**Important Information for Medicare Eligible Members**

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 it 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.*

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**HIPAA PRIVACY NOTICE**

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

[www.pnwboces.org/Health-Benefits-Consortium](http://www.pnwboces.org/Health-Benefits-Consortium)
YOUR MEDICAL PLAN GIVES YOU FLEXIBILITY

• You can visit any doctor you want, in or out of Aetna’s network.
• And you don’t need to get a referral form to visit one.

You don’t have to choose a primary care physician (PCP) either.
But you may want to.

That’s because PCPs in Aetna’s network do more than give you a checkup. They know you and your medical history. They can help guide you on important health decisions and direct your care.

And, seeing a PCP could cost less.

The Aetna plan also gives you access to tools, tips, programs and services. They can help you find doctors, estimate costs and more.

For details like copays, coinsurance and what’s covered, check your Summary of Benefits and Coverage document.

GO TO:
www.pnwboces.org/Health-Benefits-Consortium/Health-Benefits-Consortium-Home

You pick your doctors — no referrals needed to see them

OPTION 1: USE AETNA’S NETWORK

Network doctors contract with Aetna to offer rates that are often lower than their regular fees. So choosing a PCP or another network doctor will help you save money. Your PCP and network doctors also work directly with Aetna. They’ll send them claims for the services you receive and get approval for coverage of some services when it’s needed.

Don’t worry — this is all behind-the-scenes work when you choose network doctors. Plus, they’re easy to find. Just visit www.aetna.com.

OPTION 2: GO OUTSIDE AETNA’S NETWORK

This out-of-network option will cost you more

You can also visit licensed providers who are not in Aetna’s network. Out-of-network doctors and hospitals do not contract with Aetna. So that means:
• They normally charge more for their services
• They can balance bill (i.e. amount not covered by Aetna)

They also do not work with Aetna like network providers do. They generally don’t send them claims or get approval for coverage when needed. You may have to pay out of pocket first and then get reimbursement.

Tools to help you find network doctors and more

FIND THE RIGHT PCP OR NETWORK DOCTOR JUST FOR YOU

Use Aetna’s online directory. You can find doctors by name, specialty and location. You’ll also find maps, directions and more. You can even look for doctors who speak your language. Try it out at www.aetna.com.

For a printed directory call Member Services at 1-877-223-1685.
**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.

*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 and 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

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**NAVITUS HEALTH SOLUTIONS COMMERCIAL PLAN**

5 Reasons to Get Vaccinated

1. Disease prevention – Vaccines may prevent influenza (flu), pneumonia, tetanus, hepatitis A and B, human papillomavirus (HPV), meningitis, shingles, measles, and chickenpox.

2. Fewer Doctor Visits – The flu vaccine can reduce the amount of doctor visits due to flu by approximately 60%.

3. Avoid Flu Complications – Certain groups are especially at risk of flu complications.

4. Less Sick Time – Flu vaccines can reduce missed work and school due to illness.

5. FREE! – Vaccinations are a $0 copay at participating pharmacies.

Your plan and Navitus have partnered to provide vaccination services to you through your pharmacy benefit. The vaccination is FREE for you! You may be able to get vaccinated at your convenience at your local pharmacy. Log on to your member portal at www.navitus.com to find a list of pharmacies participating in this program. We recommend you call ahead to ensure your pharmacy can provide this service to you.

If you have questions about this program, call the Customer Care number on the back of your Navitus benefit ID card 1-866-333-2757. If you have questions about whether you should get any vaccine, consult your health care provider.

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**NAVITUS HEALTH SOLUTIONS MEDICARE PART D PLAN**

**EGWP Members: Do you know where to get your vaccines administered?**

Most vaccines for members in the EGWP (retiree health plan) should be administered in your physician’s office. There is a notable exception to this rule, and it is the vaccine used to prevent shingles called Shingrix or Zoster. This vaccine has been deemed a Medicare Part D drug by CMS and that means you should get it at your local pharmacy at $0. Getting the vaccine in your MD’s office will cost you the price of the vaccine (about $250).

Please note that some drugs/vaccines are covered under Medicare Part B or C and are thereby excluded from Medicare Part D. These drugs must be processed through the medical plan. If you receive these vaccines at a pharmacy, please present your Aetna ID card not your Navitus ID card. There are also some drugs/vaccines that may be covered under Medicare Parts B/C or Medicare Part D, depending upon the reason the drug is prescribed.

