

# SMART LIVING

A PUBLICATION OF THE PUBLIC EDUCATION HEALTH TRUST

*Public Education*  
HEALTH TRUST 

NOVEMBER / DECEMBER  
2019 ISSUE

## WE WANT TO HEAR FROM YOU! MEMBER SURVEY COMING SOON

At Public Education Health Trust, it is all about you! Our priorities are listening to what you say and acting to maintain your trust. As we move closer to a new year and a new decade, PEHT wants to ensure we're communicating effectively with you and we're looking for your feedback.

Early in January, PEHT will conduct a membership survey that we hope you'll complete so we can better understand your needs and represent you. We've conducted these membership surveys in the past in accordance with our bylaws, and this year we're incorporating an online platform to make the survey easier to complete.

**Members who complete the survey will be offered a 50 point credit in our Go365 program.**

Ahead of the survey, update your contact information in the miBenefits portal at [miBenefits.ebms.com](https://miBenefits.ebms.com) so we can hear your voice. The survey will be primarily delivered via email and can be completed online,

whether you're on your laptop or mobile phone. A phone option is available as well.

In the survey, we'll be asking how we can better serve you, both through benefits and procedures. We're exploring new ways of communicating and want your feedback on how you'd like to receive messages and important updates from PEHT.

Please remember to update your contact information in the miBenefits portal so we can deliver the survey opportunity to you.

**We hope you enjoy a joyful and relaxing holiday season, surrounded by your loved ones.**



# IT'S A NEW GO365 PLAN YEAR!

## WHAT HAPPENED WITH THE NEW GO365 PLAN YEAR ON OCTOBER 1?

- Your points and status reset, but your Bonus Bucks remained the same. Bucks can be saved for up to four years before you need to spend them in the Go365 mall.\*
- You can now work toward achieving Bronze+ status again!
- You received 10% bonus points to start the new Go365 plan year based on the number of points you had before October 1.

So get started today working toward reaching Bronze or Silver status. Earn more points and bucks, and start off the new plan year right!

## GET STARTED WITH THE GO365 HEALTH ASSESSMENT!

You have a variety of ways to get started. One of those ways is completing your Health Assessment (HA). You have two options to complete the HA:

1. **Go online to Go365.com.**
  - Sign into [www.Go365.com](http://www.Go365.com).
  - Find the Health Assessment in your dashboard if you haven't completed it this program year.
2. **Sign into the Go365 App (available for download from the Apple Store or Google Play).**

- Android users: Tap Go365 Health Assessment from the app menu (menu icon is the three lines in upper left corner of app).
- iOS users: Tap Go365 Health Assessment within "More Menu."
- If you haven't completed the HA, it shows as an option within the app dashboard for both Android and iOS users as well.

Once you complete the HA, you can:

- Earn up to 1,250 points for completing it within the first 90 days of our program year.\*\*
- Unlock recommended activities for more points and bucks-earning potential.
- Reach higher status levels.
- Subscribers can spend bucks in the Go365 Mall for items such as fitness devices, Amazon.com gift cards, and much more!\*\*\*

**Don't miss out on your opportunities to engage in your well-being through the Go365 program!**

*\* Only subscribers (Go365 primary account holder) have access to spend Bonus Bucks in the Go365 Mall.*

*\*\* Adult children are not eligible to earn points or bonus points for Health Assessment completion.*

## LOCATED IN YOUR BENEFIT BOOKLET: ALL NON-EMERGENCY TRAVEL MUST BE PRE-APPROVED

Benefits for non-emergency medical travel may be payable for transportation by commercial airline (**coach class only, with at least a 14-day advanced fare**) or ferry from the place where the illness or injury occurred to the nearest area where necessary professional treatment can be obtained unless the plan administrator finds a longer trip is necessary.

For reimbursement consideration, commercial airline flights may only be scheduled for departure two days in advance of the first appointment or two days after the last appointment related to the condition being treated. Consideration for additional days may be given upon approval by the plan administrator.

All non-emergency commercial travel must be pre-approved by the plan administrator (or their designee) using the "Public Education Health Trust Non-Emergency Medical Travel Request Form" or no benefits will be provided. The form can be found at: <http://www.pehtak.com>

Contact the Health Trust by phone:  
in Anchorage: **(907) 274-7526**, outside of Anchorage: **(888)-685-7526**.  
Business hours: **Monday – Friday 8 a.m. – 5 p.m. (AKDT)**

Transportation benefits in any one calendar year will be limited to two round trips.

