



A Guide to Your Benefits and Enrollment



2024–2025

Banner|Aetna Network Handbook
Transforming Health—Improving Lives

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Trust the people who care for you

About ASBAIT

The Arizona School Boards Association Insurance Trust or ASBAIT was established in 1981 by the Arizona School Boards Association. Its formation was in response to Arizona school administrators desire to obtain comprehensive health benefits at reasonable costs. Meeting the needs of employees and their dependents is at the core of ASBAIT's philosophy. These factors differentiate ASBAIT plans from commercial employee benefit programs making it the number one choice with Arizona schools.

Mission statement

The mission of the Arizona School Boards Association Insurance Trust (ASBAIT) is to set the standard for service, benefits and affordability for the health care of Arizona's school employees and their dependents.

Governance

ASBAIT was set up and operates by an "Agreement and Declaration of Trust" in accordance with the laws of the State of Arizona, including, without limitation, Arizona Revised Statutes Section 15-382 as it may be amended from time to time.

Operational authority of the Trust is by the Board of Trustees. The ASBAIT Board of Trustees is comprised of governing board members, superintendents, business managers and human resource professionals from member districts across the state. As Trustees end their term of service and seats become available, the ASBA executive director will select, interview and make Trustee recommendations to the Arizona School Boards Association's (ASBA) board for appointment.

The Trustees meet four to six times per year to conduct the business of the Trust. Their major responsibilities include approving renewal procedures, overall budget, contractors, and independent audit and actuarial reports. The Trustees may also hear and make decisions on Appeals or Exceptions for claim payments to member employees or dependents.



"ASBAIT Board of Trustees remain committed to our mission and to the members we serve.

2024-2025 will be an exciting time as we continue to chart a new future, while delivering on our commitment to provide competitive and affordable health care benefit programs."

Crystle Nehrmeyer, ASBAIT Chairperson

Bring healthy balance back to your life

Finding your perfect balance

ASBAIT knows how important it is that you understand how your benefits work.

That's why this packet contains:

- Useful information about your benefits plan.
- Everything you need to choose the best options for you and your family.
- Instructions on how to enroll, and to begin using your new benefits.

Why do we feel this is important? Because, let's face it, living today can be larger than life. Getting through the day at top speed is a sign of our hurry-up, drive-through times. Many people put themselves at the bottom of their to-do lists, giving everything else the best of their energy.

In this way, life gets out of balance. Most of us can keep juggling it all until one day health and well-being begin to pay the price.

Take a deep breath, step back and see the big picture. Help yourself. Put that life on pause for a few minutes, and take the time to read this packet. You'll see that ASBAIT and your employer provides tools, resources and benefits to help you regain your best life and make smart health care decisions.

We want to help you get the most from your benefits—so you can live a life that's balanced and informed.

A balanced life means a healthier you.

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description (SPD) and is not intended to replace the benefit summary or Schedule of Benefits (SOB) contained within the plan. If any provision of these materials is inconsistent with the language of the plan, the language of the plan will govern. Meritain Health is not an insurer or guarantor of benefits under the plan.

Who is Meritain Health?

Meritain Health is your health care benefits administrator. We process your health care claims and provide customer service for ASBAIT. This is why you will see our logo on your ID cards and benefit documents.

Meritain Health provides easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.

What's inside?

In this packet, you'll learn more about the following:

Preventive care

- Annual exams and check-ups
- Well-child care
- Immunizations and screenings

Health care benefits when you need them

- Inpatient and outpatient care
- Home health care
- Teladoc Health®
- Rehabilitation services
- Doctor visits and prescription drugs
- Mail order and online prescription options
- A large and convenient provider network
- Important programs to help you live a happier healthier life

Support when you need it

- **ASBAIT Nurse Health Coaching**—you'll get the help you need to manage costs related to your condition, including the highest cost of all—the impact of your condition on your quality of life. You can earn up to a \$100 incentive annually for each member who participates.
- **Banner Nurse Now**—just call **1.602.747.7990** or **1.888.747.7990** to get connected.
- **Employee Assistance Program (EAP)**—counseling when you need it, 24/7. Your EAP is brought to you by Alliance Work Partners.
- **Maternity management**—for a healthy pregnancy and child birth, you need pre-term and post-partum care, tailored to your health needs. You can earn up to a \$100 incentive annually for each eligible member who participates.
- **Case management**—a no-cost program that helps you and your family navigate your health benefits when unexpected illness or injury occurs in your life.



ASBAIT dental and vision benefits (if offered by your district)

For a listing of your dental and vision benefits, please refer to your Summary of Benefits (SOB). Refer to your Summary Plan Document (SPD) for more complete information.

Programs for healthy change

- **Virta Health**—this benefit, added in September 2023, is a virtual clinic for nutrition-based care. With provider support, coaching and technology, members can bring the body back into balance using food as medicine to help naturally lose weight, lower A1C and reduce medication needs with the ultimate goal of reversing type 2 diabetes.
- **Thrive 3Sixty Five Wellness Program**—ASBAIT's wellness program offers a comprehensive approach to health and wellness. Focusing on the four pillars of wellness, it provides members with essential insights into physical fitness, mental health, nutrition, sleep quality, social connections and more. Members will receive weekly newsletters (available in English and Spanish), quarterly video podcasts, optional semi-annual challenges and access to various wellness-based initiatives and rewards.
- **Biometric testing**—watch for an announcement at your school. We come to you and complete a confidential 37 panel blood profile. You then receive your personal results with informative detail to raise your health awareness. It is our gift to you in early detection and prevention.
- **Hinge Health**—ASBAIT members also have access to this innovative service which provides sensor-guided exercise therapy virtually for chronic back or knee pain, as well as one on one coaching. You are able to access therapy wherever you are, on your own schedule.
- **Mobile On-site Mammography**—watch for an announcement at your school. Mammography services are conveniently provided for eligible members at the workplace.
- **SkinIO™ Program**—You have access to easy, intuitive self-screening technology for skin cancer. From the comfort of home, you can take secure photos of your skin using your smartphone. Photos are securely routed to a board-certified dermatologist for review. If needed, you will receive an outreach call to help connect you with care and answer any questions.

