



2021 OPEN ENROLLMENT

Monday, November 23 – Monday, December 4, 2020

ALL BENEFITS EFFECTIVE JANUARY 1, 2021

2021 Health Care Open Enrollment

We are committed to provide the best possible Health Care benefit for you and your family while keeping your Health Care bi-weekly premiums at a reasonable cost. This year there will be no changes to Meritain Medical Plan Designs. Pricing remains the same for 2021 unless you changed your usage of Tobacco / Nicotine. After Open Enrollment bi-weekly pricing will be updated in the ADP Portal and employees will be notified.

Spousal Surcharge: If your spouse is eligible to receive health care benefits through their employer but declines coverage and opts to enroll through the Trumbull Industries health care plan there will continue to be a \$50.00 bi-weekly spousal surcharge. Please complete the Spousal Certification Form and e-mail to Mary Beth mpoweski@trumbull.com

Meritain will not be issuing new cards for 2021. Please keep your insurance card you currently use for your Medical and Rx.

Southern Scripts Rx Pharmacy – International Mail Orders:

Southern Scripts provides pharmacy benefit management services for employer group health plans. Southern Scripts offers International Mail Orders and all member copayments have been waived for this prescription drug program only. Please reference the International Mail-In Order Flyer.

Open Enrollment

All Trumbull employees must select or waive their health care coverage elections through the ADP Portal. Log into the ADP portal and make your elections between Monday, November 23 through Friday, December 4, 2020.

www.workforcenow.adp.com

A major benefit of eliminating the paper enrollment form is your enrollment is secure – your personal information is available only to you and is protected by a user ID and password. On-line enrollment also reduces the possibility of errors. Benefit information and access are available 24 hours a day, seven days a week. Enrollment is immediate – with a quick click, you're informed and enrolled.

This is the *one time during the year* that you are able to *make changes to your plans*. If you previously waived coverage, you may now enroll in the plan & if you are currently covered & wish to add dependents, you may do so as well.

After Open Enrollment, you may only make changes to the plan if you experience a *Qualifying Event*, such as a loss of coverage, divorce or marriage. If you do experience a Qualifying Event, please contact HR within *30 days* of the event to complete the necessary paperwork.

Dental and Vision

Trumbull will continue to offer voluntary dental coverage through Sun Life Dental and Aetna for vision coverage. Sun Life PPO pricing increased and the **DHMO (coverage through Aspen Dental)** remains the same as 2020. Aetna Vision pricing remains the same as 2020.

2021 SUN LIFE DENTAL - Bi-Weekly Payroll Deduction					
Single Coverage		Employee + 1		Family Coverage	
PPO	DHMO	PPO	DHMO	PPO	DHMO
\$13.31	\$4.81	\$25.77	\$7.92	\$45.07	\$12.26
2021 AETNA VISION - Bi-Weekly Payroll Deduction					
Single Coverage		Employee + 1		Family Coverage	
\$2.20		\$4.18		\$6.46	

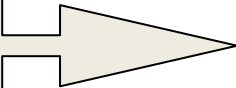
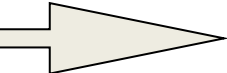
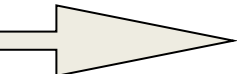



2021 MEDICAL PLAN OPTIONS

P.O.S. Option at a Glance

POS Option	In Network Benefits
Embedded Deductible: Single / Family	\$2,500 / \$5,000
Coinsurance	Plan pays 80% after deductible is met
Out-Of-Pocket Maximum: Single / Family	\$7,500 / \$15,000
Office Visit Exam PCP / Specialist	\$25 copay / \$45 copay
Emergency Room	\$250 copay
Preventive Care per Affordable Care Act	No Charge

P.O.S. Plan Pharmacy Benefits

	Retail	Mail Order
Tier 1 (Generic) 	20% \$50 max per supply	\$ 10 Copay 90-Day Supply
Tier 2 	30% \$75 max per supply	\$ 40 Copay 90-Day Supply
Tier 3 	50% \$100 max per supply	\$ 80 Copay 90-Day Supply
Tier 4 (Specialty) 	\$ 250 max per 30-day supply	Not Covered

Pharmacy: How do I use my benefits?

