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"The wisest mind has something yet to learn."

George Santayana

"Nothing is too small to know, and nothing is too big to attempt."

William Van Horne

We are pleased to welcome the following school districts to the Egyptian Trust:

**Atwood-Hammond C.S.D. #39
 Grayville C.U.S.D. #1**

9th Annual Bookkeeper/Administration Meetings

Once again, Meritain Health will be hosting the 9th Annual Bookkeeper/Administration Meetings. The meetings will be July 29th – July 31st, 2009 in Effingham, Mt. Vernon and Fairview Heights.

In addition to Meritain Health, representatives from Express Scripts, HealthLink, Lincoln Financial, UniView and American Fidelity will be present to discuss their individual services and products.

If you have not yet made your reservation, please do so by returning your completed invitation to the Fairview Heights, IL Meritain Health Service Office at fax 888-525-2799 or

13 Executive Drive, Suite 19
 Fairview Heights, IL 62208

As in the past, the meetings are open to all Bookkeepers, Superintendents, Business Managers, and Human Resources Personnel who wish to learn more about the Trust and the products and services offered by the Egyptian Trust. We look forward to another successful year of participation at these very important meetings.

Dependent Status Forms Due September 1, 2009

Employees with covered Dependents over age 19:

If you have a dependent age 19 to 25 (see page 2 of the newsletter for details about the **Extended Eligibility for Dependent Children Provision** which becomes effective September 1, 2009) enrolled in the Egyptian Trust Health, Vision, or Dental Plans you must submit an updated Dependent Verification form each year by September 1 in order to avoid a delay in processing claims for benefits, or filling a prescription drug.

Meritain will only request this information more than one time per year when the Dependent Child submits a claim for benefits. The Coverage Period designated in the schedule below indicates the time frames covered for Dependent Status form submitted. *You may avoid delay in processing a claim for benefits or filling a prescription drug by sending an updated form before the next coverage period begins.*

More than 50% Dependent on Employee	Full Time Student
From 9/1 thru 12/31	From 9/1 thru 12/31
From 1/1 thru 3/31	
From 4/1 thru 6/30	From 1/1 thru 8/31
From 7/1 thru 8/31	

Special Notice to Dependent Children reaching age 25 – Please refer to page 2 of this newsletter entitled Extended Eligibility for Dependent Children for detailed information regarding the rules to extend coverage to age 26 or in the case of a qualified military dependent to age 30.

**Vendor/Consultant
Websites/Phone**

Health & Dental

*View your protected
claims and eligibility and
more at:*

www.myMeritain.com

Member Services Phone
800-844-7979 or
800-828-6922

Prescription Drugs

*View your protected
prescription drug claims
history and more at:*
www.express-scripts.com

Member Services Phone
800-451-6245

Egyptian Trust

*View information about
Egyptian Trust, programs
offered by the Trust,
historical newsletters,
and more at:*
www.egtrust.org

HealthLink Providers

*Find a Tier 1 or Tier 2
Participating Provider,
create a Customized
Directory, and more at:*
www.healthlink.com

Member Services Phone
800-624-2356

UniView Vision Plan

*To find a participating
Uniview provider go to:*
www.unicare.com

Member Services Phone
888-884-8428

Lincoln Financial Group

Member Services Phone
800-423-2765

Health Plan Changes – Effective September 1, 2009

The Egyptian Trust Board of Managers approved the following changes in benefits and premiums at their May 6, 2009 meeting. Please note the following summary of health plan changes become effective September 1, 2009 with the exception of the “New Special Enrollment Rights” which became effective April 1, 2009, in accordance with federal law. The revised Plan Document as of September 1, 2009 will be sent to the participating employer groups for employee distribution. Refer to your Plan Document for further detailed information, requirements, coverage and limitations.

New Special Enrollment Rights. Effective April 1, 2009 (required by federal law)

An employee or dependent will be permitted to enroll the Plan mid-year within 60 days after losing coverage under Medicaid or a state children’s health insurance program (CHIP) or within 60 days after becoming eligible to participate in a premium assistance program under Medicaid or CHIP.

(Retired employees and their dependents must be covered by the Plan at the time of the employee’s retirement. Enrollment is not permitted after retirement.)

Routine Patient Care in Connection with Clinical Trials

Expenses for routine patient care provided in connection with a covered person’s participation in an approved phase I, phase II or phase III clinical trial will be considered eligible expenses and covered in the same manner as when such expenses are incurred for non-investigational purposes, provided that the covered person has a diagnosed life-threatening disease and the clinical trial is designed with therapeutic intent to improve participants’ health outcomes.

The Plan will **not** cover the cost of the investigational therapy, drug, device or procedure that is the subject of the clinical trial or any associated research costs or any other services or items that would not be covered in the absence of a clinical trial. The Plan will not cover expenses for routine patient care provided in connection with any Experimental or Investigational therapy, drug, device or procedure that is not the subject of an approved clinical trial.

