

Welcome to AmeriBen!

When it comes to your medical plan, you want better outcomes with possible cost savings. AmeriBen is the medical claims administrator for Kyrene Elementary School District effective July 1, 2022. AmeriBen is responsible for the administration of your medical benefit plans, including claims payment, benefit inquiries, precertification, and various other functions as defined by Kyrene Elementary School District. Please use your old card for any claims that are incurred through June 30, 2022 before you destroy any old cards. *Please DO NOT destroy your Optumbank HSA bank account cards as you will need it to access your HSA funds going forward.



What should I know about my new ID card(s)?

Your new ID cards for Kyrene Elementary School District are included in this envelope. Present your New ID card to your doctors for medical and prescription services on or after 7/1/2022. Please use your old card for any claims incurred through June 30, 2022. Do not destroy your Optumbank HSA card as you will need it to access your HSA funds going forward.

For privacy purposes, your Social Security number will not appear on the ID card. Your provider may ask you for this information.

Who can I call for help with my claims and benefit questions?

Contact AmeriBen's Customer Care Center is available Monday through Friday, 6 am to 6 pm Mountain time, (5 am to 5 pm Pacific time). The dedicated toll-free phone number is 855-961-5408

You can also visit MyAmeriBen.com to submit an inquiry, find a provider, request an ID card or print one online, obtain your explanation of benefits (EOB), or view your claims history.



What is precertification?

Before you can schedule certain health care services, you may need to get an approval from AmeriBen. This is called precertification. Your provider should contact AmeriBen for precertification and may be asked for details such as your diagnosis, why you need the service, and where you are getting the service before the procedure is approved. By precertifying a service, treatment plan, or procedure, AmeriBen is verifying the recommended health care is medically necessary.

Examples that require precertification may include:

- Durable medical equipment
- Inpatient and outpatient surgical procedures
- Inpatient stays
- Outpatient advanced imaging
- Transplants

A complete list is available at MyAmeriBen.com.



What if a procedure is not precertified?

It's important to discuss precertification of any procedure with your provider before you receive care. Precertification is not a guarantee of benefits. Nonmedically necessary procedures given without precertification may result in a denial of benefits. You will be charged a \$100 penalty for any inpatient hospital service that is not precertified before the service for both in-network and out-of-network care.

Who do I contact for precertification?

Contact AmeriBen to see if any upcoming procedures require precertification to avoid delays in processing. AmeriBen Medical Management is your new resource for hospital stay precertification and large case management. Call 855-961-5408 to precertify.

Why could my claims be pended (put on hold)?

For any of the following reasons:



- **Missing Coordination of Benefits (COB) form** – This form asks if you or any member of your family has any other health insurance coverage. It is requested once a year and makes sure your benefits are coordinated correctly if other insurance coverage exists. You may also update your other coverage information at MyAmeriBen.com.
- **Accident-related claims** – If your claims are related to an accident or injury, a questionnaire will be sent to you to identify if a third party may be responsible for your injuries. The most common example is a car accident where auto insurance is liable. It's important that you include all of the required information and return it to us.
- **Precertification** – If the services in question are listed as needing precertification but no authorization was completed, your claim will be pended for medical records from your doctor.

Why does AmeriBen require my dependent's Social Security number?

Federal law requires medical plans to report Social Security numbers for all covered members to Medicare. The Medicare, Medicaid, and SCHIP Extension Act of 2007 mandated this requirement. The law is described in detail at <http://cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Group-Health-Plans/Overview>.

Can I access my claims information online?



Yes. Your claims history can be accessed by registering and logging on to MyAmeriBen.com. Once you have access, select **Benefit Participants** and follow the instructions. After registering, you will have access to your claims history online whenever you need it.



JOHN SAMPLE
Member ID: SMPL0001

Group:	XXX	Ind Ded IN/OON	\$000/\$000
Plan Code:	XXX	Ind OOP IN/OON	\$000/\$000
RxBin:	XXX	Fam Ded IN/OON	\$000/\$000
RxPCN:	XXX	Fam OOP IN/OON	\$000/\$000
RxGroup:	XXX		
Products:	Medical/Rx		

ABC Company has hired AmeriBen to handle member claims and customer service. See back for contact information.



www.BCBSAZ.com

Member Services (AmeriBen)* 1-877-xxx-xxxx
Coverage While Traveling 1-800-810-AWAY
Provider Eligibility/Benefit 1-xxx-xxx-xxxx
Telehealth Provider telehealth.com
Pharmacist Help Desk (PBM name) 1-xxx-xxx-xxxx

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Helping Kyrene Elementary School District assemble the health care puzzle



When choosing a benefit plan, you need someone on your side to help you put all of the pieces of the health care puzzle together to make understanding your benefits easier. Think of your benefit plan as having four main pieces:

**1. Third party administrator (TPA)
AmeriBen**



AmeriBen is the company that will administer and process your health insurance claims. This is also called a third party administrator. After you receive services from a provider in your plan and they pre-certify (approve) necessary services, the claim is sent to AmeriBen for processing and payment. AmeriBen will pay claims based on the plan document language. There are different parts of a claim that can affect how the claim is processed, such as cost and coding.