In this section

- What's new for 2024-2025
- Health benefits for your family
- Enrolling at a later date
- Special enrollment situations
- Dependent and family member coverage

What's new for ASBAIT members in 2024

1. Effective July 1, 2024, districts located in Gila County will be gaining access to the Banner|Aetna Network!
2. Due to government regulations and in order to keep all ASBAIT high deductible health (HDHP) plans compliant with health savings accounts (HSAs), we are required to update some plan deductibles, effective July 1, 2024. Please refer to your SOB or SBC for details.
3. Effective July 1, 2024, the specialty medication copay on all PPO plans will change to \$200 with no minimum or maximum spend. For every ASBAIT HDHP plan, specialty medications will be a \$200 copay after the deductible is met. This change was made in an effort to be more transparent and to keep benefits in line with the industry.
4. Due to an increase directly from Teladoc Health, all ASBAIT HDHP plan members will now be required to pay a \$56 copay (previously \$49) when using Teladoc Health services.

Follow ASBAIT on social media!

We want to keep you informed about your benefits program. As we're continually trying to increase the ways we communicate with you, we've added a YouTube page and Instagram. Search for ASBAIT on YouTube for informational videos and messages about your benefits. Follow us on Instagram (@asbaithealth) for regular posts to learn more.

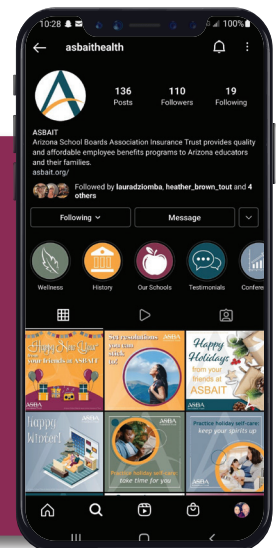
QR Codes: www.ASBAIT.org



YouTube



Instagram



How health care reform affects your plan

In March 2010, President Obama signed the Affordable Care Act, or ACA, into law. The ACA, also known as health care reform, includes certain consumer protections that apply to your health plan, for example, the requirement for the provision of preventive health services without any cost sharing. Be sure to review the important information about the ACA that is included throughout this kit.

Important things to know about eligibility

Health plans are put together carefully to provide the best benefits possible for participants. ASBAIT and Meritain Health know how important it is for health care consumers like you to really understand how your plan works. In this way, you can make the changes you want in your health and in your life. The next section of this packet describes some of the most important provisions of your benefits. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed, with no surprises.

Special enrollment situations

In some situations during the year or after open enrollment, you may be able to add, delete or change your benefit choices.

- Involuntary loss of other benefits.
- Change in marital status.
- Death of covered spouse or dependent.
- Birth.
- Adoption.
- Placement of a child in your home for adoption.

Refer to the Summary Plan Description (SPD) for a full description of special enrollment.

Healthy balance for your family, too

Your family members can also reap the rewards of the plan. Health care benefits are available for every eligible dependent. It's a great way to help your family members find the right balance between life's "roller-coaster ride" and their best health. Be sure your family knows about the opportunities open to them—share this packet and other materials you receive from the plan!



Your eligible dependents

This benefit plan is open to you and your eligible dependents. An eligible dependent is:

- Your spouse (as defined in your plan documents).
- Your children, natural or adopted.
- Stepchildren.
- A domestic partner that is living in your home (could vary by district).
- Children who have been placed with you for adoption.
- Children for whom you are the legal guardian.

ACA note: 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 the end of the month in which such child reaches age 26.

Family members covered by a different plan

If a family member is covered by a different plan:

- You can enroll yourself and your eligible dependents in this plan.
- You can enroll yourself in this plan, but decline benefits for some or all dependent(s).
- You can decline benefits for your whole family.

Are your dependents still eligible for benefits under your plan?

Tell your employer if:

- You become divorced or are legally separated from a spouse who was covered under this plan.
- A dependent child ceases to meet the eligibility terms of the plan.

To enroll the dependent for COBRA—a special limited-time plan for continuing benefits at your own expense—you must notify your employer within 60 days of that person's change in dependent status.

When you have benefits from two group plans

If you or one of your dependents have benefits under both this plan and another plan, the two plans will coordinate your benefits. One plan will be considered the primary plan (or first payer) and the other will be the secondary plan (pays only after the first plan has paid).

Generally, Meritain Health uses a birthday rule to decide which plan would be the primary plan.

Please refer to your SPD for specific requirements.

If you say “no” to this plan now

You can refuse the benefits of this plan, but be sure you've looked at the pluses and minuses of that decision.

Important: If you don't enroll now, you'll have to wait for your employer to offer an open enrollment period or until you're eligible for a special enrollment due to a qualifying event.

Open enrollment period

You and your eligible dependents may enroll for coverage during this time called Open Enrollment. Your school will communicate your dates of open enrollment.

Your member website

Meritain Health provides ASBAIT members with a secure member website at www.meritain.com. It is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information.

Your online tools and resources

With a www.meritain.com account you can:

- Find the status of a claim / view EOBs.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Download and order ID cards.
- And more.

Your secure member site

Visit www.meritain.com.

Return users, just sign in using your username and password. The first time you access the site, you will be prompted to re-register with a new username and password for enhanced security. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID card the first time. Remember, each member of your family can have an account, too.

If you need help registering, you can contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

How to access your mobile progressive web app

For iPhone®:

- Once you log in to your member website through www.meritain.com, click the icon at the bottom of the page.
- Then, scroll through the menu options and select *Add to Home Screen*.
- Click *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app, instead of going through the web page.

For Android™:

- Once you log in to your member website through www.meritain.com, you'll be prompted with the pop-up message *Add Meritain Health to Home Screen* at the bottom of the page. Click this message.
- Then, you can click *Add* to add the logo to the home page or *Cancel* to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, launch the app from your home screen and log in.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their Social Security number (SSN), please contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their Protected Health Information (PHI) for treatment, payment or health care operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, close friends).

