Egyptian Area Schools Benefit Plan Gazette

Summer 2015

Your Quick Reference Source

Healthcare
You can view your secured claims, eligibility information and more by visiting **www.egtrust.org**.

Prescription Drugs
You can view your secured prescription drug claims history and more at **www.caremark.com**.

Egyptian Trust
You can view information about Egyptian Trust, programs offered by the Trust, historical newsletters, and more at **www.egtrust.org**.

Prior to September 1, 2015
HealthLink/UniCare
Find a Tier 1 or Tier 2 Participating Provider, create a Customized Directory, and more at: **www.egtrust.org**.

You can call CHC Member Services at 1.855.452.9997 with help for all of the above.

EGYPTIAN AREA SCHOOLS | CARE COORDINATORS BY QUANTUM HEALTH

Prior to September 1, 2015
Delta Dental
View your protected claims and eligibility and more at **www.deltadentalil.com**.

Member Services: **1.800.323.1743**

Prior to September 1, 2015
UniView Vision Plan
You can find a participating UniView provider by visiting **www.unicare.com**.

Member Services: **1.888.884.8428**

Prior to September 1, 2015
Lincoln Financial Group
Member Services: **1.800.423.2765**

Welcome to the Summer edition of Egyptian Area Schools Benefit Plan Gazette

What you'll find in this issue:

We hope you enjoy our latest newsletter!

15th Annual Bookkeeper/Administration Meetings

SAVE THE DATE !

Save the dates for the 15th Annual Bookkeeper/ Administration Meetings coming up July 29th – July 31st. Again, the meetings will be hosted by Meritain Health with participation from all of the Egyptian Trust vendors including all of the new vendors with programs becoming effective September 1, 2015.

Attendance by the employer groups is very important as we address upcoming benefit enhancements and changes. While the Egyptian Trust website is regularly updated with important information, the Egyptian Trust relies on the employer groups to communicate necessary information to the covered membership. Your attendance is essential in order to gain a better understanding of the programs and benefit enhancements being offered by the Egyptian Trust.

We look forward to visiting with you soon!

MERITAIN HEALTH An Aetna Company

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Wellness Initiative 2016

Complete your 2015 wellness requirements to earn your incentive for 2016! The Trust is once again offering an incentive for employees who complete the wellness requirement by September 30, 2015. Only employees (including retired employees and individuals covered by COBRA) need to complete the requirements in order for the full family to receive the benefit in 2016.

What incentive can you earn?

- **Plan A, B, C or E**
  $100 deductible reduction
- **Family Plan**
  Each family member's deductible will be reduced by $100 (with a limit of $300 total)
- **HDHP Plan**
  Employee and family members will pay 10% less after the deductible is met (meaning the benefit level will increase by 10% for each plan member)

What are your requirements?

- **Designate a Primary Doctor online**
- **Complete a biometrics screening and enter your results online**
  Biometric screenings measure your height, weight, blood pressure, total cholesterol, LDL, HDL, triglycerides and glucose. You can complete your screening by visiting your Primary Doctor or attending an onsite screening (ask your employer if they are offering an onsite screening). Screening occurring between October 1, 2014 and September 30, 2015 will be accepted. Be sure to enter your results online by September 30, 2015.
- **Complete the Wellness Assessment (HRA) online**

Ready to get started?

Visit www.egtrust.org and click the Egyptian Area Schools/Care Coordinators by Quantum Health logo. Then, under Health & Wellness, click "Your Incentive Checklist," log on or register for an account, and follow the instructions to complete your requirements.

If you have any questions about your requirement, please contact your Care Coordinators at 1-855-452-9997 or visit www.egtrust.org.

EGYPTIAN AREA SCHOOLS | CARE COORDINATORS BY QUANTUM HEALTH

MERITAIN HEALTH An Aetna Company

Changes September 1, 2015

Voluntary Dental Benefits Changes

Beginning September 1, 2015 the new voluntary dental carrier will be Ameritas. The benefits of both the Low and the High Plan will mirror the Delta Dental plans with two exceptions:

1. The $50 deductible on the High Plan for preventive dental services will be removed but members will receive full credit for deductible satisfied up to September 1, 2015.

