Ashland School District
2016 Open Enrollment Guide
# Table of Contents

2016 Benefits Renewal Highlights ......................................................................................................................... 1

First Choice Health Overview .................................................................................................................................... 2

Medical Provider Network ......................................................................................................................................... 3

Medical Benefits ....................................................................................................................................................... 4-5
  • Pre-authorization .................................................................................................................................................. 6

Customer Service / ID Cards ................................................................................................................................... 7

Pharmacy / Dental / Vision ......................................................................................................................................... 8-10

Flexible Spending Account & Dependent Care Assistance Plan (HealthEquity) ................................................. 11

# Attachments

Find a Provider flyer .................................................................................................................................................. A

Medical / Vision Claim form ................................................................................................................................... B

How to Read Your EOB flyer ................................................................................................................................ C

e-EOB Going Green flyer ....................................................................................................................................... D

Pre-authorization list ............................................................................................................................................... E

FSAs: a simple way to save flyer .............................................................................................................................. F

DCRAs flyer ............................................................................................................................................................. G

24/7 Nurse Line and Health Information Library flyer .......................................................................................... H

Maternity Management flyer ................................................................................................................................. I
2016 Benefits Highlights

We are pleased to introduce First Choice Health Administrators as the Benefits Administrator for Ashland School District!

First Choice Health Administrators (FCHA) provides all Customer Service, PPO Network Access, and Claims Processing for Ashland School District members. Following is a FAQ to help address and answer some of the questions you may have regarding your 2016 medical benefits plan.

Below are some of the highlights you will see with the 2016 benefit plan with First Choice Health effective January 1, 2016:

• First Choice Health Administrators is the benefits administrator for medical, dental and vision
• First Choice Health PPO is the preferred provider network in AK, ID, MT, ND, OR, SD, WA and WY (see page 3)
• Flexible Spending Account (FSA) and Dependent Care Reimbursement Account (DCRA) is administered by HealthEquity (see page 11)
• MedImpact is the pharmacy benefits administrator (see page 8)
• No changes to medical benefits
• See updated Pre-authorization list attached
• 24 Hour Nurse Line (see attached Nurse Line flyer)
• Maternity Management Program (see attached Maternity Management flyer)

Please note: The information provided in this document is meant as an overview only and does not provide all plan details. Please refer to your Summary Plan Description for full details regarding your plan.
First Choice Health Overview

Who is First Choice Health?
First Choice Health is a Seattle-based, physician and hospital owned company that serves the Northwestern United States. We have provided network, administrative and client services since 1985. Just under one million people use our array of products and services in Washington, Oregon, Alaska, Idaho, Montana, Wyoming, and select areas of Colorado, North Dakota and South Dakota.

What services does First Choice Health provide for Ashland School District?
First Choice Health provides claims administration, customer service, preferred provider network access, and other health plan operations for Ashland School District’s self-funded medical program.

Where is First Choice Health located?
First Choice Health is headquartered in downtown Seattle. Our operations center in Spokane, WA provides customer service and claims processing for Ashland School District and our other health plan clients. We also have provider contracting offices in Beaverton, OR, Boise, ID, Billings, MT, and Anchorage, AK.
Medical Provider Network

Ashland School District utilizes the First Choice Health Network (FCHN) to locate a participating provider. FCHN includes a wide range of providers throughout Alaska, Idaho, Montana, North Dakota, Oregon, South Dakota, and Wyoming. These providers include hospitals physicians, urgent care centers, laboratories, radiology centers, home health care, chiropractors, massage therapists, acupuncturists, and more.

How do I find a participating provider?

Visit www.fchn.com to find a participating provider in AK, ID, MT, ND, OR, SD, WA, and WY. You will be given the option to search by your employer group name or group number to locate a provider participating under your medical benefits plan. Please refer to the Find a Provider flyer for further instructions on how to find a participating provider.

What if I travel outside the First Choice Health Network area?

If you are receiving care outside the Northwest (AK, ID, MT, ND, OR, SD, WA, or WY), you can access a preferred provider through First Health www.firsthealth.com.
Medical Benefits

Are my medical benefits going to change?
No, your medical benefits will not change in 2016.

Will I need to fill out a new Enrollment form?
You will only need to fill out a new Enrollment form if you are making changes (this form will be available at the open enrollment meetings).

If you are participating in a FSA for medical or dependent care, you are required to fill out the FSA Enrollment form (this form will be available at open enrollment meetings).

Will I need to fill out a Coordination of Benefits Information form?
Yes, please reference the Coordination of Benefits Information form, which must be submitted to First Choice Health if you and/or your dependent(s) have other insurance coverage (this form will be available at open enrollment meetings).

You can submit this form to:

First Choice Health Administrators
PO Box 12659
Seattle, WA 98111-4659

How do I submit a medical/vision claim to First Choice Health?
Most providers will submit claims on your behalf. If you need to submit a claim directly, please use the attached First Choice Health Medical / Vision Claim form. You can also find a copy of this form on www.myFirstChoice.fchn.com.

