



ASBAIT
ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST



Open Enrollment
2025-2026
ORACLE Elementary School District

May 13, 2025





Agenda

What's new for the 2025-2026 plan year

Provider access in- and -out of Arizona

Wellness programs and services

Pharmacy benefits

Your medical plan options

All about open enrollment

A woman with a backpack and trekking poles is hiking on a rocky trail. The background shows a vast, colorful canyon landscape. A large, semi-transparent circular overlay is centered over the image, containing the text. The text is in a bold, dark purple font. There are white L-shaped corner markers in the top-left and bottom-right corners of the image.

**What's new for the
2025-2026 plan year**

Plan Enhancements

Effective, July 1, 2025

In order to increase access to care and improve the overall health of plan members, ASBAIT has decided to add two new programs to all benefit plans:



**Teladoc Health® Primary360 –
Virtual Primary Care**



**Teladoc Health Behavioral Health – Virtual
access to mental health care providers**

Teladoc Health[®]—Primary360

Virtual Primary Care

Welcome to Teladoc Health Primary360

Teladoc Health Primary360 is a virtual primary care solution that inspires lasting relationships between members and providers through a long-term care plan, continuous care team support and a unified, whole-person experience.

Primary360 makes it easy to:

- Choose a primary care provider.
- Schedule video or phone doctor visits.
- Build an ongoing primary care relationship.
- Receive Care team support, 24/7.
- Meet current and future health goals.

Teladoc Health Primary360 offers:



A full spectrum of care needs, from wellness and prevention to chronic condition management, mental health support, specialty care and beyond.



A dedicated care team including a primary care provider, nurse and medical associate. The team supplies ongoing guidance and support with members to ensure they reach their health goals.



A personalized, long-term, flexible care plan that engages members in a lasting relationship with their care team.



24/7 access, unlimited messaging, reminders and health nudges to keep members connected.



Navigation to in-network, high-quality specialty providers and facilities.

Teladoc Health—Behavioral Health Program

Virtual Behavioral Health

Members can speak with a licensed therapist from anywhere

Teladoc Health behavioral health experts provide support for:

- Anxiety.
- Trauma and PTSD.
- Mood swings.
- Not feeling like yourself.
- Stress.
- Medication management.
- Depression.
- Relationship conflicts.

Depression Anxiety Stress Scales (DASS) scores
symptom reduction

-32% Depression -31 Anxiety -20% Stress

Expert guidance and action planning

When 16 million Americans live with major depression, it's imperative members get the care and treatment they need. Teladoc Health offers an integrated care model where members can navigate and manage mental health issues from all aspects of care and levels of complexity. It provides:

- Quick access to treatment from qualified, licensed practitioners.
- Guidance through the system with action plan for next steps.
- Expert second opinions on their diagnosis and treatment plan.

69%

Members with depression showed improvement in symptoms in two visits.

72%

Members with anxiety showed improvement in symptoms in two visits.

ASBAIT benefit plan changes overview 2025–2026



Deductible and maximum out-of-pocket levels will increase.



Primary Care Physician (PCP) copays will not change; other copays will be increasing by \$30.



Please see *Picking your plan* slides for more information or view your **Summary Benefit Coverages (SBCs) or benefit summaries for full detailed plan benefits.**

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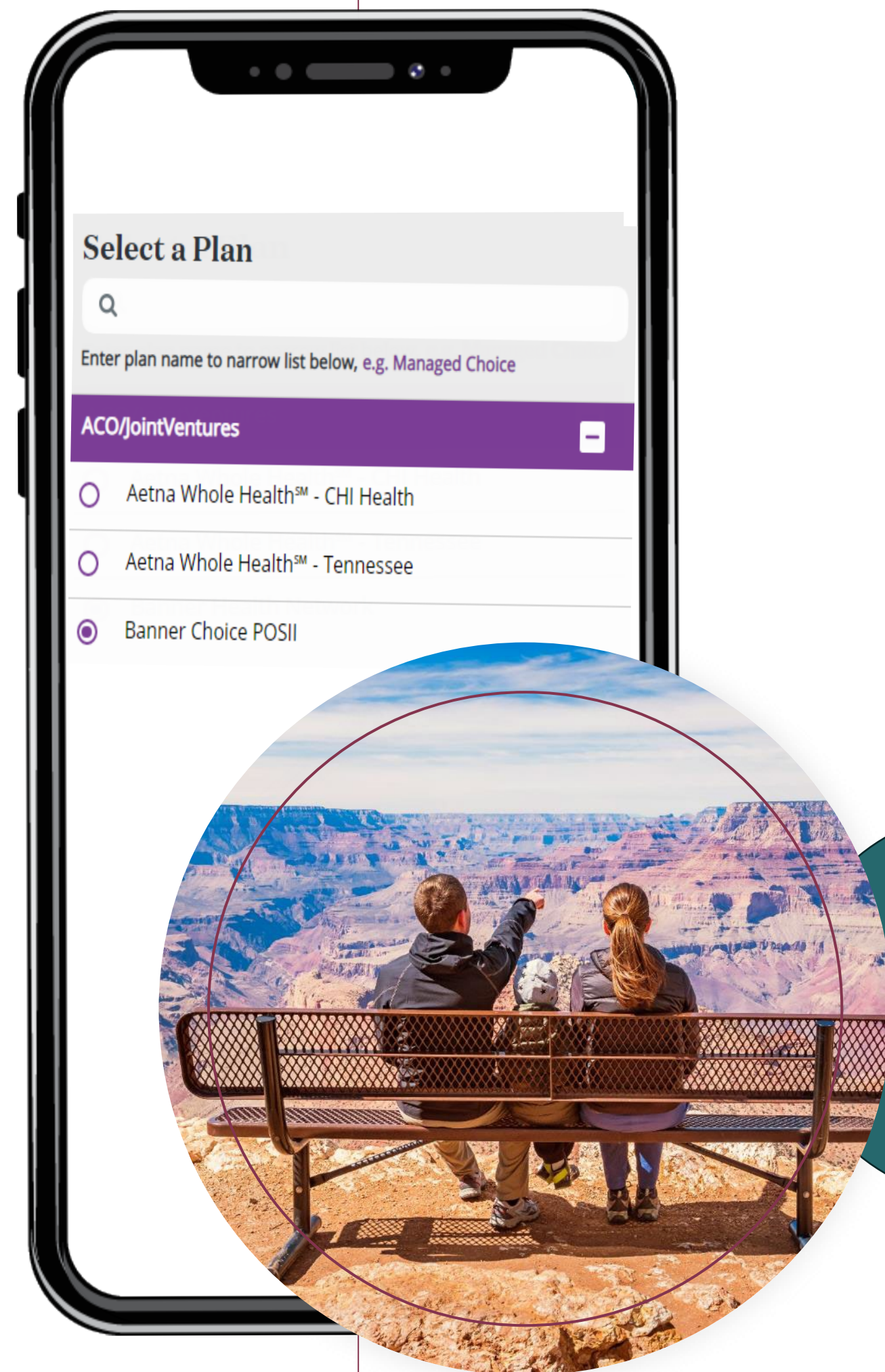
**Provider access in
and out of Arizona**

Doctors and hospitals

Visit Aetna's FindCare® at:

<http://www.aetna.com/docfind/custom/mymeritain>

After entering your search and location information, you'll be asked to select your plan. Under ACO/Joint Ventures, choose: **Banner Choice POS II.**



Then, follow the prompts to find a doctor or facility in the Banner | Aetna network.

How access to the Banner|Aetna network benefits you:

Together, Banner and Aetna are working to reinvent the health care system in Arizona by delivering the following:

- A health care model that empowers providers
- Greater efficiency and affordability with each visit
- Care is proactive, not just reactive

With Banner|Aetna you gain:

- Access to a complete care team within a few miles of where you live:
 - Includes a medical director, physicians, specialists and full support staff
- Coordinated care that helps reduce duplication of efforts, while increasing the quality of services
- Reduced out-of-pocket costs when you visit Banner Health providers

BANNER | AETNA: DRIVING QUALITY OF CARE

Banner|Aetna is an exclusive health care program created with providers in your neighborhood!

