A Quick Look at Your Benefits and Enrollment

Fastech Consulting Engineers

Group # 15769

Enroll with Meritain Health today to take your next step towards a healthier, balanced tomorrow.

Meritain Health knows how important it is for healthcare consumers like you to really understand how your plan works. In this way, you can make the changes you want in your health and in your life.

Healthcare benefits provide the support you need to reach your healthy balance.

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. Meritain Health is here to help you focus, to support you every step of the way. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

Protecting your healthy balance with preventive care.

Question: Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Early detection, proper nutrition, and routine exercise are the key to living a long and healthy life, and will also help to control long-term healthcare costs. Your employer encourages you to take the necessary steps—available to you right now—to ensure early detection and treatment of diseases.

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Benefit Highlights

Built into your health plan are preventive benefits that cover:

- Well-child care
- Bone density test
- Fecal occult screening
- Physical exams
- Prostate blood exam
- Mammogram
- Pap smear

Healthcare for you and your family:

When sickness or injury throw you off balance.

Knowing that you're in good hands when you're sick is one of the most comforting feelings there is. You can be assured that your health plan has everything you'll need to get the right care if something goes wrong.

Balancing healthcare costs: What you pay and what the plan pays.

After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80%. The remaining percentage, for example 20%, is your responsibility—your "out-of-pocket" costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100%.

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 850,000 participating physicians and ancillary providers, with 6,900 hospitals. 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.

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/**.

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 inpatient substance-abuse treatment or treatment for a mental health disorder.
- Before entering an extended-care, rehabilitation or skilled-nursing facility.

Please note: If you fail to obtain precertification or fail to notify Meritian Health Medical Management within the time periods described in your Summary Plan Document (SPD), you will be penalized $1,000.

Consult your summary plan description for a complete listing of healthcare services that require precertification with a medical management nurse.

A prescription for a healthier budget.

Your prescription drug benefit is administered by Scrip World, together with CVS/caremark.

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 two 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.myMERITAIN.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 Scrip World customer service at 1.866.475.7589.

Completing Your Enrollment

All eligible employees must complete the enrollment form (included in this packet), whether you're choosing this plan or declining benefits.

Complete, sign and return your enrollment form to your employer within 31 days of your eligibility date whether you're enrolling or declining benefits.

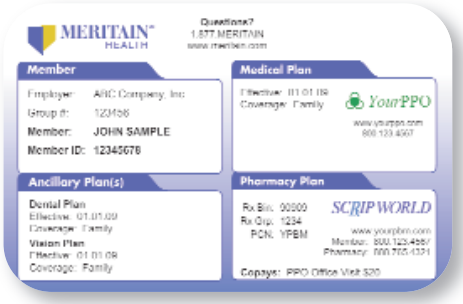
- Write clearly! If your form is unreadable, your enrollment may be delayed, or incorrect.
- Don't forget the back side of the enrollment form! Missing or incomplete information will delay your enrollment.
- Remember to sign and date the form, even if you're declining benefits.

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.

- Your group name, medical/dental/vision group number, member ID number and name are used to identify you and your covered dependents' benefits.
- Additional benefits that your plan offers, such as dental and vision coverage, are listed on your member ID Card.



Card front

- 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. Contact the network or visit their website for participating providers.
- By visiting pharmacies who participate with your Pharmacy Benefits Manager (PBM), you can maximize your savings on prescription drugs.

- All medical claims should be submitted to this address. Call the customer service number with questions about your claims.
- All other claims, such as dental and vision claims, should be submitted to this address. Call the customer service number with questions.

Card back

- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- Please ensure that you precertify with a Medical Management nurse, if required.

Convenient Tools and Resources

Visit your personalized member website, myMERITAIN.com, to find the benefits information you need.

Once enrolled as a Meritain Health member, you will have access to myMERITAIN.com. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed.

Registration is easy!

If you're already registered to access your online account, simply enter www.myMERITAIN.com into your browser and login from the homepage.

If you're not yet registered, it's OK. Registration is an easy 4-step process.

1. Go to www.myMERITAIN.com.
2. Click on *Create a new user account* and follow the instructions. You will need to fill in your:
   - Group ID (you can find this on your ID Card).
   - Member ID (you can find this on your ID Card, as well. Enter with no spaces or dashes).
   - Date of birth. ■ Name. ■ Zip code. ■ Email address.
3. The system will display your username, which is your member ID. You will be asked to change your password. Enter and re-enter your new password, which you will need to create.
4. You will automatically be logged into your myMERITAIN account. The next time you login, use the same username and password from Step 3.

Important Contact Information.

Meritain Health Customer Service www.myMERITAIN.com	**1.800.828.6922**	• Medical benefits • In-network providers
Aetna Provider Line www.aetna.com/docfind/custom/mymeritain	**1.800.343.3140**	• Aetna Choice® POS II providers (Open Access)
Scrip World Customer Service	**1.866.475.7589**	• Prescription drug benefits
Meritain Health Medical Management	**1.800.242.1199**	• Precertification

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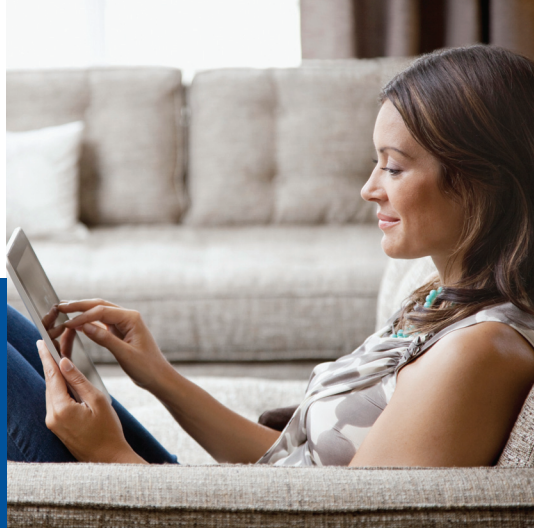
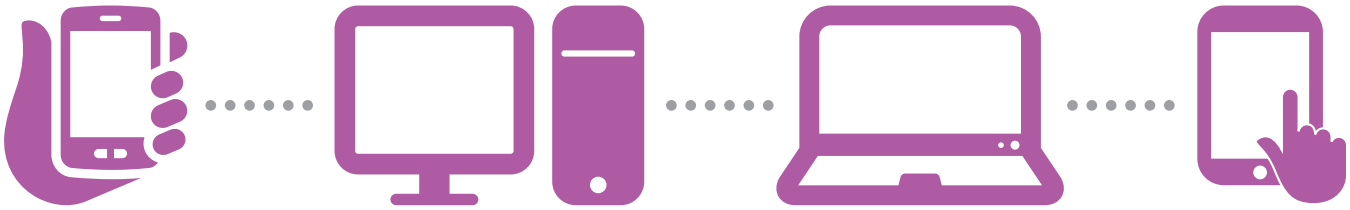


Healthcare Benefits Information at Your Fingertips

Introducing Mobile Capabilities for members

On-the-go access to your Meritain Health benefits

Now you can get benefits information when and where you need it—right from your smart phones and tablets. It's all part of the new Mobile Capabilities for members from Meritain Health. And it's available now.



Easy to access and easy to use

1. **First, simply register for your mobile account through www.myMERITAIN.com.** (If you've already registered to access your personal information on myMERITAIN—you can skip this step. Simply log in to myMERITAIN through the browser on your smart device to access your account.) *
2. **From any mobile device, just log into myMERITAIN.** Once you do, your mobile features will be ready to use. You'll find quick-to-navigate displays you can easily use with your device's touch screen.

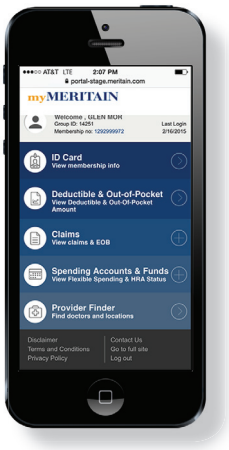
** For best results, we recommend you register for your mobile account using a desktop computer.*

If you have any questions about how to register or use Meritain Health's new Mobile Capabilities, we can help. Simply call our customer service department using the phone number on your member ID Card.

Helpful benefits information

You can rely on Meritain Health's Mobile Capabilities for members if:

- You need to quickly find a doctor or hospital in your network.
- You're not near a computer and need to know your deductible or out-of-pocket amounts.
- You need to make a healthcare purchase but don't know your FSA or HRA balance.**
- You want to research a claim or take a look at an Explanation of Benefits (EOB) statement on the go.
- You want to download and view (.pdf) a copy of your ID Card.



You may not always be in front of your computer. But now, you'll always be able to find the healthcare information you need to help you get the most out of your healthcare benefits. It is one more way Meritain Health is working hard to help you be your healthiest self.

