

# P/NW Health Benefits Consortium

Issue 38

November 2006

<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

## DEDUCTIBLES / COPAYMENTS / OUT-OF-POCKET (OOP) Effective January 1, 2007

Hospital deductible– Inpatient	\$100 per admission
Hospital deductible– Outpatient (emergency room or surgery)	\$50 per visit
Hospital deductible– Outpatient (other than emerg. rm. or surgery)	\$15 per visit
Medical deductible (out of network)– per individual	\$363* per calendar year
Medical deductible (out of network)– maximum per family	\$1089* 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)	\$2,175* 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

## OUT-OF-POCKET (OOP) EXPENSES; Effective January 1, 2007

After the deductible is met for out-of-network medical services, members are generally responsible for 20% of allowed charges. For in-network medical services, members are generally responsible for the above copayments. Once the accumulated coinsurance and copayments paid by the member, and/or member's family, reach a certain amount, the member and his family are no longer responsible for most coinsurance or copayments for the remainder of the calendar year. Effective January 1, 2007, this amount is \$2,175.

**Hospital (inpatient or outpatient) copayments, mental health coinsurance/ copayments and prescription drug copayments are not considered for the above limit. There is a separate maximum OOP for prescription drug expenses: \$1,000. Charges not allowed under the plan, such as amounts that exceed reasonable and customary limits are also not considered for the above limit.** The medical out-of-pocket maximum is indexed each year based upon the Plan's annual cost increases.

## DEPENDENT COVERAGE

**Reminder:** It is the member's responsibility to notify his/her district benefits office when a dependent loses eligibility for coverage. This includes divorce or when a college student leaves or graduates from school. Additionally, changes that affect benefits coordination must be reported in a timely manner (generally within 60 days). These include spouses who start new jobs or enroll or lose coverage in other health insurance plans.

## **PRESCRIPTION DRUG SECONDARY CLAIMS**

When members or their dependents are covered by another prescription drug insurance plan that is primary to the Consortium's plan, they may be entitled to a supplemental benefit.

When you or your dependents purchase a drug, the Consortium requires you to pay a copayment of \$10 (GENERIC), \$20 (PREFERRED BRAND) or \$30 (NON-PREFERRED BRAND). If you paid more after your primary insurance processed the claim, then you may submit a supplemental claim to Aetna. A copy of the primary payer's explanation of benefits plus a copy of the pharmacy's receipt should be attached to a claim form and sent to the below address.

**Attn. Claims Processing  
Aetna Pharmacy Management  
PO Box 14024  
Lexington, Ky. 40512**

**Claim forms may be obtained from the Consortium's web site  
(<http://www.pnwboces.org/hbc/Forms.htm>). Please ensure correct address is used.**

## **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.

## **Aetna Navigator**

Aetna's web site includes a very helpful tool called Aetna Navigator. Aetna Navigator is easy to use. To get the full benefit, you must register with Aetna for a password. Registration is easy.

With Aetna Navigator, you will be able to review your claims history, print Explanations of Benefits and even obtain forms and replacement ID cards. In fact, if you have a Flexible Spending Account (FSA), the FSA administrator may accept the Aetna Navigator printed report as complete claims documentation.

You may also research many different health and wellness issues, ranging from finding healthful recipes to learning what to expect if you are facing the prospect of chemotherapy. How to improve communications with your doctor, or other health care provider, is even a topic for which Aetna Navigator can help.

Learn more about Aetna Navigator by going to the following web address: <http://www.aetna.com/index.htm>