

# Liaison Training – Medical and Pharmacy Benefits

**Dates: April 12 – 14, 2011**

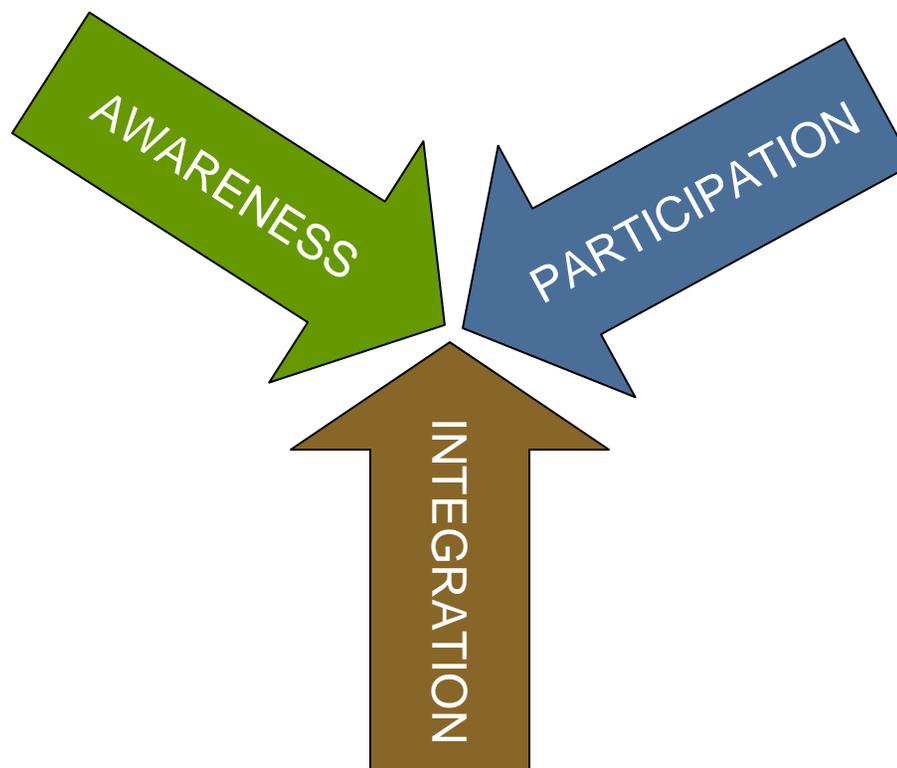
Presented by: Benefit Options  
and  
Medical and Pharmacy Vendors



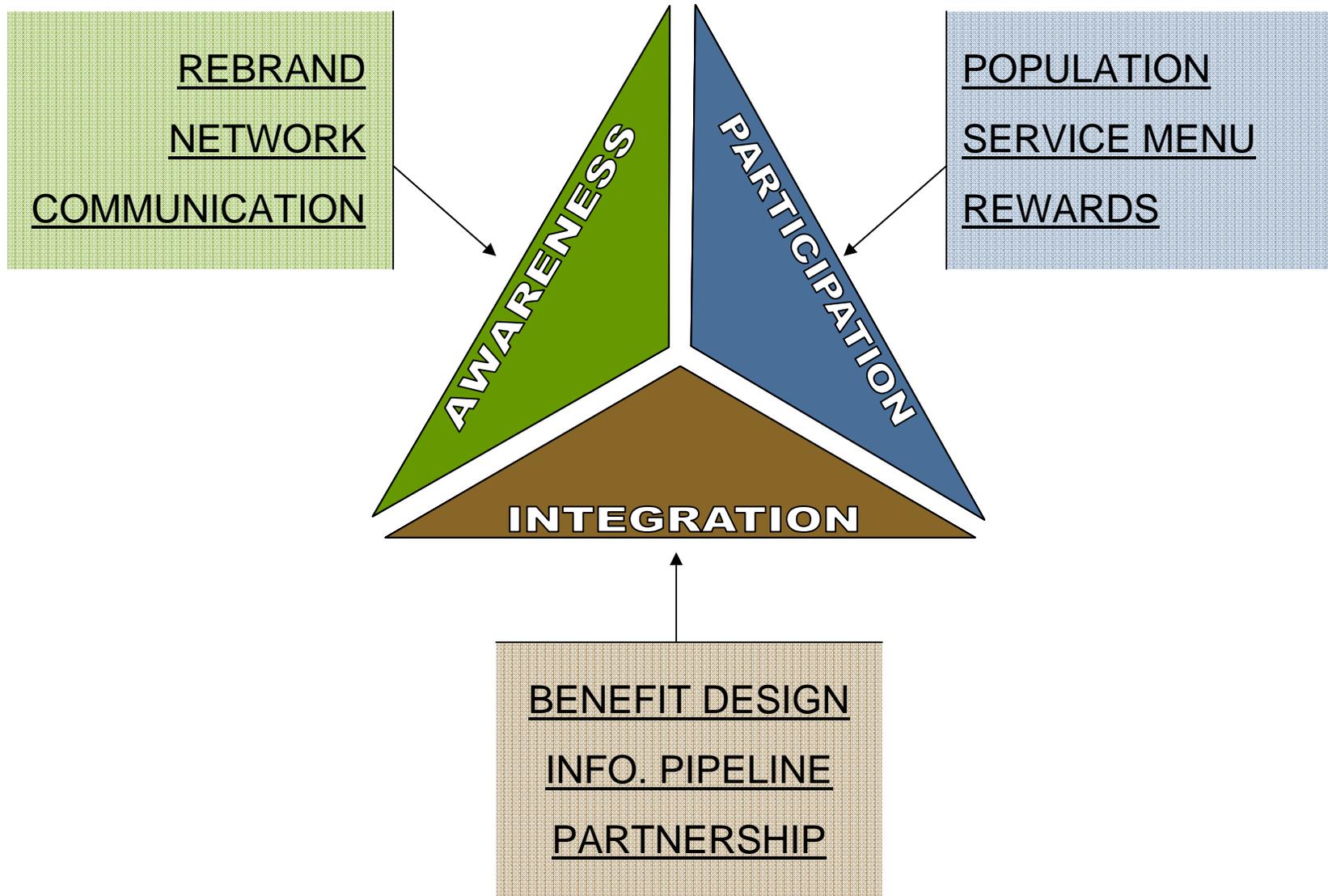
## **Strategic Plan 2011**

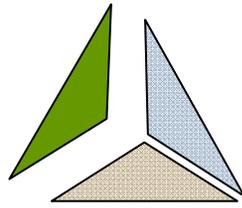
# Wellness Tomorrow

- Well recognized
- Dynamic/growing program
- Active, vibrant, aggressive communication
- Increase Participation 40%
- Improved health status
- Reduce health care costs
- Robust, Comprehensive, pop. relevant offerings
- Industry standards and Health Plan design drive wellness initiatives



# Core Concepts





# AWARENESS

## Rebrand

- New name & logo
- Slogan
- Update & revise website

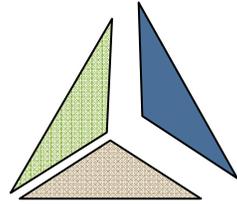
## Wellness Network

- Policies & procedures
- Training and meetings
- Recognition system
- Recruitment

## Communication

- Program parameters
- Media standards
- Outreach schedule

**GREATER AWARENESS EQUALS GREATER PARTICIPATION**



# PARTICIPATION

## Population

- Claim analysis
- Member survey
- Market research

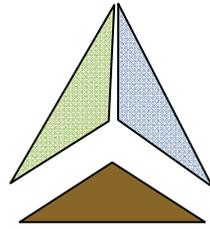
## Service Menu

- Relevant programs
- Assistance & resources
- Self service

## Rewards

- Define program
- Implement
- Monitor & administer

**PARTICIPATION IS THE PATH TO IMPROVED HEALTH**



# INTEGRATION

## Benefit Design

- Alignment analysis
- Recommend revisions
- Implement changes

## Info. Pipeline

- Resource warehouse
- Exchange mechanism
- Standardize exchange process

## Partnership

- Design target programs
- Implement partner program
- Monitor & track results

**INTEGRATION IS THE FOUNDATION OF EXCELLENCE**

# Next Steps

Once the vision of wellness is shared by leadership, the following steps are required to initiate the Strategic Plan concepts and components.

**Strategic Plan Revision/Approval**

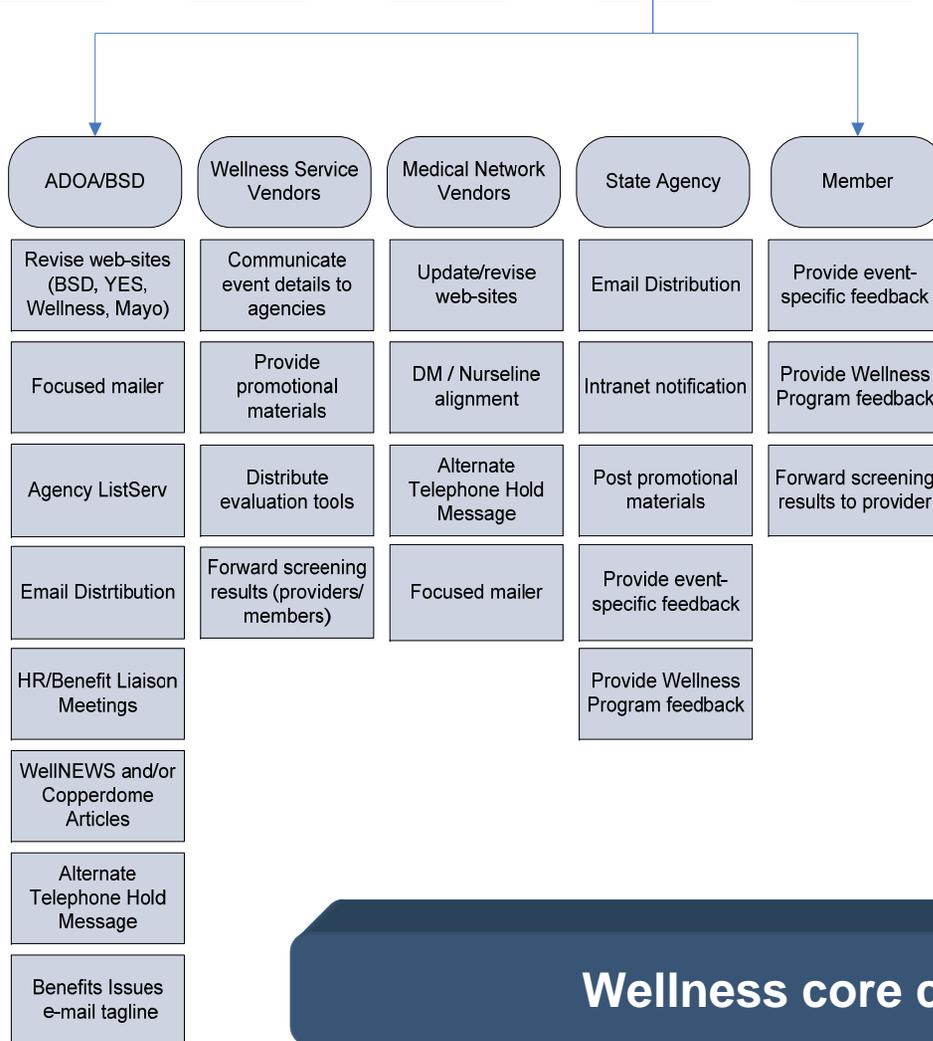
**Implement Strategic Plan with Partners/Vendors**

**Finish Rebranding Process**

**Develop 2011-2012 Awareness and Participation time lines**

**Begin Outreach and Launch for 2011-2012 programs**

# Outreach and Launch Method



**This process map shows a high level operational method for planning and implementing wellness initiatives with Medical network vendors, Wellness services vendors and State Agencies. Additional project plans are required to organize each process step and identify more specific tasks and responsibilities.**

**Wellness core concepts drive process**

# 3rd Quarter Program Menu

**Statewide Quarterly Focus: Heart Disease**

**Sub Focuses: Cholesterol, CAD, Blood Pressure, Obesity & Stroke**

## Screenings

- Mini Health Screen:
  - Lipid Panel
  - Blood Pressure
  - Body Composition
  - Blood Glucose

## Lifestyle Series

- Hypertension (5 wk)
- Cholesterol (5 wk)
- Weight Management (10 wk)
- Walking Course (8 wk)

## Education Courses

- Do you know your numbers?
- Healthy Substitutes
- Exercise: Getting Started

## Health Assessment Campaign

- Online Mayo Clinic Programs: 6 month campaign, online health questionnaire, health status report, telephonic lifestyle coaching, incentivize healthy behaviors, year round access to health resources

**Comprehensive program menu meets specific needs**

# 4th Quarter Program Menu

**Statewide Quarterly Focus: Diabetes/Pre-Diabetes**

**Sub Focuses: Obesity, Blood Glucose, Heart Disease**

## Screenings

- Mini Health Screen:
  - Lipid Panel
  - Blood Pressure
  - Body Composition
  - Blood Glucose
- Hemoglobin A1C

## Lifestyle Series

- Weight Management (10 wk)
- Pre-diabetes Management (8 wk)
- Nutrition Management (4 wk)
- Fitness (4 wk)
- Onsite DSMT (6 wk)

## Education Courses

- Healthy Cooking Class
- What's for Dinner?
- Diabetes 101
- Metabolic Syndrome & Insulin Resistance

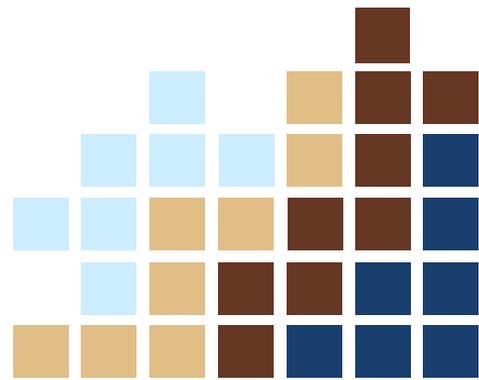
## Health Assessment Campaign

- Online Mayo Clinic Programs: 6 month campaign, online health questionnaire, health status report, telephonic lifestyle coaching, incentivize healthy behaviors, year round access to health resources

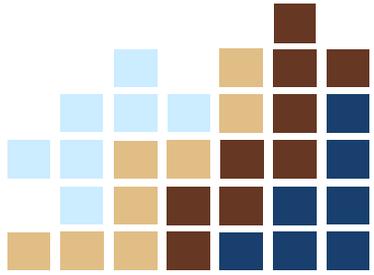
# Mayo Clinic EmbodyHealth Programs



- **Health Screenings: Campaign April to June**
  - Statewide screenings at 30+ agency locations
  - Values to input in the Health Assessment
- **Health Assessment: April 4, 2011 through September 30, 2011**
  - A tool to help employees identify health strengths and areas for improvement
  - Online questionnaire
- **EmbodyHealth Coaching: Eligible after Health Assessment**
  - 1-on-1 telephonic coaching to set goals and improve health
  - Multiple intervention levels
  - Must complete consent form for follow up

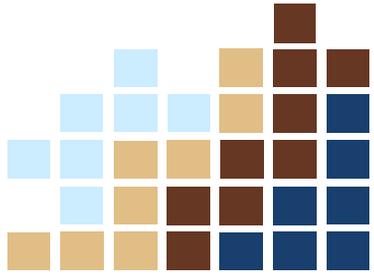


# Liaison Training – Medical and Pharmacy Benefits



## Course Objectives

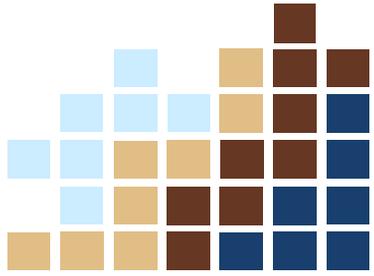
- **Obtain detailed information regarding the Benefit Options Medical Plans**
- **Acquire additional knowledge regarding the Benefit Options Pharmacy Plan**



# Medical Plans

## Self Insured vs Fully Insured

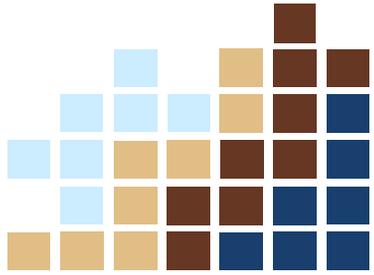
- **With a Fully-insured medical plan the risk is carried by the insurance company**
- **With a Self-insured medical plan the employer carries the risk**
- **ADOA has a Self-insured medical plan**



## Medical Plans

### **Type of Plans offered:**

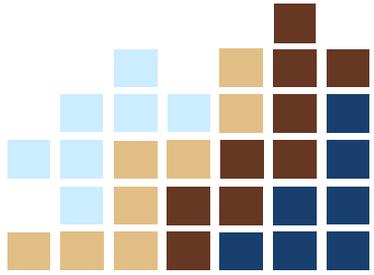
- **EPO-Exclusive Provider Organization**
- **PPO-Preferred Provider Organization**
- **HSA-Health Savings Account Option  
(High Deductible Health Plan)**



## Medical Plans

### EPO

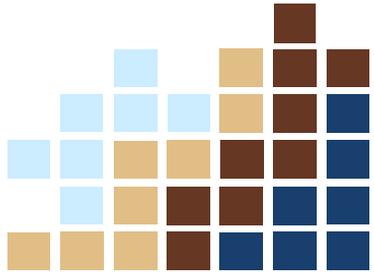
- **Under this type of plan members must obtain services from a network provider**
- **Referrals to specialists are not required, defined as “open-access”**
- **Out-of-network services are only covered in an emergency**
- **Networks: Aetna, BCBS of AZ/Ameriben, Cigna, UnitedHealthcare**



# Medical Plans

## EPO

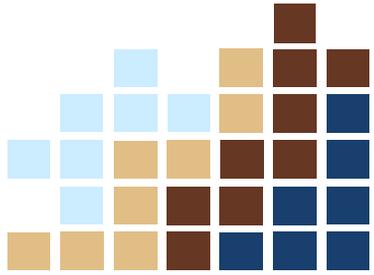
- **Lower Premium than PPO but limited to in-network unless it is an emergency – (e.g. broken leg)**
- **Member pays co-payments**
  - Examples:**
    - **\$15 PCP/Preventative visit**
    - **\$30 Specialist**
    - **\$125 ER visit**
    - **\$40 Urgent Care**
    - **\$150 Hospital Admit**
- **No Deductibles**
- **No Coinsurance – (% of cost out of pocket)**



## Medical Plans

### PPO

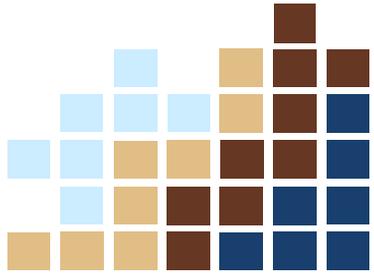
- **Under this type of plan members can obtain care from providers that are in-network or out-of-network**
  - **Member pays 100% until the deductible is met**
  - **Member pays co-payments after the deductible is met until the out-of-pocket maximum is reached**
- **Networks: Aetna, BCBS of AZ/Ameriben, UnitedHealthCare**



# Medical Plans

## PPO - In-Network

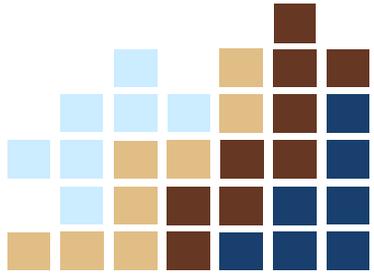
- **Member pays a deductible**
  - \$500 for single
  - \$1,000 if other than individual
- **Member pays co-payments after the deductible is met until the out-of-pocket maximum is reached**
- **Once the out-of-pocket maximum is reached member pays zero.**
  - \$1,000 for single
  - \$2,000 if other than individual



## Medical Plans

### PPO - Out-of-Network

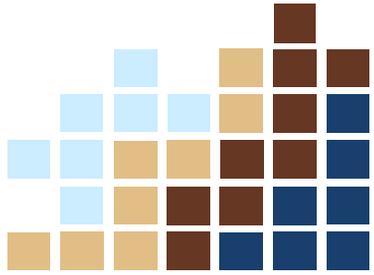
- **Member pays a deductible**
  - \$1,000 for single
  - \$2,000 if other than individual
- **Member pays 50% of cost after the deductible is met until the out-of-pocket maximum is reached**
- **Once the out-of-pocket maximum is reached member pays zero**
  - \$4,000 for single
  - \$8,000 if other than individual