Transportation benefits apply only to the conditions covered under this plan. They do not apply to dental care benefits, routine vision services, or preventive care exams, unless approved by the plan administrator.

Transportation benefits for any foreign healthcare will not be covered, including Canadian healthcare.

Transportation benefits will not be given for diagnostic or second-opinion diagnosis unless diagnostic services cannot be provided locally and are deemed medically necessary by the plan administrator.

The physician must provide written certification or detailed medical documentation of the existing condition in advance of the trip.

Non-emergency transportation charges will only be allowed for a patient who is a covered person, except for the following circumstances:

- If the patient is a covered person under 18 years of age, then the transportation charges of a parent or legal guardian accompanying the child will also be allowed; or
- If the patient is a covered person over age 18 and has a mental disorder or physical disability that requires the assistance of a caretaker post-procedurally or during travel, the transportation charges of a parent, legal guardian, or assigned caretaker accompanying the patient will also be allowed.

After the travel has occurred, a "Public Education Health Trust Non-Emergency Medical Travel Completed Form" must be submitted with the boarding passes and the receipts of the travel, signed off by the attending physician, or no benefits will be provided. All information must be sent to EBMS.

# BE PROACTIVE TO SURVIVE COLD AND FLU SEASON

The common cold and the flu have a lot in common.

- They are both respiratory illnesses.
- They are caused by viruses.
- They have similar symptoms.
- You don't want to get them.

Healthcare professionals and experts at the U.S. Centers for Disease Control and Prevention have some effective and common-sense advice on how to reduce the chances that you'll come down with a cold or flu.

## WASH YOUR HANDS AND KEEP GERMS AWAY

Doctors do it. Nurses do it. Other healthcare providers do it. It works to kill germs.

Wash thoroughly with warm water and soap. For how long? Some say 20 seconds provides a good washing – time to sing “Happy Birthday” twice to yourself.

When you wash up after using the restroom at a restaurant or store, use paper towels to turn off the water and open the door. It helps keep the germs at bay.

Keep your hands away from your nose and mouth, and when a hand sanitizer is available, use it. It also protects against germs.

## CLEAN WHAT YOU TOUCH

Antiseptic wipes and alcohol-based sanitizers for your mobile phone, tablet and computer keyboards provide great protection from germs, too. Wiping down your phones, writing tools, keyboards, desktops, doorknobs and other places where germs hide will help.

During cold and flu season, be aware of those around you who are sniffing and sneezing. Viruses can spread from person to person through the air and close personal contact.

## GET SOME GOOD EXERCISE

Go for a brisk walk every day. Take a jog around the block a few times a week. Swim, bike, skate, ski or hike. Staying active, say 20-30 minutes a day, can make a world of difference in overall health and give you strength and an immune system boost to fight off the cold or flu bugs.

**A final suggestion:** Nobody likes to get a shot. But getting the flu can be worse. Consider getting a flu shot ahead of flu season.

# WHY WAIT FOR THE CARE YOU NEED NOW? YOU'VE GOT TELADOC!

Sometimes sickness strikes you or your loved ones right in the middle of holiday festivities. Don't spoil your family time and celebrations by searching for an open clinic, making a drive, or waiting (perhaps hours) in a room full of germs and sick people at the ER.

Your Public Education Health Trust (PEHT) health plan provides access to U.S. board-certified, practicing physicians by phone or video through Teladoc, when you have symptoms of a minor illness. And if you're traveling and a virus joins your vacation, don't let it ruin your special plans. No matter where your travels take you within the U.S., you can take one of Teladoc's experienced, licensed doctors with you. They are **available 24/7** – and within minutes!

**Get treated for many non-emergency illnesses, including:**

- Cold & flu symptoms
- Bronchitis
- Sore throat
- Sinus problems
- Pink eye
- Rashes
- Respiratory infection  
and more!

PPO Plan members can speak with a Teladoc doctor at no cost, and HDHP plan members pay \$45 per visit until the deductible is met and pay no cost afterward.

Your Teladoc diagnosis can also be shared with your primary-care physician to ensure continuity of care between all of your medical providers.

**If you're ready to try Teladoc services, simply set up your Teladoc account:**

### 1. Create Account

Use the app, Teladoc's website [www.Teladoc.com](http://www.Teladoc.com), or call the friendly member-service team at 1-855-TELADOC (835-2362) to create an account and quickly complete your medical history.

### 2. Request a visit

Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

### 3. Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed. Any prescriptions that are medically necessary will be submitted to your preferred pharmacy for you to pick up.