Medical/Vision claims can be submitted to:

First Choice Health Administrators
PO Box 12659
Seattle, WA 98111-4659

See page 8 for instructions on how to submit a Pharmacy claim.
Medical Benefits Continued

What number do I call if I have questions regarding my medical benefits?
A dedicated First Choice Health Customer Care Representative can be reached at 1 (800) 918-7668 Monday - Friday, 7 AM - 5 PM PST.

Can I find my medical benefits online?
Yes, First Choice Health provides access to claims and benefit information through our member portal, myFirstChoice. You can access myFirstChoice by going to www.myFirstChoice.fchn.com and clicking on the ‘Register’ link. Please refer to the attached myFirstChoice flyer for instructions on how to log in to your account.

Is there a document available to help explain the information on my Explanation of Benefits (EOBs)?
Access through myFirstChoice will provide you an EOB example with explanations and descriptions of the information included on your EOB. Please refer to the How to Read Your EOB flyer for more information.

We strongly encourage members to register for the paperless EOB (e-EOB) delivery. By signing up to receive your EOB online through your First Choice Health web portal, you will receive an automatic e-mail informing you that your claims have been processed and an e-EOB is available for you to view. Please refer to the Going Green flyer for more information.

You can register to receive the e-EOB at www.myFirstChoice.fchn.com.
Medical Benefits: Pre-authorization

Pre-authorization is required for certain medical procedures, both inpatient and outpatient, to evaluate medical necessity and ensure that you are receiving the most cost-effective quality care. First Choice Health handles the pre-authorization process for Ashland School District employees to ensure your medical needs are met at the most appropriate level of care.

How do I get a medical service pre-authorized?

Telephone - To have a medical service pre-authorized, simply call a First Choice Health Intake Coordinator at (800) 808-0450. You may also have your health care provider contact our Intake Coordinators on your behalf. Intake Coordinators are available Monday through Friday, 8 AM - 5 PM PST. You may leave a voice-mail message during non-working hours or on the weekend.

Fax - Pre-authorization requests can be submitted via fax to (888) 272-3289 or (206) 268-2920.

Online - Pre-authorization requests can be submitted online at www.fchn.com. Pre-authorization forms are located on this website.

What services require pre-authorization?

A few of the following services will require pre-authorization. Please refer to the attached Pre-authorization list for more information:

- Ambulance (except in life-threatening circumstances)
- Clinical Trials
- Genetic Testing
- Dialysis
- Hyperbaric Therapy
- Imaging (PET scans only)
- Medical Injectables
- Radiation Therapy
- Spinal Injections

Why do I want to get pre-authorization for medical services?

If you do not get specific medical procedures pre-authorized, a penalty may be assessed.

When should I get medical services pre-authorized?

You get medical services pre-authorized before you have the services performed.
First Choice Health is excited to help address any questions you may have concerning your medical plan and benefits. The First Choice Health Customer Care team is committed to providing you with quality customer service and will handle any inquiry you may have with the utmost attention.

What number do I call to address the questions I have about my medical plan and benefits?

A dedicated First Choice Health Customer Care Representative is available to answer questions at 1 (800) 918-7668 Monday - Friday, 7 AM - 5 PM PST.

Will we receive new ID Cards?

No, you will not receive new ID cards for the 2016 plan year.

Here is a sample of your ID Card:

Medical / Dental / Vision ID Card

Medical ID Card
Pharmacy / Dental / Vision

Ashland School District’s pharmacy benefits are provided through MedImpact for the 2016 plan year. Dental and vision benefits are administered through First Choice Health.

2016 Pharmacy Highlights:
- 90-day prescriptions are available at Choice90 participating pharmacies (see page 9)
- Mail-order prescriptions are available through the Walgreen’s mail order program

Who do I contact if I have questions?
Call MedImpact’s Customer Service at (800) 788-2949 or visit www.myFirstChoice.fchn.com to access the link to MedImpact’s member portal.

How do I submit a pharmacy claim to MedImpact?
Pharmacy claims can be submitted to:
   MedImpact Healthcare Systems, Inc.
   10680 Treena St. 5th Floor
   San Diego, CA 92131
You can also fax the claims forms to (858) 549-1569.

Are there changes to the drug formulary?
The formulary is similar to your current formulary, but there may be some differences. For example, your prescription may be in a different tier.
Your drug formulary has three tiers:
- Generic ($15 co-pay)
- Preferred Brand ($30 co-pay)
- Non-preferred Brand ($45 co-pay)

How do I know what tier my medication is in?
Call MedImpact’s Customer Service at (800) 788-2949 or visit www.myFirstChoice.fchn.com to access the member portal.

How will I know if my medication requires a prior authorization or if it has any limitations?
Call MedImpact’s Customer Service at (800) 788-2949 or visit www.myFirstChoice.fchn.com to access the member portal.
Pharmacy / Dental / Vision continued

What should I do if my medication requires authorization?
Talk with your doctor. Your doctor will need to communicate your medication needs to MedImpact before your pharmacy can fill your prescription.

If I receive a brand-name medication that has a generic formulation, what will I be responsible for paying?
If you request a brand-name drug when an equivalent generic formulation is available, you will pay the generic co-pay, plus the difference in cost between the generic and brand-name medications.