## Medical Plans

### HSA Option

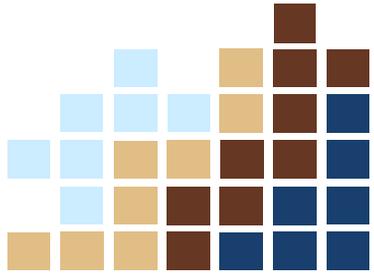
- **Plan members set up a special type of savings account accompanied by a high deductible medical plan**
- **Members pay deductibles and/or co-insurance**
- **Network: Aetna**
- **Health Saving Account Bank – JP Morgan Chase Bank**



# Medical Plans

## HSA Option – In-Network

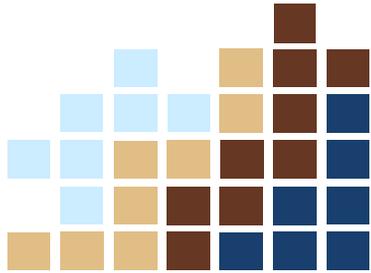
- **Member pays a deductible**
  - \$1,200 individual
  - \$2,400 if other than individual
- **Preventative services no charge, Preventative Rxs – \$10/\$20/\$40 copays**
- **Non-preventative Services/Rxs and/or Emergency: Member pays 100% of contracted rate until the deductible is met. 10% of contracted rate for services and \$10/\$20/\$40 copay for Rxs after the deductible is met but before the out of pocket maximum is reached**
- **Once the out-of-pocket maximum is reached the member pays zero**
  - \$2,000 individual
  - \$4,000 if other than individual



## Medical Plans

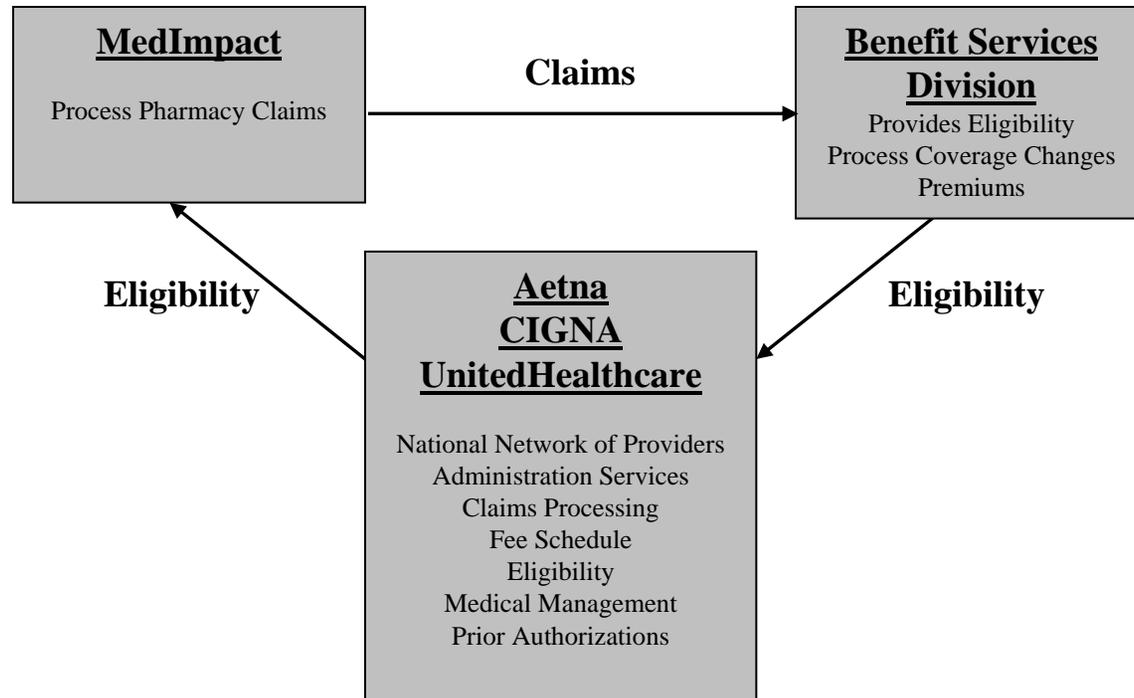
### HSA Option – Out-of-Network

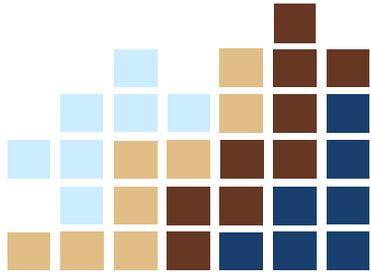
- **Member pays a deductible**
  - \$2,400 individual
  - \$4,800 if other than individual
- **Preventative services/Rxs member pays 50% of total cost**
- **Non-preventative Services/Rxs and/or Emergency: Member pays 100% of total cost until the deductible is met. 50% of contracted rates for non-emergency services, 10% of total cost for emergency services until the out-of-pocket maximum is reached**
- **Once the out-of-pocket maximum is reached member pays zero**
  - \$5,000 individual
  - \$10,000 if other than individual



# Medical Plans

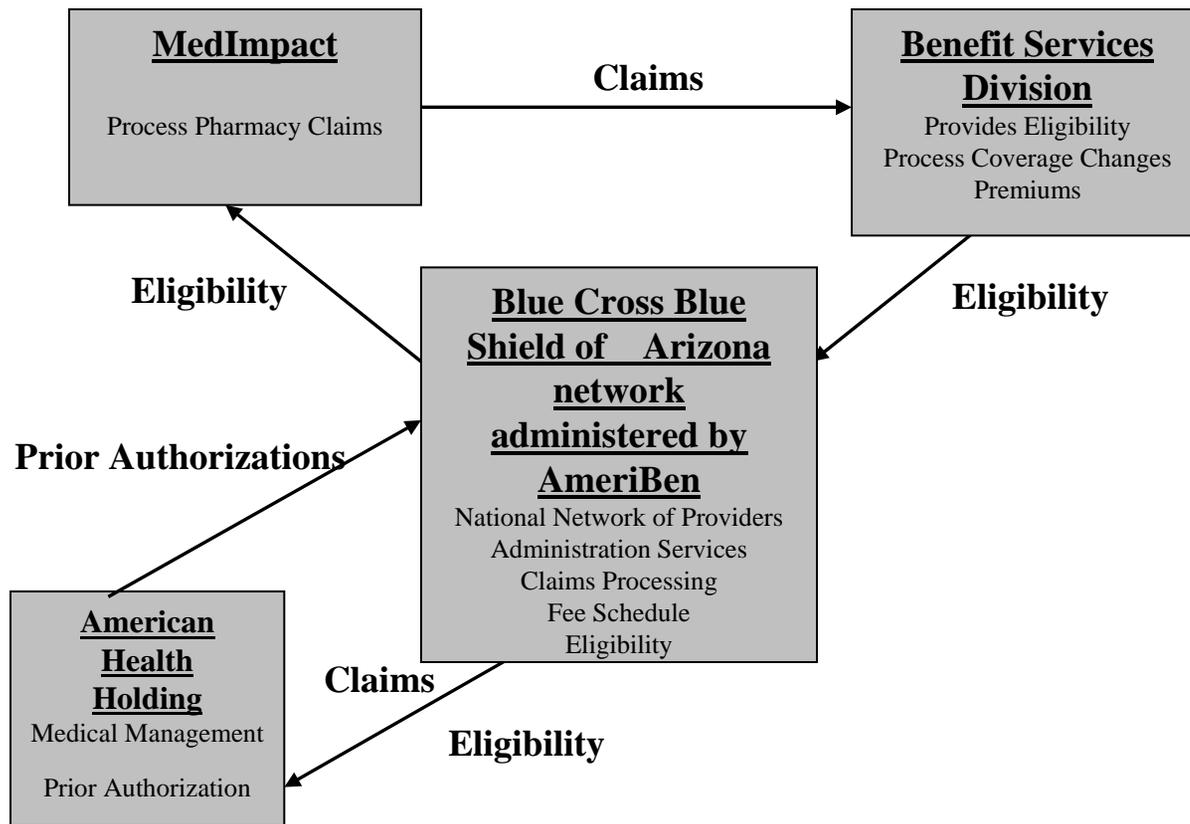
## Integrated





# Medical Plans

## Non-Integrated





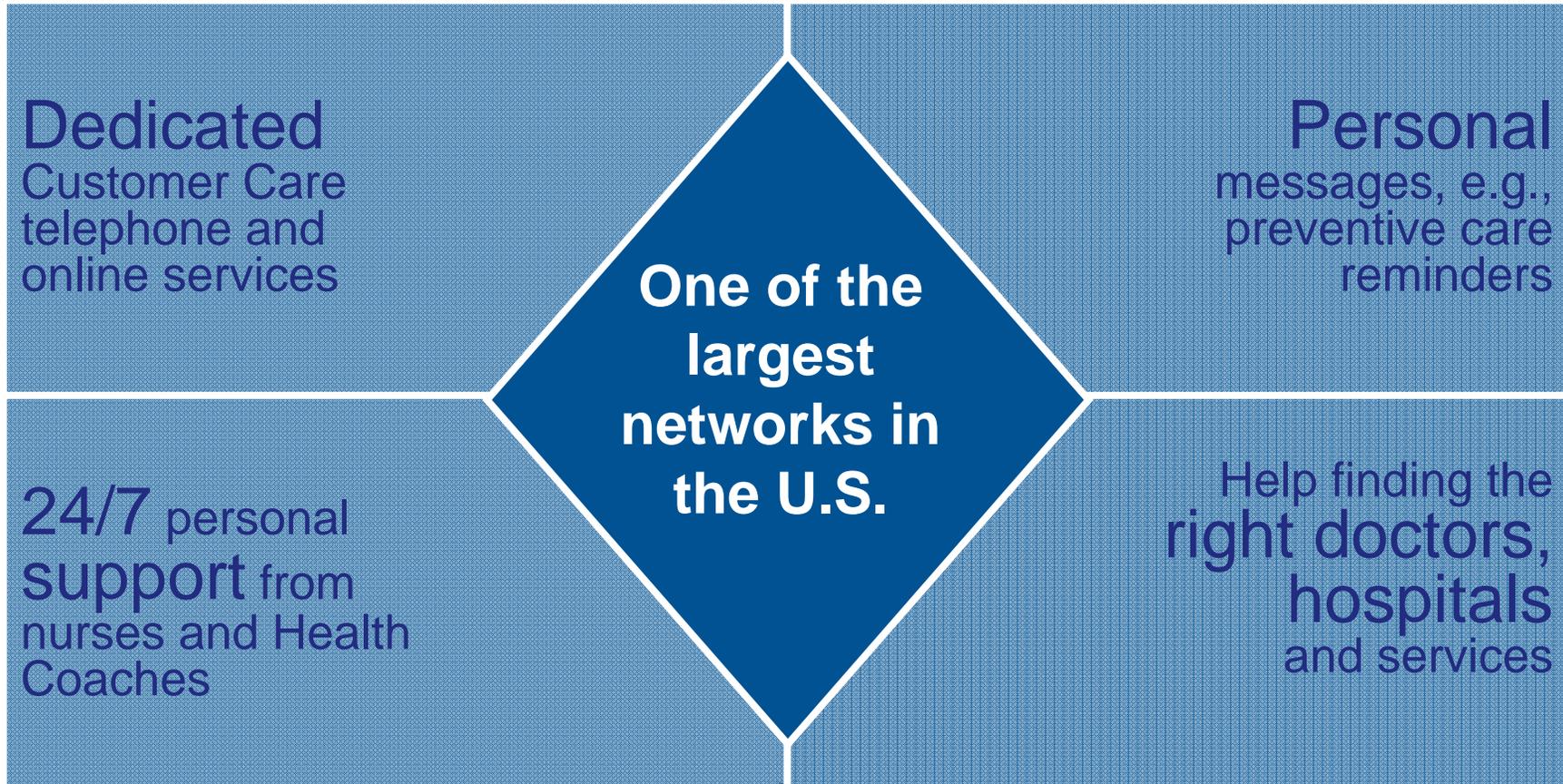
# Simple

UnitedHealthcare network information and member tools

**Benefit Options**  
Choice. Value. Health.



# What you can expect with UnitedHealthcare



# Network Strategy

## Broad Access

**Largest state-wide Network and National network**

## Predictability, Growth & Stability

Strong provider relationships

Long term contracts

99% retention rate

## Affordability

Best in Class Pricing and Network

Extensive internal and external data to ensure our network competitive position

Premium program designations

Centers of Excellence for Transplant, Cancer, Bariatric Surgery, Orthopedics

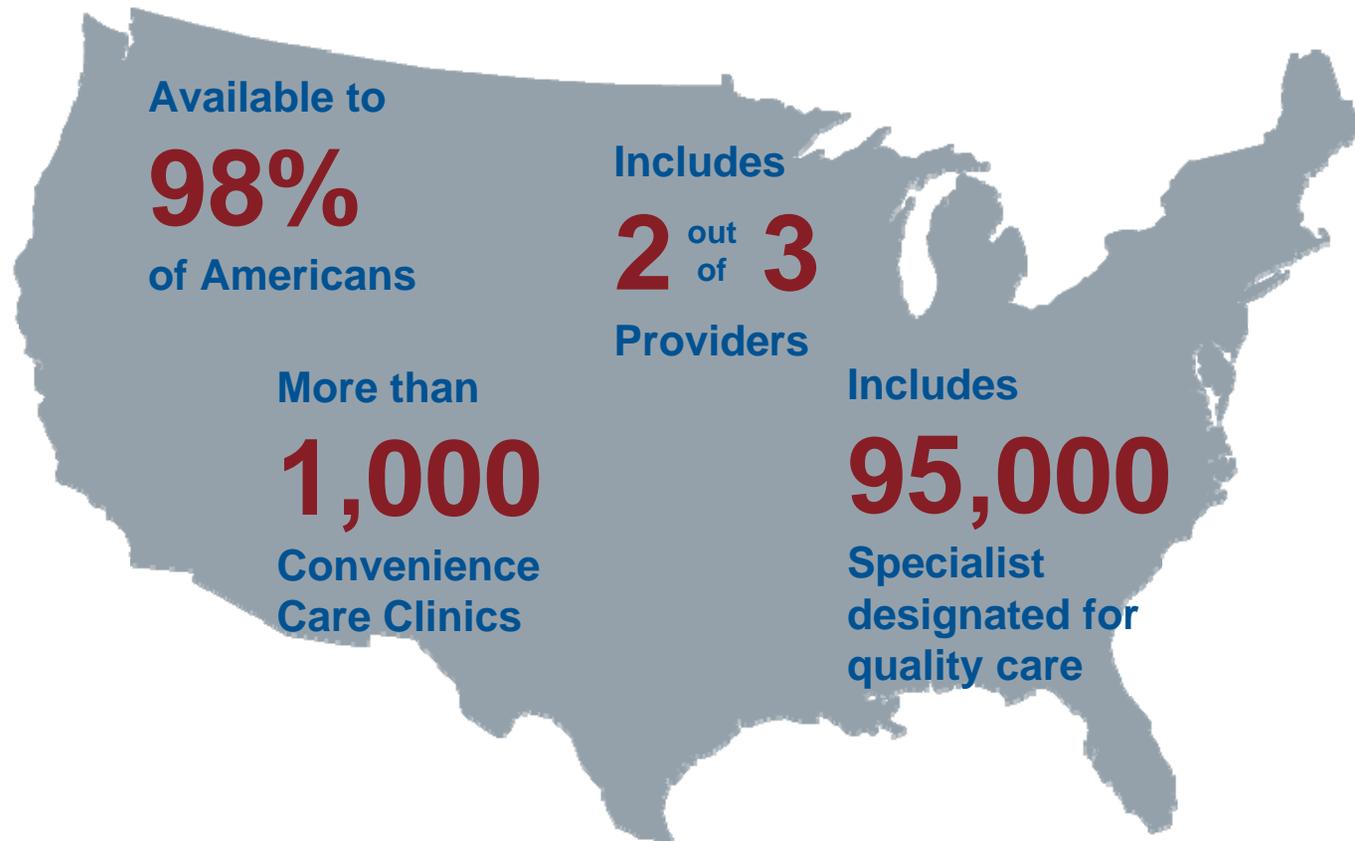
## Collaboration

Working together with our providers for long term success

Provider portal satisfaction and making it easier to work with UHC

Invested in a strong local provider service team that works directly with providers

## Our large national network



Your doctor is likely already in our network.

## Arizona network

Access to more than 11,500 contracted doctors and 82 hospitals throughout Arizona.

Nationally, we provide services to more than **24** million Americans and **1.1** million in Arizona.



The Mayo Clinic is now in our network in Arizona, Florida and Minnesota.

# Find a network doctor or hospital



Visit [welcometouhc.com/stateofaz](http://welcometouhc.com/stateofaz)

- Search by:
- Name or specialty
- Procedure
- Office hours
- Gender
- Education
- Driving directions
- Languages spoken

The screenshot shows the UnitedHealthcare website interface. On the left is a dark navigation menu with the UnitedHealthcare logo at the top. Below the logo are several menu items: Home, Benefits, Physicians & Facilities (circled in orange), Tools and Resources, and Why choose UnitedHealthcare?. The main content area features a blue header with the text "Welcome to UnitedHealthcare" and "Your trusted partner in creating a better health care experience. We're here to provide access to care, not create roadblocks." Below the header is a yellow banner with three numbered tabs (1, 2, 3). The main content area is divided into three columns: "Your Medical Benefits" with colorful letters A, B, C, X, Y, Z; "Already a Member?" with a "Login Now" button; and "A personalized health care experience for women" with a link to Source4Women.

## Get DocGPS™ today

Find network doctors with our new mobile phone app

- Uses Google™ Maps
- Search based on your location
- Download for iPhone, Blackberry and Droid phones



# Mental Health and Substance Abuse Coverage

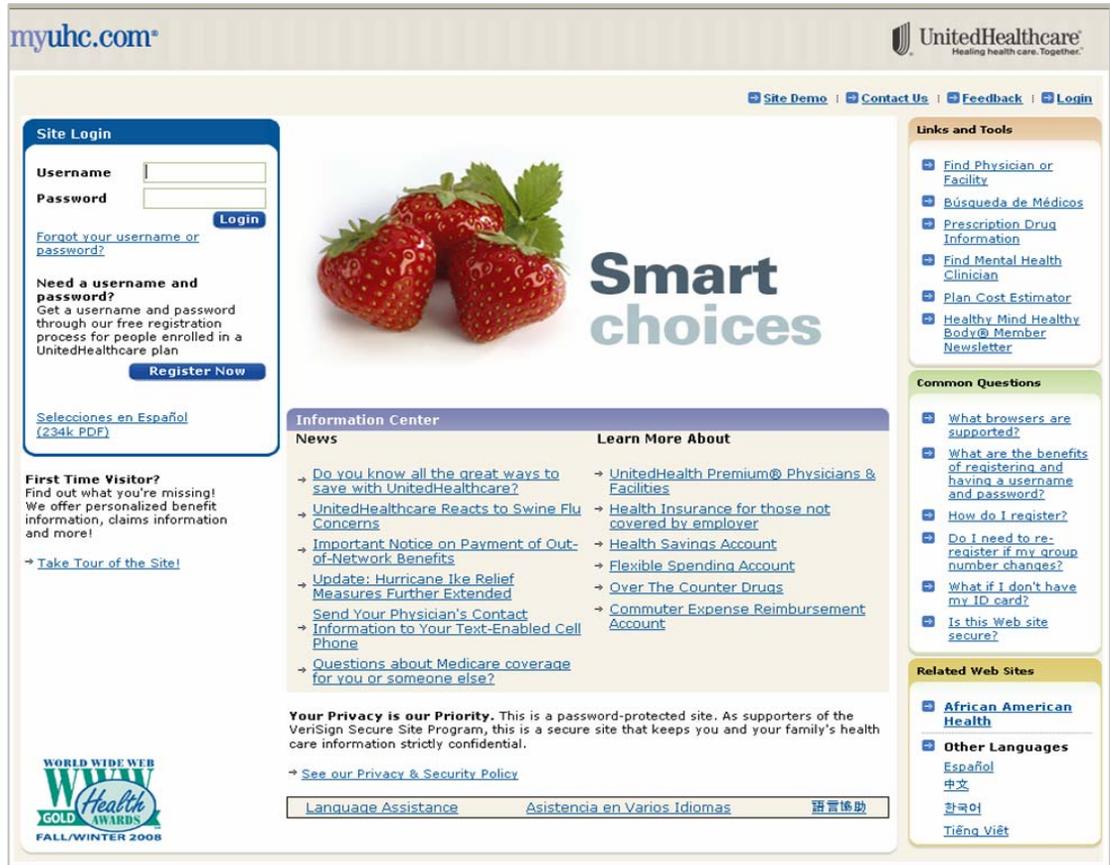


Accessed through United Behavioral Health network

## Members get:

- Answers about mental health and substance abuse concerns
- Names of participating clinics, counselors and doctors close by
- Monitoring of treatment progress and ensure they receive the best services possible.
- Help resolving problems or concerns a member may have
- with their treatment.

