



ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

ASBAIT 2023-2024 Open Enrollment

Oracle Elementary School District

May 17, 2023

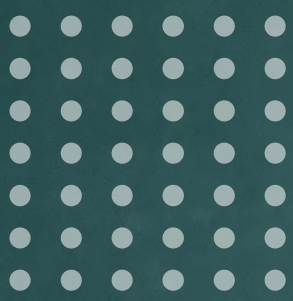
Agenda

Provider access in and out of Arizona

Wellness programs and services

Your medical plan options

All about open enrollment



What's New

ASBAIT 2023–2024



What's *NEW* with ASBAIT?

All ASBAIT members now have access to Teladoc which provides 24/7 access to care!

Whether you are enrolled in an HDHP or non HDHP plan you have access to PrudentRx which helps make it possible to get specialty medications at no out-of-pocket cost.



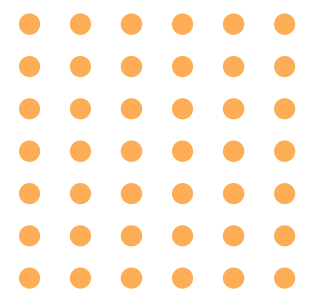
New ways to communicate

We've expanded our social reach through a YouTube channel and Instagram page.

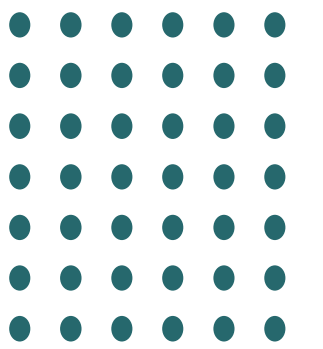
Check us out for wellness tips and additional benefit information!



**Get Ready
to Enroll**



Local & 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.

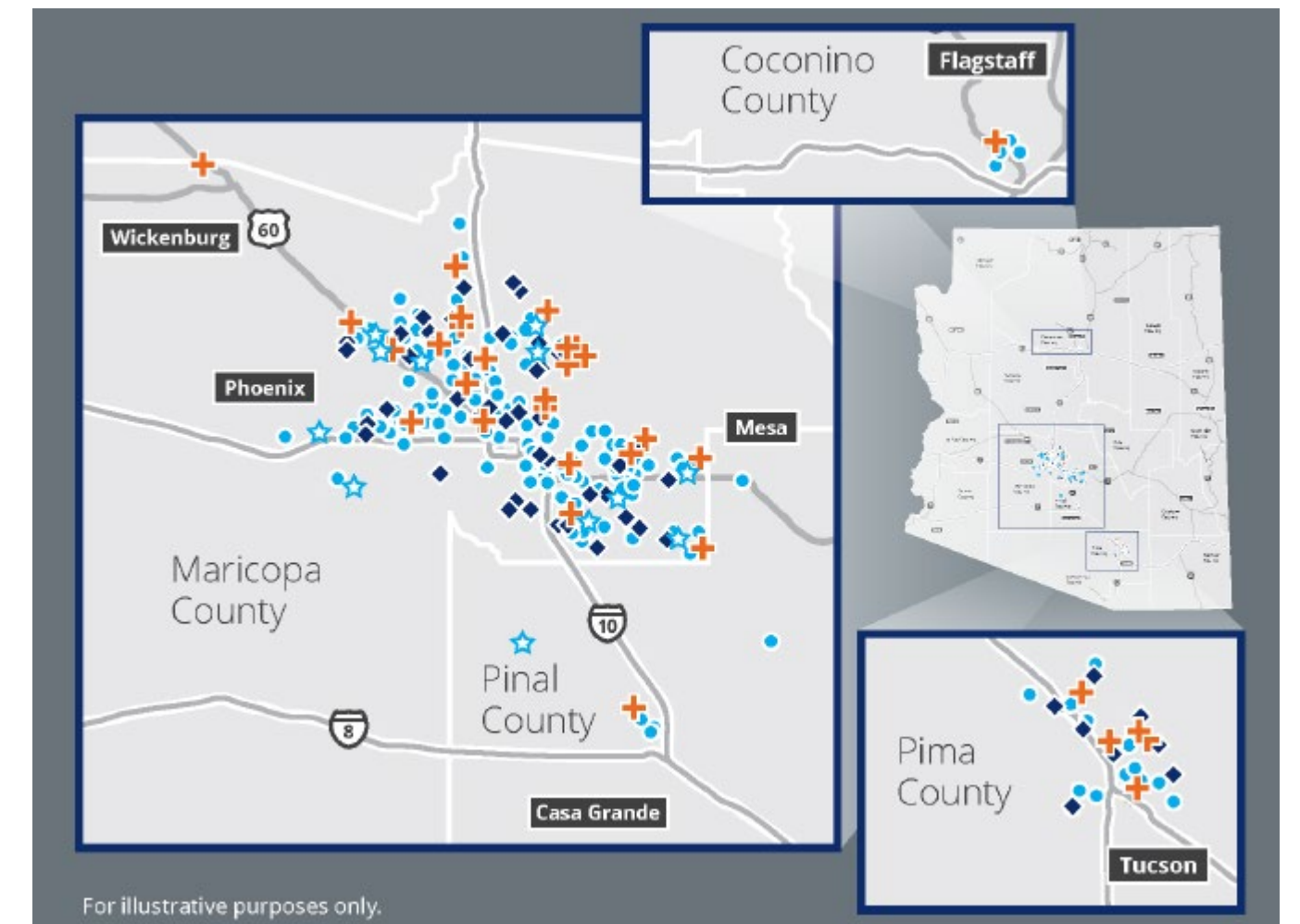
You also have access to a broad national **Choice POS II Network**.

The choice is yours!

Tier 1: Banner Health Network

Within the State of Arizona includes:

- 2,900+ Primary Care Physicians
- 19,000+ Specialists
- 42 Hospitals



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

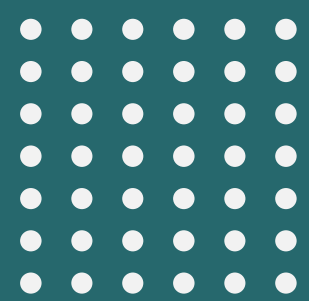
Within and outside of Arizona includes:

- 277,000+ Primary Care Physicians
- 497,710+ Physician Specialists
- 847,470+ Non-Physician Specialists
- 6,248+ Hospitals



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)



