



**MUNICIPAL HEALTH BENEFIT FUND SEMINAR  
AGENDA  
November 2, 2018**

8:30 a.m. – 9:00 a.m.	<b>Registration</b>	
9:00 a.m.	<b>Welcome</b>	Mayor Joe Smith, North Little Rock 2018-2019 League President
	<b>Opening Remarks</b>	Mark Hayes, Executive Director AML
9:15 a.m. – 10:15 a.m.	<b>MHBF Plan Changes for 2019 and Benefits Overview</b>	Katie Bodenhamer, MHBF General Manager & Legal Counsel AML
10:15 a.m. – 10:30 a.m.	<b>BREAK</b>	
10:30 a.m. – 11:00 a.m.	<b>Prescription Benefit Update</b>	Dwight Davis, Director EBRx
11:00 a.m. – 12:00 p.m.	<b>MHBF Benefits Q &amp; A Panel Discussion</b>	--Katie Bodenhamer, MHBF General Manager & Legal Counsel --Jill Sloan, MHBF Clinical Supervisor --Purity Ingram, MHBF Enrollment & Eligibility Supervisor --Cynthia Parker, MHBF Claims Supervisor --Beth Chappell, MHBF Provider Relations & Customer Service Supervisor
12:00 p.m. – 12:45 p.m.	<b>LUNCH</b>	
12:45 p.m. – 1:15 p.m.	<b>OptumRx Portal Information</b>	Sarah Bujak, Account Executive OptumRx
1:15 p.m. – 2:00 p.m.	<b>MHBF's New Vision Benefit Offered Through EyeMed</b>	Robin Wynne, Sr. Regional Sales Manager, EyeMed
2:00 p.m. – 2:15 p.m.	<b>BREAK</b>	
2:15 p.m. – 2:45 p.m.	<b>Flexible Spending Accounts, Section 125 Plans and Supplemental Benefits</b>	Charles Angel, Western Regional Director of Public Sector Markets American Fidelity
2:45 p.m. – 3:00 p.m.	<b>Closing Remarks/Door Prizes</b>	

# Municipal Health Benefit Fund

WHAT YOU NEED TO KNOW

# Health Benefit Plan

- Included in the MHBF Fund Booklet
- Online at [arml.org/mhbf](http://arml.org/mhbf)
- Your city's Human Resources
- Call MHBF Customer Service

## Municipal Health Benefit Fund



Effective December 1, 1981 (As Amended January 1, 2019)



The Municipal Health Benefit Fund ("Fund") is a multi-employer, self-funded trust of municipalities. The Fund is not governed by the Rules and Regulations of the Insurance Department of the State of Arkansas but is regulated by its Board of Trustees and follows the rules of the Affordable Care Act.

### **Mandatory Administrative Appeals Procedure**

As a condition precedent to all the benefits, terms and conditions of this contract, an Employer member and its Employee Members must agree to exhaust all of their administrative remedies including, but not limited to, the claims procedures, the internal review procedures, including review by the Board of Trustees, and, to the extent available, federal external review processes, before any legal action is brought in any court.

Fund Administrative Office  
P.O. BOX 188, North Little Rock, AR 72115  
501-978-6137

# Enrollment Forms

# Certificate of Notice and Acceptance of Plan Provisions

This form is to acknowledge that you have read the Fund Booklet and that you agree to its terms and conditions.

This form should be reviewed, signed and returned to your HR department.

## Certificate of Notice and Acceptance of Plan Provisions

Public Health Service Act Exemptions  
Continuation of Coverage (COBRA)

Beneficiary Designation

Effective December 1, 1981 (as Amended Each Plan Year)

You must sign this form on your behalf and your dependents.

You must return this signed form to your employer.

If you do not sign and return this form to your employer the Fund will not provide you or your dependents with coverage.

When you sign the form you are agreeing that you have received a copy of the Privacy Notice and the Summary of Benefits and Coverage (SBC). These are two separate documents.

By signing the form you also acknowledge that you may obtain a copy of the Municipal Health Benefit Fund Booklet at [www.arml.org/mhbf](http://www.arml.org/mhbf) and that you agree to accept the terms and conditions of the Municipal Health Benefit Fund.

The Fund's Plan is subject to Federal law, including, the Patient Protection and Affordable Care Act and the Consolidated Omnibus Budget Reconciliation Act of 1987 (COBRA). COBRA provides for the extension of coverage under the Plan should certain special life events take place. (See the Declaration of Trust on page 1 of the Fund Booklet for more information).

Federal law also allows the Fund to exempt the Fund from some requirements imposed by Federal law. The Fund has done so. (See page 1.)

You further acknowledge that although the Plan may have provided benefits for an illness or condition in past years, the Plan does not necessarily provide benefits for those illnesses or conditions in subsequent Plan years.

By signing below you authorize any hospital, physician or health care provider and/or payer to furnish any information requested by the Municipal Health Benefit Fund that may be necessary to determine benefits payable.

Your authorization for the release of records to determine benefits payable also provides for the release of records of your eligible covered dependents. Your authorization shall remain in effect until changed or updated by you or the Plan. An electronic or photo-static copy of this authorization shall be considered effective and valid as the original for purposes of medical authorization only.

You may revoke your medical authorization on your behalf or that of your eligible covered dependent by providing a written revocation to the Fund.

If you or your eligible dependent(s) changes their coverage status by dropping coverage or changing coverage to a different group then a new certificate must be signed. All new employees are required to execute this Certificate of Notice and Acceptance of Plan Provisions.

Member/Employee: \_\_\_\_\_  
Signature of Member (Include Selfies or COBRA Member) Social Security Number

Member/Employee: \_\_\_\_\_  
Print Your Full Member Name Date of Birth

Home Telephone Number: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Please list a Beneficiary and their relationship to you for your Life Benefits

Beneficiary: \_\_\_\_\_  
Print Name Clearly W-Spouse C-Child H-Step Child AC-Adopted Child

Beneficiary's Date of Birth: \_\_\_\_\_

This portion is to be completed by Employer Representative and mailed to:  
Municipal Health Benefit Fund, P.O. Box 188, North Little Rock, AR 72115

City/Entity of: \_\_\_\_\_

Group Representative: \_\_\_\_\_

This form should be returned to your Employer.

MHBF USE ONLY

# Enrollment/Change/Termination Form

**Municipal Health Benefit Fund**  
Enrollment/Change/Termination Form

**Employee Information - All Fields Required** Group Number: \_\_\_\_\_

Group Name: _____	Social Security Number: _____
Date of Birth: _____	Gender: Male / Female _____
First Name: _____	Last Name: _____
Full Address (street, city, state, zip code): _____	
Phone: (____) _____	
Marital Status: Single _____ Married _____ Divorced _____	Effective Date: _____

☐ Active Status: Full Time Hire Date: \_\_\_\_\_ Full Time Employee (position held): \_\_\_\_\_

☐ Retiree Member (years of service: \_\_\_\_\_ Awarded in: \_\_\_\_\_)

Elected Official \_\_\_\_\_ (office): Member of \_\_\_\_\_ Board/Commission

Volunteer Fire Fighter \_\_\_\_\_ Auxiliary Police \_\_\_\_\_

Life Amount: _____	AD&D Amount: _____	Option A Dis. YES <input type="checkbox"/> NO <input type="checkbox"/>	Option B Dis. YES <input type="checkbox"/> NO <input type="checkbox"/>
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**What do you want to do?**

☐ Enroll in this plan ☐ Return from Military Leave

☐ Refusal of Benefits ☐ Elected Officials D&V Only\*\*

☐ Add/Drop a dependent from your plan

☐ Cancel coverage. Cancel Date: \_\_\_\_\_ Termination of employment / Retirement in honor / Member Death / Medicare

☐ Change coverage: Single to Family \_\_\_\_\_ Family to Single \_\_\_\_\_ Remove Spouse \_\_\_\_\_ (date of divorce)

Change Beneficiary \_\_\_\_\_ Change Name \_\_\_\_\_

Suspending Documentation: MUST be submitted for changes.