- Present your ID card at any network pharmacy.
- You will be responsible for paying the appropriate cost for that drug depending on what Tier it falls into based on your plan.
- Your RX copays do not accumulate towards your deductible, but will apply to your out of pocket maximum.
- You can also order your maintenance prescriptions by mail order program to save \$\$.

H.S.A. Option at a Glance

HSA Option	In Network Benefits
Embedded Deductible: Single / Family	\$3,000 / \$6,000
Coinsurance	Plan pays 100% after deductible is met
Out-Of-Pocket Maximum: Single / Family	\$4,000 / \$8,000
Office Visit Exam PCP / Specialist	Plan pays 100% after deductible is met
Emergency Room	Plan pays 100% after deductible is met
Preventive Care per Affordable Care Act	No Charge

H.S.A. Plan Pharmacy Benefits

Copays on H.S.A. plan do apply towards your plan deductible. Copays begin after the annual Major Medical deductible is met

	Retail	Mail Order
Tier 1 (Generic)	\$ 5 Copay 30-Day Supply	\$ 10 Copay 90-Day Supply
Tier 2	\$ 20 Copay 30-Day Supply	\$ 40 Copay 90-Day Supply
Tier 3	\$ 40 Copay 30-Day Supply	\$ 80 Copay 90-Day Supply

Specialty medications on H.S.A. plan are covered at Tier 3 level.



Health Savings Account (H.S.A.)

H.S.A. Contribution Rules

Annual Maximum Contribution Amounts (set by the IRS)

	<u>2021</u>
<i>Self-Only Coverage:</i>	<i>\$ 3,600</i>
<i>Family Coverage:</i>	<i>\$ 7,200</i>

These amounts are indexed annually for inflation

Individuals age 55 (anytime during the year) and older are allowed additional “catch up” contributions of *\$1,000 per year*

Contributions must stop once an individual is enrolled in Medicare or collecting Social Security benefits.

Health Savings Account (H.S.A.)

TASC will continue to manage Trumbull Industries' Health Savings Accounts.

Employees who enroll in the H.S.A. will receive a bi-annual pro-rated Employer Contribution from Trumbull Industries, Inc. – Single \$600 per benefit year; Employee + Spouse; Employee + Children; Employee + Family \$1,200.

- ✓ \$600 Single = \$300.00 January 1, 2021 and \$300.00 July 1, 2021
- ✓ \$1,200 Employee and Family, Employee and Spouse, Employee and Child(ren) = \$600.00 January 1, 2021 and \$600.00 July 1, 2021

2021 H.S.A.				
Under 55		55 or Older*		
SINGLE	FAMILY	SINGLE	FAMILY	
\$ 600	\$ 1,200	\$ 600	\$ 1,200	TRUMBULL CONTRIBUTION
\$ 3,000	\$ 6,000	\$ 4,000	\$ 7,000	MAXIMUM EMPLOYEE CONTRIBUTION
\$ 3,600	\$ 7,200	\$ 4,600	\$ 8,200	MAXIMUM TOTAL CONTRIBUTION
<i>*Employees 55 or older may make \$1,000 "catch-up" contributions</i>				

The 2021 annual HSA contribution limit is **\$3,600** for individuals with self-only and **\$7,200** for individuals with family coverage. If you are 65 years old and enrolled in Medicare, you are not eligible to participate in the H.S.A.

Health Savings Account (H.S.A.)

Enrolling in a Health Savings Account Plan like Trumbull's H.S.A. option qualifies members to open-up a tax advantaged Health Savings Account through TASC!

TASC HSA Participant Portal for Plan Enrollment and Account Management

<https://www.tasconline.com/>

Trumbull Industries Enrollment Code TAS-TR1890

Money is put in a special savings account which is then used to pay for medical expenses.

