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"A student never forgets an encouraging private word, when it is given with sincere respect and admiration."

~William Lyon Phelps

## *Health Savings Account (HSA) Qualified-High Deductible Health Plan (Bronze Plan) Changes Effective January 1, 2013*

In accordance with the IRS Requirements for 2013, the following limits to the HSA Qualified High Deductible Health Plan (Bronze Plan) will become effective January 1, 2013.

	<u>Individual</u>	<u>Family</u>
Minimum Deductible	\$1,250	\$2,500
Maximum Out-of-Pocket	\$6,250	\$12,500
HSA Contribution Limit	\$3,250	\$6,450
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](http://www.irs.gov).

Please refer to the following Bronze Plan chart of current Deductible and Out of Pockets and the changes effective January 1, 2013.

<b>Current Deductible and Out of Pocket</b>				
<b>Deductible and Out-of-Pocket Maximum</b>	<b>Tier 1 HealthLink</b>	<b>Tier 2 HealthLink</b>	<b>Tier 3 Non-Network</b>	<b>Tier 4 Non-Network in Metro St. Louis*</b>
Calendar Year Deductible				
• Individual	\$1,200	\$1,600	\$1,600	\$1,600
• Family	\$2,400	\$3,200	\$3,200	\$3,200
Calendar Year Out-of-Pocket				
• Individual	\$3,600	\$4,800	\$5,950	Unlimited
• Family	\$7,200	\$9,600	\$11,900	Unlimited

<b>Effective January 1, 2013</b>				
<b>Deductible and Out-of-Pocket Maximum</b>	<b>Tier 1 HealthLink</b>	<b>Tier 2 HealthLink</b>	<b>Tier 3 Non-Network</b>	<b>Tier 4 Non-Network in Metro St. Louis*</b>
Calendar Year Deductible				
• Individual	\$1,250	\$1,650	\$1,650	\$1,650
• Family	\$2,500	\$3,300	\$3,300	\$3,300
Calendar Year Out-of-Pocket				
• Individual	\$3,750	\$4,950	\$6,250	Unlimited
• Family	\$7,500	\$9,900	\$12,500	Unlimited

## Vendor/Consultant Websites/Phone

### Health

View your protected claims  
and eligibility and more at:

[www.egtrust.org](http://www.egtrust.org)  
click on



CHC Member Services  
Phone  
855-452-9997

### Prescription Drugs

View your protected  
prescription drug claims  
history and more at:

[www.caremark.com](http://www.caremark.com)

CHC Member Services  
Phone  
855-452-9997

### Egyptian Trust

View information about  
Egyptian Trust, programs  
offered by the Trust,  
historical newsletters, and  
more at:

[www.egtrust.org](http://www.egtrust.org)

### HealthLink Providers

Find a Tier 1 or Tier 2  
Participating Provider,  
create a Customized  
Directory, and more at:

[www.egtrust.org](http://www.egtrust.org)  
or  
[www.healthlink.com](http://www.healthlink.com)

CHC Member Services  
Phone  
855-452-9997

### Delta Dental

View your protected claims  
and eligibility and more at:

[www.deltadentalil.com](http://www.deltadentalil.com)  
Member Services Phone  
800-323-1743

### UniView Vision Plan

To find a participating  
UniView provider go to:

[www.unicare.com](http://www.unicare.com)  
Member Services Phone  
888-884-8428

### Lincoln Financial Group

Member Services Phone  
800-423-2765

## Introducing

## Coordinated Health/Care September 1, 2012

Egyptian Trust has enhanced your health plan benefits by adding the Coordinated Health/Care™ program. This program helps you, your family and physicians through the complex maze of healthcare. This program has been successful at providing high levels of customer service while helping to control costs for both employees and employers.

The Care Coordinators assist you, your family, and your physicians. The goal is to help guide you and your family through the health care system so you can enjoy better health outcomes—including potential cost savings. Your Care Coordinators are a resourceful and highly responsive team of nurses, social workers, patient service representatives, and benefits experts. They collaborate to handle every part of your health care coverage, serving as the central hub and a single source for questions and issues with your health plan benefits.

