Understanding your benefits

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

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

Healthcare benefits when you’re sick
- Inpatient vs. outpatient care
- Home healthcare
- Rehabilitation services
- Doctor visits and prescription drugs
- Mail order prescriptions
- A large and convenient provider network

ASBAIT dental and vision benefits (if applicable)
- Freedom to utilize any provider of your choice
- Benefits payable to any provider
- Direct member reimbursement available

For a listing of your dental and vision benefits, refer to the Benefits Schedule. Refer to your SPD for more complete information.

Support when you need it
- Employee Assistance Program (EAP) brought to you by Alliance Work Partners.
- EAP Nurse Line: Talk to a registered nurse anytime, 24/7, about questions and symptoms.
- www.meritain.com—access easy-to-use decision support tools that help you weigh your care options, and provide cost and quality information.

Programs for healthy change
- Working~Well Employee Wellness Program: Programs to help you improve your health, fitness and quality of life.
- Catamaran® (OptumRx®) clinical programs: Step care, diabetes management, medication monitoring and specialty pharmacy.
- www.azblue.com/chsnetwork: Discounts offered to you for acupuncture, fitness clubs, massage therapy and more. You can begin registration by clicking Choose Healthy on the left side of the webpage. Call 1.877.335.2746 for more information.
In this section

- Health benefits for your family
- Enrolling at a later date
- Special enrollment situations
- If your spouse already has coverage

How healthcare reform affects your plan

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

Important things to know about eligibility

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

Healthy balance for your family, too

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

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

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

ACA note: Dependent coverage is available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee’s biological, step, foster or adopted child (including a child placed for adoption) until such child reaches age 26.

Please refer to your summary plan description for specific requirements.

Family members covered by a different plan

If you have a family member covered by a different plan:

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

When your dependents are not eligible for benefits under your plan

Tell your employer if:

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

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

When you have benefits from two group plans

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

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

The birthday rule

If both parents provide benefits for a child, then the primary plan is the one from the parent whose birthday comes first in the year.

So, if one parent’s birthday is January 12 and the other parent’s is April 1, the primary payer will be the plan from the parent whose birthday comes first—January 12. In the unusual case that both parents have the same birthday, the plan of the parent who has provided benefits longest for the child will be primary.

If you say “no” to this plan now

You can refuse the benefits of this plan, but be sure you’ve looked at the pluses and minuses of that decision. Important: If you don’t enroll now, you’ll have to wait for your employer to offer an open enrollment period.

If you lose other group benefits that you or your dependents might have, and it’s not your fault (for example, the covered person is laid off or let go from a job) you’ll be able to sign up for this plan. Likewise, if you have an event such as your own marriage, divorce, or the birth or adoption of a child, you will have another brief period to sign up for this plan without waiting for your employer’s open enrollment period. These are considered qualifying events.

Open enrollment period

If you waive or decline benefits at first but change your mind later, you can sign up during the time period designated by your employer. Refer to your summary plan description to determine if your plan offers open enrollment.

Special enrollment situations

In these situations, you may be able to add, delete or change your benefit choices.

- Involuntary loss of other benefits
- Marriage
- Birth
- Adoption
- Placement of a child in your home for adoption

If you’re adding a dependent to your benefits through a special enrollment situation, let your employer know within 30 or 31 days (varies by district) of the marriage, birth, adoption, etc.; however, this can vary by group.
Understanding your medical benefits

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

In this section

- Preventive care
- Online tools with myMERITAIN
- Using your benefits
- Medical management and precertification
- Dental care
- Vision care
- Prescription benefits
- ASBAIT’s Nurse Health Coaching
- Employee Assistance Program (EAP)

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

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

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

**Take an easy step towards good health**

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

Your preventive care benefits have been enhanced to provide you and your family with an even greater opportunity to take command of your health and well-being. These benefits include women’s preventive services, such as preventive prenatal care, contraceptives, lactation counseling and breast pumps. You won’t have to pay anything for these services when:

- The doctor or other healthcare provider is in your network and the main purpose of your visit is to get preventive care.
- You choose generic contraceptives (unless brand name drugs are otherwise allowed under your plan).
- You buy a breast pump according to the guidelines of your benefits plan.