Treatment for Autism & Autism Spectrum Disorders

Autism spectrum disorders means pervasive developmental disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autism, Asperger’s disorder, and pervasive developmental disorder not otherwise specified. For dependent children up to age 21, expenses for medically necessary diagnosis and treatment of autism spectrum disorders will be considered as eligible expenses covered on the same basis as such services are covered for other medical conditions, up to the maximum annual benefit determined each year by the Director of the Illinois Division of Insurance (\$36,000 for 2009).

All services for treatment of autism spectrum disorders must be pre-certified by HealthLink as medically necessary. The Plan may require the provider to submit a treatment plan, including diagnosis, proposed treatment by type, frequency, anticipated duration and anticipated outcomes stated as goals, and the frequency by which the treatment plan will be updated.

Extended Eligibility for Dependent Children

Dependent unmarried children age 19 to 26 are eligible dependents provided they are either:

- registered as full-time students for the current or next school session (semester, trimester or other period), or
- currently dependent on the Employee for over half of their support.

Dependent unmarried children age 19 to 30 are eligible dependents if they are Illinois residents who have been discharged from active or reserve duty in the U.S. Armed Forces or National Guard, have received a release or discharge other than a dishonorable discharge, and meet one of the dependency requirements described above.

This provision allows for an initial 90 day open enrollment period for those eligible dependent children who are not currently enrolled. The initial open enrollment period will be August 1, 2009 – October 31, 2009 to enroll for this coverage. When enrolling during this period the effective date of coverage will be either September 1 or October 1, as previously determined by each Participating Employer.

Every year thereafter, the open enrollment period for this Extended Eligibility for Dependent Children will coincide with the health plan’s annual open enrollment period of August 1, 2009 – September 30, 2009. When enrolling during this period the effective date of coverage will be either September 1 or October 1, as previously determined by each Participating Employer.

Special Note to those with Dependent Children reaching age 25:

- If you have a dependent child **currently covered** by one of the Egyptian Health Plans who will reach age 25 **in** August, 2009, normally coverage would be terminated on August 31, 2009. Due to the above provision, those dependent children’s coverage will be automatically extended to age 26 and you will not be required to re-enroll such dependent. **Please Note: This does not preclude you from completing the Dependent Status Form based on the schedule noted on page 1 of this newsletter.**
- If you have a dependent child **currently covered** by one of the Egyptian Health Plans who will reach age 25 **before** August 1, 2009, coverage will be terminated on the last day of the month in which the child reaches age 25. If you have a dependent child who, as of September 1, 2009, continues to meet the dependent child definition as noted above, you will be required to re-enroll such dependent during the 90 day open enrollment period of August 1, 2009 – October 31, 2009. Coverage for the enrolled dependent will become effective either September 1 or October 1, as previously determined by each Participating Employer. **Please Note: You are required to continue to submit the Dependent Status Form based on the schedule noted on page 1 of this newsletter.**

Meritain Health has sent a request for an updated Dependent Verification form along with a letter explaining the “Extended Eligibility for Dependent Children” to each covered person identified as being over age 19 if they are currently enrolled in one of the Health Plans, Voluntary Vision Plan, or Voluntary Dental Plans. The envelope is marked on the outside as “IMPORTANT EGYPTIAN DOCUMENT ENCLOSED – ACTION REQUIRED.” Keep an eye out for your incoming mail as you may be receiving this very important document that requires action.

Exclusion of Expenses Incurred for the Benefit of an Unrelated Person

The Plan will not cover any charges intentionally incurred by a covered person for the benefit of an unrelated person, including but not limited to charges relating to surrogate pregnancy and charges relating to removal of an organ or tissue for transplant into an unrelated person.

[Health Plan Rates – Effective September 1, 2009](#)

A reasonable premium increase of 6.9% was approved. Following are the health care premiums (which includes \$10,000 of Basic Life Insurance) effective September 1, 2009.

	PLATINUM PLAN		GOLD PLAN		SILVER PLAN		BRONZE PLAN	
	Current	New	Current	New	Current	New	Current	New
Employee	\$456	\$488	\$411	\$440	\$355	\$380	\$302	\$324
EE + Spouse	\$941	\$1,006	\$848	\$908	\$736	\$788	\$623	\$666
EE + Children	\$909	\$972	\$819	\$876	\$711	\$760	\$612	\$654
Family	\$1,014	\$1,084	\$912	\$976	\$792	\$848	\$672	\$720

[Voluntary Dental Program – Rates Remain in Place for September 1, 2009](#)

You may recall the increase to the Voluntary Dental Plans on September 1, 2007 was a minimal 2.75%. The following table indicates the dental premiums for the period of September 1, 2007 through August 31, 2010.

