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Egyptian Area Schools Benefit Plan Gazette

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In This Issue

"By working together, pooling our resources and building on our strengths, we can accomplish great things."

Ronald Reagan

"There is no such thing as a "self-made" man. We are made up of thousands of others. Everyone who has ever done a kind deed for us, or spoken one word of encouragement to us, has entered into the make-up of our character and of our thoughts, as well as our success."

George Matthew Adams

Welcome to the Egyptian Area Schools Employee Benefit Trust:

Beecher City CUSD #20
Hamilton County Unit 10 School District
Herrin CUSD #4

Health Savings Account (HSA) Qualified-High Deductible Health Plan (Bronze Plan) Changes Effective January 1, 2012

In accordance with the IRS Requirements for 2012, the following limits to the HSA Qualified High Deductible Health Plan (Bronze Plan) will become effective January 1, 2012.

	Individual	Family
Minimum Deductible	$1,200	$2,400 (no change from 2011)
Maximum Out-of-Pocket	$6,050	$12,100
HSA Contribution Limit	$3,100	$6,250
Catch-Up Contribution (55 or older)		* $1,000 (no change from 2011)

* If a spouse is also 55 or older, a second HSA must be established and a second contribution of $1,000 could be made to that account. For additional information about Health Savings Accounts please refer to your Bronze Plan Document or visit **www.irs.gov**.

Please refer to the following Bronze Plan chart of current Deductible and Out of Pockets and the changes effective January 1, 2012.

Current Deductible and Out of Pocket				
Deductible and Out-of-Pocket Maximum	**Tier 1 HealthLink**	**Tier 2 HealthLink**	**Tier 3 Non-Network**	**Tier 4 Non-Network in Metro St. Louis***
Calendar Year Deductible • Individual • Family	 $1,200 $2,400	 $1,600 $3,200	 $1,600 $3,200	 $1,600 $3,200
Calendar Year Out-of-Pocket • Individual • Family	 $3,600 $7,200	 $4,800 $9,600	 $5,950 $11,900	 Unlimited Unlimited
Effective January 1, 2012 *note changes in Tier 3				
Deductible and Out-of-Pocket Maximum	**Tier 1 HealthLink**	**Tier 2 HealthLink**	**Tier 3 Non-Network**	**Tier 4 Non-Network in Metro St. Louis***
Calendar Year Deductible • Individual • Family	 $1,200 $2,400	 $1,600 $3,200	 $1,600 $3,200	 $1,600 $3,200
Calendar Year Out-of-Pocket • Individual • Family	 $3,600 $7,200	 $4,800 $9,600	 ***$6,050** ***$12,100**	 Unlimited Unlimited

Vendor/Consultant Websites/Phone

Health
View your protected claims and eligibility and more at:

www.myMeritain.com

Member Services Phone 800-844-7979

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

Delta Dental
View your protected claims and eligibility and more at:

www.deltadentalil.com

Member Services Phone 800-323-1743

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 Documents

The Health Plan Documents effective September 1, 2011 for the Platinum, Gold, Silver, and Bronze Plans were recently delivered to the participating employer groups. Members participating in one of the Egyptian Trust Health Plans will be receiving an updated Plan Document. **Please note:** the Platinum, Gold, and Silver Plan Document is one document and the Bronze Plan is another document.

We have requested that the employer group deliver the Plan Documents to the covered members along with a copy of the associated Summary of Benefits. If you have not received the hard copy of the Plan Document please see your employer. The Summary of Benefits may also be found at www.egtrust.org or the following link will direct you to all of the Summary of Benefits.

http://www.egtrust.org/website%20benefits%20summary%20fy05%20REVISED%206-7-04.htm

If you have any questions about the Health Plan you are enrolled in please contact the Meritain Health Customer Service Department at (800) 844-7979.