** *If applicable to your plan.*

www.myMERITAIN.com

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What You Need To Know When Seeking Healthcare Services

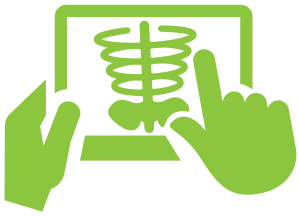
When you need care, knowing your options can save you time and money.

Here are some care options arranged from least costly to what is typically more costly:

$

Physician's Office

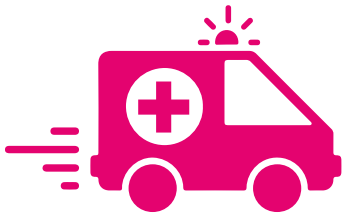
$$



Urgent Care

You should seek **urgent care** for non-emergent health conditions. These include any conditions for which you can safely postpone treatment while you contact a physician for instruction. For example: ear aches, sprains, minor fractures, controlled bleeding, rashes, colds or stomach pain.

$$$



Emergency Care

You should seek **emergency care** for sudden and severe medical or behavioral conditions. These include any condition that you believe could result in serious medical consequences, disability or death. For example: suspected heart attacks or strokes, head injury, severe pain or uncontrolled bleeding.

Urgent care vs. emergency care

Sometimes, it's easy to assume that the Emergency Room (ER) is the only treatment plan for after-hours medical attention. Or, that since hospitals are open 24 hours a day, they provide the fastest care—but often, the exact opposite is true. If your injury or illness is minor, you may find yourself waiting a long time when others with more serious problems are seen first. Not to mention a trip to the ER for non-emergent care can cost 3-4 times more than a visit to an urgent care center for the same injury.

You should always seek immediate emergency care if you believe you are experiencing a medical emergency. The level of care you seek is completely your choice, but when you need urgent care, consider an urgent care center or doctor's office. They may be able to help you get the care you need faster, and at a lower cost to you.

Emergency Room (ER)

Because ERs are overwhelmed, you may wait hours to be seen, and at a high out-of-pocket cost. An ER should be used only for the most serious or life-threatening conditions. Emergency care is needed for medical emergencies that require immediate care to avoid severe injury, serious impairment, disability or death.

Urgent care center

Urgent care centers handle many problems that can be treated in a doctor's office, but they also offer some services not often found there, such as X-rays and minor trauma treatment.

Doctor's office

With this option, you can be seen for a wide variety of services, from routine check-ups to immunizations, during normal business hours. Also, most doctors' offices provide an answering service if you have a medical issue outside normal business hours.

Retail health clinic

This option offers quick, convenient and affordable treatment for many common illnesses like allergies, bladder infections, bronchitis, ear infections or strep throat. For many of these treatments, you can also get prescriptions. Retail clinics are usually located within or near a pharmacy, and may be in major retail stores.

Remember, you should always seek the level of care you need, regardless of the cost of that care.

Questions?

For additional information, just call your customer service representative at the number on the back of your ID Card. You may also visit your member website at **www.meritain.com**.

This flyer is for information and is not meant as medical advice. Health benefits plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Information is believed to be accurate as of the production date; however, it is subject to change.

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Precertification

Key To Your Good Health

Get the right care for you and your family

You can help make sure you and your family get quality healthcare when and where you need it. That's why it's important to precertify certain healthcare services.

It's easy to precertify

Your provider will often handle your precertification, but as an active participant in your healthcare, you can call us to begin the process. To precertify care, you'll need to call the phone number on your ID Card and provide information about the patient, the provider and the procedure. A special medical management team will then review your treatment plan. Your team will help make sure you're getting the right care, in the right setting for the right length of time.

You may need to call to precertify the following:

- Prior to elective or non-emergency admission to a hospital.
- Within 48 hours (or two working days) following an emergency admission to hospital.
- Prior to having certain elective diagnostic treatments specified in your plan booklet.
- Prior to hospice admission.
- When you need to obtain home healthcare.
- Before certain diagnostic procedures.

You can verify the services that require precertification in your health plan booklet. You can also call customer service using the number on the back of your ID card.

It's important to remember that if we do not receive your precertification, you may have extra financial responsibility for your healthcare services.

You have a right to appeal

If you or your doctor aren't satisfied with the decision of the medial management team, you have a right to appeal this outcome. You can find steps for the appeal process in your health plan booklet.

If you have any questions about precertification, we can help. Simply call Meritain Health using the phone number on your ID Card.

This material is being provided as an informational tool. It is recommended that plans consult with their own experts or counsel to review all applicable federal and state legal requirements that may apply to their group health plan. By providing this publication and any attachments, Meritain Health is not exercising discretionary authority over the plan and is not assuming a plan fiduciary role, nor is Meritain Health providing legal advice.

427.5112015

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Wellness and Preventive Care

Take an easy step towards good health

Your number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why your employer offers many preventive treatments at no cost to you when you visit a doctor in your network.

Wellness and preventive care

The following is a list of preventive care guidelines published by the Centers for Disease Control and Prevention.

Adult Preventive Guidelines (Male and Female)

Exam	Frequency	Purpose
Height, weight and BMI	Yearly, or as needed	To check for being underweight or overweight
Blood pressure	Yearly, or as needed beginning at age 18 (High blood pressure is greater than 140/90)	To check for signs of high blood pressure
Fecal occult blood	Yearly, or as needed, beginning at age 50	To check for blood in the colon
Blood sugar (glucose)	Every 3 years for adults at low risk. Yearly for those at high risk	To check for signs of diabetes
Cholesterol	Every 5 years, for men aged 35 and older, and men and women at high risk aged 20 and older	To check for high cholesterol levels (risk factor for coronary heart disease)
Sigmoidoscopy	Every 5 years, beginning at age 50, or as needed	To check for early signs of colon cancer
Colonoscopy	Every 10 years, beginning at age 50, or as needed	To check for early signs of colon cancer
Electrocardiogram	As needed	To check your heart rate or rhythm/any signs of blockage

Adult Preventive Guidelines (Female)

Exam	Frequency	Purpose
Mammography	Bi-annually, between 50–74 years of age	To check for lumps
Pelvic exam and pap smear	Every 3 years, or as needed, beginning within 3 years of becoming sexually active, or at age 21	To check for any changes in the female organs
Bone density	As needed, beginning at age 65, or earlier if risk factors for osteoporosis are present	To check for signs of osteoporosis

Adult Preventive Guidelines (Male)

Exam	Frequency	Purpose
Prostate exam	If you are age 50 or older, discuss with your doctor	To screen for prostate cancer

Adult Preventive Immunization Guidelines (Male and Female)

Exam	Frequency
Pneumococcal	1-2 between 19 to 64, revaccinate at age 65
Tetanus-Diptheria-Pertussis	Beginning at age 19, then every 10 years
Influenza (flu shot)	Annually
Hepatitis A, Hepatitis B	As indicated by physician
Meningococcal	Once for first year college students living in a dormitory, or as indicated by physician
Herpes Zoster	Once at age 60
HPV	May be given up to age 26 for those who have not yet completed the vaccine series
Measles/Mumps/Rubella	1-2 doses for adults ages 18 to 55 if no evidence of immunity
Varicella	Twice for adults, if no evidence of immunity

Adult Preventive Counseling Guidelines (Male and Female)

Exam	Frequency	Purpose
Depression screen/stress management	As needed	To help identify behavior issues

Pediatric Preventive Guidelines

Exam (Birth–24 months)	Frequency
Height and weight, head circumference	Birth to 18–24 months
Immunizations	Refer to CDC guidelines
Recommended well visits	Birth to 15 months: At least 6 visits 15 to 24 months: 3 visits
Hearing exam	At birth

Exam (2–6 years)	Frequency
Height and weight, blood pressure (over 4 years)	As scheduled by pediatrician
Immunizations	Refer to CDC guidelines

Exam (7–12 years)	Frequency
Height and weight, blood pressure	As scheduled by pediatrician
Immunizations	Refer to CDC guidelines
Recommended well visits	Refer to CDC guidelines
Anticipatory guidance	Diet and exercise, substance abuse (tobacco, alcohol and other drugs), sexual practices (pregnancy and STDs), injury prevention (safety belts, safety helmets, firearms, violent behavior), dental health, skin protection for UV light and suicide risk factors

For more information about preventive care, you can visit the website for the United States Department of Health and Human Services at: http://healthfinder.gov/myhealthfinder.

You can also visit http://www.hrsa.gov/womensguidelines and https://www.healthcare.gov/what-are-my-preventive-care-benefits

If you have questions, we can help. Simply call Meritain Health Customer Service using with phone number on your member ID Card.

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218.452.9282016

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Important Information About Your Laboratory Benefits

The Aetna provider network and your lab benefits

If you have blood work done in your doctor's office and it will need to be sent out for processing, be sure to ask your doctor to send your blood work to a participating laboratory (for example, Quest Diagnostics). Quest Diagnostics participates with the Aetna provider network and the claim will be paid at the in-network level.

Send all lab claims to:

Meritain Health
P.O. Box 27725
Minneapolis, MN 55427

Customer service:
1.800.925.2272

How do I find a doctor, healthcare facility or lab in the Aetna provider network or determine if my current provider participates?