How do I know which pharmacies are in the MedImpact network?
Examples of participating pharmacies are: Bi-Mart, Fred Meyer, Rite Aid, Safeway, and Wal-Mart. You can look-up a list of participating pharmacies online at https://mp.medimpact.com/pharmacylocator and choose the ‘General Pharmacy Locator’ option.

You can access MedImpact information by logging in to www.myFirstChoice.fchn.com.

How do I set-up my Walgreen’s mail-order prescriptions?
You can enroll in mail-order program by phone or online:

• By phone - Walgreen’s Customer Care Center (800) 345-1985 or TTY: (800) 573-1833.
• Online - https://www.walgreens.com/topic/s/mail-service-pharmacy.jsp

Submit a new 90-day prescription for the medication you want to have filled through the mail-order program. Walgreen’s Mail Service Pharmacy web page has prescription order forms for you or your doctor to use.
Am I required to access specialty medications (e.g., self-injectables, biologics, etc.) through an exclusive specialty pharmacy?

Yes. Specialty medications are provided under MedImpact’s agreement with select specialty pharmacies.

If a drug costs less than the co-payment, do members pay the actual cost of the prescription or the co-payment?

You would pay the actual cost of the prescription.

Will there be any changes to my dental plan?

Your dental plan is administered through First Choice Health. There are no changes being made to your dental plan.

Will there be any changes to my vision plan?

Your vision plan is administered through First Choice Health. There are no changes being made to your vision plan.
Flexible Spending Account & Dependent Care Reimbursement Account

Your Flexible Spending Account (FSA) and Dependent Care Reimbursement Account (DCRA) is administered through HealthEquity. Their team of dedicated specialists are available every hour of every day to provide you with expert insight to help you optimize your health savings and dependent care accounts.

Will I receive a debit card for FSA?

If FSA is elected, in January you will receive a welcome packet from HealthEquity along with a debit card for your FSA.

Will I have to fill out a new FSA enrollment form if I am not making any changes?

Yes, you will need to fill out a new FSA enrollment form even if no changes are being made (this form will be available at the open enrollment meetings).

Who do I contact if I have questions regarding my FSA or DCRA?

HealthEquity has a team of specialists available 24 hours a day to assist you with any questions regarding your FSA or DCRA. They can be reached at (866) 346-5800.

Features of your Flexible Spending Account Administration:

- Automatic payment scheduling allows you to set up a scheduled payment to a provider as funds become available in your account
- Daily claims payments and reimbursement
- 24/7 customer service hotline
- Mobile app capabilities provide easy access to your account on the go and to initiate claims payments with a snap of a photo
- Convenient member resources
- Online tools, e.g., an online payment option where you can pay the member responsibility (e.g., co-pays, co-insurance, deductible, etc.) directly to the provider or request reimbursement from your FSA account
- Full account integration - HealthEquity partners with First Choice Health to provide full integration of your claims and the option to reimburse yourself or pay the provider directly from the website

Please refer to the FSA: a simple way to save flyer and the DCRA flyer for more information about your FSA and DCRA accounts.
TO GET STARTED:

Go to www.fchn.com.

Select the green button titled ‘Find a Doctor, Hospital or Facility’ in the top left-hand corner of the page.

A pop-up dialog box will appear. Read the disclaimer information and select ‘OK’ to continue.

A second dialog box will appear that gives you the ability to customize your search. You have three different options:
- Search the entire FCH PPO Network
- Search by Employer or Group ID
- Search by Employer, Group, or Trust Name.

Once you’ve chosen an option, select ‘Continue’ to proceed. You will then arrive at the search entry screen (see Steps 1-5).

1. Step 1 will display the network search option you selected in the ‘Search Options’ dialog box.
   You can click the ‘Modify Search’ link to change your selection.

2. Step 2 allows you to select the type of provider you are looking for.
   There are several options to choose from, including: providers, hospitals, clinics, urgent care clinics, ‘other’ facilities, all facilities, or all providers and facilities.

3. Step 3 allows you to narrow your search by provider name, specialty, language or gender.
   You are able to search by one of these options, or you can search by all four.

4. Step 4 targets a geographical region for your search.
   You can search within a geographical radius surrounding an address or zip code, or within a state, county, or city.

5. Step 5 activates your search and will bring you to the results page.
   You also have the option to ‘Reset Search,’ which will clear out Steps 2-4.