Member Responsibilities

Your Health Plan Document contains much more detailed information concerning employee, spouse (or civil union partner), and dependent rights to continue coverage, drop coverage (in a period other than the Open Enrollment Period), or change coverage. It is important that you review this summary information carefully as:

1) you may lose your right to continue, drop, or change coverage if notification to your employer is not done in a timely manner (including dental coverage, vision coverage, and life insurance coverage),

2) you could lose a portion of a premium refund (if applicable) in cases where you do not notify your employer timely.

Both you and your spouse or civil union partner should read this summary carefully. While the Federal law does not provide continuation coverage rights to civil union partners, the Egyptian Trust Health Plans provide the same continuation rights to civil union partners as it is required to provide to spouses.

Employee Responsibility

It is always the responsibility of the covered Employee, Spouse or Civil Union Partner, or Dependent to notify the Employer when you experience one of the Family Status events or your Spouse or Civil Union Partner experiences an Employment Status event. It is recommended that you immediately make contact with your Employer so they are able to explain the coverage or premium effect of any of the following life events:

- a change in legal marital status, including marriage, death of a spouse, divorce, legal separation or annulment;
- a change relating to a civil union, including an Employee entering into a civil union, death of a civil union partner, or termination of a civil union;
- a change in the number of dependents, including birth, death, adoption and placement for adoption;
- an event that causes an eligible dependent to satisfy or cease to satisfy eligibility requirements for coverage on account of age, marriage or other circumstance;
- a change in place of residence to a location outside the Plan's Designated Area;
- a change that makes an Employee or dependent eligible for Special Enrollment Rights, (see page 31 of the Health Plan Document for details of Special Enrollment Rights);

- a judgment, decree or order, including a Qualified Medical Child Support Order, that requires you to provide coverage for a child under this Plan or requires your current or former spouse or civil union partner to provide coverage for the child under another plan;
- commencement or termination of employment or your spouse or civil union partner's termination of employment;
- a strike or lockout at your spouse or civil union partner's place of employment;
- commencement of or return from an approved leave of absence;
- a change in work location or other change in employment status with the consequence that you and/or your dependents become (or cease to be) eligible to participate in this Plan or in a plan sponsored by the employer of your dependent (e.g., a spouse or civil union partner changes from full-time to part-time or from salaried to hourly paid with the consequence that the spouse or partner and/or dependents cease to be eligible to participate in an employer-sponsored plan);
- the open enrollment period for the health benefit plan of your dependent if that period does not coincide with the open enrollment period in this Plan (8/1 – 9/30);
- the annual TRS insurance plan open enrollment period for retired employees and their dependents.

In most cases, you or your family member must give this notice to your employer no later than 60 days after the date of the applicable event. **If you fail to give this notice during the 60-day period, you will not be offered the option to elect continuation coverage.**

Your employer will then notify Meritain Health of the event and Meritain Health will send the election notice to the affected employee, spouse or civil union partner, or dependent.

You must elect continuation coverage within 60 days after your regular Plan coverage ends, or, if later, within 60 days after you are notified of your right to elect continuation coverage. If you do not elect continuation coverage within this 60-day period, you will lose your right to elect continuation coverage.

Please note: The Employee and the spouse or civil union partner and dependent children each have an independent right to elect continuation coverage. Thus a spouse or civil union partner or dependent child may elect continuation coverage even if the Employee does not elect it.

Importance Of Continuation Coverage

Failure to elect continuation coverage when you are eligible for such coverage may affect your future rights under federal law, as follows:

1. You may lose the right to avoid having pre-existing condition exclusions applied by other health plans if you have more than a 63-day gap in health coverage. Electing COBRA coverage may help avoid such a gap.
2. You may lose the guaranteed right to purchase individual health insurance policies that do not impose pre-existing condition limitations if you do not elect COBRA coverage for the maximum period available to you.
3. You should keep in mind your special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your regular coverage under the Plan ends because of a qualifying event. You will have the same special enrollment right at the end of your period of COBRA coverage if you elect COBRA coverage for the maximum period available to you.

