

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

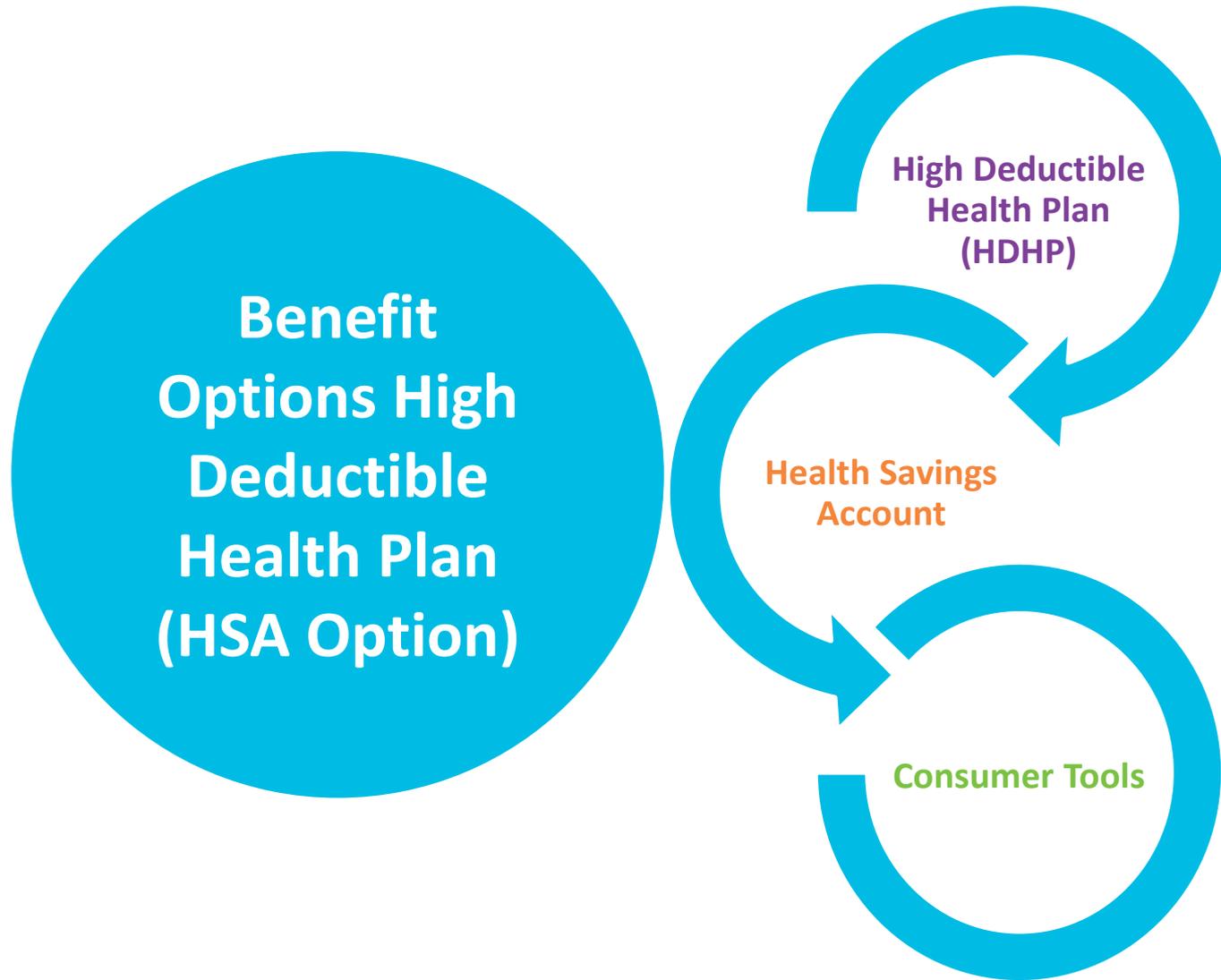
aetna<sup>SM</sup>

Benefit  Options  
Choice Value Health

## High Deductible Health Plan (HSA Option) Overview



# One of Your Plan Options



# High Deductible Health Plan Features

Deductible	Coinsurance
Your responsible for 100% cost of services until deductible is met	Once deductible met you're responsible for 10% of cost each service until out of pocket maximum is met
<b>Individual: \$1,250</b>	<b>Individual: \$2,000</b> Preventative RX copay applies
<b>Family: \$2,500</b>	<b>Family: \$4,000</b> Preventative RX copay applies
<b>Once the out of pocket maximum is met, the plan will pay 100% of your medical costs for the remainder of that plan year.</b>	

# Health Savings Account (HSA) Information

## What is it?

Consumer-owned, tax advantaged savings account, created to pay medical expenses, that is combined with a High Deductible Health plan.

# HSA Allows You

- Tax-Free contributions from your paycheck by the employer and/or employee (up to IRS 2013 maximum for individual \$3,250 / family \$6,450).
- Employer contributions of \$27.70 individual /\$55.39 family per 26 pay periods.
- Tax deferred growth of interest or investment earnings of accumulated funds in your HSA.
- Annual rollover of unused funds and portability between employers, even if you leave the State of Arizona.
- Flexible use - you choose whether or when to use the money in the HSA for health expenses. You can change or stop your contribution amount at anytime.
- HSA dollars can be withdrawn for any non-qualified expense prior to age 65, subject to 20% penalty and subject to regular income tax. After age 65, withdraw funds penalty free and subject to regular income tax.

# Consumer Tools

## Aetna Navigator

- DocFind – provider search
- HSA Savings Calculation Tool
- Plan Selection & Cost Estimator Tool
- Claim Activity, Explanation of Benefits, & Temporary ID Cards
- Decision Support Tools – Welvie, InteliHealth, Smart Source
- Email customer service 24/7

## Customer Service

- Designated ADOA customer service team.
- Aetna Onsite Representative
- Aetna Mobile
- Informed Health Line – registered nurses available to answer your questions 24/7

# PayFlex - Aetna's HSA Administrator

- Easy to use website that allows you to manage all aspect of your HSA, including payments, withdrawals, deposits and transfers.
- A designated HSA customer service team with expanded service hours – including Saturdays!
- Access to your own custom HSA Dashboard that allows you to view and manage all aspects of your account – including contributions, expense trends, transaction history and receipt management.
- A mobile application that allows you to access and manage your account from your smart phone!
- Limited banking fees and multiple investment opportunities.

# Why Choose the HSA Option?

- Most affordable plan with the lowest employee premium.
- Includes a Health Savings Account to cover out of pocket costs (deductible / coinsurance).
- ADOA gives (deposited into your HSA Account) you money each pay period your enrolled - \$27.70 individual/\$55.39 family and it is yours to keep even if you no longer work for ADOA.
- Allows more control over how your healthcare dollars are spent - if you remain healthy and choose your healthcare services wisely you can save your money for a 'rainy day' or invest them tax free.
- Annual out-of-pocket limit provides protection against catastrophic costs.
- In and Out of Network plan design allows the greatest provider choice.

# Thank You

**aetna**<sup>SM</sup>



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

Benefit Options  
Choice Value Health

Provider Network access from



**BlueCross  
BlueShield  
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AmeriBen**

Benefit Plan Administrator

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

**American Health**  
American Health Holding Inc

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

# Seamless Service with a Personal Touch



# Advantages



Superior  
**Customer  
Service**

Promote  
Strong  
**Turnaround  
Time**

Greater  
**Flexibility**

# Network

- BCBSAZ – Arizona's Largest Carrier
- AmeriBen and BCBSAZ collaboration – 7 years
- 20,000 Contracted Healthcare Providers in AZ<sup>1</sup>
- 97.3 % of hospitals and 91.9% of all MDs and DOs in AZ<sup>2</sup>
- Mayo Clinic Contract in AZ<sup>3</sup>
- Out-of-State Network – PHCS<sup>3</sup>

<sup>1</sup> Competitor Data as of July 2011 from Health market Science (HMS); data as of July 19, 2011 (provider) and June 2, 2011 (facility).

<sup>2</sup> BCBS: Provider Data Repository (PDR); data as of October 14, 2011.

<sup>3</sup> Mayo Clinic and PHCS networks through AmeriBen

# Member Login – myameriben.com



## 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](#)

# Member Login – myameriben.com



[Home](#) [About Us](#) [News](#) [Employment](#) [Contact Us](#) [Company Home](#)

[Benefit Participants](#) [Providers](#) [Employers](#) [Brokers & Consultants](#) [Health & Wellness Resources](#) [Management Conference](#)

[About AmeriBen](#)  
[Core Purpose](#)  
[Company News](#)  
[Services](#)  
[Executive Team Bios](#)  
[Locations](#)  
[Employment](#)

[More Questions?](#)



## AmeriBen Welcomes State of Arizona Employees!

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

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

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



An Independent Licensee of the Blue Cross and Blue Shield Association

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

[Click Here For More Information](#)

# Member Login – myameriben.com

## Provider Search Feature



Corporate Health Services (CHS) is a Blue Cross Blue Shield of Arizona (BCBSAZ) product that provides large, self-insured groups access to the BCBSAZ provider networks. BCBSAZ currently serves over 300 network rental groups in Arizona, totaling approximately 300,000 plus members and is committed to providing best-in-class network rental services to employer groups throughout Arizona. Your employer has contracted with BCBSAZ for access to the BCBSAZ Provider Network.