IF YOU HAVE ANY QUESTIONS, CONTACT FCH CUSTOMER CARE (800) 918-7668, MONDAY - FRIDAY, 7 AM - 5 PM.
# Medical / Vision Claim Form

<table>
<thead>
<tr>
<th>1. MEMBER/PATIENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Name:</strong> (First, Middle, Last)</td>
<td><strong>Member Number:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong> Is this a New Address? □ Y □ N</td>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>Patient Name:</strong> (First, Middle, Last)</td>
<td><strong>Patient’s relationship to member:</strong></td>
</tr>
<tr>
<td><strong>Does the patient have other health insurance coverage?</strong> □ Y □ N</td>
<td>If Yes, please complete section 2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. OTHER INSURANCE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policyholder’s Name:</strong> (First, Middle, Last)</td>
<td><strong>Birth Date:</strong></td>
</tr>
<tr>
<td><strong>Other Insurance carrier’s information:</strong></td>
<td><strong>Insurance Name:</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
<td><strong>State</strong></td>
</tr>
<tr>
<td><strong>Policyholder’s employment status:</strong></td>
<td><strong>Patient’s relationship to member:</strong> □ Self □ Spouse □ Child □ Other</td>
</tr>
<tr>
<td>□ Active □ Disabled □ Retired □ Effective Date: <strong><strong>/</strong></strong>/____</td>
<td>□ Self □ Spouse □ Child □ Other</td>
</tr>
<tr>
<td><strong>Type(s) of Coverage:</strong> (Check all that apply)</td>
<td><strong>Coverage Covers:</strong> (Check all that apply)</td>
</tr>
<tr>
<td>□ Hospitalization □ Medical-surgical □ Dental □ Vision □ Drug □ Major Medical □ Other(Specify):</td>
<td>□ Policyholder only □ Policyholder and spouse □ Policyholder and child(ren) □ Family</td>
</tr>
<tr>
<td><strong>Is the patient entitled to benefits under Medicare Part A or B?</strong> □ Yes □ No</td>
<td>If YES, complete the rest of section 2.</td>
</tr>
<tr>
<td><strong>Medicare effective date:</strong> <strong><strong>/</strong></strong>/____</td>
<td><strong>Medicare ID#:</strong></td>
</tr>
<tr>
<td><strong>Member’s employment status</strong></td>
<td>□ Active □ Retired □ Disabled</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. PATIENT CONDITION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(A) Please provide description of services, as well as diagnosis.</strong> <em>(Include valid ICD diagnosis and CPT codes)</em></td>
<td><strong>Name of doctor treating injury/illness</strong> <em>(Tax ID Number must be provided)</em></td>
</tr>
<tr>
<td><strong>(B) If this claim is the result of an injury, do you intend to file a claim against another individual, business, organization or insurer for damages arising from the injury?</strong> □ Yes □ No</td>
<td>If YES, complete the rest of question 3C.</td>
</tr>
<tr>
<td><strong>If this claim is the result of an injury, have you retained an attorney to represent you?</strong> □ Yes □ No</td>
<td>If YES, complete the rest of question 3C.</td>
</tr>
<tr>
<td><strong>(C) Attorney Name:</strong></td>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
<td><strong>State</strong></td>
</tr>
<tr>
<td><strong>(D) Were the services related to a hospitalization?</strong> □ Yes □ No</td>
<td>If YES, complete the rest of the question 3D.</td>
</tr>
<tr>
<td><strong>Admission Date:</strong> <strong><strong>/</strong></strong>/____</td>
<td><strong>Discharge Date:</strong> <strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td><strong>(E) Were the expenses due to an accident?</strong> □ Yes □ No</td>
<td>If YES, complete the rest of the question 3E.</td>
</tr>
<tr>
<td><strong>Accident Date:</strong> <strong><strong>/</strong></strong>/____</td>
<td><strong>□ Work □ Auto □ School □ Other (Specify)______________________________</strong></td>
</tr>
</tbody>
</table>

I certify that the information provided on this claim form is correct and complete, and that I am claiming benefits actually incurred by the named patient. I authorized any hospital, physician, or other provider who participated in the care and treatment of the patient to release all medical or other information requested for the processing of the claim to First Choice Health Administrators. I hereby agree to reimburse First Choice Health Administrators in full if this claim is paid incorrectly. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceal, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

| Member Signature | Date | (Area Code) Home Phone | (Area Code) Home Phone |

Claim Submission Address: FCHA, Attn: Claims, PO Box 12659, Seattle, WA 98111-4659
RESOURCES

Find a Doctor:
• Locate a doctor, hospital, or facility in your network

Eligibility & Benefits:
• See who is covered by your plan
• View benefits and eligibility
• View demographic information for you and your dependent(s)
• Access your benefit plan documents

Claims:
• View paid claims for yourself and any underage dependent(s)
• View and print Explanations of Benefits (EOBs)

Accounts:
• View HRA, HSA, or FSA balances and transactions

Health Resources:
• Review additional health offerings
• Access procedure pricing, health tools, and physician information
• Link to health information resources

Order ID Card:
• Order an ID card for yourself and your dependent(s)

Forms:
• Print Medical and Vision Claim forms
• Access Release of Information, Authorized Representative, and Accident/Injury Claim forms

Cost and Quality:
• Order an ID card for yourself and your dependent(s)

Contact Us:
• Access contact info, forms, and more

How to access myFirstChoice™:
1. Go to www.myFirstChoice.fchn.com
2. Click the ‘Register’ tab in the gray sidebar*
3. Refer to your ID card for your Member ID #
4. After registration, log-in via the gray box in the top right corner of the homepage at www.fchn.com

*Dependents age 13 and older need to register separately
DEAR JANE SAMPLE,

The information below is a summary of the healthcare claims you incurred on 05/29/2012. This information is commonly referred to as an "Explanation of Benefits" (EOB). This is not a bill. It is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance(%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy of any bill you may receive from the provider(s) listed below. If you did not receive service from the provider(s) listed below or have questions about your claim please contact our Customer Care Center at 1-855-555-5555.