Effective November 1, 2011, on behalf of Egyptian Trust, Meritain Health will no longer accept more than 60 days of retro billing adjustments (terminations or adjustments to coverage). This is common insurance industry practice that has been in force with Delta Dental (your voluntary dental plan) and UniView (your voluntary vision plan) and is now being adopted by the Egyptian Trust relative to the health plans. This means that failure to notify your employer within 60 days of a life event noted above that causes a change in the health, dental, or vision plan premium may result in a loss of premium refund.

Employer Responsibilities

When the Employer is notified that one of these events has happened, the Employer must notify Meritain Health. The Employer must also notify the Meritain Health if one of the following events occurs and results in a loss of coverage: the Employee's retirement or other termination of employment, reduction in hours, or death, or the Employee becoming entitled to Medicare. Meritain Health will then notify you in writing that you have the right to elect continuation coverage.

Note to Retiring Employees: A retiring employee may choose to continue coverage under the health plan, vision plan or dental plan they were enrolled in on the day prior to retirement. Life insurance ends upon retirement. Life insurance may be converted to an individual policy.

Urgent Care vs. Emergency Room Care

One of the more difficult healthcare choices you may be faced with is where to go when you need medical attention for a sudden injury or illness. Oftentimes, we automatically think we need to go to the Emergency Room when we need urgent care—assuming that it is our only option for after-hours medical attention.

We may also think that since it is open 24 hours a day, we will receive prompt care in an Emergency Room—but often, the exact opposite is true. If your injury or illness is minor, you may find yourself waiting for a long time while others with more serious problems are evaluated and treated. Also, a visit to the Emergency Room for a non-emergency care can cost 3-4 times more than a visit to an Urgent Care Center for the same ailment.

Emergency care is needed for medical emergencies that require immediate care to avoid disability or death (examples include suspected heart attacks or strokes, major trauma such as head injury, severe pain, uncontrolled bleeding).

Urgent care is care that can safely be postponed for the time it takes to contact a physician for instructions on obtaining treatment (examples include earaches, sprains, minor fractures, controlled bleeding, rashes, colds, stomach pain).

The following definitions of Urgent Care Facilities and Hospital Emergency Room may help you better understand the difference between and Urgent Care Center/Facility and an Emergency Room Facility. If you are visiting a hospital where there is not clearly a free-standing Urgent Care Facility you should ask the staff at the facility whether you are being treated in the Urgent Care Facility or the Emergency Room. There is a significant difference in the patient cost when utilizing the more costly Emergency Room.

Urgent Care Center/Facility means a public or private facility, licensed and operated according to the law, which provides immediate care in the case of a medical emergency or accidental injury. Treatment must be administered under the supervision of a recognized Physician or nurse as defined in the Plan and the facility must maintain a relationship with an available pool of specialists for consultation and treatment when necessary. The facility cannot provide any inpatient treatment and cannot be accessed for routine care or as a private practice.

Hospital means an institution licensed as a Hospital and operated pursuant to law for the care and treatment of sick and injured persons. It must maintain organized facilities for medical, diagnostic and surgical care for hospital confined patients, for which a charge is made that the Covered Person is legally obligated to pay, maintain a staff of one or more licensed doctors, provide 24-hour-a-day nursing care supervised by a professional graduate registered nurse (R.N.), have surgical facilities on its premises, or have a contract with another institution with a valid license to provide for surgical services, and be legally operating in the jurisdiction where located.

Always seek immediate emergency care for true medical emergencies. For urgent care, consider the options below—they will help you receive appropriate treatment in a timely manner.

Your doctor

During normal business hours, call your physician to determine the best course of action. Your doctor may be able to provide immediate treatment—or he may refer you to a specialist, Urgent Care Center, or clinic. Many doctors also provide an after-hours number that you can call to determine whether or not your ailment requires immediate care. Ask your doctor.

The following chart illustrates the benefit differences between all four Health Plans based on the type of service received at your doctor’s office.

	Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
Platinum Plan	Primary Care Physician Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	$25 then 100%, no deductible	$25 then 100%, no deductible	70% after deductible	60% after deductible
	Specialist Physician Office Visit	$40 then 100%, no deductible	$40 then 100%, no deductible	70% after deductible	60% after deductible
	Adjunctive Services in Physician's Office, Retail Clinic or Urgent Care Center/Facility	90% after deductible	85% after deductible	70% after deductible	60% after deductible
Gold Plan	Primary Care Physician Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	$25 then 100%, no deductible	$25 then 100%, no deductible	65% after deductible	55% after deductible
	Specialist Physician Office Visit	$40 then 100%, no deductible	$40 then 100%, no deductible	65% after deductible	55% after deductible
	Adjunctive Services in Physician's Office, Retail Clinic or Urgent Care Center/Facility	85% after deductible	80% after deductible	65% after deductible	55% after deductible
Silver Plan	Primary Care Physician Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	$25 then 100%, no deductible	$25 then 100%, no deductible	60% after deductible	50% after deductible
	Specialist Physician Office Visit	$40 then 100%, no deductible	$40 then 100%, no deductible	60% after deductible	50% after deductible
	Adjunctive Services in Physician's Office, Retail Clinic or Urgent Care Center/Facility	80% after deductible	75% after deductible	60% after deductible	50% after deductible
Bronze Plan	Primary Care Physician Office Visit or Retail Clinic Visit (Includes general or family practice, internists, pediatricians and OB/GYN physicians)	$25 then 80% after deductible	$25 then 75%, after deductible	60% after deductible	50% after deductible
	Specialist Physician Office Visit	$40 then 80%, after deductible	$40 then 75%, after deductible	60% after deductible	50% after deductible
	Adjunctive Services in Physician's Office, Retail Clinic or Urgent Care Center/Facility	80% after deductible	80% after deductible	60% after deductible	50% after deductible

Urgent Care Center vs. Emergency Room

During and after normal business hours, Urgent Care Centers are open to provide medical treatment. They are staffed with physicians and nurses that are experienced in handling minor trauma, illnesses and injuries. They can run diagnostics such as x-rays and blood tests, and provide referrals to specialists. The following chart illustrates the difference in benefits when treated by an Urgent Care Facility vs. an Emergency Room.

Platinum, Gold, and Silver Plans				
Description of Service	**Tier 1 HealthLink**	**Tier 2 HealthLink**	**Tier 3 Non-Network**	**Tier 4 Non-Network in Metro St. Louis***
Emergency Room Treatment (hospital and emergency room physician fee only). This does not include ambulance transportation.	$300 then 85%, no deductible	$300 then 85%, no deductible	$300 then 85%, no deductible	$300 then 85%, no deductible
Urgent Care Center/Facility	$40 then 90%, no deductible	$40 then 90%, no deductible	$40 then 90%, no deductible	$40 then 90%, no deductible
Bronze Plan				
Description of Service	**Tier 1 HealthLink**	**Tier 2 HealthLink**	**Tier 3 Non-Network**	**Tier 4 Non-Network in Metro St. Louis***
All charges are subject to the Calendar Year Deductible.				
Emergency Room Treatment (hospital and emergency room physician fee only). This does not include ambulance transportation.	$300 then 80%	$300 then 80%	$300 then 80%	$300 then 80%
Urgent Care Center/Facility	$40 then 80%	$40 then 80%	$40 then 80%	$40 then 80%

Following is a list of Tier 1 and Tier 2 HealthLink Urgent Care Facilities. This list as provided by HealthLink is subject to change.