2. Ameritas offers a rewards program that allows members in the High Plan to roll over $250 in benefits when a member uses less than $750 of benefits in a given year. There is no cap on the rollover amount. Members enrolled in the Low Plan who use less than $250 in benefits may roll over $125 in benefits with a maximum roll over amount of $500.

If a member is enrolled and wishes to continue their current dental coverage, Meritain will communicate that to Ameritas. If a member is changing plans or terminating the coverage the Enrollment Change form must be completed during the open enrollment period.

For questions regarding Voluntary Dental benefits members may have **prior** to September 1, 2015 please contact 877-495-5581 or you may also visit the website at

www.ameritas.com/group/olbc/egyptianschooltrust

Below are the current and renewal rates effective September 1, 2015.

	Current Low Plan	**Ameritas Low Plan**	**Current High Plan**	**Ameritas High Plan**
Employee	$14.24	$14.26	$32.08	$32.08
Employee + 1 Dependent	$26.20	$26.18	$58.96	$58.96
Employee + 2 or more Dependents (Family)	$49.70	$49.70	$85.68	$85.70

All members enrolled in the Voluntary Dental will receive a new ID card prior to September 1, 2015.

Voluntary Vision Benefits Changes

Beginning September 1, 2015 the new voluntary vision carrier will be Vision Service Plan (VSP), administered by Ameritas. VSP includes a Lasik benefit of $700 ($350 per eye) in either the first or second year of coverage. If the Lasik benefit is not used until the third year or after, the benefit is $1,400 ($700 per eye). The annual benefit of $700 or $1,400 is also the lifetime maximum for this procedure. The VSP provider network does not include the big box and national chain providers such as Lenscrafters and Pearle Vision, but includes a majority of independent providers and is expected to reduce member costs for vision services.

For questions regarding Voluntary Vision benefits members may have **prior** to September 1, 2015 please contact 877-495-5581 or you may also visit the website at

www.ameritas.com/group/olbc/egyptianschooltrust

If a member is currently enrolled in the vision plan and wishes to continue the coverage, Meritain will simply transfer the member information to the new vision program and include the premium on the bill to the member district. If a member wishes to drop the vision coverage, they may do so during open enrollment by completing the Enrollment Change form.

The premiums with VSP/Ameritas are as follows:

	Ameritas VSP
Employee	$7.96
Employee + 1	$11.40
Employee + 2 or more	$20.64

All members enrolled in the Voluntary Vision will receive a new ID card prior to September 1, 2015.

Life Insurance

Beginning September 1, 2015 the basic and optional life insurance will be provided by Dearborn National Life. The rate for the basic life insurance (included in the health premium) has been reduced to $1.00 per $10,000 of coverage. The rates for additional voluntary coverage remain the same. No underwriting will be required for existing enrollees. The guaranteed issue limit for new employees is $100,000.

NOTE: This is NOT an Open Enrollment period. Only new hires may enroll for Optional Life and receive the guaranteed issue amount of $100,000. Any other member previously eligible will be required to go through medical underwriting for any amounts of Optional Life Insurance.

Premium Rates

A premium rate increase of 5% will become effective September 1, 2015. The following reflects the current rates and the rates that will become effective September 1, 2015. The rates include $10,000 of Basic Life insurance.

	Plan A		**Plan B**		**Plan C**		**High Deductible Health Plan**	
	Current	**2015-16**	Current	**2015-16**	Current	**2015-16**	Current	**2015-16**
Employee Only	$728	**$764**	$658	**$692**	$568	**$596**	$484	**$508**
Employee + Spouse	$1,500	**$1,576**	$1,355	**$1,424**	$1,175	**$1,234**	$994	**$1,044**
Employee + Child(ren)	$1,450	**$1,524**	$1,306	**$1,372**	$1,134	**$1,191**	$976	**$1,026**
Family	$1,615	**$1,696**	$1,456	**$1,530**	$1,265	**$1,328**	$1,072	**$1,126**

Health Plan Changes

NETWORK CHANGE – Effective September 1, 2015 UniCare/HealthLink network will be replaced with the CMR/Coventry and Aetna Choice POS II Networks.

