the Essential Duties of:

- 1) Their Occupation during the Elimination Period;
- 2) Their Occupation, for the 24 month(s) following the Elimination Period, and as a result the employees Earnings are less than 80% of their Pre-disability Earnings; and
- 3) after that, Any Occupation. (**Any Occupation** means any occupation that the employee is qualified by education, training or experience, and that has an earnings potential greater than the lesser of:
  - 1) the product of their Pre-disability Earnings and the Benefit Percentage;
  - or 2) the Maximum Monthly Benefit.)

## Long Term Disability Benefits Overview (Con't)

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- **If an employee returns to work full-time after being out on LTD and they have to go back out for the same disability, what happens?**

If the employee returns to work and has not satisfied the Elimination Period and then goes back out for a medical condition, as long as they have not returned for more than **90 days**, the LTD claim will pick back up where it was.

If the employee returns to work full-time after they have been receiving LTD benefits and then goes back out for the same disability, as long as they have not returned for more than **6 months\***, the LTD claim will pick back up where it was.

***\*Hartford policy must still be in force.***

## Long Term Disability Benefits Overview (Con't)

- **Does the Long Term Disability plan have any Pre-existing exclusions?**

**Yes.** Benefits may not be payable if the employee files a disability claim within the first 365 days they are eligible under the LTD plan.

If the employee files an LTD claim within the first 365 days of eligibility, Hartford will look back 180 days from the date the employee became eligible for LTD to determine if treatment was provided for the disability. If the employee received treatment for the disability, the claim would be denied.

If no treatment was received in the 180 day period prior to the employee becoming eligible for LTD, the claim would be reviewed for payment.

## Long Term Disability Benefits Overview (Con't)

- **Are there any offset's to the Long Term Disability benefits?**

**Yes.** There is a listing of items that are offset's to the LTD benefits. Below are some of the most common:

- 1. Workers Compensation Benefits;**
- 2. 85% of Social Security Disability benefits (Employee, Spouse and Child);**
- 3. Retirement Benefits (Not including IRA's, 401(k), 403(b), or 457 deferred compensation arrangements.)**
- 4. Military Benefits (Increase or Award after Date of Disability)**

## Long Term Disability Benefits Overview (Con't)

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- **How are Mental Illness and Substance Abuse Claims handled for Long Term Disability?**

Benefits for Mental Illness and Substance Abuse will be payable:

1) for as long the claimant is confined in a hospital or other place licensed to provide medical care for the condition; or

2) if not confined, or after the claimant is discharged and still disabled, for a total of 24 month(s) during the employee lifetime.

## Long Term Disability Benefits Overview (Con't)

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- **Are there Exclusions:**

**Yes.** The policy will not pay a benefit for any disability caused by:

- Self inflicted injury;
- Commission of or attempt to commit a felony;
- Engaging in an illegal occupation;
- War or act of war; or
- If the employee is not under the regular care of a physician.

# Claim Office Overview

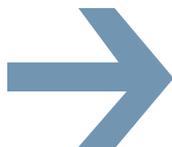
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- **Long Term Disability (LTD) Claims are administered in Hartford's Sacramento, California Claim Office**
- **Highly-trained intake/claim management staff**
  - All resources U.S. based
  - Intake: Telephonic Claim Submission – Call 866-712-3443 or Web-based – [www.thehartfordatwork.com](http://www.thehartfordatwork.com)
  - Interactive voice response after hours
- **Analysts available from 7 AM to 5 PM Arizona Time**
- **Call Management System – call recording, language translation line**

## There is a Seamless transition from STD to LTD

- Half way through STD, LTD adjudicator is notified of claim to start review
- Pre-existing investigation can start
- LTD Ability Analyst takes over the STD claim and transitions it to LTD.



- Single point of contact to move to LTD
- Milestone reviews
- Early request for any additional information



# Long Term Disability Claim Process when NO STD Coverage with The Hartford



## Claim Intake

### Intake

- Telephonic – Call 866-712-3443
- LTD Package sent out to claimant with 24 hours
- On-site Representative notified for Employer Certification
- Compassionate customer service reps and examiners available 7:00 a.m. to 5:00 p.m. Arizona Time
- Assigned to designated claim analyst

## Adjudication & Administration

### Process

- Received information is reviewed within 3 business days
- Decision made within 10 business days of complete information received
- Clinical/Behavioral Health Case Managers
- Claims Investigative Unit
- Legal Input
- 2<sup>nd</sup> level review on approvals, denials & terminations

## Decision

### Output

- Claimant is notified of claim decision by analyst
- Payments by Check or Electronic Funds Transfer (EFT)
- Online claim status
- Appeal Process
- 100% of Claims are audited for Quality Assurance
- Continued Claim Management

# Basic and Supplemental Life and AD&D for the State of Arizona

# Basic Life and AD&D Insurance

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- **The Basic Life and AD&D Benefit is \$15,000**

- **Who Pays for this coverage?**

The State of Arizona (or NAU, ASU, U of A) pay 100% of the premium for this coverage.

