

# 2012 Benefit News



Look inside  
to see  
what's new  
for 2012.

## Dear IASIS Employee:

Most of us probably don't think about our IASIS benefits every day. In fact, many of us don't look at our annual enrollment materials. And some won't even read this letter. We'll simply check the same boxes we check every year to elect the same coverage we've always had.

As a result, many of us — the ones who simply check the boxes — are paying hundreds of dollars more out of our paychecks and pockets than we would if we made a different choice.

The reason IASIS offers three medical options is to give you the opportunity to tailor your coverage to your family's needs and healthcare usage. **Simply choosing the lowest deductible**

**does not necessarily translate to the lowest out-of-pocket costs.** That's because, although the \$500 PPO has the lowest deductible, it also has the highest premiums. Plus, on average, less than 25% of those enrollees even met their deductibles. They were basically paying extra premiums for coverage they didn't use.

This fall, I challenge you to take a few minutes to read your benefit materials. You may even need to do a little math to determine which plans are right for you. And the plans you choose may end up being different from your current coverage.

This brochure explains what's changing for 2012. In a few days, you'll receive a 2012 Enrollment

Guide that has information to help you make your coverage decisions.

Please know that one of our highest priorities is ensuring your benefits package is not only competitive in the marketplace, but also helps support you through these challenging financial times. I hope you'll do your part, as well. Investing just a few extra minutes to carefully select your benefits could save you money in 2012.

Thanks for all you do for IASIS.

Lloyd W. Price, SPHR  
Vice President, Human Resources

Important information about Medicare Part D is on page 3.

**IASIS**  
HEALTHCARE

# What's new for 2012?

The following benefit changes are effective January 1, 2012.

## Medical plan changes

Office visit copays under the \$500 PPO will remain the same in 2012 but will increase under the \$750 and \$1,000 PPOs. These changes are to better align each medical option with the employee cost per paycheck. For example, if you choose the \$1,000 option, you will pay higher office visit copays — but significantly lower coverage premiums throughout the year.

Deductible option:	\$500	\$750	\$1,000
Primary care	\$20 copay	\$25 copay	\$30 copay
Specialist	\$30 copay	\$40 copay	\$60 copay

In addition, coinsurance amounts (the percentage the plan pays for certain services after you meet your annual deductible) will change. Some will increase; some will decrease.

See pages 4-5 to compare the three PPO options.

## Medical rate increase

Employee rates for medical coverage will increase.

## New tobacco and non-tobacco rates

The medical plans will have new rate tiers for employees and their covered spouses: tobacco and non-tobacco.

Tobacco users will now pay \$650/year more for medical coverage than non-tobacco users. The new tier applies to all types of tobacco (e.g., cigarettes, cigars, smokeless). For employees covering a spouse, a separate tobacco surcharge applies for each tobacco user. For example, if both the employee and spouse use tobacco, the annual premium surcharge will be \$1,300 (\$650 x 2).

**Attention non-tobacco users:** To qualify for the lower non-tobacco rate, employees and their covered spouses will be required to sign a Non-Tobacco-Use Affidavit. This form will be provided during annual enrollment; it must be signed and returned to your Human Resources Director no later than 5:00 p.m. local time on November 18 (the close of enrollment).

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### Don't pay for someone else's coverage

Will you meet your deductible this year? If not, you may be paying for more coverage than you need. In fact, you're helping pay for someone else's coverage!

Did you know 71% of IASIS medical plan participants enrolled in the \$500 deductible plan — and less than 25% met their deductible last year?



Employees and their covered spouses can only qualify for non-tobacco rates during annual enrollment. If your or your spouse's status changes from non-tobacco to tobacco user mid-year, your medical rates will be adjusted to the higher tobacco rates.

Tobacco users are encouraged to take advantage of the new coverage for tobacco cessation products. See below.

## Prescription drug changes

### *Coverage for tobacco cessation products*

To help tobacco users who wish to quit, the medical plan will now include coverage for prescription and over-the-counter (OTC) tobacco cessation products, subject to a standard copay. A physician's prescription will be required for OTC drugs and supplies.

### *Maintenance drug copays increasing*

Copays for maintenance prescription drugs (up to a 90-day supply) will increase to \$25 (generic), \$100 (preferred brand) and \$150 (non-preferred brand). Even with the increase, you still save 25% over the retail copay.