Beginning with dates of service September 1, 2015 members will have access to two provider networks. The new networks will offer members excellent access to participating providers throughout the U.S. Members will use the CMR/Coventry network for services in Illinois or Missouri. Member will use the Aetna Choice POS II network for all services outside of Illinois or Missouri. Review the following information to find out how to search for network providers. Meritain will continue to process and pay benefit claims and Care Coordinators by Quantum Health will continue to serve as the central contact point for all customer and provider service, utilization review and care management. Therefore, the member service experience remains very much the same.

COVENTRY
Health Care
An Aetna Company

PROVIDERS IN ILLINOIS OR MISSOURI

If a member is receiving services in Illinois or Missouri, the CMR/Coventry network providers are to be used to receive the highest level of benefits.

To search for a network provider in **Illinois or Missouri** members should use the following link and instructions.

http://caremanagementresources.coventryhealthcare.com/services-and-support/members/locate-a-provider/index.htm

Click "Enter Provider Search" toward the center of the screen.

Select "CMR" when prompted.

It is important to ***check now*** to see if providers you regularly use (i.e., Primary Doctor, Family Doctor, OB/GYN) are in the network. You may check on the website or ask your physician if they participate in the CMR/Coventry network. If your provider does not participate in the CMR/Coventry network there are two ways to nominate a provider.

1. Ask your health care provider to self-nominate by clicking on the following link and completing the application.

   http://chcmissouri.coventryhealthcare.com/services-and-support/providers/provider-nomination/index.htm

2. Members may also request a provider is contacted to participate in the network by contacting the Care Coordinators at 855-452-9997. The Care Coordinators will contact the network and request the provider is contacted.

PROVIDERS OUTSIDE OF ILLINOIS OR MISSOURI

To search for a network provider **outside of Illinois or Missouri** members should used the following link and instructions.

www.aetna.com/docfind/custom/mymeritain

When prompted to select a plan choose: "Aetna Choice POS II (Open Access)"

If your provider does not participate in Aetna Choice POS II network you may nominate by completing the following form.

The nomination process may take up to 3-6 months. Providers must satisfy the business needs and requirements including, but not limited to, Aetna's credentialing and contracting requirements. This nomination does not guarantee that the provider will be accepted into the network.

Please use this form to nominate an individual provider only. Please do not submit nominations for groups, facilities or IPAs.

Your Information:

Name: (Last, First, Middle I):	
Email Address:	
Employer:	

Provider Information:

Provider Name: (Last, First, Middle I):	
Provider Tax ID:	
Specialty Type:	
Address:	
Address 2:	
City:	
State:	
Zip:	
County:	
Physician Office Phone Number (999-999-9999):	

Return Form To:

AetnaNetworkAnalytics@aetna.com

Please ensure that you receive a response within 24 hours confirming the receipt of your provider nomination from this mailbox, otherwise your nomination may not have been received.

This document will be available at www.egtrust.org by the middle of next week.

MERITAIN HEALTH
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Network And Non-Network Benefits Replace The Four Tiers Of Benefits

Beginning with dates of service September 1, 2015 members will have a two tier plan design (Network and Non-Network). Any amount of deductible or out of pocket satisfied through August 31, 2015 will be carried over to both the Network and Non-Network deductible and out of pocket accumulations. Beginning September 1, 2015 the Network and Non-Network deductibles and out of pocket maximums will accumulate separately. Network will not count towards Non-Network and Non-Network will not count toward the Network deductible and out of pocket maximums. In addition, all ambulance charges will count toward the Network deductible, out of pocket maximum and ACA cost share maximum. All Emergency Room coinsurance will count toward the Network out of pocket maximum and ACA cost share maximum. The calendar year deductible does not apply to Emergency Room services but the copays will count toward the ACA cost share maximum. Following is a summary of the Schedules of Benefits for services on or after September 1, 2015.

