



A Quick Look at Your Health Plan

Wichita Public Schools

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 healthcare benefits as your resource to protect your body, mind and spirit.

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www.meritain.com

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Benefit Highlights

Nationwide provider access at a discount

When you and your family seek healthcare services, you have access to Aetna's broad national provider network of healthcare 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 healthcare.

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. Please note: You have two provider networks. To verify whether or not a doctor or healthcare facility participates, visit <http://www.aetna.com/docfind/custom/mymeritain/>.

24x7 Nurse Line *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 4:00 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 **24x7 Nurse Line** 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.

When you call, you can also tap into our health information library, a collection of more than 1,100 health topics, many available in Spanish or English. One more great support feature for plan participants: Our nurse counselors can connect you to community resources, like support groups, classes and seminars.

Meritain Health Member Statements

Meritain Health Member Statements are a document that replaces your Explanation of Benefits document, or EOB. The layout is similar to a bank statement, with a design that is straight-forward and easier to review than an EOB. You'll receive a member statement for each month in which you had claim activity. The statement will list all claims processed in the preceding month. In addition, member statements contain health tips and suggestions.

Along with healthcare claims, member statements track your deductible. This information is helpful for you to manage your benefits, including your healthcare dollars.

If you remain in favor of EOBs, don't worry. They're still available online and will continue to be sent only in cases of coverage denials, when they will contain instructions for filing appeals.

Benefit Highlights

On-demand medical advice from qualified physicians

Your Teladoc® program

With Teladoc, you can contact board-certified, licensed doctors by phone or email, 24 hours a day!

Sometimes you need to speak with a doctor when it's not possible to attend an office visit. That's why the Teladoc program is available to you and your family, and can be used in a variety of ways:

- During weekends, holidays or after business hours, when general practitioners don't typically schedule appointments.
- When you can't attend a medical appointment, such as when traveling or at work.
- If you need a prescription medication or refill for a common condition.

Contact a Teladoc physician at 1.800.362.2667, or send an email by logging in at www.meritain.com for advice on commonly treated conditions.

Some of these services include:

- Headaches/migraines
- Stomach ache/diarrhea
- Respiratory infections
- Urinary tract infections
- Prescription refills*
- Many other conditions