With a single toll-free number (**1-855-452-9997**) and an exclusive program website (**www.egtrust.org**), you can count on them to help you understand your benefits, find an in-network Primary Care Provider (PCP) or other provider, guide you to resources that can help you live a healthier lifestyle, reduce out-of-pocket expenses and answer claims questions. Your Care Coordinators help to ensure you have a positive experience using your health care benefits.

The Care Coordinators can help you with all your healthcare questions, including but not limited to:

- Health plan and pharmacy benefits
- Claims status and issues
- Finding in-network providers
- Access to a team of nurses for more serious health concerns

### **The Care Coordinators are your single point of contact for all of your healthcare needs.**

Care Coordinators are available to assist you Monday through Friday, from 7:30 AM to 7:30 PM Central Standard Time.

Another way to get information and assistance is through the website dedicated to your health plan, at [www.egtrust.org](http://www.egtrust.org).

EGYPTIAN AREA SCHOOLS  
EMPLOYEE BENEFIT TRUST

HOME

HOME  
ABOUT US  
HEALTH PLAN  
ADMINISTRATIVE FORMS  
ENROLLMENT KIT  
HIPAA NOTICE  
NEWSLETTERS  
VOLUNTARY BENEFITS  
SERVICE LINKS  
MEMBERSHIP INQUIRY  
PARTICIPATING DISTRICTS

New September 1, 2012 you have a single point of contact with the Egyptian Area Schools Coordinated Health/Care Program. Your Care Coordinators will help you understand your benefits, find in-network physicians, reduce out-of-pocket expenses, pre-certify those services requiring pre-certification, and answer claims questions. They help ensure you're getting the most out of your healthcare benefits. You may reach your Care Coordinators at 855-452-9997.  
Click on the following logo to get started using this new plan feature!

EGYPTIAN AREA SCHOOLS Coordinated Health/Care



Clicking on the following logo will bring you to the page where you can:

- Find an in-network provider
- Complete your Health/Care Profile
- Request an ID card
- Check claim status
- Look at or print your Plan documents that explain your health plan benefits.
- You can also send a confidential email to the Care Coordinators for assistance.

On the right side, you will find a Healthcare Toolbox that gives information regarding healthcare conditions, how to stay healthy, what preventive screening you should get, and how to manage any chronic conditions you might have such as diabetes or asthma.

### ***Choosing a Primary Doctor***

Another important partner in your health care is a Primary Doctor (PD) to be your coordinating physician because he/she knows your medical history. If you need care beyond your Primary Doctor, he/she can properly diagnose you and refer you to the correct Specialist for care.

Choose a Primary Doctor who can be a:

- Family Physician
- Internal Medicine
- General Practice
- Pediatrician
- OB/GYN

When your Primary Doctor refers you to a Specialist, you and your doctor are encouraged to contact the Care Coordinators. The Care Coordinators will make sure that you:

- Are being referred to an in-network provider. If the Care Coordinators determine you were referred “out of network”, they will work with you and your Primary Doctor to try and find an in-network provider, so you will receive the highest level of benefits
- The Care Coordinators can help you get prepared for your visit and
- Coordinate information between your doctors

If you want to learn more on how to maximize your benefits, call the Care Coordinators.

Choosing a Primary Doctor, notifying Coordinated Health/Care, and getting a referral from your Primary Doctor to see a Specialist is the requirement to pay the reduced Specialist copay. See below for your Office Visit benefits.

	Description of Service	Tier 1 HealthLink	Tier 2 HealthLink	Tier 3 Non-Network	Tier 4 Non-Network in Metro St. Louis*
<b>Platinum Plan</b>	Primary Care Doctor 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 (With a referral by your Primary Doctor)	\$30 then 100%, no deductible	\$30 then 100%, no deductible	70% after deductible	60% after deductible
	Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 100%, no deductible	\$40 then 100%, no deductible	70% after deductible	60% after deductible
<b>Gold Plan</b>	Primary Care Doctor 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 (With a referral by your Primary Doctor)	\$30 then 100%, no deductible	\$30 then 100%, no deductible	65% after deductible	55% after deductible
	Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 100%, no deductible	\$40 then 100%, no deductible	65% after deductible	55% after deductible
<b>Silver Plan</b>	Primary Care Doctor 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 (With a referral by your Primary Doctor)	\$30 then 100%, no deductible	\$30 then 100%, no deductible	60% after deductible	50% after deductible
	Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 100%, no deductible	\$40 then 100%, no deductible	60% after deductible	50% after deductible
<b>Bronze Plan</b>	Primary Care Doctor 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 (With a referral by your Primary Doctor)	\$30 then 80% after deductible	\$30 then 75% after deductible	60% after deductible	50% after deductible
	Specialist Physician Office Visit (Without a referral by your Primary Doctor)	\$40 then 80% after deductible	\$40 then 75% after deductible	60% after deductible	50% after deductible