### Health and Dental Provider Directories

**Providers** | Urgent Care | Facilities

Search by Network (Required)  
Select a Network

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  
No Preference

Enter a Provider Name (Optional)  
Enter provider name here

Specialty (Hold CTRL key to select or de-select multiple specialties)

- All Specialties
- Acute Care Nurse Practitioner
- Addiction Medicine
- Addiction Psychiatry
- Adolescent & Child Psychiatry
- Adolescent & Child Psychology
- Adolescent Medicine
- Adolescent Psychiatry

[More Options >>](#)

### Urgent Care/Retail Clinic Information

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

### Health Resources

- [Walking Works](#)
- [Preventive Health & Wellness Recommendations \[PDF\]](#)



BlueCross  
BlueShield  
of Arizona

[Click here for  
Provider  
Directory](#)

An Independent Licensee of the Blue Cross and Blue Shield Association

# Convenient Care Clinics Contracted with BCBSAZ

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

# Take Care & Minute Clinics

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

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

# The Little Clinics

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

# ChooseHealthy Affinity Program

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

[www.choosehealthy.com/default.aspx?hp=BCBSAZ](http://www.choosehealthy.com/default.aspx?hp=BCBSAZ)

## With ChooseHealthy you can:

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

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

# ChooseHealthy Member Benefits

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

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

## **Healthy Library**

- Ask an Expert
- Drug Interaction Guide
- Supplement Guide

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

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

# Medical Management Services Overview



## Utilization Management

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

## Case Management

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

## Healthy Pregnancy Program

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

# Disease Management – Vital Steps



Chronic conditions that are addressed in this program include:

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

Referral Sources:

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

Disease Management Coaching:

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

# The Best-in-Class Approach

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



# THANK YOU

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

# THE EDGE

Find it on the pathway to better health and lower cost.



## Benefit Liaison Training 2012

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



# NEW CHALLENGES. NEW ERA. NEW THINKING.

Every individual  
performing at their full potential

IMPROVED HEALTH  
& PRODUCTIVITY  
LOWER COST



# IT STARTS WITH A ONE-OF-A-KIND EXPERIENCE.



## RECOGNIZING UNIQUE GOALS AND NEEDS

**Embrace** each customer's individuality

**100%**  
customer driven

**Be helpful,** easy, and enjoyable – every time

**97%**  
customers satisfied\*

\* Care management

**Earn** trust & privilege to help them reach their goals

**72%**  
met health goal\*

\* Your Health First  
Chronic Condition Program





**“Know my preferences.”**

**“Know my needs.”**



**“Treat me as an individual.”**

**“Understand my goals.”**

**“Give me control.”**

**“I’m one of a kind.”**



# EARNING THE PRIVILEGE TO HELP.



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



## BEING THERE – HOW AND WHEN WE’RE NEEDED.



24/7/365 live service  
150 languages



Words We Use



Onsite



My Personal  
Champion<sup>®</sup>



Natural  
Language IVR



**New!**  
Online  
and mobile  
access [DEMO](#)



Social Media

**“Cigna had the greatest improvement in “enjoy-ability” among all health plans.”**

Forrester Research, 2011.



# SIMPLIFY ACCESS TO AFFORDABLE QUALITY CARE.

simplify  
access

## National and Worldwide Credentialed Networks

**medical**  641,000 doctors  
5,500 hospitals

**urgent**  1,000+ clinics

**labs**  LabCorp  
Quest

**CMG**



25 locations  
6 multi-  
specialty  
centers

17

neighborho  
od PCP  
offices

**behavioral**



107,000 behavioral  
service locations  
200+ Today  
convenienc  
e care  
clinics

## GUIDE SMART DECISIONS

**Better access. Better care. Better choices.**

**Cigna**<sup>®</sup>

# SIMPLIFY ACCESS TO AFFORDABLE QUALITY CARE.

simplify  
access

## Top-Rated Doctors & Facilities



**CIGNA CARE  
DESIGNATION**



**CIGNA CENTERS  
OF EXCELLENCE**

## Award-Winning Shop & Compare Tools

personal  
cost –  
quality  
estimator



myCigna.com

## 24/7 Availability



**Medical, benefits and  
claims questions**

**One toll-free number**

**Help with the tools and  
resources available on  
myCigna.com**

**GUIDE SMART DECISIONS**

**Better access. Better care. Better choices.**

**Cigna®**

# WHY CIGNA?

One-of-a-Kind Customer Experience

Custom-designed to your DNA

**THE EDGE**

Every individual performing  
at their full potential



## WHAT SETS US APART?

# THE EDGE

- Customer-Centric Experience
- Your Health First<sup>SM</sup>
- On-Site Health Solutions
- Client Engagement Manager
- Core Beliefs Modeling (Your Organization's DNA)
- Life Style Management Programs

**YOUR HEALTH FIRST<sup>SM</sup>.**  
**Chronic condition support.**

personalize  
support

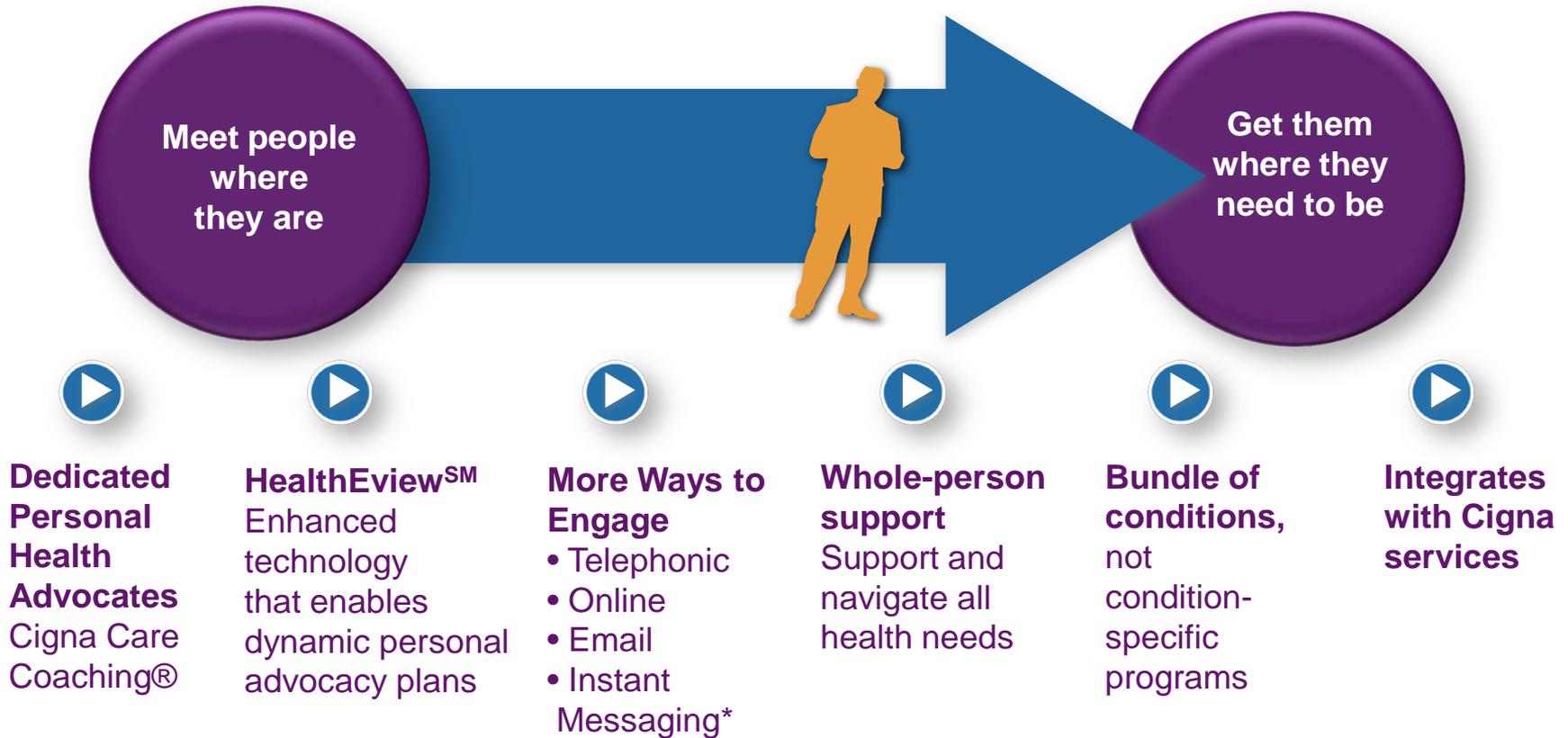
**72%**  
meet/progress  
to goal



**DISEASE + LIFESTYLE MANAGEMENT**

**Cigna<sup>®</sup>**

## What makes our solution different and better



# RESULTS ALONG THE PATHWAY.

## Improved lifestyles <sup>1</sup>

**85%** quit tobacco

**65%** better able to manage stress

**8.1 lb** average weight loss

## State of Arizona Results 2012 YTD

**4** quit tobacco

**10** stress management

**19** weight management



**THE EDGE**

**BETTER HEALTH**

- 1 - Lifestyle Management Programs
- 2 - Clients with Cigna medical and pharmacy vs. Cigna medical alone
- 3 - Your Health First Chronic Condition Support
- 4 - Well Informed Gaps in Care program
- 5 - Metabolic Syndrome Program

**Cigna**<sup>®</sup>

# NATIONALLY RECOGNIZED PERFORMANCE & OUTCOMES.

## Superior Experience



EOB  
Best Plain Language



EOB  
Top Ranked



Excellence in  
customer service



Excellence in consumer  
health information

## Clinical Excellence



Innovation in the drug  
benefit industry



Best EAP



HEDIS® quality leader  
10 straight years



DORLAND  
HEALTH

Best disability case  
management program



Engagement in  
intensive case  
management



Health & Productivity  
Innovation Leader

## Innovation & Strategy



Exemplary  
Customer Strategy &  
Customer Experience



myCigna.com  
Customer Service Innovation



myCigna.com  
Customer Engagement Innovation



# HELPFUL, EASY AND ENJOYABLE EXPERIENCE – EVERY TIME.



## NEW Pilot

### Never alone on the phone

Customer service agents stay on the phone at all times – no matter where their call is directed.



