

ARBenefits Bariatric Program

How do I enroll to have bariatric surgery?

1. Go to <https://my.arbenefits.org> and log into your account.
2. Select the “Forms” tab on the right-hand side
3. Fill out the application and click the submit button.

Potential candidates will be contacted by a Case Manager by March 31, 2021. All others will receive an email through the ARBenefits member portal.

What are the eligibility requirements for enrolling in the bariatric program?

1. Primary insured only, no dependents.
2. Must have been the policy holder on our plan for 1 year.
3. BMI of 36 to 59 with an approved comorbidity; BMI of 40 to 59 without a comorbidity.
4. No previous bariatric surgery.
5. Active employee at enrollment and at time of surgery.
6. Working voicemail and email.
7. Financially able to cover all out of expenses including copays, and deductible.

What are the approved comorbidities to for the Pilot Program if my BMI is between 36 and 40?

Approved comorbidities are: Sleep Apnea, Diabetes Mellitus Type II, Hypertension, and/or Osteoarthritis. The comorbidity must be verified by your surgeon or primary care provider.

How long do I have to participate in the Pilot Program prior to having surgery?

You must participate for a minimum of 3 months.

How long do I have to have the surgery?

Surgery must be performed on or before December 31, 2021.

What are the requirements of the bariatric program?

1. Meet all the inclusion criteria.
2. You must participate in a minimum of three (3) months of nurse coaching with a Health Advantage Case Manager and continue contact monthly until surgery. The length of the post-operative follow-up scheduled is determined by your Case Manager and based on their professional assessment. These intervals of contact will be set to meet your individual needs and will be a verbal contract between you and the Health Advantage Case Manager.
Maintaining contact with the Case Manager at the agreed upon interval is the candidate's responsibility both before and after surgery. This is independent of any requirements set by

your bariatric surgeon.

3. You must have successfully completed at least a three-month health care provider-supervised nutrition and exercise program as detailed below.
4. Participants must have a working voicemail and email.
5. Participants must be able to speak with a nurse coach between the hours 8:00 am -4:00 pm Monday through Friday.
6. Sign and return to HA the letter of attestation outlining the member's responsibilities.

I had a previous bariatric surgery that has failed. Will I be approved for a second bariatric surgery?

NO. The plan will not cover repeat surgeries, even if the first procedure was not covered by ARBenefits.

Is my spouse or child eligible for this benefit?

NO. Spouses or dependents will not have this benefit.

How do I obtain pre-certification for the surgery?

Pre-certification is obtained by the bariatric surgeon performing the surgery prior to the surgery date. The surgeon's office will obtain all the necessary records to submit for pre-certification.

How much will the plan pay for bariatric surgery?

Payment will be made according to the surgery payment schedule of the plan in which you are enrolled. (Premium/Classic/Basic). The surgeon can give you an estimate of your out of pocket costs. Expect to pay your maximum out of pocket allowance for the year you have surgery. Most providers require payment in full before the surgery. All surgeries must be completed on or before December 31, 2021.

If a member had bariatric surgery, will the plan cover any complications resulting from the surgery?

The plan will cover certain complications from bariatric surgery. Certain post-operative procedures are considered cosmetic and not a complication of bariatric surgery. Surgical procedures including but not limited to Panniculectomy are subject to review for pre-certification. Nutritional supplements (food and/or vitamin) are not covered by the plan. Refer to surgical complications of bariatric surgery policy.

What if my BMI is below 35?

Your BMI must be at least 35 at the time of surgery in order to qualify for the program.

What is considered a provider-supervised nutrition program?

A three-month health care provider-supervised nutrition and exercise program should include:

A low-calorie diet or diet program recommended specifically for the Employee by his/her physician, mid-level practitioner, registered dietitian, or surgeon. Increased physical activity

and behavior modification prescribed by medical provider. Documentation of compliance monthly for a minimum of three (3) months and continuing until surgery is completed.

Which physician should I use for the surgery?

You may use any bariatric surgeon that is an in-network provider. Verify with Health Advantage at HealthAdvantage-HMO.com.

Does the program end upon completion of my surgery?

NO. The program requires a patient centered follow-up period, to be determined by the member and HA Case Manager.

**ALL CRITERIA MUST BE MET BEFORE BARIATRIC SURGERY WILL
BE APPROVED THROUGH THE PRE-CERTIFICATION PROCESS.**