- Find network doctors/hospitals
- Estimate costs
- Track claims status
- Build a health improvement program
- Keep a Personal Health Record
- Get health product discounts
- Review plan details



The screenshot shows the myuhc.com website interface. At the top left is the myuhc.com logo, and at the top right is the UnitedHealthcare logo with the tagline "Healing health care. Together.™". Below the logos are navigation links: Site Demo, Contact Us, Feedback, and Login. The main content area features a "Site Login" box on the left with fields for Username and Password, a "Login" button, and a "Register Now" button. Below the login box is a "First Time Visitor?" section with a "Take Tour of the Site!" link. In the center is a banner for "Smart choices" featuring an image of strawberries. To the right of the banner is an "Information Center" with "News" and "Learn More About" sections. On the far right are two sidebars: "Links and Tools" with various utility links like "Find Physician or Facility" and "Prescription Drug Information"; and "Common Questions" with links like "What browsers are supported?" and "How do I register?". At the bottom right is a "Related Web Sites" section with links for "African American Health" and "Other Languages" (Español, 中文, 한국어, Tiếng Việt). A "World Wide Web Gold Awards" logo is visible in the bottom left corner of the page.

# Plan Cost Estimator tool

Helps in choosing best health plan available to you  
 Generates cost estimates for each plan being offered  
 Generates cost comparisons in less than 30 minutes

**3 Health Care Plan Cost Estimates:** View your health care plan expenses and estimates.

Select a plan to view detailed information regarding deductibles, in network, out of network, and out of pocket costs as well as saving benefits HRA, HSA, and FSA accounts. You may edit HSA and FSA contribution amounts to view impacts to your out of pocket costs.

[Health Care Plan Estimates](#)  
 Using In-Network Physicians & Facilities Only

[Health Care Plan Estimates](#)  
 Using Out-Of-Network Physicians & Facilities Only

**Your Family Financial Selections** \* = Required

You must review and adjust the following selections to accurately reflect your family finances.  
 These figures are used to calculate Health Account Contributions and Tax Savings and determine your Payroll Deductions for Annual Health Plan costs.

**Annual Income** \*

**Income Tax Filing Status** \*

**Payroll Period** \*

**Misc Medical Expenses**  [What's this for?](#)

[Help Understanding These Terms](#)

	Plan A <a href="#">View Estimate Details</a>	Plan B <a href="#">View Estimate Details</a>	Plan C <a href="#">View Estimate Details</a>
<b>Employee Plan &amp; Healthcare Usage Costs</b>			
<b>Employee Plan Premium</b> ⓘ	\$1,200	\$1,200	\$1,200

# Treatment Cost Estimator tool



- Get cost estimates for specific treatments based on doctor charges
- Helps you understand the cost of treatment
- Helps you to plan in advance

The screenshot shows the 'Medical Treatment Cost Estimator' tool on the myuhc.com website. The page is titled 'Medical Treatment Cost Estimator' and includes a navigation bar with links for Disclaimer, Glossary, FAQs, Privacy & Security, Feedback, and a theme selector. The user's name is John Smith and the treatment is 'Treatment Name Here'. The tool is divided into several sections: 'Member & Location', 'Medical Treatment Cost Estimator', 'Select Member & Location', 'How It Works', 'Terms & Conditions', and 'General Content Box'. The 'Select Member & Location' section contains a form with fields for Member Name, Treatment Location Zip Code, and Treatment Location City/State. The 'How It Works' section is a vertical flowchart with three steps: 'Select Treatment', 'Select Physician(s)', and 'Review Estimates'. The 'Terms & Conditions' section includes a checkbox for agreement and a 'Continue to Select a Medical Treatment' button. The 'General Content Box' contains placeholder text.

myuhc.com<sup>®</sup> Medical Treatment Cost Estimator UnitedHealthcare<sup>®</sup>  
A UnitedHealth Group Company

Name: John Smith  
Treatment: Treatment Name Here Logout »

Member & Location Select Treatment Select Physician Review Estimates Help & Support

**Medical Treatment Cost Estimator**  
Calculate costs estimates for a specified medical treatment.  
Discuss treatment options with your doctor.

**IMPORTANT NOTES AND DISCLAIMER:**  
Lorem ipsum dolor sit amet, consectetur adipiscing elit. In varius, eros sit amet dictum tempor, leo ligula sollicitudin ante. [Read More »](#)

**Select Member & Location**  
Select the Member for whom, and enter the Zip code where, the selected treatment will be performed.

**Member Name**  
Name: Select Member \*

**Enter Location Where Treatment Will be Performed**

**Treatment Location Zip Code**  
Zip Code: \*

**\* = Required**  
Member Name along with State/City or Zip Code are necessary for properly estimating costs.

OR

**Treatment Location City/State**  
State: Select State \*  
City: Select City \*

**How It Works**

**Select Treatment**  
Search for and Select a Medical Treatment.

**Select Physician(s)**  
Search for and Select Your Physician(s).

**Review Estimates**  
Review and Compare Cost Estimate Results.

**Terms & Conditions**  
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Praesent purus. Fusce tempus. Ut or sit amet, consectetur adipiscing elit. Mauris risus nisi, egestas et, venenatis sed, adipiscing tristique, lectus.  
Sed pulvinar nunc id neque. Vivamus at odio. Sed varius dignissim metus. Curabitur fells risus, iaculis sed, dignissim ac, gravida in, libero. Sed porttitor nibh ornare ligula. Fusce interdum magna auctor mi. Aenean dictum faucibus erat. Fusce vehicula elit suscipit sapien. Maecenas ac enim. Nulla cursus eros at titor. Pellentesque quis odio id dolor pulvinar.

I have read and agree to the Terms & Conditions.  
(You must check this box and agree to the terms & conditions in order to continue.)

Continue to Select a Medical Treatment »

**General Content Box**  
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Quisque auctor sapien ut libero. Nulla scelerisque volutpat ipsum. Sed gravida, tortor sed commodo lobortis, est leo elementum justo, in dictum augue risus sed lacus. Proin a felis. Ut nisi libero, hendrerit et, accumsan nec, cursus ut, mauris. Cras elit metus, aliquet et, venenatis eget, facinia quis, lectus.

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# Quicken Health Expense Tracker



- Simplifies claims information and medical terms
- Shows what you owe your provider
- Shows account balances
- Alerts you to possible physician billing errors
- Pay bills quickly

The screenshot shows the Quicken Health Expense Tracker interface. The main content area displays a table of claims with columns for Patient, Provider, Alerts, and Amount Owed. A callout box points to the 'Amount Owed' column, stating 'Easily identify claims that need attention'. Another callout box points to a highlighted row, stating 'Review highlighted claims'. A third callout box points to the 'Make a Payment' section, which shows a payment of \$49.56 for Dr. Frank Auleta, with a callout stating 'Instantly pay outstanding claims online'. A fourth callout box points to the top right of the interface, stating 'Family's total health care picture organized and in one place'. The interface also includes a 'Messages' section with a notification about 143 claims downloaded, a 'Maintain my health history' section with family member photos, and a '1 Claim for Review' section with details for a service on 03/15/2007.

Patient	Provider	Alerts	Amount Owed
Mark	Dr. Seth Soblow		\$143.33
Kelly	Dr. Sharon Hallock		\$102.10
Kelly	Example Laboratory		\$44.50
09/21/08	Mark	Example Laboratory	\$129.24
08/15/08	Alexander	Dr. Frank Auleta	\$49.56

**1 Claim for Review**

Service Date: 03/15/2007  
Patient: Mark  
Provider: Example Laboratory  
IRA Paid: \$313.02

Some portion of the following service is not covered by your health plan: Blood draw from vein or artery

**Explanation:** The Amount Billed by Example Laboratory for this service exceeds the reasonable charge allowed by UnitedHealthcare for the service. You are responsible for the difference, which is referred to by UnitedHealthcare as the "out-of-network" amount.

**Make a Payment**

**1 Owe Dr. Frank Auleta**

**\$49.56**

Payment Method

\* Credit Card Number:

\* Expiration Date: month / year

VISA MASTERCARD AMEX DISCOVER

# UnitedHealth Premium<sup>®</sup> Designation Program



- Doctors and cardiac facilities that follow medical guidelines
- Compare quality and costs of health care facilities
- Look for the star when you search for a physician

In Network Physicians			
(Showing 1-10 of 26)		← Prev 10   Create PDF of all P	
Dist.	Name & Address	Specialty	Special Designation
4.5 mi	<a href="#">Joe Franklin</a> (302) 848-6200 1829 Cermak St., Suite 902 Chicago, IL 60114 <a href="#">Map &amp; Directions</a>	Orthopedics	★ ★ <a href="#">UnitedHealth Premium Program for Orthopedic Care</a>

# Hospital Comparison Program



- On myuhc.com
- Find national quality ratings and cost information on 54 procedures and conditions
- Side-by-side hospital comparisons on cost and quality based on specific procedures

[Print](#) [Close Window](#)

### Quality Details for Condition, Procedure or Test

**Ochsner Foundation Hospital** Facility Type(s): Hospital - General  
1516 Jefferson Hwy Facility Beds: 448  
New Orleans, LA 70124 Total Discharges: 20,154  
504.342.3600  
[Map](#) | [Add to Address Book](#)

Procedure, Condition or Test: [Diabetes requiring hospitalization](#)

Quality of Care  $\Phi$  ★★★  
Cost Estimate  $\Phi$   
For Members Only

The Quality of Care measure is based on Patient Outcome Measures and Hospital Process Measures.

#### Patient Outcome Measures

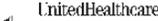
		This Hospital	National Average
Mortality Rate $\Phi$	Lower than Average	0.01%*	0.04%
Complication Rate $\Phi$	Average	0.01%*	1.02%

\* Based on 61 patients with an average hospital stay of 3 days.

# Hospital Statements



- Easy-to-read and convenient
- Health care and financial information
- Receive personalized health care tips



UnitedHealthcare  
UnitedHealthcare Insurance Company  
 P.O. Box 748000  
 Kansas, KS 66274-8000  
 www.uhc.com

UNITED HEALTHCARE INSURANCE COMPANY

Subscriber Number: 600000011    Statement Period: 07/01/07 - 07/26/07

**This is not a bill.**

**Ready, Set, Visit!**

When visiting your doctor, before you go, note when your problem began, any symptoms, what might have led to the problem and any prescriptions or OTC drugs you are taking. Then, during your visit, bring up your main issue first, tell your doctor of any recurring problems, listen carefully and ask questions. This is a great way to build a relationship with your doctor and be proactive in your health care.

Customer Care 1-888-555-1212

**Your recent health benefit plan activity** — Statement Period: 07/01/07 - 07/26/07

**Your provider will bill you for the following health care services:**

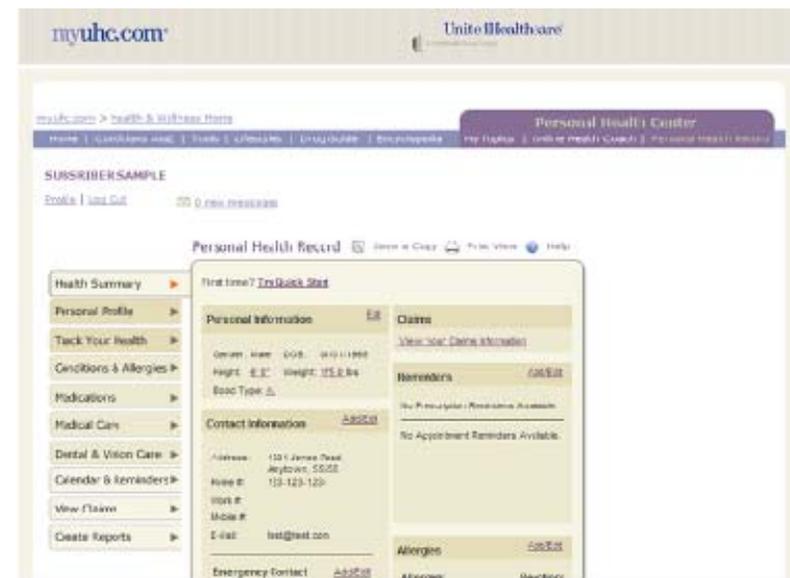
	Pay your provider when they bill you	
Date of Service: 07/12/07 Member: Jolene Provider: John Spork, MD Claim Number: 5678900134 Type of Service: Office Visit	\$92.00	This is not a bill. Your provider will bill you directly unless you have already paid them. Please check your records.
Date of Service: 07/20/07 Member: Jolene Provider: John Spork, MD Claim Number: 56489001234 Type of Service: Laboratory Services	\$44.00	These charges represent your responsibility as defined by your health benefit plan. They may include your deductible, coinsurance, a product or service that is not an eligible expense or provider level that are more than what is considered usual and customary. Please see your Summary Plan Description for more information.
Date of Service: 07/15/07 Member: Amy Provider: Darcy Chikass Claim Number: 56489001764 Type of Service: Medical	\$107.81	
TOTAL	\$293.81	

Please see the next page for more information  
Page 1 of 9

# Personal Health Records



- Keep health and medical history
- Manage health history and lifestyle habits; track stats: blood pressure, cholesterol, and weight
- Summary of conditions, medications, procedures, and lab results
- Download it to computer; print to share with doctor



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

# Wellness resources



- Latest health news, including healthy recipes
- Online quizzes to test your health knowledge
- Online health coach to help guide you to better health



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

# Health Coaches



- Connect 24/7
- Health facts and tips from health care professionals
- Learn to treat symptoms
- Get treatment options for conditions
- Find support for chronic conditions



- Connect with a registered nurse any time
- Get health information from a registered nurse by phone
- Prepare yourself before seeking a doctor's care
- Recorded messages on thousands of health topics
- Communicate in live, one-to-one Nurse Chats at [myuhc.com](http://myuhc.com)



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

## Personal health support

- Get support for chronic conditions, complex health care needs and treatment decisions
- Talk by telephone with a registered nurse
- Coaching on communicating with doctors/specialists
- Learn about diagnosis, treatment options and what to expect from surgery



## Health Discounts

Save **5 to 50%** on products and services not typically covered by your plan, including:

- Laser eye surgery
- Cosmetic dentistry
- Health club memberships
- Weight loss programs and more

**Current members**



Under "Health & Wellness"

# Questions?



# Benefit Options

Choice. Value. Health.

*State of Arizona*

*it's time for a change*

# National Seamless Network

- No referrals to specialists
- 580,000 Doctors Nationwide
- 12,000 Doctors in AZ
- 78 Hospitals in AZ
- Mayo Clinic
- Cigna Medical Group (CMG)



*it's time for a change*

*Friendly Doctors. Convenient Locations. Quality Care.*

# Cigna Medical Group

We've grown to care for you

- Deep roots in Arizona – large, long-standing medical practice (est. 1968)
- CMG participates in CIGNA's Arizona network of nearly 12,000 doctors and 78 hospitals
- CMG has you covered head to toe
  - Primary care, specialty care, general surgeons, pharmacists and more
  - 32 locations in the greater Phoenix area and growing
  - Health care centers, urgent care centers and convenience care clinics



Cigna Medical Group

*Friendly Doctors. Convenient Locations. Quality Care.*

# Cigna Medical Group CareToday

## convenience care clinics

- Quick, convenient, affordable care for minor health needs
- No appointment needed
- Most visits are complete in 10-15 minutes
- Extended hours; open weekends and most holidays
- CIGNA customers pay only their applicable copay/co-insurance
- Perform simple labs (strep, pregnancy)
- Conveniently located at 10 easily accessible retail locations across the valley



NW corner of Central & Adams



<sup>1</sup> Overseen by a Cigna Medical Group Medical Director.

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Cigna Medical Group

# Did you know?

That you have all of these CIGNA resources and programs *FREE* to you?

- 24/7 Customer Service
- MyCigna.com
- Quicken Health Expense Tracker
- Online Coaching Programs
- Itstimetofeelbetter.com website
- Lifestyle Management Programs
  - Weight Management
  - Tobacco Cessation
  - Stress
- Disease Management Programs
- Healthy Pregnancies, Healthy Babies Program
- CIGNA Care Network



*it's time for a change*

# We're On The Clock 24/7



***Have a Question?  
Call us at your convenience ...  
24 hours a day, 7 days a week!***

Sometimes it's just not possible for someone to call customer service during the day due to different work hours or a preference for discussing health care matters from the privacy of their homes. We are available at all times, ***including the weekends and holidays***, and overnight hours – for our medical plans.



*it's time for a change*

# myCIGNA.com

*re-designed with you in mind!*



With **myCIGNA.com**, you can get things done quickly and easily ... online.

- Choose your doctor and create a personalized list of nearby doctors, hospitals, and pharmacies.
- View the status of claims.
- Order a new ID card or print a temporary one.
- Learn about your plan's benefits and features.
- Verify plan details such as coverage, copays, and deductibles.

**myCIGNA.com** is there when you need it.

Nothing is more important than your good health. That's why there's **www.myCIGNA.com** – your online home for assessment tools, plan management, medical updates, and much more.

- **Evaluate costs.** Find estimated costs in your region for common medical conditions and services.
- **Rank hospitals.** Learn how hospitals rank by cost, number of procedures performed, average length of stay, and more.
- **Assess treatments.** Get the facts you need to make informed decisions about condition-specific procedures and treatments.
- **Refill prescriptions.** Reorder prescriptions and get a 90-day supply delivered right to your door.
- **Conduct research.** Gather information on health conditions, first aid, medical exams, wellness, and more with an interactive medical library.
- **Monitor health records.** Keep track of medical conditions, medications, allergies, surgeries, immunizations, and emergency contacts.
- **Compare medications.** View prescription drug characteristics and costs side by side — up to 10 at the same time.
- **Establish a health profile.** Complete a confidential online questionnaire, and find personalized health and wellness recommendations.



# Quicken Health Expense Tracker

Putting everything you need to know in one place.

		<ul style="list-style-type: none"><li>• <b>Easy-to-use</b></li><li>• <b>Safe</b></li><li>• <b>Trustworthy</b></li></ul>
		

Introducing...

**Quicken Health**  
Expense Tracker

A new online tool to help individuals understand and track their family's health care spending to pay only what they owe.



**Individuals can reduce future health care costs with Quicken Health Expense Tracker**

- Improved health care benefits understanding leads to better health and wealth decisions



*it's time for a change*

# Online Coaching Programs



## **Sleep Better, Feel Better, Live Better**

Learn how to decrease stress levels and improve the quantity and quality of your sleep, as well as your energy and alertness.

**Duration: 6 weeks**



## **Energy & Performance**

Focus on increasing your energy levels and fitness through better lifestyle habits, and learn how to reach and maintain better body weight.

**Duration: 8 weeks**



## **Feel Better, Look Better**

You can get healthier and feel healthier by making better eating and exercise choices and decreasing your weight and Body Mass Index (BMI) score.

**Duration: 8 weeks**



## **Strength & Resilience**

Find the support you need to balance work/life, decrease stress levels and improve coping skills.