Doctors and Hospitals

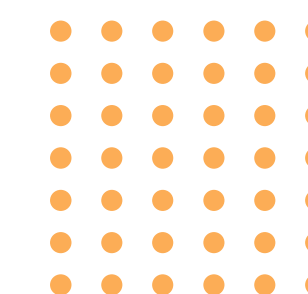
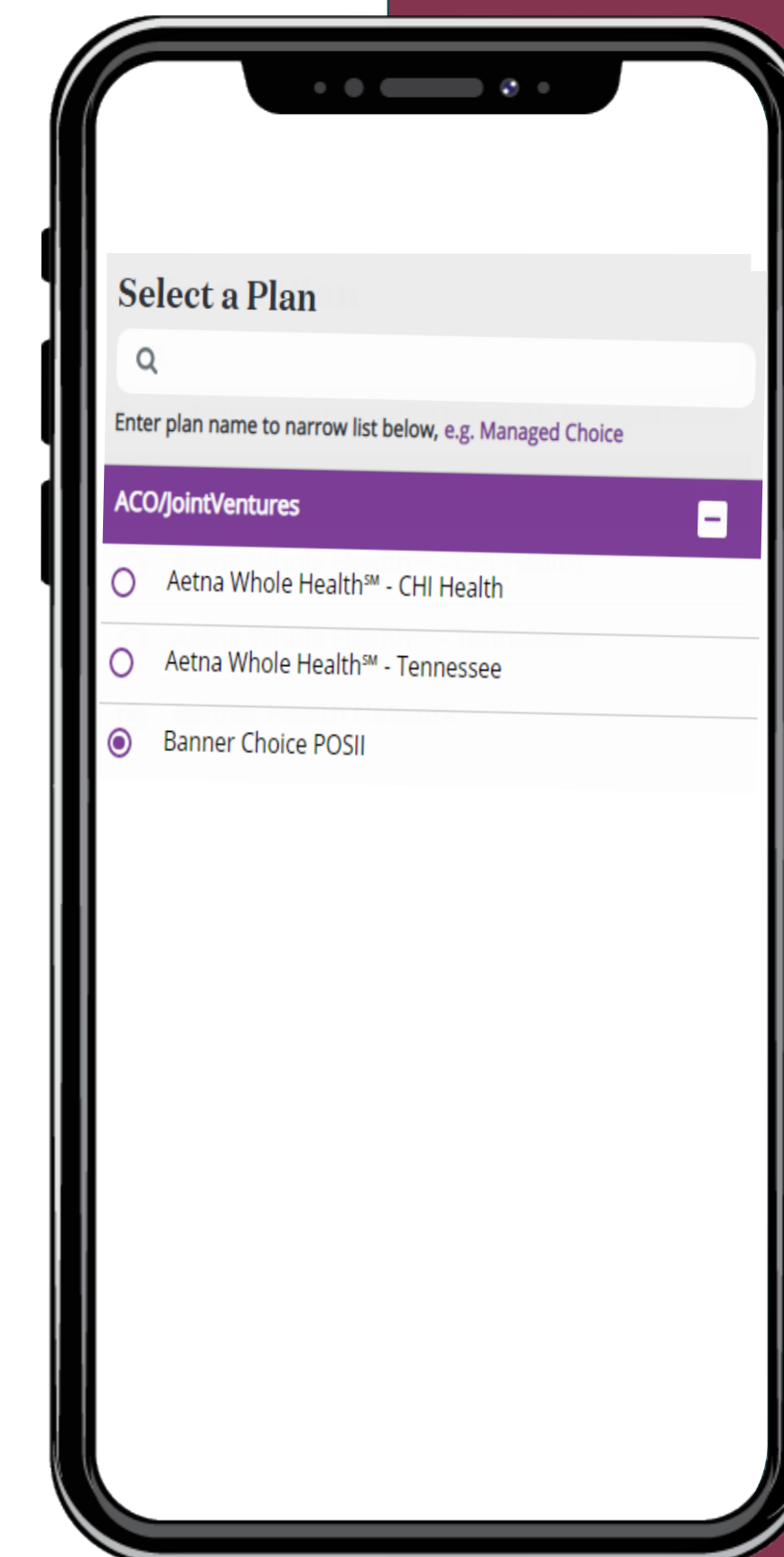


Visit Aetna's DocFind at:

<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

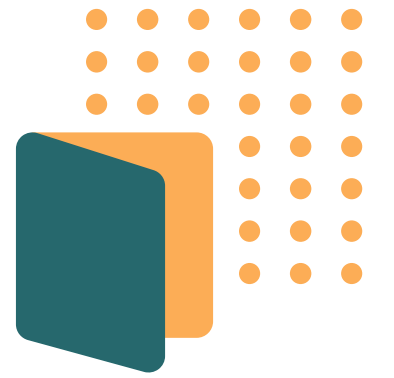
Banner|Aetna is an exclusive health care program created with providers in your neighborhood!

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

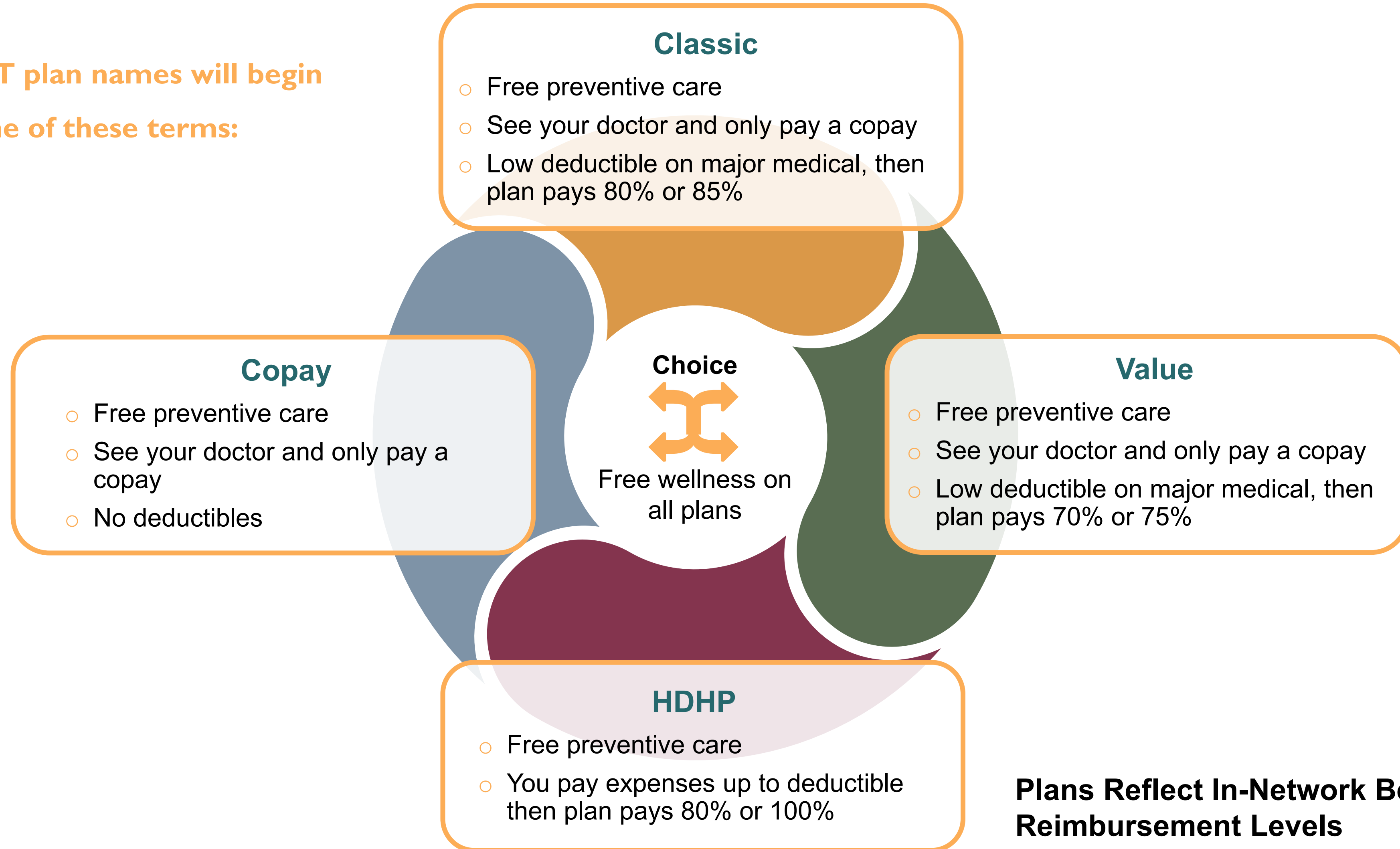
- 2,900+ Primary Care Providers
- 19,000+ Specialty Providers
- 42 Hospitals.

No referrals needed, you choose your care providers!