The **Banner Health Network** is available to districts located in Pinal, Pima, Coconino, Gila and Maricopa counties and includes:



**No referrals needed, you
choose your care providers!**

Local and national in-network benefits

As an ASBAIT member, you have access to **two in-network tiers** of providers.

If you visit a **Banner Network** provider, you see **extra savings** when accessing care.

You also have access to a broad national **Choice POS II Network**.

The **choice** is yours!

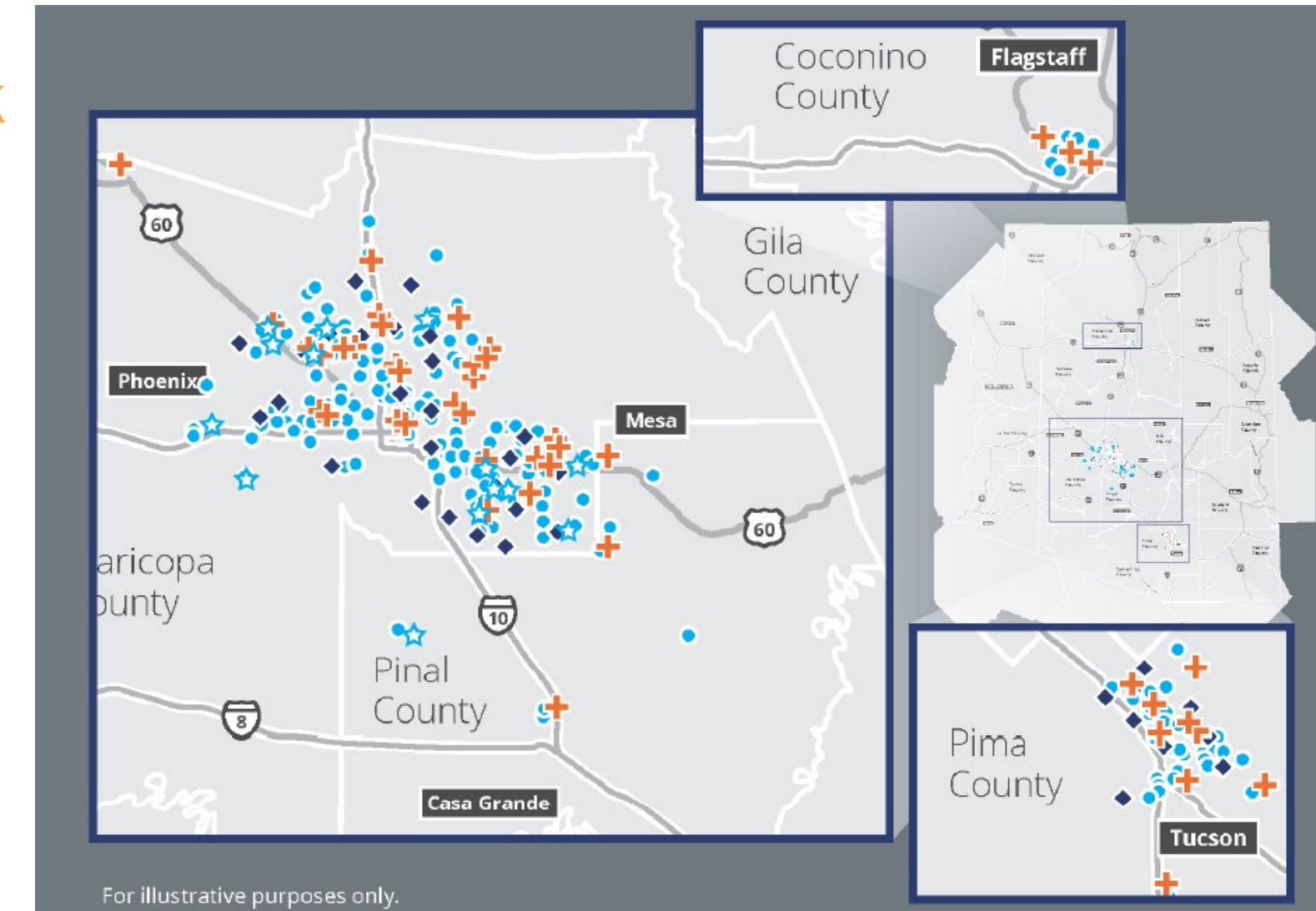
Your Banner|Aetna medical plan has three network benefit tiers for you to choose from:

Tier 1	Banner in-network (lowest cost share option) Banner Aetna is focused on driving the quality of care through greater efficiency and affordability.
Tier 2	Aetna Choice Point of Service II (POS II) A broad national network that's provided with all ASBAIT health plans.
Tier 3	Out-of-network coverage (highest cost share option)

Tier 1: Banner Health Network

Within the State of Arizona includes:

- 3,250+ Primary Care Physicians
- 23,790+ Specialists
- 44 Hospitals
- 178 Urgent care centers
- 15 Banner Health Centers
- 36 Walk-in clinics



Tier 2: Aetna Choice® Point of Service (POS) II Network

Within and outside of Arizona includes:

- 272,570+ Primary Care Physicians
- 510,285+ Physician Specialists
- 945,742+ Non-physician Specialists
- 6,328+ Hospitals



Three-Tier Benefits

All plans have 3-tier benefits

Tier 1-Banner Providers

Tier 2-Aetna Choice Point of Service (POS) II

Tier 3-Out-of-network



MEDICAL SCHEDULE OF BENEFITS – CLASSIC GOLD BANNER 2025-2026

CLASSIC GOLD BANNER 2025-2026	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR DEDUCTIBLE			
Single	\$500	\$600	\$1,500
Family	\$1,000	\$1,200	\$4,500
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and precertification penalties – combined with Prescription Drug Card)			
Single	\$3,720	\$4,600	Not Applicable
Family	\$7,440	\$9,200	Not Applicable
MEDICAL BENEFITS			
Allergy Serum & Injections			
Injections (if no office visit charge)	100% after \$5 Copay per visit; Deductible waived	100% after \$5 Copay per visit; Deductible waived	50% after Deductible
Serum	100% after \$24 Copay per visit; Deductible waived	100% after \$30 Copay per visit; Deductible waived	50% after Deductible
Ambulance Services			
Ground Ambulance Services	85% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Air Ambulance Services	\$230 Copay per trip, then 85% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Ambulatory Surgical Center			
Ambulatory Surgical Center	85% after Deductible	85% after Deductible	50% after Deductible
Anesthesiologist			
Anesthesiologist	85% after Deductible	85% after Deductible	50% after Deductible
Anti-Embolism Garments			
Anti-Embolism Garments	\$40 Copay per pair, then 85%; Deductible waived	\$50 Copay per pair, then 85%; Deductible waived	\$80 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)			
Cardiac Rehab (Outpatient)	100% after \$50 Copay per visit; Deductible waived	100% after \$55 Copay per visit; Deductible waived	50% after Deductible

2025-2026

1



MEDICAL SCHEDULE OF BENEFITS – VALUE GOLD BANNER 2025-2026

VALUE GOLD BANNER 2025-2026	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR DEDUCTIBLE			
Single	\$900	\$1,050	\$3,300
Family	\$1,800	\$2,100	\$9,900
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and precertification penalties – combined with Prescription Drug Card)			
Single	\$4,600	\$5,600	Not Applicable
Family	\$9,200	\$11,200	Not Applicable
MEDICAL BENEFITS			
Allergy Serum & Injections			
Injections (if no office visit charge)	100% after \$5 Copay per visit; Deductible waived	100% after \$5 Copay per visit; Deductible waived	50% after Deductible
Serum	100% after \$36 Copay per visit; Deductible waived	100% after \$45 Copay per visit; Deductible waived	50% after Deductible
Ambulance Services			
Ground Ambulance Services	75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Air Ambulance Services	\$230 Copay per trip, then 75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Ambulatory Surgical Center			
Ambulatory Surgical Center	75% after Deductible	75% after Deductible	50% after Deductible
Anesthesiologist			
Anesthesiologist	75% after Deductible	75% after Deductible	50% after Deductible
Anti-Embolism Garments			
Anti-Embolism Garments	\$40 Copay per pair, then 75%; Deductible waived	\$50 Copay per pair, then 75%; Deductible waived	\$80 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)			
Cardiac Rehab (Outpatient)	100% after \$58 Copay per visit; Deductible waived	100% after \$65 Copay per visit; Deductible waived	50% after Deductible

