SEBT Member Newsletter

In an effort to keep the members of SEBT informed, a periodic newsletter will be created and distributed through your Business Office. The contents of the newsletter are important to your benefits available through the Trust and should be saved in your files for future reference.

Inside This Issue

2 Updated Medical ID Cards
3 Smart90 Program
3 Life Insurance Reminders
4-5 Wellness Centers FAQ
6 Thank you!
6 Contact Information
*CHECK YOUR MAILBOX!*  
Updated Medical ID Cards

IMPORTANT ANNOUNCEMENT REGARDING YOUR SEBT MEDICAL ID CARDS

In the next few weeks you will be receiving new Medical ID cards from Allied. The basic information on the card is the same; however, there are some updates to the Aetna PPO information and the cards will now show the new Allied logo.

Your prior ID cards will still work until you receive the new cards. When your new cards arrive, please destroy your old Medical Allied cards, and remember to share the new cards with your providers at your next scheduled appointment.

Keep your eyes open for the cards because the envelope may appear to be junk mail. If your cards are not received by mid-January, please contact the AST and they can order replacements.

NOTE: You will NOT be receiving a new card from Express Scripts.

Login to your Allied user account and check out their new site!  
www.alliedbenefit.com
Smart90 Program
YOU CAN NOW RECEIVE MAINTENANCE MEDICATIONS LOCALLY!

Avoid paying more by making a simple change in the way you receive your long-term medicine!

Effective January 1, 2018, you will now have the option to utilize the Smart90 program for your maintenance medications. The Smart90 program is a new feature of your prescription benefit, managed by Express Scripts. With it, you have two ways to get up to a 90-day supply of your long-term maintenance medication (those drugs you take regularly for ongoing conditions). You can conveniently fill those prescriptions either through home delivery from the Express Scripts Pharmacy or at a retail pharmacy in the Smart90 network.

You will then receive a 90-day supply from Express Scripts Pharmacy (mail order) or from a select 90-day retailer, while still paying the lower mail order co-pay/cost.

Why is a three-month supply better with long-term medicine?

With a three-month supply, you’re less likely to miss a dose, which can keep you healthier. Also, you don’t have to refill as often, which can save you time and money.

How can I find a participating pharmacy that fills three-month supplies?

Log in or register at <express-scripts.com/90day>, select “Prescriptions”, and look for “Find a Pharmacy”. The pharmacy can tell you how to transfer your prescription or start a new one.

There are 100 major chain stores plus independent pharmacies in the select 90-day retail list.

NOTE: If you are currently receiving maintenance medications monthly or through mail order services, your physician will need to write a new prescription to utilize the Smart90 program.

Life Insurance Reminders
PROTECT COVERAGE FOR YOUR LOVED ONES

Your life insurance benefits are important to you and your beneficiaries. You need to be fully aware of how a leave of absence may impact your life coverage and what you, as the employee, need to do in order to keep your coverage active.

If you are on an extended leave, whether it is due to a sickness/injury, FMLA, or any other approved leave, there are options that may allow you to preserve your life insurance benefits.

At the start of your leave, contact American United Life (AUL) at 1-800-553-5318 to determine what options are available. Be prepared to provide the Representative with the following information:

1. Group Number (example 611592-0000)
2. Specifics of your leave
3. Details on your coverage through AUL
4. Proof of the employer approved leave may be requested
   Examples: Board minutes approving the leave, letter of approved leave or formal written indication of the approved leave by the Employer.

The Representative will then let you know what steps need to be taken to keep your life insurance active. Please make sure you also notify your schools Business Office of any conversations with AUL.

REMINDER: It is important to make sure your beneficiaries are kept current. A Last Will In Testament will NOT override the designated beneficiary on the life insurance paperwork.
Wellness Centers - FAQ

1. What is the purpose of the Wellness Center?
   A: To provide SEBT members with quality, cost effective medical services including primary care, laboratory services, many generic prescriptions, and comprehensive wellness programs.

2. What type of medical provider services can members receive at the center?
   A: Medical services may vary from center to center based on the specific provider’s experience. Example services include, but are not limited to the following: Sore throat/ears/headache, strains, sprains, musculoskeletal problems, abdominal pain, non-specific chest pain, cough, sinus, allergies, rashes, acute injuries, acute routine office procedures, minor surgical procedures such as sutures for laceration, treatment or mole/skin tag removal, flu shots, EKGs and much more. The center also will dispense medications commonly utilized by your health plan and provide laboratory testing.

3. Do members have to use the center?
   A: No. Although we feel members will benefit from making the center their “medical home,” participation is voluntary. The center does not have to replace their current provider and can be used on an as-needed basis.

4. Will medical benefits change once the center is open?
   A: No. Your medical benefits through SEBT will remain in place and apply to all services outside of the center.