**What level of coverage do you want?** **Please check with your City Clerk or HR Dept. to be sure what Options are available to you through your Employer**

☐ Employee Only ☐ Life and AD&D ☐ Dental ☐ Vision (Employee level)

☐ Family ☐ Life and AD&D ☐ Dental ☐ Vision (Family level)

Add/Drop	Name	Date of Birth	Social Security Number	Relationship	Other Ins. (yes/no)	Reason for Change

I hereby accept the terms of Group Life, AD&D, Dependent Life and Medical Benefits presently contracted for by my employer with the Municipal Health Benefit Fund in the amount(s) for which I am or may become eligible and authorize until revoked by me in writing the deduction by my employer of any sum(s) of amounts sufficient to cover my contribution towards the premium under the said Municipal Health Benefit Fund.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Employee signature not required for termination)

Group Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MHEF use only

- Enrollment in the Plan
- Address/Name Change
- Coverage Declination
- Coverage Change (Individual/Family)
- Add/Drop Dependent
- Status Change (Marriage/Divorce)
- Cancel Coverage
- Employee Termination

MUNICIPAL HEALTH BENEFIT FUND MULTIPLE COVERAGE INQUIRY			
This completed form is Mandatory at time of enrollment of a new Employee & Mandatory on a yearly basis.			
In order to pay your claims quickly and accurately, we need complete information on any other insurance that you or your dependents (covered by MHBFF) may have. <u>Please complete this form and return it as soon as possible.</u>			
Member/Employee Name	Member/Employee SSN or ID#	Name of Employer/Group	
Current Mailing Address	City	State	Zip Code
<b>1. PLEASE ANSWER THIS QUESTION</b>			
Do you or any family member covered as your dependent by MHBFF, have any other medical, dental or vision insurance coverage?			
Yes <input type="checkbox"/> If Yes, please complete sections 2, 3 and 4 (space has been provided on the back of this form for persons with more than one health care plan).			
No <input type="checkbox"/> If No, please sign and date the bottom of this form (Section 4) and return this form to us as soon as possible.			
<b>2. OTHER INSURANCE INFORMATION (More space provided on the back of this form)</b> <b>COMPLETE IN FULL ( If Other Insurance is Medicare, Please go to Section 3 of this form)</b>			
Name of Insurance Company		Insurance Company Phone Number	
Insurance Company Address (Street or PO Box, City, State and Zip Code)		Employer that provides this coverage	
Name of Policy Holder	Policy Holder Identification No.	Effective Date	Termination Date *
Type of Coverage <input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Drug Card Services
Type of Policy <input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Retiree Coverage
<b>Persons Covered by Other Insurance</b>			
Name	Social Security Number	Date of Birth	Relationship to Policy
<b>3. Medicare Information (PLEASE PROVIDE COPY OF MEDICARE CARD)</b>			
Name of Medicare Policy Holder		Medicare Identification Number	
Effective Date of Part A	Effective Date of Part B	Effective Date of Part D	
Reason for Medicare Eligibility: <input type="checkbox"/> Age 65 or Older <input type="checkbox"/> Disability * <input type="checkbox"/> Renal Disease			
* If you are eligible for Medicare due to a Disability please attach a copy of Social Security Disability Approval Letter.			
Name of Spouse or other Dependent who has Medicare		Medicare Identification Number	
Effective Date of Part A	Effective Date of Part B	Effective Date of Part D	
Reason for Medicare Eligibility: <input type="checkbox"/> Age 65 or Older <input type="checkbox"/> Disability * <input type="checkbox"/> Renal Disease			
* If you are eligible for Medicare due to a Disability please attach a copy of Social Security Disability Approval Letter.			
NOTE: ALL CLAIMS ON YOU & YOUR COVERED DEPENDENTS WILL BE HELD UNTIL THIS INFORMATION IS RECEIVED. FAILURE TO RESPOND TO MAY RESULT IN CLAIMS BEGIN DELAYED OR DENIED.			MHBFF Use Only

## Multiple Coverage Inquiry

If any employee or their dependent has coverage in addition to MHBFF for medical, dental or vision, the employee must provide that information on the Multiple Coverage Inquiry form.

If the additional coverage is cancelled, this form must be completed to notify MHBFF of the change.

**Failure to provide this information can result in claims being delayed or denied.**

# Benefits Review



# Major Medical Benefits

- Individual Medical Coverage-Lifetime Coverage, No Maximum Dollar Limit
- In-Patient Hospitalization-30 Days Per Year
- Bariatric Weight Loss Program (Contact Jennifer Elliott 501-978-6137 x 131)
- Chemical Dependency Treatment – 1 Treatment Plan Per Lifetime
- Non-Emergency Surgeries– 2 Per Year
- Hearing Aids – 1 Per Ear, Every 3 Years (limited to \$1,400 for each hearing aid)
- Home Health Services-20 Visits Per Year
- Nutritional and Weight Counseling – 2 Visits Per Year
- Outpatient Occupational, Physical, Speech, Habilitative and Chiropractic Services – 40 Visits Per Year (Note: This is a combined benefit)
- Sleep Study – 1 Night Per Year
- Mental/Nervous Disorders
  - Inpatient Stay-10 Days Per Year
  - Individual Therapy Sessions-24 Visits Per Year

*\*\*Refer to Fund Book for a more complete list of benefits.*

# Preventative/Wellness Services Covered at 100%

- Annual Mammogram (NOT 3 or 4-D, Ultrasound)
- Annual Pap Screening
- Annual Colonoscopy or Cologuard
- Annual Wellness Physical (unless a condition of employment)
- Immunizations (DT, DtaP, Influenza, Pnuemococcal, etc)
- Annual Well-Baby/Child Visits
- Annual Chest X-Ray (Front and Lateral)
- Tobacco Cessation Program

To be covered as wellness, must not have a medical diagnosis.

*\*\*Refer to Fund Book for a more complete list and for age requirements on some services.*

# Pharmacy Benefits

- Generic Drugs--\$10.00 co-payment
- Preferred Brand Name Drugs--\$30.00 co-payment
- Non-Preferred Brand Name Drugs -- \$50.00 co-payment
- Specialty Drugs:
  - Drug Cost < \$1,000/30 days--\$100.00 co-payment
  - Drug Cost > \$1,000/30 days--\$200.00 co-payment

# HOW WE PAY BENEFITS

## Deductible

- Amount you must pay before benefits begin. The deductible starts over each January, and does not apply to preventative care services.

## Co-Payment

- \$20 Co-payment for Office Visits (does not apply to preventative and specialty programs)
- \$250 Co-payment for Emergency Room. Waived if admitted.

## Coinsurance

- 20% Coinsurance In-Network; 50% Usual & Customary Out-of-Network

## Out-of-Pocket Maximum

- Out-of-Pocket calendar year maximum is \$4,000 for in-network providers (excluding out-of-state providers); no maximum for out-of-network providers
- Co-payments, deductibles, balance-billing and penalty charges are not included in the out-of-pocket maximum

# Office Visit

An office visit is a problem-focused appointment with a medical provider designed to discuss new or existing health problems or symptoms.

- Cold, flu, chronic disease management, new patient assessment, etc.
- \$20.00 co-payment, and then the Fund picks up the costs at 100%
- Co-payment does not apply to deductible

# Explanation of Benefits

## In-Network Procedure

Billed Charges	\$3,000
MHBF Discount	<u>-\$1,000</u>
	\$2,000

Allowed Amount	\$2,000
Deductible	<u>- \$500</u>
	\$1,500

Benefit Allowable	\$1,500
Co-Insurance	<u>x 20%</u>
	\$300

MHBF Responsibility	\$1,200
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Patient Responsibility	\$800 (\$300 Co-insurance + \$500 Deductible)
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## In-Network Procedure (Met Deductible)

Billed Charges	\$3,000
MHBF Discount	<u>-\$1,000</u>
	\$2,000
Allowed Amount	\$2,000
Deductible	<u>- \$0</u>
	\$2,000
Benefit Allowable	\$2,000
Co-Insurance	<u>x 20%</u>
	\$400
MHBF Responsibility	\$1600
Patient Responsibility	\$400 (Co-insurance Only)

# Out-of-Network Procedure

Billed Charges	\$3,000
MHBF Discount	- \$0
	<u>\$3,000</u>

Allowed Amount	\$3,000
Deductible	- \$500
	<u>\$2,500</u>

Benefit Allowable	\$2,500
Co-Insurance	x 50%
	<u>\$1,250</u>

MHBF Responsibility	\$1,250
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Patient Responsibility	\$1,750	(\$1,250 Co-insurance + \$500 Deductible)
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# EOB-Explanation of Benefit

CITY:	ADMINISTRATOR - MUN. HEALTH BENEFIT FUND ARKANSAS MUNICIPAL LEAGUE P O BOX 188 NORTH LITTLE ROCK, AR 72115 1-501-978-6137	Trust Claim Number Member # Benefits for Date Processed Employee: Date Received Provider NPI # 1497790042	Group	Dept	Birth Date
FOR:	PROVIDERS MAY SUBMIT CLAIMS ELECTRONICALLY THROUGH EMDEON EDI # 81883				
-----					
Benefit Description		Patient #		Provider Description	
Service Dates	Submitted	Penalty	Pay	Benefit	Insured
From To	Amount	Deductible	Percent	Amount	Amount
Check Number					
-----					
CPT code 58563	Revenue Code 360	BAPTIST HEALTH*			
3/06/18	3/06/18	11,194.54	64.29	6,999.71	.8000
		4,130.54	CO-45	5,599.77	1,464.23
		Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.			
-----					
Submitted:	11,194.54	Deductible:	64.29	Balance:	6,999.71
Ineligible:	4,130.54	Pen Ded/ER Copay:	.00	Benefit Amt:	5,599.77
Remaining 2018 Medical Deductible:		Dental Deductible:	50.00	Patient Responsible:	1,464.23
Claim processed by adjuster number				Paid by Patient:	.00
-----					
GROUP CODE DESCRIPTIONS:					
CO = Contractual Obligation		OA = Other Adjustment		PR = Patient Responsibility	
CR = Corrections and Reversal		PI = Payer Initiated Reductions			
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MEMBER/PATIENT IS RESPONSIBLE FOR ALL DEDUCTIBLES, CO-PAYMENTS, COINSURANCE AND CERTAIN INELIGIBLE AMOUNTS.					
THIS IS NOT A BILL - Do not make payment to MHEF.					
Expect to receive an invoice from your doctor/provider who performed these services.					
For important information regarding your appeal rights, please refer to the current MHEF booklet.					
To access helpful information 24 hours a day, please visit the ARML website at:					
<a href="http://www.arml.org">www.arml.org</a> - Click on the MHEF Tab					

# Provider Relations

## Preferred Provider Network

- In-Network Benefits are higher
- Access to thousands of providers
- Access to our wrap-around network for out-of-state providers

## Help Locating an In-Network Provider

- Visit [www.arml.org/MHBF](http://www.arml.org/MHBF) to find our Preferred Provider Directory
- Contact Provider Relations Department
- Contact Customer Service

# Provider Referrals

If you want to use a provider that is not in the MHBF Preferred Provider Network, it's simple to refer them:

- Go to [arml.org](http://arml.org)
- Click on the MHBF tab
- Click on the Preferred Provider Directory
- Click on Provider Request Form

When you are finished completing the form, click submit and an email is sent directly to our office.