2025-2026

1



MEDICAL SCHEDULE OF BENEFITS – VALUE SILVER BANNER 2025-2026

VALUE SILVER BANNER 2025-2026	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR MAXIMUM BENEFIT	Unlimited		
CALENDAR YEAR DEDUCTIBLE			
Single	\$1,100	\$1,300	\$5,300
Family	\$2,200	\$2,600	\$15,900
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card)			
Single	\$5,400	\$6,600	Not Applicable
Family	\$10,800	\$13,200	Not Applicable
MEDICAL BENEFITS			
Allergy Serum and Injections			
Allergy Serum and Injections	75% after Deductible	75% after Deductible	50% after Deductible
Ambulance Services			
Ground Ambulance Services	75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Air Ambulance Services	\$230 Copay per trip, then 75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Ambulatory Surgical Center			
Ambulatory Surgical Center	75% after Deductible	75% after Deductible	50% after Deductible
Anesthesiologist			
Anesthesiologist	75% after Deductible	75% after Deductible	50% after Deductible
Anti-Embolism Garments			
Anti-Embolism Garments	75% after Deductible	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)			
Cardiac Rehab (Outpatient)	75% after Deductible	75% after Deductible	50% after Deductible
Chemotherapy (Outpatient – includes all related charges)			
Chemotherapy (Outpatient – includes all related charges)	75% after Deductible	75% after Deductible	50% after Deductible
Chiropractic Care/Spinal Manipulation			
Chiropractic Care/Spinal Manipulation	100% after \$62 Copay per visit; Deductible waived	100% after \$70 Copay per visit; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit	20 visits		
Diabetic Supplies			
Diabetic Supplies	100% after \$30 Copay per item; Deductible waived	100% after \$30 Copay per item; Deductible waived	50% after Deductible

2025-2026

1

A hiker is shown on a rocky trail, wearing a light blue shirt, dark shorts, and a backpack. She is using two trekking poles. The background is a vast, colorful canyon landscape. A large, semi-transparent circular overlay is centered over the hiker, containing the text "Pharmacy Benefits" in a bold, dark purple font. The text is positioned in the middle of the circle, overlapping the hiker's torso. The overall scene is bright and sunny, with clear blue skies and vibrant red and orange rock formations.

Pharmacy Benefits

Pharmacy Benefits Manager

Important plan information

- 90-day medications filled at any retail pharmacy
- Diabetic supplies now available through retail pharmacies
- Your specialty pharmacy vendor is CVS Specialty Pharmacy
- You have access to PrudentRx to help save on specialty medications



Contact information:

**CVS Caremark: 1.866.475.7589 or
visit <http://www.caremark.com>**

**CVS Specialty: 1.800.237.2767 or
visit www.CVSspecialty.com**

Caremark.com

Member tools:

- Check drug costs and coverage including the *Check Drug Cost tool*
- Get started with delivery by mail
- Refill medications
- Manage your profile
- View your ID card
- Locate pharmacies
- Find savings opportunities



Prescription Benefits



What are tiers?





- The different cost levels you pay for a medication
- Each tier is assigned a cost, which is determined by our employers or plan sponsor
- If your medication is Tier 2 or 3, ask for a Tier 1 option

Why choose generics?

- Save up to 75 percent on med cost
- FDA testing is exactly the same as brand-name
- Just as effective as brand-name due to same active ingredients

How to save on specialty medications? Use PrudentRx!

- The program works when you fill prescriptions at CVS Specialty Pharmacies on any covered specialty medication(s) on the plan's designated drug list, which can be located by calling **1.800.578.4403** (Mon-Fri 8:00 AM-8:00 PM, ET) or using www.prudentrx.com.
 - You'll need to call the PrudentRx member advocates line to ensure proper registration and receive available copay cards.
 - If you choose to opt out of this program, you'll be responsible for a 30 percent coinsurance payment on any medication currently eligible under the PrudentRx program.
 - If you're enrolled in an HDHP plan and opt into PrudentRx, you will have to meet your plan's deductible prior to experiencing \$0 out of pocket costs.

Drug tier	Includes	Helpful tips
 Tier 1 Lowest cost	Lower-cost, commonly used generic drugs. Some low-cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
 Tier 2 Mid-range cost	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
 Tier 3 High cost	Mostly higher-cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower-cost options in Tier 1 or Tier 2. Ask your doctor if they could work for you.
 Tier 4 Highest cost	The highest cost drugs available, known as Specialty Medications.	Limited treatment options are available outside of these specialty medications. Use PrudentRx in conjunction with CVS Specialty Pharmacy for the most savings possible.

Prescription Benefits



Prescription drug copays (non-HDHP plans)		
	30-day Retail	90-day Retail or mail order
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$55 min; \$100 max)	20% (\$80 min; \$205 max)
Non-preferred brand-name* (no generic available)	40% (\$70 min; \$140 max)	40% (\$110 min; \$255 max)
Specialty drug (CVS Specialty Pharmacy)	\$230 Copay	N/A

If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

Maintenance Choice Network

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities. The Plan allows for 2 30-day fills of maintenance drugs at any participating retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a Maintenance Choice Network pharmacy or through the mail order program unless you call the Prescription Drug Program Administrator and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact the Prescription Drug Card Program Administrator.

A woman with a backpack and trekking poles is hiking on a rocky trail. The background shows a vast, colorful canyon landscape. A large, semi-transparent circular overlay is centered over the image, containing the text "Wellness Programs and Services".

Wellness Programs and Services

Your wellness journey



Have a chronic condition?

- Accept help and join **Nurse Health Coaching** and earn incentives!
- Expecting? Join **Maternity Management** and earn incentives!
- Chronic pain? Try the **Hinge Health Program!**

With **Virta Health**, combined with provider support, coaching and technology, you can lose weight, reduce medication needs and lower blood sugar naturally.



Get your preventive annual physical and participate in **biometric testing**.



Join or start a **wellness program** at your school. Wellness campaigns are fun! Make new friends, start your journey to improved well being.



If you are admitted into the hospital, accept **Case Management**. Nurses are there to help you find your way back to wellness.



Your ASBAIT benefit plan provides **preventive care** benefits payable at 100 percent when services are rendered by an in-network provider. For all non-ACA mandated wellness: members who desire screenings not covered by ACA, we got you covered. First \$300 paid at 100 percent, then 10 percent.



Save money on **prescriptions** and manage your condition. Ask for generics. Accept lower cost medication therapy if offered to you. Rx Smart Savings, we do the work for you!



More access to care... **Teladoc Health®**, **SkinIO™**, **Employee Assistance Program (EAP)** and mammogram / flu shot clinics

Virta Health

This benefit (added in September 2023) is a virtual clinic providing nutrition-based care. With Virta Health, you can lose weight, reduce medication needs and lower blood sugar naturally. Combined with provider support, coaching and technology, you can get help to reverse type 2 diabetes. Members with a qualifying condition may be eligible to receive care at no cost.



Find out more and check eligibility at:
<https://www.virtahealth.com/join/asbait>