## Pre-Certification Requirements

Your health plan also includes a list of procedures for which a pre-certification is required. Generally, the pre-certification will be handled behind the scenes by your physician's office. But, it is ultimately the member's responsibility to make sure pre-certification is completed.

Pre-certifications are important because your Care Coordinators are made aware you or a family member is going deeper into the healthcare system. Your Care Coordinators work as your advocate to make sure you understand how your health plan benefits work and ensure you will receive the highest level of benefits. You also have an opportunity to work with a nurse if you have questions before and after these procedures happen.

Anytime a pre-certification is submitted, you will receive a confirmation letter from the Care Coordinators. The following services require pre-certification.

- In-patient and Skilled Nursing Facility Admissions
- Residential Treatment Facility
- Outpatient Surgery
- Home Health and Hospice
- Transplants
- Durable Medical Equipment rentals and purchases **over \$500**
- Therapies (Speech, Physical and Occupational)
- Scans (MRI, MRA, and PET)
- Oncology services (chemotherapy and radiation therapy)
- Dialysis

## Complete Your Health Care Profile

The Care Coordinators want to get to know you as you begin the program! This will allow them to be able to better assist you. Included with your Benefits Enrollment Guide was a 2 sided Health Care Profile form. This form should be completed and returned to the Care Coordinators.

- First, complete side 1 which is a confidential Health/Care Profile, including a brief health status survey. On side 2 you will select a Primary Doctor for you and each of your family members covered under the health plan.
- You may either mail the completed form back to the Care Coordinators in the envelope included with your Benefits Enrollment Guide or you can complete your Health/Care Profile by visiting [www.egtrust.org](http://www.egtrust.org) and click on the Egyptian Area Schools Coordinated Health/Care logo and then click on "Complete Your Health/Care Profile".
- Completing the Health/Care profile is **voluntary**; however, members are encouraged to complete the profile so that the Care Coordinators have a better overall picture of their health care needs. Please note that the profile is completely confidential and will never be shared your employer. It will only be used by the Care Coordinators to assist you in understanding your benefits.

## Your New ID Cards







As part of this new program, you should have received new health plan ID cards. If you have not received your new card or require additional cards simply call your Care Coordinators at **1-855-452-9997** or you may also email your Care Coordinator to request a new or additional cards. Your new ID card has information about the *Coordinated Health/Care™* program including:

- Basic information about you and your health plan information
- Single toll-free number and website
- Your provider network
- Tells your provider where to submit claims
- Information about your pharmacy benefits
- Pre-certification requirements

Please be sure to keep the ID card in your wallet or purse and present to your provider and pharmacy when seeking services. As of September 1, 2012, it is important that you destroy your old ID card and begin showing your new card. We want to make sure that claims are being sent to the right place so that there is no delay in processing.

Following is a sample of your new ID card. Please note the circled areas identifying your Care Coordinators phone number and website, and the pre-certification requirement.