# Customer Service

# What can we do to help our members?

- Provide copies of EOB's
- Verify if precertification is required for a service
- Balance billing issues
- Give clarification of benefits
- Verify in-network provider network

# Common Mistakes That Increase Out-of-Pocket Costs

- Failure to precertify. When in doubt, call 888-295-3591.
- Using the emergency room for non-emergency events.
- Failing to check in-network status of a provider. (80% vs. 50% and stop-loss vs. no stop-loss)
- Failing to add a dependent to coverage in a timely manner.
- Paying a health provider's bill prior to receiving an EOB. When in doubt, call us.



# More Money Saving Tips

- Call and find out if a service, test or procedure is covered prior to it being performed.
- Keep wellness visits strictly wellness.
- Make sure to carry the minimum medical coverage on automobile insurance.
- Turn in Accident Claim Forms or other required documentation.
- Read the Fund Booklet or review the SBC and know your benefits.

# More . . .

- To ensure coverage, buy travel insurance for travel out of the country.
- Turn in Multiple Coverage Inquiry Form every time additional coverage is added or terminated.
- Know and understand what qualifying events are (and are not) for the addition of family members to coverage.
- Don't forget that eDoc America, along with their 24-hour Registered Nurse Advice Line and Telemedicine is a part of your benefit package.

# Contact Information

# Municipal Health Benefit Fund

(501) 978-6137

Option 1 – Precertification

Option 3 – Help finding In-Network providers

Option 6 – Customer Service

Option 7 – Premium Accounting

Optum Rx  
855-253-0846

Allcare Specialty Pharmacy  
855-780-5500

EBRx  
(For Rx prior authorizations)  
833-339-8401

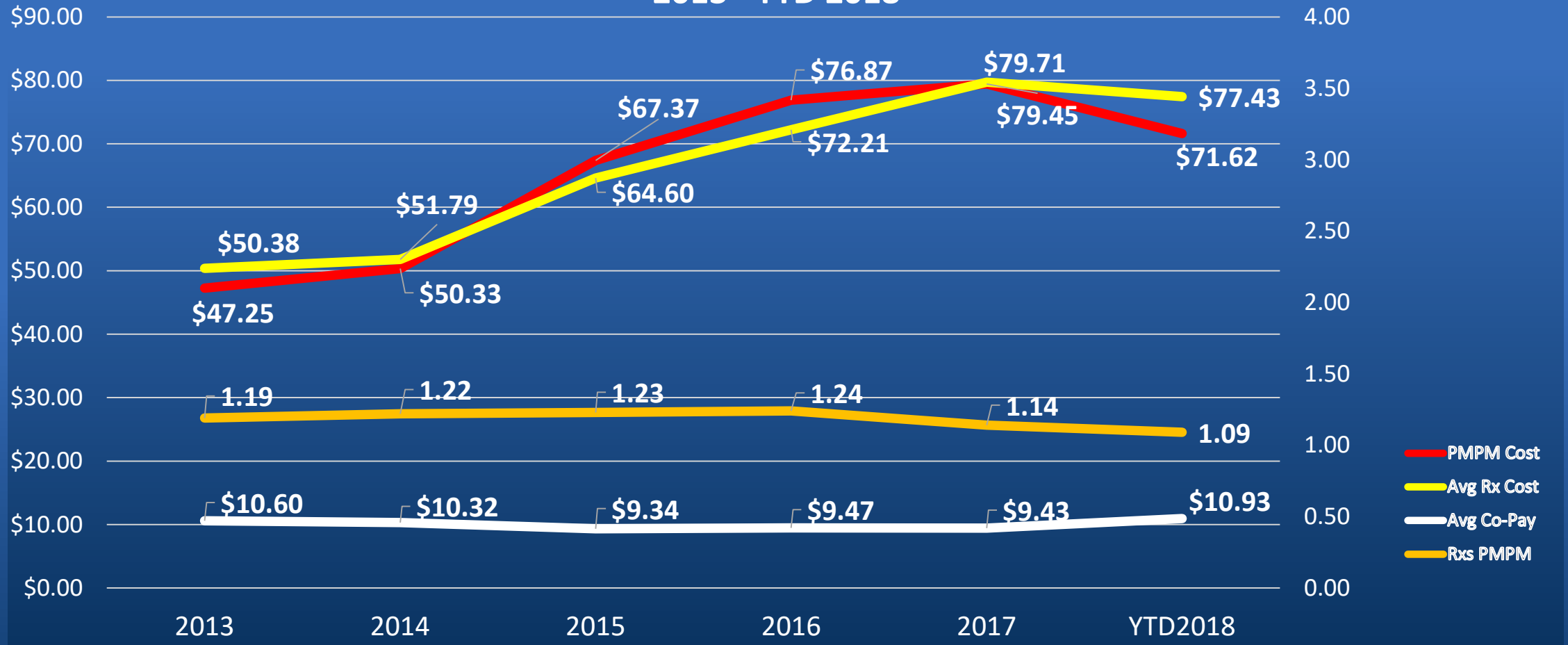


# Municipal Health Benefit Fund Prescription Drug Program Update for January 1, 2019

Dwight Davis, Pharm.D.  
Director, Evidence-Based Prescription Drug Program (EBRx)  
UAMS College of Pharmacy

November 2, 2018

# Municipal Health Benefit Fund Prescription Drug Program Trend Analysis 2013 - YTD 2018\*



\* YTD 2018 = through September 2018

# Snapshot of a few key cost-driving variables

- Generic drugs now account for 90% of MHBf's total prescription
- Despite strong generic drug usage, the cost of Specialty drugs continue to increase
- Specialty drugs are used for such conditions as:
  - Rheumatoid Arthritis, Crohns Disease, Plaque Psoriasis
  - Multiple Sclerosis
  - Oncology / Cancer
  - Other conditions: Hereditary Angioedema, Pulmonary Hypertension, etc.
- Specialty Drugs account for 0.4% of MHBf's total Rx claims and 38% of MHBf's total spend (based on the most recent quarter of 2018)
- The average cost of a specialty drug for MHBf is ~ \$6,000/month. The average member co-payment for these drugs is \$200/month.



# Update for the MHBFF Prescription Drug Program - 1/1/2019

- Closed Drug Formulary implemented in early 2018
- Ongoing Formulary management / clean-up
- No pharmacy-related changes for 1/1/2019
- Clinical Management Tools
  - Plan Exclusion
  - Coverage Policies / Prior Authorization
  - Dispensing/Quantity Limits
  - Step Therapy
  - Reference-Based Pricing

# MHBF Drug Co-payment Structure

				Specialty Drugs	
Generic Drugs	Preferred Brand Name Drugs	Non-Preferred Brand Name Drugs	Reference-Based Priced Drugs	Drug Cost < \$1,000/30 days	Drug Cost ≥ \$1,000/30 days
\$10.00	\$30.00	\$50.00	Variable by Category	\$100.00	\$200.00

# Clinical Management Tools

- **Plan Exclusions** – all new drugs to market are excluded until reviewed and added to coverage. If there is no clinical reason to add the drug, it will remain excluded unless new information surfaces to support adding it to coverage. Examples are:
  - All new drugs to market (including cancer drugs and other specialty drugs)
  - Existing drugs (some anti-diabetic drugs, triglyceride agents, drugs where OTC equivalents are available (e.g. acid reflux agents, nasal steroids, etc.)
- **Coverage Policies** – written and enforced by EBRx. Pharmacists and physicians, through the EBRx prior authorization call center, assist prescribers with questions.

# Clinical Management Tools (cont.)

- **Quantity Limits** - can be placed on specific drugs that may limit (1) # of units/Rx, (2) # of units per timeframe, or (3) # of units/day.
- **Step Therapy** – requires that certain conditions / medications be present before a particular drug can be used.
- **Reference-Based Pricing** – limits amount Plan will pay for a specific drug. Out of pocket costs for drugs associated with Reference-Based Pricing do not apply to the member's out-of-pocket maximum limit.

# Reference-Based Pricing Example



# Purpose of Management Approach

To protect the Fund from the financial exposure related to expensive low-value drugs and/or unproven drugs.

In an effort to provide the most cost-effective drug therapy to Fund participants, drugs are evaluated based on their safety and effectiveness as demonstrated in the peer-reviewed published literature. An evidence-based approach is used to help steer the Fund's drug coverage policy. Therefore, drugs not meeting certain standards are recommended for exclusion by the Fund.

All policies related to this approach are reviewed and approved by the MHBF Board.