SkinIO™ for your skin health

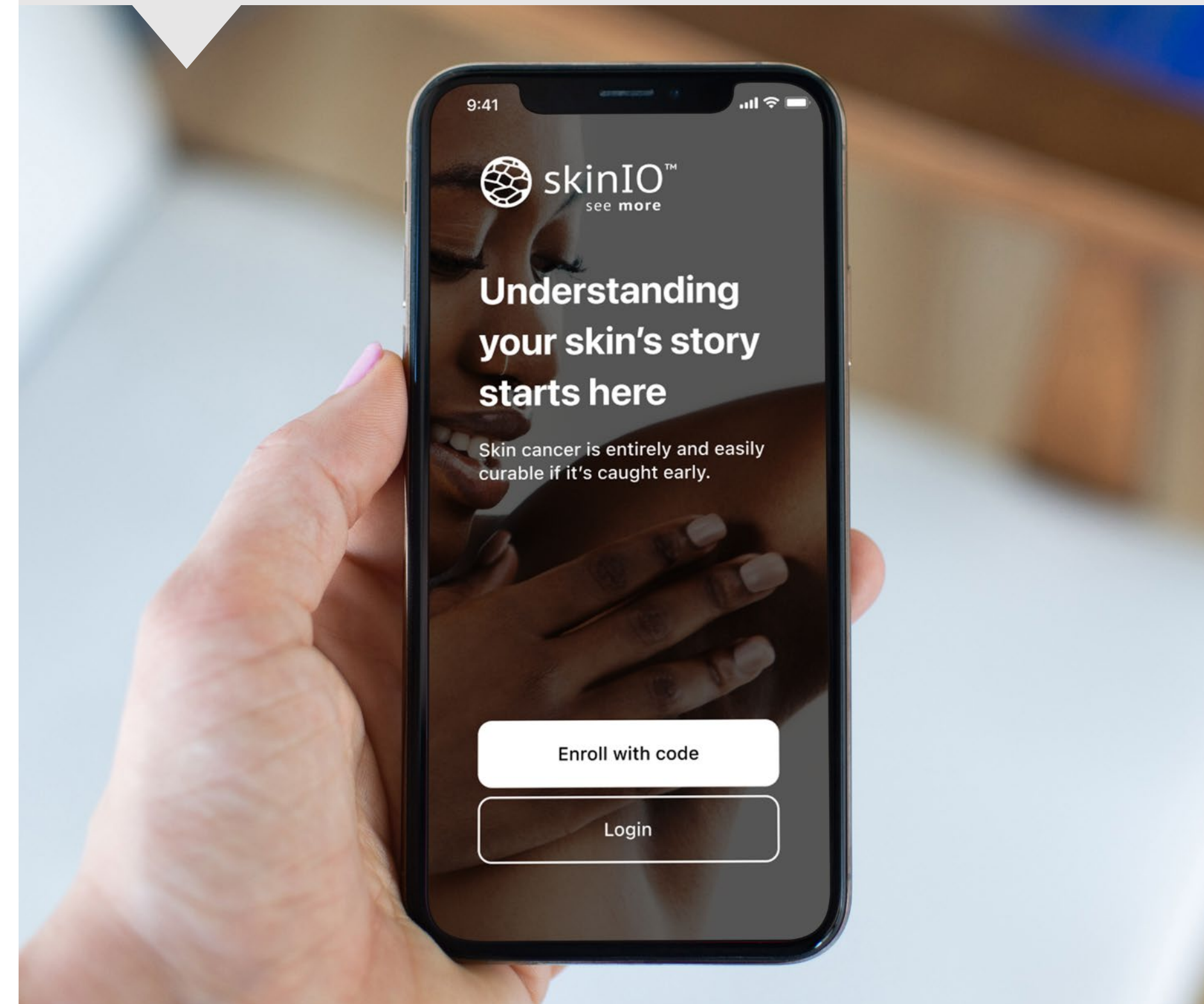
SkinIO is a wellness benefit that empowers you to take action against skin cancer – without leaving home.

Skin cancer is the most common form of cancer in America. Now, you can do a full-body skin exam at home in just 10 minutes. All you need is a photo-taking partner and your smartphone.

Click logo to watch video



skinIO™
see more



Your SkinIO experience in four easy steps:



10 minutes start to finish

The SkinIO app will guide you step-by-step through the process of capturing 13 high-quality photos of major regions of your skin. All from the comfort of home.



Outlier spots are flagged automatically

The AI that's built into our app will automatically flag potentially problematic spots for close-up photos.



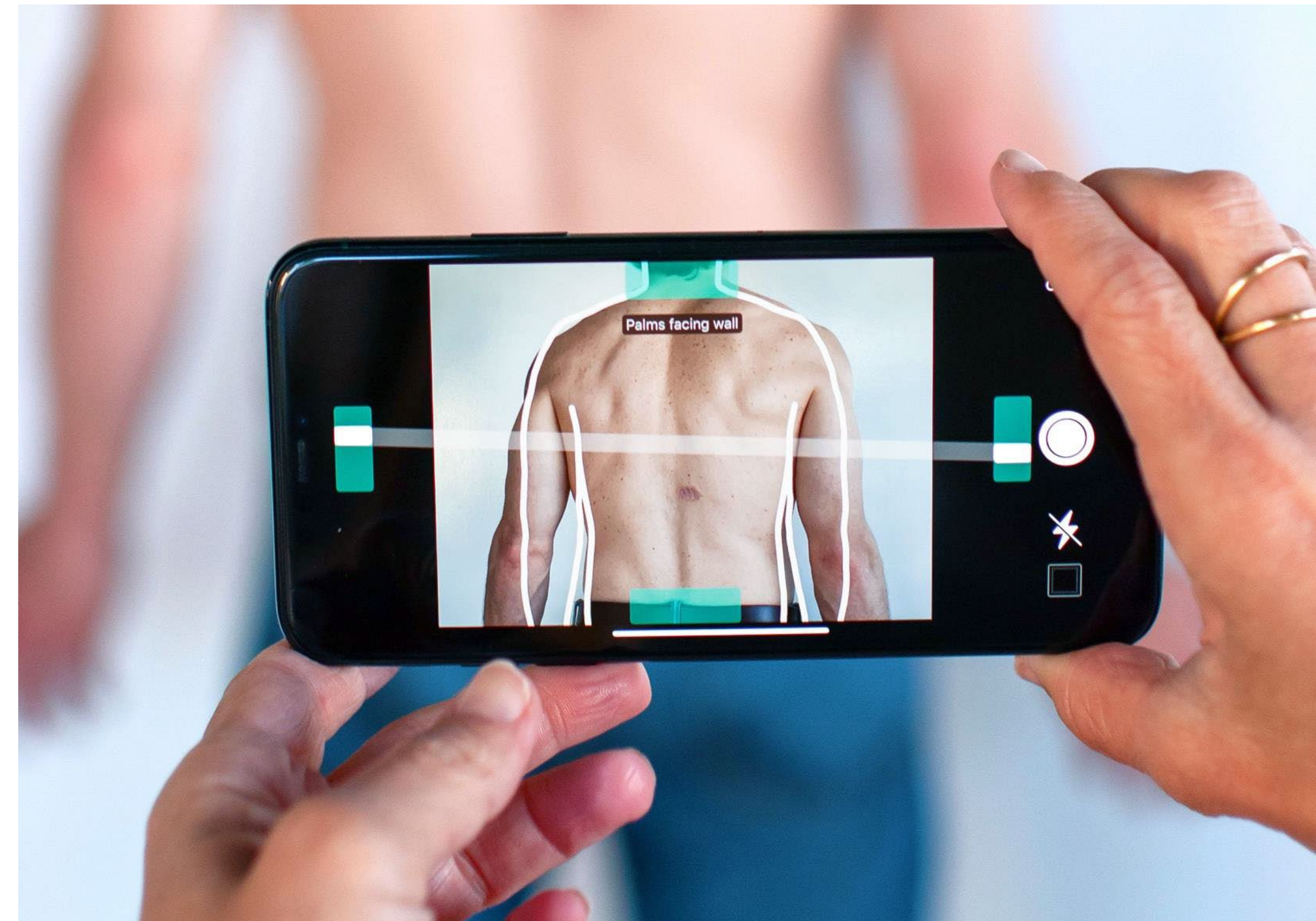
Photos are securely sent for expert review

All images are encrypted, automatically removed from your device and sent to an expert dermatologist for review.