### My Personal Champion®

Dedicated clinical and administrative liaison for customers with serious medical situation.



### Tablets at onsite health screenings (Pilot)

Leveraging technology to let us more effectively engage customers in learning about their health.

# NOT INCITE-READY!

Must be completed by creative services  
before being placed on FUSE or INCITE.

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

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

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



**NOT INCITE-READY!**

Must be completed by creative services  
before being placed on FUSE or INCITE.

**QUESTIONS?**

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





# NOT INCITE-READY!

Must be completed by creative services  
before being placed on FUSE or INCITE.

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





# ADOA Benefit Liaison Training

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



# MedImpact Overview



## Who is MedImpact?

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

# PBM Industry Overview



MedImpact

Fulfillment  
Pharmacy

PBM

PBA

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

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

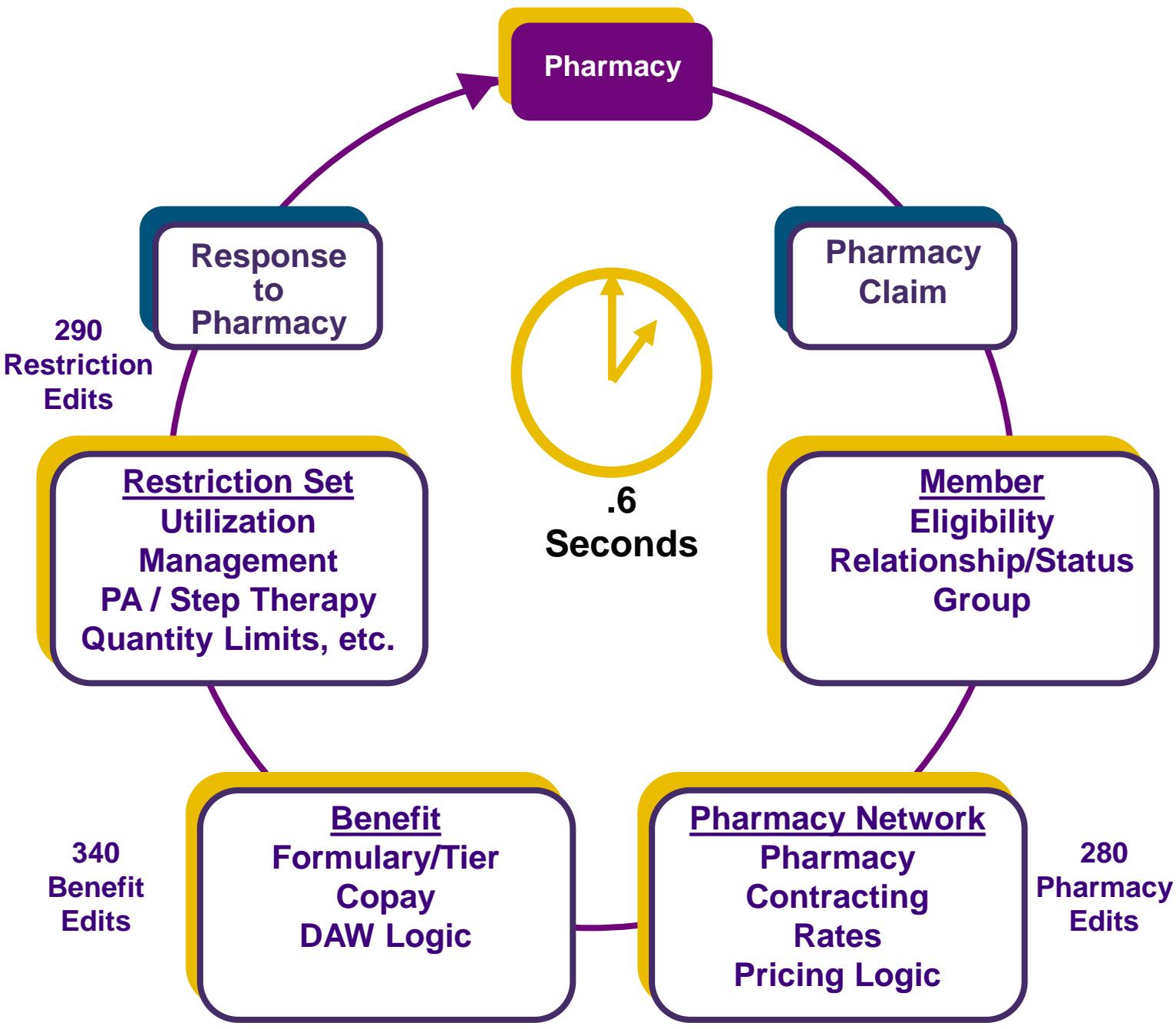
- Provides administrative services
- Processes Claims
- Minimal network influence

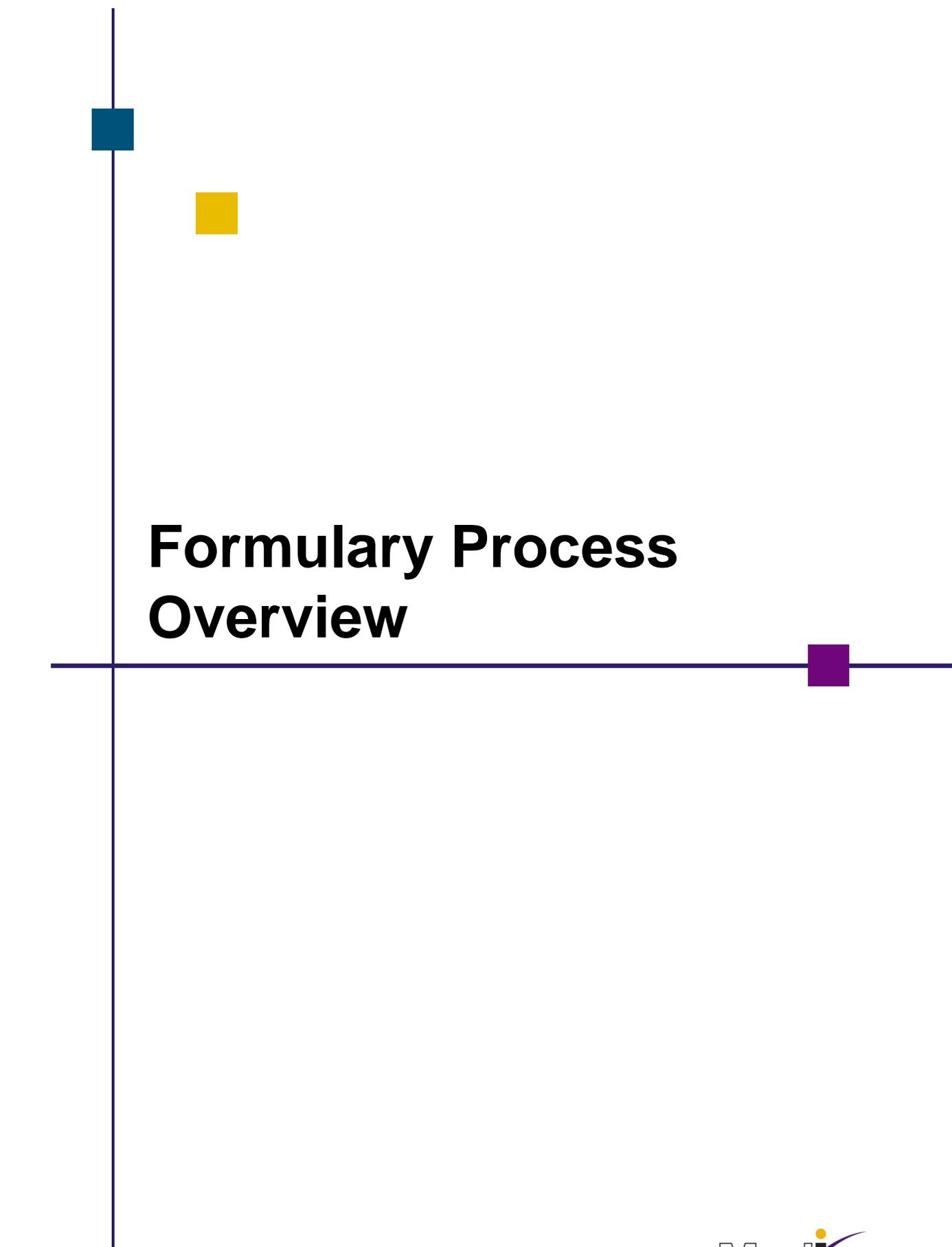


# What does MedImpact do?

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

# PBM 101: Claims Adjudication





# Formulary Process Overview

# Formulary Process Overview



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

# Formulary Process Overview

The Formulary can be accessed by:

- **ADOA's formulary is posted on the [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov) website**
  - A PDF version is posted online for downloading by clicking "Pharmacy" and then clicking on the "MedImpact Formulary List (pdf)" link
  - Members can also use the Drug Price Check tool on the "MedImpact Pharmacy Website" by creating a user name and password for site access
- **Contacting a MedImpact Customer Service Representative at 1-888-648-6769 and asking for a copy to be sent to your address**



