Helpful tips for Benefits

SCAN ME!!

Helpful Tips when providing your Health Insurance information to your provider for verification of coverage, benefits, and in-network coverage.

- Always make sure your providers or facilities are in-network under AETNA
  - The provider CANNOT verify coverage and benefits directly through AETNA
- Coverage, benefits, and claim information is verified through AUXIANT
  - Provider should call Auxiant at 1-800-788-7569 to verify coverage/benefits
- Take and present your insurance ID card to the provider's office. This will ensure the process is followed appropriately and coverage/benefits can be verified
  - If you are told you're "not enrolled", "don't have coverage", "we don't accept that insurance", etc., confirm they are using Auxiant for verification and not Aetna.
  - AETNA is only for the in-network use of providers and services. NOT coverage.
- If they are not able to confirm your coverage/benefits, please have them call Kristi or Amber

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Independent Solutions › Real Results

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FSA

You have an extended time at the end of the FSA plan year to submit receipts for reimbursement. You can only be reimbursed for claims incurred during the previous FSA plan year. You must submit claims no later than 30 days after the end of the Plan Year.

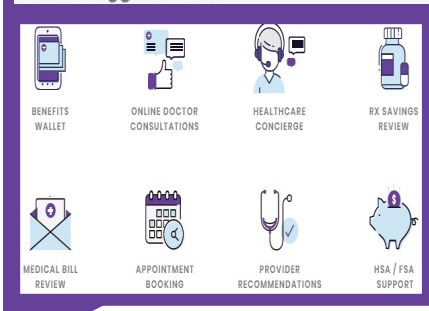
Using Benefits is Complicated.
HealthJoy Makes it Simple.

HealthJoy is the first stop for all your healthcare and employee benefits needs. We're provided for free by your employer and personalized for you. You'll have instant access to an up-to-date benefits wallet with all your benefits cards. Our healthcare concierge is available to help you. We'll save you time, money and a ton of aggravation.

Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team, telemedicine visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and spot errors in your medical bills. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.

HealthJoy



Are you taking a high-cost maintenance medication?

Your employer is providing a new service to enrolled members in your current health plan. It's a prescription drug benefit and advocacy program provided through SHARx.

The SHARx program procures these targeted medications for members through alternate access points - many times at $0 cost to the member.

What is SHARx?

SHARx is an advocacy solution provided by your employer. This program was created to extend advocacy program benefits to employees like you. Our role is to help facilitate the on-boarding and advocacy process for each eligible member of your employer's health plan and provide access for all high-cost medications.

SHARx
High-Cost Prescription Access

sharxplan.com | app.sharxplan.com | 314.451.3555