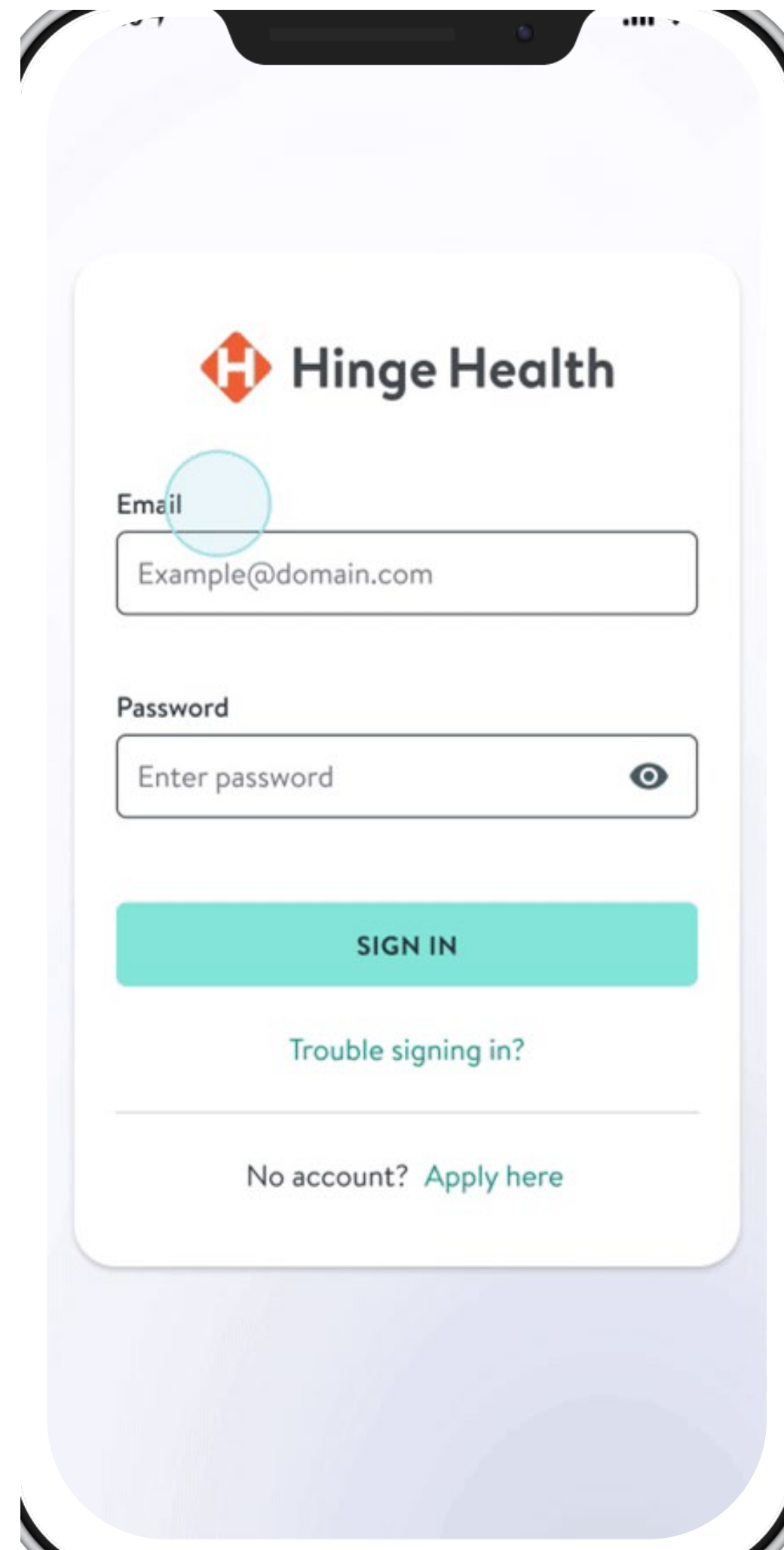
Connecting you to a doctor if you need one

If the review of your SkinIO photos suggests you should get in-person follow-up, we can connect you to a member of our high-performance network of dermatologists who will see you within two to three weeks (typical wait time is five to six months).



Get started with SkinIO today

Hinge Health for back, muscle and joint health



Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts. Best of all, **it's free** – 100 percent covered by ASBAIT.

Sign up today for help with any of the following:

- **Conquer pain or limited movement**
- **Recover from a recent or past injury**
- **Keep joints healthy and pain free**

Visit hingehealth.com/ASBAIT to sign up today!

Check out an overview video [here](#) to learn more!

Thrive 3SixtyFive Wellness Program

Impact, improve and maintain your own good health with:



Thrive 3SixtyFive newsletters.



Healthy recipes.



Wellness campaigns.

Working~Well focuses on stress reduction, physical fitness, workplace and home safety, weight management, personal health and community involvement.

Nurse Health Coaching Program

A personal Nurse Health Coach can help you manage:

- Asthma.
- Chronic Obstructive Pulmonary Disease (COPD).
- Chronic pain (caused by arthritis or lower back pain).
- Congestive Heart Failure (CHF).
- Coronary Artery Disease (CAD).
- Chronic Kidney Disease (CKD).
- Diabetes.
- Hyperlipidemia.
- Hypertension.

<https://www.youtube.com/watch?v=FqBEEIGds0k&t=15s>

We can help you control your chronic condition while setting achievable steps and goals to assist you with living a healthy lifestyle.

Maternity Management Program:

Through this program, you will be assigned your own maternity nurse specialist. Your nurse will get you answers to questions and concerns and will help you follow your doctor's plan for your care.

To reach a Nurse Health Coach, please call **1.855.527.2248**, select **option 1**, followed by **option 2** and then **option 5**.



Earn money for joining!

If you join the Nurse Health Coaching Program for help managing your health, you will receive a **\$25 (per quarter) incentive for participating!**

We're here for you as life happens

alliance work partners



Your Employee Assistance Program (EAP) helps people like yourself cope with life's challenges. Employees are eligible, as well as their families. This service is available 24/7.

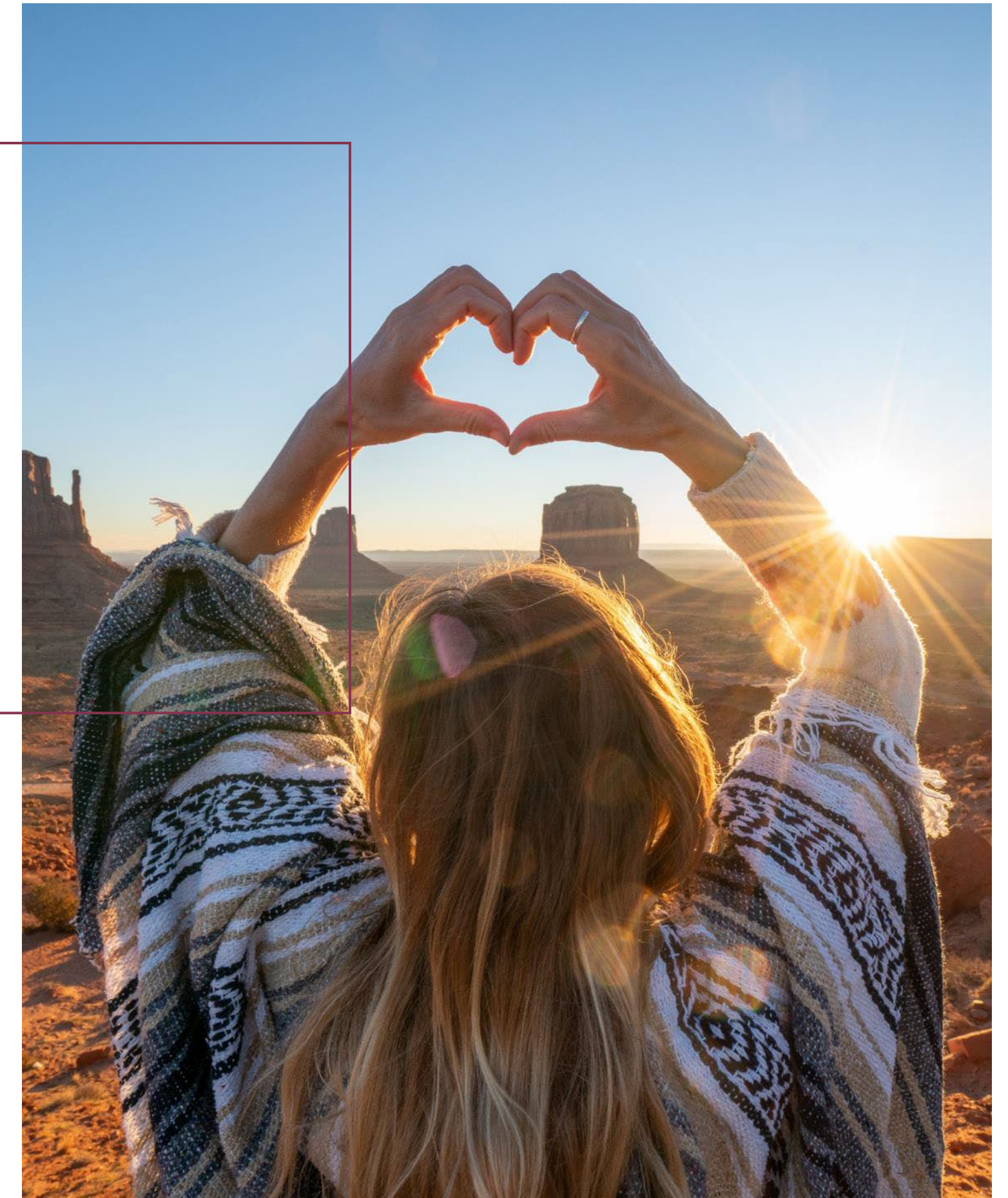
You can register your customized EAP account at www.alliancewp.com

- Click *login* at the top right
- Enter login email **ASBAITmember** and password **AWP4me** (case sensitive)

Five FREE counseling sessions per incident, per year.
Call: **1.800.343.3822** to speak with an intake counselor

Teen Line 1.800.334.TEEN (8336)

Safe Ride Program 1.800.343.3822





Questions about ASBAIT medical management? You can contact a medical management nurse at 1.855.5ASBAIT or 1.855.527.2248.