Balancing your life means protecting your health

In this section

- Preventive care
- Using your provider network
- Virta Health: Weightloss and diabetes support
- Teladoc Health: Access to care, 24/7
- ASBAIT's Nurse Health Coaching
- Medical Management and precertification
- Employee Assistance Program (EAP)
- Hinge Health: digital therapy app
- SkinIO: skin screening program
- On-site biometric screenings
- Prescription benefits

Understanding your medical benefits

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. ASBAIT and Meritain Health are here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

Preventive care for you and your family—protecting your healthy balance

Question: Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your ASBAIT medical plan offers excellent benefits for preventive services.

Take an easy step towards good health

The number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why ASBAIT and your employer offer many preventive treatments at no cost to you when you visit a doctor in your network.

Using your medical benefits

Save when you see network providers

The ASBAIT plan offers a provider network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of the ASBAIT plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too.

Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that ASBAIT can support your efforts to stay well and have a healthy lifestyle—or to have simple access to care.

No referrals required

You don't have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but we recommend you build a relationship with an in-network primary care doctor who will help to coordinate your care with all members of your care team. For the best benefits, see providers that are in the network (called in-network or participating providers). Remember, if you see providers outside the network, you'll share more of the cost. To be sure the plan pays for charges from any out-of-network provider you choose, call customer service before you receive care.

Your Banner|Aetna Network

Maricopa, Pima, Coconino, Pinal and Gila County schools are eligible for this exclusive, patient-focused health care program. Banner|Aetna is working to reinvent the health care system in Arizona to deliver:

- More convenient visits for you that result in shorter wait times.
- A care model that empowers providers in your community.
- Greater efficiency and affordability with each visit.

The Banner|Aetna program allows you to build a deeper relationship with providers in the Banner Health Network system by putting the focus on you, the patient. You will experience medical care that is proactive, not reactive. This puts the focus on wellness and managed chronic conditions before more serious issues can develop.

ASBAIT Network: Banner|Aetna and Aetna Choice® Point of Service (POS) II networks

When you need medical services, you have access to providers in the Banner|Aetna network within Arizona, and the Aetna Choice POS II network nationally including Arizona. This is a broad national network that's provided with all ASBAIT health plans including over 277,079 primary care doctors, 497,710 specialists, 847,470 non-physician specialists and 6,248 hospitals. It's easy to find doctors and hospitals in your network. You can find network providers online or by phone.

About the Banner|Aetna network

You have access to an exclusive, patient-focused health care program right in your community!

- Banner|Aetna providers are available near you, and include a medical director, doctors, specialists and a full support staff.
- Providers use a shared database to ensure they're all accessing the same patient health history. This system ensures coordinated care and improved provider engagement throughout each member's health care journey.
- You'll get the support of an on-call nurse for help scheduling appointments, finding network providers, and answers to your health questions.
- We strongly encourage you to select a primary care physician to help coordinate your care with all members of your care team.

Why visit a provider in the Banner|Aetna network?

You pay lower out of pocket costs plus gain the advantage of connected providers offering more efficient care for the best possible health outcomes.

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)

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your SPD.

When out-of-network charges may be covered at the in-network rate

If an out-of-network provider is under agreement with an in-network provider for some part of your care (for example, an out-of-network anesthesiologist or pathologist who regularly works with your doctor) the out-of-network provider's charges will be paid at the in-network rate subject to usual and customary charges. All plan limitations, requirements and provisions apply.

Important: if you (or your in-network provider) could choose an in-network provider for services or consultation, but decide instead to use an out-of-network provider, benefits are reduced to the out-of-network level.

Helpful tip

If you go outside your provider network, you may still have benefits, but your share of costs will be much higher, and the amount you pay will not be based on a lower negotiated rate.



Find Banner|Aetna providers online

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit: <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Key in your location (ZIP code, city, county or state). Then, choose range (e.g., within 25 miles).
3. Under *ACO/Joint Ventures*, choose **Banner Choice POS II** (below *Select a Plan*).
4. Next, type the provider name or type of provider, or select from the categories listed. The guided flow search will use some of our most commonly searched terms and easily organize them for you to find. Your provider results will continue to be returned based on relevancy to your search criteria (plan, location and search term).
5. You have three tiers of benefits: Tier 1 Banner providers, Tier 2 Aetna Choice POS II providers, and out-of-network.
6. Banner providers (Tier 1) are identified in search results as: **Banner Health Network, Maximum Savings—the provider provides maximum savings for you.**
7. Aetna Choice POS II providers (Tier 2) are identified in search results as: **Standard Savings—the provider is in network. To save more, look for a maximum savings provider.**

If your school offers dental benefits with Aetna Dental Administrators, you can also use DocFind to search for dental providers:

1. Visit: www.aetna.com/docfind/custom/mymeritain/.
2. Choose: *Aetna Dental® Administrators*
3. Choose *Aetna Dental Access®/Vital Savings by Aetna®* under *Select a Plan*.
4. Choose your provider from the list of providers displayed on the results screen. Learn more about each by clicking on the provider's name.
5. Narrow your search results by using the filters under *Narrow Your Results*. Choices include *Group Affiliations, Languages, Gender and Specialty*.

For more search tips, you can click on *Search Tips and FAQs* on the home screen.

If you have questions while searching for a doctor or hospital, simply click on the *Contact DocFind* link. It's at the top of any DocFind page. You'll be able to send a quick comment or question.

If you need more information about Banner|Aetna providers, just call the Banner Nurse Now Service at: **1.602.747.7990** or **1.888.747.7990**.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 AM–9:00 PM ET, Monday through Friday.

Banner Health Banner Nurse Now

You have access to the Banner Nurse Now. Just call **1.602.747.7990** or **1.888.747.7990** to get connected.

When you call the Banner Nurse Now line, you'll access:

- Free health care advice that supports services you receive from your primary care doctor.
- Help getting the right kind of care. Banner Health Network nurses will advise you on at-home care, or whether you should visit an urgent care clinic or the emergency room. Plus, they'll help you find a nearby facility.
- Connection to other Banner Health services. These include:
 - A Banner Health pharmacist
 - The Banner Poison and Drug Information Center
 - Banner Behavioral Health
 - The Banner Information and Referral Line
 - Many other Banner Health resources online or by phone.