- ✓ No income tax is paid on the money *put in*
- ✓ No income tax is paid on the money *taken out*
- ✓ No income tax is paid on the *interest earned*

Advantages of an H.S.A.

An HSA is portable regardless of:

- ✓ *Which employer you work for*
- ✓ *Whether you're employed or not*
- ✓ *Which state you move to*
- ✓ *Changes to age or marital status*
- ✓ *Future medical coverage*

Using Your HSA: Doctor Visits

- ✓ Present your medical insurance ID card when you visit your doctor (in-network providers typically do not require payment at the time you receive services).
- ✓ Your provider will file a claim then Aetna will send you and your provider a Claim Recap showing your cost. (EOB – Explanation of Benefits).
- ✓ Your provider will send you a bill and you can use your HSA debit card or checks to make payment to your provider.
- ✓ You will be responsible for paying your Deductible before the plan begins to pay at 100%.
- ✓ You must meet your deductible before your RX copays kick in.
- ✓ RX copays will accumulate towards the annual out of pocket maximum.

Using Your HSA: Pharmacy Visits

- ✓ Present your ID card at any network pharmacy.
- ✓ If HSA funds are available, use your HSA debit card or use an HSA check to pay for the prescription.
- ✓ If no HSA funds are available, you will need to pay out of pocket until your deductible is satisfied.
- ✓ You can also order your prescriptions by mail by providing your HSA debit card number when submitting the mail service form (first be sure to verify that you have funds in your account).

HSA Recordkeeping

- ✓ Keep your receipts and other forms (EOBs)
- ✓ You must keep records sufficient to prove to IRS that:
 - Withdrawals from HSA were for qualified medical expenses
 - The expense was not paid for or reimbursed by another source or taken as an itemized deduction.
- ✓ You can withdraw money from your HSA to reimburse yourself for expenses paid in a prior year as long as they were incurred on or after the date the HSA was established.

Qualified Medical Expenses H.S.A.

Please click on the link below for Expenses that qualify for reimbursement from TASC H.S.A.

<https://trumnet.trumbull.com/SitePages/Home.aspx>



POS / H.S.A. Comparison

POS / HSA – Peg is having a baby

POS vs. HSA (9 months pre-natal care with hospital delivery)			
POS		HSA	
Deductible	\$2,500	Deductible	\$3,000
Specialist Copay	\$45	Specialist Copay	0%
Hospital Coinsurance	20%	Hospital Coinsurance	0%
Total Example Cost:		Total Example Cost:	
\$12,800		\$12,800	
In this example, Peg would pay:		In this example, Peg would pay:	
Deductibles:	\$2,500	Deductibles:	\$3,000
Copayments:	\$80	Copayments:	\$20
Coinsurance:	\$2,060	Coinsurance:	\$0
Example includes services like:			
Specialist (pre-natal care)	Childbirth/delivery	Diagnostic tests	Anesthesia
The total Peg would pay:	\$4,640	The total Peg would pay:	\$3,020

Members Save with QHDHP + HSA



John Doe

Low Utilizer of Healthcare

Goes for his Annual Physical Exam + Labwork

Visits the Dr. 2x/year for Illness

Filled 3 Generic Prescriptions

1 Visit with Cleveland Clinic ExpressCare

	Single Coverage	
	\$2,500 PPO	\$3,000 HSA
	PREMIUM/PAYROLL DEDUCTIONS	
Monthly Payroll Deduction	\$216.66	\$175.50
ANNUAL PREMIUM	\$2600	\$2,106
	CLAIMS	
Annual Physical + Labwork	\$0.00	\$0.00
2 Doctors Visits (Sick)	\$50.00	\$140.00
3 Generic Prescriptions	\$30.00	\$36.00
1 CC Express Care Visit	\$25.00	\$55.00
TOTAL OOP MEDICAL COSTS	\$105.00	\$231.00
	HSA FUNDS	
Trumbull HSA Contribution		\$600.00
	TOTAL MEMBER OUT-OF-POCKET SPEND	
TOTAL Member OOP Claims Spend	\$105.00	\$231.00
		Paid from HSA
TOTAL Member Healthcare Cost	\$2,705	\$2,016
<i>Annual Premium + OOP Spend</i>		