	Benefits Effective September 1, 2015			
	Plan A		**Plan B**	
Description of Services	**NETWORK**	**NON-NETWORK**	**NETWORK**	**NON-NETWORK**
Deductible INDIVIDUAL FAMILY	 $300/$400** $900/$1,200**	 $800 $2,400	 $500/$600** $1,500/$1,800**	 $1,200 $3,600
Out of Pocket Maximum INDIVIDUAL FAMILY	 $1,100/$1,200** $2,200/$2,400**	 $3,700 $11,100	 $1,200/$1,300** $3,600/$3,900**	 $4,100 $12,300
Cost Share Maximum INDIVIDUAL FAMILY	 $6,600 $13,200	 N/A N/A	 $6,600 $13,200	 N/A N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement	90%	70%	85%	65%
Inpatient Hospital (Illness or Injury)	$250 Copay Then 90%	$550 Copay Then 70%	$250 Copay Then 85%	$550 Copay Then 65%
Outpatient Surgery	$250 Copay Then 90%	$550 Copay Then 70%	$250 Copay Then 85%	$550 Copay Then 65%
Primary Doctor (PCP) Office Visit	$25 Copay Then 100% No deductible	70%	$25 Copay Then 100% No deductible	65%

Specialist Office Visit with Primary Doctor (PCP) Referral/Notification	$30 Copay Then 100% No deductible		70%	$30 Copay Then 100% No deductible		65%
Specialist Office Visit without Primary Doctor (PCP) Referral/Notification	$40 Copay Then 100% No deductible		70%	$40 Copay Then 100% No deductible		65%
Emergency Room	$300 Copay Then 85% No deductible		$300 Copay Then 85% No deductible	$300 Copay Then 85% No deductible		$300 Copay Then 85% No deductible
Urgent Care Facility	$40 Copay Then 90% No deductible		$40 Copay Then 90% No deductible	$40 Copay Then 90% No deductible		$40 Copay Then 90% No deductible
Drug Card	**Retail 30 days**	**Retail 90 day Maintenance Drug after first 2 fills**	**Home Delivery up to 90 days**	**Retail 30 days**	**Retail 90 day Maintenance Drug after first 2 fills**	**Home Delivery up to 90 days**
GENERIC	$12	$36	$30	$12	$36	$30
FORMULARY	$25	$85	$55	$25	$85	$55
NON-FORMULARY	$40	$130	$100	$40	$130	$100
RATES Employee Only Employee + Spouse Employee + Child(ren) Family		**$764** **$1,576** **$1,524** **$1,696**			**$692** **$1,424** **$1,372** **$1,530**	

	Benefits Effective September 1, 2015			
	Plan C		HDHP (HSA Qualified Plan)	
Description of Services	**NETWORK**	**NON-NETWORK**	**NETWORK**	**NON-NETWORK**
Deductible				
INDIVIDUAL	$1,000/$1,100**	$2,200	$1,300	$2,600
FAMILY	$3,000/$3,300**	$6,600	$2,600	$5,200
Out of Pocket Maximum				
INDIVIDUAL	$2,200/$2,300**	$6,900	$3,900	$7,750
FAMILY	$6,600/$6,900**	$20,700	$7,800	$15,500
Cost Share Maximum				
INDIVIDUAL	$6,600	N/A	$6,600	N/A
FAMILY	$13,200	N/A	$13,200	N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement	80%	60%	90% / 80%**	60%
Inpatient Hospital (Illness or Injury)	$250 Copay Then 80%	$550 Copay Then 60%	$250 Copay, Then 80%	$550 Copay, Then 60%
Outpatient Surgery	$250 Copay Then 80%	$550 Copay Then 60%	$250 Copay, Then 80%	$550 Copay, Then 60%
Primary Doctor (PCP) Office Visit	$25 Copay Then 100% No deductible	60%	$25 Copay, Then 80%	60%
Specialist Office Visit with Primary Doctor (PCP) Referral/Notification	$30 Copay Then 100% No deductible	60%	$30 Copay Then 80%	60%
Specialist Office Visit without Primary Doctor (PCP) Referral/Notification	$40 Copay Then 100% No deductible	60%	$40 Copay Then 80%	60%
Emergency Room	$300 Copay Then 85% No deductible	$300 Copay Then 85% No deductible	$300 Copay Then 80%	$300 Copay, Then 80%