2.



**Utilization Management
(precertification review)**

AmeriBen Medical Management

Certain health services, such as hospital admissions, outpatient services, and surgery, may require pre-certification before services can be performed (refer to your plan document for complete details). This is called utilization management. This helps determine if the requested services will be covered and are appropriate for reimbursement. Utilization management doesn't guarantee benefits or validate eligibility. If you don't pre-certify before a procedure, you may be responsible for the entire cost of the service.

**3. Preferred network (PPO providers)
BlueCross Blue Shield of Arizona**



When you need medical care, the first thing you do is find a provider, such as a doctor or hospital, that's in your plan, or in-network providers. To be an in-network provider, the doctor or hospital has agreed to provide services to plan members for specific rates. An out-of-network provider is not contracted with the health insurance plan and will only be covered under limited circumstances. By using in-network providers, you can lower health care costs for both you and your employer.

4.



**Pharmacy benefit manager
Flit Rx
Vivio for Specialty**

There are times when you will need to take a medication that's prescribed by your doctor. For prescription coverage, your plan has an agreement with a PBM. A PBM contracts with pharmacies to provide lower fees for covered medications. Contact information for your PBM can be found on your ID card.

Important things to remember:

- Make sure your provider has a copy of your ID card.
- When you receive a bill from a provider, it is important that you have an Explanation of Benefits (EOB) from AmeriBen that matches the date of service and charges. If you don't have an EOB, call your provider to make sure they have billed us.
- Review your EOB carefully and make sure you pay the amount that is due to the provider, directly to the provider. If you have questions about how your claim was processed, please call AmeriBen's Customer Care Center at 855-961-5408.

We are here to help - To learn more, visit MyAmeriBen.com




Your AmeriBen ID card template

This template can help you understand specifications and content options for creating your group's member identification (ID) cards. Here is an example of how it could look if your company name was ABC Company, Inc.

ID card sample

1



2

Name: Jane Doe

ID #: ABC123456789

Plan Name: ABC Plan

Group #: 00ABC834

Plan Code: 834/332

RxBIN: 00ABC834

RxPCN/RxGRP: ABC123

MEDICAL
Other benefits

3

Retail Rx Copay
\$XX / \$XX / \$XX

In-Network Medical Copays

Office Visit: \$XX

Specialist Office Visit: \$XX


Urgent Care Visit: \$XX

Emergency Room Visit: \$XXX

4

ABC Co. will utilize AmeriBen to handle member contact for health plan administration. See back for contact information.

5



6

7

Providers: Please file medical claims with the network in the state where services are rendered. If Medicare is primary, file claims to Medicare.


8

This card and/or precertification is not a guarantee of benefits or eligibility.

9

Precertification Required: Certain health services including hospital admissions require precertification. Refer to your plan document for complete details.

10



****Pharmacy Benefits Administrator (PBM) contracts directly with group.**

11

12

AmeriBen.com

Provider Locator 1-800-xxx-xxxx

Provider Eligibility/Benefits 1-800-xxx-xxxx

Member Services (AmeriBen)* 1-800-xxx-xxxx

Precertification Services 1-800-xxx-xxxx

Pharmacist Help Desk (PBM)** 1-877-xxx-xxxx


13

BlueCross BlueShield of _____, an independent licensee of the BlueCross BlueShield Association, provides claims processing only and assumes no financial risk for claims.

14

*Contracts directly with group.

15



Element	Required	Required specifications	Options
1 Primary network logo	✓	Colored text and symbols	N/A
2 Demographic information	✓	Subscriber name, alternate ID number	N/A
3 Plan numbers	✓	Plan name, group number, plan codes, Rx Information	N/A
4 TPA disclosure	✓	Text cannot be changed	N/A
5 Client company logo	✓	Must be shorter than the network logo	Color or black and white
6 Cost share information	✓	N/A	Justification: left
7 Claim filing instructions	✓	External vendors cannot be referenced in this section	N/A
8 Eligibility disclaimer	✓	Bold text	N/A
9 Pre-certification requirements		N/A	Detail can be added as space permits
10 PBM logo		Black and white	N/A
11 PBM disclaimer	✓	Text cannot be changed	N/A
12 Contact information	✓	Network website and phone numbers must be displayed first	Text may be bolded or separated by extra lines as space permits
13 Network disclaimer	✓	Text cannot be changed	N/A
14 Contract disclaimer	✓	Text cannot be changed	N/A
15 Additional network logos	✓	PPO Suitcase logo is required. It is AmeriBen's logo/branding for use of their National Network. For those with an ALT network, the additional logo will be to the left of the PPO suitcase logo. Additional logos vary based upon location and plan type.	N/A

Speak with your AmeriBen representative if you would like to go over your ID card design and options.