Virta Health

Virta Health is a virtual clinic for nutrition-based care. It uses food as medicine to help you lose weight naturally, lower A1C levels (hemoglobin) and reduce medication needs. Provider support, coaching and technology, members can bring the body back into balance. No calorie counting, gym visits or injections needed.

Care is \$0 for those with a qualifying condition.*

Check eligibility: <http://info.virtahealth.com/asbaitcycle>

Teladoc Health

Members receive access to care 24 hours, seven days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

Teladoc Health is the on-demand health care solution that gives you the medical care you need, when you need it. Talk to a doctor anytime, anywhere about non-emergent medical conditions such as:

- Allergies
- Rash/skin infections
- Bronchitis
- Sinus infections
- Cold/flu
- Stomach/diarrhea
- Headaches/migraines
- Urinary tract infections
- Eye/ear infections

Use Teladoc Health for medical advice and care when:

- Your primary care doctor is not available.
- You are at home, traveling or do not want to take time off work to see a doctor.

Your Teladoc Health benefits:

- \$0 copay if you are covered on a non HDHP plan.
- \$56 copay if you are covered on an HDHP plan.
- All dependents in the household are covered even if they are not enrolled on the medical plan.
- ASBAIT medical members** can register themselves and their dependents (even if the dependents are not covered on an ASBAIT medical plan) under the ASBAIT Teladoc Health benefit. You must be registered in order to utilize the benefit*.

How to Access Teladoc Health:

Set up your account by phone (toll-free), web and mobile app.

- **Online.** Go to www.Teladoc.com and click Set up account.
- **Mobile app.** Download the app and click *Activate account*. Visit www.teladoc.com/mobile app to download the app.

- **Call Teladoc Health at 1.800.Teladoc.** Teladoc Health can help you register your account over the phone.

Once you are registered, you can request a consult anytime you need care. And talk to a doctor by phone, web or mobile app. Your Teladoc Health consult is just \$56 if you have an HDHP, or \$0 for a non-HDHP.

**If you have already registered under your current employer for ASBAIT's Teladoc Health benefit, you will not need to re-register. If you previously received care under another employer or line of coverage, you will need to re-register in order to receive the benefits as described above.*

***If you waive ASBAIT medical coverage, please check with your district to determine if they extend Teladoc Health benefits to those not enrolled on an ASBAIT medical plan.*

ASBAIT's Nurse Health Coaching

If you have an ongoing medical condition, you are far from alone. According to a recent study, nearly 50 percent of Americans have medical conditions of one kind or another. These conditions cause major limitations in daily living for almost 1 out of 10. However, by adopting healthy behaviors, such as eating nutritious foods, being physically active and avoiding tobacco use, you can reduce or eliminate complications associated with your condition.

Controlling your condition

The goal of the Nurse Health Coaching Program is to help you control your chronic condition, rather than allowing the condition to control you. At the same time, the program will help you set achievable steps and goals to assist you with living a healthy lifestyle.

ASBAIT's Nurse Health Coaching Program helps members manage the following conditions:

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

Participating in the program

If you are invited to participate and you choose to do so, you will promptly receive information about the program's resources and educational opportunities.

If you feel you would benefit from the ASBAIT Nurse Health Coaching Program and have not been contacted, you have the option to self-enroll. To learn more about the program or to enroll today and start speaking to a nurse health coach, call **1.855.5ASBAIT** or **1.855.527.2248**.

Maternity Management: a balanced beginning for you and your baby

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.

Specifically, your Maternity Management nurse coach will:

- Help you set targets and goals, such as lowering your blood sugar, controlling your blood pressure and reducing your cholesterol.
- Provide information on warning signs and symptoms and what to do if they occur.
- Help you comply with your physician's plan of care.
- Provide educational resources specific to your needs.
- Direct you to local community resources.

Think you may benefit from the program? If you think you would benefit from the program and want to enroll, but you have not been contacted, please call **1.855.527.2248**.

Medical Management

ASBAIT and your employer want you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of ASBAIT's Medical Management program. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

Incentive Program

A \$100 per member incentive is paid directly to qualifying individuals for participating in the Nurse Health Coaching (\$25 per quarter) or Maternity Management programs (\$25 initial and \$75 for completing the program).

Want to join? Call **1.855.5ASBAIT** or **1.855.527.2248**

How to obtain precertification

For non-emergency procedures and hospital admissions: The covered person or the physician must contact Medical Management prior to the admission or in advance of the procedure. Often times this is done by your physician, but it is the member's responsibility to make sure that all required precertifications are completed. Medical Management will review the request for services and contact the physician for any records or additional information necessary to thoroughly evaluate the need for services.

For emergency procedures or hospital admissions:

The covered person, the physician, the hospital admissions clerk or anyone associated with the covered person's treatment, must notify Medical Management by telephone within 48 hours of the procedure or admission.

Precertification of a procedure does not guarantee benefits

All benefit payments are determined by Meritain Health, in accordance with the provisions of this plan. The program is designed as a cost-containment program to maximize the plan benefits and reduce unnecessary hospitalizations, surgical procedures and other diagnostic services. Once a precertification has been received, it is valid for a period of 90 days.



Before you get care, check precertification (Medical Management) requirements

The following items and/or services must be precertified before any medical services are provided:

- All inpatient facility admissions
- Outpatient and physician surgery
- Outpatient and physician diagnostic services
- Non-orthopedic CT and MRI
- PET scan, sleep study
- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant-related injections, infusions and treatments
- Dialysis
- Hyperbaric oxygen
- Home health care
- Durable medical equipment, limited to electric/motorized scooters or wheelchairs and pneumatic compression devices
- High-cost drugs: injectables that cost \$2,000 or more per drug, per month
- Infusion therapies that cost \$2,000 or more per drug, per month

For an all-inclusive list, please refer to your plan document.