### Outside of Card

<p><b>PHARMACY BENEFITS MANAGER:</b></p>  <p>RXBin: 004336 PCN: ADV RXGroup: RX2739</p> <p>Pharmacy Help Desk: 1-800-364-6331</p> <p><b>OUT OF NETWORK SAVINGS:</b></p>  <p><b>OTHER:</b></p>  <p>www.LabCard.com 1.800.646.7788</p>	<p>Coordinated Health/Care provides a staff of Care Coordinators who provide information, assistance, and guidance to you, your family, your physicians, and their office staff. You receive the highest level of benefits when you begin all healthcare events with a call or visit to an in-network Primary Doctor and receive referrals and precertifications for Specialist visits and procedures. See website or Plan Documents for details.</p> <p><b>For Employee/Member assistance finding in-network providers, or claims and coverage questions, contact:</b> <b>1-855-452-9997 or www.egtrust.org.</b></p>	<p><b>Insured Name:</b> <b>John A. Sample</b></p> <p><b>Insured ID #:</b> <b>123456789</b></p> <p><b>Group/Policy #:</b> <b>13291</b></p> <p><b>Medical Plan:</b> <b>Platinum</b></p> <p><b>Medical Coverage:</b> <b>Employee + Children</b></p> <p><i>This card is for information only and is not a guarantee of benefits.</i></p>	 <p><b>Egyptian Area Schools Employee Benefit Trust</b></p> <p><b>TPA/PAYER: (Claims Administered By)</b></p>  <p><i>See inside for claims submission address</i></p> <p><b>IN-NETWORK PROVIDER PANEL:</b></p>  <p><i>See inside for precertifications/referrals</i></p>
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### Inside of Card

<p><b>Providers</b></p> <p>This employer's health benefits plan incorporates Coordinated Health/Care, which offers a staff of Care Coordinators to assist providers and office staff in coordinating patient care. For assistance with patient logistics, referrals and precertifications, benefits, or to find in-network providers, contact: 1-866-704-5550 or visit <a href="http://www.CHC-care.com">www.CHC-care.com</a>.</p> <p><b>Eligibility check.</b> Call or use website to verify eligibility.</p> <p><b>Patient Responsibility:</b></p> <table border="0"> <tr> <td>OFFICE VISIT:</td> <td>TIER 1 &amp; 2</td> <td>TIER 3</td> <td>TIER 4</td> </tr> <tr> <td>Primary Doctor:</td> <td>\$25</td> <td>Ded., then 30%</td> <td>Ded., then 40%</td> </tr> <tr> <td>Specialist w/referral:</td> <td>\$30</td> <td>Ded., then 30%</td> <td>Ded., then 40%</td> </tr> <tr> <td>Specialist w/o referral:</td> <td>\$40</td> <td>Ded., then 30%</td> <td>Ded., then 40%</td> </tr> </table> <p><small>Revision Date: 09/01/12</small></p>	OFFICE VISIT:	TIER 1 & 2	TIER 3	TIER 4	Primary Doctor:	\$25	Ded., then 30%	Ded., then 40%	Specialist w/referral:	\$30	Ded., then 30%	Ded., then 40%	Specialist w/o referral:	\$40	Ded., then 30%	Ded., then 40%	<p><b>Referrals:</b> Patients receive the best benefits with a referral from their Primary Doctor to an in-network specialist. To submit a referral notice call: 1-866-704-5550, visit <a href="http://www.CHC-care.com">www.CHC-care.com</a>, or fax: 1-800-973-2321.</p> <p><b>Precertification:</b> The following procedures require precertification:</p> <ul style="list-style-type: none"> <li>• In-patient Admissions</li> <li>• SNF Admissions</li> <li>• Oncology Therapy</li> <li>• Dialysis</li> <li>• Surgery (in- or out-patient)</li> <li>• DME over \$500</li> <li>• Therapy Services</li> <li>• Residential TX Fac.</li> <li>• Home Health &amp; Hospice</li> <li>• MRI, MRA &amp; PET scans</li> <li>• Transplants</li> </ul> <p><b>Precertification requests may be submitted via phone or website.</b></p> <p><b>Emergency admissions. Notify by next business day at noon.</b></p> <p><b>Consult a Doctor – Call 1-800-362-2667 or <a href="http://www.mydrconsult.com">www.mydrconsult.com</a></b></p> <p><b>Medical Claims Submission</b> EDI: Healthlink 90001   Healthlink, Inc.   PO Box 419104   St. Louis, MO 63141-9104</p>
OFFICE VISIT:	TIER 1 & 2	TIER 3	TIER 4														
Primary Doctor:	\$25	Ded., then 30%	Ded., then 40%														
Specialist w/referral:	\$30	Ded., then 30%	Ded., then 40%														
Specialist w/o referral:	\$40	Ded., then 30%	Ded., then 40%														

### LabCard

LabCard is part of your health plan benefits. If you are enrolled in any of the Egyptian Trust Health Plans, this is part of your program that allows you to obtain outpatient laboratory testing services at not cost to you.\* When you direct your testing under Quest Diagnostics Lab Card Program to a participating laboratory, and the testing is covered and approved under your health plan, you pay no deductibles, no copays, and not coinsurance.\* It is up to you to request to use the Quest Diagnostics Lab Card Program.