# Formulary Process Overview



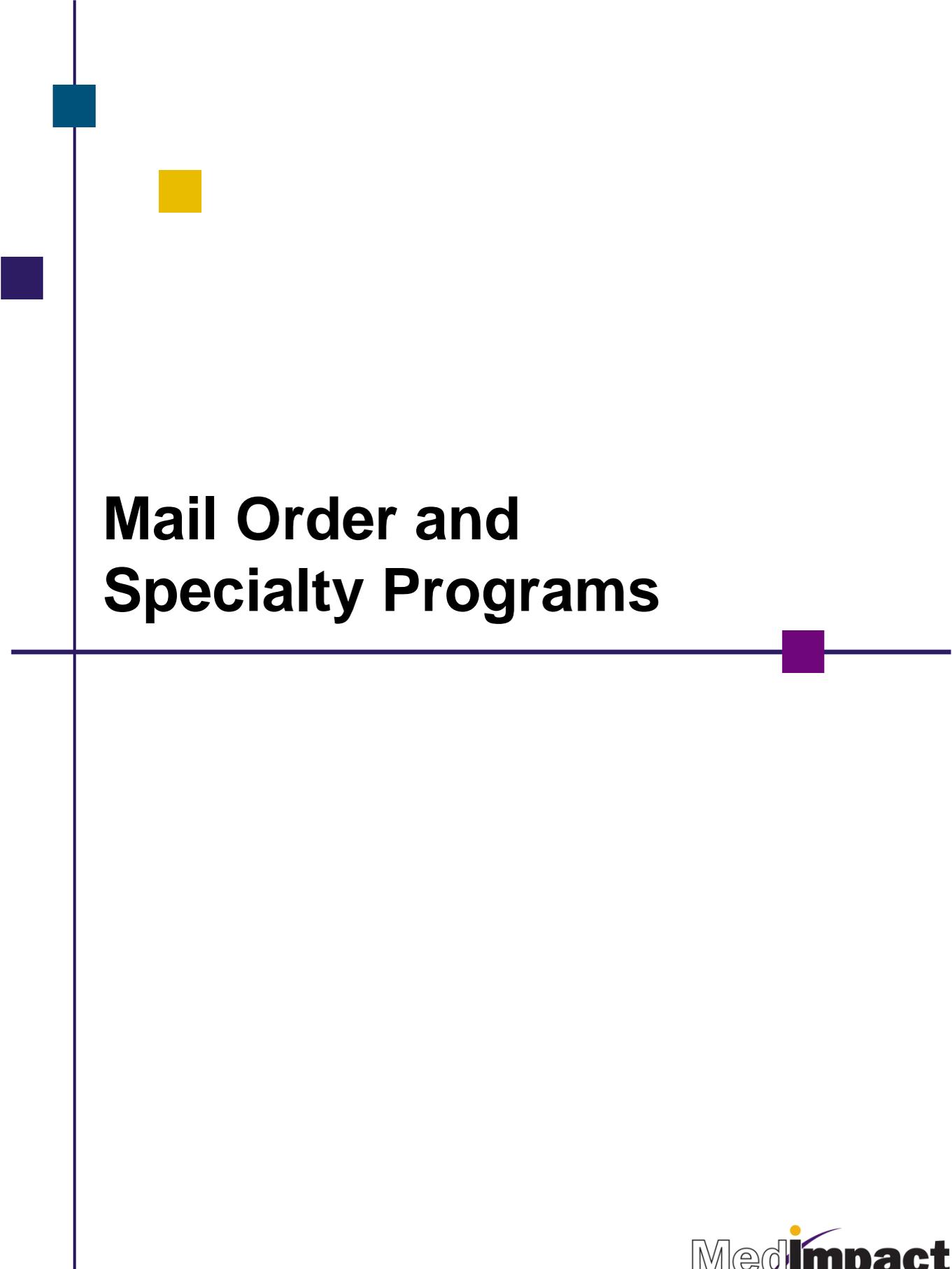
- **Formulary changes are made Quarterly, due to:**
  - New drug releases: new brand and generic drugs
  - Drug safety updates
  - Changes in drug cost and cost effectiveness
  
- **Members that are affected by the formulary changes are notified via letter**
  - For Medication Placement, Quantity Limit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

# Formulary Process Overview

- **Formulary changes are decided upon by MedImpact's Formulary Committee as a result of MedImpact's P&T Committee meeting:**

- The P&T Committee is made up of physicians and pharmacists
- Drug and drug class reviews are prepared by clinicians and presented during the P&T Committee meeting
- Drugs are clinically evaluated by the committee and are reviewed from an effectiveness, safety, and cost management standpoint



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

# Mail Order and Specialty Programs

# Walgreens Pharmacy Mail Order Service



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

# Walgreens Mail Order Form



Registration and Prescription Order Form  
State of Arizona



9910 00STAZMSAZ001

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

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

## MEMBER INFORMATION

- Male  
 Female

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

Intercom: STAZM

UPI#: SAZ01

Member ID Number (Located on card)

Suffix (If on card)

Group Number

 2  8  9  1  7 

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

Last Name

First Name

Permanent Address 1

Daytime Phone

 -  - 

Permanent Address 2

Evening Phone

 -  - 

City

State

ZIP Code

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

 -  - 

Prescriber Fax

 -  - 

## MEMBER

### Allergies

- Aspirin
- Cephalosporin
- Codeine derivatives
- Morphine derivatives
- Penicillin
- Sulfa drugs
- None known
- Other (Use lines below)

### Health Conditions

- Arthritis
- Asthma
- Diabetes
- Glaucoma
- Heart disease
- Hypertension
- Pregnancy
- Thyroid disease
- None known
- Other (Use lines at right)

### Order Preference

- Easy-open caps
- Large-print vial labels
- Spanish vial labels
- Automatic refill\*

\*Fill in this circle if you would like us to automatically refill your prescriptions in the future.

## Payment Options

Payment is required at time of order. Please do not send cash.

We accept American Express®, Discover®, MasterCard® and Visa®.

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

Credit Card Number

Expiration Date (MM/YY)

 / 

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

Cardholder Signature

Date

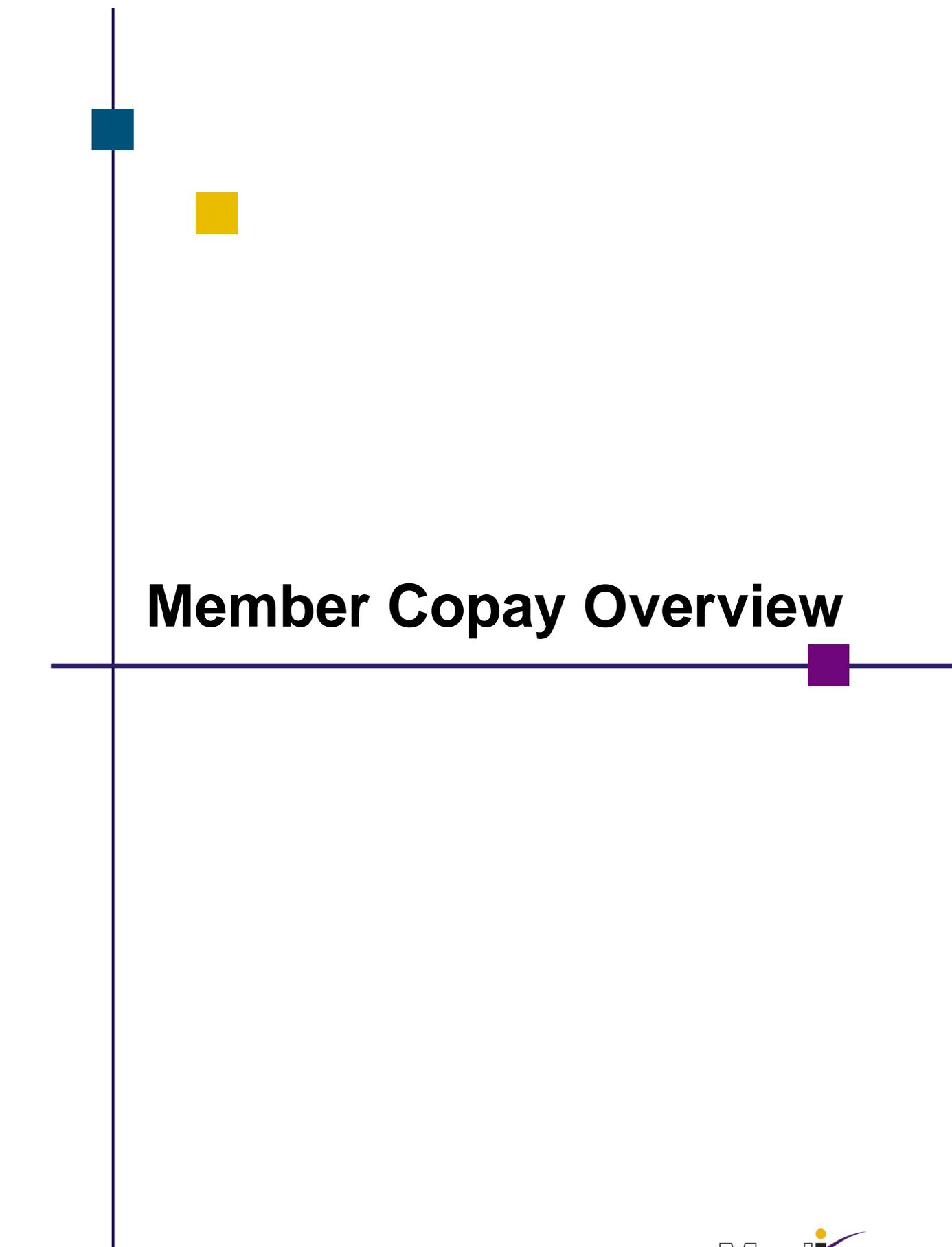
Brand names are the property of their respective owners. ©2009 Walgreen Co. All rights reserved.



# Walgreens Specialty Pharmacy Program

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





# Member Copay Overview

# Member Copay Overview



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

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

# Member Copay Overview



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<b>Mail Order</b>	\$20	\$40	\$80

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

# Member Copay Overview



- **Aetna has the option of an HSA plan:**

- The same copays as above apply
- There is a combined Medical/Prescription member deductible of \$1,250 in-network (\$2,400 out-of-network) and family deductible of \$2,500 (\$4,800 out-of-network)
- There is a member out-of-pocket maximum of \$2,000 in-network (\$5,000 out-of-network) and family out-of-pocket of \$4,000 in-network (\$10,000 out-of-network)

- **Deductible Examples:**

- Before reaching the deductible amount, member pays total cost of the script. Ex. \$100 total medication cost = \$100 member cost.
- After the deductible is met (combined amount of member cost on medical and prescription), member pays their regular copay amount. Ex. \$100 total medication cost, but member pays \$20 copay.