In addition, your benefits plan covers the member share when your provider bills for the following services separately from other services:

- Administration of certain contraceptives, such as the insertion of IUDs or injections
- Women’s sterilization procedures

For detailed plan information on your enhanced preventive care benefits, consult your plan document or call the number on your member ID Card. For prescription questions, please contact your Pharmacy Benefit Manager using the number on your ID Card.

Using your medical benefits

Save when you see network providers

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

Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that ASBAIT can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you’re sick.

No referrals

You don’t have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but ASBAIT recommends that you build a relationship with a “home base” doctor—one who has all of your records and health history. For best benefits, see specialists that are in the network (called “in-network” or “participating” providers). Remember, if you see providers outside the network, you’ll share more of the cost. To be sure the plan pays for charges from any out-of-network provider you choose, call customer service before you receive care.

When it’s an emergency

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

Helpful tip

You can realize savings while on the road to meeting your annual deductible when you visit doctors and facilities within your provider network.

ASBAIT Network—BCBS of Arizona

Your plan’s provider network does not require the selection of a Primary Care Physician (PCP), nor are referrals required in order to receive medical services.
Important: The Arizona School Boards Association Insurance Trust (ASBAIT) Plan contracts with BlueCross/BlueShield of Arizona to use their provider network. This medical benefits plan is provided exclusively by ASBAIT and the member school district with claims being paid by Meritain Health. BlueCross/BlueShield of Arizona is not the name of this plan nor is it the insurance carrier.

To locate a provider in your area, just visit www.azblue.com/chsnetwork. Choose ID Cards without alpha prefix.

Special points of interest

- When you need to see your doctor let them know that you have BCBS of AZ and present your ASBAIT medical/Rx card upon your visit.
- By receiving your care and services from a provider in the BlueCross/BlueShield of Arizona Network, you will receive a higher level of benefits (in-network) and therefore have less out-of-pocket expenses.
- The plan/provider network does not require the selection of a PCP, nor are referrals required in order to receive medical services.
- If the need for emergency medical care occurs when traveling outside the plan’s network, benefits will be paid as in-network benefits if medical attention was required due to an accident or illness which was serious enough to constitute an “emergency” as defined in the Plan Document.
- Refer to your schedule of benefits for major medical services and benefits.

Nationwide provider access outside of Arizona

When you and your family must seek healthcare services outside of Arizona, you have access to Aetna’s broad national provider network of healthcare providers and facilities. Aetna’s network contains more than 850,000 participating physicians and ancillary providers, with 6,900 hospitals. When you must visit providers outside of Arizona, the Aetna network will provide in-network benefits. Please note: Transplant services will continue to be administered by BlueCross/BlueShield of Arizona providers only.

Looking for an Aetna provider? It’s easy!

Visit Aetna’s DocFind at http://www.aetna.com/docfind/custom/mymeritain/

You can use DocFind anywhere you have Internet access. If you have questions while searching for a healthcare professional, simply click on the Contact DocFind link located at the top of any DocFind page to send us a comment or question.

Support for your health journey

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

How to obtain precertification

For non-emergency procedures and hospital admissions: The covered person or the physician must contact Medical Management prior to the admission or in advance of the procedure. Medical Management will review the request for services and contact the physician for any records or additional information necessary to thoroughly evaluate the need for services.

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

Questions about ASBAIT medical management?

You can contact a medical management nurse at 1.8555ASBAIT or 1.855.527.2248

Precertification of a procedure does not guarantee benefits

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

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

- Chemotherapy: All settings including services rendered in a physician’s office.
- Dialysis: All settings including services rendered in a physician’s office.
- Durable Medical Equipment in excess of $1,500.
- Hospice care
- Inpatient admissions, including inpatient admissions to a skilled nursing facility, extended care facility, rehabilitation facility and inpatient admissions due to a mental disorder or substance use disorder.
- Radiation: All settings including services rendered in a physician’s office.
- Imaging, limited to the following: CT/MRA/MRI/PET scans, scintimammography, capsule endoscopy and U.S. bone density (heel).
- Morbid obesity surgery
- Transplants
- Outpatient surgical procedures, (not including surgery rendered in a physician’s office.)
- Pain management injections, including services rendered in a physician’s office.
- Oncotype diagnostic testing.