Urgent Care Facility	$40 Copay Then 90% No deductible		$40 Copay Then 90% No deductible	$40 Copay Then 80%		$40 Copay Then 80%
Drug Card	**Retail 30 days**	**Retail 90 day Maintenance Drug after first 2 fills**	**Home Delivery up to 90 days**	**Retail 30 days**	**Retail 90 day Maintenance Drug after first 2 fills**	**Home Delivery up to 90 days**
GENERIC	$12	$36	$30	$12	$36	$30
FORMULARY	$25	$85	$55	$25	$85	$55
NON-FORMULARY	$40	$130	$100	$40	$130	$100
RATES						
Employee Only	**$596**			**$508**		
Employee + Spouse	**$1,234**			**$1,044**		
Employee + Child(ren)	**$1,191**			**$1,026**		
Family	**$1,328**			**$1,126**		

Notes:

Network and Non-Network deductibles and out of pockets will accumulate separately.
Ambulance charges will count toward the Network deductible, out of pocket maximum and ACA cost share maximum.

Emergency Room (ER) coinsurance will count toward the Network out of pocket maximum and ACA cost share maximum. ER copays will count toward the ACA cost share maximum. The deductible does not apply to ER charges.

All prescription drug copays and member cost share will count toward the ACA cost share maximum.

***** Members may achieve a reduced individual and family deductible and out of pocket when completing the wellness requirements. Members enrolled in Plan HDHP may achieve a 10% increased benefit level when completing the wellness requirements.***

Benefit Changes Effective September 1, 2015

- **Expand 100% Lab Benefit.** The Plan currently pays 100% benefit when members use LabCard providers for diagnostic lab services. Beginning September 1, 2015 all independent Lab services provided by a Network provider will be reimbursed at 100% with no member cost share. This includes only those lab services billed by an independent lab provider in the Network, including but not limited to Quest providers. The 100% benefit does not apply to outpatient lab services provided in a hospital or physician's office. Independent lab services are normally billed with a place of service code "81". Those are the Network lab services that will be reimbursed at 100%.

- **Cover Nexium 24 Hour OTC with $0 Copay.** Coverage for Nexium 24 hour OTC with no copay has recently been added to the prescription drug coverage. Your Pharmacy Benefits Manager, Scrip World continues to reach out to members currently taking prescription Nexium to educate them about the benefits of making this change. The active ingredients are equivalent but the cost of the OTC version is considerably less than prescription Nexium.

- **Specialty Drug Copays.** For many years the copay for injectable specialty medications has been 3% of the ingredient cost of the drug in addition to the normal copay. In order to mitigate the cost for all members taking specialty drugs (oral or injectable), beginning September 1, 2015 the member cost share for all specialty drugs will be capped at $150 per month. In addition, beginning September 1, 2016, the 3% of the ingredient cost in addition to the normal copay will be extended to include oral specialty drugs.

- **Workers Compensation Leaves.** The Plan provides that an employee may stay on regular plan coverage during a leave of absence approved by the employer for up to 12 months from the last day of the month in which the employee worked. After 12 months, the employee (and any family members) must be moved to COBRA status even if the employee is still on leave. Any employee on leave for more than 12 months must be converted to COBRA or offered COBRA coverage. In order for coverage to continue past the 12 months the election to continue must be completed and the premium must be paid. This is not a change in Plan rules, but simply a clarification to minimize further confusion.

- **Participants May Change Plans when Adding a Dependent Mid-year.** The Plan currently provides that if a member has an appropriate change in status event, the employee may add coverage for a dependent mid-year, but cannot change Plans and must add the dependent to the Plan in which the member is enrolled. To comply with HIPAA regulations, the Plan is being amended to allow participants to change to a different Plan if they have any change in status event that allows them to add a dependent to the participant's existing coverage. This is an exception to the rule that requires 12 months advance notice if a participant wants to move to a richer Plan. In all cases, all covered family members must be enrolled in the same Plan.