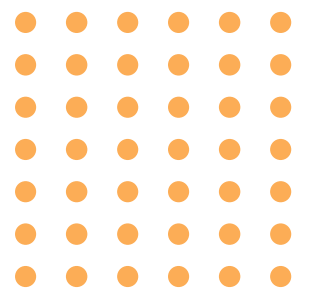
ASBAIT Medical Plans: General Overview



ASBAIT plan names will begin with one of these terms:

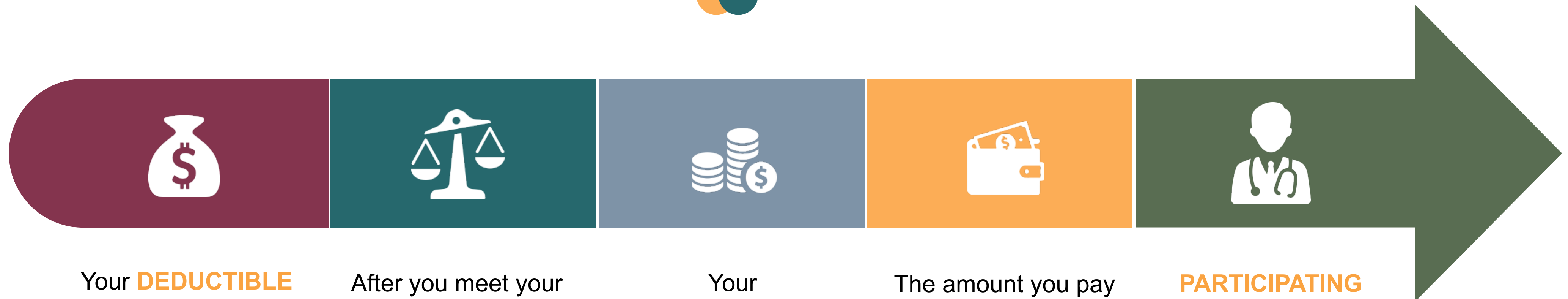


Plans Reflect In-Network Benefit Reimbursement Levels



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.

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**.

Three-Tier Benefits

All plans have 3-tier benefits



MEDICAL SCHEDULE OF BENEFITS – COPAY GOLD BANNER 2023-2024

COPAY GOLD BANNER 2023-2024	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	None	None	\$900
Family	None	None	\$2,700
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card)			
Single	\$5,080	\$6,350	Not Applicable
Family	\$10,160	\$12,700	Not Applicable
MEDICAL BENEFITS			
Allergy Serum & Injections			
Injections (If no office visit charge)	100% after \$5 Copay per visit	100% after \$5 Copay per visit	50% after Deductible
Serum	100% after \$32 Copay per visit	100% after \$40 Copay per visit	50% after Deductible
Ambulance Services			
Ground Ambulance Services	100% after \$50 Copay per trip	Paid at the Tier 1 level of benefits	Paid at the Tier 1 level of benefits
Air Ambulance Services	100% after \$200 Copay per trip	Paid at the Tier 1 level of benefits	Paid at the Tier 1 level of benefits
Ambulatory Surgical Center	100% after \$60 Copay per occurrence	100% after \$75 Copay per occurrence	50% after Deductible
Anesthesiologist	100% after \$60 Copay per occurrence	100% after \$60 Copay per occurrence	50% after Deductible
Anti-Embolism Garments	100% after \$40 Copay per pair	100% after \$50 Copay per pair	\$50 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)	100% after \$24 Copay per visit	100% after \$30 Copay per visit	50% after Deductible

Tier 1–Banner Providers



MEDICAL SCHEDULE OF BENEFITS – CLASSIC GOLD BANNER 2023-2024

CLASSIC GOLD BANNER 2023-2024	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	\$240	\$300	\$1,200
Family	\$720	\$900	\$3,600
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card)			
Single	\$3,200	\$4,000	Not Applicable
Family	\$6,400	\$8,000	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	\$200 Copay per trip, then 85% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Ambulatory Surgical Center	85% after Deductible	85% after Deductible	50% after Deductible
Anesthesiologist	85% after Deductible	85% after Deductible	50% after Deductible
Anti-Embolism Garments	\$40 Copay per pair, then 85%; Deductible waived	\$50 Copay per pair, then 85%; Deductible waived	\$50 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)	100% after \$20 Copay per visit; Deductible waived	100% after \$25 Copay per visit; Deductible waived	50% after Deductible

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



MEDICAL SCHEDULE OF BENEFITS – VALUE GOLD BANNER 2023-2024

VALUE GOLD BANNER 2023-2024	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	\$600	\$750	\$3,000
Family	\$1,200	\$1,500	\$9,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card)			
Single	\$4,000	\$5,000	Not Applicable
Family	\$8,000	\$10,000	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	\$200 Copay per trip, then 75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Ambulatory Surgical Center	75% after Deductible	75% after Deductible	50% after Deductible
Anesthesiologist	75% after Deductible	75% after Deductible	50% after Deductible
Anti-Embolism Garments	\$40 Copay per pair, then 75%; Deductible waived	\$50 Copay per pair, then 75%; Deductible waived	\$50 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit	3 pairs		

Tier 3–Out-of-network

Picking Your Medical Plan—Option 1

Copay Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER COPAY GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$0
Family	\$0
Coinsurance after deductible or copays	
0%	
Calendar- year out-of-pocket max	
Individual	\$5,080
Family	\$10,160
Office visits	
Primary care	\$24 copay; no deductible
Specialist	\$32 copay; no deductible
Other copays	Copays in 40 categories: no deductible

BANNER COPAY GOLD Aetna Choice® POS II Participating Providers	
Calendar-year deductible	
Individual	\$0
Family	\$0
Coinsurance after deductible or copays	
0%	
Calendar- year out-of-pocket max	
Individual	\$6,350
Family	\$12,700
Office visits	
Primary care	\$30 copay; no deductible
Specialist	\$40 copay; no deductible
Other copays	Copays in 40 categories: no deductible

Prescription drug copays		
	30-day retail	90-day mail order**
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	20% (\$100 min; \$150 max)	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.

90-Day Supply: Maintenance Medications

This Plan will allow maintenance medications to be filled at any retail pharmacy and mail order in 90-day quantities, Covered Persons benefit from paying only 2 Copays for a 3-month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30-day supply, subject to the applicable Copay.

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

Picking Your Medical Plan—Option 2

Classic Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER CLASSIC GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$240
Family	\$720
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$3,200
Family	\$6,400
Office visits	
Primary care	\$20 copay; no deductible
Specialist	\$28 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	\$300
Family	\$900
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$4,000
Family	\$8,000
Office visits	
Primary care	\$25 copay; no deductible
Specialist	\$35 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% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	20% (\$100 min; \$150 max)	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.

90-Day Supply – Maintenance Medications

This Plan will allow maintenance medications to be filled at any retail pharmacy and mail order in 90 day quantities, Covered Persons benefit from paying only 2 Copays for a 3 month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30 day supply, subject to the applicable Copay.

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

Picking Your Medical Plan—Option 3

Value Gold ~ At-a-Glance

Does not include Health Savings Account (HSA)

BANNER VALUE GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$600
Family	\$1,200
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$4,000
Family	\$8,000
Office visits	
Primary care	\$28 copay; no deductible
Specialist	\$36 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	\$750
Family	\$1,500
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$5,000
Family	\$10,000
Office visits	
Primary care	\$35 copay; no deductible
Specialist	\$45 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% (\$25min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	20% (\$100 min; \$150 max)	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.

90-Day Supply – Maintenance Medications

This Plan will allow maintenance medications to be filled at any retail pharmacy and mail order in 90 day quantities, Covered Persons benefit from paying only 2 Copays for a 3 month (90-day) supply. Covered Persons choosing other retail pharmacies for maintenance medications will be limited to a 30 day supply, subject to the applicable Copay.