Copays for short-term prescriptions (up to a 30-day supply) will remain the same.

### *Additional drugs subject to step therapy*

Step therapy will now be required for certain drugs that treat:

- High triglycerides
- Alzheimer's disease
- Prostate conditions
- Depression
- Glaucoma.

The following specialty drugs will be subject to step therapy:

- Drugs to treat multiple sclerosis
- Growth hormone
- TNF alpha inhibitors.

In addition, certain classes of drugs, including those to treat ADHD (over age 21), testosterone replacement, influenza, migraines and certain narcotics, will have quantity limits and/or require prior authorization.

Enrollees affected by these new rules will receive further details from CVS/Caremark.

## Important information about Medicare Part D

Prescription drug benefits are creditable under Medicare Part D. This means the benefits provided by your employer are equal to or better than the benefits provided under a Medicare drug coverage plan. If you are a Medicare-eligible employee, you can keep your employer-sponsored coverage, and you will not be penalized if you enroll in a Medicare Part D plan at a later date.

# Real life. Real benefits.

# What's new for 2012?

## Medical benefits...at a glance

	\$500 deductible option		
	IASIS facility, University of Utah Hospital or Primary Children's Hospital	Other PPO facility	Non-PPO facility
	In-network		Out-of-network
Deductible	\$500/person \$1,000/family		\$1,500/person \$3,000/family
Annual out-of-pocket maximum (includes deductible and coinsurance but not copays)	\$2,500/person \$5,000/family		\$7,500/person \$15,000/family
	After the deductible, the plan pays... (unless otherwise indicated)		
<b>Practitioner services</b>			
Office visits – primary care (internist, general and family practitioner, OB/GYN, pediatrician)	You pay \$20 copay/visit		40%
Office visits – specialists	You pay \$30 copay/visit		40%
Maternity office visits	You pay \$20 copay (first visit only)		40%
Routine diagnostic lab, x-ray and injections	Included in office visit copay		40%
Non-routine diagnostic tests	90%	75%	40%
Mental health/substance abuse treatment (outpatient)	You pay \$20 copay/visit		40%
Preventive care	100%; deductible waived		Not covered
<b>Hospital services</b>			
Inpatient facility services	90%	60%	40%
Per admission copay (you pay)	\$0	\$500	\$500
Outpatient surgery	90%	60%	40%
Per surgery copay (you pay)	\$0	\$100	\$100
Other outpatient services	90%	60%	40%
Physicians' services	90%		40%
Routine diagnostic tests	90%	75%	40%
Non-routine diagnostic tests	90%	75%	40%
Emergency services	90%	60%	60%
<b>Other services</b>			
Durable medical equipment, prosthetics, orthotics	75%		40%
Skilled nursing/rehabilitation facility (60 days combined per year)	90%	75%	40%
Speech, occupational and physical therapy (30 visits per type per year)	90%	75%	40%
Chiropractic therapy (20 visits per year)	75%		40%
Home health care (60 visits per year)	75%		40%
Hospice	75%		40%
Ambulance	90%	60%	60%

<b>\$750 deductible option</b>		
<b>IASIS facility, University of Utah Hospital or Primary Children's Hospital</b>	<b>Other PPO facility</b>	<b>Non-PPO facility</b>
<b>In-network</b>		<b>Out-of-network</b>
\$750/person \$1,500/family		\$2,250/person \$4,500/family
\$4,000/person \$8,000/family		\$12,000/person \$24,000/family
<b>After the deductible, the plan pays... (unless otherwise indicated)</b>		
<b>You pay \$25 copay/visit</b>		40%
<b>You pay \$40 copay/visit</b>		40%
You pay \$25 copay (first visit only)		40%
Included in office visit copay		40%
85%	75%	40%
You pay \$25 copay/visit		40%
100%; deductible waived		Not covered
85%	60%	40%
\$0	\$500	\$500
85%	60%	40%
\$0	\$100	\$100
85%	60%	40%
85%		40%
85%	75%	40%
85%	75%	40%
85%	60%	60%
75%		40%
85%	75%	40%
85%	75%	40%
75%		40%
75%		40%
75%		40%
85%	60%	60%