- **Maximum Out-of-Pocket Examples:**

- After the member has paid \$2000 out of pocket, the member no longer pays a copay. Ex. Member has paid \$2000 in medical and prescription costs, their next medication fill will charge the member a \$0 copay.

- **There is an HSA list of preventative medications in place**

- Members receive medications on this list at their regular copay amount
- Fills for medications on this list do not apply to the member's deductible



# Prior Authorizations

# Prior Authorization Services



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

### ■ PA Programs:

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

# MRF: Medication Request Form



## MedImpact Healthcare Systems, Inc.

### Medication Request Form

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

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

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

**Instructions:**

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

**Review Criteria:**

The following criteria is used in reviewing medication requests:

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

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

<b>+</b> Patient Name (required):	Patient's Health Plan (required):
Patient ID # (required):	Physician Name/Specialty:
	Physician ID#DEA #:
Patient DOB (required):	Physician Area Code and Telephone Number (required): ( ) -
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?

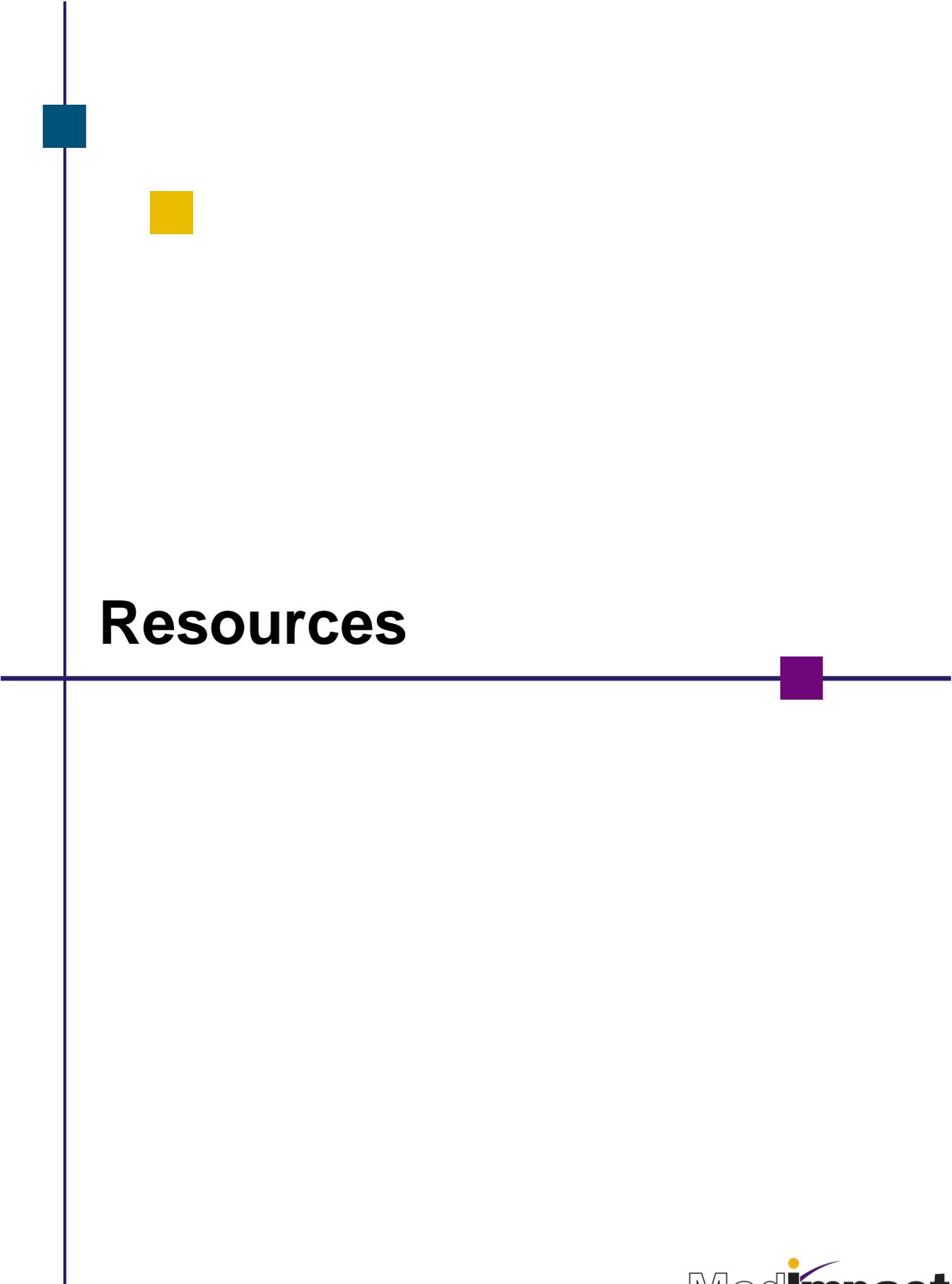
- **Step therapy is a clinical tool used in your prescription benefit to promote the use of effective, clinically appropriate medications that may be less costly**
- **Step therapy requires that a patient try a clinically appropriate, lower cost medication first, or requires that their doctor has clinically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

The screenshot shows the homepage of the Benefit Options website. At the top, there is a navigation bar with the 'Benefit Options' logo (Choice Value Health), the 'Arizona Department of Administration Benefit Services Division' text, and the 'AZ.GOV' logo (Arizona's Official Web Site). Below the navigation bar is a dark blue sidebar with a list of menu items: Home, Benefits Eligibility, Plan Descriptions, Guides & Forms, Pharmacy, COBRA, Contacts, FAQ'S, Wellness & EAP, Auto & Home, Computer Purchase, Legal Notices, and Resources. The main content area features a large image of a magnifying glass over a document with the text 'Benefits Eligibility' overlaid. Below this image are four small icons representing different benefit categories. The main text area contains a 'Home' link, a 'Welcome Employees and Retirees' section, and a paragraph of introductory text. To the right, there are links for '2011 Benefit Options Annual Report' and 'Announcements Archive'. At the bottom of the sidebar, there are logos for 'Wellness', 'Y.E.S. (Your Employee's Support)', and 'ARIZONA OPENBOOKS'.

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



# Member Website



# Member Website

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

## Welcome

MedImpact has been selected as your pharmacy option offered through the State of Arizona Benefit Options Program. This website is a resource to keep you up-to-date about your pharmacy benefit and help you manage your health by providing access to comprehensive health and wellness information.

### Available Tools

- **Drug Search** – Find information on over 17,000 medications.
- **Health & Wellness** – Valuable health tips plus information on diseases and health conditions.
- **Benefit Highlights** – View your current copayment amounts and other pharmacy benefit considerations.
- **Drug Price Check** – Make informed prescription choices and compare drug prices.
- **Pharmacy Locator** – Find a participating pharmacy near your location.
- **PersonalHealth Rx®** – Print your prescription history for a physician visit or tax reporting.
- **Microsoft® HealthVault™** – Upload your prescription claims to your Microsoft HealthVault account.  
[Learn More](#) [Privacy Policy](#)

### Sign In

Sign in for quick, secure access to your account. Please note that the password is case sensitive.

Username:

Password:

.....  
Don't have an account?

[Register Now](#)

Need to update your password?

[Forgot Password](#)

[Change Password](#)

Are you a Plan Administrator?

[Go to Administrator Home](#)



# Member Website Functions

- **Drug Search** enables you to enter a drug name and retrieve comprehensive information about a drug, including possible medication uses, side effects, how to use the drug, common brand names, drug interaction information
- **Health & Wellness** allows you to find information on diseases and conditions, health tips, and health FAQs
- **Benefit Highlights** displays the current year's co-payment amounts and, if applicable, other pharmacy benefit considerations, such as benefit limits, deductibles or maximum out-of-pocket expenses
- **Drug Price Check** allows you to search for your medications by name, to check for drug coverage and copay information
- **Pharmacy Locator** was designed to help you identify pharmacies that participate in the network that serves your pharmacy benefit plan
- **PersonalHealthRx** allows you to view and print current drug histories, including co-payments and compliance, as well as current benefit amounts and accumulators for deductibles and maximum out-of-pocket expenses. You may also view and print yearly tax reports of drug expenditures.

