



Welcome to Meritain Health!

Saginaw Chippewa Indian Tribe

15892/15893

Beginning January 1, 2017, your health benefits will be transitioning to Meritain Health. There will be no disruption to your health insurance coverage during the transition.

We're a nationwide healthcare benefits administrator and our job is simple: we help take care of you. It's important for you to understand how your benefits work—we get that. That's why we're here to give you the information, tools and services you need to make the most of your benefits.

Important contact information

Medical claims:

Meritain Health
P.O. Box 27810
Minneapolis, MN 55427-0810

Provider medical claims submissions:

P.O. Box 853921
Richardson, TX 75085-3921

Meritain Health Customer Service:

1.800.925.2272

Medical Management (precertification):

1.800.242.1199

New provider network—Cofinity® Advantage:

1.800.925.2272
<https://www.cofinity.net/PPONAB/CofNonSec/ProviderSearch/ProviderSearch.aspx>

Online tools and information:

www.meritain.com

Looking for a Cofinity Advantage provider? It's easy!

You can look up providers anywhere you have Internet access. Just visit <https://www.cofinity.net/PPONAB/CofNonSec/ProviderSearch/ProviderSearch.aspx>.

You can search for providers by name, specialty, location, hospital affiliations and more.

Precertification—what you need to know

Your provider will often handle your precertification, but as an active participant in your healthcare, you can call us to begin the process. To precertify care, you'll need to call the phone number on your ID Card and provide information about the patient, the provider and the procedure. A special medical management team will then review your treatment plan. Your team will help make sure you're getting the right care, in the right setting for the right length of time.

You may need to call to precertify the following:

- Prior to elective or non-emergency admission to a hospital.
- Within 48 hours (or two working days) following an emergency admission to hospital.
- Prior to having certain elective diagnostic treatments specified in your plan booklet.
- Prior to hospice admission.
- When you need to obtain home healthcare.
- Before certain diagnostic procedures.

You can verify the services that require precertification in your health plan booklet. You can also call customer service using the number on the back of your ID Card.

It's important to remember that if we do not receive your precertification, you may have extra financial responsibility for your healthcare services.

You have a right to appeal

If you or your doctor aren't satisfied with the decision of the medical management team, you have a right to appeal this outcome. You can find steps for the appeal process in your health plan booklet.

Your pharmacy benefits through OptumRx

Your prescription drug vendor as of January 1, 2017, will be moving to Scrip World, powered by OptumRx. Pharmacy copay information will be found on your Meritain Health ID Card. Any pharmacy-related questions can be directed to **1.855.312.6103**.

Next steps

It's important to share your new ID Card with your pharmacy and let them know you have new prescription drug coverage.

You may also need to get an updated prescription from your doctor if you have any maintenance medications.

Prior authorization—what you need to know

Some drugs need approval—or prior authorization—before your plan will cover them. When you receive a prescription for one of these drugs, your personal medical providers are consulted. This works like a health plan that consults your doctor before covering certain medical tests. Only your own doctor (or in some cases, your pharmacist) can provide the information needed to determine if a drug can be covered.

Your dollars count

Prescription drugs that need approval are flagged in the pharmacy's computer with a message saying your prescription needs prior authorization. This simply means that more information is needed to determine if your plan can cover the drug.

In the next step, your doctor (or sometimes your pharmacist) will call Scrip World to see if the prescription meets your plan's guidelines.

- For example, a medicine may need prior authorization because it can be used for more than one purpose: It's a medical treatment for skin conditions, but it can also be used cosmetically to reduce wrinkles. Your plan would cover this prescription drug only for medical conditions. If it's used for other reasons, your plan's costs increase—and so do your copayments.

When your plan covers your medication, it helps keep your copayments affordable. If the medication is not covered, your doctor could write a new prescription for a covered drug. Or, you can get the original prescription filled by paying full price at your retail pharmacy.

Learn more

To find out more about your plan's prior authorization program, just visit the Scrip World website, which you can access through www.meritain.com. Compare prices (generic vs. brand), learn more about your mail order service for maintenance drugs, read educational health information, find your nearest participating pharmacy and more.

Transitional care

Your plan will include transitional care where certain expenses may be paid at the applicable participating provider benefit level. This will occur if the covered person is currently under a treatment plan by a doctor or other healthcare provider or facility that was a member of your previous network, but who is not a member of your new network. In order to ensure continuity of care for certain medical conditions already under treatment, the participating provider benefit level may continue for 180 days for conditions approved as transitional care. Examples of medical conditions appropriate for consideration for transitional care include, but are not limited to:

- Cancer if under active treatment with chemotherapy and/or radiation therapy.
- Organ transplant patients if under active treatment (seeing a doctor on a regular basis, on a transplant waiting list, ready at any time for transplant).
- If the covered person is inpatient in a hospital on the effective date.
- Post acute injury or surgery within the past three months.
- Pregnancy in the second or third trimester and up to six weeks postpartum.
- Behavioral health—any previous treatment.

You or your dependent must call Meritain Health at **1.800.925.2272** within four weeks after the January 1, 2017, effective date to determine eligibility for the benefit. Routine procedures, treatment for stable chronic conditions, minor illnesses and elective surgical procedures will not be covered by transitional level benefits. Those that are eligible must complete and return the Transition of Care Form.