**Individual Summary**

**Total Amount Billed by John Doe**

This is the total amount billed from the dates of service of 05/29/2012 thru 05/29/2012.

**Total Amount Paid By Plan**

This is the amount the plan paid in total for services rendered from 05/29/2012 thru 05/29/2012. Please see the "Claim Detail" section of this document for more information.

**Total Patient Responsibility**

This is the amount the provider of service may bill you after your health plan benefits were paid. Typically plan participant may be billed by the provider of service because they may have: a deductible, co-pay, coinsurance (%) or the service is not covered by the health plan. Amounts shown here DO NOT reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.

**Plan Status for the Period 01/01/2012 - 12/31/2013**

These totals are accurate as of the last claim shown on this document. If you received care more recently, unprocessed claims for that care will not yet be reflected in the totals shown here. Please note that claims may not be received by First Choice Health in the order the care was provided.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Deductible</th>
<th>Family</th>
<th>Out of Pocket</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Satisfied</td>
<td>Maximum</td>
<td>Satisfied</td>
<td>Maximum</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$500.00</td>
<td>$500.00</td>
<td>$500.00</td>
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<td>Tier 2</td>
<td>$500.00</td>
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<tr>
<td>Tier 3</td>
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<tr>
<td>Tier 4</td>
<td>$3,500.00</td>
<td>$10,500.00</td>
<td>$500.00</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

Family level maximums apply only when multiple family members are enrolled on the plan.

First Choice Health Administrators
PO Box 12659
Seattle WA 98111-4659

myFirstChoice.fchn.com
1-855-555-5555

Status of Deductibles and Maximum Out of Pocket

On myFirstChoice you can elect to receive alerts of newly processed claims instead of a mailed Explanation of Benefits.
Claim#: 213XXXXX
Patient: JANE SAMPLE

Service Date: 05/29/2012
Procedure: 74177 - Ct abd & pelv w/contrast
Modifiers: 26

ICD-9 Diagnosis Code: 562.11 DIVERTICULITIS OF COLON

$313.20 $0.00 $163.78 $0.00 $0.00 $0.00 $0.00 $149.42 $0.00 $163.78 $0.00

Totals For Claim
$313.20 $0.00 $163.78 $0.00 $0.00 $0.00 $0.00 $149.42 $0.00 $163.78 $0.00

Reason Code: if a charge is adjusted or not covered, a reason code along with a description of the code will be provided.

Appeals Rights

Important Information about Your Appeal Rights

What if I need help understanding a denial? Contact us at 1-855-555-5555 Monday through Friday between 8 AM - 5 PM (Pacific Time) if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don’t agree with this decision? You have a right to appeal any decision that does not provide you or pay for any item or service in whole or in part.

You may submit a letter of appeal. You may attach any additional information or documentation you feel will support your appeal. You have 180 days from the receipt of this notice to submit your request. Send to Appeals Coordinator | First Choice Health Administrators | 600 University Street, Suite 1400 | Seattle | WA | 98101

If you have any questions about this process, please contact us at 1-855-555-5555 Monday through Friday between 8 AM - 5 PM (Pacific Time)

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. Once you have designated someone else to represent you, all communication is sent to that person. This Designated Representative form is not necessary when you appeal on your own behalf. Please contact us at 1-855-555-5555 Monday through Friday between 8 AM - 5 PM (Pacific Time) to obtain the necessary forms.

Can I provide additional information about my claim? Yes, you may supply additional information. You may submit any additional information with your appeal request or give testimony in person or by phone.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge) by contacting us at 1-855-555-5555, Monday through Friday between 8 AM - 5 PM (Pacific Time)

What happens next? If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Other resources to help you: For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 866-444-EBSA (3272).

Español: Para obtener asistencia en Español, llame al 1-855-555-5555
Tagalog: Kung kailangan niyou ang tulong sa Tagalog tumawag sa 1-855-555-5555

All Other Languages Contact 1-855-555-5555

Did You Know

MyFirstChoice puts you in the driver’s seat. View your claims history and account information online at myFirstChoice.fchn.com
First Choice Health Administrators (FCHA) would like to introduce a paperless EOB delivery option for our members. We are excited about this new program and hope you will join us in reducing paper waste!

Instead of receiving a paper EOB after every claim we process, you will be notified via e-mail that a claim has been processed and an e-EOB is available under the “Claims and Accounts” section of myFirstChoice™ (www.myFirstChoice.fchn.com), your First Choice Health web portal.

For privacy purposes your spouse, domestic partner and any children 18 years or older will need to create their own myFirstChoice™ account. Children under the age of 18 with an address different from the subscriber will continue to receive EOBs via the US Mail.

ENROLLMENT IS EASY!

Go to www.myFirstChoice.fchn.com

• Simply log on to myFirstChoice™ and click on the “Paperless Statements” tab on the left-hand side of the page to register for the e-EOB program.