- Use the DocFind feature at **http://www.aetna.com/docfind/custom/mymeritain/**.
  - **Select Plan: Aetna Choice POS II (Open Access)**
- Call a customer service representative at **1.800.925.2272.**
- Log on to **www.myMERITAIN.com** and click on *Find a Doctor or Hospital in Your Network*, then follow the instructions to search for your doctor or hospital. This service is available 24 hours a day, seven days a week.

Looking for balance in your life?

It's really up to you, and we can help. In your hands, you have information about one more way your health plan helps you balance your life's demands. And no matter where you are in your quest–in balance, at risk, or wanting to make big changes—you'll see that Meritain Health provides the tools, resources, and coverage to help you regain your best life.

Questions? Please contact Meritain Health Customer Service at 1.800.925.2272.

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COMPANY NAME: *Fastech Consulting Engineers* **GROUP #:** *15769*

BENEFIT ENROLLMENT FORM
MERITAIN HEALTH
An Aetna Company

THIS FORM IS TO BE COMPLETED FOR NEW ENROLLMENTS AND COVERAGE CHANGES

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM
(ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)

EMPLOYEE INFORMATION – ALL INFORMATION IS REQUIRED

LAST NAME	FIRST NAME	MI

SOCIAL SECURITY NO.	DATE OF BIRTH (MM/DD/YY)	GENDER	MARITAL STATUS
		☐ M ☐ F	☐ Single ☐ Married ☐ Divorced ☐ Widowed

MAILING ADDRESS

CITY	STATE	ZIP

HOME PHONE NUMBER	WORK PHONE NUMBER

ARE YOU THE **EMPLOYEE** COVERED UNDER **ANY** OTHER INSURANCE? ☐YES ☐NO (i.e. Medicare, Tricare, spouse's plan)
IF YES, NAME OF INSURANCE: _____ EFFECTIVE DATE: _____
TYPE OF POLICY (Retiree, COBRA, Spouse): _____ POLICY HOLDER (Self, Spouse): _____
IF ENROLLED IN MEDICARE: EFFECTIVE DATE: PART A _____ PART B _____ HICN _____
ENTITLEMENT TO MEDICARE DUE TO: ☐ AGE ☐ DISABILITY ☐ END STAGE RENAL DISEASE (ESRD)

EMPLOYER USE ONLY

DATE OF HIRE	EFFECTIVE DATE
DIVISION #	**DEPT. # / CLOCK #**

ANNUAL SALARY: $

☐ HOURLY ☐ SALARY

☐ NEW ENROLLMENT
☐ Active ☐ Retiree
☐ Full Time ☐ Part Time
☐ COBRA

☐ ENROLLMENT CHANGE
☐ Marriage ☐ Birth ☐ Adoption
☐ Reinstatement ☐ Loss of Coverage
☐ Other: _____

Employer Representative Signature: _____

Date: _____

How healthcare reform affects your plan:

In March 2010, President Obama signed the Affordable Care Act, or ACA, into law. The ACA, also known as health care reform includes certain consumer protections that apply to your health plan, for example, the requirement for the provision of preventive health services without any cost sharing.

Important note: Dependent coverage is now available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee's biological, step, foster or adopted child (including a child placed for adoption) until such child reaches age 26.

BENEFIT SELECTION

COVERAGE TYPE	PLAN ELECTED (IF APPLICABLE)	COVERAGE LEVEL
☐ MEDICAL/RX		☐ SINGLE ☐ EMPLOYEE + SPOUSE ☐ EMPLOYEE + CHILD ☐ FAMILY ☐ DECLINE

DEPENDENT INFORMATION (ALL INFORMATION MUST BE COMPLETED OR ENROLLMENT WILL BE DELAYED)

Special Enrollment due to coverage under Medicaid or under a State Children's Health Insurance Program (CHIP). If an employee or eligible dependent did not enroll in the plan when initially eligible, he or she will be permitted to later enroll in the plan under one of the following circumstances:
a. The employee or eligible dependent loses their eligibility status to participate in Medicaid or CHIP; or
b. The employee or eligible dependent qualifies for premium assistance under Medicaid or CHIP at the state level in which the individual resides. The employee or eligible dependent must request enrollment in the plan within 60 days after coverage under Medicaid or CHIP terminates or within 60 days of being notified of eligibility for premium assistance from the state in which the individual resides.

DEPENDENT FULL NAME (REQUIRED) (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NO. (REQUIRED)	RELATIONSHIP (REQUIRED)	DATE OF BIRTH (MM/DD/YY)	GENDER (M/F)	CHECK COVERAGE	DISABLED DEPENDENT*
					☐MEDICAL/RX	☐YES ☐NO
					☐MEDICAL/RX	☐YES ☐NO
					☐MEDICAL/RX	☐YES ☐NO
					☐MEDICAL/RX	☐YES ☐NO
					☐MEDICAL/RX	☐YES ☐NO

*IF YOUR CHILD IS MENTALLY OR PHYSICALLY DISABLED, PLEASE PROVIDE APPROPRIATE DOCUMENTATION

COMPANY NAME:	***Fastech Consulting Engineers***

COORDINATION OF BENEFITS – SPOUSE INFORMATION (IF APPLICABLE) COMPLETE **ALL** QUESTIONS

IS YOUR SPOUSE EMPLOYED? ☐YES ☐NO IF **YES**, ☐FULL TIME ☐PART TIME SPOUSE EMPLOYER NAME: SPOUSE DATE OF BIRTH:

INDICATE THE COVERAGE, CARRIER NAME AND EFFECTIVE DATE THAT YOUR SPOUSE IS **ENROLLED** IN WITH HIS/HER EMPLOYER

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
☐MEDICAL					
☐PRESCRIPTION					
☐DENTAL					
☐VISION					

COORDINATION OF BENEFITS – DEPENDENT CHILD(REN) INFORMATION (IF APPLICABLE) COMPLETE **ALL** QUESTIONS

ARE ANY OF YOUR DEPENDENT CHILD(REN) COVERED BY ANOTHER PARENT/GUARDIAN OR PLAN NOT LISTED ABOVE? ☐YES ☐NO
EMPLOYER PROVIDING COVERAGE:
IF **YES**, COMPLETE THE QUESTIONS BELOW

TYPE OF OTHER COVERAGE	CARRIER NAME	CARRIER ADDRESS	EFFECTIVE DATE (MM/DD/YY)	TYPE OF POLICY (I.E. EMPLOYER, RETIREE, COBRA)	COURT ORDER REQUIRING COVERAGE (I.E. DIVORCE DECREE, QMCSO)*	LIST ALL FAMILY MEMBERS ENROLLED IN THIS PLAN
☐MEDICAL						
☐PRESCRIPTION						
☐DENTAL						
☐VISION						

***COPY OF THE COURT ORDER MUST BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN CLAIMS BEING DENIED.**

COORDINATION OF BENEFITS – GOVERNMENTAL INSURANCE (I.E. MEDICARE, MEDICAID,TRICARE, MICHILD, ETC.)

IS YOUR SPOUSE AND/OR ARE ANY DEPENDENTS ENROLLED IN ANY GOVERNMENTAL INSURANCE? ☐YES ☐NO IF **YES**, PLEASE COMPLETE BELOW

LIST ALL FAMILY MEMBERS ENROLLED	TYPE OF COVERAGE	EFFECTIVE DATE OR IF MEDICARE COVERAGE, PART A EFFECTIVE DATE	PART B EFFECTIVE DATE (IF APPLICABLE)	HICN	IS MEDICARE COVERAGE DUE TO:
					☐AGE ☐DISABILITY ☐ESRD
					☐AGE ☐DISABILITY ☐ESRD

PLAN DECLARATION

I understand that the above elections will remain in effect until the last day of the Plan Year for which they are effective and will continue in effect indefinitely beyond that Plan Year unless I make an election change permitted under the Plan. I understand that I may change my elections during the Plan Year only if (i) I experience a "status change", as defined under the Plan, and if my change in elections is consistent with that "status change", (ii) I exercise a Special Enrollment Period Right (as described in the Notice of Special Enrollment Periods below), or (iii) I qualify (under applicable law, as determined by the Plan Administrator) to make another election change because of certain changes in cost or coverage of a benefit option, or for certain other reasons. I understand that the cost of a benefit option that I have elected under the Plan may change from one Plan Year to the next and I hereby agree that my payroll deductions will automatically change accordingly unless I submit a new Election Form during the appropriate annual election period to change or terminate that coverage. I also understand, during a Plan Year, if there is a change in the cost of a benefit option that I have elected, the Employer may automatically increase the payroll deductions, if any, I am required to make per pay period to pay for that benefit option. I understand further that, except to the extent that I am permitted to make a change under the Plan, the payroll deduction elections I have made above will continue in effect notwithstanding any changes in the features or coverage offered under the benefit options I have elected above.