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

Participating Provider Medical Plan Comparison

Banner: Tier I Benefits Listed Below

BANNER COPAY GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$0
Family	\$0
Coinsurance after deductible or copays	
0%	
Calendar- year out-of-pocket max	
Individual	\$5,080
Family	\$10,160
Office visits	
Primary care	\$24 copay; no deductible
Specialist	\$32 copay; no deductible
Other copays	Copays in 40 categories: no deductible

BANNER CLASSIC GOLD Banner Health Network Participating Providers	
Calendar-year deductible	
Individual	\$240
Family	\$720
Coinsurance after deductible or copays	
15%	
Calendar- year out-of-pocket max	
Individual	\$3,200
Family	\$6,400
Office visits	
Primary care	\$20 copay; no deductible
Specialist	\$28 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	\$600
Family	\$1,200
Coinsurance after deductible or copays	
25%	
Calendar- year out-of-pocket max	
Individual	\$4,000
Family	\$8,000
Office visits	
Primary care	\$28 copay; no deductible
Specialist	\$36 copay; no deductible
Other copays	Copays in 24 categories: deductible waived for 22 of those

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% 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 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

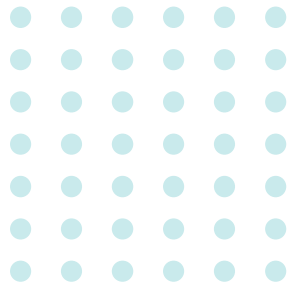


Prescription drug copays (non-HDHP plans)		
	30-day Retail	90-day Retail or mail order
Mandatory generic	\$15	\$30
Preferred brand-name* (no generic available)	20% (\$25 min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name* (no generic available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug (CVS Specialty Pharmacy)	20% (\$100 min; \$150 max)	N/A

90-day supply / maintenance medications

This Plan will allow maintenance medications to be filled at any retail pharmacy or mail order in 90-day quantities. Covered persons benefit from paying only two copays for a three-month (90-day) supply.

- 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.*





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





Pharmacy Benefits Manager



Important Plan Information

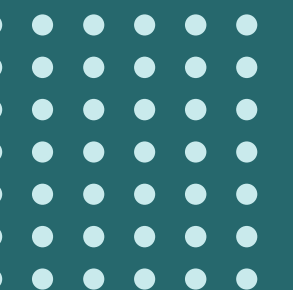
- 90-day medications filled at any retail pharmacy
- Diabetic supplies now available through retail pharmacies
- Your specialty pharmacy vendor is CVS Specialty Pharmacy
- You have Access to PrudentRx to help save on specialty medications



Contact information:

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

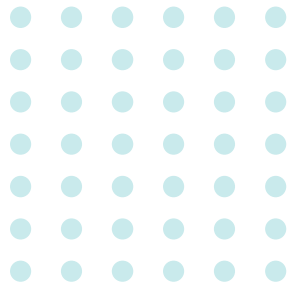
**CVS Specialty: 1.800.237.2767 or
visit www.CVSspecialty.com**



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	



Employers Dental Services (EDS)

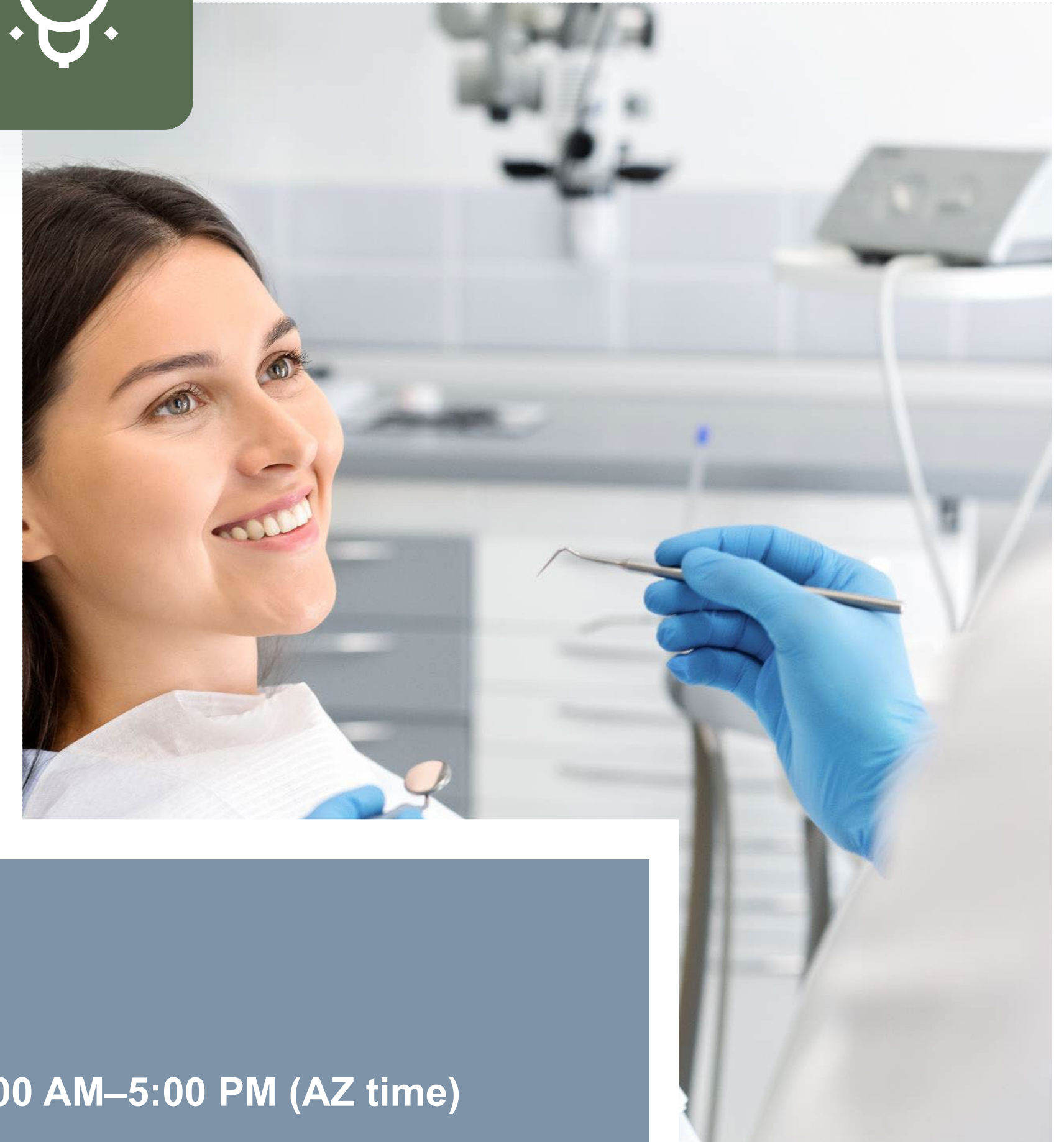
Dental HMO Plan Option

Your plan includes

- No deductibles, waiting periods, yearly maximums or claim forms.
- Orthodontic benefits for children and adults
- Worldwide emergency benefits 24 hours a day.

How to Enroll

- Elect EDS plans at open enrollment.
- Choose a participating general dentist at **employersdental.com**. Keep in mind you and your dependents have to use the same dentist.
- You'll receive an ID card in the mail.