Differential b/t PPO vs. HSA

-\$689



John has \$369 of unused funds remaining in his HSA that will roll into the following year
And can contribute \$2,400 into his HSA through pre-tax payroll contributions to fund at the maximum level for 2021 (\$3,600 for self-only)

Members Save with QHDHP + HSA

	Family Coverage	
	\$2,500 PPO	\$3,000 HSA
PREMIUM/PAYROLL DEDUCTIONS		
Monthly Payroll Deduction	\$641.33	\$511.33
ANNUAL PREMIUM	\$7,696.00	\$6,136.00
CLAIMS		
Annual Physical + Labwork	\$0.00	\$0.00
6 Doctors Visits (Sick)	\$150.00	\$420.00
10 Generic Prescriptions	\$100.00	\$120.00
25 Brand-Name (Tier 3) Prescriptions	\$2,250.00	\$3,250.00
1 Surgery + Inpatient Stay	\$3,250.00	\$4,000.00
TOTAL OOP MEDICAL COSTS	\$5,750.00	\$7,790.00
HSA FUNDS		
Trumbull HSA Contribution		\$1,200
TOTAL MEMBER OUT-OF-POCKET SPEND		
TOTAL Member OOP Claims Spend	\$5,750.00	\$6,590.00
		Used \$1,200 from HSA
TOTAL Member Healthcare Cost <i>Annual Premium + OOP Spend</i>	\$13,446	\$12,726



The Smith Family

Medium Utilizers of Healthcare

Everyone goes for Annual Physical Exams + Labwork

Visits the Dr. 6x/year for Illness

Filled 10 Generic Prescriptions

Filled 25 Brand-Name (Tier 3) Prescriptions

1 Surgery + Inpatient Stay

Differential b/t PPO vs. HSA

-\$720



The Smiths used the \$1,200 HSA contribution from Trumbull Industries to pay their medical expenses. They can contribute \$6,000 into their HSA through pre-tax payroll contributions to fund at the maximum level for 2021 (\$7,200 for Families)

Members Save with QHDHP + HSA



The Jones Family

High Utilizers of Healthcare

Each spouse has a significant medical condition that requires monthly specialist visits + monthly prescriptions

High-cost medications filled monthly

1 Spouse has an Outpatient Procedure/Diagnostic Imaging

1 Spouse has an Inpatient Surgery + Hospital Stay

	Employee + Spouse Coverage	
	\$1,250 PPO	\$4,000 HSA
PREMIUM/PAYROLL DEDUCTIONS		
Monthly Payroll Deduction	\$452.83	\$368.33
ANNUAL PREMIUM	\$5,434	\$4,420
CLAIMS		
24 Specialist Doctors Visits	\$875.00	\$3,000.00
4 Doctors Visits (Sick)	\$100.00	\$280.00
24 Brand-Name (Tier 2) Prescriptions	\$1,080.00	\$1,920.00
24 Brand-Name (Tier 3) Prescriptions	\$2,160.00	\$2,800.00
1 Outpatient Procedure/Diagnostic Imaging	\$1,000.00	\$0.00
1 Surgery + Inpatient Stay	\$3,250.00	\$0.00
TOTAL OOP MEDICAL COSTS	\$8,465.00	\$8,000.00
HSA FUNDS		
Trumbull HSA Contribution		\$1,200.00
TOTAL MEMBER OUT-OF-POCKET SPEND		
TOTAL Member OOP Claims Spend	\$8,465.00	\$6,800.00
		Used \$1,200 from HSA
TOTAL Member Healthcare Cost <i>Annual Premium + OOP Spend</i>	\$13,899	\$11,220

Differential b/t PPO vs. HSA

-\$2,679



The Smiths used the \$1,200 HSA contribution from Trumbull Industries to pay their medical expenses. They can contribute \$6,000 into their HSA through pre-tax payroll contributions to fund at the maximum level for 2021 (\$7,200 for Families) + an additional \$1,000 Catch-up contribution since the employee is over the age of 55.