I understand that my employer may modify my benefit elections if appropriate to insure that the Plan complies with the terms of the Plan and the requirements (including tax-qualification requirements) of applicable law and that, subject to the requirements of applicable law or any applicable insurance contract, my employer retains the right to amend or terminate coverage under a benefit option. Also, I understand that the employer may modify my elections for health benefit options if required to do so by a Qualified Medical Child Support Order that requires me to provide health coverage for a dependent.

NOTICE OF SPECIAL ENROLLMENT PERIODS

If you are declining enrollment in the Plan's health coverage options for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Plan's health coverage features if you or your dependents lose eligibility for that coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. If you are declining to enroll yourself or an eligible dependent for health coverage because you have (or your dependent has) existing health coverage, your employer may require that you provide a written statement indicating that you are declining coverage because of the existing health coverage. If the employer requires such a statement and notifies you of that requirement, you will receive a separate form to complete and you must complete it to preserve your right to a future special enrollment situation following a loss of that existing coverage.

To request special enrollment or obtain more information, contact your Human Resources representative.

SIGNATURE AND AUTHORIZATION

EMPLOYEE SIGNATURE	PRINT EMPLOYEE NAME	DATE

SCRIP WORLD

Get Started with CVS Caremark Mail Service:

It's Simple with FastStart®

Mail service means one less thing for you to do.

Your prescription benefit offers you the convenient option to get 90-day* supplies of your long-term** medications delivered to you by mail. When you use the CVS Caremark Mail Service Pharmacy to fill your prescriptions, you'll enjoy the many benefits it provides:

- **Added value** – 24/7 access to pharmacists, alert messages by email, text or phone.
- **Cost savings** – one 90-day supply may cost less than three 30-day supplies at a retail pharmacy.
- **Greater convenience** – at-home delivery at no extra cost, easy refills online or by phone.
- **Quality and safety** – dedicated pharmacists checking each and every order.

Let us handle the legwork of filling your long-term prescriptions so you don't have to.

Sign up for mail service with FastStart®.

You have several options to get started. It's easy!

- **By Internet.**
  1. Log in to www.caremark.com and sign in or register if necessary.
  2. Click on Start a New Prescription and then click on FastStart®.
  3. Fill in your information.
- **By phone.**
  1. Call FastStart toll free at 1.800.875.0867 Monday through Friday, 7 am to 7 pm (CST).
  2. Let the representative know you wish to fill your prescription through mail service.
  3. Provide the representative the information on your member ID Card; the names of your long-term medicines; your doctor's name and phone number; and your payment information and mailing address.

To learn more about the Mail Service program or how to sign up with FastStart®, visit www.caremark.com or call Customer Care toll free at the number listed on your member ID Card.

Getting Started. It's Quick and Easy!

If you have a prescription, choose one of two ways to submit it:

- **Mail your prescription** and a completed order form to CVS Caremark; or,
- **Ask your doctor** to call in your prescription toll free at 1.800.378.5697.

If you need a prescription, choose from two FastStart® options to get started:

- **Phone** – Call FastStart® toll free at 1.800.875.0867* from 7 am to 7 pm (CST) Monday-Friday; or,
- **Online** – Log on to www.caremark.com/faststart and sign in or register, if necessary

Be sure to have your member ID Card handy, as well as the names of your medicines, your doctor's information and your payment information.

*For TDD assistance, please dial toll free 1.800.231.4403.

** Actual quantity may vary depending on your plan.*

*** A long-term medication is taken regularly for chronic conditions, such as high blood pressure, high cholesterol or diabetes, or long-term therapy.*

CVS CAREMARK

What Is Prior Authorization?

A Prior Authorization (PA) is a safety and cost-saving feature of your prescription benefit plan designed to prevent improper prescribing or use of certain drugs that may not be the best choice for a health condition. PAs may be provided in conjunction with quantity limits or step therapy protocols, all of which are designed for the health and safety of members and the good of the plan.

How it works

The pharmacist enters the prescription information into the Caremark system at the point of sale. If the client-approved plan design requires a PA for the drug, the pharmacist will receive an alert and may ask the member to contact the prescriber or may have the prescriber contact the CVS Caremark Prior Authorization Department for a consultation. Once the incoming information has been assessed, a decision is made. The decision can be an approval, a denial or may be auto-closed due to lack of information.

If authorization is granted, the prescription will be filled. If authorization is not granted at the retail pharmacy, there are two choices:

1. The member may still have the prescription filled by paying the entire retail cost of the drug.
2. The member may ask the prescriber for an alternate drug covered by your benefit, if available.

Please remember to allow more time for the PA process: in most circumstances, approximately two business days for standard prior authorization and approximately one business day for an urgent prior authorization request.

PAs for Medical Necessity

The Pharmacy and Therapeutics (P&T) Committee, which consists of physicians and pharmacists who make decisions on which drugs should or should not appear on a formulary, has approved exception criteria that allow the member to make a request for access to a non-formulary drug when it is determined to be the only safe and effective treatment. The member must submit the following supporting documentation for consideration:

A physician statement with the name and strength of the alternatives tried or considered

Evidence the formulary alternatives were unsafe and ineffective, or have known interactions with other drugs the member is taking

Once the information is reviewed, a decision is made to approve for a period of one year, or to deny. This type of request may incur an additional charge per request. For specific drug coverage information, visit **www.caremark.com** or contact a CVS Caremark Customer Care representative at 1.866.475.7589.

90-day grace period for exclusions

New client groups with members currently taking excluded medications are given a 90-day period to transition to a formulary product, during which they can continue to obtain the excluded medication. Members will receive a formulary mailing informing them of the new process.

SCRIP WORLD

MERITAIN® HEALTH
An Aetna Company

Meritain Health Pharmacy Solutions

Flexible. Integrated. Effective.

Meritain Health partners with Caremark to administer pharmacy solutions to employer groups. Our role is to work with you to ensure your benefits perform to your satisfaction. The team includes experienced, clinically trained account managers who analyze your plan data, core clinical programs, drug spend and utilization, and any changes in the marketplace. Caremark's role is to work on the back end to process claims on behalf of Meritain Health.

Important Contact Information

Call Customer Service

1.866.475.7589

Get the Member Website

www.caremark.com

(24/7 access to pharmacy assistance)

Download the Mobile App

Get the free app by searching CVS Caremark in your app store or go to www.caremark.com/mymobile

**Please note: if you're having difficulty filling a prescription, or any other sort of issue, simply call the number listed on your ID Card.*

Utilize the above Member Website or the Mobile app to search specific drug coverage, copays and programs.

Diabetic Meter Program

For more information about offering the Diabetic Meter Program to your plan members, contact your CVS Caremark account representative.

CVS Caremark Diabetic Meter Program Offers Cost Savings and Convenience to Plan Members

Regular blood glucose testing is essential for people with diabetes. The CVS Caremark Diabetic Meter Program can provide your members with tools to monitor their blood glucose levels and better manage their health. For most CVS Caremark clients, this cost-saving program is already part of your benefit plan.

What is the CVS Caremark Diabetic Meter Program?

Members who qualify can receive an ACCU-CHEK® or OneTouch® blood glucose meter kit, which includes a starter supply of test strips and lancets, at no cost, as part of their CVS Caremark Mail Service Pharmacy benefits. This program can save members $65 to $90 over the retail price of blood glucose meter kits, in addition to the money they can save by ordering their diabetes testing supplies through CVS Caremark Mail Service Pharmacy.

Who Qualifies for the Program?

Members can receive a blood glucose meter kit if they:

- Have diabetes
- Have CVS Caremark Mail Service prescription benefits
- Have a prescription for OneTouch or ACCU-CHEK test strips. If members don't already have a prescription for test strips, we may be able to get one from their doctor
- Additional requirements or limitations may be applied by the manufacturer

How Does the Program Work?

Members may call the CVS Caremark Diabetic Meter Team toll-free at **1-800-588-4456** weekdays 6 a.m. to 4 p.m. (MT). Customer Care Representatives can help them choose one of five available meters. For added convenience, a representative can contact members' physicians to request and process prescriptions.

Meter kits will be shipped directly from the manufacturer to members within 7 to 10 days of the order. Test strips and lancets can be shipped from CVS Caremark within 10 to 14 days. Members may receive no more than one meter kit as part of their pharmacy benefits every year. Meters are provided by Roche (ACCU-CHEK) and LifeScan (OneTouch).

Maintenance Choice

Maintenance Choice® from CVS Caremark is a unique option that combines cost savings, access and quality through their 90-day mail pricing plan design. Maintenance Choice can help improve member adherence by leveraging mail service and retail capabilities. It provides members a choice in how they receive a 90-day supply of maintenance medication. Members can choose to receive their maintenance medications through mail service or at a
CVS/pharmacy at the mail pricing and copay.

Benefits of this unique 90-day solution include:

- **Cost savings.** Implementing the Maintenance Choice Mandatory solution can help you achieve up to four percent savings on your gross pharmacy spend.