Contact Information:

Web: employersdental.com

Phone: Talk to English or Spanish speaking representatives M-F 8:00 AM–5:00 PM (AZ time)

Tucson: 1.520.696.4343 **Statewide:** 1.800.722.9772 **Email:** edscs@principal.com

Mail: Employer Dental Services, 3430 E Sunrise Dr, Suite 160, Tucson, AZ, 85718

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





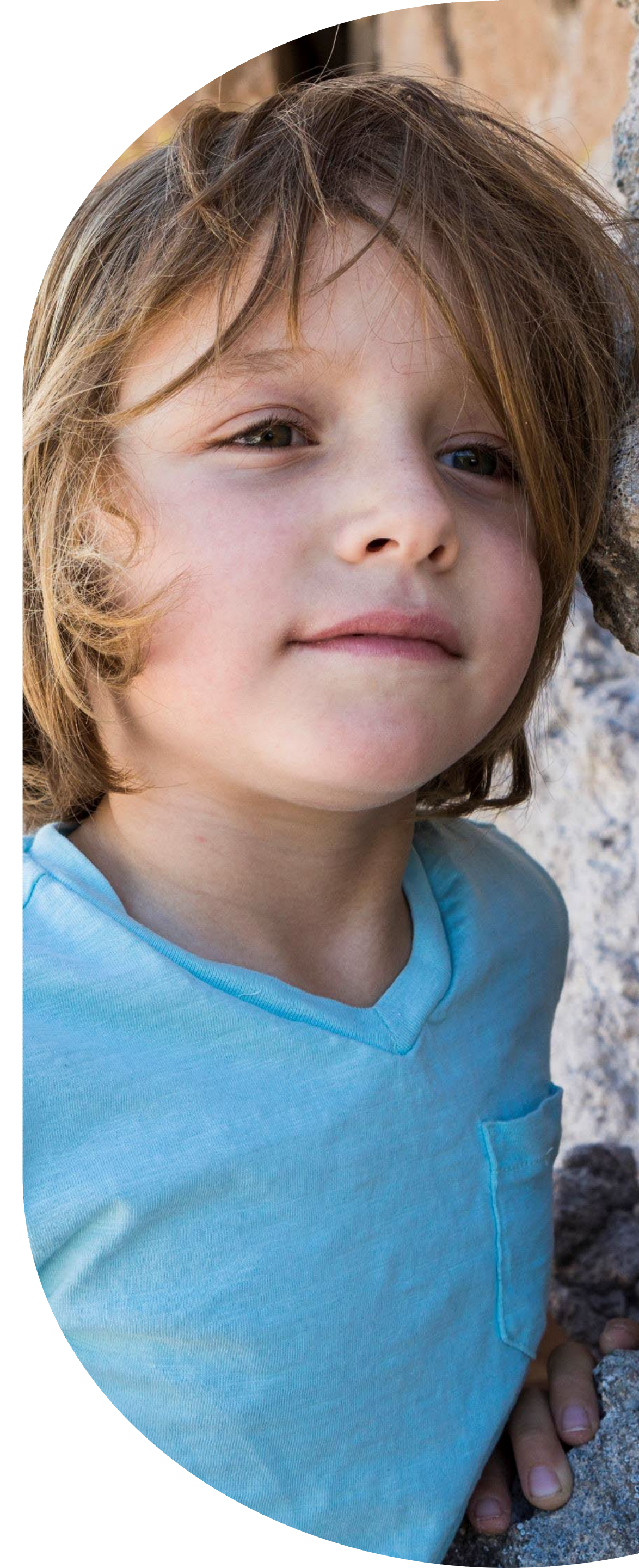
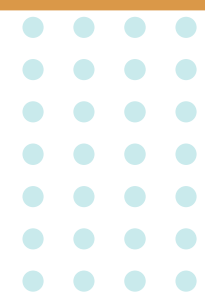
Covering Your Dependents



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

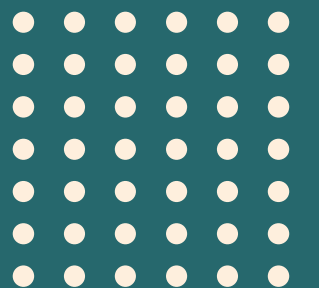


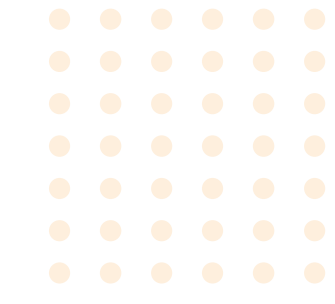
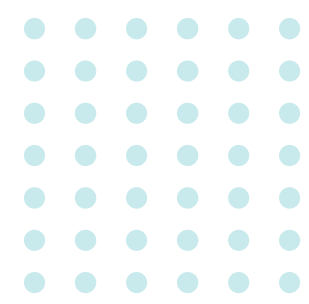
If you enroll or decline coverage now, you may be able to add, delete or change your benefit choices within **30 days** of the qualifying event:

During your employer's next open enrollment period

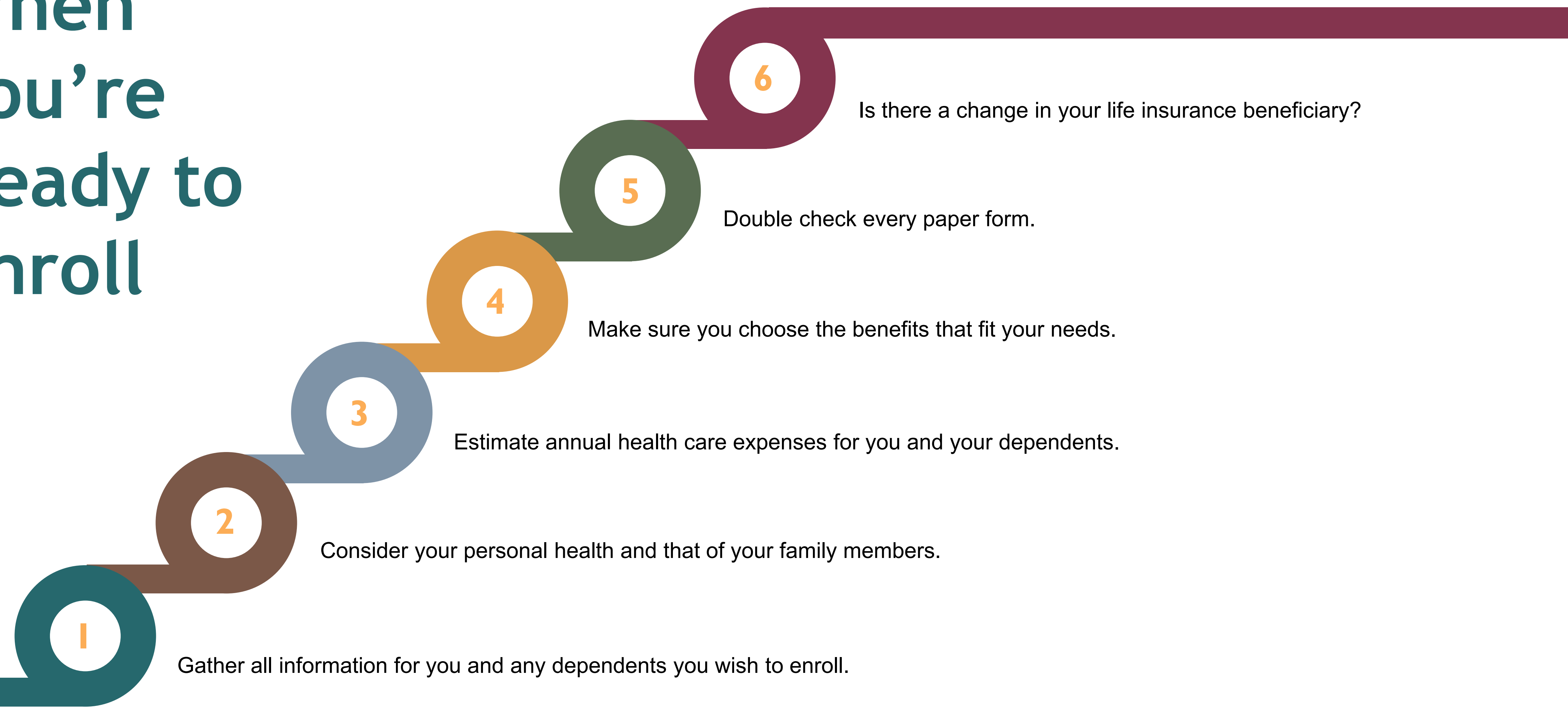
If you have a qualifying event:

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





When You're Ready to Enroll



ID Cards



- As a result of the No Surprises/Transparency Act, we will be sending **new ID cards** to **ALL** enrolled employees, COBRA participants, board members and retirees.
- Please make sure your current address is up to date with your employer.
- Your new ID Card will now include deductibles and out-of-pocket (OOP) max levels.
- If you need new ID cards, or did not receive your updated cards, please call customer service or visit **www.meritain.com**

Meritain Health[®]
an aetna company

Customer Service, Claims and Eligibility
866.300.8449
www.MERITAIN.com

ASBAIT
ARIZONA SCHOOL BOARDS ASSOCIATION INSURANCE TRUST

Member

ASBAIT Banner | aetna[™]

Group #: 13692
Member: **MEMBER NAME**
Member ID: **MEMBER ID NUMBER**

Provider Billing Only

Coverage:

Aetna Network
 aetna[™]
Plan: Aetna Choice POS II

Deductible and Out of Pocket (Ind/Fam)
Banner - Ded: \$XXX/ \$XXX OOP: \$XXXX/ \$XXXX
Aetna - Ded: \$XXX/ \$XXX OOP: \$XXXX/ \$XXXX
OON Ded: \$XXXX/ \$XXXX

Dental/ Vision Plans

Dental Plan: Aetna Dental Administrators
Coverage:

Vision Plan:
Coverage:

Pharmacy Plan

RXBIN: 004336 CVS caremark[™]
RXPCN: ADV
RXGRP: RX274A
www.caremark.com
Members: 866.475.7589
Rx Help Desk: 800.364.6331

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

Banner Health Network - www.MERITAIN.com.

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
Performance Network Includes HonorHealth, ICP, TMC, EL RIO, ACP, and NAH. Aetna participating Doctors, Dentists, and Hospitals are independent providers and are neither agents nor employees of Aetna.

AWP - Employee Assistance Program (EAP):
800.343.3822

Member Network Access

Plan: Banner Choice POS II; Find a Provider:
<https://www.aetna.com/dsepublic/#/mymeritain>
Choose Banner Choice POS II under Select a Plan

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

Banner Nurse On-Call

Call Banner Nurse On-Call 24/7 at 602.747.7990 or 888.747.7990 for a nurse to assist you with your health concerns/questions and for assistance in locating Banner In-Network providers.

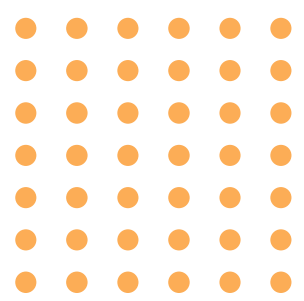
Benefits / Precertification

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.

TELADOC: For 24/7 access to a doctor call 1.800.TELADOC (635.2362) or visit www.Teladoc.com

TELADOC iPHCS

Printed: INDEX #: 009



Find us Online!

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

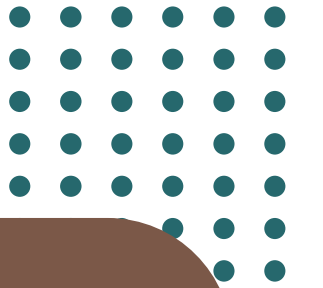
QR Codes:



Click the arrow to access our YouTube videos:



Your Wellness Journey



Get your preventive **annual physical** and participate in **biometric testing** when offered at your school.

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

Have a chronic condition?

- Accept help and join **Nurse Health Coaching** & Earn Incentives!
- Expecting? Join **Maternity Management** & Earn Incentives!
- Chronic pain? Try the **Hinge Health program!**

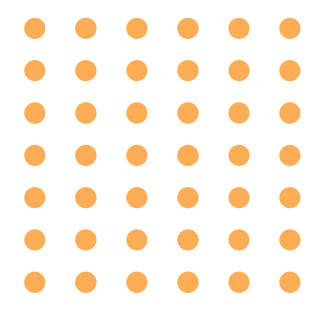
Save money on **prescriptions** and manage your condition. Ask for **generics**. Accept lower cost medication therapy if offered to you. **Rx Smart Savings**, we do the work for you!

More access to care...

Teladoc®, **SkinIO**, **Employee Assistance Program (EAP)**, and **mammogram / flu shot clinics**

If you are admitted into the hospital, accept **Case Management**.

These nurses are there to help you find your way back to wellness.



The Teladoc® Solution and Benefits

A Teladoc doctor is just a call or click away!

- Teladoc gives you access to care 24 hours, 7 days a week
- U.S. board-certified doctors
- Your dependents are eligible for Teladoc too (*even if they are not enrolled in your ASBAIT health plan!*)
- Make sure to register BEFORE you need to use the service!

Register at:

www.Teladoc.com

1.800.TELADOC (835.2362)



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.



