

PNW HEALTH BENEFITS CONSORTIUM

NEWSLETTER 65 | OCTOBER 2018



RESOURCES

PNW Health Benefits Consortium
200 BOCES Drive
Yorktown Heights, NY 10598
914-248-2456

[Click Here!](#)

MEDICAL

Aetna customer service
1-877-223-1685

www.aetna.com/index.html

Aetna Medicare Advantage
1-888-267-2637

<http://pnwhbc.aetnamedicare.com/>

PHARMACY

Navitus customer service
Commercial Plan
1-866-333-2757

www.navitus.com

Navitus Medicare RX Plan
1-866-270-3877

<https://medicarerx.navitus.com>

NoviXus Mail Service Pharmacy
1-888-240-2211

www.novixus.com

Lumicera Specialty Pharmacy
customer service
1-855-847-3553

AETNA COMMERCIAL PLAN

The following benefit changes are effective 1/1/2019:

- Emergency Room copay increased from \$100 to \$150
- Urgent Care copay increased from \$25 to \$35
- Hearing Aid benefit increased from \$1,000 every 5 years to \$4,000 every 3 years



AETNA MEDICARE ADVANTAGE PLAN

The following benefit changes are effective 1/1/2019:

- Individual Out of Network Deductible increased from \$147 to \$183
- Individual Out of Pocket Maximum increased from \$1,500 to \$2,000
- Facility Outpatient Hospital Services copay increased from \$20 to \$35
- Emergency Room copay increased from \$50 to \$100
- Urgent Care Copay increased from \$25 to \$35
- Hearing Aid benefit increased from \$1,500 every 3 years to \$4,000 every 3 years

HIPAA PRIVACY NOTICE

The Plan's HIPAA Privacy Notice has been updated and is located on the Consortium's website.

<https://pnwboces.org/Health-Benefits-Consortium/Health-Benefits-Consortium-Home.aspx>
or Click Here!

Important Information to Know

Your health plan requires retirees and their spouses/dependents who are eligible for Medicare, when Medicare is primary, to enroll in Parts A and B as soon as possible. If you delay enrollment, you could have a gap in coverage without insurance. This includes members who are eligible for Medicare on the basis of Social Security Disability, even if under age 65 and can take as much as 25-months to enroll!

Failure to enroll in Medicare Parts A & B when first eligible could result in significant financial penalties for you and your spouse/dependents.

Once you are enrolled in Medicare Parts A & B, you may be transferred into the Consortium's Medicare Part C and D Plans. Medicare Advantage is another term for Medicare Part C. Medicare Part C includes the benefits of Medicare Parts A & B plus supplemental benefits. Medicare Part D is for drugs.

If you have questions, please contact your District Benefits Representative before declining Medicare.



NAVITUS HEALTH SOLUTIONS COMMERCIAL PLAN

Prescription drug copays and the maximum annual out of pocket will remain the same for 2019.

NAVITUS HEALTH SOLUTIONS MEDICARE PART D PLAN

Prescription drug copays and the maximum annual out of pocket will remain the same for 2019.

Medicare Part D Drug Coverage

Navitus MedicareRx (PDP) is a Medicare prescription plan and has a contract with the Federal government. You should understand that this prescription coverage is in addition to your coverage under Medicare; therefore, you will need to keep your Medicare Part A and Part B coverage. It is your responsibility to inform Navitus MedicareRx (PDP) of any prescription coverage that you have or may get in the future. ***You can only be enrolled in one Medicare prescription drug plan at a time – if you are currently enrolled in a Medicare Prescription Drug Plan, your enrollment in Navitus MedicareRx (PDP) will end that enrollment.***

There is NO additional premium for the Navitus MedicareRx (PDP) plan. However, some people pay an extra amount for Medicare Part D coverage because of their yearly income, this is known as Income Related Monthly Adjustment Amounts, also known as IRMAA. If your income is greater than \$85,000 for an individual (or married individuals filing separately) or greater than \$170,000 for married couples, you must pay an extra amount directly to the government (not the plan) for your Medicare Part D coverage.

If you are eligible for the Medicare Prescription Drug Plan, you will be enrolled (or re-enrolled for 2019) automatically. If you are eligible for the program, but opt out, you may NOT be permitted to retain your current drug benefit. If you have any questions, please contact your District Benefits Representative.

Please be aware that the Medicare Part D plan for Consortium members has been designed to closely match the basic prescription drug plan provided to active employees and non-Medicare retirees by adding a second, wrap-around plan. The Wrap-Around plan processes the claim at the same time that the Part D plan claim is processed at the pharmacy and fills in the gaps. Therefore, doughnut holes and coverage gaps are not a concern.

CANARX/PNWMEDS

CanaRx/PNWMeds program is still available with \$0.00 copayment. CanaRx provides ONLY Brand Name drugs and ONLY when a Generic Drug is not available or has been tried and is not suitable for that patient, as determined by a physician and authorized by CanaRx. For more information, you may contact CanaRx at 1-866-893-6337 or online at <http://www.PNWMeds.com>

Did You Know?

Flu Shots

The Consortium covers influenza immunizations at no cost. Members may obtain the immunization either at the pharmacy or physician's office.