# Information Regarding Prescription Drug Benefit

## On-line:

Current version of Drug Formulary / Preferred Drug List – including Quantity Limits, Step Therapy, and Reference-Based Pricing are found on the MHBF website:

[www.arml.org/Services/Benefit Programs/Municipal Health Benefit Fund](http://www.arml.org/Services/Benefit%20Programs/Municipal%20Health%20Benefit%20Fund)

## Phone:

Members may contact OptumRx at (855) 253-0843

Members have access to an OptumRx phone app for co-pay information

Physicians may contact EBRx (UAMS) at (833) 339-8401

# OptumRx Digital Tools

Sarah Bujak, Account Executive  
11/2/18





# Mobile App

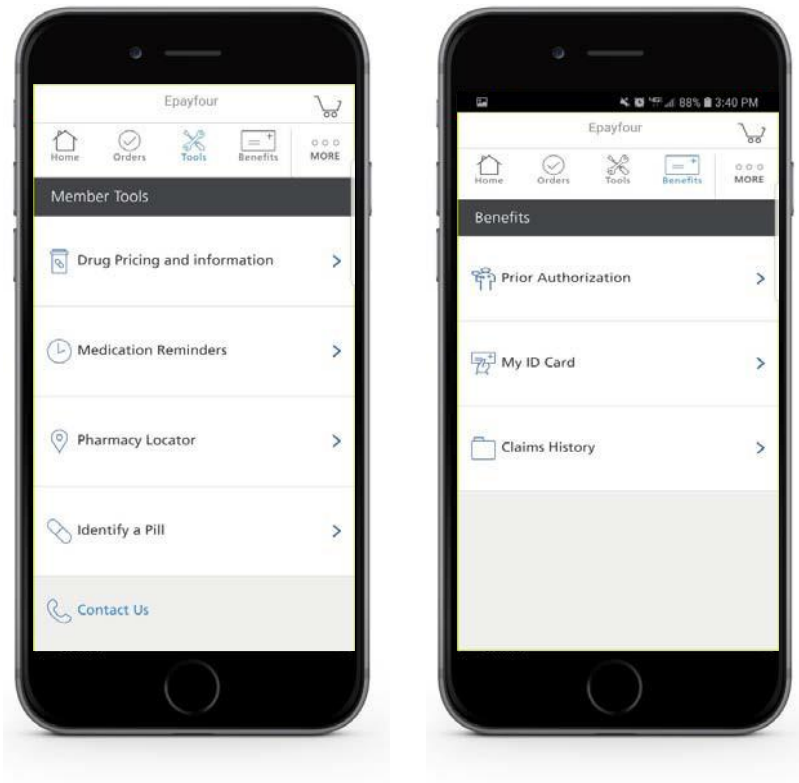


# Streamlined home page navigation

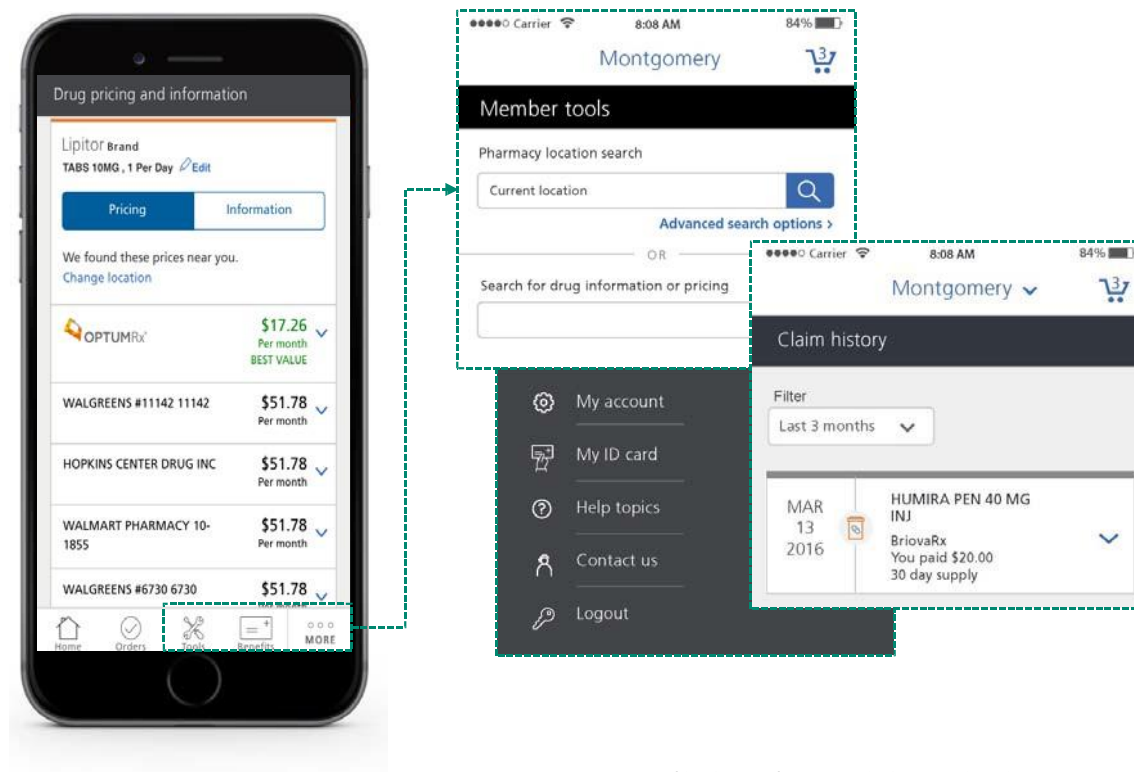
Key items right at your fingertips makes managing your account easy.

Quickly:

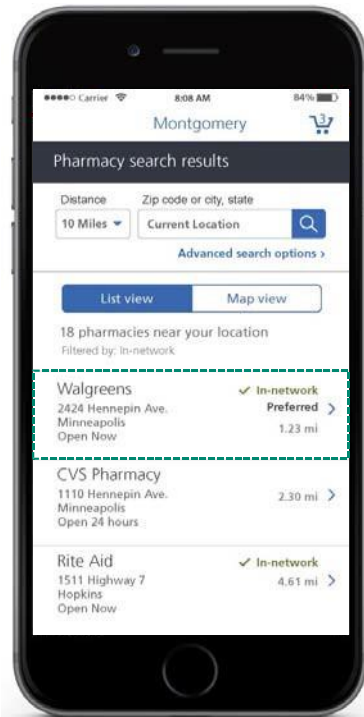
- Find drug information and prices,
- Set medication reminders
- Locate the closest pharmacy
- Review your claims and more