Failure to comply with the precertification requirements may result in penalties which you will be responsible for. A 20 percent reduction in benefits may be taken, or you may be disqualified from benefits altogether.

Your doctor may request precertification for you, however you are ultimately responsible for making sure precertification is obtained when required.

On-site biometric screenings

A biometric is a measure of your body’s performance and health. If your employer agrees to participate, we come to you—at your work place—to help you get a picture of your current health. The program is voluntary.

Here’s how it works

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

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

ASBAIT’s Nurse Health Coaching

If you have an ongoing medical condition, you are far from alone. According to a recent study, nearly 50 percent of Americans have medical conditions of one kind or another. These conditions cause major limitations in daily living for almost 1 out of 10.

However, by adopting healthy behaviors, such as eating nutritious foods, being physically active and avoiding tobacco use, you can reduce or eliminate complications associated with your condition.

Controlling your condition

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

ASBAIT’s Nurse Health Coaching program helps members manage the following conditions:

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

Participating in the program

If you are invited to participate in ASBAIT’s Nurse Health Coaching Program and you choose to do so, you will promptly receive information about the program’s resources and educational opportunities. You may also enroll yourself if you think you will benefit from the program.

Getting the assistance you need

As a program participant, you will be assigned a personal nurse coach. Your nurse coach is a registered nurse that uses motivational techniques to build your self-confidence in managing your condition and identifies ways you can get and stay healthy.
Specifically, your nurse coach will:

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

Think you may benefit from the program?

If you think you would benefit from the program but you have not been contacted, please call 1.855.527.2248. We are ready to help you manage your condition and maximize the quality of your life.

Alliance Work Partners:
Your Employee Assistance Program

Alliance Work Partners (AWP) is your EAP provider, offering you and your family valuable, confidential services at no cost to you. Designated to help you manage daily responsibilities, life events, work stresses or issues affecting your quality of life, AWP is available to take your call 24 hours a day, 7 days a week.

Key provisions of the EAP:

- 1-5 short term counseling session per problem per year, which includes assessment, referral and crisis services
- Dependents age 26, or under, and the employee’s household members are eligible to use the confidential EAP
- The EAP is available at no cost to the employee or family member and is confidential
- Legal and financial services
- Work Life services
- Nurseline
- HelpNet services—access to online materials

The EAP Nurseline: Call anytime, day or night!

What do you do when you’re not sure WHAT to do?:

- When you don’t know where to go for care (is it really an emergency?).
- When it’s 4 a.m. and your child can’t stop coughing?
- When you’ve taken a tumble and your ankle is swelling?

Now you can call the EAP Nurseline to talk to a registered nurse who will listen and give you professional, seasoned advice, making sure you get care in the right place at the right time. One more great support feature for plan participants: Our nurse counselors can connect you to community resources, like support groups, classes and seminars.

- Stress
- Grief
- Marital
- Relationships
- Sub stance Abuse
- Emotional Health
- Family
- Occupational
- Legal
- Financial

Guidance and confidential counseling for you and your family: EAP Teen Line: 1.800.334.TEEN (8336).

Visit your EAP website at alliancewp.com

Create a customized account by going to:

- Go to http://www.alliancewp.com
- Click login at the top right
- Initial login: Email: ASBAITmember Password: AWP4me (case sensitive)
- You’ll be prompted to create your own unique username and password

Safe Ride Program

For those occasional moments when calling a cab is the right thing to do, the Safe Ride Program is available—another FREE and CONFIDENTIAL program for you and your family. AWP will reimburse the cost of cab fare (up to 50 miles one way) when you choose to call a cab rather than drive or ride with someone who has had too much to drink. For more details please call AWP’s 24-hour toll-free number: 1.800.343.3822.
Your prescription for a healthier budget

When you need prescriptions filled, you have your easy-to-use prescription drug benefit. But to get the most from your benefits plan, it pays to be a wise consumer.