- **Improved health outcomes and quality.** Clients who implemented Maintenance Choice have experienced consistent quality and generic dispensing metrics at mail service and CVS pharmacies. In addition, up to 39 percent more members have become optimally adherent with Maintenance Choice compared to traditional mandatory mail plan designs.

- **Increased member satisfaction, convenience and flexibility.** Members will enjoy lower copays and increased convenience through home delivery or fewer trips to the retail pharmacy (both of which are shown to help improve adherence). The ability to move prescriptions between mail and CVS/pharmacy when needed creates flexibility for members. Easy-to-use online and mobile tools offer members more control in managing and tracking their medications.

Maintenance Choice offers you SAVINGS when it comes to filling long-term* prescriptions.

Now, you have two ways to SAVE.

CVS Caremark Mail Service Pharmacy:

- Enjoy convenient, reliable delivery to the location of your choice
- Receive your medications in unmarked, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone toll-free, 24/7, from the privacy of your home

CVS/pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime from your computer or mobile device at www.caremark.com.

Get Started

If you would like to…	Then…
Continue with mail service	**You don't have to do anything:** • We'll continue to send your medications to your location of choice
Pick up at CVS/pharmacy	**Please let us know by one of the three ways below:** • Sign in or register at Caremark.com. Then, select a CVS/pharmacy location for pick up • Visit your local CVS/pharmacy and talk to the pharmacist • Call using the toll-free number on your Prescription Benefit ID Card, and we'll handle the rest
Sign up for mail service for the first time	**You can do easily online or by phone:** • Visit www.caremark.com/faststart and sign in or register to start a prescription • Call FastStart® toll-free at 1-800-875-0867. We'll handle the rest
Learn more	**Call us using the toll-free number on your Prescription Benefit ID card**

Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day** prescription from your doctor so you can choose to fill it through the CVS Caremark Mail Service Pharmacy or at a CVS/pharmacy.

*A long-term medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes or high cholesterol.
**Actual quantity may vary depending on your plan.

CVS CAREMARK

RESET FORM PRINT FORM

CVS/caremark™

Mail Service Order Form

Mail this form to:

CVS/caremark
PO BOX 94467
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Please fold here

Instructions:

Please use **blue or black ink, capital letters,** and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.caremark.com or call the toll-free number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, please make changes here.

Last Name | First Name | MI | Suffix (JR, SR)

Street Address | Apt./Suite #

☐ **Use shipping address for this order only.**

City | State | ZIP Code

Daytime Phone #: - - Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

CVS/caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

* WEB *

C **Tell us about the people getting prescriptions.** If there are more than two people, please complete another form.

1st person with a refill or new prescription. ◯ Spanish forms and labels

Last Name | First Name | MI | Suffix (JR,SR)

NICKNAME | Gender: ◯ M ◯ F | Date of Birth: MM-DD-YYYY

E-Mail Address: | Date new prescription written:

Doctor's Last Name | Doctor's First Name | Doctor's Phone #

Tell us about new health information for 1st person if never provided or if changed.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other:

Medical Conditions: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid Reflux ◯ Glaucoma ◯ Heart Problem ◯ High Blood Pressure ◯ High Cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate Issues ◯ Thyroid ◯ Other:

2nd person with a refill or new prescription. ◯ Spanish forms and labels

Last Name | First Name | MI | Suffix (JR,SR)

NICKNAME | Gender: ◯ M ◯ F | Date of Birth: MM-DD-YYYY

E-Mail Address: | Date new prescription written:

Doctor's Last Name | Doctor's First Name | Doctor's Phone #

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other:

Medical Conditions: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid Reflux ◯ Glaucoma ◯ Heart Problem ◯ High Blood Pressure ◯ High Cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate Issues ◯ Thyroid ◯ Other:

D **Special Instructions:**

E **How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

◯ **Electronic Check.** Pay from your bank account. (You must first register online or call Customer Care.)

◯ **Use my PayPal Credit account.** Works like a credit card. (You must first register online or call Customer Care.)

◯ **Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)

◯ Fill in this oval to use your card on file.

◯ Fill in this oval to use a new card or to update your card expiration date.

Exp.Date MMYY

Credit Card Holder Signature/Date

◯ **Check or Money Order.** Amount: $.

- Make check or money order out to CVS/caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for Balance Due and Future Orders: If you chose Electronic Check, PayPal Credit, or a Credit or Debit Card, we will also use it to pay for any balance that you owe and for future orders.

◯ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and will take up to 10 days from the day you send this form.

If you want faster delivery, choose:

◯ **2nd Business Day ($17)** **Business days are only Monday-Friday**

◯ **Next Business Day ($23)**

- Faster delivery charges may change.
- Faster delivery is for shipping time only, not processing.
- Faster delivery can only be sent to a street address, not a PO Box.

Please fold here →

* WEB *

CVS CAREMARK

14423-1010
STANDARD

Prescription Reimbursement Claim Form

Important!

- Always allow up to 30 days from the time you send this form until the time you receive the response to allow for mail time plus claims processing
- Keep a copy of all documents submitted for your records.
- Do not staple or tape receipts or attachments to this form.
- Reimbursement is not guaranteed and the contractor will review the claims subject to limitations, exclusions and provisions of the plan.

STEP 1 Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

Identification Number *(refer to your prescription card)*

Group No./Group Name

Name *(Last Name)*

(First Name)

(MI)

Address

Address 2

City

State

Zip

Country

Patient Information–Use a separate claim form for each patient.

Name *(Last Name)*

(First Name)

(MI)

Date of Birth

Male

Female

Phone Number

Relationship to Primary member

Member ☐ Spouse ☐ Child ☐ Other _____

Other Insurance Information

COB (Coordination of Benefits)

Are any of these medicines being taken for an on-the-job injury? ❍ Yes ❍ No

Is the medicine covered under any other group insurance? ❍ Yes ❍ No

If yes, is other coverage: ❍ Primary ❍ Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company_____ ID #_____

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

x _____

Signature of Member **Date**

(Over)

STEP 2 Submission Requirements:

You MUST include all original "pharmacy" receipts in order for your claim to process. "Cash register" receipts will only be accepted for diabetic supplies. The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Total Charge
- Days Supply for your prescription (you may need to ask your pharmacist for this "Days Supply" information)
- Pharmacy Name and Address or Pharmacy NABP Number

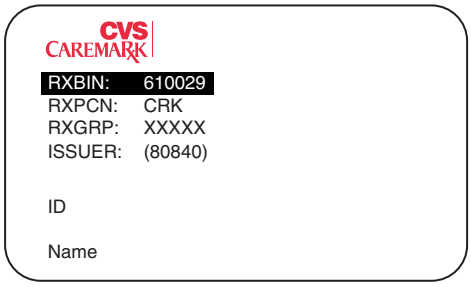
If the Prescribing Physician's NPI (National Provider Identification) number is available, please provide: _____

If this claim is from a foreign country, please fill in below:

Country: _____ **Currency:** _____ **Amount:** _____

Additional Comments

STEP 3 Mailing Instructions:



The RXBIN # is located on front of your CVS Caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

RXBIN # 610415 mail to:

CVS Caremark
P.O. Box 52116
Phoenix, Arizona 85072-2116

RXBIN # 004336 , 012114 mail to:

CVS Caremark
P.O. Box 52136
Phoenix, Arizona 85072-2136

RXBIN # 610029 mail to:

CVS Caremark
P.O. Box 52196
Phoenix, Arizona 85072-2196

RXBIN # 610474 , 610468 , 004245 or 610449 mail to:

CVS Caremark
P.O. Box 52010
Phoenix, Arizona 85072-2010

RXBIN # 610473 , 610475 mail to:

CVS Caremark
P.O. Box 53992
Phoenix, Arizona 85072-3992

IMPORTANT REMINDER

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase
- Always use pharmacies within your network
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card.

Health Claim Form

MERITAIN HEALTH

Complete and send to Meritain Health at the address on the back of your ID Card

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. A diagnosis must be shown on bill. Do not submit this form if injury occurred on the job. Please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding a work related claim.

Section 1. EMPLOYEE INFORMATION

Name (last, first, initial)		Sex	Employer Name ***Fastech Consulting Engineers***	
Home Address		Identification Number	Birthdate	Group Number
City	State / Zip Code	Work Telephone ( )	Home Telephone ( )	

Section 2. PATIENT INFORMATION

The patient is: ☐ **The employee** (Go to section 3) ☐ **Employee's Spouse** (Complete spouse information) ☐ **Employee's Child** (Complete spouse and child information)

Spouse's Name (last, first, initial)	Sex	Child's Name (first, last, initial)	Sex
Spouse's Birthdate	Spouse's Social Security Number	Child's Birthdate	Child's Social Security Number
Spouse's Employer		*If child is over age 19 and full-time student, complete:* **Name of School:**	
Spouse's Employer's Address		School Address	

Section 3. OTHER COVERAGE

☐ **Yes** (then complete) ☐ **No** (go to section 4) — **Name of Policy Holder:**

Name of Other Health Insurance Carrier or Plan	Address	City	State	Zip Code
Other Insurance Carrier's or Plan's Telephone #	Type of Coverage ☐ **Group** ☐ **Individual**	Group Number	Contract or Policy Number	
Spouse's Employer		*If child is over age 19 and full-time student, complete:* **Name of School:**		
Spouse's Employer's Address		School Address		

Section 4. ABOUT THIS CLAIM

☐ **Injury** ☐ **Illness**
Date and time of accident:

Describe injury, when and how it happened or nature of illness:

Was this injury the result of an accident? ☐ **Yes** ☐ **No**

If auto insurance was involved, please provide:	**Policy #**	**Name of insurance company**	**Address (city, state, zip)**

Was this a work-related injury? ☐ **Yes** ☐ **No**

If injury is work-related, please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding this claim.