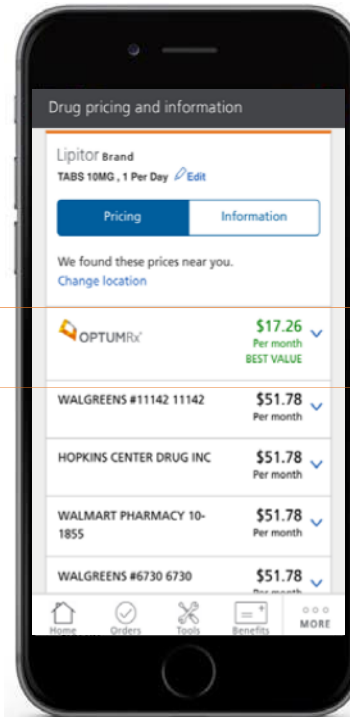
# Enhanced, easy-to-find visible tools



# Tools



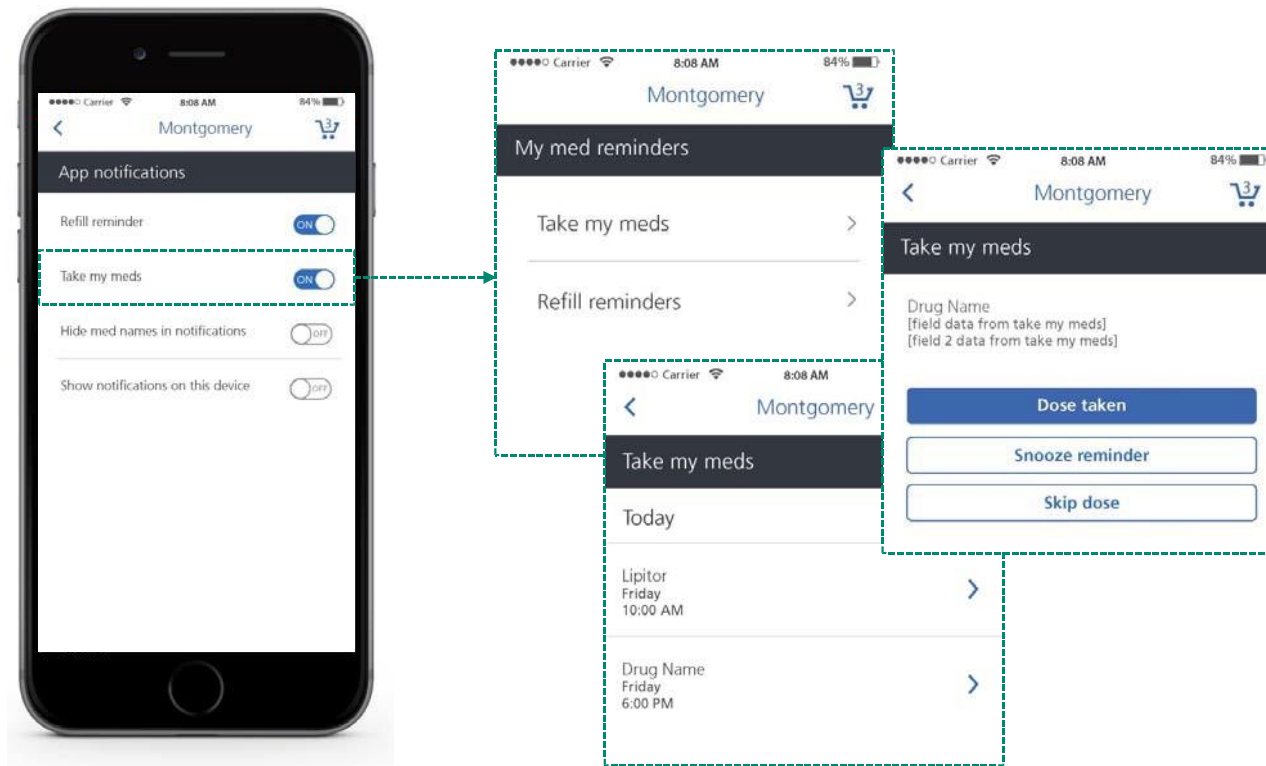
Locate a pharmacy



Compare pricing

Allows consumers to easily compare pharmacy pricing on their mobile phone from anywhere

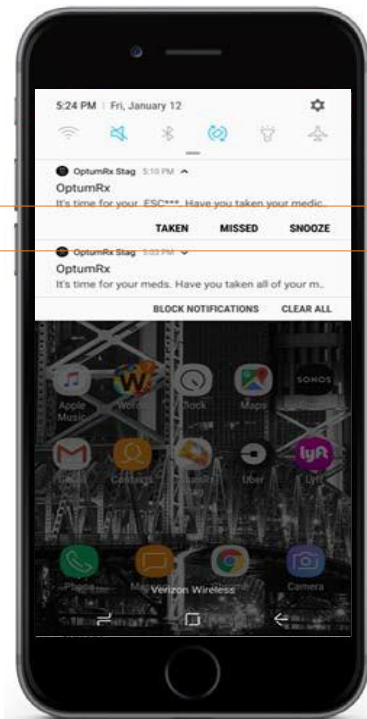
# Refill Reminders and app notifications



# Push notifications

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Never forget  
to take your  
medication

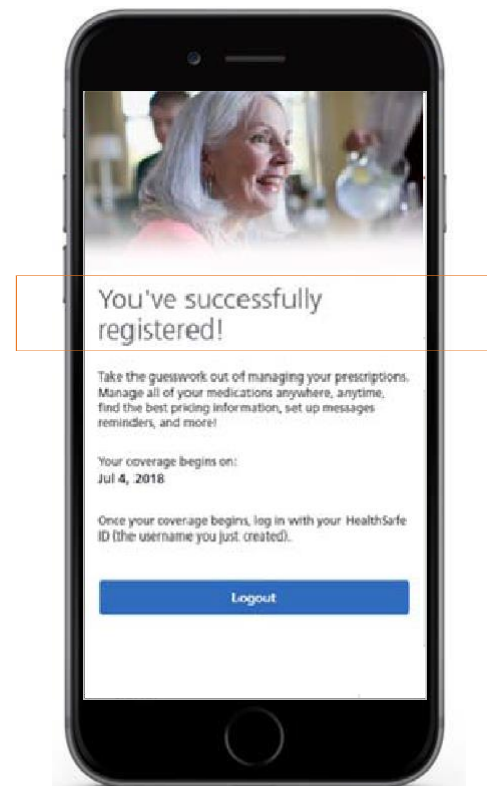


Set up push notifications

# Pre-open enrollment registration

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Pre-eligibility landing page allowing consumers to pre-register and create their login 90 days prior to their coverage activation date



# Consumer Portal



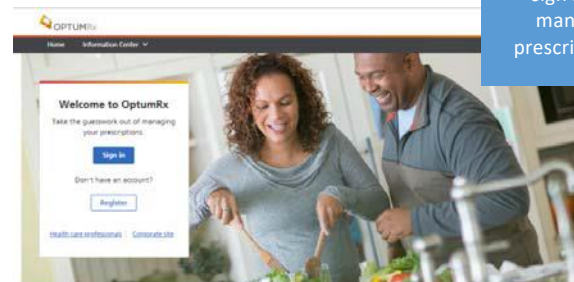


# Key Features

Convenient, user-friendly tools help simplify and improve the consumer experience

## Today's Portal features:

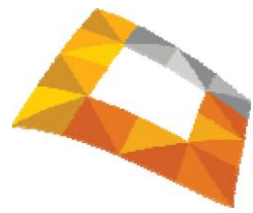
- Price medications and search for lower cost alternatives
- Review pharmacy benefits, prescription drug list coverage, and claim history
- Locate in-network pharmacies
- Medication reminder enrollment
- Manage household and caregiver access
- Digital delivery of prescription Lit-packs



Register or  
sign in to  
manage  
prescriptions



Medications and benefits  
conveniently at your  
fingertips



OPTUMRx®

A man wearing a denim jacket, a grey baseball cap, and glasses is crouching down on a paved path in a park, smiling and looking at a white dog. The dog is sitting and looking back at the man. The background shows trees and a path. A green line graphic runs diagonally across the top right of the image.

eye  
Med



NOVEMBER 2, 2018

# Hello Arkansas Municipal League

Nice to see you

# What we'll discuss

1. Benefit Enhancements
2. Network Access
3. Benefits Made Easy
4. Q & A





1

Benefit Enhancements: More Savings, More Value

# EyeMed Plan

Benefits	EyeMed
Frequency	12/12/12
Exam	\$30
Copays	
Single Vision:	\$30
Bifocal:	\$30
Trifocal:	\$30
Standard Progressive:	\$85
Standard A/R:	\$45
Allowances	
Frame:	\$100
Contacts:	\$100
Lens options	
Tint:	\$15
UV Treatment:	\$15
Poly for Kids:	\$0

# Member Out of Pocket Comparison: Savings vs Retail

## Top 3 Most Common Transactions

	AML Plan	EyeMed Plan
Single Vision Transaction	35%	64% ✓
Progressive Lens Transaction	23%	51% ✓
Contact Lens Transaction	50%	65% ✓

# Member savings with benefits – EyeMed

\*Top 3 transactions based on book of business

Single Vision (42% of transactions)	Exam	Frame	Single Vision Lens	Polycarbonate (Adults)	Total Member Out of Pocket	% Savings
Retail	\$104	\$167	\$90	\$62	\$423	
AML Vision Plan	\$60.80	\$60.20	\$90	\$62	\$273	35%
EyeMed Plan	\$30	\$53.60	\$30	\$40	\$153.60	64%

Progressive Lens (28% of transactions)	Exam	Material Co-pay	Frame	Varliux Comfort Premium Progressive Lens	Crizal Alize Premium Anti- Reflective	Backside UV	Total Member Out of Pocket	% Savings
Retail	\$104		\$167	\$250	\$113	\$20	\$654	
AML Vision Plan	\$60.80	n/a	\$60.20	\$250	\$113	\$20	\$504	23%
EyeMed Plan	\$30	\$30	\$53.60	\$125	\$68	\$15	\$321.60	51%

Contact Lens (30% of transactions)	Exam	Standard CL Fit/Follow-Up	Purchase Acuvue Oasys @ \$34 / box (1/2 year supply)	Total Member Out of Pocket	% Savings
Retail	\$104	\$61	\$136	\$301	
AML Vision Plan	\$60.80	\$30.50	\$59.70	\$151	50%
EyeMed Plan	\$30	\$40	\$36	\$100	65%



And there's more...  
Additional Value-Add's with EyeMed

Learn more at [eyemed.com](https://eyemed.com)





# The future is bright with Sun Perks

## A fun sunglass benefit for your employees

- Sun Perks certificate for all enrolled members to use on their purchase of non-prescription sunglasses at Sunglass Hut
- 40 luxury brands to choose from including Ray-Ban®, Coach®, and Prada®
- Why? Because 99% of UVA and UVB rays can be blocked with quality sunglasses\*

**\$50 OFF** Sunglass Hut

purchase of \$200 or more  
or \$20 off any purchase





# Additional discounts for added member savings

- ✓ 40% off additional pair discount—the best, most flexible in the industry
- ✓ 40% off hearing exams and discounted, set pricing on hearing aids
- ✓ 20% off any remaining frame balance
- ✓ 20% off any non-covered item
- ✓ 15% off LASIK
- ✓ 15% off any balance over the conventional contact lens allowance

**97% of clients agree that our benefits result in low out-of-pocket costs for members\***

Discounts are in-network only. May not be available on all plans. Confirm if your provides this option. \*EyeMed Client Satisfaction Survey conducted by Walker, 2017.