- **What is AD&D?**

This is an additional benefit that is paid in the event of death or dismemberment in an accident.

- **Are there exclusions on the Basic Life and AD&D?**

No exclusions for basic life. There are exclusions on the basic AD&D and they include losses related to: Suicide, self-inflicted, war, drugs, committing a felony or driving while intoxicated.

## Voluntary Life and AD&D Insurance

- **What are the options available for Voluntary Life and AD&D?**

**Employee** options for the Voluntary Life and AD&D are \$5,000 increments to a maximum of the lesser of \$300,000 or 3 x annual earnings.

- **Are there Voluntary Life and AD&D options available for Eligible Dependents (Spouse and Children)? YES!**

**Dependent** options are \$2,000, \$4,000, \$6,000, \$12,000, \$15,000 or \$50,000 (Please note: Dependent coverage cannot exceed 100% of the employees Basic and Voluntary Life inforce)

- **Who Pays for this coverage?**

The Employee pays 100% of the cost of the coverage.

## Voluntary Life and AD&D Insurance (Con't)

- **When can an employee enroll for Voluntary Life and AD&D coverage?**

At initial eligibility as a new hire, annual enrollment or within 31 days from a Qualifying Life Event.

- **Are there any limits on the amount of coverage an employee or dependent can enroll for?**

At initial eligibility the employee can enroll for the maximum coverage the employee is eligible for under the plan.

**At annual enrollment** or Qualifying Life Event they are eligible to:

1. If currently not enrolled, elect \$20,000 for the employee and any option up to \$15,000 for dependents; or
2. If currently enrolled, increase current coverage in \$5,000 increments to a maximum of \$20,000 for the employee and any option for dependents based on plan provisions.

# Voluntary Life and AD&D Insurance (Con't)

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- **Are there exclusions on the Voluntary Life and AD&D?**

There is a 24 month suicide exclusion on the Voluntary Life. The Voluntary AD&D exclusions include losses related to: Suicide, self-inflicted, war, drugs, committing a felony or driving while intoxicated.

## Additional Benefits To Note!

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- **Life \$1,000 Non Smoker Benefit:**

If the claimant was a non-smoker, an additional \$1,000 is paid out for the Life Benefits.

- **Living Benefit Option (Accelerated Death Benefit):**

If the employee is under age 60 and diagnosed with a life expectancy of 12 months or less, than can request up to 80% of their life insurance prior to death.

- **AD&D Seat Belt and Air Bag:**

Additional \$15,000 for Seat Belt and \$5,000 to a maximum of the principal AD&D benefit would be paid for a loss that resulted in a registered motor vehicle.

## Can coverage continue after termination?

- **Yes!!** Conversion is available on the Basic and Supplemental Life (EE and Dependent) and AD&D and Portability is available on the Basic and Supplemental Life (EE and Dependent).

The employee needs to request conversion within 31 days of coverage termination or within 15 days of the COBRA notice not to exceed 91 days.

- **What is the difference between Portability and Conversion for Life Insurance?**

Portability is Term Life Insurance and rates are lower than individual coverage (Age Banded).

Conversion is Individual Whole Life Insurance and rates are higher and based on the age the conversion occurs.

# Life Claim Process



## Claim Intake

### Intake

- Telephonic – Call 866-712-3443
- Beneficiary Package sent out
- On-site Representative notified for Employer Certification
- Compassionate customer service reps and examiners available 7:00 a.m. to 5:00 p.m. Arizona Time
- Assigned to designated claim examiner for complete processing

## Adjudication & Administration

### Process

- Received information is reviewed within 5 business days
- Decision made within 5 business days of complete information received
- Benefits that are payable are released while investigating other coverages
- Clinical input
- Legal Input
- 2<sup>nd</sup> level review on approvals & denials

## Decision

### Output

- Beneficiary notified of claim decision
- Funeral assignment's are paid
- Funeral Planning Service available
- Safe Haven payment option
- Online claim status
- Appeal Process