**Duration: 8 weeks**





It's time *to feel better...*

It's time *for change...*

It's time *to know stuff....*

It's time *to be in good health...*

**[Itstimetofeelbetter.com](http://Itstimetofeelbetter.com)**



*it's time for a change*

- In the marketplace
- What we believe
- How is CIGNA Making a Difference?



**NEW PODCAST!**

**Disability Insurance Can Save More than Just Money.**

May is Disability Awareness Month. What better time to talk about how to avoid accidents and illnesses that can keep you out of work?

**...for a real change**

The costs of health care escalate with everything else. Not everyone who needs care can get it. People are looking for a real change. Do you know what is being proposed?

[Learn more.](#)

**...to be in good health**

If you are blessed with good health and peace of mind, do you know the right steps to take to preserve and enhance it?

[Learn more.](#)

**...to know stuff**

It's important to be well informed in making decisions about your health and well-being. It's important to play your part in staying well.

[Learn more.](#)

**...for us to listen**

Sometimes, you are healthy. Sometimes, maybe for no apparent reason, you are not. In either situation, we are here to help and support you and your family.

[Learn more.](#)

**How much do you really know about health care?**

Help donate clean water to children in countries that need our help. The more you learn... the more we can help children in need. [Test your knowledge here.](#)

[http://itstimetofeelbetter.com/know\\_stuff/tools.html](http://itstimetofeelbetter.com/know_stuff/tools.html)

# Lifestyle Management Programs

3 **FREE** programs for anyone that participates in a CIGNA medical plan

- Stress Management:  
“Strength and Resilience”
- Weight Management:  
“Healthy Steps to Weight Loss”
- Smoking Cessation:  
“Quit Today”

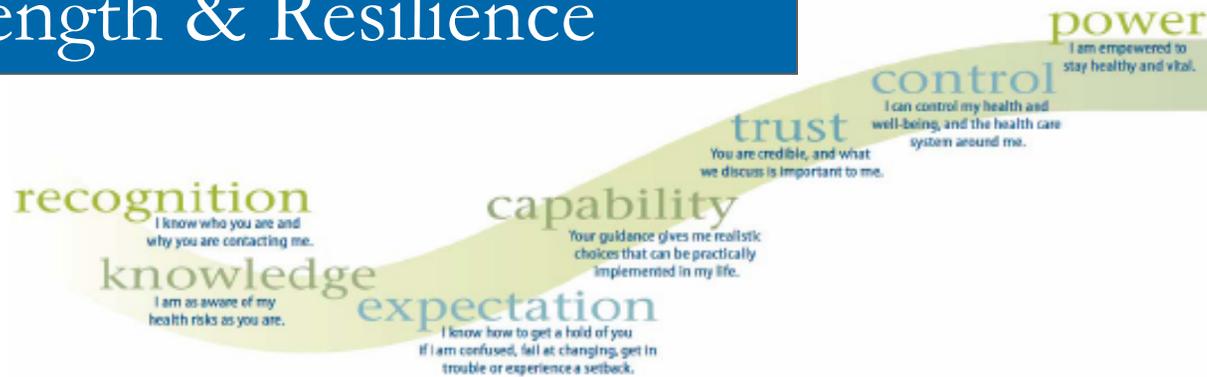


**“What fits your busy schedule better,  
exercising one hour a day or being  
dead 24 hours a day?”**

*it's time for a change*



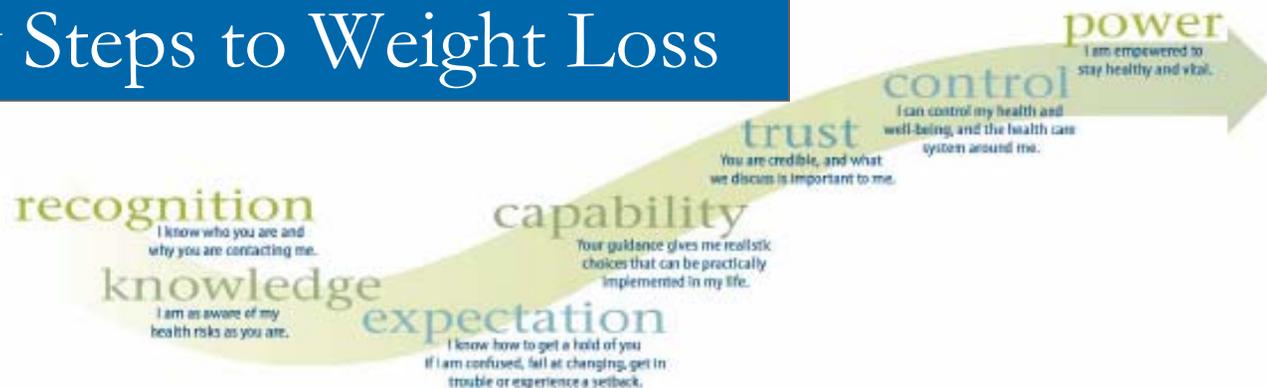
# Strength & Resilience



Promotional Communications	Participant Communications	
	Online Program	Telephone Program
<p><b>Posters, table tents &amp; inserts</b> Introduce and promote the program to employees.</p>  <p><b>E-cards and newsletter articles</b> Promote the program's benefits throughout the year with awareness series communications.</p> 	<p><b>Website</b> Participants can register online, learn about the program and what results they can expect, and experience personalized content.</p>  <p><b>Welcome page with profile information, exercises and personal lifestyle assessment tools</b></p> <p><b>Ongoing Emails</b> Series of tips, tools and articles</p> 	<p><b>Coaching conversations</b> Driven by participant's readiness to change, confidence and motivation.</p>  <p><b>Introductory letter</b> Sent to participant from coach upon registration.</p>  <p><b>Workbook</b> Facilitates coaching conversations with information and exercises to help increase resilience.</p>  <p><b>Relaxation CD</b> Techniques for coping with stress.</p>  <p><b>Toolkit</b> Includes stress measurement card, booklet of tips and "goofy guy" pen.</p>  <p><b>Graduation letter</b> Sent to participant upon program completion.</p> 

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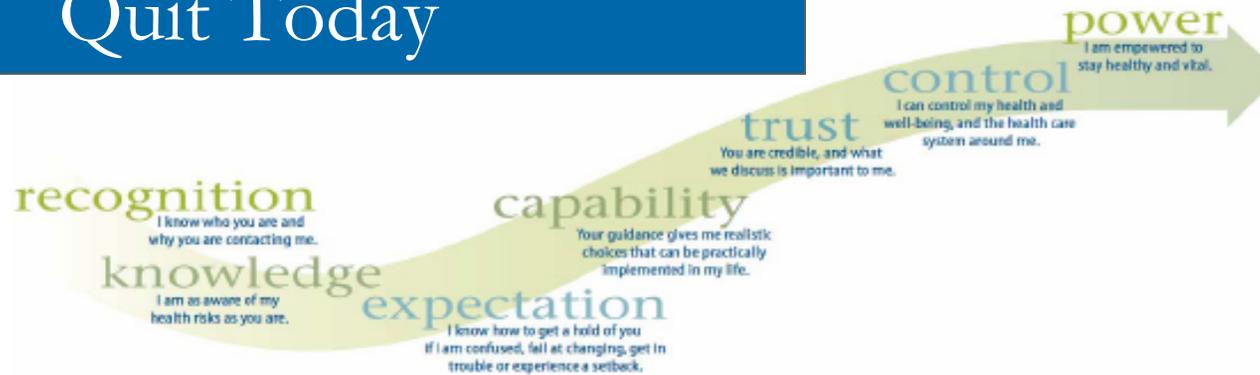
# Healthy Steps to Weight Loss



Promotional Communications	Participant Communications	
	Online Program	Telephone Program
<p><b>Posters, table tents &amp; inserts</b> Introduce and promote the program to employees.</p> <p><b>E-cards and newsletter articles</b> Promote the program's benefits throughout the year with awareness series communications.</p>	<p><b>Website</b> Participants can register online, learn about the program and what results they can expect, and experience personalized content.</p> <p><b>Welcome page</b> <b>Profile Information</b></p> <p><b>Quizzes &amp; exercises</b></p> <p><b>Ongoing Emails</b></p>	<p><b>Personal lifestyle assessment tools</b></p> <p><b>Weight tracker</b></p> <p><b>Articles &amp; recipes</b></p> <p><b>Coaching conversations</b> Driven by participant's readiness to change, confidence and motivation.</p> <p><b>Workbook</b> Facilitates coaching conversations with information and exercises.</p> <p><b>Toolkit</b> Includes portion plate, pedometer and tape measure.</p> <p><b>Graduation letter</b> Sent to participant upon program completion.</p>

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# Quit Today



## Promotional Communications



**Posters, table tents & Inserts**  
Introduce and promote the program to employees.



**E-cards and newsletter articles**  
Promote the program's benefits throughout the year with awareness series communications.

## Participant Communications

### Online Program

#### Website

Participants can register online, learn about the program and what results they can expect, and experience personalized content.



**Welcome page with profile information, exercises and personal lifestyle assessment tools**



**Ongoing Emails**  
Series of tips, tools and articles

### Telephone Program



**Coaching conversations**  
Driven by participant's readiness to change, confidence and motivation.



**Introductory letter**  
Sent to participant from coach upon registration.



**Targeted Flyers**



**Workbook**  
Facilitates coaching conversations with information and exercises to help stop using tobacco.



**Relaxation CD**  
Techniques for learning meditation.



**Graduation letter**  
Sent to participant upon program completion.

# WellAware

## *Disease Management Program*

Having a chronic condition can make daily life a real challenge.

CIGNA offers personal and private support with our Well Aware program to help individuals learn more about their condition and what they can do to live the healthiest life possible.



- *Asthma*
- *Chronic obstructive pulmonary disease (COPD)*
- *Diabetes*
- *Heart disease*
- *Low back pain*



*it's time for a change*

# Healthy Pregnancies, Healthy Babies Program

*Preparing  
for  
BABY*



CIGNA Healthy Pregnancies, Healthy Babies, encourages early prenatal care. With the personal support you need to help you have a healthy pregnancy and baby.



# Healthy Rewards Program

Discounts are available for the following health and wellness programs:



- Weight Management and Nutrition
  - Fitness
  - Tobacco Cessation
  - Mind/Body
- Vision and Hearing Care
- Vitamins, Health and Wellness Products
  - Alternative Medicine
- Healthy Lifestyle Products
  - Dental Care

*For a complete list of Healthy Rewards vendors and programs, visit [mycigna.com](http://mycigna.com) or call 1.800.870.3470*

**No referrals. No claim forms. No catch.**

The program is separate from your coverage, so the services don't apply to your plan's copays or coinsurance. No doctor's referral is required – and no claim forms, either. Set the appointments yourself, show your ID card when you pay for services and enjoy the savings.



# CIGNA Care Network

- High Performance Provider Network
- Based on quality and efficiency
- Maintains broad access to providers
- Developed using rigorous and consistent standards

Hart, Bruce MD 

PCP Specialty: No Specialties  
Non-PCP Specialty: Cardiovascular Disease  
Group Practice: XYZ Cardiology Center

Quality: ★★ ★

Cost Efficiency: ★★ ★

**Look for  
this symbol  
next to the  
physician's  
name**



*it's time for a change*

# CIGNA Care Network - 21 Specialties

- Allergy/Immunology
- Cardiology
- Cardiovascular Surgery
- Colon and Rectal Surgery
- Dermatology
- Ear, Nose and Throat
- Endocrinology
- Gastroenterology
- General Surgery
- Hematology/Oncology
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/gynecology
- Ophthalmology
- Orthopedics
- Pulmonary Medicine
- Rheumatology
- Urology
- Vascular Surgery

**The episodes of care associated with these specialists account for over 95% of specialty care and 60% of total medical/pharmaceutical spending**



*it's time for a change*

# CIGNA Care Network—Member View

[Return to CIGNA Home](#)  
[Directory Home](#)  
[Are you changing your primary care physician \(PCP\)?](#)  
[CIGNA Behavioral Health Provider Directory](#)  
[CIGNA VisionCare Provider Directory](#)  
[Network Vision Plan - Vision Service Plan \(VSP\)](#)  
[CIGNA Online Provider Directory en Español](#)  
[CIGNA Certified Hospitals for Bariatric Surgery \(PDF\)](#)

[Home](#) > [Health Care](#) > [Provider Directory](#)

**246 Results Found - Page 1 of 25**

**Search Criteria:** 32801 Orlando, FL Physician Network and Point of Service Plans Orlando Special Care Physician

Click a provider's name for more detail .

Provider information was last updated on 5/15/2006.

**Sort search results by:** Distance

Provider Name	Address	Participates in:
<b>1. Barnett, James C. MD</b> PCP Specialty: No Specialties Non-PCP Specialty: Cardiovascular Disease Group Practice: Central Florida Cardiology Group, PA Accepting new patients: Yes	1745 N Mills Ave #100 Orlando , FL 32803 (407) 841-7151 <a href="#">View Map</a> Distance approx. 0 miles	HMO/POS, Network, Network POS, Flex, HMO/POS Open Access, POS Open Access
<b>2. Dublin, Brian K. MD</b> PCP Specialty: No Specialties Non-PCP Specialty: Cardiovascular Disease Group Practice: Central Florida Cardiology Group, PA Accepting new patients: Yes	1745 N Mills Ave #100 Orlando , FL 32803 (407) 841-7151 <a href="#">View Map</a> Distance approx. 0 miles	HMO/POS, Network, Network POS, Flex, HMO/POS Open Access, POS Open Access

Currently shows branch from Tree of Life to designate CIGNA Care Network. Star designations for efficiency and quality similar to hospital tool to be added 1/1/2007.



*it's time for a change*

# We're here when you need us

- 1.800.968.7366
- Websites
  - Existing Members: [www.myCIGNA.com](http://www.myCIGNA.com)
  - Non-Members: [www.CIGNA.com/stateofAZ](http://www.CIGNA.com/stateofAZ)



*it's time for a change*

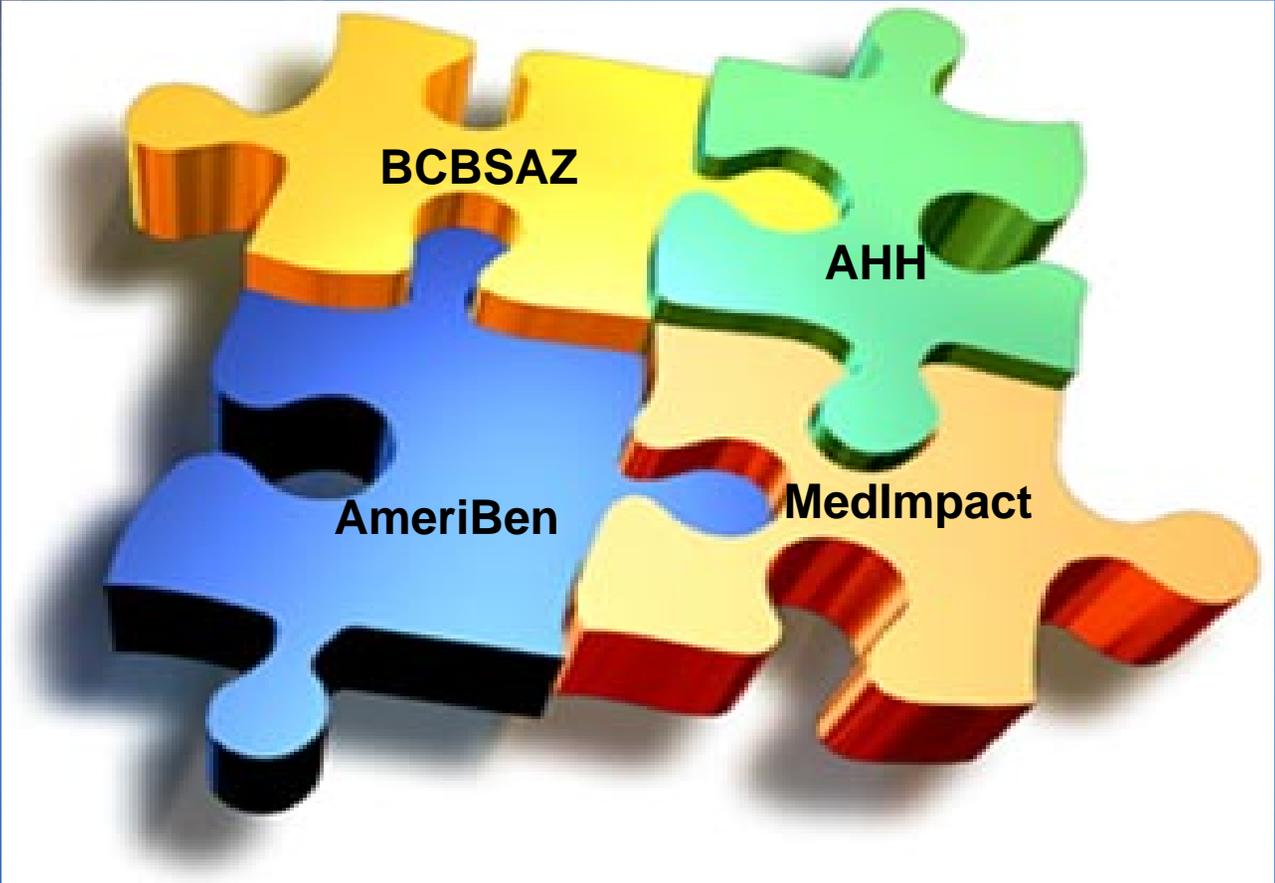
*Questions?*



*it's time for a change*

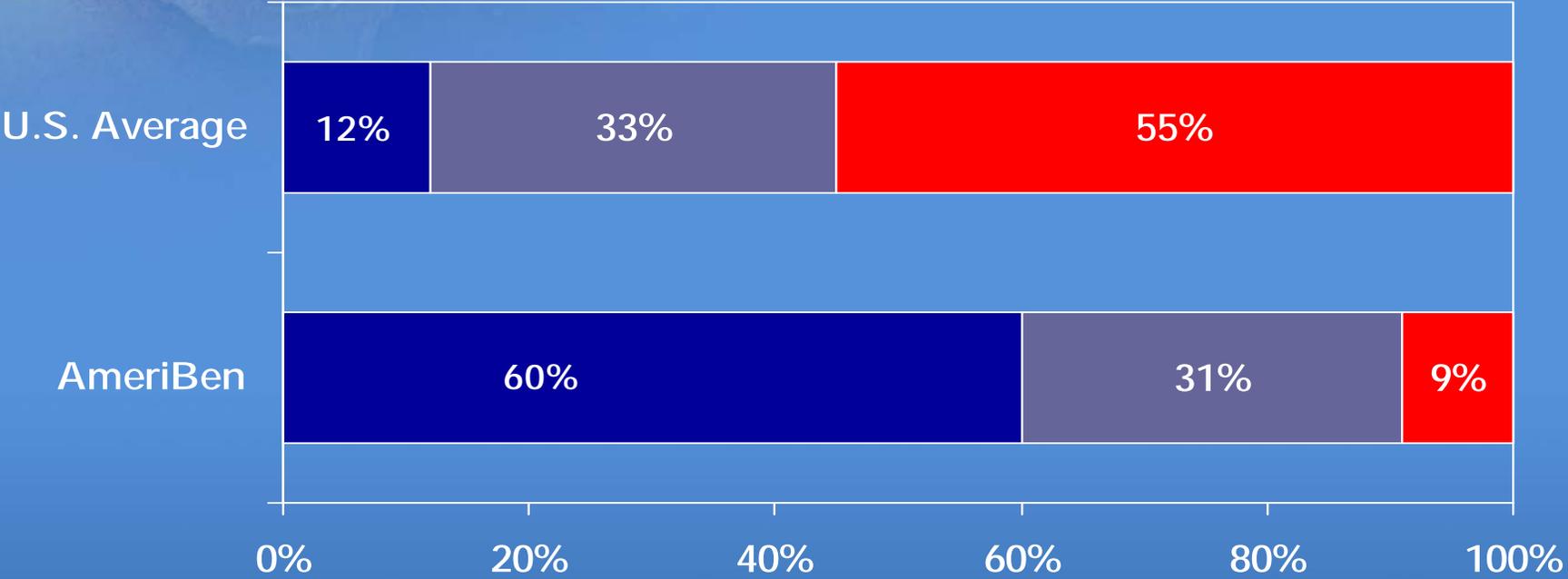
The background of the slide is a close-up, high-angle view of a globe, showing the continents of North and South America in shades of brown and gold. The globe is set against a dark, almost black background. In the top left corner, there are four small, square inset images showing different views of the globe: a blue and white view, a brown and white view, a brown and white view, and a brown and white view. In the top right corner, there are three dark blue rectangular shapes of varying sizes, arranged in a row.