Failure to comply with the precertification requirements may result in penalties which you will be responsible for. A 20 percent reduction in benefits may be taken, or you may be disqualified from benefits altogether. Your doctor may request precertification for you, however you are ultimately responsible for making sure precertification is obtained when required.

ASBAIT Medical Management

You can contact a medical management nurse by calling **1.855.5ASBAIT** or **1.855.527.2248**.

Your ASBAIT Employee Assistance Program (EAP)

ASBAIT offers an EAP because we know life can be stressful. Alliance Work Partners (AWP) provides confidential services at no cost to you and your household. Designed to help you with responsibilities, events, work stress and issues affecting your quality of life, AWP is available 24 hours a day, seven days a week.

ASBAIT

Your ASBAIT EAP Program:

- Is confidential and available at no cost
- Is available to all employees, their household, dependents (age 26 or under), terminated employees (for six months), and retirees.
- Gives you and your family access to up to five short-term counseling sessions per problem per year, which includes assessment, referral and crisis services.

Additional programs included with your EAP program:

- **LawAccess:** legal and financial services.
- **WorkLife:** community services and referrals.
- **SafeRide:** reimbursement for unanticipated cab and ride-share services.
- **HelpNet resources:** access to webinars, legal forms, training and financial tools.

Visit your EAP website and create a customized account by following the below steps:

- Go to www.awpnow.com.
- Choose *Access Your Benefits* to create an account or log in.
- Registration code: **AWP-ASBAIT-2811**.

For further information or assistance regarding this beneficial program, contact Alliance Work Partners:

- Toll free: **1.800.343.3822**
- TDD: **1.800.448.1823**
- **Teen Line: 1.800.334.TEEN (8936)**
- Email: AM@alliancewp.com

HINGE Health

This is an additional benefit included with your ASBAIT medical plan that offers **FREE** physical therapy when you need it.

HINGE Health is a digital tool that delivers a customized care plan for all members and a sensor-guided exercise therapy program for chronic pain, along with access to interactive one-on-one coaching.

To learn more, visit:

- Website: <http://hinge.health/asbait.com>
- Email: hello@hingehealth.com
- Call: **1.855.902.2777**

SkinIO early detection

SkinIO is the easiest way to get your annual skin screening, and it is completely **FREE** with ASBAIT.

Your skin will tell you it has a problem long before it becomes a serious problem. With the SkinIO virtual program, all you need to take control of your skin health is your smart phone and 15 minutes. Your skin screening will be securely sent to a board-certified dermatologist, who will review your skin for any concerning spots.

Skin cancer impacts one in five Americans. Caught early, it's a manageable fix. With SkinIO, your skin health is now in your hands and you will be able to track changes year over year!

How SkinIO Works

You will be guided to take clinical-grade photos of your skin. The technology helps you through documenting and tracking changes to your skin over time.

For additional information on this program, please contact SkinIO via email at help@skinio.com or toll-free at **1.855.754.6400**.

On-site biometric screenings

Biometry is a measure of your body's performance and health. If your employer agrees to participate (and meets required minimums), we come to you—at your work place—to help you get a picture of your current health. The program is voluntary and confidential. If on-site screenings are not available to you, there is also an option to test at a lab.

Here's how it works

Professionals will conduct a health risk assessment—a confidential survey about your personal health and history—right at your work place. In a private setting, they'll take your blood pressure and draw a blood sample for a blood chemistry profile. This will be used to determine your health today.

Once you've completed the blood draw, you'll be able to view a personalized, confidential report showing your results. The report will include any "heads-up" messages about areas you might need to discuss with your doctor.

ASBAIT prescription benefits: your prescription drug benefit is managed by CVS Caremark®

Your prescription drug benefit is available when you need prescriptions filled. You can visit more than 68,000 retail pharmacies nationwide to fill your prescriptions. You also have access to clinical pharmacists for information and support.

Prescription drug tiers	
Tier 1	Lowest cost drugs, mostly generic
Tier 2	Medium-cost drugs, most are generic; some are brand-name
Tier 3	Higher cost drugs, most are brand-name; some specialty
Tier 4	Highest cost drugs, most are specialty

Non-HDHP Plan Prescription Benefits		
Service	Retail	90-day supplies
Mandatory generic	\$15	\$30
Preferred brand-name* (when no generic is available)	20% (\$25 min; \$80 max)	20% (\$50 min; \$175 max)
Non-preferred brand-name (when no generic is available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)
Specialty drug CVS Specialty Pharmacy	\$200 Copay	NA

HDHP Plan Prescription Benefits		
Service	Retail	90-day supplies
Mandatory generic	Ded/\$15	Ded/\$30
Preferred brand-name* (when no generic is available)	Ded/20% (\$25 min; \$80 max)	Ded/20% (\$50 min; \$175 max)
Non-preferred brand-name (when no generic is available)	Ded/40% (\$40 min; \$110 max)	Ded/40% (\$80 min; \$225 max)
Specialty drug CVS Specialty Pharmacy	Ded/\$200 Copay	NA

Contact CVS Caremark

If you have any questions, call CVS Caremark at **1.866.475.7589** or visit www.caremark.com

Controlling your prescription copay

To get the most from your benefits plan, it pays to be a wise consumer. In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture and they're just as effective as the name brands. You'll save money when you request them because generics have a lower copay than preferred or non-preferred drugs.

***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.

Whether you are most comfortable using your desktop, the mobile app on your smart phone, your laptop or your iPad, CVS Caremark can help you digitally manage your prescription benefits when you visit caremark.com:

- Check Drug Cost and Coverage
- Get Started with Delivery by Mail
- Easy Refills
- Manage Your Profile
- View ID Card
- Pharmacy Locator
- Find Opportunities to Save

The Performance Drug List (CVS)

Also called a formulary, the Performance Drug List is created by pharmacy experts and lists FDA-approved, safe, effective and economical drugs.

How the Performance Drug List works:

- Drugs are added to the list on a quarterly basis.
- Brand-name drugs can be removed at the end of the calendar year.
- Every January, the list is updated and available.
- If a generic becomes available, the brand-name drug will become a non-preferred drug, and may only be available for a higher copay.
- When a generic drug becomes available, you'll pay the lowest copay if you choose the generic.