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# More value with our Special Offers page online

Always available on our  
Member Web or the  
EyeMed Members App



LENSCRAFTERS ♥ 👁

Complimentary blue IQ coating

— EST. 1961 —  
PEARLE VISION™

Extra \$25 off complete pair  
of glasses or Rx sunglasses

GLASSES.COM™

\$50 off any non-prescription  
pair of sunglasses

🎯 OPTICAL™

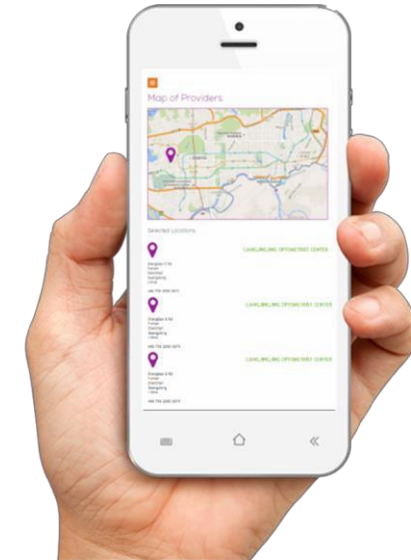
Extra \$100 in instant savings  
on contact lenses at  
TargetOptical.com



# A global solution for global employees

## Our International Travel Solution provides:

- Worldwide provider directory with mapping functionality
- Vision guides detailing the ins and outs of receiving vision care abroad
- 24/7 member support to answer questions in real-time
- Temporary glasses delivered next day—in case of broken or lost eyewear\*
- Translation services to support optical transactions in a foreign language
- OON benefits for vision care received abroad
- Easy claim filing—just upload photo of receipt



**99% of clients think we make it easy for members to use their benefits\*\***

\*Next day delivery in most locations

\*\*EyeMed Client Satisfaction Survey conducted by Walker, 2017

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2

Network Access for every demographic

# Eye care and eyewear when and where employees want it

Why 98% of employees use in-network providers\*

## The right mix of in-network providers:

- 70% Independent
- 30% Retail
- Online In-Network Applications
  - Glasses.com
  - Contactsdirect.com

## Huge eyewear selection:



- Locations close to you
- Providers with evening/weekend hours
- Access to advanced technology
- LensCrafters & Pearle Vision
- Wal-Mart and Sam's Club Optical In-network

\*EyeMed book of business data, 2017

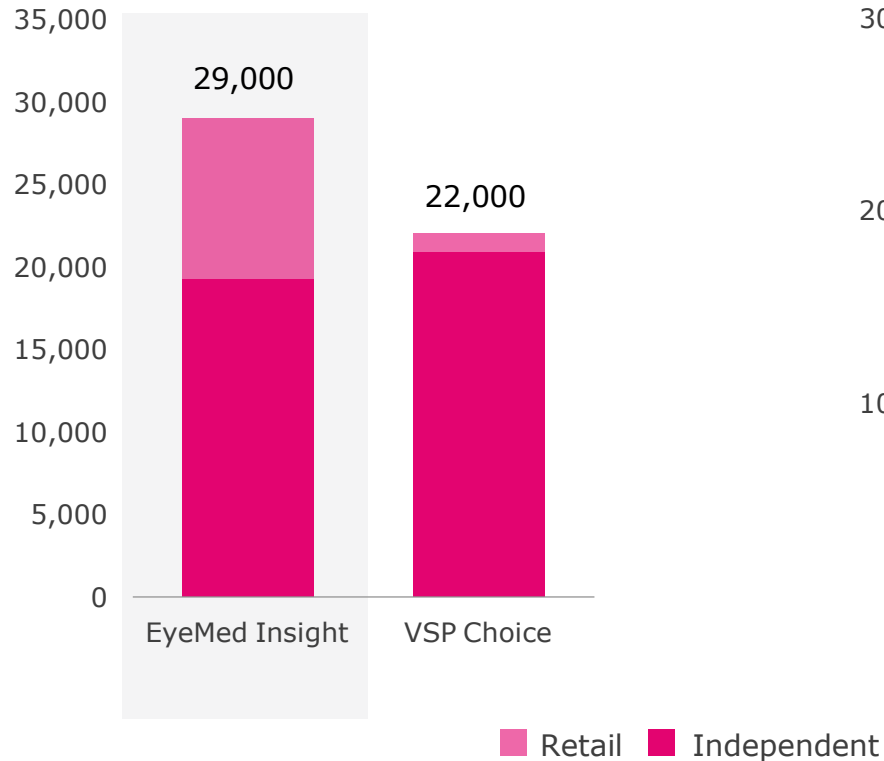
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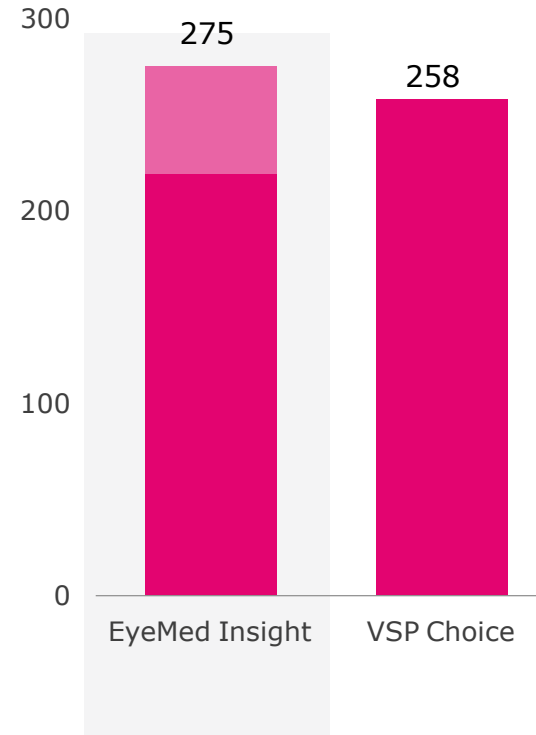


# More choice and more provider options

## Nationwide locations



## Arkansas locations



With EyeMed  
members experience  
**MORE CHOICE**

**Consistent benefit application**

At every network provider location

**No formularies or frame towers**

Choose the frame or contact lens that suits your needs

**No wholesale allowances**

Retail frame allowance makes it easy to understand out-of-pocket costs

**Credentialed providers**

All providers are credentialed to the same quality standards that align with the NCQA

**True retail providers**

Retail providers defined by 20 or more locations

\*All network data is based on competitive network figures from NetMinder, October 2017

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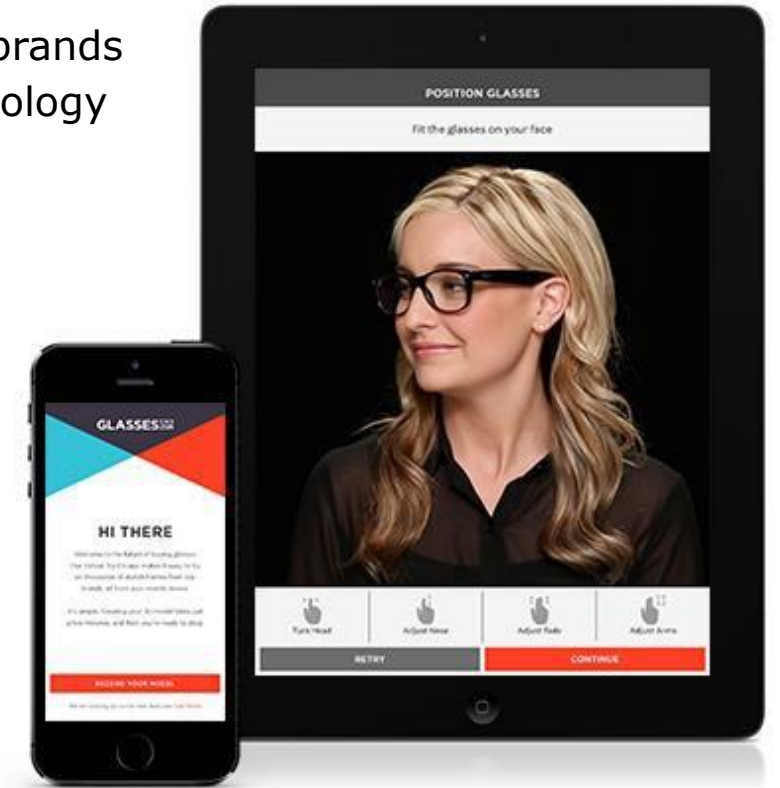
# Online in-network eyewear providers

## Glasses.com:

- Huge selection of frames and lenses, including the world's leading brands
- Photo-realistic and geometrically accurate 3D virtual "try-on" technology
- In-network benefits apply directly in the shopping cart
- Orders typically fulfilled and shipped the following day for free

## ContactsDirect.com:

- Wide selection of top-selling brands including Acuvue® and Air Optix®
- User-friendly experience allows members to view their eligibility and available allowance (with application directly in their shopping cart)
- Orders ship as soon as prescription is verified – typically the same day
- Every order ships free





3

Above all else, we make benefits  
easy

# Making benefits easy to use



## Helpful communications

- Open enrollment support
- Welcome Kit with ID card
- Self-serve educational materials
- Wellness mailings and reminders



## Online tools

- Enhanced Provider Search
- Mobile app
- Special offers
- Text alerts



## Award-winning customer service

- Extended hours, including evenings and weekends
- “Certified Center of Excellence”

\*EyeMed Client Satisfaction Survey Conducted by Walker, 2017.