Your prescription drug benefit is administered by Catamaran (OptumRx).

Catamaran, your pharmacy benefit administrator, has combined with OptumRx. The companies have joined forces to deliver enhanced pharmacy benefit services and a better health care experience for our members.

This name change does not affect your plan benefits, your ID card, the pharmacies you can use, the drugs covered by your plan or the amount you pay for them.

Controlling your prescription copay

In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture, and they’re just as effective as the name brands. You’ll save money when you request them because generics have a lower copay than preferred or non-preferred drugs. Visit www.mycatamaranrx.com for a drug formulary, which lists which drugs are considered preferred or non-preferred.

Prescription drug copays

<table>
<thead>
<tr>
<th>Service</th>
<th>Retail</th>
<th>90-day mail order**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory generic</td>
<td>$15</td>
<td>$30</td>
</tr>
<tr>
<td>Preferred brand-name*</td>
<td>20% ($25 min; $80 max)</td>
<td>20% ($50 min; $175 max)</td>
</tr>
<tr>
<td>Non-preferred brand-name</td>
<td>30% ($40 min; $110 max)</td>
<td>30% ($80 min; $225 max)</td>
</tr>
<tr>
<td>Specialty drug (BriovaRX)</td>
<td>20% ($100 min; $150 max)</td>
<td>NA</td>
</tr>
<tr>
<td>HDHP plans</td>
<td>80%, after ded</td>
<td>80%, after ded</td>
</tr>
<tr>
<td>HDHP $3000</td>
<td>100%, after ded</td>
<td>100%, after ded</td>
</tr>
</tbody>
</table>

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

** Mandatory Mail Order Program—This plan will allow maintenance medications to be filled at retail in 30 day quantities only. For members who would like to purchase a 90 day supply of maintenance medications, the mail order option must be chosen.

If your prescription is subject to prior authorization or step care, the pharmacist will make contact with the prescriber. You may also contact Catamaran (OptumRx) Customer Services at 1.877.665.6609 (same phone number as the Pharmacy Help Desk) for more information.

Why generics make sense

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

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

Specialty drugs

BriovaRX is a specialty pharmacy that works as a support system for you and your providers. BriovaRX delivers patient care personalized to meet your individual needs. They will work with you to ensure you are comfortable with your medications, dosing and potential side effects. A staff member will stay in contact with you throughout treatment and notify your physician of any adverse events or complications as they arise.

To learn more about your specialty medication service, visit BriovaRX.com or contact the customer service team at 855.4Briova (855.427.4682).

Maintenance drugs

You may fill maintenance drugs at the retail pharmacy however, you will only be able to fill 30 day quantities at a time subject to retail copays.

To receive a three month supply of your maintenance medication for two months copay, you must use the mail order service.

Contact Catamaran (OptumRx)
Contact the Pharmacy Help Desk/Customer Service at: 1.855.312.6103.
### Important Contact Information

#### Important plan contacts

<table>
<thead>
<tr>
<th>What do you need help with?</th>
<th>Who to contact</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>My ASBAIT benefits</td>
<td>Meritain Health Customer Service</td>
<td>1.866.300.8449 or 1.602.789.1170</td>
</tr>
<tr>
<td>My prescription drug benefits</td>
<td>Catamaran (OptumRx)</td>
<td>1.855.312.6103 or 1.877.655.6609</td>
</tr>
<tr>
<td></td>
<td>Clinical Prior Authorization</td>
<td></td>
</tr>
<tr>
<td>Precertification</td>
<td>ASBAIT Medical Management</td>
<td>1.8555ASBAIT or 1.855.527.2248</td>
</tr>
<tr>
<td>EAP/Nurseline</td>
<td>Alliance Work Partners (AWP)</td>
<td>1.800.343.3822</td>
</tr>
<tr>
<td>Health U-Safe U Wellness Program</td>
<td>Edwards Risk Management</td>
<td>1.800.575.2657</td>
</tr>
<tr>
<td>Nurse Health Coaching</td>
<td>Meritain Health</td>
<td>1.855.527.2248</td>
</tr>
</tbody>
</table>

