



BENE-FACTS

YOUR EMPLOYEE MEDICAL & DENTAL RESOURCES

HAPPY NEW YEAR

JANUARY, 2011

WWW.BUTLERHEALTHPLAN.ORG

Common Questions & Reminders for New Plan Year

How do I order additional ID cards?

Call Allied at 1-800-288-2078 to order additional ID cards. Please confirm that the correct address is on file.

How does my doctor know what drugs are on the formulary?

A list is mailed to your home annually. You can also print a copy from www.butlerhealthplan.org under FORMS or click on the Express Scripts web site link; then you may take the list to your next doctor office visit.

Ask your doctor to review and select the appropriate medication for you from the formulary list. If your doctor has any questions about the formulary, he/she may call Express Scripts at 1-866-275-0044.

What if I want to check the total amount of prescriptions and medical plan paid claims from 2010 to report on my tax return?

For Prescriptions: You may print out the Prescription History for the year 2010 from the Express Scripts web site link at www.butlerhealthplan.org or call them at 1-866-275-0044. Another option is to request a patient history printout for the year from each pharmacy that you use.

For Medical and or Dental Claims: You may view your claims from the Allied web site link at www.butlerhealthplan.org or call Allied customer service at 1-800-288-2078.

What is a prior authorization? Certain drugs require a prior authorization before prescriptions are filled and coverage is provided. Generally, these are drugs that have quantity limits, therapy limits by the FDA, or may cause harm if not used correctly.

You may determine if a drug needs a prior authorization by calling Express Scripts.

Reminder: Deductible and Out-of-Pocket Resets Each Calendar Year



Deductible—The annual amount a member pays each calendar year before the Plan covers health care costs for specified services.

For example: The Classic Plan members have a \$25 prescription drug deductible per member that must be met before the Plan pays a portion of the cost.

Out-of-Pocket Maximum—The amount an enrollee must pay for coinsurance in a calendar year before the Plan covers remaining expenses for that year at 100%.

There are different out-of-pocket maximums for each medical plan design option.

Coinsurance— The percentage of covered charges you must pay after you have met your annual deductible.

The coinsurance counts toward the annual out-of-pocket maximum. The coinsurance percentages and amount applied can differ depending on the type of service and whether the service is in-network or out-of-network.

Copayment or Copay— A cost sharing arrangement in which the member pays a fixed amount for a specific service, such as \$10 for a prescription drug or \$25 for a doctor office visit.

The copays do not count toward the annual out-of-pocket maximum. You may view your plan coverage at www.butlerhealthplan.org or call the Allied customer service number on your ID card for benefit questions.

Remember – Check Network Status Before You Schedule a Procedure



The Butler Health Plan participates with three networks: HealthSpan, MultiPlan and Emerald Health Network. In order to receive in-network benefits, make sure that you verify that the physician *and facility* is in the network before you schedule a procedure. There are some physician-owned surgery centers and hospitals that do not participate with any networks.

If you choose to receive services at an out-of-network facility, keep in mind that claims will be paid at out-of-network benefit levels. Payment for out-of-network services is limited to the usual and customary limits and you will be subject to a higher deductible and total out-of-pocket costs.

To verify in-network doctors and facilities, you may link to online directories at www.butlerhealthplan.org or call the networks.



1-888-914-7726



1-800-672-2140



The Emerald Health Network
A HealthSmart Network

1-800-346-3141

Remember to Notify Your Employer When Your Dependent is No Longer Eligible

You must complete a BHP Enrollment/Change Form and return it to your Treasurer or Personnel Department in order to term your dependent from the Plan.

The form is titled "BUTLER HEALTH PLAN ENROLLMENT/CHANGE FORM". It is divided into two main sections: "1. EMPLOYEE INFORMATION" and "2. PLAN SELECTION".
 Section 1 includes fields for Last Name, First Name, Middle Initial, Address, Age, City, Home Phone, Cell Phone, Work Phone, Email, Employee ID, and Location.
 Section 2 is titled "2. PLAN SELECTION" and includes a "Check box to enroll in selected plan" section with options for Medical Plan, Employee + 1, Classic, and Dental Plan.

A dependent ceases to qualify for coverage in the **Medical Plan** upon the following events:

- 1) The dependent's 26th birthday
- 2) Death of dependent child or spouse
- 3) Divorce of spouse

A dependent ceases to qualify for coverage under the **Dental Plan** upon the occurrence of any of the following events:

- 1) Marriage of the dependent
- 2) The dependent's 19th birthday, unless the dependent is a full-time student or is an eligible disabled person
- 3) The dependent, over age 19, ceases to be a full-time student, unless the Plan receives satisfactory evidence that the dependent will continue his/her studies as a full-time student within one semester of the dependent's graduation
- 4) The dependent's 25th birthday, unless the dependent is an eligible disabled person
- 5) Death of dependent child or spouse
- 6) Divorce of spouse

Health Club Discounts for Employees

Get moving this year at one of the local health clubs. Memberships are waived or significantly reduced. To learn about what the clubs are offering to all districts participating in the Butler Health Plan, log on to www.butlerhealthplan.org/ / [Staff Worksite Wellness Programs / Health Club Discounts.](#)

Participating clubs are:

- Mercy HealthPlex**
- Great Miami Valley YMCA**
- YMCA of Greater Cincinnati**
- LA Fitness**



Health Care Reform Wellness Update

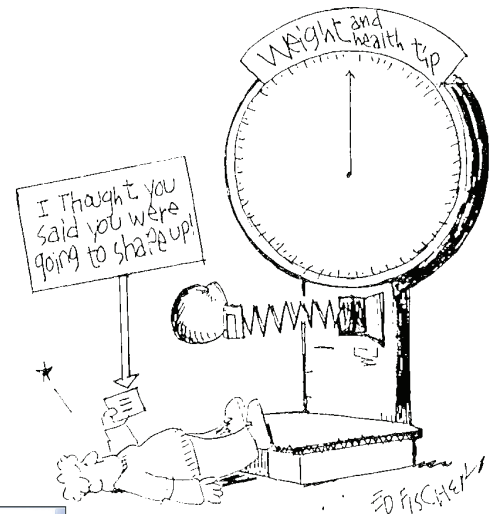
- The \$450 annual limit on routine physical is removed in all three medical plan options.
- There is no out-of-pocket expense for preventive services if an in-network provider is used.

Need Help Keeping Your New Year's Resolution?

Try the **Personal Fitness Training Portal**

To enroll, go to healthspine-coach.com

Select Join and use coupon code: **BHP**



The screenshot shows the HealthSpan Fitness Training Portal website. At the top, there's a navigation bar with "Members", "Goals/Trackers", "Resource Center", "Communicate", "Health Center", "Exercise Tools", and "Help". Below this is the "Fitness Training Portal" header. The main content area is titled "MY FITNESS PLANNER" and "Welcome, Geri Waldbillig". It features a "Calendar" section, an "EXERCISE EXPLORER" section with "Suggested Exercises" (Arm Cycle, Back Extension), and a "MY FITNESS PLANNER" section with a "Preview Workout" for "Aerobic Fitness with Elliptical (Beginner)". The workout includes exercises like Elliptical, Calf Stretch, Quadriceps Stretch, Seated Forward Bend, and Seated Cross Leg Gillet Stretch.