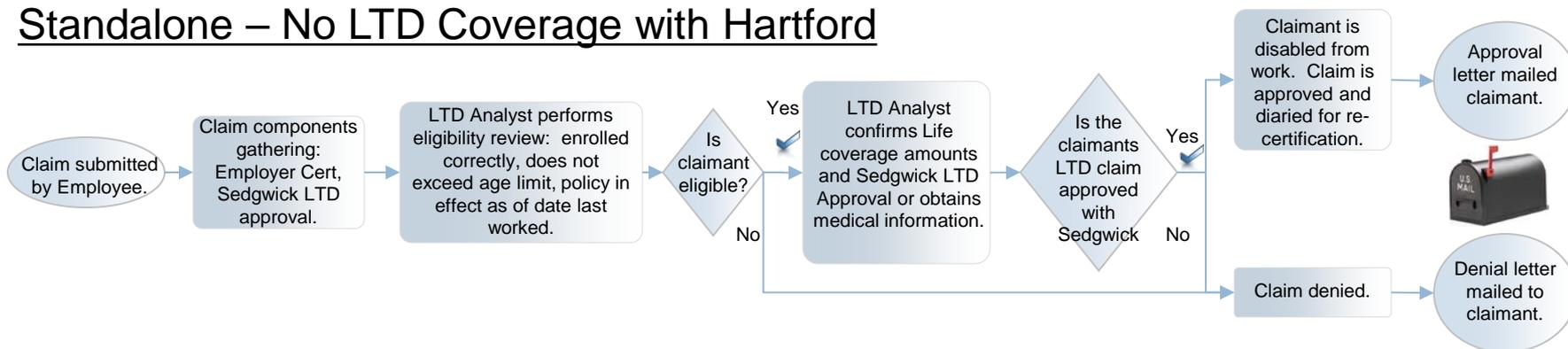
## Life Waiver of Premium

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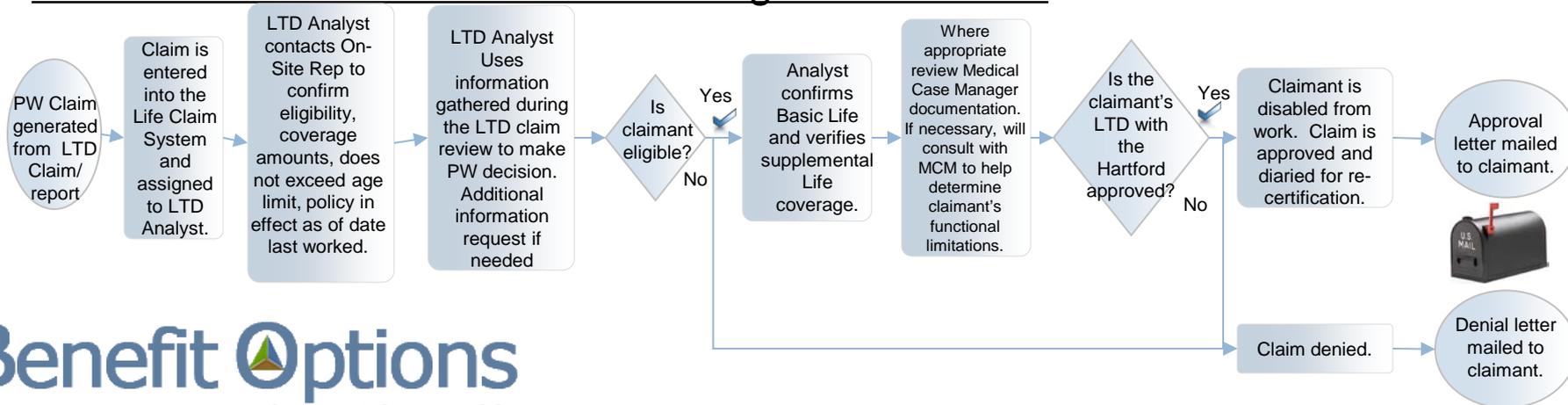
- **What is Life Waiver of Premium?** This allows an employee who becomes disabled under the age of 65 the opportunity for their Life Coverage to continue until age 70 without having to continue to pay premiums. Waiver may start after the employee is disabled for 6 months.
- **What qualifications have to be met for Life Waiver of Premium?** The claimant has to be approved for LTD under either the Hartford Life LTD or the ASRS LTD programs and premiums need to continue to be paid during the 6 month elimination period.
- **Does a separate claim have to be filed?** If the LTD is with the Hartford, we will automatically set up a Life Waiver claim. If the LTD is under the ASRS program, the employee will need to contact Hartford at 866-712-3443 to initiate the claim.