#### Claims and customer service information

**Balancing healthcare costs: What you pay and what the plan pays.**

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

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

**Claims and customer service**

Meritain Health has been the claims administrator for ASBAIT since 1996. All claims adjudication and customer service inquiries are handled by Meritain Health staff members. Correspondence regarding your claims will be sent from our office. The goal of our Customer Service department is to ensure that school employees understand their plan features and receive immediate assistance regarding claims issues, from a highly-qualified and trained staff member. You will be treated with respect, as we are responsible to you for first call resolution with results. It is our goal to not only meet, but exceed your expectations. If you have any questions regarding your benefit plan(s) please contact Meritain Health Customer Service at 1.602.789.1170, or toll free at 1.866.300.8449.

**Claim submission**

Mail your claim forms and attachments to:

Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
24-hour access to online tools with myMERITAIN

Your Meritain Health member website at www.meritain.com is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We’re committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your healthcare dollars.

Your online tools and resources

With myMERITAIN you can:

- Look up health and wellness topics.
- Keep track of your Flexible Spending Account (FSA).
- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Order ID Cards.
- View plan documents.

Your secure member site

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

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

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

On-the-go access to your Meritain Health benefits

Now you can get benefits information when and where you need it—right from your smart phones and tablets. It’s all part of the new Mobile Capabilities for members from Meritain Health. And it’s available now.

Easy to access and easy to use

1. First, simply register for your mobile account through www.meritain.com.

(If you've already registered to access your personal information on myMERITAIN—you can skip this step. Simply log in to myMERITAIN through the browser on your smart device to access your account.)

2. From any mobile device, just log into myMERITAIN. Once you do, your mobile features will be ready to use. You'll find quick-to-navigate displays you can easily use with your device's touch screen.

* For best results, we recommend you register for your mobile account using a desktop computer.

If you have any questions about how to register or use Meritain Health’s Mobile Capabilities, we can help. Simply call Meritain Health Customer Service at 1.866.300.8449 or 1.602.789.1170.

You may not always be in front of your computer. But now, you'll always be able to find the healthcare information you need to help you get the most out of your healthcare benefits. It is one more way Meritain Health is working hard to help you be your healthiest self.

Privacy regulations

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

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at 1.866.300.8449 or 1.602.789.1170.

Wellness resources right at your fingertips

The more health tools, the merrier! That’s why you have online access to the ASBAIT Wellness Portal through www.meritain.com. You can access the ASBAIT Wellness Portal around the clock, from any computer or smart phone. It gives you the resources you need to take control of your wellness.

Your online health tools

After you register for the ASBAIT Wellness Portal, you’ll gain access to a variety of wellness resources, including:

- An online health assessment.
- Multi-media health tools, such as recommended health actions and activities, videos, webinars, audio files and more.
- A customizable personal health record.
- The option to create and share information with a personal care team.

If you have any questions about the ASBAIT Wellness Portal, you can call Meritain Health Customer Service at 1.866.300.8449 or 1.602.789.1170.
About ASBAIT

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

Mission statement

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

Governance

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

Operational authority of the Trust is by the Board of Trustees. The Board of Directors of the Arizona Association of School Boards appoints the Trustees. The Trustees consist of at least one school district governing board member, at least one superintendent of a school district, and at least one school district business manager.

The Trustees meet four to six times per year (schedule of meetings are listed elsewhere) to conduct the business of the Trust. Their major responsibilities include approving rate and renewals for members; overall budget; contractors; and independent financial audit. The Trustees may also hear and make decisions on appeals or exceptions for claim payments to member employees or dependents.

ASBAIT fast facts:

- Since 1981 ASBA has sponsored this self-funded benefit program that is exclusive to Arizona school districts and community colleges.
- ASBAIT covers over 31,000 employees and their dependents.
- Currently there are over 160 participating schools.
In this section

- Glossary of terms
- Claim forms

Glossary of terms

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

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

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

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

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

Usual and customary charge
Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:
- In the same geographic area; and
- By other providers in the same or similar medical area.

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