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Benefits Summary

	Base Plan		Premium Option 1 Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL				
Deductible (Ded)	\$4,500/Individual \$9,000/Family	\$9,000/Individual \$18,000/Family	\$1,500/Individual \$3,000/Family	\$3,000/Individual \$6,000/Family
Out-of-Pocket Maximum (Including Deductible, Copayments & Coinsurance)	\$6,150/Individual \$12,300/Family	\$12,300/Individual \$24,600/Family	\$4,500/Individual \$9,000/Family	\$9,000/Individual \$18,000/Family
Co-Insurance	70% Plan Pays	50% Plan Pays	70% Plan Pays	50% Plan Pays
PREVENTIVE CARE	100%, Deductible Waived	Not Covered	100%, Deductible Waived	Not Covered
TELADOC	\$15 Copay	Not Covered	\$15 Copay	Not Covered
PHYSICIANS OFFICE VISITS	\$30 Copay	Deduct then 50%	\$30 Copay	Deduct then 50%
SPECIALIST OFFICE VISITS	\$50 Copay	Deduct then 50%	\$50 Copay	Deduct then 50%
CONVENIENCE CLINIC	\$30 Copay	Not Covered	\$30 Copay	Not Covered
URGENT CARE	\$50 Copay		\$50 Copay	
EMERGENCY ROOM	\$100 Copay plus In-Network Deduct then 30%		\$100 Copay plus In-Network Deduct then 30%	
AMBULANCE	In-Network Deduct then 30%		In-Network Deduct then 30%	
TESTING				
Diagnostic Test (x-ray, blood work)	\$30 Copay	Deduct then 50%	\$30 Copay	Deduct then 50%
Imaging (CT/PET scans, MRI)	\$100 Copay plus Deduct then 30%	Deduct then 50%	\$100 Copay plus Deduct then 30%	Deduct then 50%
OUTPATIENT SURGERY	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
HOSPITAL INPATIENT CARE	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
MENTAL and BEHAVIORAL HEALTH, SUBSTANCE ABUSE				
Outpatient Services	\$50 Copay	Deduct then 50%	\$50 Copay	Deduct then 50%
Inpatient Services	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
MATERNITY CARE				
Office Visits	No Charge	Deduct then 50%	No Charge	Deduct then 50%
Childbirth/delivery professional	\$50 Copay	Deduct then 50%	\$50 Copay	Deduct then 50%
Childbirth/delivery facility	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
HOME HEALTH CARE	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
SKILLED NURSING CARE	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
HOSPICE	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
REHABILITATION SERVICES	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
DURABLE MEDICAL EQUIPMENT	Deduct then 30%	Deduct then 50%	Deduct then 30%	Deduct then 50%
PRESCRIPTION DRUG CARD				
Out-of-Pocket Maximum (Separate from Medical)	\$1,000/Individual \$2,000/Family	Not Covered Not Covered	\$2,650/Individual \$5,300/Family	Not Covered Not Covered
Retail (31 days supply)				
Generic	\$10 Copay	Not Covered	\$10 Copay	Not Covered
Preferred	\$30 Copay	Not Covered	\$30 Copay	Not Covered
Non-Preferred	\$55 Copay	Not Covered	\$55 Copay	Not Covered
Specialty	10% up to max of \$100	Not Covered	10% up to max of \$100	Not Covered
Mail Order (32-93 days supply)				
Generic	\$20 Copay	Not Covered	\$20 Copay	Not Covered
Preferred	\$60 Copay	Not Covered	\$60 Copay	Not Covered
Non-Preferred	\$110 Copay	Not Covered	\$110 Copay	Not Covered

Benefits Summary

Premium Option 2 Plan		
	IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL		
Deductible (Ded)	\$2,000/Individual \$4,000/Family	\$4,000/Individual \$8,000/Family
Out-of-Pocket Maximum (Including Deductible, Copayments & Coinsurance)	\$6,000/Individual \$12,000/Family	\$12,000/Individual \$24,000/Family
Co-Insurance	70% Plan Pays	50% Plan Pays
PREVENTIVE CARE	100%, Deductible Waived	Not Covered
TELADOC	\$15 Copay	Not Covered
PHYSICIANS OFFICE VISITS	\$30 Copay	Deduct then 50%
SPECIALIST OFFICE VISITS	\$50 Copay	Deduct then 50%
CONVENIENCE CLINIC	\$30 Copay	Not Covered
URGENT CARE	\$50 Copay	
EMERGENCY ROOM	\$100 Copay plus In-Network Deduct then 30%	
AMBULANCE	In-Network Deduct then 30%	
TESTING		
Diagnostic Test (x-ray, blood work)	\$30 Copay	Deduct then 50%
Imaging (CT/PET scans, MRI)	\$100 Copay plus Deduct then 30%	Deduct then 50%
OUTPATIENT SURGERY	Deduct then 30%	Deduct then 50%
HOSPITAL INPATIENT CARE	Deduct then 30%	Deduct then 50%
MENTAL and BEHAVIORAL HEALTH, SUBSTANCE ABUSE		
Outpatient Services	\$50 Copay	Deduct then 50%
Inpatient Services	Deduct then 30%	Deduct then 50%
MATERNITY CARE		
Office Visits	No Charge	Deduct then 50%
Childbirth/delivery professional	\$50 Copay	Deduct then 50%
Childbirth/delivery facility	Deduct then 30%	Deduct then 50%
HOME HEALTH CARE	Deduct then 30%	Deduct then 50%
SKILLED NURSING CARE	Deduct then 30%	Deduct then 50%
HOSPICE	Deduct then 30%	Deduct then 50%
REHABILITATION SERVICES	Deduct then 30%	Deduct then 50%
DURABLE MEDICAL EQUIPMENT	Deduct then 30%	Deduct then 50%
PRESCRIPTION DRUG CARD		
Out-of-Pocket Maximum (Separate from Medical)	\$1,150/Individual \$2,300/Family	Not Covered Not Covered
Retail (31 days supply)	Generic	\$10 Copay Not Covered
	Preferred	\$30 Copay Not Covered
	Non-Preferred	\$55 Copay Not Covered
	Specialty	10% up to max of \$100 Not Covered
Mail Order (32-93 days supply)	Generic	\$20 Copay Not Covered
	Preferred	\$60 Copay Not Covered
	Non-Preferred	\$110 Copay Not Covered