EMPLOYEE'S (or adult dependent's) SIGNATURE REQUIRED

The statements above are true and correct to the best of my knowledge. I authorize any provider of services to furnish any information requested to the Benefit Administrator. I also authorize the Benefit Administrator to release or obtain from any organization or person information that may be necessary to determine benefits payable under the Benefit Plan. A photo-static copy of this authorization shall be considered as effective and valid as the original. For any payment that exceeds the amounts payable under the Benefit Plan, I agree to reimburse the plan in a lump sum payment or by an automatic reduction in the amount of future benefits that would otherwise be payable.

Signature: **Date:**

ASSIGNMENT OF BENEFITS (complete this section if provider is to be paid directly)

I authorize payment of benefits to the doctor or supplier of services listed here.

Provider to be paid	Employee's Signature
Provider's tax ID number or Social Security Number	Date

MERITAIN HEALTH

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill.

A	**Patient Name (last, first, initial)**	**Birthdate**
B	**Address**	
C	**Is this condition the result of an injury arising from patient's employment? ☐ Yes ☐ No** ***If yes, please contact the Worker's Compensation Carrier/Administrator for proper instruction regarding this claim.***	
D	**Pregnancy? ☐ Yes ☐ No**	**If yes, expected date of delivery**
E	**If illness, date of first treatment**	**If treating injury, date of injury**
F	**Name of referring physician**	**Referring physician's address**
G	**Name and facility where services were rendered (if other than home or office)**	
H	**Was laboratory work performed outside your office? ☐ Yes ☐ No**	
I	**For service related to hospitalization, give dates:** **☐ Admitted** **☐ Discharged**	
J	**Diagnosis and current conditions (if diagnosis other than ICD-9* used, give name):** **1.** **2.** **3.** **4.**	

K

Dates of Service From	To	Places of Services**	Procedure Code (If other than CPT*** code used, give name)	Description of surgical or medical services rendered	Diagnosis Code	Charges

*ICD-9 * International Classification of Disease
*** CPT Current Procedural Terminology (current edition)

**Abbreviations: 11-Physician's Office 12-Inpatient Hospital 23- Emergency Room 12-Patient's Home 22-Outpatient Hospital 81-Independent Laboratory

Date	Physician's Name (print)	Degree	Provider's Tax ID Number or Social Security Number:
			Must be furnished under authority of law

Physician's Signature	Telephone
	( )

Street Address	City	State	Zip Code

STATUS AND BENEFIT INFORMATION:
1.800.925.2272

Send to:
Complete and send to Meritain Health at the address on the back of your ID Card

MERITAIN HEALTH
An Aetna Company

P.O. Box 27267
Minneapolis MN 55427

Forwarding Service Requested

**********SNGLP
5 1 SP 1
JOHN A SAMPLE
1234 MAIN ST
ANYTOWN AZ 85000-1234

THIS IS NOT A BILL

Statement Period

12/01/2014 - 12/31/2014 Print Date: 01/15/2015

Customer Service Information

For an Explanation of Benefits, specific information regarding your benefit plan coverage, and additional health and cost savings information, logon to www.myMERITAIN.com or contact Customer Service at the phone number on the back of your Member ID card.

Did You Know?

Boost your health with winter vegetables!
Try winter squash, full of vitamins A and C.
Add kale or cabbage to salads or soups.
Artichokes make a tasty side dish to most meats.

Health Statement Summary

Summary of Claims Paid

12/01/2014 - 12/31/2014	
Paid by Health Coverage	$732.51
Patient Responsibility	$143.22

Plan Year Deductibles

01/01/2013 - 12/31/2013	**In-Network**	**Out-of-Network**
Beginning	$300.00	$600.00
Remaining	$0.00	$600.00
01/01/2014 - 12/31/2014	**In-Network**	**Out-of-Network**
Beginning	$300.00	$600.00
Remaining	$0.00	$600.00

Monthly Claim Detail

Patient Name	Claim Number	Date of Service	Provider Name	Service Type	Billed Amount	Covered Amount	Applied to Deductible	Paid by Health Coverage	Patient Responsibility
JOHN A	GVL9999	10/28/2014	SAMPLE RADIOLOGY LLC	Medical	$307.00	$114.17	$0.00	$98.50	$15.67
JOHN A	GXE8888	08/22/2014	MT SAMPLE REGIONAL	Medical	$577.00	$461.60	$0.00	$369.28	$92.32
JOHN A	GXF7777	11/20/2014	BROWN MD	Medical	$264.00	$112.21	$0.00	$101.98	$10.23
JOHN A	GXR9999	11/04/2014	JOE WHITE DC	Medical	$90.00	$45.00	$0.00	$20.00	$25.00
JOHN A	GZN8888	10/28/2014	ANYTOWN PATHOLOGISTS	Medical	$178.44	$142.75	$0.00	$142.75	$0.00

You Should Know

The following language is required by law and is for informational purposes only. This language is intended to assist those plan participants who may not speak English as their predominant language.

SPANISH (Español): Para obtener asistencia en español, por favor póngase en contacto con el número de teléfono que aparece arriba.
TAGALOG (Tagalog): Kung kailangan ninyo ng tulong sa Tagalog, mangyaring tumawag sa numero na nasa itaas.
CHINESE (中文): 需要中文帮助,请拨打上面的号码与我们联系。
NAVAJO (Dine): Dinék'ehjí' nikáa'doowo?go, t'áá shoodi h?dahdi béésh bee hane'é binumber bikáá'ígíí bish'i' hodíílnih.

MERITAIN HEALTH
An Aetna Company

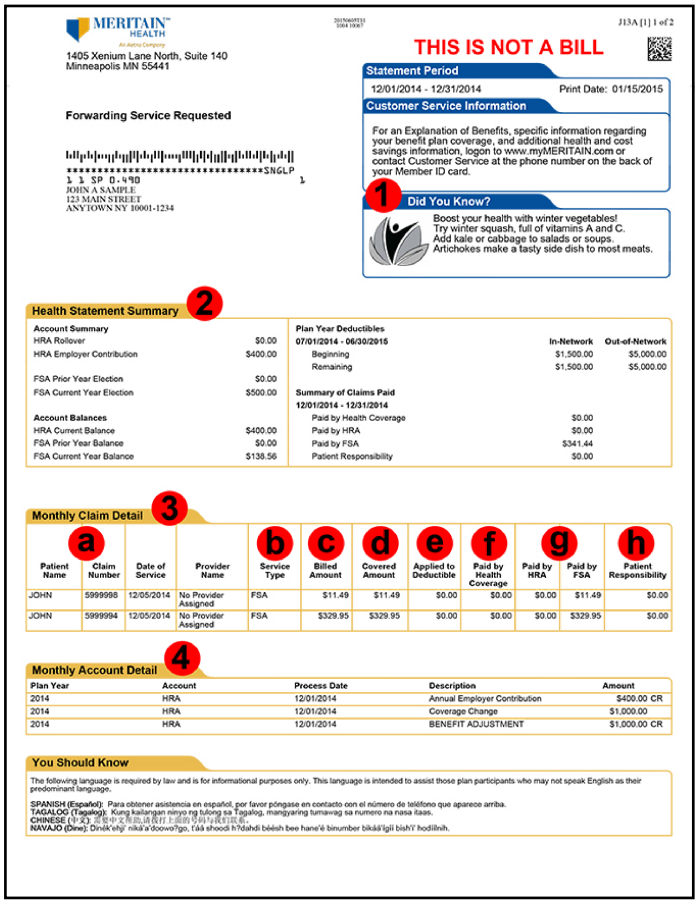
How to Read Your Member Statement

Your Meritain Health Member Statement is a monthly report that allows you to review and track the status of your health claims.

In most cases, the member statement replaces your Explanation of Benefits (EOB); however, you will continue to receive an EOB if a claim has been denied. In addition, dental and prescription claims will only appear on the member statement if paid under the medical plan.

Your member statement is not a bill or invoice. For additional information, log onto www.myMERITAIN.com or contact Customer Service at the phone number on the back of your Member ID card.