Medical Management

Before you get care, check precertification (Medical Management) requirements for things such as:



All inpatient admissions: Acute

Outpatient and physician: Surgery

Outpatient and physician diagnostic services:

- CT/MRI for non-orthopedic
- Genetic testing, including BRCA
- PET scans
- Sleep study



Outpatient and physician continuing care services:

- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant-related injections
- Dialysis



High-cost drugs:

- Injectables that cost \$2,000 or more per drug per month
- Infusion therapy that costs \$2,000 or more per drug per month

The Teladoc Health solution and benefits

Register at: www.Teladoc.com or 1.800.TELADOC (835.2362)

We are happy to announce you will still access the same great Teladoc Health Program– in addition to two new Teladoc Health benefits: Virtual Primary Care (Primary360) and Behavioral Health!

A Teladoc Health doctor is just a call or click away!

- Teladoc Health gives you access to care 24 hours, seven days a week.
- U.S. board-certified doctors.
- Your dependents are eligible for Teladoc Health too (*even if they are not enrolled in your ASBAIT health plan!*).
- Make sure to register **before** you need to use the service!
- **Please note:** if you are on an ASBAIT HDHP, you may be required to pay a \$56 copay to use the service due to government regulations.



1
Talk to a doctor anytime, anywhere you happen to be.



2
Receive quality care via phone, video or mobile app.



3
Prompt treatment median call back in ten minutes.



4
A network of doctors that can treat every member of the family.



5
Prescriptions sent to pharmacy of choice if medically necessary.



6
Teladoc is less expensive than the ER or urgent care.

A woman with a backpack and trekking poles is hiking on a rocky trail. The background shows a vast, colorful canyon landscape. A large, semi-transparent circular overlay is centered on the image, containing the text "Get ready to enroll".

Get ready to enroll

Plan terminology

Before you get started, it's important to understand these key phrases:



Your **DEDUCTIBLE** is the amount you pay before your plan shares the cost of services.

Please note: preventive care is not subject to your deductible.

After you meet your deductible, your plan will share the cost of services—up to your out-of-pocket maximum.

This is called **COINSURANCE**.

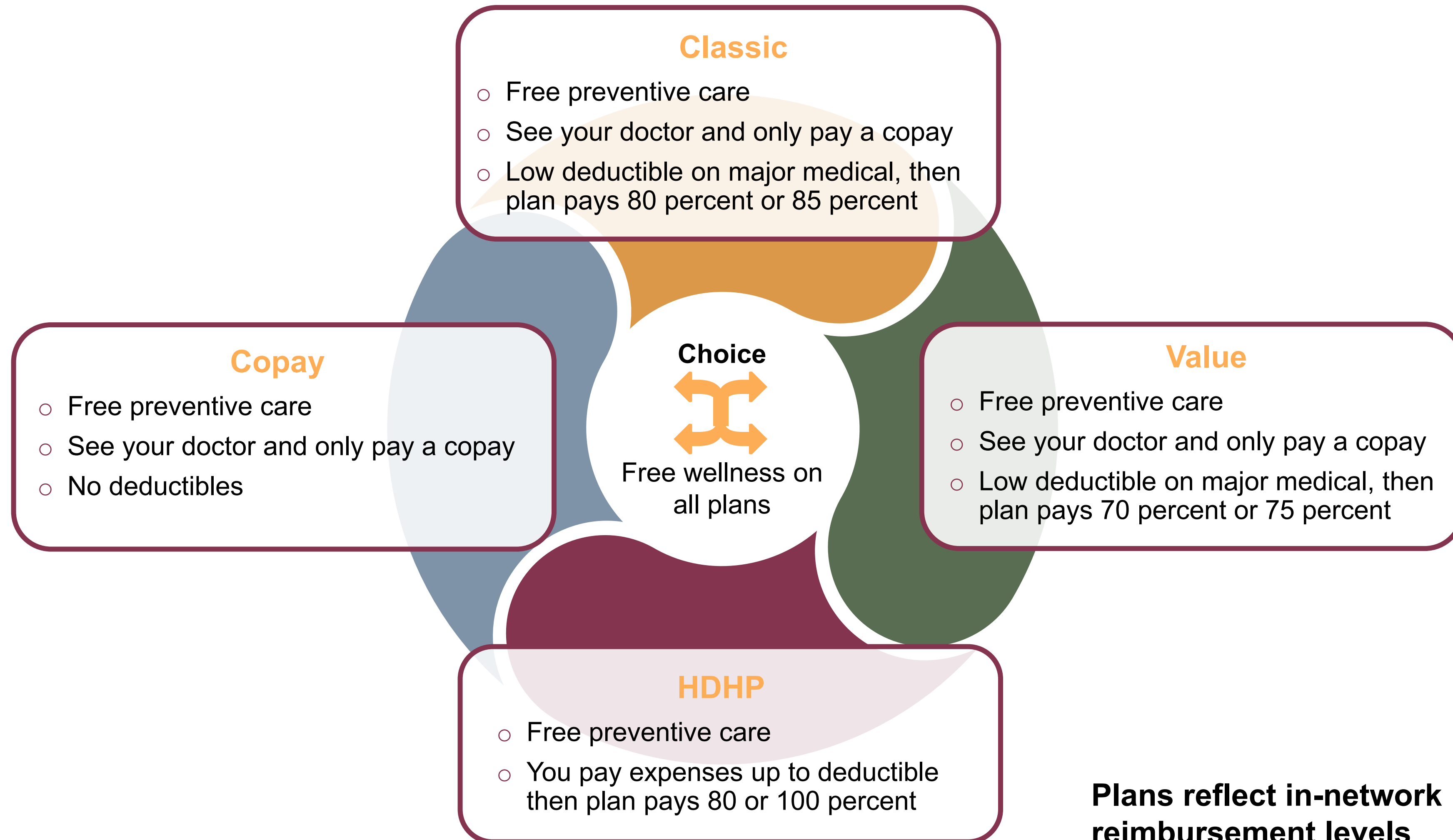
Your **OUT-OF-POCKET MAXIMUM** is the total amount you'll pay before the plan begins covering the full cost of services.

The amount you pay at the time of service—like doctor's visits or filling prescriptions—is called a **COPAY**.

PARTICIPATING PROVIDERS include those in the **Banner Choice® POS II** network. Any doctors or facilities outside of this network are **NON-PARTICIPATING**.