# Delta Dental of Arizona

## State of Arizona

### Benefit Liaisons - Training

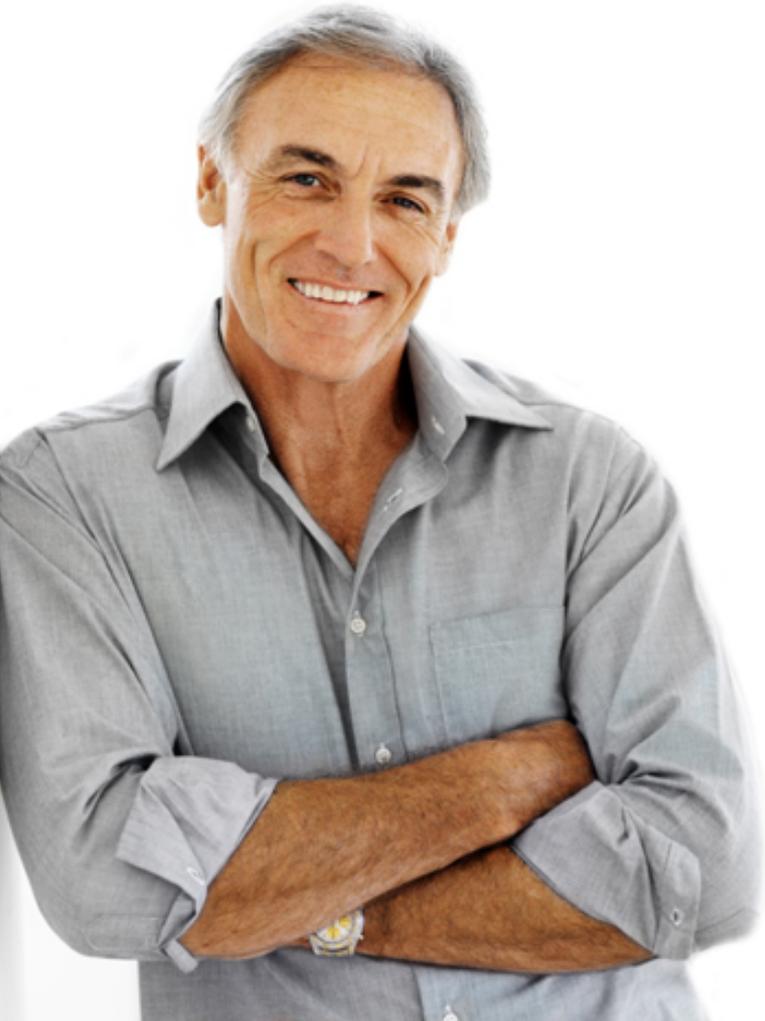


# The dental benefits leader



- Delta Dental covers more than 54 million people in nearly 93,000 accounts nationwide
- Delta Dental covers 1 of every 3 Americans with dental benefits
- Dentist networks serve all 50 states, the District of Columbia and Puerto Rico
- 3 out of 4 practicing dentists participate in one or more of our networks
- More than 96% of customers stay with Delta Dental
- 98% of members use a network dentist
- More than 220,900 locations nationwide

# What is the Delta Dental Difference?



## Experience.

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

## Access.

Our dental networks are unrivaled. We're the largest in the nation with more than 3,200 AZ dentists and 5,164 locations in AZ and 220,900 locations nationwide.

## National capabilities, local presence.

We provide all the advantages of a national plan with local control and service. For 40 years, Delta Dental has been providing quality dental benefits to Arizona residents and 20 years with the State of Arizona.

## Service.

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

# Finding a network dentist

**At Delta Dental of Arizona, we've made our dentist directories accessible through the Internet and our toll-free phone line. Delta Dental has 3 out of 4 dentists participate in our networks nationally. To see if your dentist participates:**

## **BY TELEPHONE**

To access our dentist directories from a touch-tone phone, call 800-352-6132, select Option 5 and follow the automated instructions.

## **ON THE WEB**

Our user-friendly website allows you to find a dentist, quickly and easily. Go to [www.deltadentalaz.com](http://www.deltadentalaz.com) and select "Dentist Search" from the "Looking for a Dentist" section of the homepage.



Dedicated State of Arizona Toll-Free Hotline:

**866-9STATE9 or 866-978-2839**

Local Claims & Customer Service:

**602-588-3620**

**P.O. Box 43026, Phoenix, AZ 85080-3000**

## Delta Dental PPO plus Premier

- Deductibles do not apply for routine services
- Diagnostic & Preventive services do not apply to the annual maximum
  - Access to Arizona's largest network
- Most ***IMPORTANTLY***, everyone will need to re-enroll by November 16, 2012

# 2013 benefits

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



## 100% Diagnostic and Preventive Services

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

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

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

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

# Third cleaning benefit

As a way of supporting **preventive care**, **improving health** and **lowering overall costs** for members with qualifying medical conditions, we have added a third dental cleaning option\*. This benefit is available to persons who have had two cleanings during the current benefit period and have:

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

**To register for this benefit, visit our Member Connection at: [www.deltadentalaz.com](http://www.deltadentalaz.com).**

*\*Benefit applies to benefit year max*



# Other covered services (deductible applies)

## 80% Basic Service

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

**Oral Surgery** – Extractions

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

**Periodontics** – Treatment of gum disease, non-surgical, once every two years, surgical, once every three years

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

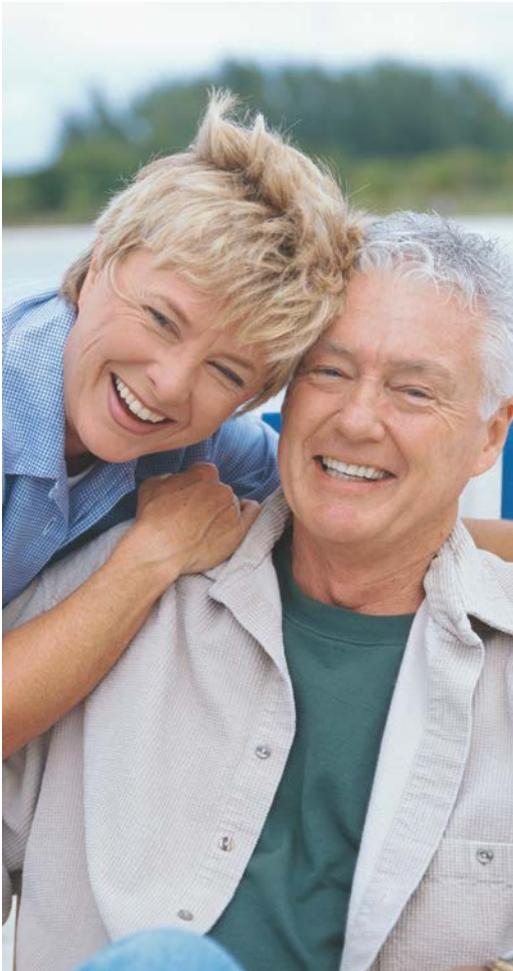
## 50% Major Services

**Restorative** – Crowns, onlays

**Prosthodontics** – Bridges, partial dentures, complete dentures

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

**Replacement** – 5 year waiting period applies to all major services





## **50% Orthodontics Services**

- Benefit available for both adults and children.
- Lifetime orthodontia benefit is limited to a maximum of \$1,500 per patient - payable in two (2) payments - upon initial banding and 6 months after.
- This maximum is separate from the benefit year maximum for your other dental benefits.

# Local claims & customer service



- Dedicated State of Arizona customer service number staffed by experienced personnel:
  - Toll-free hotline: 1-866-9state9 or 866-978-2839
  - Local: 602-588-3620
- 24/7 access to information at:
  - [www.deltadentalaz.com](http://www.deltadentalaz.com)
- Access to the nation's largest dentist networks:
  - Delta Dental PPO
  - Delta Dental Premier

**Member Connection** gives you access to your dental benefit information 24/7.

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

- Eligibility information
- Deductibles
- Claims history & status
- Maximums & benefit levels
- Procedure code search
- Print additional ID cards
- Coordination of benefits
- View & print benefit booklet



## Creating your account is **FAST** and **EASY!**

- 1) Select the “Subscriber Connection” tab on the Subscriber page and click on the “Register Here” link.
- 2) Fill in your First and Last Name (*primary subscriber only*), Subscriber ID, Date of Birth and click on “Register User”.
- 3) Choose a User Name and Password, enter in your email address and choose a Challenge Question and Answer then click on “Register User”.
- 4) Click on “continue” to read the Terms of Use and once you click on “Agree” your information will instantly be available to you.

# Key features

- Members can go to a dentist in the Delta Dental PPO Network, the Delta Dental Premier Network, or a licensed dentist not contracted with Delta Dental. Our PPO network has approximately 126,000 dentist locations, while the Premier network has approximately 220,900 dentist locations nationally, with 1,900 PPO locations and 5,600 Premier locations in Arizona.
- Members can take advantage of the significant fee reductions by using our PPO network, while others may choose to use either a Premier or non-network provider.
- When utilizing a PPO network dentist, services are covered at the PPO lower negotiated fee schedules, making member co-pays less.
- When utilizing a Premier network dentist, services are covered at the higher negotiated fee schedules and are protected from balance billing.
- 98% of members currently enrolled utilize a participating dentist
- When going to an out-of-network dentist, services are covered at the higher Premier fees but the members could be balanced billed.

## How You Save When You Use a Network Dentist

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

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

## EXPLANATION OF BENEFIT

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

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

**Check #:** 123456  
**Name of Payee:** David Fox DDS

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

PPO Dentist  
**SAMPLE**

Claim:	
Group Member:	
ID#:	xxx-xx-1234
Patient:	John Dental
DOB:	7/7/1977
Dentist:	Dr. David Fox

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



**Reference Codes:**

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

**Right of Appeal**

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

## EXPLANATION OF BENEFIT (EOB)

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

**Delta Dental of Arizona**  
 PO Box 43026  
 Phoenix, AZ 85080-3026

Inquiries: 800.352.6132  
 www.deltadentalaz.com

Sandra Reyes  
 5160 W. Talavi Blvd  
 Glendale, Az. 85306

**Check #:** 123456  
**Name of Provider:** Sandra Reyes DDS

Premier Dentist  
**SAMPLE**

Claim:	
Group Member:	
ID#:	xxx-xx-1234
Patient:	John Dental
DOB:	7/7/1977
Dentist:	Sandra Reyes

Procedure/ TTH	Surf	Service Date	Proc Code	Submit Amt	Fee Adjust	Approved Amount	Allowed Amount	Deduct Applied	Delta CoPay	Patient Payment	Delta payment	Ref Code
<b>Comprehensive Oral Evaluation</b>												
		5/5/2011	150	69.00	9.00	60.00	60.00	0.00	100%	0.00	60.00	
<b>Bitewings – Four Films</b>												
		5/5/2011	274	49.00	4.00	45.00	45.00	0.00	100%	0.00	45.00	
<b>Prophylaxis - Adult</b>												
		5/5/2011	1110	72.00	3.00	69.00	69.00	0.00	100%	0.00	69.00	
<b>Net Payments</b>										<b>\$000.00</b>	<b>\$174.00</b>	



**Reference Codes:**

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

**Right of Appeal**

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

## Sample wording from EOB



### EXPLANATION OF BENEFIT

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

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

Check #: 123456  
Name of Payee: David Fox DDS

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

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

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

#### Reference Codes:

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

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

#### Right of Appeal

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

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

## PPO versus Premier Dentist *Sample Savings*

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

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

# From all of us at Delta Dental of Arizona, Thank You

for helping us achieve our ranking as Arizona's #1 Dental Plan for 14 years in a row.  
Thank YOU for your trust and choosing us as your preferred dental carrier for 2013.