• You will also be given the option to receive e-EOBs for any dependents on your plan under the age of 18 who have your same address.

• Once enrolled, you will be notified via e-mail when a new e-EOB has been posted to myFirstChoice™.

If you have not yet registered for myFirstChoice™, you can do so by going to www.myFirstChoice.fchn.com and clicking on the blue Register link in the welcome message box. You will need only your benefits ID card to complete this process.

IF YOU HAVE ANY QUESTIONS, CONTACT FCH CUSTOMER CARE (800) 918-7668, MONDAY - FRIDAY, 7 AM - 5 PM.
Pre-authorization List

- **Ambulance** (except in life-threatening circumstances)
  - Air transport
  - Inter-facility transport
- **Applied Behavior Analysis** (ABA therapy) for Autism
- **Clinical trials** (any treatment provided under a clinical trial)
- **Dental trauma services** (dental trauma sustained in accident/injury)
- **Dialysis** (all types; for chronic kidney disease)
- **Durable medical equipment, medical supplies, and prosthetics**
  - Bone growth stimulators
  - Hospital beds and traction
  - Custom fabricated braces
  - Dynamic splinting systems
  - Electrical stimulators (spinal, external)
  - Neuromuscular stimulators and TENS
  - Prosthetics
  - Speech generating devices
  - Wheelchairs
  - Scooters
  - Cardiac devices (selected)
    - Ventricular assist device
    - Implantable and wearable defibrillators
- **Genetic testing** (over $500)
- **Home health care services**
  - Home health visits
  - Home infusion therapy (enteral and IV)
  - Hospice
- **Hyperbaric therapy** (oxygen)
- **Imaging**
  - PET scans
- **Inpatient admissions**
  - Chemical dependency and mental health admissions (including residential)
  - Inpatient hospice
  - Inpatient rehabilitation admissions
  - Long-term acute care facility
  - Medical/surgical admissions (excluding routine maternity deliveries)
  - Skilled nursing facility admissions
- **Medical injectables and other drugs**
  - Abatacept
  - Afibercept (Eylea®)
  - Alglucosidase Alfa (Lumizyme®)
  - Alpha-1 proteinase inhibitor
  - Bevacizumab (Avastin®)
  - Blood clotting factors
  - Bortezomb (Velcade®)
  - Botulinum toxin (all types and brands)
  - Certolizumab pegol (Cimzia®)
  - Cytarabine liposome
  - Denosumab (Prolia® and Xgeva®)
  - Eribulin mesylate (Halaven®)
  - Epoprostenol (Flolan®)
  - Hyaluronan (all brands such as Synvisc® and Orthovisc®)
  - Imiglucerase (Cerezyme®)
  - Infliximab (Remicade®)
  - Intravenous immunoglobulin (IVIG) therapy
  - Ipilimumab (Yervoy®)
  - Iron infusions (all brands)
  - Ixabepilone
  - Natalizumab (Tyasbr®)
  - Octreotide Depot (Sanostatin LAR®)
  - Omalizumab (Xolair®)
  - Palivizumab (Synagis®)
  - Pegaptanib (Macugen®)
  - Pemetrexed (Alimta®)
  - Ranibizumab (Lucentis®)
  - Rituximab
  - Sipuleucel-T (Provenge®)
  - Tocilizumab (Actemra®)
  - Trastuzumab
  - Ustekinumab (Stelara®)
- **Organ and bone marrow transplants** (includes evaluation of and services for both recipient and donor, and travel and lodging expenses)
- **Radiation therapy**
  - Proton beam or helium radiation therapy
  - Stereotactic body radiation therapy (SBRT)
  - Stereotactic radiosurgery (Gamma Knife, CyberKnife)
- **Spinal injections** (any location)
- **Surgery**
  - Abdominoplasty/panniculectomy
  - BAHA - Bone-anchored hearing aid (surgical benefit applies)*
  - Bariatric surgery*
  - Breast surgeries (selected)*
    - Mastectomy for gynecomastia
    - Prophylactic mastectomy
    - Reduction mammoplasty
  - Cosmetic or reconstructive surgery
  - Cochlear implants (surgical benefit applies)*
  - Deep brain stimulation
  - Eyelid surgery (i.e., blepharoplasty)
  - Spinal surgery (selected)
    - Lumbar fusions
    - Cervical fusions
    - Artificial Intervertebral disc
  - Orthognathic surgery*
  - Rhinoplasty
  - Surgical interventions for sleep apnea
  - Varicose vein procedures

*Included only if covered by the plan.
FSAs: a simple way to save

Flexible spending accounts (FSAs)

EMPOWERING you TO BUILD HEALTH SAVINGS

It’s easy to save with an FSA
A simple way to save

Take advantage of significant tax savings by participating in a flexible spending account (FSA). You can elect to have a portion of your paycheck contributed pre-tax to pay for qualified medical expenses such as deductibles, co-payments, dental and vision. A dependent care FSA (DCRA) may also be offered for similar tax savings on qualified dependent care expenses.

Significant savings

The scenarios below provide estimated savings if an FSA is used (assuming a 40% combined federal and state tax rate).