ASBAIT medical plans: general overview

ASBAIT plan names will begin with one of these terms:



Picking your medical plan—Option 1

Classic Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER CLASSIC GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$500
Family	\$1,000
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$3,720
Family	\$7,440
Office visits	
Primary care	\$20 copay; no deductible
Specialist	\$58 copay; no deductible
Other copays	Copays in 26 categories: deductible waived for 24 of those

BANNER CLASSIC GOLD Aetna Choice® POS II Participating Providers	
Calendar-year deductible	
Individual	\$600
Family	\$1,200
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$4,600
Family	\$9,200
Office visits	
Primary care	\$25 copay; no deductible
Specialist	\$65 copay; no deductible
Other copays	Copays in 26 categories: deductible waived for 24 of those

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$55 min; \$100 max)	20% (\$80 min; \$205 max)
Non-preferred brand-name* (no generic available)	40% (\$70 min; \$140 max)	40% (\$110 min; \$255 max)
Specialty drug (CVS Specialty Pharmacy)	\$230 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** ***

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

Maintenance Choice Network

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities. The Plan allows for 2 30-day fills of maintenance drugs at any participating retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a Maintenance Choice Network pharmacy or through the mail order program unless you call the Prescription Drug Program Administrator and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact the Prescription Drug Card Program Administrator.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 2

Value Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER VALUE GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$900
Family	\$1,800
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$4,600
Family	\$9,200
Office visits	
Primary care	\$28 copay; no deductible
Specialist	\$66 copay; no deductible
Other copays	Copays in 24 categories: deductible waived for 22 of those

BANNER VALUE GOLD Aetna Choice® POS II Participating Providers	
Calendar-year deductible	
Individual	\$1,050
Family	\$2,100
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$5,600
Family	\$11,200
Office visits	
Primary care	\$35 copay; no deductible
Specialist	\$75 copay; no deductible
Other copays	Copays in 24 categories: deductible waived for 22 of those

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$55 min; \$100 max)	20% (\$80 min; \$205 max)
Non-preferred brand-name* (no generic available)	40% (\$70 min; \$140 max)	40% (\$110 min; \$255 max)
Specialty drug (CVS Specialty Pharmacy)	\$230 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** ***

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

Maintenance Choice Network

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities. The Plan allows for 2 30-day fills of maintenance drugs at any participating retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a Maintenance Choice Network pharmacy or through the mail order program unless you call the Prescription Drug Program Administrator and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact the Prescription Drug Card Program Administrator.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Picking your medical plan—Option 3

Value Silver ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER VALUE SILVER Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$1,100
Family	\$2,200
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$5,400
Family	\$10,800
Office visits	
Primary care	\$32 copay; no deductible
Specialist	\$70 copay; no deductible
Other copays	Copays in 16 categories: deductible waived for 14 of those

BANNER VALUE SILVER Aetna Choice® POS II Participating Providers	
Calendar-year deductible	
Individual	\$1,300
Family	\$2,600
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$6,600
Family	\$13,200
Office visits	
Primary care	\$40 copay; no deductible
Specialist	\$80 copay; no deductible
Other copays	Copays in 16 categories: deductible waived for 14 of those

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$55 min; \$100 max)	20% (\$80 min; \$205 max)
Non-preferred brand-name* (no generic available)	40% (\$70 min; \$140 max)	40% (\$110 min; \$255 max)
Specialty drug (CVS Specialty Pharmacy)	\$230 Copay	N/A

Your prescription drug benefits are administered by **Meritain Health Pharmacy Solutions** and your Pharmacy Benefit Manager is **CVS Caremark.** ***

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

Maintenance Choice Network

This Plan will allow maintenance medications to be filled at any CVS, Costco, or Kroger Affiliated (i.e. Fry's) retail pharmacies and CVS mail order in 90-day quantities. The Plan allows for 2 30-day fills of maintenance drugs at any participating retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a Maintenance Choice Network pharmacy or through the mail order program unless you call the Prescription Drug Program Administrator and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact the Prescription Drug Card Program Administrator.

***Specialty drugs are administered through CVS Specialty Pharmacy.

Participating provider medical plan comparison

Banner: Tier 1 benefits listed below

BANNER CLASSIC GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$500
Family	\$1,000
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$3,720
Family	\$7,440
Office visits	
Primary care	\$20 copay; no deductible
Specialist	\$58 copay; no deductible
Other copays	Copays in 26 categories: deductible waived for 24 of those

BANNER VALUE GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$900
Family	\$1,800
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$4,600
Family	\$9,200
Office visits	
Primary care	\$28 copay; no deductible
Specialist	\$66 copay; no deductible
Other copays	Copays in 24 categories: deductible waived for 22 of those

BANNER VALUE SILVER Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$1,100
Family	\$2,200
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$5,400
Family	\$10,800
Office visits	
Primary care	\$32 copay; no deductible
Specialist	\$70 copay; no deductible
Other copays	Copays in 16 categories: deductible waived for 14 of those

ASBAIT—Aetna PPO Dental Plan

Eligible dental services	In-Network	Out-of-Network
Routine oral exams and cleanings (two per calendar year)	Deductible waived	
Annual bite wing x-rays (one set per calendar year)	Deductible waived	
Individual deductible per calendar year	\$50	\$50
Family deductible per calendar year	\$150	\$150
After deductible is satisfied benefits are paid as follows		
Restorations (amalgam or composite)	20%	
Periodontics	20%	
Endodontics	20%	
Oral surgery	20%	
Prosthodontics	50%	
Orthodontics (up to age 19)	50%	
Maximum benefits per person/per calendar year You may seek care in Mexico, submit claim in U.S. currency.	\$1,500	
Orthodontic lifetime maximum benefit (must be banded before age 19)	\$1,500	

ASBAIT Vision Plan

Eligible vision services	Insurance pays
Eye exams (one per calendar year) Basic or complete	\$60
Contact lens fitting with eye exam (standard, disposable or enhanced toric, bifocal, gas permeable)	\$60
Lenses, per pair (one per calendar year)	
Single vision	\$45
Bifocal	\$60
Trifocal	\$120
Lenticular	\$120
Progressive	\$120
Contact lenses	\$120
One pair of lenses or one pair of contact lenses one pair every calendar year. Disposable contacts will be payable up to the maximum benefit for contacts but will not be subject to the <i>one pair of lenses</i> maximum.	
Frames (one every 24 months)	\$70

VSP Vision Plan

To look up VSP vision providers, please visit
www.vsp.com.

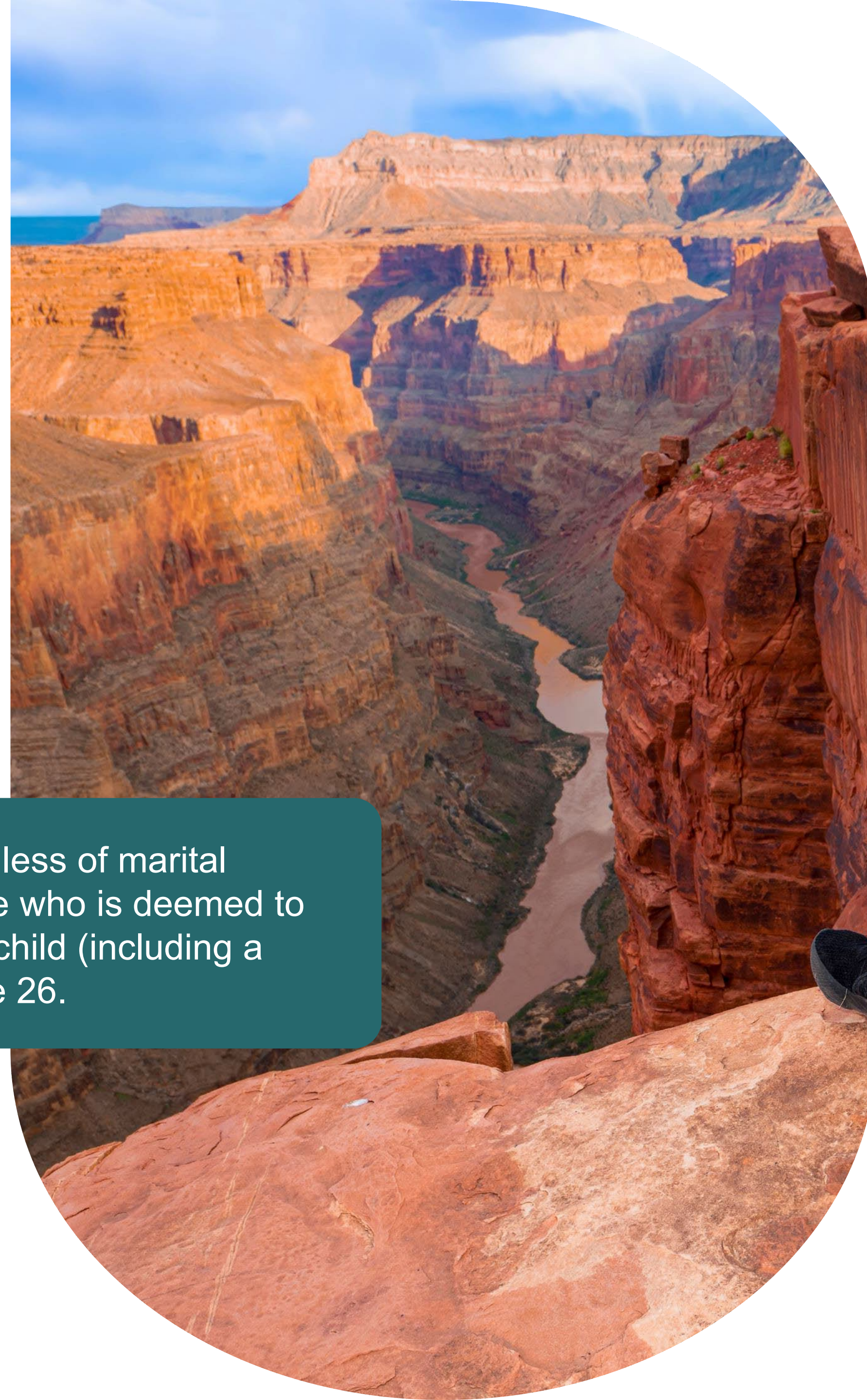
Eligible vision services (12/12/12)	Benefits
Eye exams (one per calendar year)	\$10 copay
Lenses copay (one per calendar year)	\$25 copay
Frame/contacts allowance (one per calendar year)	\$200/\$160 allowance
Progressive lenses	\$40 copay
Fully covered scratch-resistant coating.	\$0 copay