HealthLink
A WellPoint Company

TIER 1 URGENT CARE FACILITY

Anderson Hosp
Express Care –Collinsville
Anderson Hosp
1103 Beltline Rd
Collinsville, IL 62234
(618) 344-2273
Provider ID Number: 950777

Anderson Hosp
Express Care -Glen Carbon
Anderson Hosp
17 Ginger Creek Meadows
Godfrey, IL 62035
(618) 656-9777
Provider ID Number: 950778

Anderson Hosp
Express Care Highland
Anderson Hosp
2504 Commerce Ln
Highland, IL 62249
(618) 561-9777
Provider ID Number: 993643

Convenient Care
Southern Il Hosp Services
2553 Ken Gray Blvd
West Frankfort, IL 62896
(618) 932-2155
Provider ID Number: 473117

Express Medical Care Llc
5031 N Illinois St
Fairview Heights, IL 62208
(618) 212-6800
Provider ID Number: A42594

Memorial Expresscare Ll
Memorial Health System
2950 S Sixth St
Springfield, IL 62703
(217) 588-2600
Provider ID Number: 513896

TIER 1 URGENT CARE FACILITY continued

Memorial Expresscare Llc
Memorial Health System.
3132 Old Jacksonville Rd Ste 110
Springfield, IL 62704
(217) 862-0062
Provider ID Number: 513896

Memorial Expresscare Llc
Memorial Health System
3220 Atlanta St
Springfield, IL 62702
(217) 588-2600
Provider ID Number: 513896

Methodist @ Morton
Methodist First Choice
1909 N Morton Ave
Morton, IL 61550
(309) 263-912
Provider ID Number: 475091

Methodist Medpointe At Peoria
Methodist First Choice
8914 N Knoxville Ave
Peoria, IL 61614
(309) 691-9110
Provider ID Number: 472307

Proctor First Care
Health Plus PPO
2535 E Washington Rd
East Peoria, IL 61611
(309) 694-6464
Provider ID Number: 132337

Proctor First Care
Health Plus PPO
621 W Jackson St
Morton, IL 61550
(309) 263-4343
Provider ID Number: 132337

Proctor First Care
Health Plus PPO
1120 E War Memorial Dr
Peoria, IL 61614
(309) 685-4411
Provider ID Number: 132337

Proctor First Care
Health Plus Ppo
3915 W Barring Trace
Peoria, IL 61615
(309) 689-3030
Provider ID Number: 132337

Proctor First Care
Health Plus Ppo
9118 N Lindbergh Dr
Peoria, IL 61614
(309) 693-3993
Provider ID Number: 132337

Sparta Community Hosp Convenient Care
Sparta Community Hosp
1300 N Market
Sparta, IL 62286
(618) 443-6228
Provider ID Number: 746143

Springfield Clinic Prompt Care
Springfield Clinic
1025 S Sixth St
Springfield, IL 62703
(217) 753-2273
Provider ID Number: 452748

Springfield Clinic Prompt Care
Springfield Clinic
2200 Wabash Ave
Springfield, IL 62704
(217) 726-2273
Provider ID Number: 452748

Springfield Priority Care
Hospital Sisters Health System
1100 E Lincolnshire Blvd
Springfield, IL 62703
(217) 789-1403
Provider ID Number: 178644

Springfield Priority Care
Hospital Sisters Health System
1836 S Macarthur Blvd
Springfield, IL 62704
(217) 789-1411
Provider ID Number: 178644

Springfield Priority Care
Hospital Sisters Health System
3631 S Sixth St
Springfield, IL 62703
(217) 789-1403
Provider ID Number: 178644

St Elizabeths Medical Park
Unity Providers
1512 N Green Mount Road
O Fallon, IL 62269
(618) 624-3750
Provider ID Number: 435733

TIER 2 URGENT CARE FACILITY

Anderson Hosp Express Care – Collinsville
Anderson Hosp
1103 Beltline Rd
Collinsville, IL 62234
(618) 344-2273
Provider ID Number: 950777

Anderson Hosp Express Care -Glen Carbon
Anderson Hosp
17 Ginger Creek Meadows
Godfrey, IL 62035
(618) 656-9777
Provider ID Number: 950778

Anderson Hosp Express Care Highland
Anderson Hosp
2504 Commerce Ln
Highland, IL 62249
(618) 561-9777
Provider ID Number: 993643

Blessing Acute Care
Blessing Hosp
Broadway @ 11 St
Quincy, IL 62305
(217) 223-1200
Provider ID Number: 559888