MyAmeriBen Mobile

 **Kyrene School District**



How do I Access MyAmeriBen Mobile?

1. Download MyAmeriBen Mobile on your iOS or Android device.
2. Open the app.
3. Enter your username and password.



Available on the
App Store



GET IT ON
Google play



Logging In

Create an account online or on-the-go. You can access your MyAmeriBen.com account using the same credentials on your PC and mobile devices.



Claims Status

Check the status of your medical claims twenty-four hours a day, seven days a week. View general summaries and detailed reports.



Electronic ID Card

ID Cards are now available electronically! You can e-mail your electronic ID card directly to your healthcare providers.



Express Requests

Questions? Connect with us to send inquiries to our Online Support Specialists.

New to MyAmeriBen?

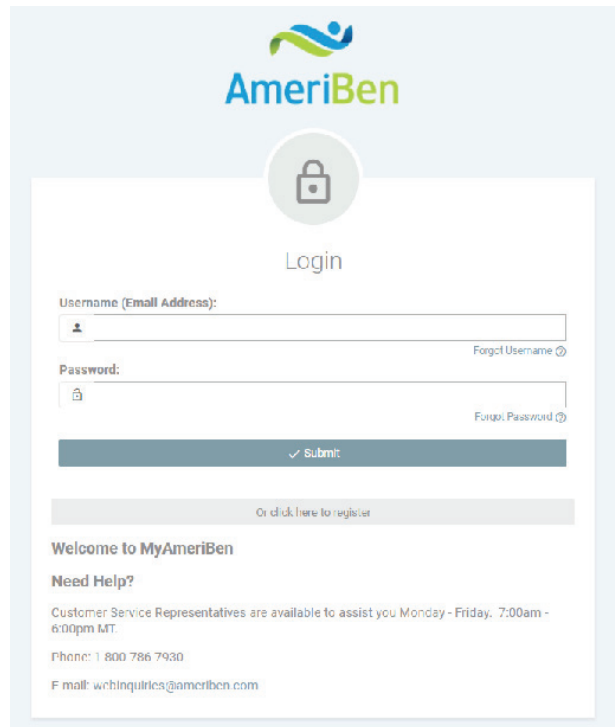
1. If you have previously logged into MyAmeriBen.com on your PC, use the same username and password for MyAmeriBen Mobile.
2. If you have not previously created a user profile, open MyAmeriBen Mobile and select "Click here to register" on the homepage.
3. Confirm your identity.
4. Read and accept the licensing agreement.

MyAmeriBen.com

Your online resource for claims, benefits and eligibility information

Register your account today!

1. To register, please visit: <https://secure.myameriben.com/>
2. If you are a first-time user, click the "Click here to register" Button
3. Complete all fields on the Registration Page
TIP: Be sure to enter your full legal name—if you enter a nickname, your information will not match the information in the database, and you will not be able to register
4. Create a secure password that is at least 8 characters long, and Contains at least one special character (e.g., !@#\$%&*)
5. Click "Submit" and accept the Terms & Conditions will appear.

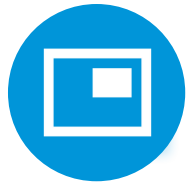


The screenshot shows the MyAmeriBen website interface. At the top is the AmeriBen logo. Below it is a 'Login' section with a padlock icon. The login form includes fields for 'Username (Email Address):' and 'Password:', each with a 'Forgot' link. A 'Submit' button is below the password field. Below the login form is a link that says 'Or click here to register'. At the bottom, there is a 'Welcome to MyAmeriBen' message, a 'Need Help?' section, and contact information for Customer Service Representatives, including phone and email details.



Claims Status

Check the status of your medical claims twenty-four hours a day, seven days a week. View general summaries and detailed reports.



Digital ID Card

Never lose your card again with easy access to it through MyAmeriBen. Easy to download, and send straight to providers!



Live Chat Functionality and Message Center

Chat with our online support specialists in real time with our live chat function, or submit a question to be answered via email within 2 business days.



Links to Benefit Information

Access general plan information including your Plan Document, prescription drug benefit information and provider networks.



NEED HELP?
CALL
855-961-5408