Flexible Spending Account

Flexible Spending Accounts (FSA)

TASC will continue to manage Trumbull Industries' Flexible Spending Accounts, which may be used with the POS to pay for Out of Pocket expenses not paid for by insurance, including medical, vision, and dental expenses, as well as deductibles, copayments, and coinsurance for the Health Care plan. If you are currently enrolled in the Flexible Spending Account program, you will need to re-enroll through the ADP Portal for 2021.

The maximum pre-tax contribution you can make to your flexible spending account in 2021 which is unchanged from 2020 - \$2,750.

Dependent Care FSA: You may contribute a maximum of \$5,000 pre-tax for the 2021 calendar year - dependent care FSAs are not "pre-funded"; you cannot receive reimbursement for the full amount of the annual contribution on day one.

Limited FSA: If you participate in the Health Savings Account (H.S.A.) plan, you are eligible to participate in a Limited Health FSA. A Limited Health FSA provides reimbursements for Qualified Expenses that are for Dental and Vision services only.

Medical FSA

Your total annual election is available for reimbursement at the start of the plan year.

(even before you have funded it!)

You can use the account for **ANY** family member's medical expense.

Even if you are **NOT** enrolled in our health plan, you can use the FSA plan!

- Those enrolled in the POS plans may elect to enroll in the general FSA.
- Those with a Health Savings Account (HSA) may enroll in the Limited FSA to pay for dental and vision expenses.

Dependent Care (DCAP) FSA

Child daycare or
babysitting for
dependent under
age 13.

Preschool tuition
is qualified but
not kindergarten.

After school care,
and summer day
camp (no
overnight camp!)

Adult dependent
care also
qualifies.

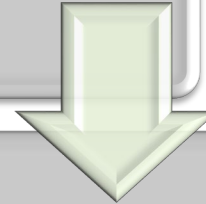
*Do you pay someone to care for a dependent
while you are at work?*



How it Works

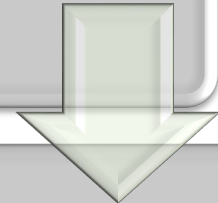
Put money in:

At open enrollment, elect to set aside part of your gross pay to be deposited into your personal FSA.



Use it during the year to pay for:

Unreimbursed medical, drug, dental and vision expenses - up to **\$2,750** Dependent care - up to **\$5,000** per calendar year.



Getting money out:

Use your debit FSA card at point of sale or submit your claims to TASC and get reimbursed.

Enrolling in the FSA Plan

- ✓ Make your election for your predictable 2021 health and day care expenses.
- ✓ Dependent Care election can be changed any time you have a change in “cost or coverage.”
- ✓ You can only enroll in the TASC Health FSA at **Open Enrollment**. But you may be able to change your Health FSA election if consistent with and because of a qualified “change in status.”



VISION BENEFITS

Vision Benefits

Vision Benefits with Aetna

- ✓ *Vision Exams - \$20 copay*
- ✓ *Materials - \$20 copay*
- ✓ *Frames - \$100 allowance*
- ✓ *Contact Lenses - \$105 allowance*



DENTAL BENEFITS

Dental Benefits

Sun Life Dental Benefits

PPO Plan – You Choose Your Dentist – More Expensive Plan

- ✓ Preventive Services – Covered at 100%
- ✓ Basic Services– Covered at 80%
- ✓ Major Services- Covered at 50%
- ✓ Annual Benefit Max - \$1,500 per person

DHMO Aetna Secure Plan – Must use ASPEN DENTAL dentist

- \$10 office visit Copay
- Coverage levels – Based on Fee Schedule

Check to see if your dentist is in network in either of these plans.

www.sunlife.com/findadentist or call 800-443-2995

Sun Life Policy #: 922900

Dental PPO/DHMO Benefits

	<u>PPO</u>	<u>DHMO</u>
	<i>In-Network</i>	<i>In-Network</i>
Annual Deductible per individual	\$50	None
Class I Preventive Services (deductible waived)	Covered at 100%	Fee Schedule
Class II Basic Services	Covered at 80%	Fee Schedule
Class III Major Services	Covered at 50%	Fee Schedule
Annual Benefit Maximum	\$1,000	N/A
Office Visit Copay	N/A	\$10.00
Orthodontic Services (child only)	50%	Fee Schedule
Orthodontic Overall Maximum per child	\$1,000	Fee Schedule

Sun Life Dental

Sun Life Policy #: 922900

At any time, you can log in to view information about your dental benefits.

