

# A Quick Look at Your Health Plan

# **HireRight**

Group #A8322

When you enroll with Meritain Health®, you're taking the next step towards a healthier, more balanced you.

It's important for you to understand how your health plan works. This way, you can make the changes you want in your health and in your life.

## Get the support you need for a healthy balance

Chances are, you try every day to keep a healthy balance in your life. But time can get away from you, or you might put other details first. That's why we're here: to help you focus and to support you each step of the way. You can think of your health care benefits as your resource to protect your body, mind and spirit.

# **Benefit Highlights**

## Protecting your healthy balance with preventive care



### **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.

Early detection, proper nutrition, and routine exercise are the keys to living a long and healthy life, and will also help to control long-term health care costs. Your employer encourages you to take the necessary steps—available to you right now—to ensure early detection and treatment of diseases.



### Built into your health plan are preventive benefits that cover:

- Well-child care.
- Physical exams.
- Mammogram.
- Bone density test.
- Prostate blood exam.
- o Pap smear.
- Fecal occult screening.

## Save when you visit network providers

This plan offers a network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of this 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 Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

**Remember:** if you go outside the network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

## File claims quickly and easily

If you visit a provider in your network, you shouldn't need to submit a claim for services or pay at the time of your service with the exception of a copay, if applicable. Your provider will submit the claim on your behalf and you will later receive a bill for any out-of-pocket or other balances due.

If you have visited an out-of-network provider, you may need to file a claim form to ensure that the service is billed properly. Claim forms can be found online at <a href="www.meritain.com">www.meritain.com</a> or you can obtain one from your Human Resources department. Submit the claim by fax or by mail to the fax number or mailing address listed on the claim form.

# **Benefit Highlights**

## Health care for you and your family

### When sickness or injury throw you off balance

Knowing you're in good hands when you're sick is one of the most comforting feelings there is. You can be assured your health plan has everything you'll need to get the right care if something goes wrong.

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

The benefits schedule in this packet 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).

After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80 percent. The remaining percentage, for example 20 percent, is your responsibility—your *out-of-pocket* costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100 percent. (Copays do not always apply to the out-of-pocket maximum. This varies by plan.)

## Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of **Meritain Health'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.

#### Some of these services include:

- Before admission to the hospital for elective or non-emergency services.
- Within 48 hours (two working days) after an emergency or urgent hospital admission.
- Before elective inpatient, outpatient or ambulatory surgery.
- Before inpatient substance-abuse treatment or treatment for a mental health disorder.
- Before entering an extended-care, rehabilitation or skilled-nursing facility.

Consult your Summary Plan Description for a complete listing of health care services that require precertification with a medical management nurse.

# **Benefit Highlights**

# Nationwide provider access at a discount

When you and your family seek health care services, you have access to Aetna's broad national provider network of health care providers and facilities. Aetna's network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals.¹ When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of health care.

¹ https://www.aetna.com/about-us/aetna-facts-and-subsidiaries/ aetna-facts.html

# Locate your preferred providers



With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or health care facility participates, visit https://www.aetna.com/dsepublic/#/mymeritain

## How to access your mobile web app

### iPhone®

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

### Android™

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





Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

# **Benefits Summary**

		Aetna POS	
		IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL			
Deductible		\$3,000/Individual	\$3,000/Individual
		\$6,000/Family	\$6,000/Family
Out-of-Pocket Maximum		\$6,000/Individual	\$6,000/Individual
(Including Deductible, Copayments & Coinsurance)		\$12,000/Family	\$12,000/Family
Coinsurance		20%	40%
PREVENTIVE CARE		100%, Deductible Waived	Not Covered
PHYSICIANS OFFICE VISITS		\$30 copay, Deductible Waived	40% after Deductible
SPECIALIST OFFICE VISITS		\$50 copay, Deductible Waived	40% after Deductible
URGENT CARE		\$50, copay, Deductible Waived	40% after Deductible
EMERGENCY ROOM		20% after Deductible	20% after Deductible
HOSPITAL INPATIENT CARE		20% after Deductible	40% after Deductible
HOSPITAL OUTPATIENT CARE		20% after Deductible	40% after Deductible
PRESCRIPTION DRUG CARD			
Retail (31 days supply)	Generic	\$10	Not Covered
	Preferred	\$25	Not Covered
	Non-Preferred	\$50	Not Covered
	Specialty	30% up to \$150	Not Covered
Mail Order (up to 90 days supply)	Generic	\$20	Not Covered
	Preferred	\$50	Not Covered
	Non-Preferred	\$100	Not Covered
Specialty Drugs mail order up to 31 days	Specialty	30% up to \$150	Not Covered

This is a brief outline of your benefits. It is not a Summary Plan Description or intended to replace the Schedule of Benefits contained within the Plan Document.

If any provision is inconsistent with the language of the Plan Document, the Plan Document will govern.