Blue Cross Blue Shield of Arizona  
Administered by AmeriBen  
In Partnership with American Health Holding



# Employee Satisfaction

Very Satisfied   Satisfied   Not Satisfied



The Conference Board, 2010

## Advantages

- Superior Customer Service
- Promote Strong Turnaround Time
- Greater Flexibility



# Network

- Arizona's Largest Carrier
- 17,326 Providers in AZ
- 91% of Available Providers Contracted
- Out of State Coverage



An Independent Licensee of the Blue Cross and Blue Shield Association





## MyAmeriBen

Welcome to *MyAmeriBen*. This site is designed to provide quick and easy access to claim and eligibility information for AmeriBen benefit participants

**Need Help?**  
You can reach us at 1-800-786-7930. Our friendly Customer Service Representatives are available from 7:00am - 6:00pm MT Monday - Friday to assist you.  
  
You can also e-mail us at [webinquiries@ameriben.com](mailto:webinquiries@ameriben.com)



**Login**

username:

password:

**For members:**  
[I need to sign up](#)  
[I forgot my username or password](#)

**Providers:**  
[Click Here](#)  
to access the Provider Site

Login Forgot New User Sign-up Public Help

Providers

Facilities

Urgent Care

**Search by Network (Required)**

PPO  
PPO

Enter all or part of the starting address you would like to search from.  
You must enter at least the City and/or ZIP code OR County.

Address:

Enter Street Address

City

Zip

Radius

No Preference

Search City or Zip Only

OR

County

# Additional Value-Added Programs

Discounts on health-related products and services

Jenny Craig®

ChooseHealthy™

WeightWatchers®  
Stop Dieting. Start Living.

QualSight™  
Preferred LASIK Pricing

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



## MEDICAL MANAGEMENT SERVICES OVERVIEW

### Utilization Management

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

### Case Management

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

### Healthy Pregnancy Program

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

## MEDICAL MANAGEMENT SERVICES OVERVIEW (Continued)

### Disease Management- “Vital Steps”

Chronic conditions that are addressed in this program include:

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

## MEDICAL MANAGEMENT SERVICES OVERVIEW (Continued)

### Disease Management- “Vital Steps” (Continued)

#### Referral Sources

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

#### Disease Management Coaching:

- Assists in creating a personalized plan of care to meet your personal needs and lifestyle.
  - Provides participant-centric coaching
  - Teaches self-management
  - Provides educational resources

## Why the Non Integrated Approach?

- Superior Customer Service
- Superior Provider Network
- Superior Medical Management
- Superior Flexibility



# Benefit Options

**Choice. Value. Health.**

Benefit Liaison Training  
April 12<sup>th</sup> – 14<sup>th</sup> 2011

*“Thank you for your business”*

# Aetna – “We Want You to Know”



## Aetna Values

- Integrity
- Quality Service and Value
- Employee Engagement
- Excellence and Accountability



## Local Commitment

- 1,200+ Employees in Arizona (35k Nationally w/ International Offices in Europe, Middle East & Asia)
- Aetna Foundation in AZ since 2006: \$900k+ in Donations & 36k+ Volunteer Hours
- Local Account Executive



## Expansive Provider Network

- 16k+ EPO Aetna Select Providers State Wide
- 16k+ PPO/HSA Aetna Choice POS II Providers State Wide
- 1.6M+ Nationally Contracted Providers
- Access to Nationally Ranked Hospitals (Mayo, John Hopkins, Cleveland Clinic, UCLA, Stanford, Cedars Sinai)



## Plan Choice & Customer Service

- EPO, PPO, HSA Plans
- Dedicated Onsite Representative
- Designated Customer Service Team - Average Tenure of 9yrs



## Personalized Support

- Consumer Tools (DocFind, Estimate Cost of Care, Mobile, IntelliHealth, Personal Health Record, Compare Facilities)
- Informed Health Line (24 Hour Nurse Line)
- Case/Disease Management
- Discount Programs

# Benefit Options

Choice. Value. Health.

# MedImpact

*Delivering · Flexible · Choice*



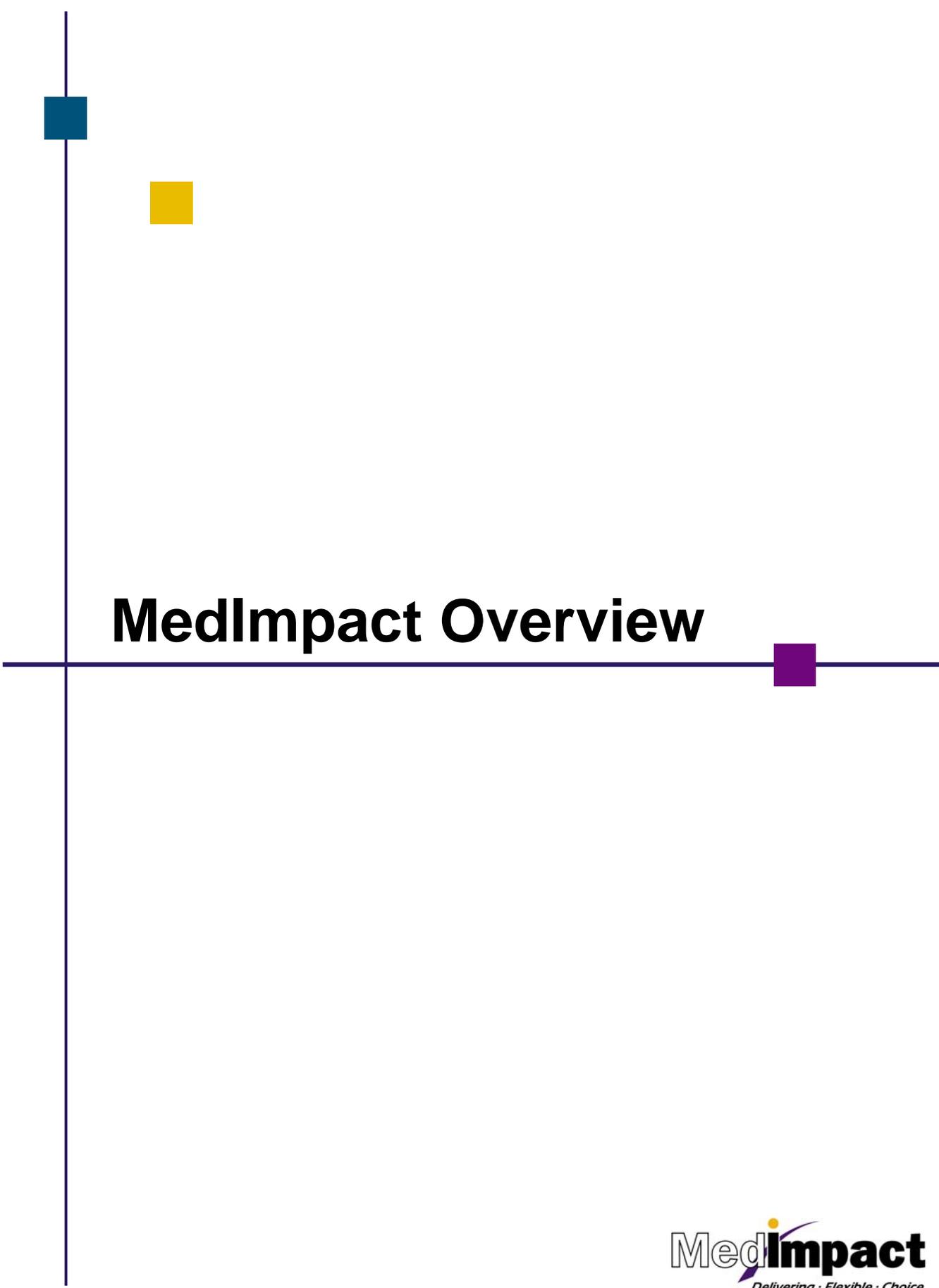
## ADOA Benefit Liaison Training

The information contained in this presentation is intended for dissemination to business partners of MedImpact Healthcare Systems, Inc., only. Any other unauthorized use is strictly prohibited.

# Table of Contents



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



# MedImpact Overview

## Who is MedImpact?



- **Largest Pharmacy Benefits Management company that does not sell drugs**
- **Is not a pharmacy**
- **Nation's largest privately owned PBM**
- **Services 33 million lives**

# PBM Industry Overview



MedImpact

Fulfillment  
Pharmacy

PBM

PBA

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

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

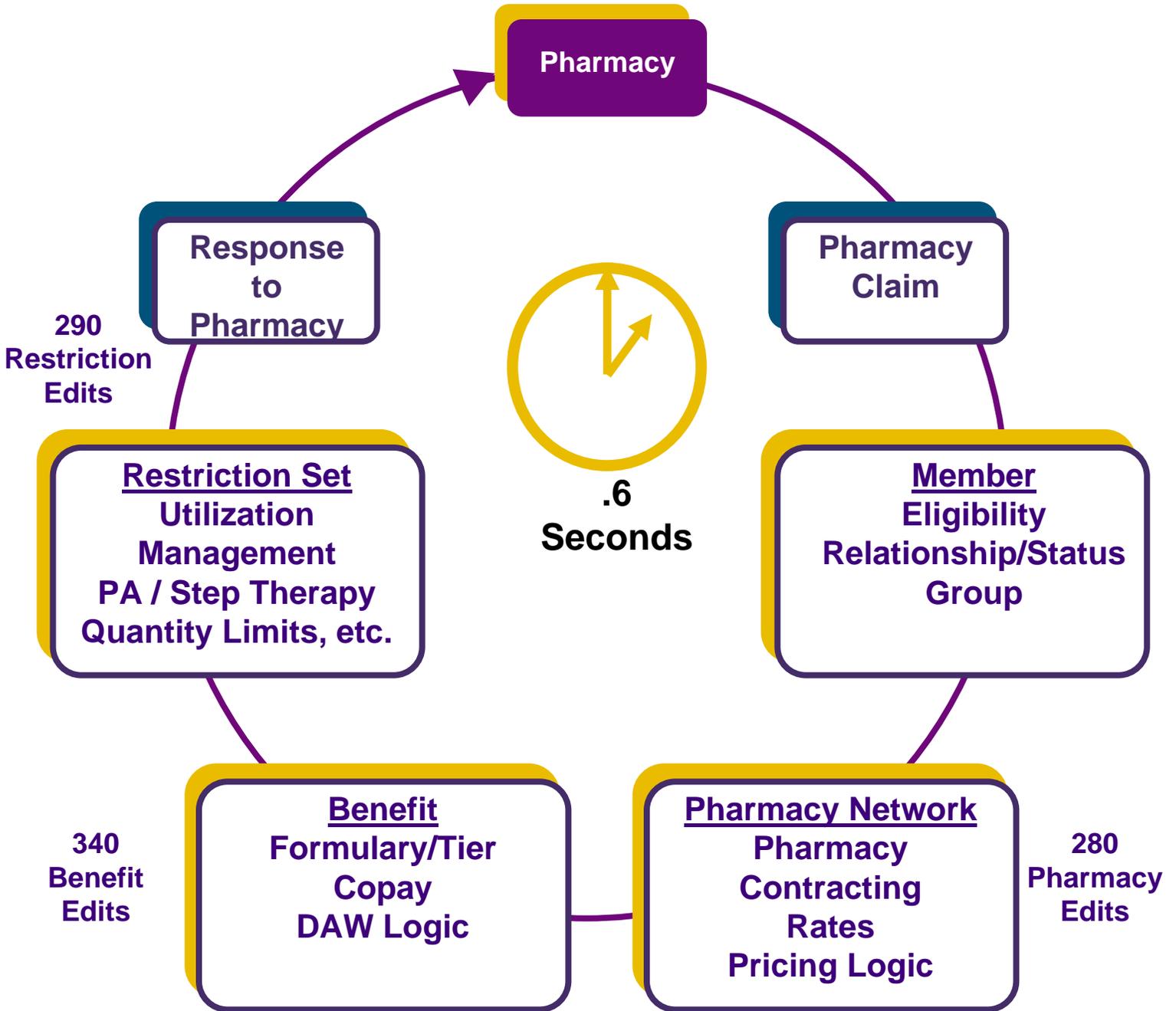
- Provides administrative services
- Processes Claims
- Minimal network influence

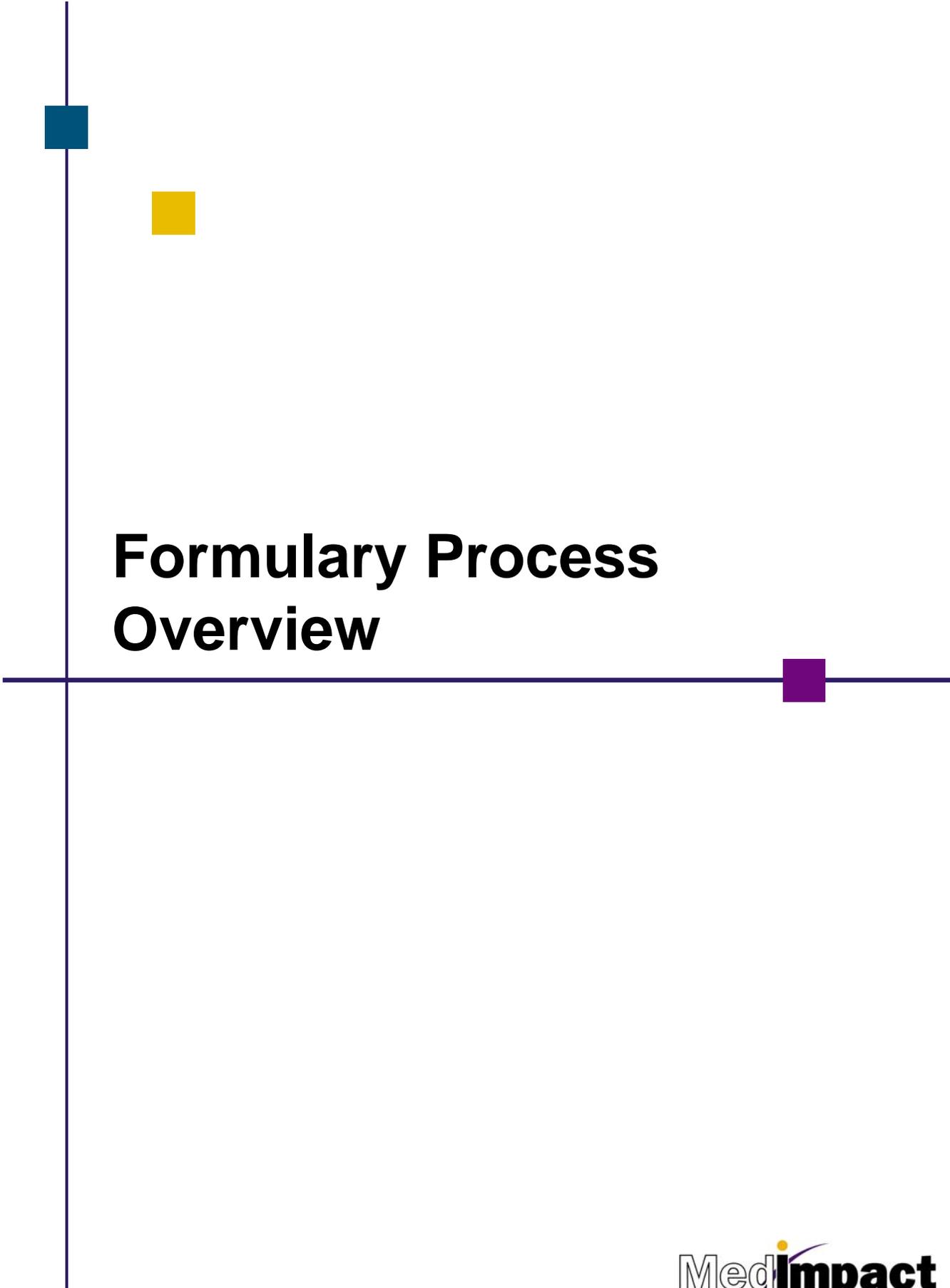
## What does MedImpact do?



- **Claims Processing (on-line and paper)**
- **Customer Service**
- **Manages third-party pharmacy benefits**
- **Creates and maintain drug formularies and pricing**
- **Manages pharmacy networks (pharmacy contracting)**
- **Provides contracted clinical services**
- **Provides reports and trend analysis**
- **Provides Medicare Part D services to clients**
- **Offers solutions to challenges facing our clients**

# PBM 101: Claims Adjudication





# Formulary Process Overview

# Formulary Process Overview



- **A formulary is a listing of medications that are covered by a member's pharmacy benefit as well as any edits or limitations associated with those medications**
  
- **A formulary can be viewed as having two separate components:**
  - **Medication Placement**, which indicates the medication's Tier level:
    - Generic
    - Formulary
    - Non-Formulary Brand
  - **Medication Edits**, which indicate if there are certain limitations to receiving the medication:
    - Age Limits
    - Quantity Limits
    - Step Therapy Limits
    - Prior Authorizations

# Formulary Process Overview



## The Formulary can be accessed by:

- **ADOA's formulary is posted on the [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov) website**
  - A PDF version is posted online for downloading by clicking "Pharmacy" and then clicking on the "MedImpact Formulary List (pdf)" link
  - Members can also access the "MedImpact Member Portal" and use the Formulary Lookup tool to determine drug placement and edits
- **Contacting a MedImpact Customer Service Representative at 1-888-648-6769 and asking for a copy to be sent to your address**

# Formulary Process Overview

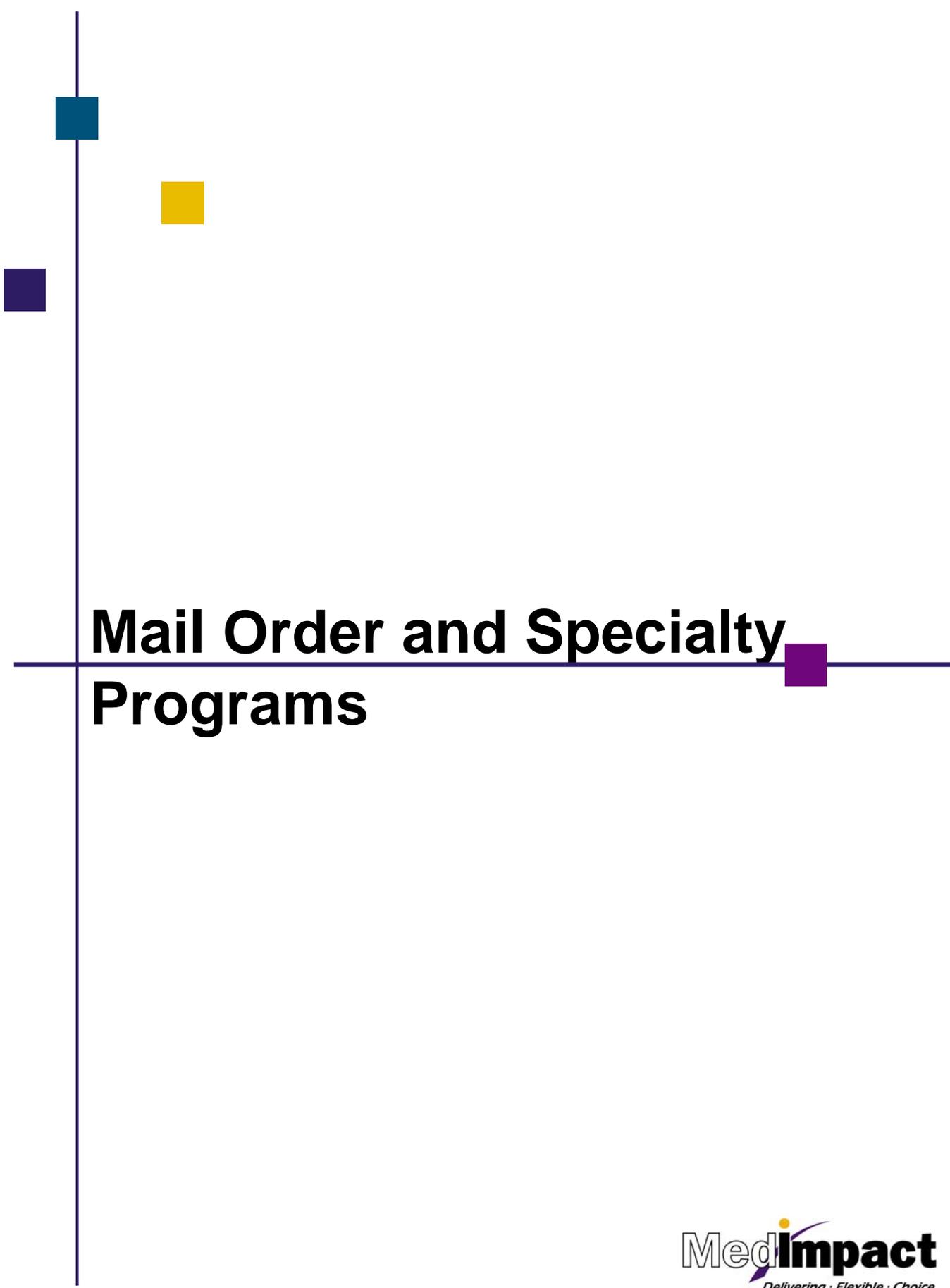


- **Formulary changes are made Quarterly, due to:**
  - New drug releases: new brand and generic drugs
  - Drug safety updates
  - Changes in drug cost and cost effectiveness
  
- **Members that are affected by the formulary changes are notified via letter**
  - For Medication Placement, Quantity Limit and Prior Authorization changes:
    - Members are mailed a letter if they have used the affected medication within the past 120 days
    - Letters are mailed directly to the member, and are customized to the type of formulary change affecting that member
    - Letters are mailed no later than 1 week prior to the formulary change occurring
    - For Medication Placement changes, members are grandfathered at the lower copay for 90 day
  - For Step Therapy changes:
    - Letters are not sent to members, as there will not be any disruption to members currently obtaining the medication

# Formulary Process Overview



- **Formulary changes are decided upon by MedImpact's Formulary Committee as a result of MedImpact's P&T Committee meeting:**
  - The P&T Committee is made up of physicians and pharmacists.
  - Drug and drug class reviews are prepared by clinicians and presented during the P&T Committee meeting.
  - Drugs are clinically evaluated by the committee and are reviewed from an effectiveness, safety, and cost management standpoint.