If you are enrolled in one of the Egyptian Trust Health Plans you will soon be receiving at your home, a package from LabCard/Meritain containing LabCard ID cards along with instructions of how to use the program. While this information is also included on your health plan ID card, oftentimes, it is overlooked. This is an opportunity for you to share your LabCard ID card with your provider each time you visit their office and ask them to keep a copy of your LabCard ID card information on your file.

\*Provider collection and handling fees may apply, and are subject to health benefit plan provisions.

## Other Voluntary Benefits

Your Care Coordinators will help you with any health care event and guide you where possible. If you are enrolled in any of the voluntary plans such as dental, vision, and/or life insurance, please continue to contact them directly for assistance with those programs. You may also visit [www.eqtrust.org](http://www.eqtrust.org) for links to their websites.

The voluntary dental and vision programs now provide an individual ID card. Be sure to present your dental card when visiting a dental provider and your vision card when visiting a vision provider. If you need a new or additional ID card or have any benefit or enrollment questions about the dental or vision program you should contact the appropriate Customer Service Dept. to request the card

Delta Dental  
Customer Service – 800-323-1743  
Website – [www.deltadentalil.com](http://www.deltadentalil.com)

UniCare  
Customer Service – 888-884-8428  
Website – [www.unicare.com](http://www.unicare.com)

Lincoln Financial

Note: When calling Lincoln Financial for information about your life insurance please be sure to identify yourself as an Egyptian Trust member.

Customer Service – 800-423-2763



Consult A Doctor

*Where the doctor is always in.*

Affordable Healthcare Access. Anytime, Anywhere, Anyone.

## **FREE Consult a Doctor Program Continues**

**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](http://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.

## ***One Time Open Enrollment Life Insurance***

Lincoln Financial Group has approved a one time open enrollment period. This will allow you to enroll or to increase your term life insurance with no medical questions. Enrollment materials are being sent to your employer the last week of October for distribution. Please see your Human Resources Representative with any questions you may have. Continue reading for benefits and limitations of this one time offer.

Enrollment period will be limited to November 1, 2012 to November 15, 2012

Changes will become effective January 1, 2013

### ***Employee Basic and Optional Term Life Plan***

- You are eligible for coverage when working at least 10 hours per week and are under age 60
- You may increase or enroll for optional term life in the increments of \$10,000, \$25,000, \$50,000, \$75,000 and up to **\$100,000** (***New Option***)
- You may enroll for up to 5 times your annual salary up to a maximum of \$500,000 (whichever is less). Amounts over \$100,000 will be subject to medical underwriting.
- Age banded rates

### ***Spouse & Child Optional Term Life Plans***

- Employee must elect coverage for spouse and/or child to be eligible
- Spouse optional term life insurance is available in increments of \$2,500. Not to exceed 50% of employee elected amount. Guaranteed issue maximum for the spouse is \$37,500.
- Age banded rates for Spouse (rates based on employee's age)
- Dependent Child optional term life insurance is available in 2 options (premium covers all dependent children regardless of the number of children)
  - *Option 1: \$5,000 for only \$0.47/mo*
  - *Option 2: \$10,000 for only \$0.94/mo*

### ***Evidence of Insurability (EOI)***

- Guarantee Issue available to all qualified employees under age 60 up to \$100,000 and up to \$37,500 on the spouse

Employee's age 60-69 guarantee issue is \$25,000

- Employee's 70 or older and spouse's age 60 or older will always be required to submit Evidence of Insurability (EOI)
- All forms can be found on [www.egtrust.org](http://www.egtrust.org)

Evidence of Insurability (EOI) forms are needed for amounts that exceed the Guarantee Issue amount for both the employee and spouse. A single form may be used.

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