Current Premium and Premium through August 31, 2010		
Coverage Type	Low Plan	High Plan
Employee Only	\$13.26	\$27.44
Employee + One Dependent	\$26.58	\$51.12
Employee + Two or more Dependents	\$48.76	\$76.12

Keep in mind when utilizing the Voluntary Dental Plan by using a DenteMax provider who discounts your services, you can stretch your calendar year maximum benefit. To locate a DenteMax provider:

800-752-1547

www.dentemax.com

If you have a dependent child who has reached or will be reaching age 25 and is enrolled or wishes to enroll in the Voluntary Dental Program, please make special note of the Extended Eligibility for Dependent Children which becomes effective September 1, 2009. This provision also applies to the Voluntary Dental Program.

[Voluntary Vision Program – Rates Remain in Place for September 1, 2009](#)

UniView was approved last year as the voluntary vision provider and has guaranteed the following rates for a period of 4 years ending August 31, 2012.

Current Premium and Premium through August 31, 2012	
Coverage Type	Premium
Employee Only	\$6.64
Employee + One Dependent	\$9.50
Employee + Two or more Dependents	\$17.20

How do I find a UniView provider?

You may search for providers by visiting www.unicare.com. Click on "find a doctor". Then click "visitor search". Choose "large group". Then under "plan" choose "UniView Vision". This takes you to the Vision Network where you can then search by address, zip code within a specified number of miles.

How do I contact Customer Service?

Call UniView[®] Vision at (888) 884-8428 for questions about your vision benefits or to locate a network provider.

How does my Provider contact Customer Service?

Providers may call UniView[®] Vision at (800) 521-3605

If you have a dependent child who has reached or will be reaching age 25 and is enrolled or wishes to enroll in the Voluntary Vision Program please make special note of the Extended Eligibility for Dependent Children which becomes effective September 1, 2009. This provision also applies to the Voluntary Vision Program.

[Basic & Voluntary Life Insurance Program-Rates Remain in Place for September 1, 2009](#)

Lincoln Financial Group rates per \$1,000 of coverage for the Basic Life Insurance and Voluntary Life Insurance for Employees, Spouses, and Dependents will remain the same as the prior year.

If you are currently enrolled in the Voluntary Employee or Spouse Life Insurance program please review the rate tables that indicate if you will be moving into the next age band as of September 1, 2009. If you are moving into the next age band, simply find your age as of September 1, 2009, the amount of coverage you enrolled for and the monthly premium amount is displayed.

The rate tables are published at www.egtrust.org

[Prescription Drugs that are not covered under the Prescription Drug Card Benefit.](#)

The Egyptian Trust Health Plans contain a provision addressing Prescription Drugs that are not covered under the Prescription Drug Card Benefit.

Prescription Drugs must be FDA approved and determined to be medically necessary and appropriate treatment. Prescriptions for male impotency medications are a covered prescription under this benefit. However, the benefit is limited to a maximum of 6 tablets per month and must be submitted with a statement of medical necessity from the prescribing physician.

In order to receive appropriate reimbursement you must provide a completed claim form with the original prescription receipt indicating the patient name, name of the drug, NDC number, date prescription filled, total charge of the drug. It is always recommended that you keep a copy of your claims filing and receipt.

Your claim may be submitted as any other health claim to the address on the back of your ID card.

[LabCard](#)

The LabCard program which became effective September 1, 2008 was introduced in order to achieve deeper savings for both the covered member and the Egyptian Trust. While it has provided significant savings and 100% reimbursement of blood draws and specimens for those members who have used the program, it has not been convenient for 100% of covered members. Meritain continues to work with LabCard to attempt expansion of the LabCard collection sites in the areas that are currently limited.

For those members who may not have access to a LabCard contracted facility, LabCard is happy to reach out to your physician's to see if they have the ability to provide a specimen collection in their office and to work with them to send those specimens to Quest Diagnostics for their Lab Card patients. If you would like LabCard to contact these physicians, you must provide the following information and email that information to MetroMeritain@meritain.com.

Name of Physician
Name of Practice
Address of Practice
Phone number of Practice

You may check the website at www.labcard.com periodically to find LabCard providers available to you in your area.

[Message from HealthLink – Urgent Care Facilities](#)



Some time ago, HealthLink provided an urgent care facilities list for Egyptian Trust enrollees. As a reminder, facilities that are considered "Urgent Care" have a different payment level through the Egyptian Trust than "emergency room services."

HealthLink inadvertently included Prompt Care in Springfield, IL on the list of Urgent Care facilities. Please note that the Prompt Care facilities in Springfield are being removed from this list as they do not meet the Illinois licensing for "Urgent Care." We apologize for the error and any inconvenience this may have caused. Prompt Care's status has been updated on all lists including the HealthLink website.