# Mail Order and Specialty Programs

## Walgreens Pharmacy Mail Order Service



- A convenient and less expensive mail order service is available for employees who require medications for on-going health conditions or who will be in an area with no participating retail pharmacies for an extended period of time.
- Members can obtain a 90 day supply of medication for two co-pays.
- **Please note:** MedImpact is not a pharmacy but has contracted with Walgreens Mail Order Pharmacy to provide these services.

# Walgreens Mail Order Form



Registration and Prescription Order Form  
State of Arizona



9910 00STAZ MS AZ 001

Use this form to register/submit your first prescription order. You can also register at [WalgreensHealth.com](http://WalgreensHealth.com). DO NOT staple, tape or paperclip anything to this form.

Please print clearly using only **BLACK INK** and **UPPERCASE** letters. Fill in the applicable circles completely (●). Not all ID and Group Number boxes may be needed.

## MEMBER INFORMATION

- Male  
 Female

Date of Birth (MM/DD/YYYY) / /

Intercom: STAZM

UP#: SAZ01

Member ID Number (Located on card)

Suffix (If on card)

Group Number

2  8  9  1  7

Email Address (To receive information regarding the processing of your order)

Last Name

First Name

Permanent Address 1

Daytime Phone

--

Permanent Address 2

Evening Phone

--

City

State

ZIP Code

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

--

Prescriber Fax

--

## MEMBER

Allergies	Health Conditions	Order Preference
<input type="radio"/> Aspirin <input type="radio"/> Cephalosporin <input type="radio"/> Codeine derivatives <input type="radio"/> Morphine derivatives <input type="radio"/> Penicillin <input type="radio"/> Sulfa drugs <input type="radio"/> None known <input type="radio"/> Other (Use lines below) <input type="text"/> <input type="text"/>	<input type="radio"/> Arthritis <input type="radio"/> Asthma <input type="radio"/> Diabetes <input type="radio"/> Glaucoma <input type="radio"/> Heart disease <input type="radio"/> Hypertension <input type="radio"/> Pregnancy <input type="radio"/> Thyroid disease <input type="radio"/> None known <input type="radio"/> Other (Use lines at right) <input type="text"/> <input type="text"/>	<input type="radio"/> Easy-open caps <input type="radio"/> Large-print vial labels <input type="radio"/> Spanish vial labels <input type="radio"/> Automatic refill* <p><i>*Fill in this circle if you would like us to automatically refill your prescriptions in the future.</i></p> <input type="text"/> <input type="text"/>

## Payment Options

Payment is required at time of order. Please do not send cash.  
We accept American Express®, Discover®, MasterCard® and Visa®.

- Check made payable to Walgreens Mail Service  
 Charge credit card below for this order only  
 Place credit card below on file for this and all future orders

Credit Card Number

Expiration Date (MM/YY) /

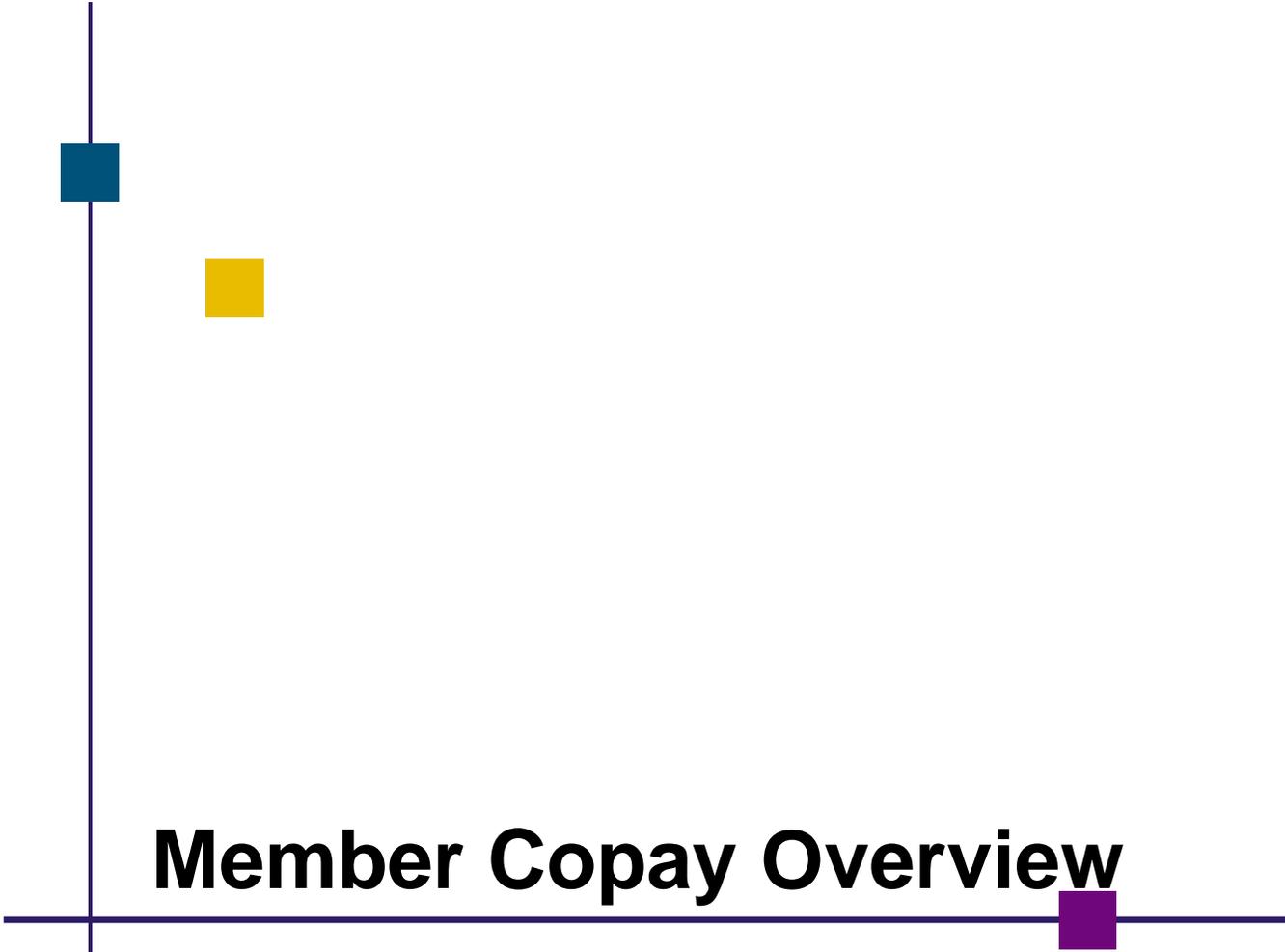
I authorize Walgreens Mail Service to charge my credit card for services for which I am financially responsible. If the credit card provided is not able to fulfill payment for any reason, I agree to pay my statement balance upon receipt of the statement and understand that failure to do so may result in discontinuation of pharmacy services.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

# Walgreens Specialty Pharmacy Program



- Certain medications used for treating complex health conditions must be obtained through Walgreens Specialty Program, as contracted by MedImpact.
- Certain conditions which may require Specialty medications include but are not limited to:
  - Cystic Fibrosis, Enzyme Deficiency, Growth Hormone Deficiency, Multiple Sclerosis, Rheumatoid Arthritis, and Viral Hepatitis.
- The Walgreens Specialty Pharmacy Program includes monitoring of specific injection drugs and other therapies requiring complex administration methods and special storage, handling, and delivery. This program also provides patient education.
- Specialty medications are limited to a 30-day supply.
- Specialty medications are available through Walgreens Retail Pharmacies (subject to availability) or Walgreens Mail Pharmacies.



# Member Copay Overview

# Member Copay Overview



	Generic	Formulary	Non-Formulary Brand
<b>Retail</b>	\$10	\$20	\$40
<b>Specialty</b>	\$10	\$20	\$40
<b>Choice90</b>	\$25	\$50	\$100
<b>Mail Order</b>	\$20	\$40	\$80

- **If a brand medication is chosen by the member (does not want to use a generic) when a generic is available, members pay the generic copay plus the difference between the brand and generic costs. Example:**
  - Generic X is \$40 (\$10 member copay and ADOA would pay \$30).
  - Brand X is \$100 (\$40 member copay and ADOA would pay \$60).
  - If the member wants Brand X instead of Generic X, the member would pay a total of \$70 [\$10 copay + \$60 (difference between brand and generic)].
  - ADOA will pay the generic cost, which is \$30.
  - Pharmacy is reimbursed \$100 for brand (\$70 member cost + \$30 ADOA cost).
- **If the total cost of the medication is less than the copay, members pay the lesser amount.**
  - For example, if the member copay for a generic is \$10 and the medication costs \$4.99, the member would only pay \$4.99.

# Member Copay Overview



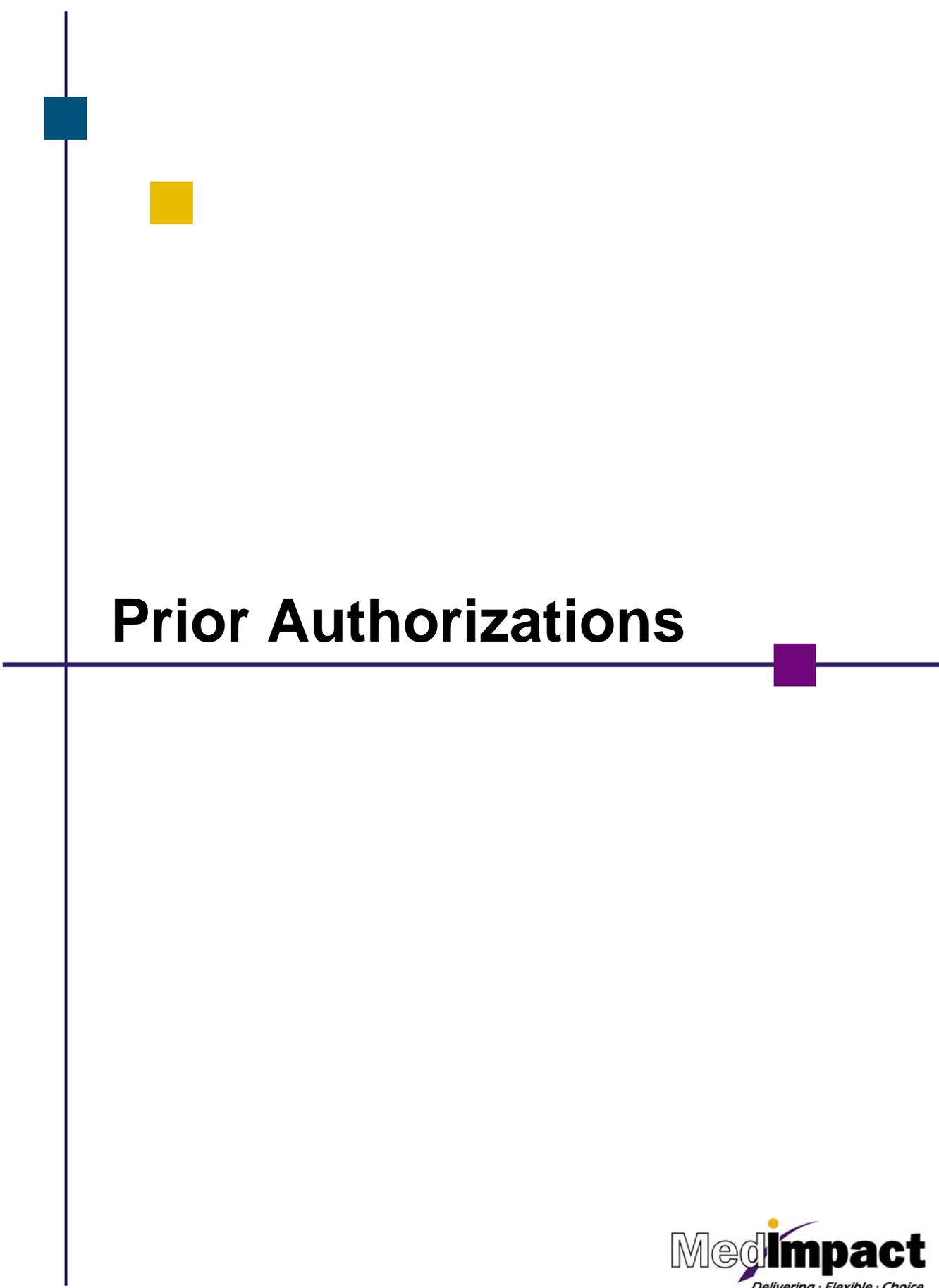
	Generic	Formulary	Non-Formulary Brand
<b>Retail</b>	\$10	\$20	\$40
<b>Specialty</b>	\$10	\$20	\$40
<b>Choice90</b>	\$25	\$50	\$100
<b>Mail Order</b>	\$20	\$40	\$80

- **If a formulary change is made that causes an increase in copay, members are “grandfathered” with their lower copay for 90 days**
  - This allows the member time to discuss switching to a lower cost alternative with their physician
- **Members are notified of their grandfathered status via letter, prior to the formulary change**
  - Members are identified for the mailing based on their use of the affected medication within the past 120 days
  - At the end of the 90 day period, members are not notified again that their grandfathered status has expired
- **For Walgreens Mail Order fills, member credit card information is provided at the time of order**
  - If the order exceeds a member payment amount of \$125, the mail order facility will call the member

# Member Copay Overview



- **Aetna has the option of an HSA plan:**
  - The same copays as above apply
  - There is a combined Medical/Prescription member deductible of \$1,200 and family deductible of \$2,400
  - There is a member out-of-pocket maximum of \$2,000 and family out-of-pocket of \$4000.
- **Deductible Examples:**
  - Before reaching the deductible amount, member pays total cost of the script. Ex. \$100 total medication cost = \$100 member cost
  - After the deductible is met (combined amount of member cost on medical and prescription), member pays their regular copay amount. Ex. \$100 total medication cost, but member pays \$20 copay.
- **Maximum Out-of-Pocket Examples:**
  - After the member has paid \$2000 out of pocket, the member no longer pays a copay. Ex. Member has paid \$2000 in medical and prescription costs, their next medication fill will charge the member a \$0 copay.
- **There is an HSA list of preventative medications in place**
  - Members receive medications on this list at their regular copay amount
  - Fills for medications on this list do not apply to the member's deductible



# Prior Authorizations

# Prior Authorization Services



## ■ Prior Authorization (PA) & Utilization Management (UM)

### ■ PA Programs:

- Provide an exception process for patients to receive certain non-formulary or restricted medications when medically appropriate (including medications subject to on-line edits)
- Ensure appropriate and cost-effective medication use consistent with the patient's benefit
- Control utilization of high cost medications by assuring that alternatives are used when appropriate
- Promote utilization of formulary alternatives
- Promote medication safety

# Multi Level Prior Authorization Structure



**Operations Questions**



**Dedicated PA queue**

**First Level PA review**



**Tech can approve, not deny**

**Second Level review**



**Clinical Pharmacist**

**Higher level review**



**Physician Reconsideration**

**First Level appeal**



**Internal, Pharmacist**

**Second Level appeal**



**Internal, Pharmacist**

**Third Level appeal**



**External reviewer,  
physician specialist**

# Types of Prior Authorizations



## ■ Operational Override

- The evaluation shall not require professional consultation

## ■ Operational Overrides include:

- Vacation overrides
- Lost/stolen/spilled overrides
- Emergency PA
- School supply and facility overrides

## ■ Therapeutic PA

- The evaluation shall be governed by clinical PA protocols and approved for use by Aetna
- May require consultation with health care professionals
- Under oversight of the Medical and Pharmacy Director

## ■ Therapeutic PA includes:

- Prior authorization required
- Step therapy overrides
- Non-formulary medication requests
- Dispense As Written (“DAW”) exceptions (for Benefit Plans with DAW deny edits)
- Excluded medications
- Quantity restriction overrides
- Age restriction overrides
- Specialty overrides, and Co-payment exceptions

# MRF – Medication Request Form



## MedImpact Healthcare Systems, Inc.

### Medication Request Form

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

**Attn: Prior Authorization Department**  
**10680 Trenea Street, Suite 500**  
**San Diego, CA 92131**  
**Phone: 1-800-788-2949**  
**Fax: 858-790-7100**

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Denied:
Returned:
PA #

#### Instructions:

This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (858) 790-7100 or please call (800) 788-2949 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 788-2949.

#### Review Criteria:

The following criteria is used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Drug Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care.