Boyd Outpatient Clinic Dba Greene Co Rural Health
Thomas Boyd Mem Hosp
800 School St
Carrollton, IL 62016
(217) 942-3600
Provider ID Number: 273242

Boyd Outpatient Clinic Dba Greene Co Rural Health
Thomas Boyd Mem Hosp
505 S Main
White Hall, IL 62092
(217) 374-2188
Provider ID Number: 273242

Convenient Care
Southern Il Hosp Services
2553 Ken Gray Blvd
West Frankfort, IL 62896
(618) 932-2155
Provider ID Number: 473117

Express Medical Care Llc
5031 N Illinois St
Fairview Heights, IL 62208
(618) 212-6800
Provider ID Number: A42594

Memorial Expresscare Llc
Memorial Health System
2950 S Sixth St
Springfield, IL 62703
(217) 588-2600
Provider ID Number: 513896

TIER 2 URGENT CARE FACILITY continued

Memorial Expresscare Llc
Memorial Health System
3132 Old Jacksonville Rd Ste 110
Springfield, IL 62704
(217) 862-0062
Provider ID Number: 513896

Memorial Expresscare Llc
Memorial Health System
3220 Atlanta St
Springfield, IL 62702
(217) 588-2600
Provider ID Number: 513896

Methodist @ Morton
Methodist First Choice
1909 N Morton Ave
Morton, IL 61550
(309) 263-9124
Provider ID Number: 475091

Proctor First Care
Health Plus PPO
2535 E Washington Rd
East Peoria, IL 61611
(309) 694- 6464
Provider ID Number: 132337

Proctor First Care
Health Plus PPO
621 W Jackson St
Morton, IL 61550
(309) 263-4343
Provider ID Number: 132337

Proctor First Care
Health Plus PPO
1120 E War Memorial Dr
Peoria, IL 61614
(309) 685-4411
Provider ID Number: 132337

Proctor First Care
Health Plus PPO
3915 W Barring Trace
Peoria, IL 61615
(309) 689-3030
Provider ID Number: 132337

Proctor First Care
Health Plus PPO
9118 N Lindbergh Dr
Peoria, IL 61614
(309) 693-3993
Provider ID Number: 132337

Quincy Med Grp Ambulatory Care Ctr
Quincy Med Grp
1025 Maine St
Quincy, IL 62301
(217) 222-6550
Provider ID Number: 698331

Springfield Clinic Prompt Care
Springfield Clinic
1025 S Sixth St
Springfield, IL 62703
(217) 753-2273
Provider ID Number: 452748

Springfield Clinic Prompt Care
Springfield Clinic
2200 Wabash Ave
Springfield, IL 62704
(217) 726-2273
Provider ID Number: 452748

Springfield Priority Care
Hospital Sisters Health System
1100 E Lincolnshire Blvd
Springfield, IL 62703
(217) 789-1403
Provider ID Number: 178644

Sparta Community Hosp Convenient Care
Sparta Community Hosp
1300 N Market
Sparta, IL 62286
(618) 443-6228
Provider ID Number: 746143

Springfield Priority Care
Hospital Sisters Health System
1836 S Macarthur Blvd
Springfield, IL 62704
(217) 789-1411
Provider ID Number: 178644

Springfield Priority Care
Hospital Sisters Health System
3631 S Sixth St
Springfield, IL 62703
(217) 789-1403
Provider ID Number: 178644

St Elizabeths Medical Park
Unity Providers
1512 N Green Mount Road
O Fallon, IL 62269
(618) 624-3750
Provider ID Number: 435733

Questions about your benefits?

Contact Meritain Health Customer Service Department at:

(800) 844-7979

Questions about participating HealthLink providers?

Contact HealthLink at:

(800) 624-2356

Consult a Doctor

ConsultADoctor
Where the doctor is always in.
Affordable Healthcare Access. Anytime, Anywhere, Anyone.

At any time of the day or night you may also contact Consult a Doctor to assist you in determining the best course of action. If you are enrolled in one of the Egyptian Trust Health Plans you may consult with a medical doctor via phone or email 24/7.

