



Midwest Area School Employees Insurance Trust

November 4, 2022

TO: ALL MASE ELIGIBLE GROUP HEALTH PLAN MEMBERS
SUBJECT: Annual Plan Selection Period and Open Enrollment
November 7, 2022, to midnight November 20, 2022

The MASE Trust is pleased to announce our Annual Plan Selection Period and Open Enrollment. This is the time that current enrollees can change plan options and those that previously waived coverage for themselves or their eligible dependents can enroll for coverage effective 1/1/2023. If you waive coverage during this enrollment period, you will forfeit your right to enroll until the next annual Open Enrollment or you have a HIPAA qualifying event (event list posted on mybensite.com/mase).

Your 2023 Plan Selection and Open Enrollment Period will begin November 7th and end at midnight, November 20, 2022. Please be sure to review your **Employee Benefits Open Enrollment Instructions** for guidance on how to access the MASE online enrollment site and step-by-step instructions on electing your benefits. **All eligible employees will be required to log into the system and select their plan or waive coverage for 2023.** The enrollment system does provide benefit summaries for each plan and payroll deductions specific to each eligible employee during the enrollment process. To further assist with your review, we've included a side-by-side comparison for quick reference. We encourage you to view your options and select the plan that best meets your medical and financial needs. In addition, PPACA compliant Summary of Benefits and Coverage (SBC) for each plan are posted on our website. A printed copy is available free of charge, upon request.

Basic Information –

- Anthem Blue Cross and Blue Shield is the administrator for the MASE health plan. RxBenefits is the Pharmacy Benefit Manager. They will provide benefits for your retail and mail-order pharmacy needs.
- If you are a new enrollee or changing plans, your Anthem ID card(s) should arrive at your home prior to January 1. If you are enrolled in family coverage, you will receive an Anthem ID card for each dependent enrolled with his/her own name listed on their personal ID card. If you need additional cards, you may order them online (once you've registered on the Anthem website) or you can contact Anthem Customer Service.
- When receiving medical services, please show your Anthem ID card to your provider. When receiving pharmacy benefits please be sure to show your Rx Benefits pharmacy card.
- Once Anthem has you loaded in their system, it's important you register for online access at Anthem.com. This access allows you to view claim activity, order additional ID cards, access your Benefit Booklet and much, much more. The **Estimate Your Cost** tool will allow you to search for medical services and procedures in your area, while seeing an estimate of the cost prior to scheduling your appointment. There are also health-related savings and discounts available on the website.
- **Blue Access** is the name of your Anthem PPO network. You can search the provider listing on-line at Anthem.com. NOTE: You may select the physician of your choice. You are not required to have a referral to visit a specialist. As long as your provider is part of the Blue Access network, they will take care of a needed prior authorization or precertification on your behalf. *You are responsible for any prior authorization or precertification if you elect to receive care from a non-network provider.*
- Reminder, Anthem is applying the emergency room benefits as stated in your Benefit Booklet. If you choose to receive non-emergency care in the ER when a more appropriate setting is available, the claim may be denied. Exceptions include members under the age of 14, ER visits directed by a member's doctor, ER visits between 8 pm Saturday and 8 am Monday, or when the closest urgent care is more than 15 miles from the member's home.

About the Plan Options -

- **ALL** of the plan choices cover preventive care at 100% with no cost share by the member.

- **ALL** plan deductibles accumulate to the out-of-pocket (OOP) limit; for PPO Option 1, your office visit copays apply to help you meet your annual medical OOP maximum. The medical and prescription drug OOP maximums are separate and do not comingle.
- **PPO Options 2 and 3** are both qualified High Deductible Health Plans (HDHP) approved by the IRS to partner with an individual Health Savings Account (HSA.) ALL services, including your prescription drug purchases are subject to the deductible and apply to your OOP limit.
- Dependent children who meet the plan definition may remain covered until the end of the calendar year in which they attain age 26. Eligible dependent children with a mental or physical disability may remain covered beyond age 26 once appropriate certification of the disability is completed.

A Word about the MASE (Clinics) Health & Wellness Centers -

- All MASE employees and family members enrolled in the group health plan also have access to the MASE Health & Wellness Centers located in Plymouth and Monticello or one of the satellite clinics at Eastern Pulaski, South Central, New Prairie, South Newton, and Delphi schools. Also, all MASE employees are eligible to use the Tippecanoe County Government site clinic.
- The Health & Wellness Centers offer an alternative place of service and do not replace your primary care doctor; however, they do offer many of the same services your doctor would provide.
- Health & Wellness Center services are provided FREE of charge, including many lab tests and the dispensing of certain generic medications. Contact the MASE Health and Wellness Center by calling the Plymouth location at (574) 935-0127 or (877) 289-3011, option 2; or the Monticello location at (574) 297-5527 or (844) 223-2964.

Please take time to review your choices. Without exception, Plan Selection/Open Enrollment runs from November 7th through midnight November 20, 2022. New benefit elections or plan waivers will be effective January 1, 2023. We also encourage you to explore our Trust website at mybensite.com/mase, as it encompasses all things Trust related.

The Trustees remain committed to providing our members with quality benefits. Your Trust medical plan is a self-funded plan meaning each member has ownership in the success of the Trust. Your active participation in managing your own health conditions and making healthy lifestyle choices can have a positive impact on claims and premiums. By becoming more engaged in our own health, we can all look forward to successful management of the Trust health plan in the years ahead.

Thank you.

Your MASE Board of Trustees & Director of Trust Operations

Your coverage is issued by a multiple employer welfare arrangement. This multiple employer welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State insurance guaranty funds are not available for your multiple employer welfare arrangement.

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