<b>\$1,000 deductible option</b>		
<b>IASIS facility, University of Utah Hospital or Primary Children's Hospital</b>	<b>Other PPO facility</b>	<b>Non-PPO facility</b>
<b>In-network</b>		<b>Out-of-network</b>
\$1,000/person \$2,000/family		\$3,000/person \$6,000/family
\$5,000/person \$10,000/family		\$15,000/person \$30,000/family
<b>After the deductible, the plan pays... (unless otherwise indicated)</b>		
<b>You pay \$30 copay/visit</b>		40%
<b>You pay \$60 copay/visit</b>		40%
You pay \$30 copay (first visit only)		40%
Included in office visit copay		40%
85%	75%	40%
You pay \$30 copay/visit		40%
100%; deductible waived		Not covered
85%	60%	40%
\$0	\$500	\$500
85%	60%	40%
\$0	\$100	\$100
85%	60%	40%
85%		40%
85%	75%	40%
85%	75%	40%
85%	60%	60%
75%		40%
85%	75%	40%
85%	75%	40%
75%		40%
75%		40%
75%		40%
85%	60%	60%

# What's new for 2012?

## Vision plan enhancements

Employee rates for vision coverage will not change, and the vision plan will have the following benefit enhancements:

- You can now get in-network benefits through new retail chain affiliate providers, including Costco, EyeMasters and more.
- Out-of-network allowances for many services and products are increasing.
- Though out-of-network, Wal-Mart and Sam's Club locations will now administer VSP benefits at the point-of-service.

## Dental rate increase

Employee rates for dental coverage will increase.

## Flexible spending account reminder

Attention: FSA participants! Don't forget to save your receipts whenever you use your WageWorks Health Care debit card. If you are asked to verify a purchase,\* you must submit a copy of your itemized receipt within 90 days of the transaction date. If you don't provide documentation within this timeframe, your WageWorks card will be suspended and the unverified amount will be deducted from future reimbursements. Once your debit card is suspended, all transactions must be verified before the card can be reinstated.

\* Approximately 21% of WageWorks debit card purchases require verification.

## Life and AD&D eligibility change

Effective January 1, 2012, your dependent child(ren) up to age 26 must be unmarried and living with you in a parent-child relationship to be eligible for dependent life and AD&D coverage. Dependents who are away at school but still share your permanent address are eligible.

## The Women's Health & Cancer Rights Act

IASIS provides benefits for mastectomy-related services as required by the Women's Health and Cancer Rights Act of 1998. Covered services include prostheses, reconstruction and surgery to achieve symmetry between the breasts, and care for complications resulting from a mastectomy, including lymphedema. Contact the plan administrator for more information.

## Voluntary insurance

### *New accident rate tiers*

Rates for accident insurance will change from two tiers (individual and family) to four tiers (employee only, employee + spouse, employee + child(ren), family).

### *Pre-existing condition reminder*

Under the short-term disability, critical illness, cancer and accident plans, no benefits are

payable during your first 12 months of coverage as the result of a pre-existing condition. A pre-existing condition is one for which you received medical advice or treatment from a medical professional in the 12-month period before your coverage begins. However, after you have been covered by the plan(s) for 12 months, the pre-existing condition limit no longer applies.

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### **Stop smoking and save**

It's a fact: Tobacco users have greater healthcare expenses. Look at this stat: Employees who smoke cost their employers an average of \$3,391 more in medical claims and lost productivity each year. That's the reason behind the new tobacco-use premium surcharge. When all employees pay the same premium, non-smokers are helping foot the bill for their smoking counterparts. So it's only fair that those who cost the system more pay a greater share in premiums.

The good news is IASIS supports you either way. If you don't use tobacco, you pay lower premiums. If you do, your medical coverage now includes coverage for tobacco cessation products to help you quit.



**Real life. Real benefits.**

Benefits enrollment is  
November 7-18.

Look inside to see  
what's new for 2012.

This fall, you **MUST** go online to enroll if you want benefits in 2012.

Attend an enrollment meeting to learn about important benefit changes for 2012. Meeting dates and times will be posted at your location. Spouses are welcome to attend.

Benefits  
enrollment:  
November  
7-18



## Win an iPad!

We're adding text messaging to make annual enrollment even easier. Text **IASIS** to **80399** to receive important HR/benefit notifications by text. You will be automatically registered for a chance to win an Apple iPad.

You can opt out of future text messages at any time.  
Standard message and data rates may apply.

**Real life. Real benefits.**