[Know Your Benefits](#)

The Schedule of Benefits provides a general overview of the applicable deductibles, copays, reimbursement percentages, etc. for the Health Plan you are enrolled in. The Schedule of Benefits is intended to be just that – a general overview. It is important that you, as a covered employee, retired employee, or COBRA beneficiary are aware of YOUR RESPONSIBILITIES AND YOUR RIGHTS AS A COVERED INDIVIDUAL IN THE EGYPTIAN HEALTH PLANS. This information can be found in your Plan Document. Should you need an additional copy of the Plan Document, please request a copy from your Employer or visit the Egyptian Trust website at www.egtrust.org.

Following are some key items you always need to keep in mind in order to receive the maximum benefits available to you.

- You are required to **pre-certify** any inpatient hospital admission (other than for childbirth unless the admission exceeds 48 hours following a normal delivery or more than 96 hours following a cesarean section), skilled nursing facilities, certain durable medical equipment, outpatient surgery, ancillary services, and diagnostic procedures. In addition, effective September 1, 2009, all Treatment for Autism & Autism Spectrum Disorders must be pre-certified (see page 2 of this newsletter for details).

You must contact **HealthLink** at (877)284-0102 to certify your stay. Failure to do so will result in a reduction of benefits.

- If you wish to find out if a particular service or treatment plan is a covered expense by your health plan you are responsible for requesting a **Pre-Determination of Medical Necessity**. Even if the Plan does not require pre-certification for a particular service or procedure, you may want to know whether a service or procedure that has been recommended for you is a covered expense and whether the service or procedure will be considered by the Plan to be Medically Necessary for your medical condition, or will be considered cosmetic or Experimental and Investigational for your condition, so you will know in advance whether the Plan will provide benefits in your individual case.

To request an advance determination for a particular service or procedure, you or your provider must contact the Claims Department at **Meritain Health**, the Claim Services Administrator. If appropriate, the Claim Services Administrator will authorize a clinical consultation by **HealthLink's** Utilization Review Department. A medical reviewer will evaluate the information you submit to determine whether the service or procedure is considered Medically Necessary, or cosmetic, or Experimental and Investigational, as applicable, for your condition. **HealthLink** will notify you of the result of the review in writing. If you disagree with the determination, you may request a peer-to-peer discussion or file an appeal in accordance with **HealthLink's** Appeal/Grievance Process outlined in Appendix A, printed at the end of the Plan Document booklet.

- You are responsible to notify your Employer when you, your spouse or dependent, experience an “**employment status**” change, a “**family status**” change, or any change identified as a “**qualifying event.**”

Changes noted above include but are not limited to loss of employment, loss of other coverage, birth or adoption of a child, marriage or divorce of the employee, spouse, or child, loss of coverage due to reaching the maximum age for dependent coverage, a leave of absence or return to work after a leave of absence, retirement from employment, disability or return from a disability leave, etc.

If you are unsure of how such a change or if a change affects you, it is best that you contact your Employer who will be able to guide you and direct you to the appropriate Plan provisions. Most changes require you take action within 31 days of the event in order to take advantage of a Special Enrollment Right or Continuation of Coverage (COBRA). This can affect the premiums you pay and also may affect your coverage.

Remember: Your Employer can't assist you unless they are made aware of your situation.

- You are responsible to complete the **Dependent Verification Form** either 2 times per year or 4 times per year (depending on whether your child is a Full-Time Student or more than 50% dependent on you for support.) Untimely completion of this form can result in delayed payment of claims and/or your child's ability to fill a prescription drug.
- When you have questions about any of the plans endorsed by the Egyptian Trust, please refer to your ID card which contains all of the Customer Service phone numbers, addresses and websites available to assist you.

Prescription drug program questions including step therapy, covered prescriptions, copay amounts, etc. should be directed to **Express Scripts**.

Questions about Pre-Certification of medical services or finding a participating network provider should be directed to **HealthLink**.

Vision Benefits or eligibility/enrollment or vision provider questions should be directed to **UniView**.

Health Plan and Voluntary Dental Plan benefits or eligibility/enrollment information should be directed to **Meritain Health**.

Basic Life Insurance or Voluntary Employee, Spouse, and Dependent Life Insurance questions should be directed to **Lincoln Financial Group** at 1-800-423-2765.

Contacting the proper provider or vendor of services will expedite your request and handling of your inquiries.

Health Plan Document

The Health Plan Document is in the process of being updated and is expected to be finalized and delivered to each participating employer group in the Egyptian Trust by late September, 2009. We will send a sufficient supply to each individual employer group. You may also obtain or view a current copy of the Health Plan Document by visiting the Egyptian Trust website at www.egtrust.org.

Have a Safe and Happy Summer