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Medical Expenses</th>
<th>Vision Expenses</th>
<th>Dental Expenses</th>
<th>Tax Savings</th>
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<tbody>
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<td></td>
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<tr>
<td>$1000 + $1000 + $5000</td>
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<td>$2800</td>
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</tbody>
</table>
FSA options

Your employer may offer one or more types of FSAs, designed to maximize your savings and address your personal needs:

Health care FSA

Funds from a health care FSA can be used for qualified expenses including medical, dental, vision, deductibles, co-payments and coinsurance. For a full list of qualified expenses allowed by the IRS, see IRS Publication 502. With health care FSAs, the entire elected amount is available to you on the first day of the health plan year. You don’t have to wait for your payroll contributions to accumulate before paying expenses with your FSA.

Health care FSA limits

The IRS has set the limit for health care FSA contributions to $2,500 per household (see publication 969). However, employers may decide to decrease this limit.

Dependent care FSA or DCRA

A dependent care FSA enables you to set aside pre-tax dollars to pay for qualified dependent care expenses. Funds can be used to pay for day care, preschool, elderly care or other dependent care. To qualify for a DCRA, the IRS requires that the dependent care is necessary for you and your spouse to work, look for work or attend school full-time.

Limited-purpose FSA (LPFSA)

Used in conjunction with a health savings account (HSA), an LPFSA allows you to contribute additional pre-tax dollars to use for dental and/or vision expenses. This allows you to maximize your pre-tax HSA contributions and contribute additional pre-tax dollars to an LPFSA.

Some LPFSAs can be used for general eligible medical expenses once the IRS minimum deductible has been met. If you have an integrated HSA with HealthEquity, we automatically accumulate incurred claims towards your deductible.
How an FSA works

1. SIGN UP
During your employer’s open enrollment at the beginning of each plan year, sign up to participate in an FSA. Select the option that best meets your needs and then determine the amount you would like to contribute from your pre-tax earnings.

2. CONTRIBUTE
Your employer will arrange to have the determined amount of your pre-tax earnings contributed to your FSA. Typically the amount withheld from your paycheck is equal each pay period.

3. USE YOUR FUNDS
When you incur a qualified expense, you can either pay with the HealthEquity Visa® reimbursement account debit card† provided by some plans or submit the expenses through the HealthEquity online tool for reimbursement. Remember to save all receipts; you’ll need them for reimbursements and to validate your expenses with your employer or administrator.

FSA Eligibility
Typically anyone whose employer offers an FSA can participate, including employees not covered under the employer’s health plan. Your employer may exclude certain types of employees, such as part-time, seasonal, or temporary. Ask your employer benefits team to verify eligibility.

† This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Copyright © 2013 HealthEquity, Inc. All rights reserved. HealthEquity, the HealthEquity logo, and Building Health Savings are service marks of HealthEquity, Inc.
**FSA insight**

**OTHER QUALIFIED USERS**
In addition to your own qualified expenses, you can use your FSA funds to pay for those of your spouse and dependents up to age 26. If your domestic partner meets IRS qualifications to be considered a tax dependent, you can use your FSA for him or her as well.

**DENTAL EXPENSES**
FSA funds don’t have to be used just for medical expenses. You can use them for qualifying dental expenses, including exams, x-rays, cleanings and dental work. You can even use your FSA to pay for orthodontic work.

**VISION EXPENSES**
You can also use your FSA funds for vision expenses such as exams, eyeglasses, contacts and even corrective eye surgery.

**OVER-THE-COUNTER MEDICINE**
The IRS no longer allows FSA funds to be used for over-the-counter (OTC) medicines without a prescription. We encourage you to talk to your doctor and request him or her to write a prescription for OTC medicines or supplies that you frequently need to utilize. Then, you can use your FSA to pay for these items.

**ARCHIVE YOUR RECEIPTS ONLINE**
HealthEquity’s easy-to-use online portal allows you to upload and store receipts. If your FSA is integrated with your health plan, you can even link your receipts to claims. Your receipts will remain stored in a safe, secure place, available for future reference and documentation.
## Qualified expenses

See the complete list of qualified and unqualified medical expenses in IRS Publication 502—Medical and Dental Expenses, and see the complete list of qualified dependent-care expenses for a DCRA in IRS Publication 503—Child and Dependent Care Expenses. Qualified medical expenses for a limited-purpose FSA are restricted to qualified out-of-pocket costs for dental and/or vision care. Other expenses eligible under a standard FSA aren’t eligible under a limited-purpose FSA. Keep all itemized receipts for qualified expenses and copies of prescriptions for over-the-counter medications in case of an IRS audit.

- Acupuncture
- Alcoholism (rehab, transportation for medically advised attendance at AA)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs/teeth
- Birth control pills/prescription contraceptives
- Body scans
- Breast reconstruction surgery following masectomy for cancer
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed, not imported from other countries)
- Nursing home medical care
- Nursing services
- Optometrist
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment and repair for hearing-impaired
- Therapy
- Transplants
- Weight-loss program (if prescribed by a physician for a specific disease)
- Wheelchairs
- Wigs (if prescribed)

## Non-qualified expenses

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums other than those explicitly included
- Medicines and drugs from other countries
- Nonprescription drugs, medicines, and supplements (unless prescribed)
- Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician
- Teeth whitening
Helpful support for our members, available every hour of every day

Cathy and her team of specialists based in Salt Lake City are available 24 hours a day, providing you with the tools and information you need to optimize your FSA. They can answer any questions you may have.