**Get the care you need, so you can get back to what's important.**

# TRUSTEE ELECTION RESULTS

**Kathy Bell** and **Laura Mulgrew** have been elected by PEHT members to fill seats D and E, respectively, for three-year terms beginning January 1, 2020. Thank you to all who participated in the voting this year.

**Kathy Bell** returns to seat D. She is a nurse with the Anchorage School District and has been a trustee for 20 years.

**Laura Mulgrew** has been elected to seat E. She is an educator with the Juneau School District.

Additionally, **Bridget Weiss** has been appointed to the Board of Trustees. She is superintendent of the Juneau School District.

## Departing Trustees:

**Prudence McKenney**, a former librarian from Mat-Su Borough School District, is retiring after serving for three years on the Board of Trustees.

**Steven Byers**, a special education teacher with the Juneau School District, served for nine years on the Board of Trustees.

We thank them for their dedication and service to PEHT.

# EXPLANATION OF BENEFITS (EOB) FREQUENTLY ASKED QUESTIONS

## HOW ARE MY CLAIMS SUBMITTED TO EBMS?

Whenever you have a medical appointment, your healthcare provider gets your plan information from your ID card. This allows them to submit a claim on your behalf. If for some reason a provider requires payment up front, you can file a claim for reimbursement on your own through the miBenefits portal (miBenefits.ebms.com), email, mail, or fax.

## HOW SOON ARE SUBMITTED CLAIMS PROCESSED?

We strive for fast turnaround and on average claims are processed within 14 days. Every now and then, a claim will require additional information, such as medical records or some other supporting material. We will work with you to gather the necessary information. This can potentially extend the time needed to process the claim. Note that when you register for the miBenefits portal, you can opt to receive claims status notifications.

## HOW LONG DO I HAVE TO SUBMIT A CLAIM?

Claims must be received by the Claims Administrators within 365 days of the date charges for the services were incurred.

## WHAT IF MY CLAIM IS DENIED?

If you believe your claim for covered services was denied (either in full or in part) in error, you or the provider can appeal the decision within 180 days of the denial date. An appeal is a written request for the review of a processed claim that resulted in an adverse determination. To appeal a claim, you must include the following information: name of patient, ID number, benefit plan name, a statement of why you disagree with the claim determination. You can include any additional supporting material you have, even if it was not originally included

See below for a few common remark codes you may see on your EOB.

**ACT:** The Plan has a provision relating to Accidental Injury or Illness. We need a completed EBMS Accident Letter. Log into miBenefits at [www.ebms.com](http://www.ebms.com) to complete and return this. No internet access? Call 1-800-777-3575 to request the letter be mailed. **This message indicates that there is an accident diagnosis billed on the claim. Before claims for this diagnosis will continue to be processed, EBMS needs verification that there is not another individual or insurance policy that may need to make payment on the claim. Please log on to miBenefits at [www.ebms.com](http://www.ebms.com) to complete the letter or if you need a mailed copy call EBMS. Timely completion will ensure that related claims are paid as quickly as possible.**

**EOB:** The Plan has a provision relating to Coordination of Benefits. To correctly apply this provision to your claim we need a copy of your primary insurance plan's explanation of benefits. For further consideration, please provide the requested information within 45 days of this notice. If not

with the claim. Once we receive your appeal, we will start a review. You can appeal a claim denial through the miBenefits portal, as well as upload supporting documents easily.

## HOW MUCH WILL I OWE?

It's always a good idea to know your financial responsibilities after your benefits apply. Your benefit booklet and/or ID card will contain information about your co-pay, deductible, and out-of-pocket maximum. You can find detailed and easy-to-understand information through the miBenefits portal. And of course, you can always call Member Services when you need a helping hand.

## WHAT IS AN EOB?

EOB stands for Explanation of Benefits. This is a document that shows you the breakdown of which services were billed, which provider billed them, the amount that is applied toward your deductible, and the amount paid out by your benefit plan. Your EOB may provide important payment information or a check for you or your provider.

## WHAT IF MY PROVIDER NEVER RECEIVES PAYMENT FROM MY BENEFIT PLAN?

If either you or your provider does not receive payment for an approved claim, please call Member Services to let us know! If there is a reason for the holdup, we can resolve it. We can even cancel a lost check and issue a new one, if necessary.