- **Participants May Revoke Plan Coverage Due to Marketplace Special Enrollment.** The Plan already permits members to elect or drop coverage during insurance marketplace annual open enrollment periods in order to move to or from marketplace coverage effective as of January 1 each year. IRS recently issued guidance stating that Section 125 plans may be amended to allow employees to revoke their elections for employer plan coverage if they have a special enrollment period for marketplace enrollment, such as birth, marriage, death, a spouse's loss of other coverage, etc., and enroll for marketplace coverage. This recognizes that if a new dependent is acquired or a family member loses other coverage, it may be more advantageous for the entire family to obtain private insurance than to enroll in the employer plan. The Plan is being amended to permit members to revoke Plan coverage in order to move to private insurance, through the marketplace or otherwise, if they have a special enrollment event that would allow them to enroll for marketplace coverage. Member districts with Section 125 plans should contact their advisors before allowing employees to revoke salary reduction elections mid-year in these circumstances.

Voluntary Health Plan Programs

HEALTHCARE BLUE BOOK

As the school year wraps up, many parents begin to schedule medical procedures for their children that may have been put off during the school year. One of the most common ways for parents to save money is for non-emergency medical procedures, like the removal of tonsils and adenoids or the placement of ear tubes.

Where you go for your children's care matters as the price difference from one facility to another can be quite significant. Your child's doctor can likely perform the procedure at multiple facilities, with no loss of quality. In the St. Louis area, ear tube placement can vary in price by over $7,000 or 500%. A tonsillectomy in the Greater St. Louis area can vary in price by a whopping $13,000 or 800%. As a part of the Go Green to Get Green rewards program, Egyptian Trust also offers a $50 reward for going to a green provider for tonsillectomy and ear tubes. You can save enough money on these procedures to visit that vacation spot you've been eying!

Log in to Healthcare Bluebook by going to **www.egtrust.org** clicking on the Egyptian Area Schools/Care Coordinators by Quantum Health logo (black, green and white at the bottom right side of the Home page). When you enter the Care Coordinators site enter your username and password and look for Healthcare Bluebook in the navigation bar on the left side of the screen.

You can also visit **www.egtrust.org** and look for Healthcare Bluebook (blue and white logo) on the bottom left side of the screen. Login using your last name and the last four digits of your social security number. Download the free Apple or Android apps to find a Fair Price facility. You'll need to login to the website the first time in order to get your specific mobile code.

To encourage members to use the Blue Book tool and choose lower cost providers, the Trust offers cash incentives for using green zone providers for certain procedures. When a member has one of the procedures listed below performed by a "green zone" provider, the member will receive a check in the specified amount.

Service Type	Procedure Name	Incentive
Cardiac	Doppler Exam of the Heart	$25
Cardiac	Heart Echo Imaging	$25
Cardiac	Heart Perfusion Imaging	$50
Outpatient	Remove Tonsils and Adenoids	$50
Outpatient	Ear Tubes	$50
Outpatient	Cataract Surgery	$50
Outpatient	Laparoscopic Cholecystectomy	$50
Outpatient	Lithotripsy	$50
Outpatient	Knee Arthroscopy	$100
Outpatient	Shoulder Arthroscopy	$100
Outpatient	Rotator Cuff Repair	$100
Outpatient	Carpal Tunnel Surgery	$50
Diagnostic	Colonoscopy (with and without biopsy)	$100

Diagnostic	Upper GI Endoscopy (with and without biopsy)	$100
Diagnostic	Sleep Study	$50
Imaging	All CTs	$25
Imaging	All MRIs	$25
Women's Health	Breast Biopsy (with device)	$50
Women's Health	Hysteroscopy with Biopsy	$50

The Healthcare Blue Book tool will also allow you to search for any number of other procedures for price comparison purposes. While no incentives are offered for other than the procedures noted above, the member may still compare provider costs resulting in reduced out of pocket expenses for the member.

Don't forget about your one stop shop for all of your health care questions.
Your answers are just a click or phone call away.

Questions about your medical or prescription drug benefits, finding a network provider, or any health plan related question?

Contact a Care Coordinator at:

(855) 452-9997

Or go to www.egtrust.org and click on:

EGYPTIAN AREA SCHOOLS | CARE COORDINATORS BY QUANTUM HEALTH

Have a Safe and Happy Summer!

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