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

## 2013 Benefits Open Enrollment

# PRE-PAID/DHMO DENTAL A500AZ Product Training

# PLAN HIGHLIGHTS

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

# PLAN ADVANTAGES

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

# 2013 PLAN ENHANCEMENTS

## Newly Included Benefits:

- Pre-diagnostic tests
- Pulp vitality tests
- Adult fluoride
- Guided Tissue Regeneration
- Implants
- Device to facilitate eruption of impacted tooth
- Interim partial denture
- Nonautogenous, by report
- Bone replacement graft

# 2013 PLAN CHANGES

## **Copayment Changes:**

- Repair broken denture base
- Replace missing/broken teeth, complete denture base
- Repair resin denture base
- Replace broken tooth, partial denture
- Add tooth to existing partial denture
- Add clasp to existing partial denture
- Reline, lab-full or partial
- Biopsy of oral tissue-soft

**Frequency Limitations Language Clarification:** All frequencies are measured from the last date of service for each procedure.

# CONTRACTED PROVIDERS

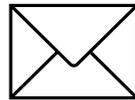
- Total Access Points = 2,214
  - General Dentists = 1,365
    - Endodontists = 162
    - Periodontists = 128
    - Oral Surgeons = 188
    - Orthodontists = 227
  - Pedodontists (Pediatric) = 140
    - Prosthodontist = 4
    - TMJ Specialists = 1

# TDAHP PLAN CONTACTS



**www.TDAental.com**

- On-line Provider Search
- Change/Select General Dentist
- Provider Nomination
- A500AZ Benefit Plan Booklet



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



**(602) 266-1995 #2  
(602) 381-4280  
(866) 921-7687**

- Bi-Lingual (Spanish) Reps
- Claims Status
- Customer Service

# Flexible Spending Account

## Program Overview

Presented by:

Benefit Options  
Choice Value Health



# Agenda

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- **Available benefits**
  - **Medical FSA**
  - **Dependent Care FSA**
- **Benefit Liaison Role**
- **ASI's Staff & Support**
- **What's new?**
  - **Medical FSA max reduced to \$2,500**
  - **Username/password for Account Detail**
- **Question & Answer period**



# FSA Overview

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

# What's the benefit of enrolling?

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



## Example:

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

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

# How do FSAs work?

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

# How do enrollees access funds?

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



# Medical FSA

# Medical FSA

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

# Commonly Claimed Expenses



Glasses



Dental Work



Lab Work



Medical  
imaging



Chiropractic Care



Prescriptions

# How much to set aside

- Plan year runs from 1/1/13 – 12/31/13
- Maximum is \$2,500
  - Change due to Affordable Care Act
  - Spouse of enrollee may also elect \$2,500 max if he/she has a medical FSA through his/her employer
- Full amount is deducted over course of plan year
- Full election available to employees January 1st



# Dependent Care FSA

# Dependent Care FSA

- Provides a tax break on child or other dependent care expenses incurred while:
  - You go to work (single parent)
- Or – You and your spouse go to work
- Or – You go to work and your spouse:
  - Looks for work
  - Pursues an educational opportunity full-time
  - Is the dependent who needs the care
- Other expenses are not eligible

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

# Deduction Amount

Family maximum of \$5,000/year

This is an IRS maximum per household

# Getting your money back

- Submit claim forms to ASIFlex for processing
  - Complete reimbursement claim form
  - Attach supporting documentation
  - Submit online, toll-free fax or mail
  - Claims generally processed and paid within one business day of receipt

# Important Points to Remember

- Regarding both Medical & Dependent Care FSA
  - Employees must re-enroll each year even if they want the same election next year
  - Unused money is forfeited
    - Use or lose
    - Most people don't know how much they are spending, though

# What's new?

- Medical FSA capped at \$2,500
  - Change due to the Affordable Care Act (ACA)
  - Per employee maximum
  - No change to the Dependent Care FSA
- Username and password for online access
  - PIN needed to set up the first time
  - Web address is <https://my.asiflex.com>

# Benefit Liaison Role

- Understand the plans
- Encourage employees – tax savings benefit
- Direct employees to ASI
  - Phone, email & web
- Assist with change questions
- Encourage direct deposit & electronic notification
  - Faster reimbursement & no lost checks
- Participate if you can benefit!

# Change In status

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

# Termination/Retirement

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

# FMLA & the FSA

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

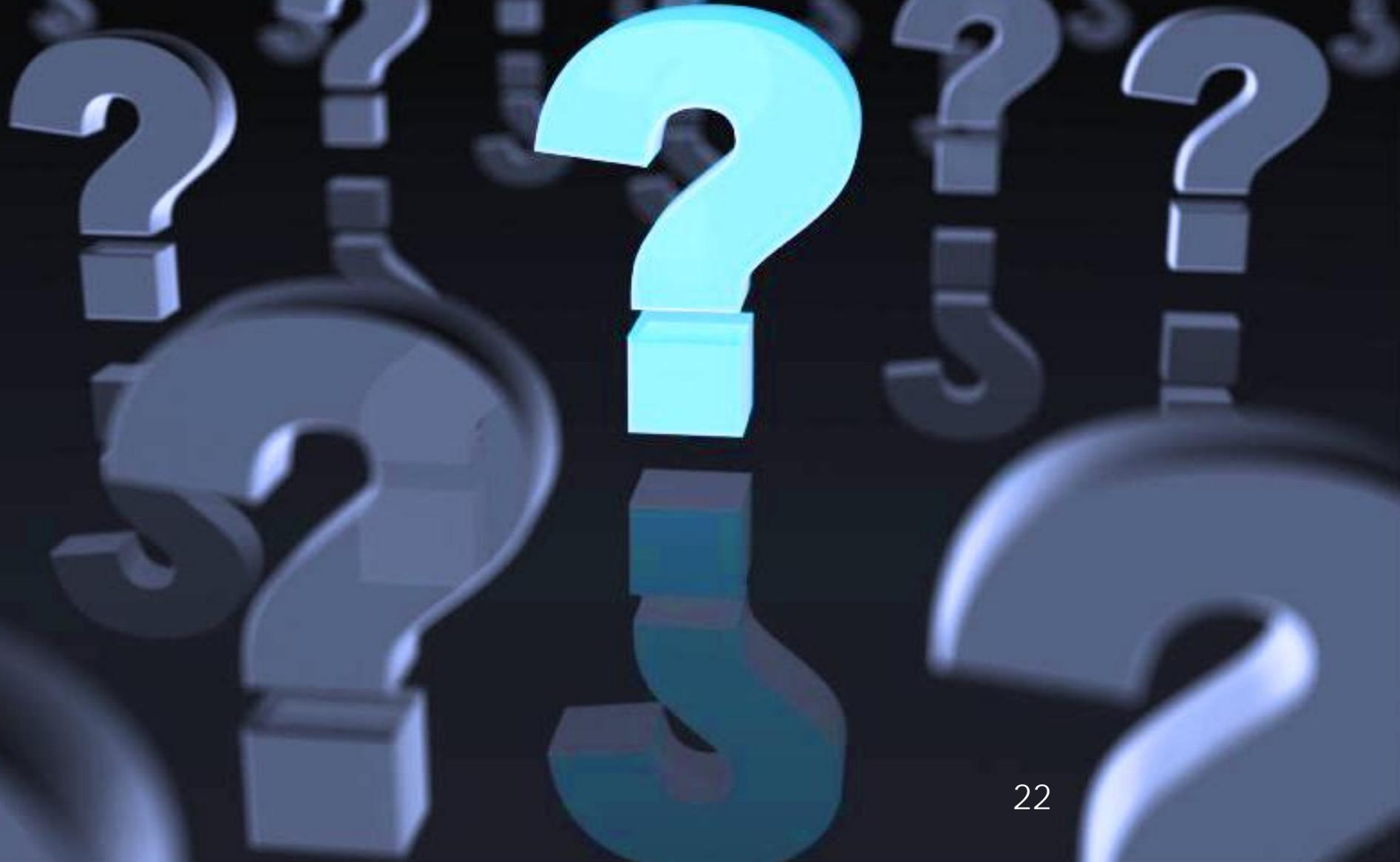
# Resources

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

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

Call 1-800-659-3035

# Questions?



# Short Term Disability, Long Term Disability and Life Claims Liaison Training September, 2012

# Short Term Disability for the State of Arizona

# STD Benefits Overview

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

Income replacement for off the job disabilities

- **Who Pays for this coverage?**

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

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

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

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

- Disability causes 50% of all mortgage foreclosures.