Descriptions of the content of the member statement follow. *Please note not all elements are applicable to your plan and may not be present on your statement.*



1. **Statement period and health tips**
   The statement period is in the upper right-hand corner followed by monthly health tips under the heading “Did You Know?”

2. **Health Statement Summary**
   Account Summary. This includes the original balances for your HRA and Healthcare FSA accounts at the beginning of the plan year. It will list any HRA rollover amount and any wellness incentive if applicable.
   Account Balances. This includes the original balances for your HRA and Healthcare FSA accounts at the beginning of the plan year. It will list any HRA rollover amount and any wellness incentive if applicable.
   Plan Year Deductibles. Your deductibles for the plan year are broken down into in-network and out-of-network amounts (if applicable). The amounts listed show your deductible balance(s) at the beginning of the plan year and your deductible amount(s) remaining to be covered for the year.
   Summary of Claims Paid. This includes your claims during the current month broken down by Health Coverage, HRA, FSA and Patient Responsibility.

3. **Monthly Claim Detail**
   The monthly claim detail shows how your claims were processed. Negative amounts reflect adjusted claims. The details include:
   (a) **The patient's name, claim number, date the service was provided, and the name of the provider.**
   (b) **The type of service provided (such as “Medical,” “Rx” or “Protected”).** If the type of service and provider say “Protected,” this means that the patient is a dependent 18 years or older. In such cases, government regulations stipulate that the information may not be shown in order to protect the dependent patient's privacy. Dental and prescription claims will appear on the member statement if paid under the medical plan.
   (c) **The amount billed for services provided.**
   (d) **The amount covered under your plan.** If there is an asterisk (*) after the amount, this indicates the claim was from an out-of-network provider. Generally, you may increase your benefit amount by using in-network providers.
   (e) **The amount applied to your annual deductible.**
   (f) **The amount paid by your plan.** This amount equals the (d) covered amount, minus (e) the amount applied to your deductible, minus any applicable copay, and coinsurance.
   (g) **The amount paid by your HRA and FSA.** This reflects the amount deducted from your HRA and/or Healthcare FSA accounts.
   (h) **The amount of patient responsibility.** This reflects the total amount the patient is responsible for paying. This amount does not reflect any copay or other payments made at time of service. You should not make payment to your provider based on the amounts shown on the member statement, but should wait for the provider to send you a bill for the remaining balance. Important: When you view the monthly claim detail, please be aware that adding or subtracting the amounts listed will not necessarily result in the amount of patient responsibility.

4. **Monthly Account Detail**
   This section illustrates the amounts deposited in your HRA and FSA accounts for the month (if applicable).

REQUIRED BY LAW: These claims were processed according to your Summary Plan Description (SPD). If there is patient responsibility as a result of deductibles, copays and/or coinsurance, this amount was calculated based on the medical benefits section of your Plan. If an internal rule, guideline or protocol was relied upon in processing these claims, a copy of such rule will be provided to you at no charge, upon written request. If medical necessity, experimental treatment, or similar limit was applied, an explanation of the scientific or clinical judgment that applies will be provided at no charge, upon written request. You or your authorized representative has the right to an appeal within 180 days of the print date of this statement. After all levels of appeal have been exhausted, you have the right to bring civil action under ERISA 502(a). Appeals should be sent in writing to Attn: Appeals Department, Meritain Health, or to the address outlined in your SPD.

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An Aetna Company
P.O. Box 27267
Minneapolis MN 55427

Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact Customer Service at the phone number on the back of your Member ID card if you need assistance understanding this statement 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 not to provide or pay for an item or service (in whole or in part).

How do I file an internal appeal? You or your authorized representative has the right to an appeal within 180 days of the date you receive a denial. If you decide to appeal this claim, your appeal (including any additional information you would like to provide) should be sent in writing to Attn: Appeal Department, Meritain Health, P. O. Box 1380, Amherst, NY 14226-7380 or to the address outlined in your Summary Plan Document (SPD). See also the "Other resources to help you" section of this statement for assistance filing a request for an appeal.

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will generally be conducted within 48 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician; you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may contact Customer Service at the phone number on the back of your Member ID card, or you may request an expedited appeal by following the instructions above for filing an internal appeal.

Who may file an appeal? You or someone you name to act for you (your authorized representative) may file an appeal. You can appoint an authorized representative by requesting an Appointment of Authorized Representative form at www.meritain.com.

Can I provide additional information about my claim? If your claim was denied and you have been offered the opportunity to provide additional information to have your claim reconsidered (as identified on the front of this statement), you have 50 days from the print date of this statement to provide the additional information.

Can I request copies of information relevant to my claim? Yes, upon written request, you may request copies (free of charge) of all relevant documents, information and records and to send us your comments in writing. You may also request (in writing) a copy of any internal rule, guideline or protocol that was relied upon in processing your claim, including an explanation of the scientific or clinical judgment that was applied to any claim that was denied based on a medical necessity, experimental treatment or similar exclusion or limit contained in the Plan. If you think a coding error may have caused this claim to be denied, you have the right to have billing and diagnosis codes sent to you, as well. You can request copies of this information by contacting Customer Service at the phone number on the back of your Member ID card.

What happens next? If you appeal, we will review our decision and provide you with a written determination, and we will process the appeal in accordance with your Plan document and the Department of Labor regulations (if applicable).

What additional rights do I have if I am enrolled in a non-grandfathered health plan as determined under the Patient Protection and Affordable Care Act? If your Plan is not a "grandfathered plan" as determined by the Plan Administrator and communicated to you in writing (e.g., in the "SPD"), and 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. You also may request a simultaneous external review of any urgent care appeal you may file without exhausting the internal appeals process. This paragraph does not apply to "grandfathered" plans (as stated in your SPD). For more information on how to file a request for an external review with the Plan contact Customer Service at the phone number on the back of your Member ID card. A request for an external review must be requested no later than 120 days after the print date of this statement. You also may direct questions regarding the status of your health plan to your plan administrator or by contacting Customer Service at the phone number on the back of your Member ID card.

Other resources to help you: For questions about your rights, this statement, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). Additionally, a consumer assistance program can help you file your appeal. One way to locate an office of health insurance consumer assistance or ombudsmen is to contact your local U.S. Department of Labor Office and/or your State insurance regulatory agency. The U.S. Department of Labor has a website that identifies states that have established a consumer assistance program. For an up to date listing of each state with a consumer assistance program visit www.dol.gov/ebsa/health reform or contact Customer Service at the phone number on the back of your Member ID card.

Discounts Available to Meritain Health Members

Now enjoy healthy discounts with your Meritain Health plan. Save on a variety of products and services that fit your life and help you save every day.

You can access the following discount offerings at no extra cost to you. You can use these discounts whenever you want, as many times are you want. There are no claim forms or referrals. And your family members may be able to save, too.

At home products.

You can save on **Omron** blood pressure monitors, a body composition scale, ElectroTHERAPY Pain Relief TENS Unit and ElectroTHERAPY TENS Long Life Replacement Pads.

Omron 7 Series™ Upper Arm Blood Pressure Monitor—Model BP760.

You can track your blood pressure comfortably and accurately with the Omron 7 Series™ Upper Arm Blood Pressure Monitor. Your cost is $59.99. That's a savings of $30 off the current retail price of $89.99. You will pay a $5 shipping and handling charge per monitor.

Product features.

The 7 Series™ Upper Arm Blood Pressure Monitor is:

- Easy to use—one-touch, automatic operation.
- Comfortable—fits arm sizes from 9 inches to 17 inches. A wrap indicator tests to see that the cuff is wrapped correctly on your arm so it's comfortable and gives you accurate readings.
- Useful—this monitor:
  - Detects an irregular heartbeat while measuring your blood pressure.
  - Displays the average of up to three readings taken within the last 10 minutes.
  - Shows how your reading compared with guidelines for normal blood pressure levels.
  - Includes an AC adapter that plugs into your wall so it's ready to use whenever you are.

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Your Healthy Discounts

Omron 3 Series™ Wrist Blood Pressure Monitor—Model BP629.

It's lightweight, portable, convenient and simple, allowing users the benefit of being able to check their blood pressure on the go.

Your cost is $39.99. That's a savings of $20 off the current retail price of $59.99. You will pay a $5 shipping and handling charge per monitor.

Product features.

The 3 Series™ Wrist Blood Pressure Monitor.

- Simple and portable design—discreet and convenient portable wrist unit allows users to monitor their blood pressure at home, work or anywhere.
- Advanced averaging—exclusive technology automatically displays the average of up to the last three readings taken within the last 10 minutes.
- 60 memory storage—60 memory storage capacity with date and time stamp allows you to review the last 60 readings with a touch of a button.
- Irregular heartbeat detector—this monitor can detect irregular heartbeats while blood pressure is being measured. If an irregular heartbeat is detected, an indicator icon will appear alerting you so you can talk to your doctor.
- This monitor includes the main unit, storage case, 2 AAA batteries, instruction manual and quick start guide.

Omron Body Composition Monitor and Scale with Five Fitness Indicators—Model HBF-510W.