Why generics make sense

Consider all of the compelling reasons to protect your pocketbook with the lower-price generic drugs:

- Generics can cost up to 75 percent less than their brand-name equivalents.
- FDA testing is exactly the same for generic and brand-name drugs.
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages.
- Generic drugs sometimes look different from the original brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works.
- Nearly half of all brand-name drugs have generic equivalents—but you may have to ask for them.
- Generics have the lowest copay under this plan, so you save on every prescription.

Maintenance drugs

In order to receive a three-month supply of maintenance prescriptions for just two copays you must choose to utilize the CVS Caremark mail order program or visit a CVS pharmacy retail location. If you choose to use any other retail pharmacy, you will only be permitted to fill your prescription for a 30 day supply and will not receive the additional copay savings. To enroll in the mail order program, call CVS Caremark at **1.866.475.7589** or go online at www.caremark.com.



ASBAIT Specialty Pharmacy

Specialty medications are unique and require extra attention and support. We have partnered with CVS Specialty Pharmacy to provide all ASBAIT members with a highly coordinated, efficient and flexible pharmacy solution for specialty medications.

CVS Specialty Pharmacy is the specialty pharmacy for all members of ASBAIT, whether you use the Banner Network or Aetna Choice POS II. It's a different kind of pharmacy. It does much more than just provide your medication; it also helps you manage your condition, as well as your health.

With CVS Specialty Pharmacy, you'll get the support of a dedicated care team led by pharmacists and nurses specially trained in your condition. You'll also have the choice to have your medications delivered anywhere nationwide or pick them up at any CVS Pharmacy® location. And they'll help you with insurance, handle your claims and find ways to keep your out-of-pocket costs low, too. Visit www.CVSppecialty.com to learn more.

If you take a specialty medication, don't hesitate to reach out to CVS Specialty Pharmacy at **1.800.237.2767** if you have any questions.

Use PrudentRx for savings on your Specialty Medications

The PrudentRx Program helps make it possible to get specialty medications at no out-of-pocket cost. 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 obtained by calling **1.800.578.4403** (Monday-Friday 8:00 AM-8:00 PM, ET) or located using <http://www.prudentrx.com>.

This program is available for all ASBAIT medical plans.

- 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 need help applying for a copay card, please contact the PrudentRx member advocate team at the number listed above.
- 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.



Appendix

In this section

- Glossary of terms
- Claims and customer service information
- Cost Estimator Tool
- Important contact information
- Banner|Aetna health centers and urgent care locations

Glossary of terms

Ambulatory surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Copay

An amount of money that a participant is required to pay each time he or she visits a health care provider or fills a prescription.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs according to the terms of the plan. Until a person meets the annual deductible, he or she pays the full cost of health care services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

Your ASBAIT member website at Meritain Health

Your online health information website and your personal connection to your plan. Here you can order prescriptions, find health care providers, research health topics and get answers to your questions about health care. The personal information used to access www.meritain.com is confidential. You may need the information on your ID card to log in for the first time.

**See page 6 for more information about our online tools.*

Provider network

Organization that negotiates special, lower rates for health care services provided by physicians and other care providers who are within the network. Providers who belong to a network are called participating or in-network providers.

Usual and customary charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:

- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the health care service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.

Claims and customer service information

Balancing health care costs: What you pay and what the plan pays.

Your Summary of Benefits (SOB) shows how much you pay for care, and how much the plan pays. It's a listing of what is and isn't included in your benefits plan. For more detailed information, see your Summary Plan Document (SPD).

For example: After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80 percent. The remaining percentage, for example 20 percent, is your responsibility—your "out-of-pocket" costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100 percent.

Claims and customer service

Your ASBAIT claims are administered by Meritain Health. All claims adjudication and customer service inquiries are handled by Meritain Health staff members. Correspondence regarding your claims will be sent from our office. The goal of our Customer Service department is to ensure that school employees understand their plan features and receive immediate assistance regarding claims issues, from a highly-qualified and trained staff member. You will be treated with respect, as we are responsible to you for first call resolution with results. It is our goal to not only meet, but exceed your expectations. If you have any questions regarding your benefit plan(s) please contact Meritain Health Customer Service at **1.602.789.1170**, or toll free at **1.866.300.8449**.

Claim submission

You can submit your claims online using your the Meritain member website (www.meritain.com) and clicking on the submit claims tab or you can mail your claim forms and attachments to:

Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921

Cost Estimator Tool—Did you know?

The Transparency in Coverage Final Rule requires group health plans and health insurance carriers to disclose the enrolled member's cost-sharing liability for covered items or services on an internet website and in paper form (if requested).

The member self-service internet tool will include:

- Cost-sharing liability (deductible, co-insurance, etc.)
- Accumulated amounts
- Out-of-network allowed amount for the covered item or service
- Negotiated rate for in-network services
- Any prerequisite for the covered item or service

The tool is accessible through the Meritain Health member website (see how to access website on page 6). Members may also call the customer service number on their ID cards to request assistance. The tool provides 500 items and services that are prescribed in the regulations. The tool will eventually be expanded to include all covered items and services.