**Benefit Options**  
Choice Value Health

## STD Benefits Overview (Con't)

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

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

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

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

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

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

**Benefit Options**  
Choice Value Health

# STD Benefits Overview (Con't)



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

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



# STD Benefits Overview (Con't)

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

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

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



# Claim Office Overview

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

# Short Term Disability Claim Process

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## ***Business Day 0***

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

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

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

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

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

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

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

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### *Business Day 15*

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

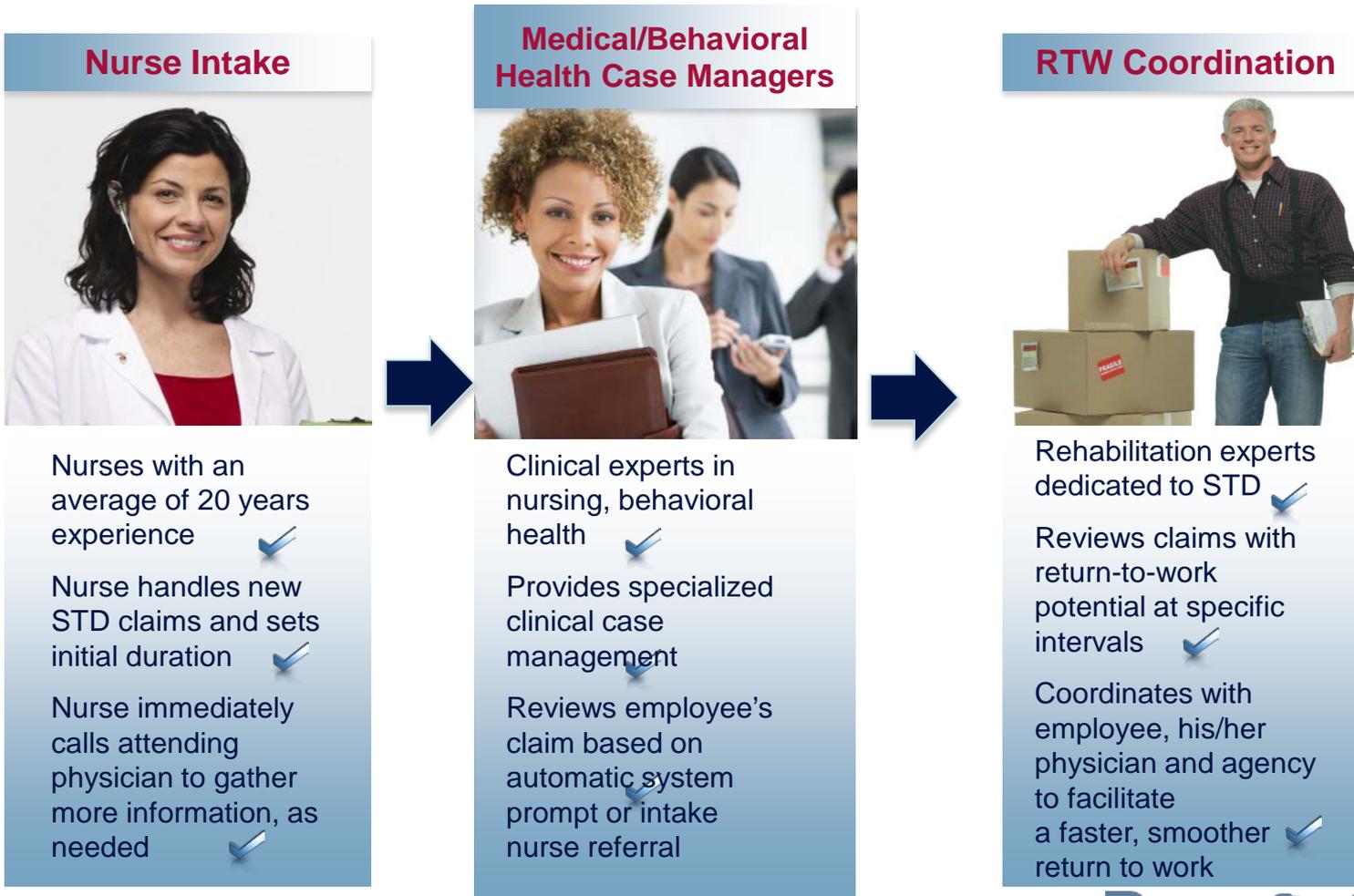
### *Claim Adjudication – Once Complete Claim Information is Received*

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

## Experienced and compassionate nurses:

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

# Clinical Claims Management for STD



# Return-to-Work Coordinator

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



## STD RETURN-TO-WORK COORDINATORS:

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

Benefit Options  
Choice Value Health

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

# Long Term Disability for the State of Arizona

# Long Term Disability Benefits Overview

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

Lifestyle protection!

- **Who Pays for this coverage?**

The Hartford LTD is 100% Employer paid.

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

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

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

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

**Benefit Options**  
Choice Value Health

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

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

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

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

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

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

# Long Term Disability Benefits Overview (Con't)

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

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

- **Age When Disabled**

## Benefits Payable

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

---

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

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

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

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

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

Benefits for Mental Illness and Substance Abuse will be payable:

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

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

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

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- **Are there Exclusions:**

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

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

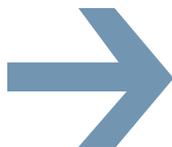
## Claim Office Overview

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

## There is a Seamless transition from STD to LTD

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



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



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



## Claim Intake

### Intake

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

## Adjudication & Administration

### Process

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

## Decision

### Output

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

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

# Basic Life and AD&D Insurance

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

- **Who Pays for this coverage?**

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

- **What is AD&D?**

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

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

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

# Voluntary Life and AD&D Insurance

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

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

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

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

- **Who Pays for this coverage?**

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

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

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

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

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

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

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

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

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

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

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

## Additional Benefits To Note!

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

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

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

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

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

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

## Can coverage continue after termination?

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

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

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

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

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

# Life Claim Process



## Claim Intake

### Intake

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

## Adjudication & Administration

### Process

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

## Decision

### Output

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

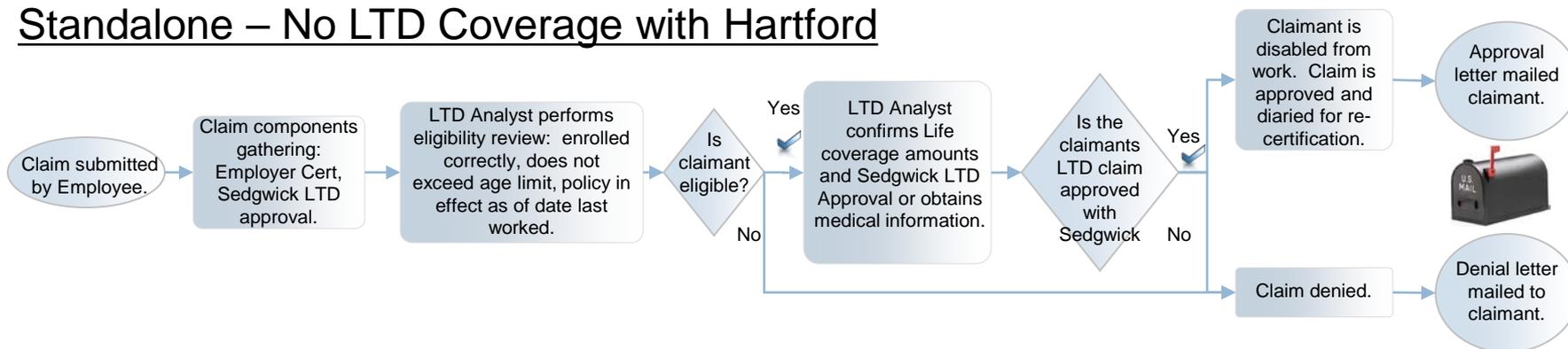
## Life Waiver of Premium

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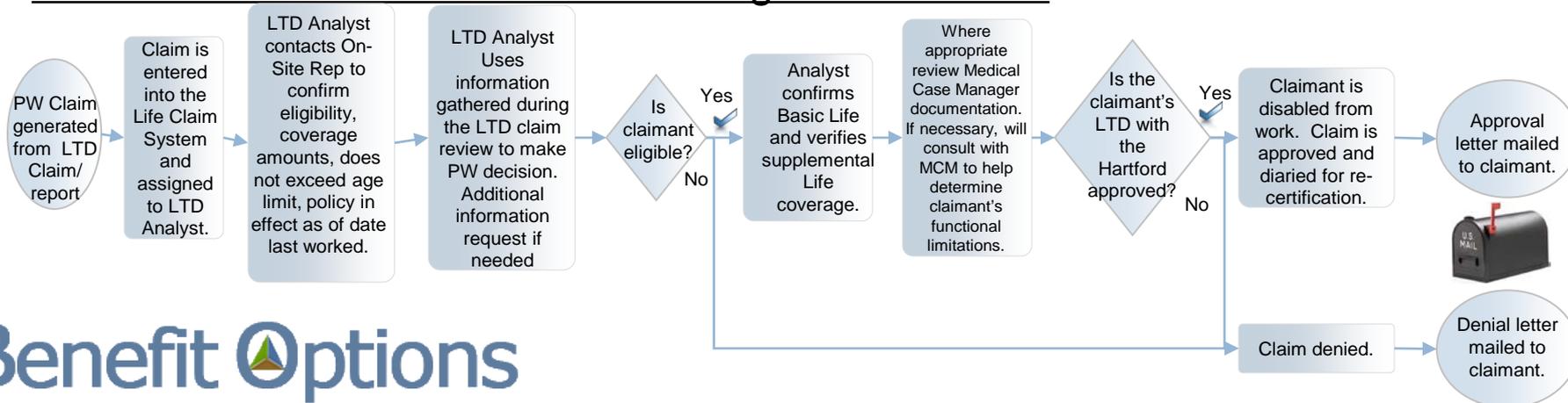
- **What is Life Waiver of Premium?** This allows an employee who becomes disabled under the age of 65 the opportunity for their Life Coverage to continue until age 70 without having to continue to pay premiums. Waiver may start after the employee is disabled for 6 months.
- **What qualifications have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

# Premium Waiver Claim Process

## Standalone – No LTD Coverage with Hartford



## Seamless – Claimant has LTD Coverage with Hartford



# Value Added Services for Life Insurance



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

## Benefit Options

Choice. Value. Health.