Common medical concerns that often times may be treated without a visit to your physician:

- Cold/Flu
- Allergies
- Sinus Infections
- Bronchitis
- Headaches/Migraines
- Stomach Ache/Diarrhea
- Respiratory Infections
- Urinary Tract Infections
- Prescription Refills*

….and many more

Consult a Doctor is a **FREE** service to you and your family when covered by one of the Egyptian Trust Health Plans.

Benefits of Consult A Doctor:

- 24/7 physician access from anywhere
- Prescription medication
- Powerful online health applications
- No limitations on usage

Consult A Doctor Phone: (800) 362-2667
Consult A Doctor Website: www.MyDrConsult.com

*Consult A Doctor is not health insurance, and does not replace your primary care physician. If you have an emergency medical condition, please dial 911. All services are HIPAA-compliant.
**It is not guaranteed that the doctor will issue a script for prescription medication.

Upcoming Enhancements in November

Upcoming system enhancements require new ID cards are issued to every employee who is enrolled in one of the Egyptian Health Plans or the Voluntary Vision Plan. Soon you will be receiving a new ID card at **your home address.** You will first receive a communication at **your home address** explaining the enhancements and instruction to be watching for your new ID card. Three to five days later you should receive your new ID card at **your home address**.

The following information will be on your new card:

- Your *new* group number and ID number
  - Your new group and ID number is important to connect you to the information and tools on your member website: **www.myMERITAIN.com.**
- Important telephone numbers for you and your healthcare providers.
  - This includes phone numbers and websites for Meritain Health Customer Service Department, HealthLink, Consult a Doctor, and LabCard.

Important Notes – Please Read

- You will not receive a new ID Card for your dental benefits. You may continue to use your current dental ID card.
- Your new ID card will now contain the phone number and website of Consult a Doctor. Remember, this is a *FREE* program providing 24/7 phone or email access to medical doctors.
- We will issue two ID cards for each covered employee and additional cards for each covered dependent age 18 or over. Additional ID cards may be requested by contacting Meritain Health Customer Service Department or your employer Human Resources (HR) representative.
- Upon receipt of your new ID Card destroy your old ID Card and begin using your new ID Card immediately. Be sure to show your new ID card each time you visit your healthcare provider or fill a prescription drug.
- Upon receipt of your new ID Card you will need to re-register at www.myMERITAIN.com.
- **Please watch your mail closely for your NEW ID CARD!**

Your Preventive Care Benefits

Egyptian Area Schools Employee Benefit Trust

Preventive care services covered under the Patient Protection and Affordable Care Act (PPACA).

In March 2010, President Obama signed the PPACA into law. The PPACA represents the most sweeping reform to the U.S. healthcare system since Medicare was passed in the 1960s. While many of the reforms in the PPACA are aimed at improving the Medicare and Medicaid system, there are also reforms that impact the health plans that we offer.

Beginning September 1, 2011, your plan will provide first dollar coverage for certain Preventive Services and Immunizations when using an In-Network provider (Tier 1 or Tier 2). No deductibles, copays or coinsurance will be imposed on these services when you visit an in-network physician. This includes those services that are Preventive Services recommended under the guidelines published by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

Services provided by Tier 3 Non-Network providers will continue to be covered by the Plan subject to the same deductibles and coinsurance as under the current Wellness Benefit. Services provided by Tier 4 Non-Network providers will not be covered.

Beginning September 1, 2011, only the following preventive care benefits will be covered in-network at 100%:

Covered preventive services for adults.