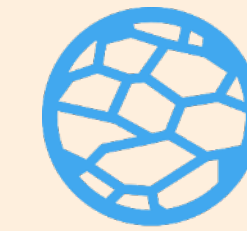
SkinIO for your Skin Health



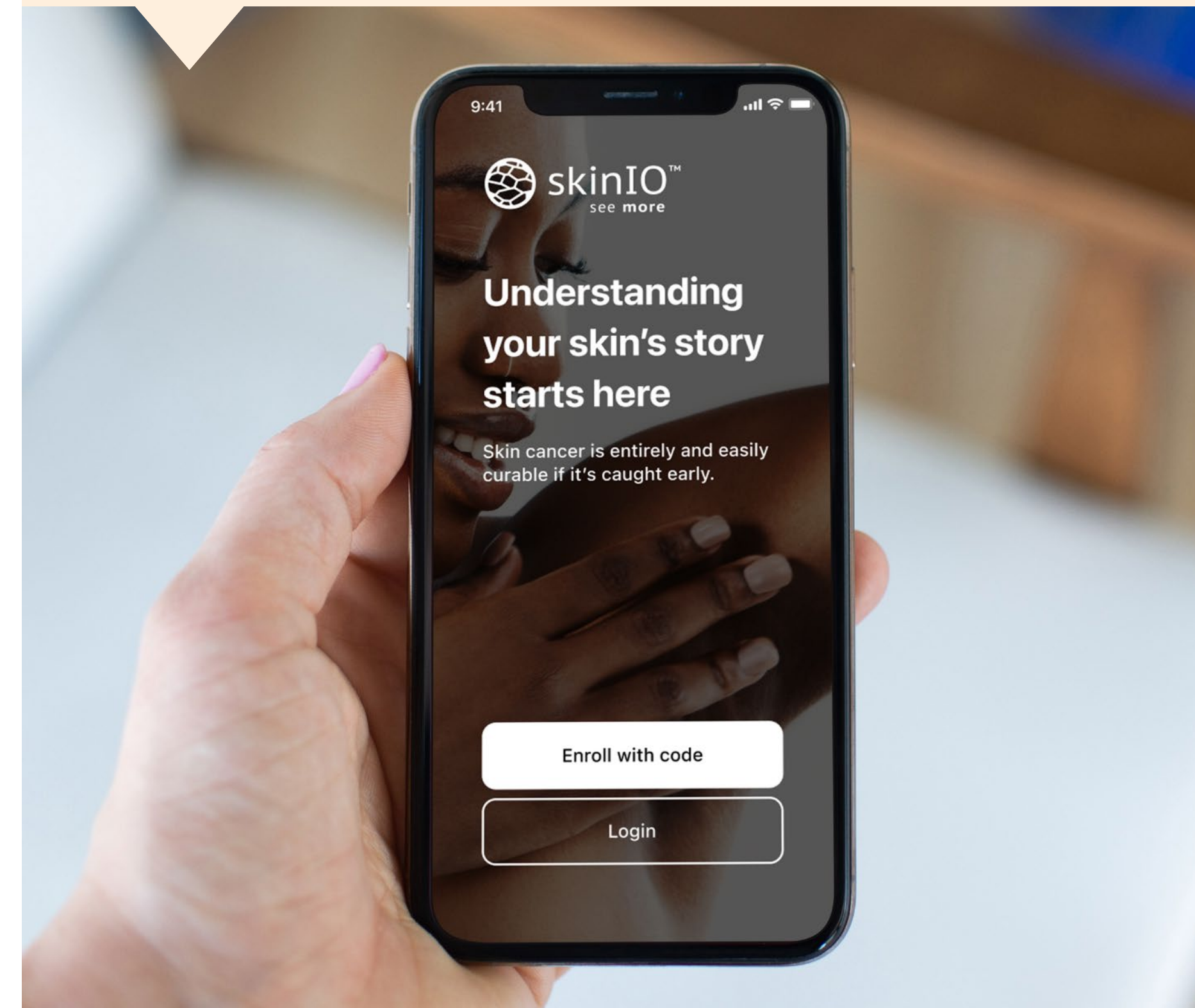
SkinIO is a wellness benefit that empowers you to take action against skin cancer – without leaving home.

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.



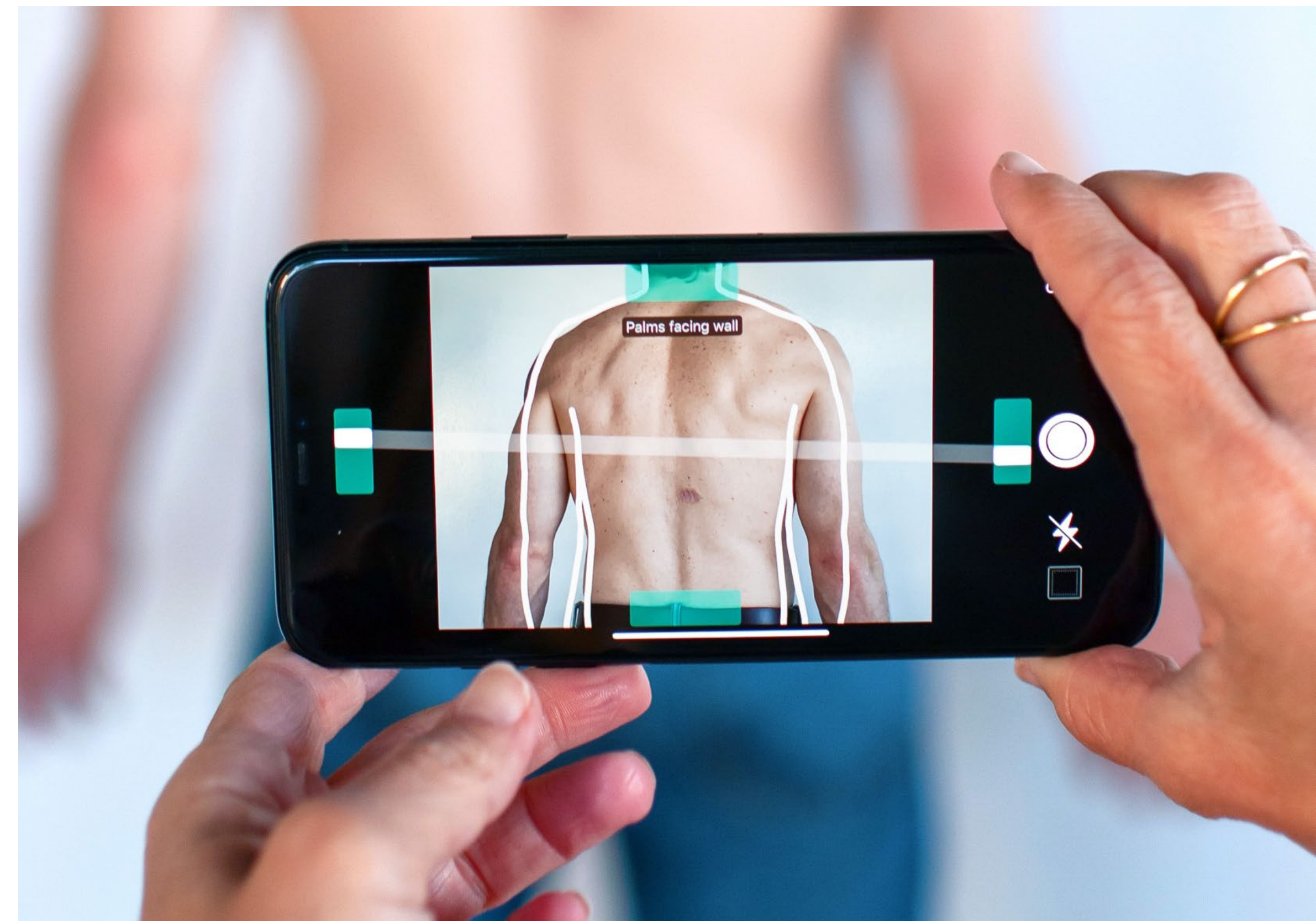
Photos are securely sent for expert review