- ✓ View eligibility
- ✓ View claims status
- ✓ Change facility (for prepaid members)
- ✓ Request ID card
- ✓ Dental cost estimator
- ✓ Search for a network dentist
- ✓ Contact customer service

<https://login.sunlifeconnect.com/commonlogin/#/login/30>



MERITAIN HEALTH

Meritain Health

A Quick Look at Your Health Plan

Trumbull Industries, Inc.

Group #17059

When you enroll with Meritain Health[®], you're taking the next step towards a healthier, more balanced you.

It's important for you to understand how your health plan works. This way, you can make the changes you want in your health and in your life.

Get the support you need for a healthy balance

Chances are, you try every day to keep a healthy balance in your life. But time can get away from you, or you might put other details first. That's why we're here: to help you focus and to support you each step of the way. You can think of your healthcare benefits as your resource to protect your body, mind and spirit.

Meritain Benefit Highlights

Support for your health journey

Your employer wants you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of Meritain Health's **Medical Management program**. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

Some of these services include:

- Before admission to the hospital for elective or non-emergency services
- Within 48 hours (two working days) after an emergency or urgent hospital admission.
- Before elective inpatient, outpatient or ambulatory surgery.
- Before inpatient substance-abuse treatment or treatment for a mental health disorder.
- Before entering an extended-care, rehabilitation or skilled-nursing facility.

Consult your Summary Plan Description for a complete listing of healthcare services that require precertification with a medical management nurse.

Save when you visit network providers

This plan offers a network of doctors and other healthcare professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

Remember: if you go outside the network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

Nationwide provider access at a discount

When you and your family seek healthcare services, you have access to Aetna's broad national provider network of healthcare providers and facilities. Aetna's network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals.¹ When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of healthcare.

¹ <https://www.aetna.com/about-us/aetna-facts-and-subsidiaries/aetna-facts.html>

Locate your preferred providers

With Aetna's comprehensive provider participation, many of your preferred doctors may already be in the Aetna network. To verify whether or not a doctor or healthcare facility participates, visit <http://www.aetna.com/docfind/custom/mymeritain/>.

Meritain Benefit Highlights

Did you know?

You have access to a variety of online tools and resources through www.meritain.com!

What you'll find on the Meritain Health Member Portal

Using the Meritain Health Member Portal, you have 24-hour access to a number of tools and resources that can help you manage your health benefits. Below are a few of the tools available on Meritain.com:

- Verify eligibility and benefits coverage
- Find the status of claims
- View your Explanation of Benefits (EOB) documents
- Review your benefit plan documents in their entirety
- View deductibles and out-of-pocket limits
- Check Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) balances, if applicable
- Submit Coordination of Benefits (COB) information
- Update user demographic information
- Request Letter of Coverage (LOC)
- Prescription plan coverage
- Update account settings

A prescription for a healthier budget

Your prescription drug benefit is administered by Southern Scripts. To get the most from your benefits plan, it pays to be a wise consumer.

Generics make sense—and dollars

You can save yourself money on your prescriptions by choosing generic versions of medications, when possible. Check with your prescribing physician to see if a generic version exists. Generic equivalents go through rigorous FDA testing regularly to assure that they are just as effective as the brand-name drugs. They are a safe, smart option.

Easy on your time: Three ways to get your prescription drugs

Your plan is designed with your time in mind. Depending on the nature of your prescription, you can have your prescriptions filled at a participating pharmacy, by mail or online.