- **Abdominal aortic aneurysm:** one-time screening for men of specified ages who have ever smoked.
- **Aspirin:** use for men and women of certain ages (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Blood pressure:** screening for all adults.
- **Cholesterol:** screening for adults of certain ages or at higher risk.
- **Colorectal cancer:** screening for adults over 50.
- **Depression:** screening for adults.
- **Type 2 diabetes:** screening for adults with high blood pressure.
- **Diet:** counseling for adults at higher risk for chronic disease.
- **HIV:** screening for all adults at higher risk.
- **Immunization:** vaccines for adults—doses, recommended ages, and recommended populations vary:
  - Hepatitis A
  - Hepatitis B
  - Herpes Zoster
  - Human Papillomavirus
  - Influenza
  - Measles, Mumps, Rubella
  - Meningococcal
  - Pneumococcal
  - Tetanus, Diphtheria, Pertussis
  - Varicella
- **Obesity:** screening and counseling for all adults.
- **Sexually transmitted infection (STI):** prevention counseling for adults at higher risk.
- **Tobacco use:** screening for all adults and cessation interventions for tobacco users.
- **Syphilis:** screening for all adults at higher risk.

Covered preventive services for women, including pregnant women.

- **Anemia:** screening on a routine basis for pregnant women.
- **Bacteriuria:** urinary tract or other infection screening for pregnant women.
- **BRCA:** counseling about genetic testing for women at higher risk.
- **Breast cancer chemoprevention:** counseling for women at higher risk.
- **Breast feeding:** interventions to support and promote breast feeding.

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- **Cervical cancer:** screening for sexually active women.
- **Chlamydia infection:** screening for younger women and other women at higher risk.
- **Folic acid:** supplements for women who may become pregnant (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Gonorrhea:** screening for all women at higher risk.
- **Hepatitis B:** screening for pregnant women at their first prenatal visit.
- **Osteoporosis:** screening for women over age 60 depending on risk factors.
- **Rh incompatibility:** screening for all pregnant women and follow-up testing for women at higher risk.
- **Tobacco use:** screening and interventions for all women, and expanded counseling for pregnant tobacco users.
- **Syphilis:** screening for all pregnant women or other women at increased risk.

Covered preventive services for children.

- **Alcohol and drug use:** assessments for adolescents.
- **Autism:** screening for children at 18 and 24 months.
- **Behavioral:** assessments for children of all ages.
- **Blood pressure:** screening for children.
- **Cervical dysplasia:** screening for sexually active females.
- **Congenital hypothyroidism:** screening for newborns.
- **Depression:** screening for adolescents at higher risk.
- **Developmental:** screening for children under age 3, and surveillance throughout childhood.
- **Dyslipidemia:** screening for children at higher risk of lipid disorders.
- **Fluoride chemoprevention:** supplements for children without fluoride in their water source (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Gonorrhea:** preventive medication for the eyes of all newborns.
- **Hearing:** screening for all newborns.
- **Height, weight and body mass index (BMI):** measurements for children.
- **Hematocrit or hemoglobin:** screening for children.
- **Hemoglobinopathies:** or sickle cell screening for newborns.
- **HIV:** screening for adolescents at higher risk.
- **Immunization:** vaccines for children from birth to age 18—doses, recommended ages, and recommended populations vary:
  - Diphtheria, Tetanus, Pertussis
  - Hepatitis B
  - Influenza
  - Meningococcal
  - Haemophilus influenzae type b
  - Human Papillomavirus
  - Measles, Mumps, Rubella
  - Pneumococcal
  - Hepatitis A
  - Inactivated Poliovirus
  - Rotavirus
  - Varicella
- **Iron:** supplements for children ages 6 to 12 months at risk for anemia (must be prescribed by a physician and will be covered under the prescription drug card benefit).
- **Lead:** screening for children at risk of exposure.
- **Medical history:** for all children throughout development.
- **Obesity:** screening and counseling.
- **Oral health:** risk assessment for young children.
- **Phenylketonuria (PKU):** screening for this genetic disorder in newborns.
- **Sexually transmitted infection (STI):** prevention counseling and screening for adolescents at higher risk.
- **Tuberculin:** testing for children at higher risk of tuberculosis.
- **Vision:** screening for all children.

For further information regarding preventive benefits covered under PPACA, visit:
http://www.healthcare.gov/center/regulations/prevention/taskforce.html.

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You may also view this document at www.egtrust.org

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