



Welcome to Meritain Health! Your employer, Northwest Arctic Borough School District, has elected to change health care companies from Great West Life to Meritain Health. Effective **December 1, 2009** all claims will be processed by Meritain Health. Below is the claims submission information:

All Providers Send Claims to:

Meritain Health
P.O. Box 27267
Minneapolis, MN 55472-0267

Preferred Provider Network:

The primary Preferred Network Hospital will remain Providence Hospital in Anchorage. If you or a covered dependent seek hospital treatment, both inpatient and/or outpatient, in Anchorage, you must use Providence Hospital to receive maximum plan benefits. For other out of Anchorage Network Hospitals as well as medical providers in Anchorage and nationally, the Plan uses the Multiplan Network to obtain discounts. There is no penalty for not using a Multiplan Network provider however we encourage their use to obtain significant savings for you and the Plan.

To identify a Multiplan Network Provider call:
or go to:

1-800-557-6794
www.multiplan.com

Send Rx claims to:

Meritain Health
P.O. Box 27267
Minneapolis, MN 55472-0267

Meritain Health Benefit/Claim Customer Service 1-866-808-2609: A Meritain Health Customer Service Representative will be able to assist you with benefit/claims questions.

Meritain Health 24 Hour Automated Customer Service Info Line 1-800-566-9311: An Interactive Voice Response System provides rapid access to benefits, claim status and eligibility information. You can receive a fax verification of eligibility, a status of submitted claims, faxed copy of an Explanation of Benefits, request a new I.D. card and request a HIPAA Certification of Creditable Coverage (COCC).

www.mymeritain.com: Plan information is also available through the Meritain Health website, as well as helpful links and other useful information.

PRE-CERTIFICATION

Northwest Arctic Borough School District has chosen **Medical Rehabilitation Consultants (MRC)** to provide Utilization Review and Claim Management services (Medical Management) for the Plan. MRC must pre-authorize non-emergency Inpatient Hospital admissions **48 hours** prior to the admission. MRC must also be notified of all **emergency** Inpatient Hospital admissions within **48 hours** of the admission. (If emergency admission occurs on a weekend or holiday, notification can be extended to the first business day following the emergency admission.) The following services must also be pre-certified:

- Air ambulance, when used for non-emergency medical conditions
- Durable medical equipment charges over \$500
- Genetic testing
- Home health care (including IV therapy)
- Outpatient high technology radiology (i.e. CAT scans, PET scans, MRI's)
- Outpatient surgery, except surgery performed in a physician's office
- Prescription drugs that need to be reviewed for medical necessity
- Renal dialysis
- Skilled nursing facilities
- Transplant evaluations

If pre-certification procedures are not followed for the above services, the benefit payment will be reduced by 50%.

If MRC determines a second surgical opinion is necessary the Plan will pay the charges for the second opinion at 100% not subject to the deductible.

To pre-certify call MRC 1-800-827-5058

To expedite payment, please identify your group number (12431) and your name on all claims submitted.

*Please remember to give your provider(s) a copy of your **new** I.D. card when it arrives.*



NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT Group #12431

Medical Coverage	PPO Benefit	Non PPO Benefit
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Co-insurance	90%	70%
Calendar Year Out-of-Pocket Maximum (Deductible not included)	\$195 Individual	\$585 Individual
Physician Office Visit	90% after deductible	90% after deductible
Routine Care	90% after deductible	90% after deductible
Emergency Room Services	90% after deductible	90% after deductible
Urgent Care Center	90% after deductible	90% after deductible
Hospital Expenses		
<u>Inpatient</u>	90% after deductible	70% after deductible
<u>Outpatient</u>	90% after deductible	70% after deductible
Audio Care Examination & Hearing Aid Devices 36 Month Maximum Benefit	80%, no deductible \$400	80%, no deductible \$400
Prescription Drugs	90% after deductible	
Overall Lifetime Maximum	\$1,000,000 combined PPO and Non-PPO	
Dental Coverage		
Calendar Year Deductible	None	
Preventative Services	70% the first plan year of coverage; 80% the second full plan year of coverage; 90% the third full plan year of coverage; 100% the fourth and subsequent full plan years of coverage	
Basic Services	70% the first plan year of coverage; 80% the second full plan year of coverage; 90% the third full plan year of coverage; 100% the fourth and subsequent full plan years of coverage	
Major Services	50%	
Calendar Year Maximum	\$1,000 per Person	
Vision Coverage		
Calendar Year Deductible	None	
Eye Exams	90% One every 12 months	
Eyeglass Lenses or Contact Lenses	90% Once every 12 months	
Eyeglass Frames	Up to \$45 Once every 24 months	
Specialty Contact Lenses	90% \$400 Lifetime Maximum Benefit	

This is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details including limitations, exclusions and other requirements, please refer to the actual Summary Plan Description.