We're here to help!  
Contact Member Services at  
**866-247-1443**  
or visit [miBenefits.ebms.com](http://miBenefits.ebms.com)

provided within 45 days, this notice constitutes formal determination of the claim. **This message indicates that EBMS has a record of other insurance available that should pay this claim first. If that is not the case, please contact EBMS to update your other insurance record. There will be additional information necessary to process the claim, which may include the date the other insurance coverage terminated, reason for termination, and other pertinent information. If you do have other insurance, please submit the EOB provided by the other insurance company. Your provider may also have a copy of this information. You or the provider may then send the information to EBMS for proper processing of the claim.**

**MED:** The Plan has a provision relating to Medical Necessity. To apply the provision to your claim, we need medical records. The provider should have received a letter indicating the information needed. For further consideration, please provide the requested information within 45 days of this notice. If not provided within 45 days, this notice constitutes formal determination of the claim. **This message indicates that the services provided must be reviewed to make sure**

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Name of Group As Administered by EBMS  
PO Box 21367  
Billings MT 59104-1367

Explanation of Benefits  
RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

Customer Service  
If you have any questions, please call  
866-111-1111  
or visit [www.ebms.com](http://www.ebms.com)  
You can also email us at [miBenefits@ebms.com](mailto:miBenefits@ebms.com) to receive your COB electronically!  
Date: 11/14/2018  
Employee: Susan Smith  
Reference #: W61701010  
Division: Bozeman

Additional information may appear on the back of the document.

Forwarding Service Requested

Claim #: 218-000548781-00  
Patient: Susan Smith  
Provider: Billings Clinic Bozeman  
ID #: \*\*\*\*-\*\*-1031

Service	Nature of Service	Billed Amount	Discount/Adjustment	Insurance Amount	Reason Code	Eligible Amount	Deductible Amount	Co-pay Amount	Paid Amount	Total Payment By/Paid To
1103-1103018	Emergency Phys	\$5,000.00	\$0.00	\$0.00		\$5,000.00	\$0.00	\$0.00	\$0.00	\$4,000.00
	Column Totals	\$5,000.00	\$0.00	\$0.00		\$5,000.00	\$0.00	\$0.00	\$0.00	\$4,000.00

You May Owe: **\$1,000.00**

Payment Details  
Plan ID: Billings Clinic Bozeman  
Amount: \$4,000.00

Accumulators  
Patient Medical Out of Pocket Met to Date (PPO) \$1,000.00  
Family Medical Out of Pocket Met to Date (PPO) \$4,000.00  
\*Totals may not equal due to rounding.  
Please visit [www.ebms.com](http://www.ebms.com) or call for the most current accumulator total.

- 1 EBMS phone number
- 2 24/7 access to all current and historical claims information through miBenefits
- 3 Important information for you to have when calling EBMS (claim number and patient ID number)
- 4 Amount you owe your provider, with the exception of any amount you paid at the time of service. If you receive a bill that is higher than this amount and you are unsure why, call EBMS Member Services at 866-247-1443.
- 5 Reason code information and description
- 6 Deductible information
- 7 This is the payment amount the plan will make to you or your provider
- 8 If there is no check, please refer to the "payment" field. The check may have been sent directly to the provider
- 9 Accumulators show how much of your deductible and out-of-pocket have been met

**they are medically necessary. This is accomplished through a review of the medical records. EBMS uses standards of care and medical reviews to determine medical necessity. Your provider will typically respond with the needed information. However, if you choose, you may expedite the receipt of needed information by contacting your provider. The provider may then send the information to EBMS for proper processing of the claim.**

**MOD:** The submitted modifier is not appropriate for the submitted procedure code. Please refer to the Not Medically Necessary exclusion in the Plan Exclusions section of your plan booklet. **This message indicates that the claim provided by your provider included a modifier that is not eligible to be billed with the procedure code they submitted. In many cases this modifier indicates that they are billing for the interpretation of lab results, however, many lab tests have a computer generated result and do not require medical interpretation. If the lab performed has a computer generated result, like a blood count or urinalysis, there is no interpretation necessary and therefore is not eligible to be billed and reimbursed separately. If you receive a bill for services that are denied MOD on your EOB please call EBMS.**

# YOU'VE GOT THIS

Your online provider directory makes healthy simpler

Finding a doctor or other healthcare professional is an important part of staying healthy. Our online directory helps make it simpler. It offers you up-to-date information about providers — and it's available online, anytime.

## PROVIDER DETAILS

To visit our online directory, simply go to [aetna.com/asa](https://aetna.com/asa). Begin searching for a doctor using your location — ZIP, city, county, or state. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender
- Website address (if available)
- Specialties
- Languages spoken

You can also see additional provider information that can include: participation information,\* other office locations, whether they're accepting new patients, maps, driving directions, and more.