Covering your dependents

Your eligible dependents may include:

- Your spouse or domestic partner (varies by plan).
- Your children, natural or adopted.
- Your stepchildren.

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



Open enrollment and qualifying events

If you enroll or decline coverage now, you may be able to add, delete or change your benefit choices within **30 days** of the qualifying event:

During your employer's next open enrollment period

If you have a qualifying event:

- Involuntary loss of benefits
- Change in marital status
- Birth
- Adoption
- Placement of a child in your home for adoption



When you're ready to enroll

1

Gather all information for you and any dependents you wish to enroll.

2

Consider your personal health and that of your family members.

3

Estimate annual health care expenses for you and your dependents.

4

Make sure you choose the benefits that fit your needs.

5

Double check every paper form.

6

Is there a change in your life insurance beneficiary?

ID Cards

- Please make sure your current address is up to date with your employer, so that any correspondence is sent to the correct location.
- As a result of certain plan benefit changes, we will be sending **NEW ID cards to ALL** enrolled employees, COBRA participants, board members and retirees.
- If you need new ID cards, or did not receive your updated cards, please call customer service or visit www.meritain.com.

Remember to show your ID card to your pharmacy to be sure they have your pharmacy coverage information.



Please refer to your ID cards for:

Plan, provider network and billing information, medical and prescription benefits customer service numbers and more...

Claims Submission

Mail ALL Claims & Correspondence to:
Meritain Health
PO Box 853921
Richardson TX 75085-3921
EDI: Change Healthcare 41124 or McKesson/Relay Health 1708 or 4561

NY Non-Electing

Aetna participating Dentists, Doctors, and Hospitals are independent providers and are neither agents nor employees of Aetna.

Contact 800.343.3140 or visit www.MERITAIN.com for assistance in locating an In-Network Provider.

Eligibility

Call 866.300.8449 or visit www.MERITAIN.com for inquiries regarding eligibility, claims and plan benefits.

Precertification

For precertification call 855.527.2248 (855.5.ASBAIT). Precertification required for but not limited to all inpatient admissions; select outpatient surgeries such as biopsies, hysterectomies, and back surgeries; outpatient continuing care services such as chemotherapy, radiology, and dialysis; and high cost injectable and infusion medications costing \$2,000 or more.

AWP - Employee Assistance Program (EAP): 800.343.3822

TELADOC: For 24/7 access to a doctor call 1.800.TELADOC (835.2362) or visit www.Teladoc.com

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TELADOC PHCS

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TELADOC PHCS

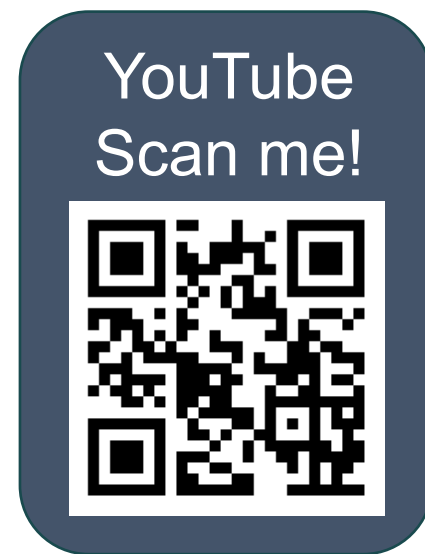
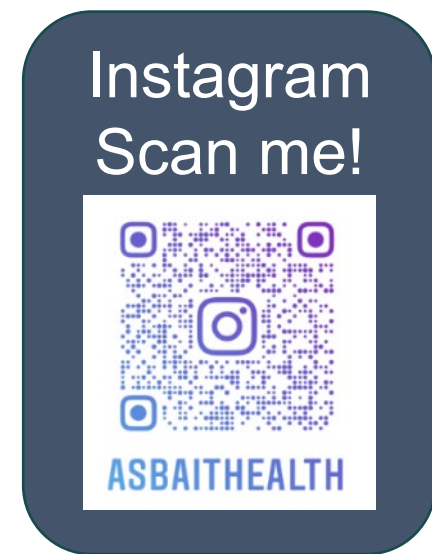
Important plan contacts

Important plan contact information		
What do you need help with?	Who to contact?	How to contact?
My ASBAIT benefits	Meritain Health Customer Service	Call: 1.866.300.8449 or 1.602.789.1170 Visit: http://www.meritain.com
My prescription drug benefits	CVS Caremark	Call: 1.866.475.7589 Visit: http://www.caremark.com
Precertification	ASBAIT Medical Management	Call: 1.855.5ASBAIT or 1.855.527.2248
Employee Assistance Program (EAP)	Alliance Work Partners (AWP)	Call: 1.800.343.3822 Visit: http://www.alliancewp.com
Thrive 3Sixty Five Wellness Program	Acrisure	Contact your school wellness coordinator
Banner Nurse Now	Banner Health	Call: 1.602.747.7990 or 1.888.747.7990
Nurse Health Coaching	Meritain Health	Call: 1.855.527.2248
Health Savings Account (HSA) Information	Health Equity	Call: 1.877.694.3948 Visit: http://www.healthequity.com/ed/asbait
Specialty Pharmacy	CVS Specialty Pharmacy	Call: 1.800.237.2767 Visit: http://www.CVSspecialty.com
Weight loss management and type 2 diabetes reversal	Virta Health	Visit: https://www.virtahealth.com/join/asbait
Skin health questions	SkinIO	Email: help@skinio.com Call: 1.855.754.6400
Therapy for chronic pain	Hinge Health	Visit: http://www.Hingehealth.com/ASBAIT Email: hello@hingehealth.com Call: 1.855.902.2777
24/7 Access to care Virtual Primary care (Primary360) Virtual Mental Health care (Behavioral Health)	Teladoc Health	Call: 1.800.Teladoc (835.2362) Visit: http://www.teladoc.com
Savings on Specialty Medications	PrudentRx	Visit: http://www.prudentrx.com Call: 1.800.578.4403



Find us online!

Don't forget to follow us on Instagram @asbaithealth, subscribe to our YouTube channel and visit us on ASBAIT.org!



Click the arrow to access our YouTube videos:



THANK YOU



PROPRIETARY NOTICE

IMPORTANT CONFIDENTIALITY NOTICE - PLEASE READ!

This Confidential Information, provided by Meritain Health, is intended only for the use of the addressee and only for the purpose that it is being provided. The Confidential information shall not be distributed, disclosed or conveyed to any consultant, subcontractor, vendor or other third party. The addressee is required to use appropriate safeguards to protect the Confidential information from unauthorized disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received these documents in error, please notify the Meritain Health Privacy Officer immediately to arrange for their return at **1.800.831.1166**.