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# We've gone mobile with our benefits

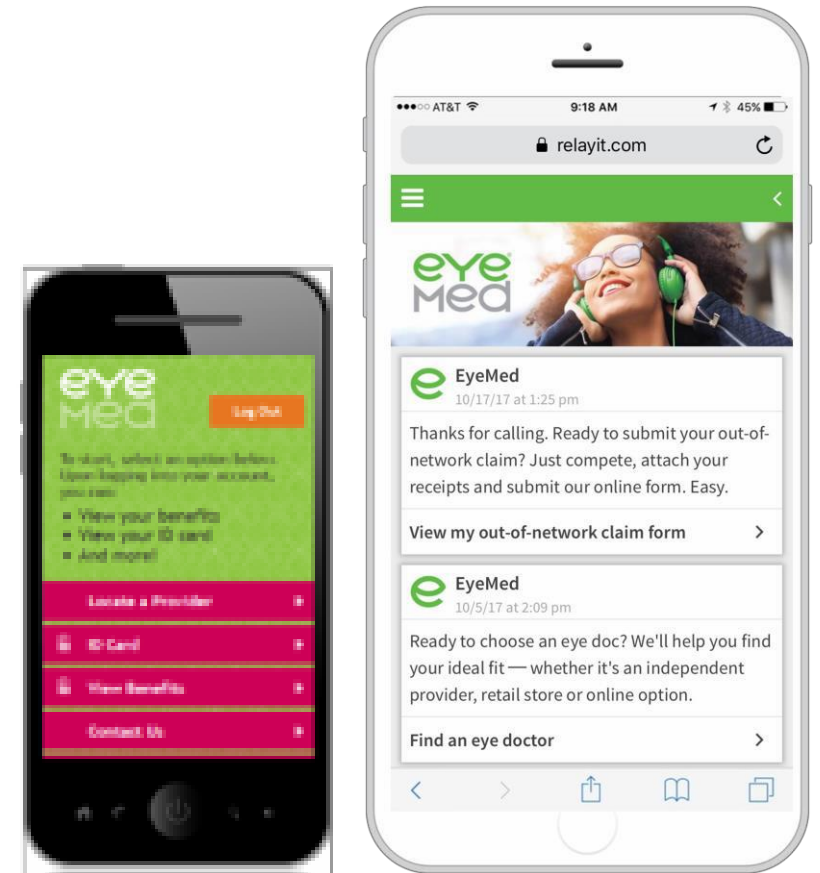
## Mobile app for members

- Benefit details
- Provider locations/directions
- ID card
- Ability to set exam and contact lens refill reminders
- Ability to load a prescription

## Text alerts

For members who opt-in, we'll share:

- Wellness information
- Special offers
- Personalized benefits reminders
- Quick tips and guides







**12.5** Seconds to answer  
**>99%** 1<sup>st</sup> call resolution

## Award-winning service day and night

Here for members whenever they  
need us

- “Certified Center of Excellence” rating for high customer support by Benchmark Portal, 9 years in a row
- Available 102 hours per week:  
on. to Sat.: 7:30–11 p.m. EST & Sun.: 11–8 p.m.  
EST Support 362 days a year
- Need-based routing so calls are answered by the right vision benefits expert every time
- One of America’s highest-rated call centers

\*EyeMed book of business data, 2017.

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4

To sum it up...

# Why it's smart to choose EyeMed

	EYEMED	CURRENT
<b>The vision care network that members want</b> The right mix of independents, retail and online		
<b>Vision benefits that redefine expectations</b> True vision plan providing better savings across the board		
<b>An experience that makes vision benefits easy</b> Tools that make it easy for members		

# Q & A



# Flexible Spending Accounts

- Help with common medical expenses not covered by your insurance or with dependent day care expenses
- Elect a portion of your salary to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified expenses

# Healthcare Flexible Spending Accounts (also known as a Healthcare FSA or HCFSA)

## How it works

- Used to reimburse eligible medical expenses
- Expenses may be incurred by you, your spouse, or eligible dependents
- Eligible employees may participate, even if you do not have major medical coverage through your employer

# Examples of Eligible and Ineligible Expenses

## Examples of Eligible Expenses:

- Copayments and deductibles for medical visits
- Eye exams and eyeglasses
- Lasik
- Orthodontia expenses<sup>1</sup> and other dental expenses
- Prescription drugs and certain eligible over-the-counter medicines (with a prescription)
- Transportation expenses relative to medical care including mileage at IRC allowable rate

## Examples of Ineligible Expenses:

- Cosmetic procedures
- Chapstick
- Toothbrushes
- Expenses reimbursed under any other health plan or from any other source
- Insurance premiums
- Vitamins (for general health)

Visit [www.americanfidelity.com](http://www.americanfidelity.com) for more details!

<sup>1</sup>Future service dates require proof of payment

# Estimate Your Expenses

Estimate the medical expenses you anticipate to pay out of your own pocket (not covered by health coverage) during the year.

Visit  
[americanfidelity.com/customer-support/FSA-worksheet](http://americanfidelity.com/customer-support/FSA-worksheet)  
for the online worksheet.

## Annual Expense Amounts:

Periodic doctor office visits	\$	<input type="text"/>
Physicals and routine check-ups	\$	<input type="text"/>
Prescription drugs	\$	<input type="text"/>
Dental (check-up, cleaning, fillings, etc.)	\$	<input type="text"/>
Orthodontia (braces, exams, etc.)	\$	<input type="text"/>
Vision and eye care (exams, glasses, contacts, etc.)	\$	<input type="text"/>
Surgery (including corrective eye surgery)	\$	<input type="text"/>
Other eligible expenses	\$	<input type="text"/>
Out-of-Pocket Annual Medical Expenses *	=	<input type="text"/>
Enter your number of pay periods per year	#	<input type="text"/>
Suggested Contribution per Pay Period	=	<input type="text"/>
Estimated pre-tax savings per pay Period	=	<input type="text"/>

# Healthcare FSA Reminders

## Use or Lose

- Carefully choose your election amount each year
- Under Treasury regulations, if you don't use your full election amount during the required timeframe, any remaining funds are forfeited
- Check with your employer to see if your plan offers a
  - Runoff Period
  - Carryover Provision
  - Grace Period

# Carryover Provision

- You are able to carry over up to \$500 of unused contributions from one plan year to the next, which may be used to reimburse eligible medical expenses incurred anytime during the next plan year

# Benefits Debit Card

- The Benefits Debit Card allows you to pay for eligible medical expenses with your card instead of paying out of pocket
- Save Your Receipts!
  - The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

# Use Your Benefits Debit Card Online

- Buy eligible items with your card online at [FSAstore.com](https://FSAstore.com)





# Dependent Care Accounts

**AMERICAN FIDELITY**   
a different opinion TM

# Benefits of an Online Enrollment

**AMERICAN FIDELITY**  
a different opinion





# Ease and Flexibility for Employers



# One Document

## Confirmation of Benefits

November 02, 2017

Last Enrollment Method: Enroller Assisted

Employee Name: Aaron R. Tester

Last Enrollment Date: 11/1/2017

Location: Admin Office

### Your Benefits

This statement confirms your new benefit elections, covered dependents and beneficiaries based on your benefits eligibility date (or effective date for a qualified status change). If you did not enroll for benefits during your initial eligibility period as a new hire (or transfer into a benefit-eligible position), your enrollment method will be listed as "Default" above. This means you will only receive default benefit coverage. You must wait until the next annual open enrollment period to elect any other benefits (unless you have a qualified status change as defined by IRS guidelines). If you feel the information on this statement is incorrect, please contact the Human Resources Department.

Benefit Plan	Current Coverage	Pre-tax	After-tax
Medical	Blue Cross PPO; Family	\$300.00	\$0.00
Health Savings Account	N/A	\$0.00	\$0.00
Dental	Delta Dental Plan; Family	\$24.00	\$0.00
Vision	VSP Vision; Family	\$25.00	\$0.00
Group Life	N/A	\$0.00	\$0.00
Flexible Spending Account	N/A	\$0.00	\$0.00
Disability	N/A	\$0.00	\$0.00
Term Life	N/A	\$0.00	\$0.00
Whole Life	N/A	\$0.00	\$0.00
Accident	N/A	\$0.00	\$0.00
Cancer	N/A	\$0.00	\$0.00
Texas Life	N/A	\$0.00	\$0.00
<b>Total Employee Cost Per Pay Period</b>		<b>\$349.00</b>	<b>\$0.00</b>

Please review for accuracy.

# Benefits of an Online Enrollment

- ✓ Choice
- ✓ Convenience
- ✓ Education

# Variety of Educational Tools



Two-thirds of workers are confident in their ability to make informed benefits choices.

Yet, nearly as many would welcome benefits advice from a third-party advisor or **an online program.**

# Plan Comparisons

**AFenroll<sup>®</sup>**  
enrollment made simple

Status (69% Complete)

Benefit Info

Home
You & Your Family
My Benefits
Sign & Submit
Back
Unlock
Next

**i** If you wish to make a change, click the *Unlock* button.

**Product Name:** VSP Vision

**Coverage Level:** Employee + Children

First Name	MI	Last Name	Date of Birth (MMDDYY)	Sex	Relationship
Aaron	R	Tester	4/8/1975	M	Employee
Jimmy		Tester	10/5/2005	M	Child
Kendra		Tester	10/6/2006	F	Child
Kent		Tester	10/28/2010	M	Child

Back

Vision is now locked. If you wish to make changes, press the *Unlock* button.