Fill prescriptions for 30 days or less at a pharmacy in your PBM network. Just show the pharmacist your Meritain Health ID Card and pay your copay at the time of your purchase.

If you have a chronic condition and you take medication for it for long periods of time, you can have it filled by mail or online. Ask your doctor for 2 prescriptions— one for 30 days and one for 90 days. Fill the 30-day prescription at a network pharmacy, to use while waiting for your 90-day prescription to arrive. To use the mail order service, complete a mail order form and send it, along with the original 90-day prescription signed by your doctor and your copay, to the address on the form.

You can also fill 90-day prescriptions online at www.meritain.com. Send (or ask your doctor to send) the 90-day prescription to the address shown on the website. Simply use a credit card to pay your copay.

Certain drugs must be approved

If your prescription is for a very expensive drug, or one that can be easily abused, prior authorization may be required. For more information, see your Plan Document or contact Southern Scripts customer service at 1.800.710.9341.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.

ID Card Information

Helpful Tips

- Your healthcare plan includes a network of providers you can visit for healthcare services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Your medical copays are listed for you and your providers.
- Your pharmacy coverage information is listed on the front of your card, and includes the Southern Scripts customer service number and prescription copays.
- Please ensure that you recertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

The final step toward better balance and better living

After you've completed enrollment, your employer has approved it and after any waiting period has passed, your benefits will be effective.

Your Meritain Health ID Card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you.

Sample ID Card

MERITAIN HEALTH Customer Service and Eligibility Inquiries
800.925.2272
www.MERITAIN.com

Member ABC Company Group #: 12345 Member: JOHN Q SAMPLE Division: 003 Dependent(s): JANE W SAMPLE JOHN Q SAMPLE JR	Medical Plan Coverage: Network by aetna PHE Aetna Class POS B
Pharmacy Plan R028N: 004330 S007DL: ADV R023RP: R02338 Member: 066.475.7508 Pharmacy: 000.304.8331	Claims Submission Mail ALL Claims & Correspondence to: Meritain Health PO Box 803921 Richardson TX 75086-3621 EDI: WebMD/Edison 41124 or McKesson/Relay Health 1701 NY Electing Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna Contact 800.343.3140 for assistance in locating an In-Network Provider.
Eligibility Call 800.925.2272 or visit www.MERITAIN.com for inquiries regarding eligibility, claims and plan benefits.	Precertification For Precertification call: 800.242.1193. Failure to comply with your plan's precertification requirements may result in a reduction of benefits. 24-Hour Automated Customer Service: 800.905.0311 or www.MERITAIN.com

PHCS
Printed: INDEX 8.009

Reminder: Keep your current Medical/Rx ID Cards, you will not be getting new ones for 2021.

Meritain Healthcare BlueBook

This online tool helps you save money on healthcare services for you and your family by finding affordable providers in your area. It also helps you understand what you should pay for healthcare procedures.

Providers are listed as green, yellow or red. Incentives are provided when you visit a green provider because they offer high-value service at or below the fair price, providing you the most value for your dollar.

Questions or need help finding a provider?

Call the Healthcare BlueBook support team at (800) 341-0504 or email pricefinder@healthcarebluebook.com. Or call the number on the back of your member ID card.

Important Plan Contacts

Benefit	Provider	Website	Phone Number
Medical/Rx HSA	Mertain	www.mertain.com	(888) 324-5789
Rx	SouthernScripts Payer Matrix	www.southernscripts.net www.payermatrix.com	(800) 710-9341 (877) 305-6202
FSA	TASC	www.tasconline.com	(800) 422-4661
Dental	SunLife	www.sunlife.com	(800) 786-5433
Vision	Aetna	www.aetna.com	(855) 335-1407
Basic Life & ADD Voluntary Life & ADD Short Term Disability	UNUM	www.unum.com	(866) 679-3054
Human Resources	Mary Beth Poweski	mpoweski@trumbull.com	Office: (330) 393-1115 Mobile: (330) 856-5505

Mary Beth Poweski will be available 24/7 for any questions you or your spouse may have.