# Premium Waiver Claim Process

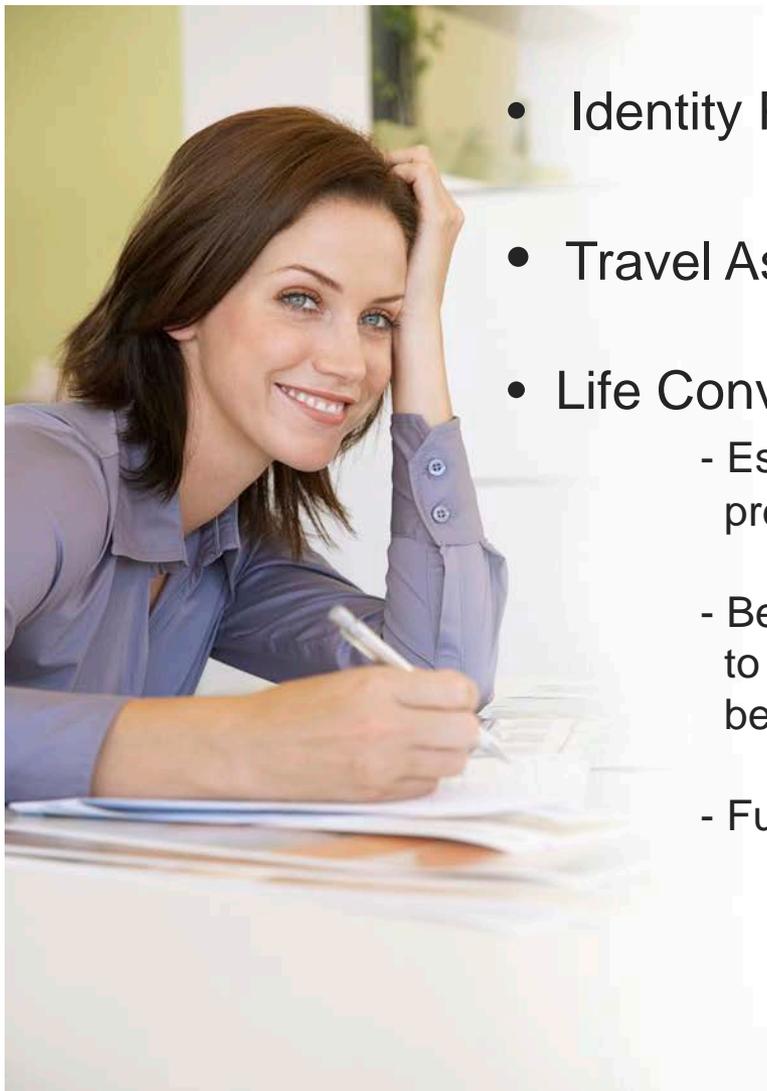
## Standalone – No LTD Coverage with Hartford



## Seamless – Claimant has LTD Coverage with Hartford



# Value Added Services for Life Insurance



- Identity Protection
- Travel Assistance
- Life Conversations
  - Estate Guidance – Free on-line Will preparation
  - Beneficiary Assist – 24/7, 365 days per year access to Counselors and up to 5 face to face visits for beneficiary or terminal employee.
  - Funeral Planning & Concierge Services (Everest)

## Benefit Options

Choice. Value. Health.

# Flexible Spending Account

## Program Overview

Presented by:

Benefit Options  
Choice Value Health



# Agenda

- **Available benefits**
  - **Medical FSA**
  - **Dependent Care FSA**
- **Benefit Liaison Role**
- **ASI's Staff & Support**
- **What's new?**
  - **Mobile app coming soon**
  - **FSASore.com**
- **Question & Answer period**



# FSA Overview

- **Medical Flexible Spending Account**
  - Pre-tax money for out-of-pocket medical expenses
    - Includes deductibles, co-pays, dental work, etc.
  - Expenses can be for you, your spouse or any of your tax dependents (regardless of whose insurance the dependent is on)
- **Dependent Care Flexible Spending Account**
  - Reimbursement for childcare expenses
  - Reimbursement for qualified care of a tax dependent

# What's the benefit of enrolling?

- Most people save at least 25% on each dollar they contribute



## **Example:**

You could save at least \$125 on a \$500 pair of glasses by using pre-tax dollars!