Important 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	Visit: http://www.wellness@asbait.com
Nurse Health Coaching	Meritain Health	Call: 1.855.527.2248
Banner Nurse Now	Banner Health	Call: 1.602.747.7990 or 1.888.747.7990
Health Savings Account (HSA) Information	Health Equity	Call: 1.877.694.3948 Visit: http://healthequity.com/ed/asbait
Specialty Pharmacy	CVS Specialty Pharmacy	Call: 1.800.237.2767 Visit: www.CVSSpecialty.com
Weight loss management and type 2 diabetes reversal	Virta Health	Visit: http://info.virtahealth.com/asbaitcycle
Skin health questions	SkinIO	Email: help@skinio.com Call: 1.855.754.6400
Therapy for chronic pain	HINGE Health	Email: hello@hingehealth.com Call: 1.855.902.2777 Visit: http://hinge.health/asbait
24/7 Access to care	Teladoc Health	Call: 1.800.Teladoc (835.2362) Visit: http://teladoc.com
Savings on specialty medications	PrudentRx	Call: 1.800.578.4403 Visit: http://prudentrx.com

Banner Health Centers

City	Health Center
Buckeye	Health Center Verrado
Chandler	Health Center Chandler
Gilbert	Health Center Gilbert
Glendale	Health Center Plus
Goodyear	Health Center Estrella
Maricopa	Health Center Maricopa
Mesa	Health Center East Mesa

City	Health Center
Peoria	Health Center Peoria Health Center Thunderbird
Phoenix	Health Center Greenway Health Center Desert Ridge Health Center Plus Arcadia
Queen Creek	Health Center Queen Creek
Sun City West	Health Center Sun City West
Surprise	Health Center Surprise

Walk-In Clinics

City	Walk-In Clinic
Cave Creek	MinuteClinic Diagnostic of Arizona
Chandler	3 MinuteClinic Diagnostic of Arizona
Gilbert	2 MinuteClinic Diagnostic of Arizona
Glendale	MinuteClinic Diagnostic of Arizona
Goodyear	MinuteClinic Diagnostic of Arizona
Laveen	MinuteClinic Diagnostic of Arizona
Mesa	3 MinuteClinic Diagnostic of Arizona
Oro Valley	MinuteClinic Diagnostic of Arizona

City	Walk-In Clinic
Peoria	MinuteClinic Diagnostic of Arizona
Phoenix	8 MinuteClinic Diagnostic of Arizona
Queen Creek	MinuteClinic Diagnostic of Arizona
Scottsdale	3 MinuteClinic Diagnostic of Arizona
Surprise	MinuteClinic Diagnostic of Arizona
Tempe	2 MinuteClinic Diagnostic of Arizona
Tucson	7 MinuteClinic Diagnostic of Arizona

Hospitals

City	Hospital
Apache Junction	Banner Goldfield Medical Center

City	Hospital
Casa Grande	Banner Casa Grande Medical Center

Hospitals (cont.)

City	Hospital
Chandler	Banner Ocotillo Medical Center
Flagstaff	Flagstaff Medical Center
Gilbert	Banner Gateway Medical Center & Banner MD Anderson Cancer Center
Glendale	Banner Thunderbird Medical Center Encompass Health Valley of the Sun Rehabilitation Hospital
Globe	Cobre Valley Regional Medical Center*
Mesa	Banner Baywood Medical Center Banner Children's Medical Center Banner Desert Medical Center Banner Heart Hospital Banner Rehabilitation Hospital - East Encompass Health Rehabilitation Hospital of East Valley John J. Rhodes Rehabilitation Institute
Page	Page Hospital
Payson	Banner Payson Medical Center*
Peoria	Banner Rehabilitation Hospital - West
Phoenix	Banner Estrella Medical Center Banner Rehabilitation Hospital Banner University Medical Center Phoenix Campus HonorHealth Cardiac Rehab Center HonorHealth Deer Valley Medical Center HonorHealth John C. Lincoln Medical Center HonorHealth Sonoran Crossing Medical Center Veteran Affairs Medical Center

City	Hospital
Queen Creek	Banner Ironwood Medical Center
Scottsdale	Encompass Health Rehabilitation Hospital of Scottsdale HonorHealth Cardiac Rehab Center HonorHealth Greenbaum Specialty Surgical Hospital HonorHealth Rehabilitation Hospital HonorHealth Scottsdale Osborn Medical Center HonorHealth Scottsdale Shea Medical Center HonorHealth Scottsdale Thompson Peak Medical Center
Sun City	Banner Boswell Medical Center
Sun City West	Banner Del E Webb Medical Center
Tuba City	Tuba City Regional Health Care
Tucson	Encompass Health Rehabilitation Hospital Of Northwest Tucson Encompass Health Rehabilitation Institute Of Tucson Diamond Children's Medical Center Banner University Medical Center South Banner University Medical Center Tucson Tucson Medical Center
Wickenburg	Wickenburg Community Hospital

Urgent Care Centers

City	Urgent Care
Anthem	HonorHealth Medical Group and Urgent Care - Gavilan Peak
Apache Junction	NextCare Urgent Care
Avondale	Akos Urgent Care Banner Urgent Care Good Night Pediatrics Avondale, PC NextCare Urgent Care
Buckeye	1st Care Urgent Care Alliance Urgent Care Team Health - Emergency Physicians
Casa Grande	Banner Urgent Care NextCare Urgent Care
Cave Creek	NextCare Urgent Care
Chandler	3 Banner Urgent Cares Chandler Valley Urgent Care Clinic HonorHealth FastMed Urgent Care Plus 2 NextCare Urgent Cares Sun Valley Pediatric & Family Urgent Care, PC
Flagstaff	Concentra Health Services Flagstaff Urgent Care 2 NextCare Urgent Cares
Florence	FastMed Urgent Care
Gilbert	5 Banner Urgent Care Centers HonorHealth FastMed Urgent Care Plus Good Night Pediatrics East Valley, PC Health First Urgent Care NextCare Urgent Care

City	Urgent Care
Glendale	Akos Urgent Care 3 Banner Urgent Cares HonorHealth FastMed Urgent Care Plus Honor Health Urgent Care 4 NextCare Urgent Cares
Gold Canyon	Stripes Urgent Care
Goodyear	Alliance Urgent Care Banner Urgent Care HonorHealth FastMed Urgent Care Plus NextCare Urgent Care
Laveen	FastMed Urgent Care Plus NextCare Urgent Care
Mesa	AllKids Urgent Care 6 Banner Urgent Cares 2 Concentra Health Services 4 HonorHealth FastMed Urgent Care Plus HonorHealth Urgent Care 2 NextCare Urgent Cares
Oro Valley	2 Southern Arizona Urgent Cares
Paradise Valley	Concentra Health Services
Payson	Banner Urgent Care*
Peoria	Alliance Urgent Care 2 Banner Urgent Cares Concentra Health Services HonorHealth FastMed Urgent Care Plus Honor Health Urgent Care NextCare Urgent Care Team Health - Emergency Physicians

Urgent Care Centers (cont.)