This Body Composition Monitor and Scale provides full-body sensing—a comprehensive understanding of your body composition to help you reach your fitness goals. Easy to use, the HBF-510W measures five fitness indicators: body fat, visceral fat, BMI, skeletal muscle and body weight.

Your cost is $48.99. That's a savings of $31 off the current retail price of $79.99. You will pay a $5 shipping and handling charge per monitor.

Product features.

Body Composition Monitor and Scale with Five Fitness Indicators.

- Full-body sensing with hand-to-foot technology is more accurate than foot-to-foot monitors
- Measures body fat, visceral fat, BMI skeletal muscle and body weight
- Features a nine-person memory profile
- Easy on/off switch at base
- Large LCD display allows for easy reading
- Retractable cord for full height
- Includes monitor with scale, 4 AA batteries and instruction manual

Omron ElectroTHERAPY Pain Relief TENS Unit—Model PM3030.

The Omron ElectroTHERAPY Pain Relief TENS Unit is a simple drug-free solution for pain relief of achy, stiff or sore muscle and joint pain.

Your cost is $29.99. That's a savings of $20 off the current retail price of $49.99. You will pay a $5 shipping and handling charge per unit.

Product features.

ElectroTHERAPY Pain Relief TENS unit.

- TENS technology—transcutaneous electrical nerve stimulation (TENS) technology has been used by physical therapists and medical professionals for more than 30 years
- Relieves multiple body pains—temporarily reduces pain in the lower back, arms, shoulders, legs, thighs, hips, feet, knees, elbows and ankles
- Personalized therapy—three preset programs (arm, lower back, leg/foot), each with five intensity levels
- Safe and effective—FDA cleared and prescription free for home use
- Portable—comfortably fits in your hand or pocket and can be used discreetly anywhere
- Long Life Pads—includes comfortable, self-adhesive pads that are reusable up to 150 times with plastic holder for storage
- Includes unit, electrode cords, two long-life pads, pad holder, 2 AAA batteries, instruction manual, quick-start guide and pad placement guides

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Omron ElectroTHERAPY TENS Long Life Replacement Pads—Model PMLLPAD.

Omron's Long Life Replacement Pads are durable and comfortable, and gently adhere to your skin. Used exclusively with the Omron ElectroTHERAPY Pain Relief TENS Unit.

Your cost is $14.99. That's a savings of $5 off the current retail price of $19.99. You will pay a $5 shipping and handling charge for each set of replacement pads.

Product features.

ElectroTHERAPY TENS Long Life Replacement Pads.

- Durable—reusable up to 150 times and washable up to 10 times
- Versatile—good size for multiple body parts (2.5" x 4")
- Includes two Long Life Replacement Pads with snap connection, instruction manual, quick-start guide and pad placement guide

How to get your discount.

- Visit Omron's website at **http://store.omronhealthcare.com**. Log in by entering the following Plan Name and Plan PIN, purchase your products and get the discount.
  - **Plan Name: member**
  - **Plan Pin: AETOMR10**
- Call **1.877.216.1333** to order by phone or to speak with an Omron customer service representative to get more information. Mention the promotion code **AETOMR10** to get the discount. You can also identify yourself as a Meritain Health member.

Books.

You can save 40 percent on your purchase of books, greeting cards and kits [1] from the **American Cancer Society Bookstore**.

Book topics include:

Stay well

- Healthy living
- Disease prevention
- Cooking
- Smoking cessation
- Nutrition

Get well

- Cancer treatment
- Cancer treatment side effects
- Coping with cancer
- Caregiving
- Cancer survivorship

How to get your discount.

- Visit the American Cancer Society website at **www.cancer.org/bookstore** to order your books online.
- Or order by phone by calling **1.800.227.2345** to speak to an American Cancer Society customer service representative. You can call anytime. You can also identify yourself as a Meritain Health member.
- To get the discount, you must enter the promotion code **HS002F14** on the website or mention it when you speak to a customer service representative.

Satisfaction guarantee.

If you are not satisfied with your purchase, you may return it for any reason within 30 days. You will receive a full refund. Returned items must be in their original condition.

[1] Includes two or more books combined as a special discount package.

Fitness.

You can save money while you get fit.

Save on gym memberships and name-brand home fitness and nutrition products that support your healthy lifestyle with services provided by GlobalFit®.

Regular exercise can help you maintain a healthy weight. It can also lower your risks for:

- Alzheimer's disease.
- Depression and anxiety.
- Diabetes.
- Heart disease.
- High blood pressure.

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Save on gym memberships and more!

You can join a gym in the GlobalFit network and get:

- Access to thousands of gyms in the United States, including national chains and independent local facilities.
- Free guest passes [1] to try gyms before you join.
- Guaranteed lowest rates. [2]
- Flexible membership options.
- Convenient billing options, including automatic payments to a credit card or from a bank account.
- Use of gyms for your spouse or domestic partner and your dependent children.
- Guest privileges [1] at participating network gyms when you travel.

You can also get discounts on the following through GlobalFit:

- At-home weight-loss programs
- Home exercise products and equipment
- One-on-one health coaching services [3]

How to get your discount.

- Visit GlobalFit's website at **www.globalfit.com/meritain**. You can view details about any gym, including rates. Then you can join a gym online. There's no need to contact Meritain Health or the gym.
- If you prefer, call GlobalFit toll free at **1.800.294.1500**. Identify yourself as a Meritain Health member. A GlobalFit representative can answer your questions, send you a free guest pass, [1] or help you join the gym of your choice.

Notes:

- You may pay a one-time activation fee. Check with GlobalFit for details.
- Make all payment arrangements with GlobalFit using their convenient billing options.

[1] Not available at all gyms.

[2] Participation in GlobalFit is for new gym members only. If you belong to a gym now or belonged recently, call GlobalFit to see if a discount applies.

[3] Provided by WellCall, Inc., through GlobalFit.

Hearing.

You can take care of your hearing and save money with **Hearing Care Solutions** and **HearPO®**.

Hearing Care Solutions.

Hearing Care Solutions has over 2,000 providers at more than 1,300 locations and offers you:

- A discounted rate of $42 for hearing exams.
- Hundreds of hearing aid models at low prices. Save up to 63 percent.
- A two-year supply of batteries (up to 96 cells). After that, you can join a discount battery mail-order program.
- Free in-office service of hearing aids for one year after purchase.
- Free routine services (cleanings, checks and battery door replacements) for the life of the hearing aid.

How to get your discount.

- To schedule an appointment, call Hearing Care Solutions at **1.866.344.7756**.
- Identify yourself as a Meritain Health member.
- Hearing Care Solutions will help you find a provider located near you and schedule an appointment.
- Before your appointment, you will receive a welcome packet that includes:
  - Information on hearing loss.
  - Information on hearing aids.
  - What to expect at your appointment.

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HearPO.

HearPO has more than 1,600 participating locations and offers you:

- A discounted rate of $48 for hearing exams.
- Savings on many hearing aid styles.
- A cost break on the newest hearing aid technologies, including programmable and digital instruments from leading manufacturers.
- Discounts on hearing aid repairs.
- Free follow-up services for one year.
- Free batteries (up to 160 cells per hearing aid).

How to get your discount.

- To receive the discounted rates, call HearPO at **1.877.785.3791** to order a validation packet.
- Identify yourself as a Meritain Health member.
- When you receive the packet, make an appointment with a provider.

Oral Health Care.

Taking care of your teeth is important. Save on oral health care products from Epic Dental and Waterpik®.

Epic Dental.

You can save on Epic products that contain xylitol, a natural sweetener that does not cause cavities. In fact, xylitol has been shown to prevent tooth decay. [1]

You can save on these Epic products:

- Gum and mints
- Mouthwash
- Toothpaste
- Xylitol sweetener in bulk—it can be used like sugar, in cooking or baking. Xylitol has 40 percent fewer calories than sugar.

You can get 50 percent off your first order up to $25 and 20 percent off all orders after that.

How to get your discount.

To order products and get your discount, or for more information:

- Visit Epic Dental's website at **http://www.epicdental.com/v-342-meritain-members-save**.
- Or call **1.800.494.3742** to speak to an Epic Dental customer service representative. You can also identify yourself as a Meritain Health member.
- Use the following promotion codes to get your discount
  - On your first order: **MESMILE** and get 50 percent off
  - On all orders after that: **MEGRIN** and get 20 percent off

Waterpik®.

You can save on Waterpik dental products that help keep your mouth as healthy as it can be.

How to get your discount.

To order and get your discount, or for more information:

- Visit the Waterpik website at **www.waterpik-store.com**.
- Or call **1.800.290.1568** to speak to a Waterpik customer service representative to order. You can identify yourself as a Meritain Health member.
- To get the discount you must enter promotion code **HealthWP14** on the website or mention it when you speak to a customer service representative.

[1] Brian A. Burt, The use of sorbitol- and xylitol-sweetened chewing gum in caries control, J Am Dent Assoc 2006 137:190-196.

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