5. How much will the Wellness Center visit cost?
   A: Services provided in the center are FREE with one exception. Members who are receiving active contributions into an HSA (Health Savings Account) will need to share in a small co-pay to meet IRS requirements. A $30 co-pay will, therefore, only apply if:  
   *You are enrolled in a Qualified High Deductible Health Plan AND receiving contributions into an HSA (referred to as an active HSA). The honor system will be used at the point of visit in order for the center to determine if the co-pay must be collected. If you are enrolled in the SEBT CDHP A, B, or C and are receiving or depositing contributions into an HSA, for example, the $30 co-pay will apply.
   
   - You are receiving services at the Center that are NOT wellness.

   The copay covers ALL SERVICES received during the center visit (e.g.: generic medications, lab services, physician office visit).

6. Is there a charge for wellness exams if the member has an active HSA?
   A: No. If the member has an active HSA and they visit the center for a wellness check or any service deemed preventative or routine, there is no cost to the member. The $30 copay only applies for sick or acute visits.

7. If a member has an active HSA and is receiving active contributions, when is the visit at no cost and when does the co-pay apply – wellness vs. acute visit?
   A: The center will be able to tell the member if the services require the co-pay. A wellness visit would be anything preventative or routine that isn’t tied to an injury or illness.

   **Example 1:** A member makes an appointment for suspected strep throat. During that visit, they will have an office visit with the provider, a strep culture, and receive an antibiotic if they test positive for strep. The total cost for those services would be $30.

   **Example 2:** A member makes an appointment for their annual physical. During that visit, they meet with the provider and have blood drawn for a routine biometric screening. There would be no charge for these services.

8. If a member has an active HSA and they are being seen for something that has previously been identified, like high blood pressure, would the copay apply?
   A: Yes. Appointments for chronic conditions are not considered wellness visits and therefore would require the $30 co-pay.
Wellness Centers – FAQ Cont’d.

9. If a member has an active HSA, is the copay required on prescription refills?
   a. A: No. The $30 copay only applies in conjunction with an office visit.

10. Are labs available at the center?
    a. A: Yes. The centers can run many internal labs. Labs not available in the center will be sent out to a contracted vendor without an additional charge to the member.

11. Is radiology available at the center?
    a. A: Radiology is NOT available at the centers. The center staff may provide the member with options based on cost and quality. In the end, it’s the member’s choice as to where they go. All services outside of the center will apply to the benefits payable under the SEBT plan, per usual.

12. If a member has a PCP (family doctor) or specialist outside of the center and they order lab work, can these tests still be done at the center?
    a. A: Yes. Members can make an appointment at the center to have their labs drawn. The results will go back to the ordering provider. The $30 copay will apply for those members with an active HSA.

13. Are member visits shared with SEBT or participating employers?
    a. A: No. Only the physician and the other clinical staff will have access to the data. It will only be used by the center staff for the purpose of treating health issues. By law, this information cannot be shared with SEBT or their employers.

14. Can the center make referrals to any specialists?
    a. A: Yes. The center staff will assist with referrals to a specialist within the Aetna network.

15. Can maintenance medications be filled through the centers?
    a. A: Yes; however, for prescriptions to be filled at the on-site dispensary, the medicine must be available and an appointment must be made to meet with a provider to review the medication/s and the associated condition/s. Prescriptions can be filled for 30 or 90 days.

16. Are appointments required or do they accept walk-ins?
    a. A: Out of respect for patients’ and employers’ time, the wellness center requires that appointments be made in advance of a visit. This allows center staff to understand the member’s needs, schedule an appropriate amount of time, and keep wait time to a minimum. If a member walks in, the office will try to fit them in at their next available time slot. Otherwise, an appointment will be scheduled for a later date and time.

17. Are sports physicals available at the centers?
    a. A: Yes. Members can contact the center to set up an appointment for sports physicals. These are available at no cost.

18. Can you call and talk to a nurse for over-the-phone assistance?
    a. A: We encourage you to call the center with health care questions. If it is an issue that requires further follow up, an appointment will be scheduled with the appropriate provider. After hours, patients can call a nurse call service. The nurse will assess the patient’s needs and guide care appropriately, including provide a message for center staff to contact the patient the following business day and schedule an appointment, if needed.

19. Do the members have to use the center they are assigned to or can they use the other locations?
    a. A: The members will have a “home” center; however, they do have access to the other locations.

20. Can a member transfer their records to the center?
    a. A: Yes. They can ask their current providers office to release copies of their records to the member or they can have the center send a medical release form.
Thank You!

We’d like to send out a **BIG** thank you to everyone for signing into the enrollment portal and completing your enrollment elections for 2018! We hope that you were able to easily navigate the system. If follow-up documentation is required, a member from the AST will be reaching out to you within the next couple months.

Your Team at SEBT would like to wish you and your family a very Merry Christmas and Happy New Year!

**COMING SOON!**

**Keep your eyes open for additional information on the new and improved SEBT website!**