City	Urgent Care
Phoenix	Alliance Urgent Care 9 Banner Urgent Cares 5 Concentra Health Services 6 HonorHealth FastMed Urgent Care Plus 2 Honor Health Urgent Cares 9 NextCare Urgent Cares Team Health - Emergency Physicians Urgent Care of Arizona
Queen Creek	Alliance Urgent Care
San Tan Valley	2 Banner Urgent Cares
Scottsdale	3 Banner Urgent Cares 2 HonorHealth FastMed Urgent Care Plus 2 NextCare Urgent Cares
Sun City	NextCare Urgent Care
Sun City West	Banner Urgent Care

City	Urgent Care
Surprise	Banner Urgent Care HonorHealth Complete Care 2 HonorHealth FastMed Urgent Care Plus NextCare Urgent Care
Tempe	3 Banner Urgent Cares 2 Concentra Health Services 4 HonorHealth FastMed Urgent Care Plus 2 NextCare Urgent Cares DispatchHealth
Tolleson	Alliance Urgent Care HonorHealth FastMed Urgent Care Plus
Tucson	4 Banner Urgent Cares 5 Concentra Health Services 5 HonorHealth FastMed Urgent Care Plus 11 NextCare Urgent Cares 8 Southern Arizona Urgent Cares 2 TMC Urgent Cares Urgent Specialists

**Gila County providers and facilities were added to the Performance Network effective July 1, 2024. However, the following groups are effective at a later date: Aetna Premiere Care Network Plus and Multi-Tier plans are effective January 1, 2025.*

Health Claim Form



Complete and send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. A diagnosis must be shown on bill. Do not submit this form if injury occurred on the job. Please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding a work related claim.

Section 1. EMPLOYEE INFORMATION

Name (last, first, initial)		Sex	Employer Name	
Home Address		Identification Number	Birthdate	Group Number
City	State	Zip Code	Work Telephone ()	Home Telephone ()

Section 2. PATIENT INFORMATION

The patient is:	<input type="checkbox"/> The employee (Go to section 3)	<input type="checkbox"/> Employee's Spouse (Complete spouse information)	<input type="checkbox"/> Employee's Child (Complete spouse and child information)	
Spouse's Name (last, first, initial)		Sex	Child's Name (first, last, initial)	Sex
Spouse's Birthdate	Spouse's Social Security Number		Child's Birthdate	Child's Social Security Number
Spouse's Employer				
Spouse's Employer's Address				

Section 3. OTHER COVERAGE

<input type="checkbox"/> Yes (then complete)	<input type="checkbox"/> No (go to section 4)	Name of Policy Holder:			
Name of Other Health Insurance Carrier or Plan	Address		City	State	Zip Code
Other Insurance Carrier's or Plan's Telephone #	Type of Coverage <input type="checkbox"/> Group <input type="checkbox"/> Individual	Group Number	Contract or Policy Number		
Spouse's Employer					
Spouse's Employer's Address					

Section 4. ABOUT THIS CLAIM

<input type="checkbox"/> Injury <input type="checkbox"/> Illness	Describe injury, when and how it happened or nature of illness:				
Date and time of accident:					
Was this injury the result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If auto insurance was involved, please provide:		Policy #	Name of insurance company	Address (city, state, zip)	
Was this a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			If injury is work-related, please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding this claim.		

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED

The statements above are true and correct to the best of my knowledge. I authorize any provider of services to furnish any information requested to the Benefit Administrator. I also authorize the Benefit Administrator to release or obtain from any organization or person information that may be necessary to determine benefits payable under the Benefit Plan. A photo-static copy of this authorization shall be considered as effective and valid as the original. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to reimburse the plan in a lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable.

Signature: _____ **Date:** _____

ASSIGNMENT OF BENEFITS (complete this section if provider is to be paid directly)

I authorize payment of benefits to the doctor or supplier of services listed here.	
Provider to be paid	Employee's Signature
Provider's tax ID number or Social Security Number	Date



IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill.

A	Patient Name (last, first, initial)	Birthdate																																							
B	Address																																								
C	Is this condition the result of an injury arising from patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact the Worker's Compensation Carrier/Administrator for proper instruction regarding this claim.</i>																																								
D	Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, expected date of delivery																																							
E	If illness, date of first treatment	If treating injury, date of injury																																							
F	Name of referring physician	Referring physician's address																																							
G	Name and facility where services were rendered (if other than home or office)																																								
H	Was laboratory work performed outside your office? <input type="checkbox"/> Yes <input type="checkbox"/> No																																								
I	For service related to hospitalization, give dates: Admitted _____ Discharged _____																																								
J	Diagnosis and current conditions (if diagnosis other than ICD-10* used, give name): 1. _____ 2. _____ 3. _____ 4. _____																																								
K	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Dates of Service From</th> <th style="width:15%;">To</th> <th style="width:15%;">Places of Services**</th> <th style="width:15%;">Procedure Code (If other than CPT*** code used, give name)</th> <th style="width:30%;">Description of surgical or medical services rendered</th> <th style="width:10%;">Diagnosis Code</th> <th style="width:10%;">Charges</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Dates of Service From	To	Places of Services**	Procedure Code (If other than CPT*** code used, give name)	Description of surgical or medical services rendered	Diagnosis Code	Charges																												
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<small>*ICD-10 * International Classification of Disease *** CPT Current Procedural Terminology (current edition) **Abbreviations: 11-Physician's Office 21-Inpatient Hospital 23- Emergency Room 12-Patient's Home 22-Outpatient Hospital 81-Independent Laboratory</small>																																									
Date		Physician's Name (print)		Degree		Provider's Tax ID Number or Social Security Number: Must be furnished under authority of law																																			
Physician's Signature			Telephone ()																																						
Street Address				City		State	Zip Code																																		

STATUS AND BENEFIT INFORMATION:
1.800.925.2272

Send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057



Follow us: www.asbait.org |  ASBAIT |  @asbaithealth

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