## ADDITIONAL FEATURES

You'll be able to find specialty care, too. Like a list of transplant facilities or pediatric congenital heart surgery facilities that are part of our Institutes of Excellence™ network.

## NARROWING YOUR SEARCH

Want to refine your search even further? Multiple options are available. You can easily:

- Filter by provider characteristics — such as:
  - Specialty
  - Languages spoken
  - Gender
  - Board certification
  - Hospital affiliation
  - Accepting new patients
  - Performance — such as Aexcel\*\* providers or Institutes of Excellence and Institutes of Quality® facilities
- Expand or reduce the geographic radius of your results
- Sort by best matched or distance
- View a map to see the locations of results and get driving directions
- Print results

If you wish to view additional information about providers, detail pages are available (on selected providers).

*\*Although listed, Sutter Health facilities and providers in Northern California may not be in network for all plans. Be sure to check with your human resources representative or call the number on the back of your ID card before making an appointment or being treated.*

*\*\*Aetna's Aexcel program-designated high-performance specialists in 12 specialties: cardiology, cardiothoracic surgery, gastroenterology, general surgery, neurology, neurosurgery, obstetrics and gynecology, orthopedics, otolaryngology, plastic surgery, urology and vascular surgery.*

*Aetna Signature Administrators is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).*

*Information is believed to be accurate as of the production date; however, it is subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.*

# MANDATORY MAINTENANCE PROGRAMS —

Time and Dollar Savings for Our Members!

Starting November 1, 2019, maintenance medications (those you take regularly) must be filled in 90-day supplies.

Public Education Health Trust (PEHT) members will get two grace fills (up to a 34-day supply). They must then switch to 90-day supplies for the third fill. Members will also have the option to fill their 90-day prescriptions through OptumRx® home delivery or any network retail pharmacy.

## EXPLORE WAYS TO FIND LOWER-COST MEDICATIONS

OptumRx is committed to enhancing your pharmacy-care experience by providing ways to help you save money on your prescriptions:

1. Check with your doctor about using PreCheck MyScript. This new tool helps to simplify the prescriptions process. It allows doctors to view more accurate patient medication cost information within their electronic medical records system. This makes it easy to compare drug prices, view drug alternatives and helps provide:
  - Timely prescriptions
  - Reduced administrative waste
  - Better patient care
  - Enhanced prior authorizations
2. Visit [optumrx.com](https://optumrx.com) to compare medication prices at different pharmacies.
3. Save time and money with OptumRx home delivery. You can enroll in home delivery at [optumrx.com](https://optumrx.com) or by calling the toll-free number on your member ID card.

## OPTUMRX CONSUMER PORTAL – SIMPLIFYING THE ONLINE PHARMACY EXPERIENCE

The OptumRx website and mobile app empowers you to help take charge of your own health and easily manage your prescription benefits.

Optumrx.com is a fast, easy and secure way to get the information you need to make the most of your pharmacy benefit.

## MY MEDICINE CABINET

Upon logging in, you will see your My Medicine Cabinet dashboard. You can see pricing and real-time benefits, and use the many tools and features to help you manage your medications.

Log into [optumrx.com](https://optumrx.com) and you will be able to:

- Search for drug prices and view lower-cost alternatives
  - Compare pharmacy prices quickly
  - View pricing alerts and receive messages regarding lower-cost alternatives
  - Proactive savings messaging – see ways to save such as transferring retail prescriptions to home delivery
- View your claims history
- Manage medications for household members
- Enroll in text message reminders or prescription refill and orders status alerts
- Transfer retail prescriptions to home delivery
- Refill and renew home-delivery prescriptions through OptumRx
- Automatic home delivery refills
- Track home delivery orders and prior authorization requests
- Connect seamlessly with our specialty pharmacy

We want you to get the most out of your pharmacy plan. The more you know, the more you can save. Visit [optumrx.com](https://optumrx.com) today.

## WHILE ON THE GO

You can access your pharmacy benefits and manage your prescriptions from your smartphone or tablet with the OptumRx app. Download the OptumRx app now from the Apple App Store or Google Play.



P.O. Box 21367 • Billings, MT 59104-1367

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**Public Education  
Health Trust**

Follow us on Twitter and  
like us on Facebook to take  
a short quiz about this  
edition of **SMART LIVING**  
for your chance to be  
entered into a drawing for  
a \$50 Visa Gift Card!

# HOW MUCH DO YOU KNOW?

COMPLETE THE QUIZ  
AND WIN \$50!

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SEPTEMBER / OCTOBER  
QUIZ WINNER:

**BETHANY LYONS**