**HERE IS A PARTIAL LIST OF DRUGS/VACCINES:**

- **Influenza vaccine**
  - Part B/C
- **Pneumococcal vaccine**
  - Part B/C
- **Tetanus, diphtheria, and pertussis (whooping cough)**
  - Part B/C or Part D depending upon diagnostic code
- **Hepatitis A vaccine**
  - Part B/C or Part D depending upon diagnostic code
- **Hepatitis B vaccine**
  - Part B/C
- **Hepatitis C vaccine**
  - Part B/C
- **Varicella vaccine (chicken pox)**
  - Part B/C
- **Zoster vaccine (shingles)**
  - Part D

If you have any question where you should receive your vaccination please call Navitus Health Solutions at 1-866-270-3877 or Aetna Medicare Advantage at 1-888-267-2637 for advice.

*To the extent that any of the information contained in this Newsletter is inconsistent with the official Plan documents, the provisions of the official documents will govern in all cases. Check the Plan document or Schedule of Benefits for more details.*
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 can get you off to a great start.

Do yearly checkups and recommended screenings!

Take Time to Take Care
Do It For You.

When should you get a mammogram?

Based on clinical guidelines, it’s recommend that women from age 50 to 74 should have a mammogram at least every two years.

However, many factors can play a role in how often you should have a mammogram. Factors like your age, any history of abnormal findings and any family history of breast cancer are also taken into consideration. That’s why it’s best to ask your doctor how often you should have one. They know your health history and can help decide what’s right for you.

Why get a mammogram?

A mammogram is a low-dose X-ray that allows specialists to look for changes in the breast tissue. Mammograms may show changes in the breast before you or your doctor can feel them. When you get regular mammograms, doctors may find and treat minor issues early, before they become more serious.

It’s one of the most important things you can do for your health. And it usually takes less than 30 minutes.

Easing mammogram discomfort

Some women may feel discomfort during the screening. Don’t let that stop you from getting this important test. Here are some tips to reduce possible discomfort:

• If you still get your period, schedule your mammogram three to ten days after it. Your breasts are less likely to be tender at this time.
• Ask your doctor if you can take an over-the-counter pain reliever one hour before your mammogram.
• Avoid caffeine the week before your screening. Caffeine can make some women’s breasts tender.

NY Benefit Mandates 2020

The following benefit changes will become effective 1/1/2020:

Aetna Medical Coverage*

• Infertility Mandate
  • The Plan will cover 3 cycles of IVF/ART used in the treatment of Infertility and iatrogenic Infertility.
  • The Plan will cover cryopreservation of eggs, embryos, and sperm for members undergoing treatments that may impact fertility.

• Mental Health - Maternal Depression
  • Screening and referral of maternal depression under infant’s policy

Navitus Pharmacy Coverage*

• Contraception Coverage Requirements
  • Dispensing up to 12 months at one time at zero copay

• HIV-Prevention Drug PrEP

For more information, please contact Aetna at 1-877-223-1685 or Navitus at 1-866-333-2757.

* To the extent that any of the information contained in this Newsletter is inconsistent with the official Plan documents, the provisions of the official documents will govern in all cases. Check the Plan Document or Schedule of Benefits for more details.
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.

Available benefits include services for General Medical, Dermatology and Behavioral Health.

Doctors can diagnose, treat and prescribe medications (if necessary) for common health issues.

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.

**GENERAL MEDICAL SERVICES**
Teladoc is available 24 hours a day. If the member chooses the on-demand consult option, the member will speak to the first available physician.

If the member chooses to meet with a physician at a specific time, those consults are available from 7 AM – 9 PM in the member’s local time zone.

**BEHAVIORAL HEALTH** consults are video only, available 7 AM- 9 PM in the member’s local time zone and must be scheduled for a specific time.

**DERMATOLOGY** consults are electronic only, with a diagnosis and treatment of your skin condition in just two business days or less. Most cases are handled within 24 hours.

**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.**

**$10 Member copay for all three services**

**$20 Copay for members in the Medicare Advantage plan**
**Get started:**

1. **Set up an account**
   - **ONLINE:** Go to 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 or answer any questions 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. The dermatology program is only available by web or mobile app. Behavioral health is available by video only.

**Here’s how it works for the dermatology program:**

1. **Request a consult**
   - Log in to your Teladoc account online or through the mobile app anytime, anywhere.

2. **Upload images**
   - Take at least 3 pictures of your skin condition and upload them to your account to share with the dermatologist.

3. **Choose your pharmacy**
   - If medically necessary, a prescription can be sent to your local pharmacy.

4. **View results online**
   - A dermatologist reviews images and provides a plan within two business days.
   - You can ask follow-up questions through the secure message center at no charge for up to seven days.