- Check out the *Tax Savings Calculator* at [www.asiflex.com](http://www.asiflex.com)

# How do FSAs work?

- First, employees decide how much money they want to set aside into the Flexible Spending Account (FSA)
  - Make this decision during Open Enrollment or when employees are first eligible to enroll
- That amount (called the annual election) is deducted evenly from each paycheck over the course of the year before income and FICA taxes are assessed

# How do enrollees access funds?

- After a participant incurs an eligible expense he/she can submit claims with supporting documentation for reimbursement
  - Complete claims are typically processed within 2 days of receipt



# Medical FSA

# Medical FSA

- Allows for a tax break on out-of-pocket medical expenses
- Expenses can be for the employee, the spouse or any eligible dependent
  - Spouse/dependent expenses are eligible even if on different insurance plans
- Most participants save at least 25% on each dollar that is set aside

# Commonly Claimed Expenses



**Glasses**



**Dental Work**



**Lab Work**



**Medical imaging**



**Chiropractic Care**



**Prescriptions**

# How much to set aside

- Plan year runs from 1/1/14 – 12/31/14
- Maximum is \$2,500
  - Spouse of enrollee may also elect \$2,500 max if he/she has a medical FSA through his/her employer
- Full amount is deducted over course of plan year
- Full election available to employees January 1<sup>st</sup> or beginning of pay period following enrollment for new enrollees



# Dependent Care FSA

# Dependent Care FSA

- Provides a tax break on child or other dependent care expenses incurred while:
  - You go to work (single parent)
  - You and your spouse go to work

Or

- You go to work and your spouse:

Or

- Looks for work
- Pursues an educational opportunity full-time
- Is the dependent who needs the care

- Other expenses are not eligible

*For example, getting a babysitter for a Friday night date is not an eligible expense*

# Deduction Amount

Family maximum of \$5,000/year

This is an IRS maximum per household

# Getting your money back

- Submit claim forms to ASIFlex for processing
  - Complete reimbursement claim form if fax or mail; claim form not required for online submission
  - Attach supporting documentation
  - Submit claim in one of three ways
    1. Online at <https://my.asiflex.com>
    2. Toll-free fax at 877-879-9038
    3. Mail to P.O. Box 6044, Columbia, MO 65205
  - Claims generally processed and paid within two business days of receipt

# Important Points to Remember

- Regarding both Medical & Dependent Care FSA
  - Employees must re-enroll each year even if they want the same election next year
  - Unused money is forfeited
    - Use or lose

# What's new?

- Mobile app coming soon
  - Capture documentation with phone's camera feature and submit claim
  - Look up account detail information
- FSASore.com
  - Link provided on website, [www.asiflex.com](http://www.asiflex.com)
  - Educational tool for eligible over-the-counter items with or without a prescription
  - Hope to cut down on forfeitures at year end

# Benefit Liaison Role

- Understand the plans
- Encourage employees – tax savings benefit
- Direct employees to ASI
  - Phone 800-659-3035
  - Email [asi@asiflex.com](mailto:asi@asiflex.com)
  - Web [www.asiflex.com](http://www.asiflex.com)
- Assist with change questions
- Encourage direct deposit & electronic notification
  - Faster reimbursement & no lost checks
- Participate if you can benefit!

# Change In status

- Legal marital status
    - Marriage
    - Divorce
    - Legal separation
    - Death
  - Number of dependents
    - Birth, adoption (placed for adoption)
    - Death
    - Child turns 13 – Dep Care only
  - Employment change
    - Spouse's termination (coverage loss)
    - Lwop, workers comp, disability
    - Military leave
  - Judgment, Decree or Order resulting from divorce or separation
  - Loss of Medicare or Medicaid
  - Changes are effective the first of the following pay period, upon submission and approval of form
- \*Please note that reductions in the Medical FSA are never allowed mid-year, per the State's plan design*

# Termination/Retirement

- Notify ADOA
- Continue deductions through last regular paycheck
- Coverage ends at the end of the pay period of the last contribution
- May be COBRA eligible
  - Contact Marcia Jarvis at ADOA to determine eligibility

# FMLA & the FSA

- Medical FSA
  - If paid, coverage continues
  - If unpaid, coverage ends & can resume upon return
    - No coverage if there are no contributions
  - Can maintain coverage
    - Pre-pay, pay as you go, or pay upon return
- Dependent Care FSA
  - Can stop contributions & resume upon return
  - Expenses incurred while on leave are **not** eligible

# Resources

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

E-mail [asi@asiflex.com](mailto:asi@asiflex.com)

Call 1-800-659-3035

Questions?