For Medicare members, the flu vaccine is a Medicare Part B covered benefit, and therefore covered under our Medicare Advantage Plan at your physician's office or at network pharmacies that provide this service. The Medicare Advantage Plan covers the cost of a high dose flu vaccine, as well as the regular vaccine. For questions regarding the flu vaccine under the Medicare Advantage Plan, please contact Aetna member services at 1-888-267-2637.

For Non-Medicare members, the flu vaccine is covered at 100%. If you are receiving the vaccine through a pharmacy and have questions, please contact Navitus at 1-866-333-2757.

How you can prevent the flu

- Everyone 6 months & older should receive an annual flu vaccine
- Avoid close contact with people who are sick
- Wash your hands often with soap and warm water — if soap and water are not available, use alcohol-based sanitizer
- Avoid touching your eyes, nose and mouth
- Clean/disinfect surfaces and objects that may be contaminated with germs like the flu

Signs and symptoms of the flu

- Fever or chills (not everyone with the flu gets a fever)
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue

TELADOC

General Medicine	Dermatology*	Behavioral Health*
Members can receive treatment within minutes for non-emergency, acute general needs such as:	Members can request a dermatology consult for complex or ongoing conditions such as:	Members can receive support for such issues as:
Flu Cough Sinus Problems Sore throat Allergies Sunburn Bronchitis Ear Infection Arthritis Pink eye	Rash Psoriasis Rosacea Acne Skin Infections	Stress Anxiety Depression

HAVE YOU HEARD ABOUT TELADOC??

***Not applicable for members enrolled in the Aetna Medicare Advantage Plan.**

The Consortium now offers a new Telemedicine service provided by Teladoc made available through Aetna.

As health care costs and wait times continue to rise, Teladoc is an innovative and effective way to provide quality care at a lower cost. Teladoc offers members a quality healthcare alternative to costly urgent care and ER visits, while reducing medical costs and improving productivity.

This service is available at your fingertips 24/7/365, providing on demand access to board-certified doctors via phone, mobile app, and online video chat. Doctors can diagnose, treat and prescribe medications (if necessary) for common health issues. Available benefits include services for General Medical, Dermatology and Behavioral Health. (Due to CMS regulations, only General Medical is available for members in the Medicare Advantage plan. Aetna Medicare Advantage Plans must follow the standard medical plan copay i.e. \$20 PCP copay for a telemedicine visit.)

Member copay for all three services will be \$0. Beginning 1/1/2019, member copay will be \$10 for all services. For members in the Medicare Advantage plan, the copay for General Medicine will remain \$20.

TO GET STARTED:

1. You can set up an account by the following:
 - Online: Go to [Teladoc.com/Aetna](https://teladoc.com/Aetna) and click "set up account"
 - Mobile App: Download the app at teladoc.com/mobile and click "activate account"
 - Call Teladoc: Teladoc can help you register your account at 1-855-Teladoc (835-2362)
2. Provide Medical History
 - Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.
3. Request a Consult
 - Once your account is set up, request a consult anytime you need care. Talk to a doctor by phone, web, or mobile app.

Teladoc is the only telemedicine provider covered under the plan. Telemedicine services billed by any other provider (e.g. CareMount Medical) will not be covered under the plan.



BREAST CANCER AWARENESS

Stay on top of breast health and screenings - The Consortium allows coverage for 3-D mammograms under the preventive mammogram benefit.

YOU CAN MAKE A DIFFERENCE

There are ways to improve your odds against getting breast cancer. A healthy diet and exercise get you off to a great start.

Do yearly checkups and recommended screenings!

FIVE WAYS TO LOWER YOUR RISK

Some healthy-living tips may help lower your risk for breast cancer:

1. Watch your weight. It's important to stay at the right body weight for your height and age. Overweight women have higher estrogen levels. This increases their cancer risk.
2. Get physical. Working out helps lower body fat. Less fat means less risk. One hour a day can help lower breast cancer risk by 20 percent. But even 30 minutes a day can improve your chances.
3. Cut back on alcohol. Limit yourself to one drink a day. Compared to women who don't drink, women who have three or more drinks a day may double their risk.
4. Don't smoke. Smoking cigarettes raises your risk. If you are a smoker, think about getting help to kick the habit.
5. Get your checkups and screenings. Discuss what's right for you with your doctor.

UNDER 40

PROFESSIONAL EXAM

Talk to your doctor about whether you need an exam.

MAMMOGRAM

Unless there is a high risk, most experts recommend against regular mammograms for younger women. Your doctor may ask you to get one if there is a lump or other concern.

40 - 49

PROFESSIONAL EXAM

Many doctors suggest a yearly exam.

MAMMOGRAM

Some medical experts suggest a yearly mammogram. Others say it is optional for women in this age group.

50 - 74

PROFESSIONAL EXAM

Many doctors suggest a yearly exam.

MAMMOGRAM

Doctors suggest having one at least every 2 years.

75 AND OLDER

PROFESSIONAL EXAM

Talk with your doctor.

MAMMOGRAM

Talk with your doctor.



WOMEN'S HEALTH AND CANCER RIGHTS ACT

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Aetna at 1-877-223-1685 (POSII) or 1-888-267-2637 (Medicare Advantage) for more information.