Unlock
Next

My Benefits	
<input checked="" type="checkbox"/> Medical	\$79.00
<input checked="" type="checkbox"/> Health Savings Account	\$0.00
<input checked="" type="checkbox"/> Dental	\$0.00
<input checked="" type="checkbox"/> Vision	\$18.00
<input checked="" type="checkbox"/> Group Life	\$0.00
<input checked="" type="checkbox"/> Flexible Spending Account	\$0.00
<input checked="" type="checkbox"/> Disability	\$0.00
<input checked="" type="checkbox"/> Term Life	\$0.00
<input checked="" type="checkbox"/> Whole Life	\$0.00
<input type="checkbox"/> Accident	\$0.00
<input type="checkbox"/> Cancer	\$0.00
<input type="checkbox"/> Texas Life	\$0.00
Employer Cost	\$209.00
Pre-tax cost	\$97.00
Post-tax cost	\$0.00
<b>Total Cost</b> Per Pay Period	<b>\$97<sup>00</sup></b>

**Municipal Health Benefit Fund**  
**P.O. Box 188**  
**North Little Rock, AR 72115**  
**501-978-6137**  
[www.arml.org/mhbf](http://www.arml.org/mhbf)

**Your Information.**  
**Your Rights.**  
**Our Responsibilities.**

---

By law, the Municipal Health Benefit Fund (Fund) is required to protect the privacy of your protected health information. This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

## **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues



- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information for marketing purposes and never sell your information.

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

## Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

## Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

## Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your other insurance providers to coordinate payment.*

## Administer your plan

We will not disclose your health information to your health plan sponsor for plan administration without your written authorization to do so.

*Example: The Plan Sponsor contracts with us to provide a health plan and we provide your Plan Sponsor with statistical data to explain the amount charged for coverage. We will not disclose your protected health information to the Plan Sponsor without your written authorization to do so.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

This privacy notice is based upon “Model Notices of Privacy Practices” provided by the United States Department of Health and Human Services on their website as of September 19, 2017. HHS may change the regulatory law governing Privacy Practices or may change their model notice. If so, the MHBf will comply with the law and will change the terms of this notice. The changes will apply to all information we have about you. We will provide you with a copy of the new notice and the notice will be available on our web site.

## **Other Instructions for Notice**

- Privacy Official: Katie Bodenhamer, 501-374-3484, ext. 126, [kbodenhamer@arml.org](mailto:kbodenhamer@arml.org).

## **Acknowledgement of Receipt**

I hereby acknowledge that I have received a copy of the following Notifications from my employer.

- HIPAA Privacy Notice
- Health Insurance Marketplace Coverage Options Notice, and the
- Summary of Benefits and Coverage for the 2018 Fund Year

I also acknowledge that I may also access these Notifications at:

<http://www.arml.org/services/mhbf/>

---

Employee's Name (please print)

---

Employee's Signature

---

Date

**Do not send to MHBF – this must be returned to your employer.**



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

---

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: Municipal Health Benefit Fund, P. O. Box 188, North Little Rock, Arkansas 72115, 501-978-6137, or see [www.arml.org/mhbf](http://www.arml.org/mhbf).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. The Municipal Health Benefit Fund plan exceeds the minimum value standard.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees.
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:
  - ☐ We do not offer coverage.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. This employer offers a health plan that meets the minimum value standard.**  
(Go to question 15)

**15. For the lowest-cost plan that meets the minimum value standard\* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.**

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?    Weekly        Every 2 weeks        Twice a month        Monthly        Quarterly        Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?**

\_\_\_\_\_ Employer won't offer health coverage

\_\_\_\_\_ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$ \_\_\_\_\_

b. How often?    \_\_\_Weekly    \_\_\_Every 2 weeks    \_\_\_Twice a month    \_\_\_Monthly    \_\_\_Quarterly    \_\_\_Yearly

Date of change (01/01/2018)

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-501-978-6137 or visit [www.arml.org/services/mhbf/](http://www.arml.org/services/mhbf/). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-501-978-6137 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	\$500, \$1,200, or \$2,000/individual; or \$6,000/family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your deductible?</b>	Yes. <u>Preventive care</u> services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	For <u>network providers</u> \$4,000 individual / \$8,000 family; for <u>out-of-network providers</u> there is no limit. For pharmacy providers \$2,600 individual / \$5,200 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the out-of-pocket limit?</b>	<u>Copayments</u> , <u>deductibles</u> , <u>premiums</u> , <u>balance-billing</u> charges, penalties for failure to precertify, out-of-state and <u>out-of-network</u> care and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.arml.org/services/mhbf/">www.arml.org/services/mhbf/</a> or call 1-501-978-6137 for a list of <u>network providers</u> .	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your plan pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

<b>If you need immediate medical attention</b>	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Coverage is limited to 2 ground and 2 air transports annually.
	<u>Urgent care</u>	\$20 <u>copay</u> /visit and 20% <u>coinsurance</u>	\$20 <u>copay</u> /visit and 20% <u>coinsurance</u>	Your <u>deductible</u> does not apply to <u>copayments</u> .
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Coverage is limited to 30 days annually. You must pre-certify by calling 888-295-3591. There is a \$1,500 penalty deductible for failure to pre-certify.
	Physician/surgeon fees	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient mental/behavioral health services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Coverage is limited to 24 visits annually.
	Inpatient mental/behavioral health services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Coverage is limited to 10 days annually. You must pre-certify by calling 888-295-3591. There is a \$1,500 penalty deductible for failure to pre-certify.
	Substance abuse disorder services – inpatient/outpatient	20% <u>coinsurance</u>	Not covered	Coverage is limited to 1 treatment plan, whether inpatient or outpatient, per lifetime at MHBF Designated Chemical Dependency Centers. You must pre-certify by calling 888-295-3591. Consult section 2 of your policy booklet for more information.
<b>If you are pregnant</b>	Prenatal and postnatal care	\$20 <u>copay</u> on first visit and 20% <u>coinsurance</u>	\$20 <u>copay</u> on first visit and 50% <u>coinsurance</u>	Postnatal care extends up to 90 days post-delivery. You must pre-certify an extended inpatient stay by calling 888-295-3591. There is a \$1,500 penalty deductible for failure to pre-certify. Your <u>deductible</u> does not apply to <u>copayments</u> .
	Delivery and all inpatient services	20% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Coverage is limited to 20 visits annually. You must pre-certify by calling 888-295-3591. There is a \$1,500 penalty deductible for failure to pre-certify.
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Coverage is limited to 30 days for acute care and 15 days for sub-acute care annually. You must pre-certify by calling 888-295-3591. There is a \$1,500 penalty deductible for failure to pre-certify.

<b>If you need help recovering or have other special health needs</b>	<u>Habilitation services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	These services will be combined to allow a maximum of 40 visits annually with physical therapy, speech therapy, occupational therapy, and chiropractic services.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Coverage is limited to 15 days annually. You must pre-certify by calling 888-295-3591. There is a \$1,500 penalty deductible for failure to pre-certify.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Pre-certification required for DME that's purchase price exceeds \$2,000.
	<u>Hospice services</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Coverage is limited to 90 days per lifetime. You must pre-certify by calling 888-295-3591. There is a \$1,500 penalty deductible for failure to pre-certify.
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	Not covered
	Children's glasses	Not covered	Not covered	Not covered
	Children's dental check-up	Not covered	Not covered	Not covered

#### Excluded Services & Other Covered Services:

##### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (adult)
- Routine foot care

##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery is only covered under the MBS-AQIP Program. Please consult section 2 of your policy booklet for further information.
- Chiropractic care as a component of the 40-visit combined annual limit for all habilitation services.
- Hearing aids
- Weight loss program coverage is limited to two weight loss program visits annually, or only as otherwise covered under the MBS-AQIP Program. Please consult section 2 of your policy booklet for further information.



**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the Municipal Health Benefit Fund at 501-978-6137, visit [www.arml.org/services/mhbf/](http://www.arml.org/services/mhbf/) or consult section 7 of your policy booklet.

**Does this plan provide Minimum Essential Coverage? Yes.**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 501-978-6137.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$500*
■ <u>Specialist copayment</u>	\$20
■ Hospital (facility) <u>coinsurance</u>	20%
■ Prescription copayment (generic)	\$10/Rx

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$500*
Copayments	\$60**
Coinsurance	\$2,500
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,120</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$500*
■ <u>Specialist copayment</u>	\$20
■ Prescription copayment (generic)	\$10/Rx
■ Prescription copayment (brand)	\$30/Rx

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$500*
Copayments	\$800**
Coinsurance	\$600
What isn't covered	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$1,960</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$500*
■ <u>Emergency room care copayment</u>	\$250
■ Hospital (facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$500*
Copayments	\$250**
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$950</b>

\*Your deductible may be more than \$500. These numbers are informative examples only and should not be considered cost estimators.

\*\*Copayments include copayments for office visits as well as prescriptions, along with any other services listed in the table beginning on page 2 of this document that require copayments. These example scenarios may require the payment of multiple copayments (for example, for multiple visits or prescriptions) over time.

The plan would be responsible for the other costs of these EXAMPLE covered services.