# **Benefits Summary**

		Aetna HDHP	
		IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL			
Deductible		\$1,500/Individual	\$1,500/Individual
		\$3,000/Family	\$3,000/Family
Out-of-Pocket Maximum		\$3,350/Individual	\$3,350/Individual
(Including Deductible, Copayments & Coinsurance)		\$6,700/Family	\$6,700/Individual
Coinsurance		10%	30%
PREVENTIVE CARE		100%, Deductible Waived	Not Covered
PHYSICIANS OFFICE VISITS		10% after Deductible	30% after Deductible
SPECIALIST OFFICE VISITS		10% after Deductible	30% after Deductible
URGENT CARE		10% after Deductible	30% after Deductible
EMERGENCY ROOM		10% after Deductible	10% after Deductible
HOSPITAL INPATIENT CARE		10% after Deductible	30% after Deductible
HOSPITAL OUTPATIENT CARE		10% after Deductible	30% after Deductible
PRESCRIPTION DRUG CARD		Medical Deductible Applies to Rx	
Retail (31 days supply)	Generic	\$10	Not Covered
	Preferred	\$25	Not Covered
	Non-Preferred	\$50	Not Covered
	Specialty	30% up to \$150	Not Covered
Mail Order (up to 90 days supply)	Generic	\$20	Not Covered
	Preferred	\$50	Not Covered
	Non-Preferred	\$100	Not Covered
Specialty Drugs mail order up to 31 days	Specialty	30% up to \$150	Not Covered

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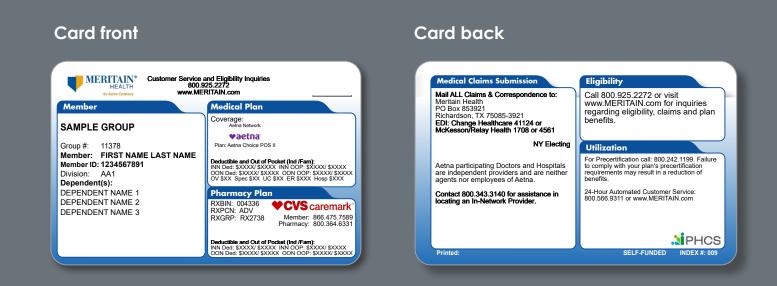
## Your Guide to Enrollment

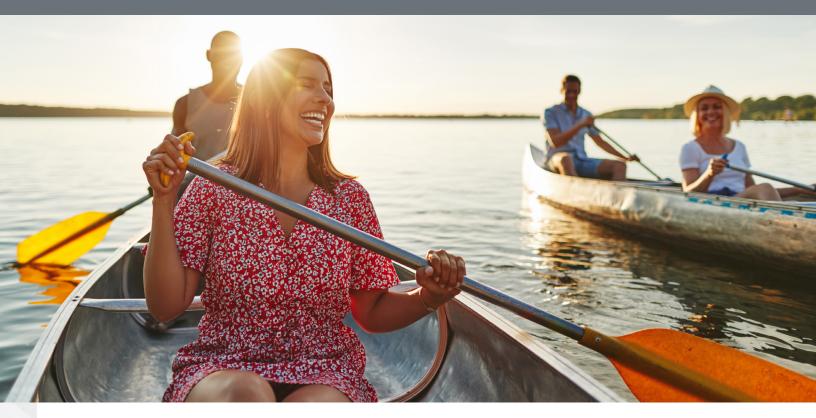
## The final step toward better balance and better living

After you've completed enrollment, your employer has approved it and after any waiting period has passed, your benefits will be effective.

Your Meritain Health ID card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you. If you misplace your ID card, use the Meritain Health mobile app to access your member portal to get a copy of your ID on the go!

### Sample ID card





## **Convenient Tools and Resources**

### Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health member website**. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. 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.

### Registration for the member website is easy

If you're already registered to access your online account, simply enter <u>www.meritain.com</u> into your browser and login from the homepage.

If you're not yet registered, it's OK. Registration is an easy three-step process.



Scan the QR code and click on the link to register or visit <a href="https://www.meritain.com">www.meritain.com</a>. Then, in the top right corner, click *Register*.



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Next, select *Member* under *I* am a and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click *Continue*.

**Please note:** You may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

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You will need to fill in your:

- Group ID (located on your member ID card).
- Member ID (located on your member ID card).
- Date of birth.

- Name.
- ZIP code.
- Email address.

You can then create a username and password. After that, you will be asked to confirm your email address—then you're done! The next time you log in, just use the same username and password.



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

## **Convenient Tools and Resources**

## Important plan contacts

### What do you need help with?

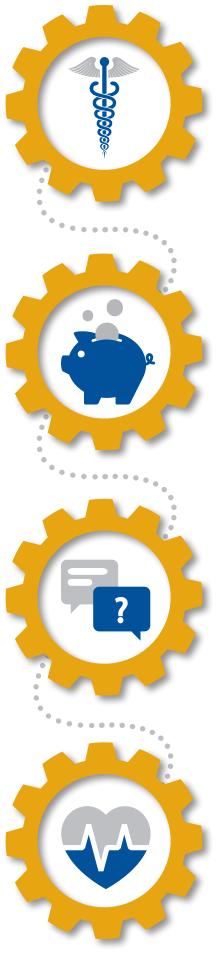
My medical benefits

In-network doctors or hospitals
Meritain Health Customer Service **1.800.925.2272**Access your Meritain Health member portal at
<a href="https://www.meritain.com">www.meritain.com</a>

The Aetna Choice® POS II provider network
Aetna provider line **1.800.343.3140**<a href="https://www.aetna.com/docfind/custom/mymeritain">www.aetna.com/docfind/custom/mymeritain</a>

My prescription drug benefits MedOne Customer Service **1.800.606.3564** 

Precertification
Meritain Health Medical Management
1.800.242.1199



# Notes