#### Medication Request Information (please complete each section of this form prior to transmittal):



Patient Name (required):	Patient's Health Plan (required):
Patient ID # (required):	Physician Name/Specialty:
	Physician ID#/DEA #:
Patient DOB (required):	Physician Area Code and Telephone Number (required): ( ) -
Diagnosis (required):	Physician Area Code and Fax Number (required): ( ) -
Pharmacy used by Member:	Pharmacy Area Code and Telephone Number: ( ) -
Drug Requested:	Quantity (per month):
Dose:	Length of Treatment (please be specific):
Strength:	Dosage Form (e.g. Oral, Injection):
Reason for Medication Request (please be specific, give detail):	
Other Medications Tried and/or Failed (please be specific, give detail):	
Other Pertinent History (relative or pertaining to this request):	



# Step Therapy

## Step Therapy – What is it?

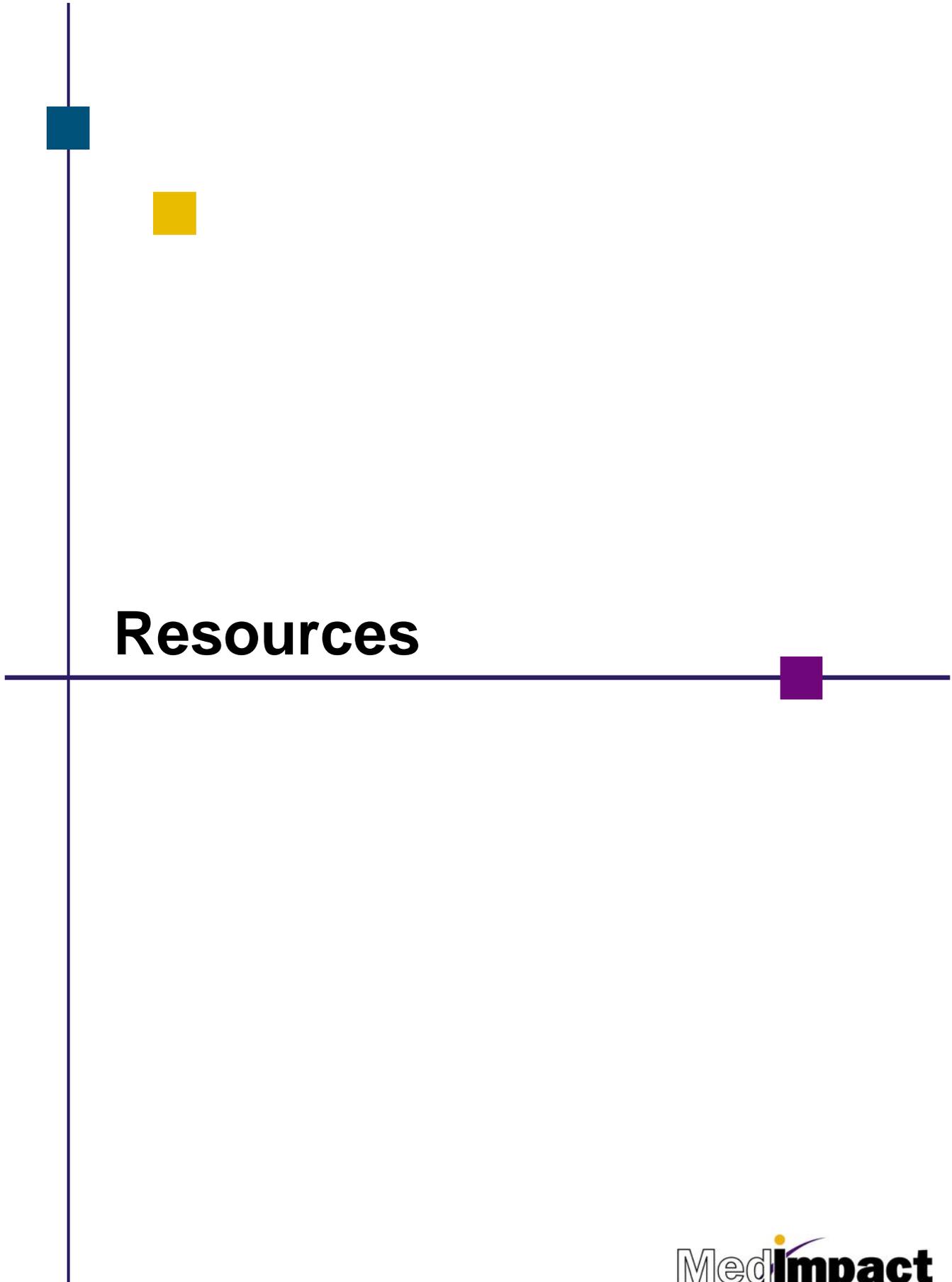


- Step therapy is a clinical tool used in your prescription benefit to promote the use of effective, clinically appropriate medications that may be less costly.
- Step therapy requires that a patient try a clinically appropriate, lower cost medication first, or requires that their doctor has clinically documented why the patient is not a good candidate for the clinically appropriate, lower cost medication, or therapy.
- Example: If a member wants to obtain Ambien CR and does not have a history of being on this medication, they will need to try the generic Zolpidem Tartrate prior to being able to obtain the brand Ambien CR.

## Step Therapy – How does it work?



- The pharmacist uses step therapy to automatically review a patient's medication history to ensure the patient is filling the most clinically appropriate and cost effective prescription medication. Often, step therapy will recommend an alternative medication (sometimes a generic medication) to replace the more costly medication (sometimes a brand medication).
- Step therapy is used when the patient history shows that the brand or higher cost medication was not filled in the past. The patient now has the opportunity to evaluate if the clinically appropriate, lower cost drug works for them.
- For those patients that do not meet the step therapy requirements, the patient's doctor may submit a request for prior authorization, letting the pharmacy know that the patient meets the clinical criteria to receive the brand or higher cost medication without using step therapy.



**Resources**

# Resources



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

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

Arizona Department of Administration

**Benefit Services Division**

**2009 - 2010 Pharmacy**

**MedImpact Website and Documents**

**[MedImpact Member Portal](#)**

This website is a resource to keep you up-to-date about your pharmacy benefit. Benefit Options members can register and log into the portal to find:

- **Drug Search** – Find information on over 17,000 medications.
- **Benefit Highlights** – View your current copayment amounts and other pharmacy benefit considerations.
- **Formulary Lookup** – Determine drug coverage and obtain a cost estimate for a selected medication.
- **Pharmacy Locator** – Find a participating pharmacy near your location.
- **PersonalHealth Rx®** – Print your prescription history for a physician visit or tax reporting.
- **Health & Wellness** – Valuable health tips plus information on diseases and health conditions.

**[General Pharmacy Locator](#)** -- You can find a participating pharmacy without registration by selecting **General Pharmacy Locator**.

**[MedImpact Formulary List \(pdf\)](#)** -- Effective through September 30, 2010

**[Mail Order Registration Form](#)**

**Announcements**

- [8.9.10 Member Letter- Special Enrollment](#)**
- [8.9.10 Member Postcard- Flexible Spending Accounts Special Enrollment](#)**
- [7.29.10 - 2011 Retired State Employee Insurance Premiums](#)**
- [7.24.10 - 2011 Active State Employee Insurance Premiums](#)**
- [7.7.10 2011 Benefits Open Enrollment period](#)**

**Announcements Archive**

[Privacy Policy - Accessibility](#)

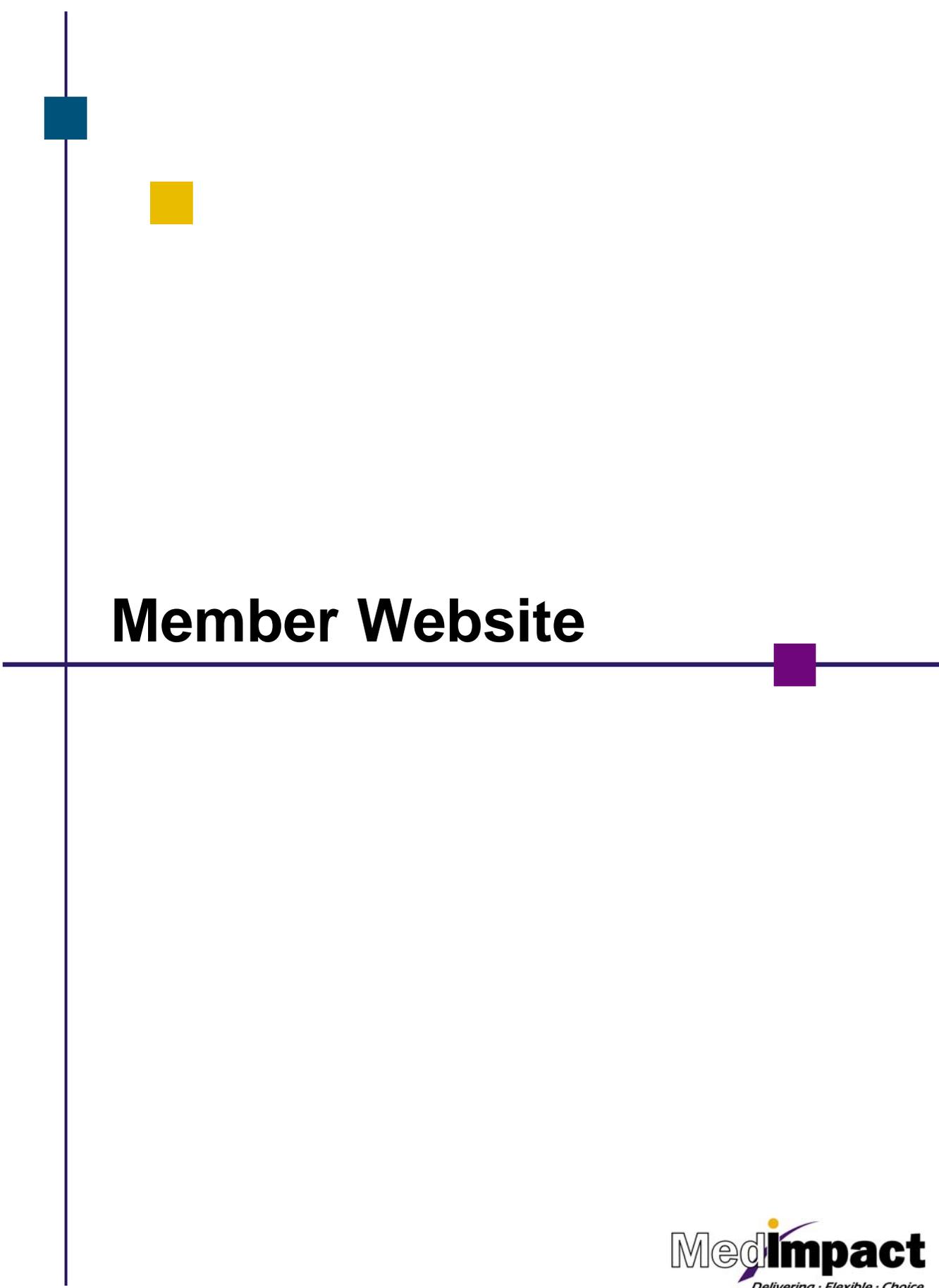
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Wellness Be Well Stay Well.

Y.E.S. ALL YOURS.

AZ.GOV Arizona's Official Web Site

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

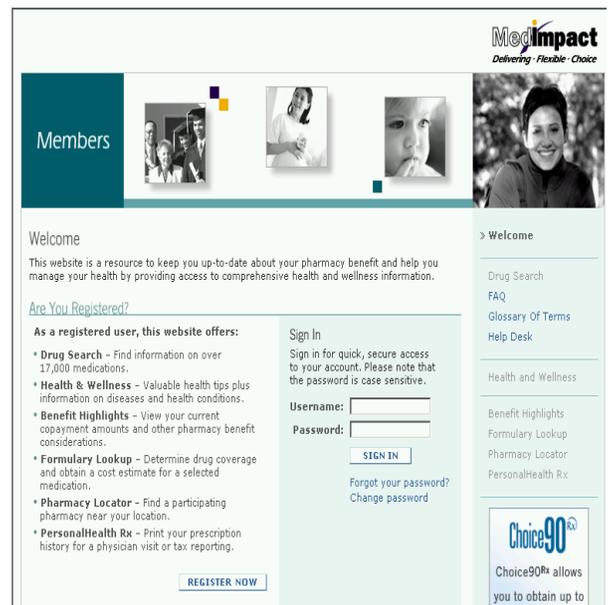
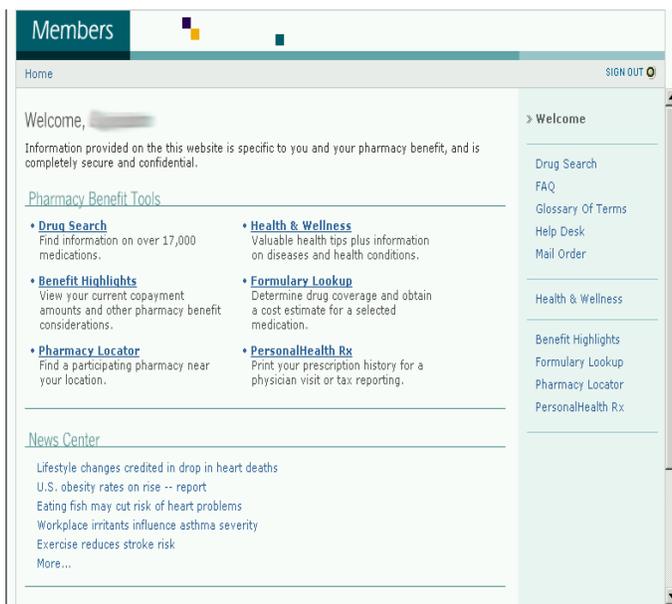


# Member Website

# Member Website Concept



The MedImpact Member Web Site allows consumers to obtain prescription benefit and drug coverage detail as well as health and wellness information that will better enable them to manage their own health and improve the quality of their care



# Drug Search



Drug Search enables you to enter a drug name and retrieve comprehensive information about a drug, including possible medication uses, side effects, how to use the drug, common brand names, drug interaction information

Members

Home > Drug Search

Drug Search

The drug search tool allows you to find information on over 17,000 medications from the First Databank Corporation's vast resources.

search

A-B | C-D | E-F | G-H | I-J | K-L | M-N | O-P | Q-R | S-T | U-V | W-Z | Other

drug search: A-B

- A & D
- A.R.M.
- A/B Otic
- A/F Pain Relief
- A-200 Lice Killing
- A-200 Lice Treatment
- A-25
- Aber-Fed
- Aber-Tuss Dr
- Amloride Hcl W/Htz
- Aminale W80Mg Iron
- Amino Acid Cervical
- Aminobenzoate Potassium
- Aminobrain
- Aminocaproic Acid
- Amino-Cerv
- Aminophylline
- Amiodarone Hcl
- B & O Suppresses No.15-A
- B Complete
- B Complex
- B Complex #1
- B Complex Formula #1
- B Complex W/ Vitamin C
- B Complex-Folic Acid
- B-1
- B100 Balanced
- D-100 Complete

Powered by the: WorldDoc Health Management System

back | return to: Drug Search list

Powered by the: WorldDoc Health Management System

back | return to: Drug Search list

Members

Home > Drug Search

Drug Search

The drug search section has a Selection will open in a new window.

Drug Search

The drug search has drugs. All of the Corporation. Click to window.

The information on this site is recommendations of your physician up-to-date about your pharmacy comprehensive health and well

The information on this site is not intended to replace the diagnosis and treatment recommendations of your physician or other healthcare professionals. It is a resource to keep you up-to-date about your pharmacy benefit and help you manage your health by providing access to comprehensive health and wellness information.

HIPAA Statement | Privacy S

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Member Website - Microsoft Internet Explorer

Powered by the: WorldDoc Health Management System

back | return to: Drug Search list

Lipitor (Atorvastatin - Oral)

pronunciation(s)

(uh-TORE-vuh-stah-tin)

common brand names

Lipitor

disclaimer

The following information is intended to supplement, not substitute for, the expertise and judgment of your physician, pharmacist or other healthcare professional. The information is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects, nor should it be construed to indicate that use of a particular drug is safe, appropriate, or effective for you. Consult your healthcare

uses

Atorvastatin is an enzyme blocker (HMG-CoA reductase inhibitor), also known as a "statin". It is used along with a proper diet to help lower cholesterol and fats (triglycerides) in the blood. In general, this drug is prescribed after non-drug treatment options have not been fully successful at lowering cholesterol (e.g., diet change, increase in exercise, weight loss if overweight). Reducing cholesterol and triglycerides help prevent strokes and heart attacks. Atorvastatin is used in adults and children (10 years of age and older). Young girls must have had their first menstrual period before starting this medication.

how to use

back to top

Take this medication by mouth usually once daily with or without food, or as directed by your doctor. This drug is best taken in the evening. Dosage is based on your medical condition, response to therapy, and use of certain interacting medicines. Many of the drugs listed in the Drug Interactions

The information on this site is not intended to replace the diagnosis and treatment recommendations of your physician or other healthcare professionals. It is a resource to keep you up-to-date about your pharmacy benefit and help you manage your health by providing access to comprehensive health and wellness information.

Powered by the: WorldDoc Health Management System

back | return to: Drug Search list

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# Benefit Highlights



Benefit Highlights displays the current year's co-payment amounts and, if applicable, other pharmacy benefit considerations, such as benefit limits, deductibles or maximum out-of-pocket expenses

**Members**

Home > Benefit Highlights SIGN OUT

### Benefit Highlights

Benefit Highlights displays the current year's copayment amounts and, if applicable, other pharmacy benefit considerations, such as benefit limits, deductibles or maximum out-of-pocket expenses.

Copayment amounts are often tied to formulary status and medication type. Generally, generic products are assigned the lowest amount, and non-formulary/non-preferred brand name drugs require the highest amount. Additional or different cost-sharing amounts may be applied to certain therapeutic categories, a specific drug class, or an individual drug, including but not limited to over-the-counter products, and these amounts may not show on the table below.

#### Copayment Amounts

Formulary Status and Medication Type	Retail (34-day Supply)	Choice90 Rx (34-day Supply)	Mail Order (90-day Supply)	Specialty (34-day Supply)
Formulary/Preferred Generic	\$5 + 20%	\$5 + 20%	\$15	\$5 + 20%
Non-formulary/Non-preferred Generic	\$5 + 20%	\$5 + 20%	\$15	\$5 + 20%
Formulary/Preferred Single-source Brand	\$15 + 20%	\$15 + 20%	\$30	\$15 + 20%
Non-formulary/Non-preferred Single-source Brand	\$15 + 20%	\$15 + 20%	\$30	\$15 + 20%
Formulary/Preferred Multi-source Brand	\$15 + 20%*	\$15 + 20%*	\$30	\$15 + 20%*
Non-formulary/Non-preferred Multi-source Brand	\$15 + 20%			

#### Other Pharmacy Benefit Considerations

# Pharmacy Locator



Pharmacy Locator was designed to help you identify pharmacies that participate in the network that serves your pharmacy benefit plan

**Members** Home > Pharmacy Locator SIGN OUT

pharmacy locator | Search Results Powered by MAPQUEST

Your search returned: 20 pharmacies

Your address:  
92131

Pharmacy Locator displays a maximum of 20 pharmacies. Results are ranked by closest distance to your search criteria. Click the "View Map" link to obtain a map and driving directions.

**Nearest Pharmacies:**

**Pharmacy Name:** VONS PHARMACY  
**Address:** 10016 SCRIPPS RANCH BLVD, SAN DIEGO, CA 92131-1222  
[View Map](#)  
**Phone:** 858-621-5120  
**Distance:** 1.23 miles from your address.

**Pharmacy Name:** MEDCO DRUGS  
**Address:** 9999 MIRA MESA BLVD, SAN DIEGO, CA 92131-1006  
[View Map](#)  
**Phone:** 858-578-7895  
**Distance:** 1.35 miles from your address.

**Members** Home > Pharmacy Locator SIGN OUT

pharmacy locator | Search Powered by MAPQUEST

**Welcome to Pharmacy Locator!**  
Pharmacy Locator was designed to help you identify pharmacies that participate in the network that serves your pharmacy benefit plan.

At a minimum, enter city and state OR zip, and select the distance you are willing to travel to a participating pharmacy. Pharmacy Locator will display participating pharmacies within the specified travel radius.

**Obtain more exclusive results:**

- \*To fill a prescription after normal business hours, select "Open 24 Hours."
- \*To fill a prescription for up to a 90-day supply of an ongoing medication, select "Choice90."

**Address:**   
**City:**   
**State:** Choose a State **Zip:**   
**Show Locations Within:** 5 miles  
**Pharmacy Name:**   
**Show Only:**  Open 24 Hours  
 Choice90

# Formulary Lookup



- Formulary Lookup presents a list of medications, defines the formulary status of each of those medications and, by highlighting generic availability, assists you in determining if there are other alternatives within a specific drug class that may be available to you at a lower cost.

- Formulary Lookup also includes a Price Quote option that provides you with a cost estimate for a selected medication

**Members**

Home > Formulary Lookup [HELP](#) [SIGN OUT](#)

formulary lookup | Search [Glossary of Terms](#)

**Welcome to Formulary Lookup!**  
Formulary Lookup presents a list of medications, defines the formulary status of each of those medications and, by highlighting generic availability, assists you in determining if there are other alternatives within a specific drug class that may be available to you at a lower cost. Formulary Lookup also includes a Price Quote option that provides you with a cost estimate for a selected medication.

