

P/NW Health Benefits Consortium

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<http://www.pnwboces.org/hbc/hbc.htm>

200 BOCES Drive, Yorktown Hts. NY 10598

<http://www.aetna.com/index.htm>

Aetna customer service – 1-877-223-1685

<http://www.express-scripts.com>

Express Scripts customer services – 1-866-790-8282

WOMEN'S HEALTH and CANCER RIGHTS ACT of 1998

This notice is provided to inform members that when the health plan provides benefits for a mastectomy, the following benefits are also available to members who elect breast reconstruction surgery following the mastectomy:

- Reconstruction of the breast on which a mastectomy was performed;
- Necessary surgery and reconstruction of the other breast in order to achieve a symmetrical appearance; and
- Prostheses, special bras and coverage of complications of all stages of mastectomy including lymphedemas.

This coverage is subject to the same deductibles, coinsurance/ copayments that apply to other medical and surgical benefits covered under the plan.

COBRA

Workers who have lost their jobs may qualify for a 65 percent subsidy for COBRA continuation premiums for themselves and their families for up to nine months. Eligible workers will have to pay 35 percent of the premium to their former employers.

To qualify, a worker must have been involuntarily separated between Sept. 1, 2008, and Dec. 31, 2009. Workers who lost their jobs between Sept. 1, 2008, and enactment, but failed to initially elect COBRA because it was unaffordable, get an additional 60 days to elect COBRA and receive the subsidy.

This subsidy phases out for individuals whose modified adjusted gross income exceeds \$125,000, or \$250,000 for those filing joint returns. Taxpayers with modified adjusted gross income exceeding \$145,000, or \$290,000 for those filing joint returns, do not qualify for the subsidy.

More information on the COBRA subsidy is available from [the U.S. Department of Labor](#).

Student Dependents

To be eligible for coverage, a dependent child age 19 or over must-

- (a) be a full-time student (as determined by the educational institution) at an accredited secondary or preparatory school, college or university, or other accredited educational institution; and
- (b) be dependent on his/her parent(s) for at least 50% financial support and maintenance; and
- (c) be under the age of 25.

When a student graduates, coverage will be terminated on the last day of that month. Please refer to your Plan document for additional conditions regarding student withdrawals.

Student dependents age 19 or over must certify their eligibility each spring and fall. If you have not received a spring 2009 certification form from your employer, please contact your school district's benefits representative. Student certifications were due no later than February 15th.

Students may be considered full-time if taking a combined 12 or more credits/semester or are enrolled in a full-time internship that is required by their educational institution for completion of their program.

Retirees (and Spouses) Must Enroll in Medicare

Your health plan generally requires retirees, and their spouses, who are eligible for Medicare to enroll in Parts A and B as soon as possible. This includes retirees, and their spouses, who are eligible for Medicare on the basis of Social Security Disability, even if under age 65. Members do not need to enroll in Part D.

Failure to enroll in Parts A and B may result in lack of coverage by either Medicare or the Consortium's Health Plan, or both. Additionally, it may result in higher Medicare premiums when you finally do enroll.

Retirees who are covered under a spouse who is actively employed elsewhere may still be required to enroll in Medicare. **This may be true even if the other employer's plan or Medicare tells you that you need not enroll in Medicare. If you have questions, please contact the Office of Risk Management at 914-248-2456 before declining Medicare.**

DEDUCTIBLES / COPAYMENTS / OUT-OF-POCKET (OOP) Effective July 1, 2009

| | |
|--|----------------------------------|
| Hospital deductible (in network) - Inpatient | \$200 per admission |
| Hospital deductible (in network) - Outpatient (emergency room or surgery) | \$75 per visit |
| Hospital deductible (in network) - Outpatient (other than emergency room or surgery) | \$25 per visit |
| Hospital coinsurance (out of network) - In or Out Patient (* see note below) | Member pays 10% |
| Medical deductible (out of network)- per individual | \$500 per calendar year |
| Medical deductible (out of network)- maximum per family | \$1,500 per calendar year |
| Medical coinsurance (out of network) (* see note below) | Member pays 20% after deductible |
| Office visit copay (in network) | |
| Specialist (* ^ see notes below) | \$25 per visit |
| Primary care (* see note below) | \$20 per visit |
| Urgent Care Facility (in or out of network) copay (* see note below) | \$25 per visit |
| Laboratory/ Radiology copay (in network) (* see note below) | \$20 per day per provider |
| Generic prescription drug copay (#see note below) | \$10 per fill |
| Preferred brand name prescription drug copay (#see note below) | \$25 per fill |
| Non-preferred prescription drug copay (#see note below) | \$40 per fill |
| Maximum Medical Out-Of-Pocket (in or out of network) per family | \$2,513 per year |
| Maximum Prescription Drug Out-Of-Pocket per family | \$1,000 per year |

* Subject to maximum medical out of pocket

^ OB/GYN subject to specialist copay

Retail pharmacy dispensing quantities generally limited to 30 days

Mail order pharmacy dispensing quantities generally limited to 90 days