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.

Sample ID Card

MERITAIN HEALTH Customer Service and Eligibility Inquiries
800.925.2272
www.MERITAIN.com
An Aetna Company

Member ABC Company Group #: 53142 Member: JOHN Q SAMPLE Member ID: 123456789123 Division: 001 Dependent: JANE W SAMPLE JOHN Q SAMPLE JR	Medical Plan Coverage: Network by aetna Plan: Aetna Choice POS II Office Visit \$XX Specialist \$XX Urgent Care \$XX Emergency Room \$XX
	Pharmacy Plan RXBIN: 004336 SCRIPWORLD RXPCN: ADV Member: 866.475.7589 RXGRP: RX2738 Pharmacy: 800.364.6331 Generic \$XX Formulary \$XX Non-Formulary \$XX

Helpful Tips

- Your healthcare plan includes a network of providers you can visit for healthcare services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your medical copays are listed for you and your providers.
- Your pharmacy coverage information is listed on the front of your card, and includes customer service number and prescription copays.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

Claims Submission Provider Claims: Meritain Health PO Box 853921 Richardson TX 75085-3921 EDI: WebMD/Emdeon 41124 or McKesson/ Relay Health 1761 Correspondence & Member Submissions: Meritain Health PO Box 27810 Minneapolis MN 55427-0810 EDI: WebMD 41124 Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna. Contact 800.XXX.XXXX for assistance in locating an In-Network Provider.	Eligibility Call 800.XXX.XXXX or visit www.MERITAIN.com for inquiries regarding eligibility, claims, and plan benefits.
	Precertification Precertification Required. Call Medical Management at 800.XXX.XXXX

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Convenient Tools and Resources

Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health Member Portal**. 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 www.meritain.com into your browser and login from the homepage.

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

1. Go to www.meritain.com.
Then, in the top right corner, click *Register*.
2. 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.

3. 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

A username will be provided to you. After you create a password and confirm your email address—you're done! You'll automatically be logged into your new Meritain.com account. The next time you log in, just use the same username and password from Step 3.

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 healthcare operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).

Important plan contacts

What do you need help with?

- **My medical benefits**
Meritain Health Customer Service
1.866.760.9568 | www.meritain.com
- **The Aetna Choice® POS II provider network and Wesley Preferred provider network**
Aetna provider line
1.800.343.3140
www.aetna.com/docfind/custom/mymeritain
- **Precertification**
Meritain Health Medical Management
1.800.242.1199
- **Teladoc**
1.800.362.2667
www.MyDr.Consult.com
- **24-hour access to registered nurses**
24x7 Nurse Line
1.866.726.6529
- **My prescription drug benefits**
Maxor Plus Rx
1.800.687.0707 Customer Service
1.800.687.8629 Mail Order
1.866.629.6779 Specialty Pharmacy
- **Delta Dental**
1.800.234.3375
1.316.264.4511
- **EyeMed**
www.eyemedvisioncare.com
- **My enrollment or benefit elections**

Notes