You can search by drug name, brand, or generic name. \* = Required

**Drug Name Search**  
Enter a full or partial drug name. For example, enter "Lipitor"

**Brand or Generic Name**  
Enter a brand or generic name. For example, enter "Lipitor" or "Atorvastatin"

— OR —

**General Therapeutic Category**  
Select from the dropdown menu

**General Therapeutic Class**  
Select...

**Members**

Home > Formulary Lookup [HELP](#) [SIGN OUT](#)

price quote | Search Results

Your Price Quote search results for LIPITOR TABLET 20MG are listed below.

These Price Quote search results are estimates only. This information does not guarantee drug coverage and is calculated based on your current pharmacy benefit plan as of Tue Dec 13 16:53:43 PST 2005. The price may vary depending on when you pay for your medication, and may differ from pharmacy to pharmacy. The actual price may be higher or lower than the cost estimate displayed in the table.

**General Therapeutic Category (GTC):** [cardiovascular disease - lipid irregularity](#) (View More Classes)

**Specific Drug Class (STC):** [Lipotropics](#) (View More Drugs In Class)

Drug Name	Days Supply	Form   Dose	Total Quantity	Your Cost	Restrictions
<b>Retail</b>					
LIPITOR	30	TABLET 20MG	30	\$32.81	Quantity limitation may apply.

**Note:** Price Quote includes sales tax (if applicable) for your state. Depending on tax laws for your state, medications may or may not be subject to sales tax.

[BACK](#) [VIEW MORE DRUGS IN CLASS](#) [SHOW MAIL ORDER PRICE QUOTE](#)

**Members**

Home > Formulary Lookup [HELP](#) [SIGN OUT](#)

formulary lookup | Search Results [Print This Page](#) [Glossary of Terms](#)

**Specific Drug Class:** LIPOTROPICS

**Status:**  
 F = Formulary  
 NF = Non-formulary  
 NC = Not Covered

**Price Quotes:**  
Click on the  to obtain your cost for that drug.

**Generic Available?:**  
 = Generic Product  
 YES = Generic Available  
 NO = Generic Not Available

Generic drugs are **lower case, bold**. Brand drugs are **UPPER CASE**, no bold.

**Price Quote Option:** To obtain a price quote, click on the  next to the drug name and then select the  to obtain your cost for the form and dose of that drug.

**General Therapeutic Category (GTC):** [Cardiovascular disease - lipid irregularity](#) (View More Classes)

**Specific Drug Class (STC):** [Lipotropics](#)

Status	Drug Name (Expand for form and dose)	Price Quote	Chemical Name	Generic Available?	Notes
<input checked="" type="checkbox"/> F	<input type="checkbox"/> LIPITOR	<input type="checkbox"/>	ATORVASTATIN CALCIUM	No	
<input checked="" type="checkbox"/> NF	<input type="checkbox"/> clofibrate	<input type="checkbox"/>	CLOFIBRATE	<input checked="" type="checkbox"/> G	
<input checked="" type="checkbox"/> F	<input type="checkbox"/> ZETIA	<input type="checkbox"/>	EZETIMIBE	No	
<input checked="" type="checkbox"/> F	<input type="checkbox"/> VYTORIN	<input type="checkbox"/>	EZETIMIBE/SIMVASTATIN	No	
<input checked="" type="checkbox"/> NF	<input type="checkbox"/> TRIGLIDE	<input type="checkbox"/>	FENOFIBRATE	No	
<input checked="" type="checkbox"/> F	<input type="checkbox"/> fenofibrate, micronized	<input type="checkbox"/>	FENOFIBRATE, MICRONIZED	<input checked="" type="checkbox"/> G	
<input checked="" type="checkbox"/> F	<input type="checkbox"/> ANTARA	<input type="checkbox"/>	FENOFIBRATE, MICRONIZED	No	
<input checked="" type="checkbox"/> F	<input type="checkbox"/> LOFIBRA	<input type="checkbox"/>	FENOFIBRATE, MICRONIZED	No	
<input checked="" type="checkbox"/> F	<input type="checkbox"/> TRICOR	<input type="checkbox"/>	FENOFIBRATE, MICRONIZED	No	
<input checked="" type="checkbox"/> F	<input type="checkbox"/> LESCOL	<input type="checkbox"/>	FLUVASTATIN SODIUM	No	

# PersonalHealthRx



- PersonalHealthRx allows you to view and print current drug histories, including co-payments and compliance, as well as current benefit amounts and accumulators for deductibles and maximum out-of-pocket expenses.
- You may also view and print yearly tax reports of drug expenditures

Members SIGN OUT

Home > PersonalHealth Rx

### PersonalHealth Rx [Frequently Asked Questions](#)

Benefits Report | Results

Account Information		Insured Information	
Name:	_____	Insured Name:	_____
Date of Birth:	_____	Insured ID:	_____
Primary Care Physician:	_____	Insurance Carrier:	_____

Select Another Person:

Reset Date: 01/01/2006 Today's Date: 12/14/2005 [Printer Friendly Version](#)

Benefit accumulator information		
Accumulator Type	Benefit Amount	Benefit Used
Individual out-of-pocket maximum amount	_____	_____

**Note:** The benefit amounts and accumulators displayed are for primary retail and mail order benefits only; other benefits may apply in certain circumstances.

[Return To PersonalHealth Rx Home](#)

# Health & Wellness



## Disease & Conditions

The diseases and conditions section has a wealth of information on the most common health problems. All of the content has been written by Physician Specialists

## Health Tips

The health tips section features tips on how to manage health specific situations

## Health FAQs

FAQs are out of the most frequently asked questions for particular health topics. All of the content has been produced by Physician Specialists

The screenshot shows a web browser window titled "Member Website - Microsoft Internet Explorer". The page is powered by "WorldDoc Health Management System". The main content area is titled "Diseases & Conditions" and contains a list of health conditions with alphabetical navigation links (A-B, C-D, E-F, G-H, I-J, K-L, M-N, O-P, Q-R, S-T, U-V, W-Z). The list includes conditions such as Abdominal Aortic Aneurysm, Abscess, Acanthosis Nigricans (Dark Skin), Achalasia (Food Stuck), Achilles Spur (Heel Spur), Achilles Tendon Tear (Rupture), Acne, Acoustic Neuroma, Acquired Immunodeficiency Synd., and Acrochordon (Skin Tags). A search bar is visible on the right side of the page, and a "symbol legend" indicates that a blue circle icon represents a symptom. A disclaimer at the bottom states: "The information on this site is not intended to replace the diagnosis and treatment recommendations of your physician or other healthcare professionals. It is a resource to keep you up-to-date about your pharmacy benefit and help you manage your health by providing access to comprehensive health and wellness information."



# Benefit Options

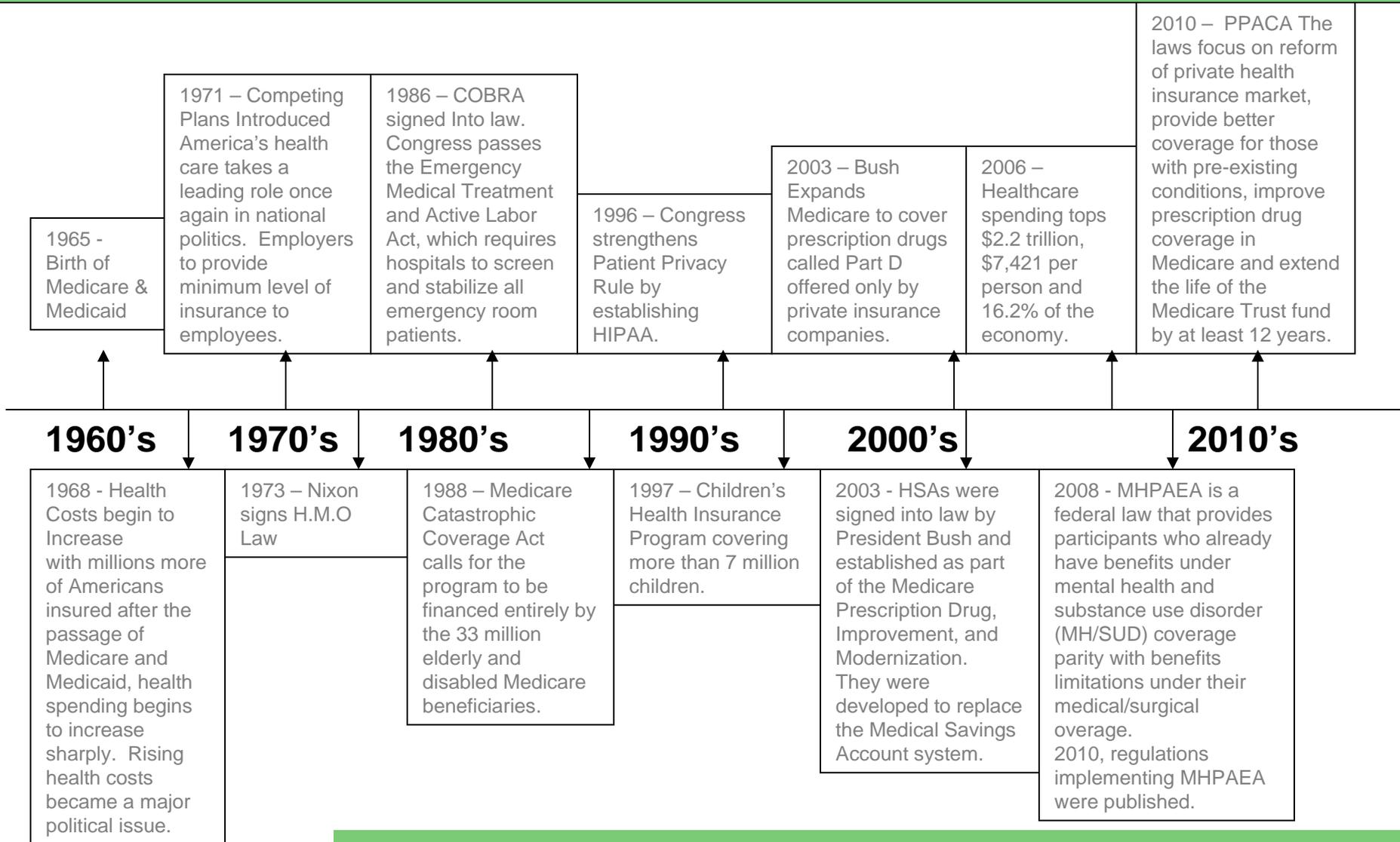
**Choice. Value. Health.**

HSA - Benefit Liaison Training

April 12<sup>th</sup> – 14<sup>th</sup> 2011

*“Thank you for your business”*

# Health Care History Timeline



# Health Saving Account (HSA) Facts

- Created by Medicare legislation in December 2003.
- Offered with a high deductible health plan (HDHP). These plans educate you about the cost of healthcare, encouraging you to use your health benefits wisely.
- HSA is not an insurance product – it's a savings account for covered or qualified health expenses.
- Owned by individual, portable, not forfeited.
- Accumulated HSA funds roll over from year to year.
- HSA's are triple-tax favored - your contributions:
  1. Are deducted from your pay on a pre-tax basis
  2. Earn interest on a tax-free basis
  3. Are tax exempt if you use them for qualified health care expenses
- Investment options through Banking Institution
- ADOA HSA Option has 292 employees currently enrolled with an average balance of \$750-\$1000.
- Nationally over 10 million people are enrolled in a HDHP HSA.



# HSA Option Plan Rules

<b>HSA Contribution Limits</b>	<b>Employee Only</b>	<b>Employee + Dependent(s)</b>
Annual IRS Contribution Limit	\$3,050	\$6,150
Annual Maximum ADOA Contribution	\$504	\$996
Annual Maximum Employee Contribution (up to age 55)	\$2,546	\$5,154
Annual Maximum Catch-up Contributions (age 55 – 65)	\$1,000	\$1,000
Annual Maximum Employee Contributions (age 55 – 65)	\$3,546	\$6,154

# HSA Options Health Plan Comparison

	HSA Option = HDHP	PPO
<b>Deductible</b>	\$1200 Individual \$2400 Family	\$500 Individual \$1000 Family
<b>Coinsurance Limits</b>	10% applies once deductible is met up to: \$2000 Individual \$4000 Family	Copays apply once deductible is met up to: \$1000 Individual \$2000 Family
<b>Health Savings Account Available</b>	Yes	Not Applicable
<b>Employer Contributions to HSA Account *IRS Maximums Apply</b>	\$504 Annually Individual \$996 Annually Family (via monthly contributions)	Not Applicable
<b>Employee Contributions to HSA Account *IRS Maximums Apply</b>	Payroll deductions (pre-tax); lump sum deposits by individual, eligible family members or combination (post tax)	Not Applicable
<b>Preventative Care Coverage</b>	100% Covered – no out of pocket member responsibility	Must pay deductible first then copay applies Member responsibility Credit towards out of pocket limits
<b>Non-Preventative Care Coverage</b>	Must pay deductible then 10% coinsurance applies May utilize funds from HSA account Credit towards out of pocket limits	Must pay deductible first then copay applies Member responsibility Credit towards out of pocket limits
<b>RX Coverage</b>	Must pay deductible then copay applies May utilize funds from HSA account Credit towards out of pocket limits	Copay applies and does not count towards out of pocket limits

# 2011 Employee Premiums\*

Coverage Level	PPO	EPO	HSA	Agency HSA Contribution
Emp only	\$71.54	\$18.46	\$12	\$19.38
Emp+adult	\$161.54	\$54.92	\$47.08	\$38.31
Emp+child	\$152.77	\$46.62	\$37.37	\$38.31
Family	\$224.31	\$102	\$89.08	\$38.31

\*Per 26 Pay Periods for 2011

# How the HSA Option Plan Operates

		Individual	Family
You must first meet your deductible	Deductible (Preventative Coverage does not apply toward deductible)	\$1,200	\$2,400
Once you meet your annual deductible the plan will pay at 90%	Out of pocket maximum annually	\$2000	\$4000
Employer funds can help you pay out of pocket expenses to meet your deductible	HSA amount funded by ADOA annually	\$504 (\$19.38 per pay period)	\$996 (\$38.31 per pay period)
You will be responsible for meeting annual out of pocket expenses	Total member annual responsibility	\$1496	\$3004
Payroll deductions deposit directly into your HSA account on a pre-tax basis	Amount employee would annually deduct per pay period to cover the current out of pocket maximum	\$57.54 (per pay period)	\$115.54 (per pay period)

# Claim Examples with the HSA Option Plan

**Name:** Stacey

**Age:** 28

**Status:** Single

**Projected Medical Costs for 2011:**

Office Visit for Allergies \$125

Pharmacy \$75

Well Woman Exam \$200



Service	Plan Responsibility		Member Responsibility
	Cost of Service	What Plan Pays	Member Pays
Adult Preventive Care Visit	\$200	\$200	\$0
Specialist Office Visit	\$125	\$0	\$125
Pharmacy	\$75	\$0	\$75
<b>Total</b>	<b>\$450</b>	<b>\$200</b>	<b>\$200</b>

**\*ADOA will contribute \$504 on an annual basis to an individual plan**

# Claim Examples with the HSA Option Plan

**Name:** Stacey

**Age:** 32

**Status:** Married

**Projected Medical Costs for 2011:**

Office Visit for Allergies \$125

ER Visit \$400

Pharmacy \$75

Well Woman/Man Exam \$400



Service	Plan Responsibility		Member Responsibility
	Cost of Service	What Plan Pays	Member Pays
Preventive Care Visits	\$400	\$400	\$0
Specialty Visit	\$125	\$0	\$125
ER Visit	\$400	\$0	\$400
RX Retail (Non Preventive)	\$75	\$0	\$75
<b>Total</b>	<b>\$1000</b>	<b>\$400</b>	<b>\$600</b>

**\*ADOA will contribute \$996 on an annual basis to a family plan**

# Claim Examples with the HSA Option Plan

**Name:** Stacey

**Age:** 34

**Status:** Married + Child

**Projected Medical Costs for 2011:**

Prenatal care and delivery \$9500

ER Visit \$950

Office Visit for Allergies \$125

Urgent Care visits \$750

Pharmacy \$125

Well Woman/Man/Child Exam \$1800



Service	Plan Responsibility		Member Responsibility
	Cost of Service	What Plan Pays	Member Pays
Preventive Care Visits	\$1800	\$1800	\$0
ER Visit	\$950	\$0	\$950
Urgent care Visits	\$750	\$0	\$750
Specialty Visit	\$125	\$0	\$125
Surgery- Inpatient	\$9500	\$8032.50	\$575 Ded + \$892.50 (10%)
RX – Retail (Non Preferred Brand)	\$750	\$625	\$125 (copays)
<b>Total</b>	<b>\$13,875</b>	<b>\$10,457.50</b>	<b>\$3,417.50</b>

**\*ADOA will contribute \$996 on an annual basis to a family plan**

# HSA Banking Important Facts

## *Things you should know :*

The HSA account with JPMC must be “established” before qualified medical expenses are incurred to receive distributions free from federal taxes and state tax (for most states).

The “Establishment Date” of an HSA is important because an accountholder can only receive tax-free distributions from his/her HSA to pay or be reimbursed for qualified medical expenses incurred after the date the HSA is considered “established” (See IRS Notice 2004-02; Q&A 26).

Electronic funds file is sent to Aetna to release contributions from the employees payroll to deposit in their HSA account every payroll run – approximately 3 to 5 business days until funds are available.

# HSA Member Enrollment Process

## HSA Enrollment 3 Easy Steps

1. Member elects HSA
2. Reviews Fee Schedule
3. Reviews Custodial Agreement
4. Elects Payroll deduction amount

## Customer Identification Process (CIP)

1. 95% pass within 1 day
2. Verifies personal member information (e.g., SSN, Name, Address & DOB)
3. Required by Section 326 of the USA Patriot Act.

## CIP Pass – Account Opened

1. Member receives Welcome Kit within 10-14 days of the effective date
2. Member activates HSA debit card
3. Member can access HSA information via Navigator

## CIP Failed – Account Closed

1. JPMC sends letter(s) to member requesting additional information
2. Member provides supporting documentation
3. If received and approved, HSA is opened
4. After 3 failed attempts for supporting documentation, account will be closed.

# HSA Option Banking Information

**HSA Visa® Debit Card** - You may use this card to pay for appointments at the time of service. Payments up to available HSA funds at time of withdrawal. Debit card can be used at select ATMs.

**HSA Checkbook** - Option for account holders to request checks.

**HSA Auto Debit** - Account holders can set their account to automatically have Aetna debit the available funds from their HSA account to make payments directly to the providers.

**JP Morgan Chase** - 24/7 access to account balances online at <https://www.chasehsa.com> or the employee can contact member services directly at 866-410-1798. Please note the employee will have to use their SSN instead of EIN to navigate through the systems.

**Annual Statements** – Contribution and Distribution for tax returns.

**Electronic Funds** - Transfer from an outside bank to your HSA account.

**Online Bill Pay** - Makes it easy for any reoccurring monthly payment plans to providers.



# Aetna Consumer Tools

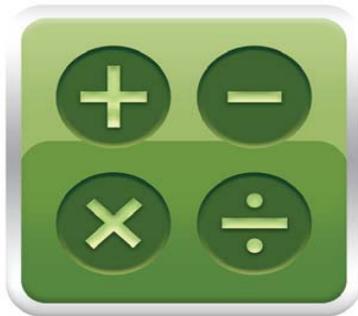


**Aetna Navigator** - <https://www.aetna.com>

24/7 access to claim activity and status via Navigator; view HSA account balances, summaries, and activities. List of qualified medical expenses available.

**HSA Video** - The HSA Online Videos teach enrolled HSA accountholders and those considering enrolling in an HSA plan, the basics of managing the HSA. It also helps employees and members understand how to make the right health care choices and how to manage the savings account in a simple, conversational style.

[http://www.aetna.com/hsa/welcome\\_video01.html](http://www.aetna.com/hsa/welcome_video01.html)



**HSA Savings Calculation Tool** - Use the HSA Savings Calculation Tool to help you discover the savings opportunity and tax advantages associated with a Health Savings Account (HSA).