866.346.5800
DCRAs

Dependent care reimbursement accounts

TAX-SAVINGS FOR DEPENDENT CARE

Why DCRAs?

• Pay for dependent care with tax-free dollars
• Reduce your taxable income amount

To qualify, the dependent care must be essential for you and a spouse to work, look for work, or attend school full-time.

How it works

With a DCRA, you are able to make pre-tax payroll contributions to pay for dependent care expenses.

1. Determine the amount you would like to contribute for the year. The maximum annual DCRA contribution allowed is $5,000 per household. Unlike medical flexible spending accounts, your annual DCRA funds aren’t available up front. Funds are only accessible as they are deposited with each payroll deduction.

2. Pay dependent care costs out-of-pocket.

3. Submit for reimbursement either through the HealthEquity member portal, or by using the DCRA Reimbursement Form.
   • Recurring DCRA claims can be scheduled for the duration of the plan year. For more information contact our expert friends at 866.346.5800.
Qualified dependents

To be considered qualified, dependents must meet one of the following criteria:

- Children under the age of 13
- A spouse who is physically or mentally unable to care for him/herself
- Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him/herself

Eligible expenses*

- Babysitter inside or outside household
- Before and after school or extended day programs
- Custodial childcare or eldercare expenses
- Day camps
- Daycare centers
- Household employee whose services include care of a qualifying person
- Late pick-up fees
- Looking for work-expenses
- Nanny expenses
- Preschool/nursery school for pre-kindergarten
- Sick-child care center
- Summer day camps

Ineligible expenses*

- Educational/tuition expenses
- Expenses paid to child of participant
- Field trip expenses
- Food, clothing, education or entertainment expenses
- Household services
- Incidental expenses
- Overnight camp
- Payments for care where you are not the custodial parent
- Payments for care while on a leave of absence, maternity, or other medical leave
- Payments for care while you are on vacation or due to illness
- Payment for services not yet provided

*See the complete list of qualified and non-qualified medical expenses in IRS Publication 503 – Child and Dependent Care Expenses.

Remember...

Remember to save all receipts, which are required for reimbursement and validation of expenses. HealthEquity offers an easy-to-use Documentation Library that allows you to upload and store receipts within the member portal.
24/7 Nurse Line and Health Information Library
A free benefit for you and your family!

Available around the clock to answer your health questions!

☑ Have a sick child at 2 a.m.?
☑ Unsure if you should go to the doctor or Emergency Room?
☑ Looking for an answer to a health question?

Call the 24/7 Nurse Line to speak with a Registered Nurse who can answer your health questions at no cost to you.

When you call, you will speak directly with a Registered Nurse who can help you with your health questions.

You can also access the Health Information Library, which has information on over 1,500 health topics that are available in English and Spanish.

When should I call the 24/7 Nurse Line and Health Information Library?

- For questions on health conditions like asthma, diabetes or high blood pressure.
- When you need help deciding if you should see a doctor or go to the Emergency Room.
- If you want more information on a medical test or procedure.
- For answers to health questions any time of the day, even on weekends and holidays!

Call the 24/7 Nurse Line and Health Information Library at (800) 756-7751

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Maternity Management
For a healthy pregnancy and a healthy baby

Support for your pregnancy!
Are you or your spouse pregnant? If so, you can take advantage of one-on-one support from a Registered Nurse who will help you achieve a healthy pregnancy.

Through the Maternity Management program, you (or your spouse) will speak to a nurse over the phone on a regular basis. Your nurse will provide educational information and discuss ways to minimize the risks to you and your baby. Your nurse, who is experienced in all aspects of prenatal care, will also help you manage your diet and exercise and discuss other ways to stay healthy throughout your pregnancy.

The Maternity Management program is available at no cost to you as part of your health benefits!

Even if you aren’t a first-time mom, your nurse can help you through the changes that come with each unique pregnancy.

Six steps to a healthy pregnancy
While every pregnancy is different, there are things you can do to keep you and your baby healthy during this special time.

✔ See your doctor regularly. Your doctor will perform tests throughout your pregnancy to make sure your baby is well and growing.

✔ Get 30 minutes of aerobic exercise on most days.

✔ Eat foods from each of the five food groups every day. The five food groups include grains, vegetables, fruits, dairy and protein. Most women need around 300 extra calories per day during pregnancy.

✔ Limit the amount of caffeine you drink.

✔ Avoid undercooked poultry, meat or seafood, unpasteurized milk or juice, and soft cheeses like feta and Brie. Your doctor can help you with a healthy eating plan and advise you on other foods to limit or avoid.

✔ Stay away from alcohol, cigarettes and drugs.

Enroll Today by Calling
(800) 756-7751

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This material is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.