

P/NW Health Benefits Consortium

Issue 41

September 2008

<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

\$2 Million Dollar Cap Eliminated

The Joint Governance Board voted to eliminate the \$2 million cap on medical claims. This means that in the event that your medical claims reach \$2 million, your benefits will not cease.

Express Pharmacy Services

The Joint Governance Board selected Express Scripts Inc. (ESI) to administer your drug benefit effective January 1, 2009.

Aetna will continue to administer hospital and medical claims.

Express Scripts Inc. (ESI) is one of the nation's largest prescription drug benefit managers, with more than 50,000 participating pharmacies nation-wide, including mail-order service. New ID cards will be distributed a few weeks before January 2009. Additional information will be sent in coming weeks regarding this change.

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 now certify their eligibility each spring and fall. If you have not received a fall 2008 certification form from your employer, please contact your school district's benefits representative. Student certifications are due no later than October 15th.

Retirees (and Spouses) Must Enroll in Medicare

Your health plan generally requires retirees and spouses who are eligible for Medicare to enroll in Parts A and B as soon as possible. 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 January 1, 2009

Hospital deductible– Inpatient	\$100 per admission
Hospital deductible– Outpatient (emergency room or surgery)	\$50 per visit
Hospital deductible– Outpatient (other than emergency room or surgery)	\$15 per visit
Medical deductible (out of network)– per individual	\$420* per calendar year
Medical deductible (out of network)– maximum per family	\$1,260* per calendar year
Office visit copay (in network)	\$15 per visit
Laboratory/ Radiology copay (in network)	\$10 per day
Preferred generic prescription drug copay (#see note below)	\$10 per fill
Preferred brand name prescription drug copay (#see note below)	\$20 per fill
Non-preferred prescription drug copay (#see note below)	\$30 per fill
Maximum Medical Out-Of-Pocket (in or out of network)	\$2,513* per year
Maximum Prescription Drug Out-Of-Pocket	\$1,000 per year

*Medical services deductibles and out-of-pocket maximums are indexed each year based upon the Plan's annual cost increases.

Retail pharmacy dispensing quantities generally limited to 30 days

Mail order pharmacy dispensing quantities generally limited to 90 days