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

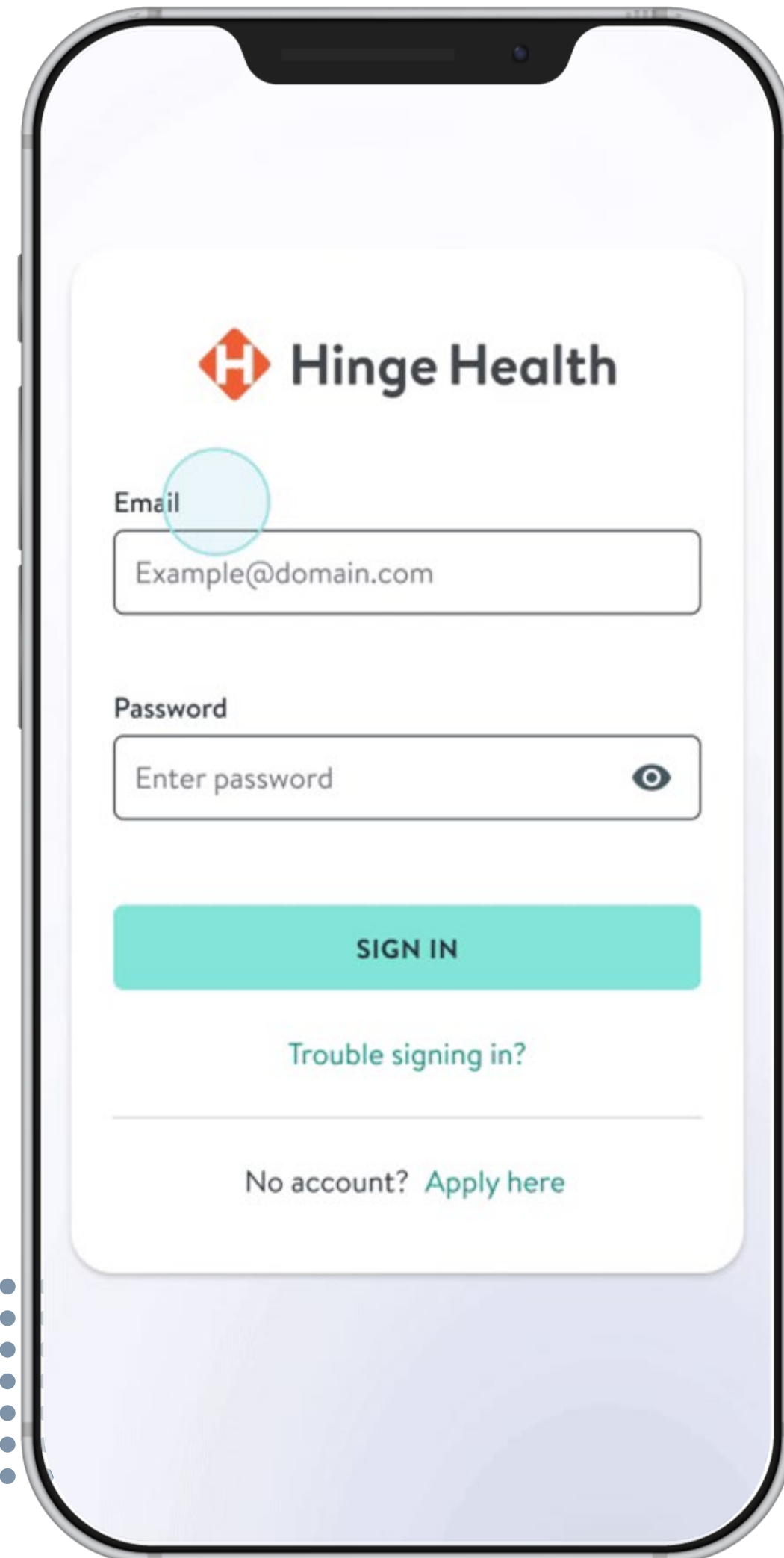
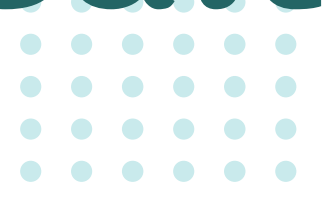
If the review of your SkinIO photos suggests you should get in-person follow-up, we can connect you to a member of our high-performance network of dermatologists who will see you within 2-3 weeks (typical wait time is 5-6 months).



[Get Started with SkinIO Today](#)



Hinge Health for Back, Muscle and Joint Health



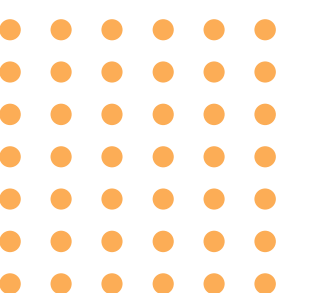
Hinge Health provides all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts. Best of all, **it's free** - 100% covered by ASBAIT.

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!

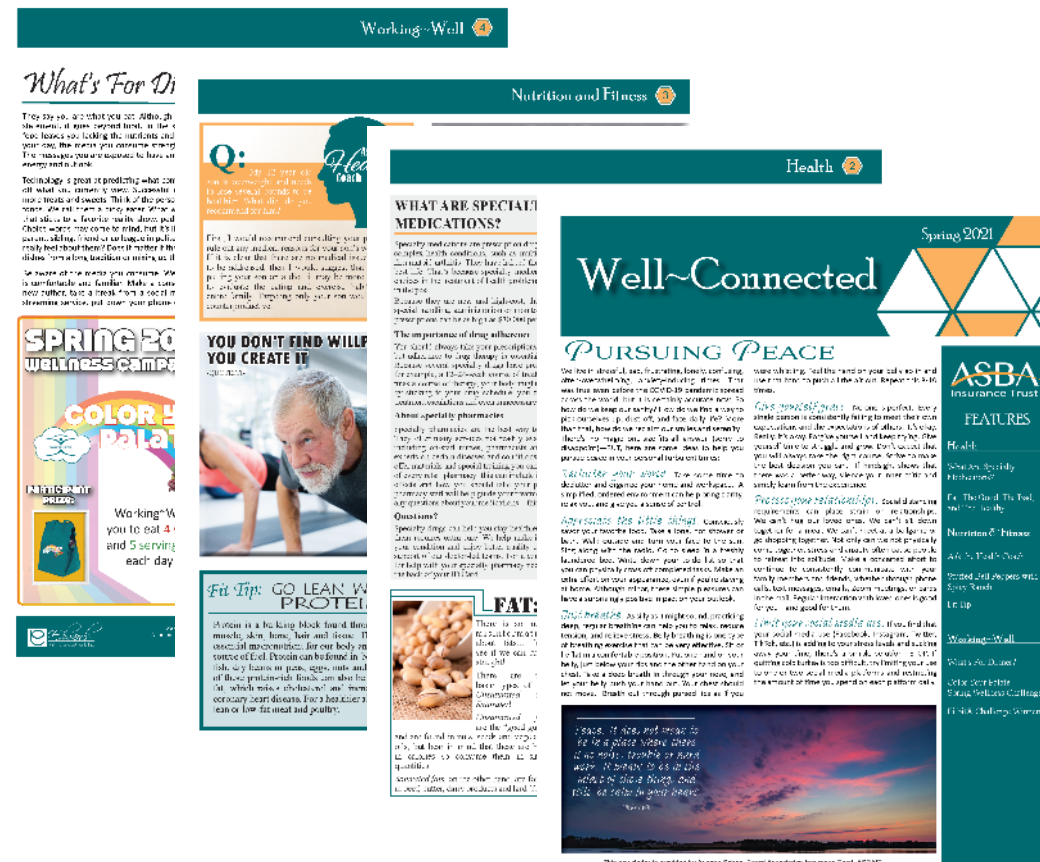




Working~Well Wellness Program



Impact, improve and maintain your own good health with:



Well~Connected quarterly newsletters.

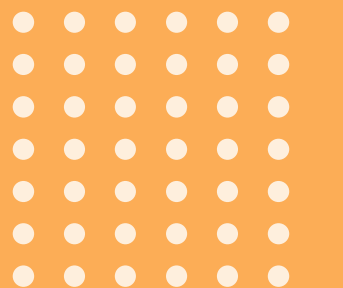


Healthy recipes.



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.

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 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



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

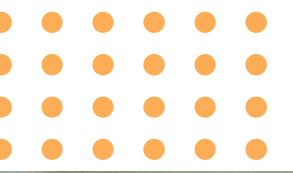


High-Cost Drugs:

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

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

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
Working-Well Wellness Program	Edwards Risk Management	Call: 1.800.575.2657
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: healthequity.com/ed/asbait
Specialty Pharmacy	CVS Specialty Pharmacy	Call: 1.800.237.2767 Visit: www.CVSspecialty.com
Skin health questions	SkinIO	Email: help@skinio.com Call: 1-630-901-9560
Therapy for chronic pain	HINGE Health	Visit: Hingehealth.com/ASBAIT Email: hello@hingehealth.com Call: 1.855.902.2777
24/7 Access to Care	Teladoc Health	Call: 1.800.Teladoc (835.2362) Visit: http://teladoc.com
Savings on Specialty Medications	PrudentRx	Visit: prudentrx.com Call: 1.800.578.4403





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 800.831.1166.

