

# PNW HEALTH BENEFITS CONSORTIUM

Newsletter 63 | November 2017



## RESOURCES

PNW Health Benefits Consortium  
200 BOCES Drive  
Yorktown Heights, NY 10598  
914-248-2456  
[www.pnwboces.org/health-benefits-consortium/health-benefits-consortium-home.aspx](http://www.pnwboces.org/health-benefits-consortium/health-benefits-consortium-home.aspx)

### MEDICAL:

Aetna customer service  
1-877-223-1685  
[www.aetna.com/index.html](http://www.aetna.com/index.html)

Aetna Medicare Advantage  
1-888-267-2637  
<http://pnwhbc.aetnamedicare.com/>

### PHARMACY:

Navitus customer service  
1-866-333-2757  
[www.navitus.com](http://www.navitus.com)

NoviXus Mail Service Pharmacy  
1-888-240-2211  
[www.novixus.com](http://www.novixus.com)

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

Current Drug Administrator  
through 12/31/2017

CVS/caremark – 1-866-255-2583  
Siverscripts – 1-866-490-2099

## NEW PRESCRIPTION DRUG ADMINISTRATOR

Starting January 1, 2018, your prescription drug coverage will be managed by Navitus Health Solutions. The CVS/caremark and SilverScripts plan will end as of December 31, 2017. Beginning January 1, 2018 please use your new Navitus prescription ID card at your local pharmacy.

| Drug Tier   | Retail Pharmacy 31-Day Supply Copays | Mail Order & Retail Pharmacy 90 Day Supply Copays |
|---|--------------------------------------|---|
| <b>Drug Tier 1</b><br>(includes preferred generics and some lower-cost brand products)                        | \$5 copay                            | \$5 copay   |
| <b>Drug Tier 2</b><br>(includes preferred brand products and some higher-cost non-preferred generics)         | \$35 copay                           | \$70 copay  |
| <b>Drug Tier 3</b><br>(includes non-preferred products and may include some high-cost non-preferred generics) | \$50 copay                           | \$100 copay                                       |
| <b>Drug Tier 4</b><br>(includes specialty products available at specialty pharmacies)                         | \$100 copay                          | \$200 copay                                       |
| <b>Maximum annual Out of Pocket; Single/Family - \$800/\$1,600</b>  |                                      |   |



## CANARX/PNW BOCES MEDS

Certain Brand Name drugs are available through CanaRx/PNWMeds 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. Not all Brand Name drugs are available through CanaRx/PNWMeds. *For more information, you may contact CanaRx by calling 1-866-893-MEDS (1-866-893-6337) or online at [www.PNWMeds.com](http://www.PNWMeds.com).*



## RETIREES (AND DEPENDENTS) MUST ENROLL IN MEDICARE

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 the Consortium's Office of Risk Management at 914-248-2456 before declining Medicare.*



## 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.*

## WELLNESS COACHING

The Consortium offers you an important **confidential** benefit to help ensure you and your family's health and well-being – Wellness Coaching. This comprehensive Wellness Coaching benefit is designed to help you tackle some of the issues that are most detrimental to your overall health and well-being.

*This program includes assistance with:*

- \* losing weight, improving nutrition
- \* getting fit
- \* stopping tobacco use
- \* reducing stress

**Best of all, it's free!** Here's how it works: **Call the EAP confidential number 1-800-252-4555 or 1-800-225-2527—and ask to speak to a Wellness Coach.** It's as simple as that. You and your Coach will develop an action plan tailored to your unique goals and lifestyle. Your Wellness Coach will work one-on-one with you telephonically - offering tools, resources, support services and motivation to help you successfully reach your goals. Remember that all calls to your EAP, whether for employee assistance or for wellness coaching are confidential.

## 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 the current pharmacy benefit manager.**



## CHANGES IN FAMILY STATUS

When a change in family status occurs, you must notify your school district's HR department as soon as possible. Changes may include, but are not limited to, a divorce, loss (or gain) of spouse's employment, birth or adoption of a child. If the HR department is notified in a timely manner (usually within 31 days), you may be entitled to change your health insurance enrollment. Failure to notify your HR department in a timely manner, will most likely require you or your dependent(s) to wait until the next annual, open-enrollment period before you may change your health insurance coverage. Failure to notify your HR department in a timely manner when a covered dependent loses eligibility (e.g. divorce) or becomes eligible for coverage under another health plan, may also result in financial consequences such as requiring you to reimburse the Plan for any claims or premiums paid for the dependent. The dependent may also lose the right to obtain COBRA coverage.

**MEDICAL/HOSPITAL BENEFITS**

| <b>2018 Medical/ Hospital</b>                      |                            |                                |                            |                       |
|--|----------------------------|--------------------------------|----------------------------|-----------------------|
|  | <b>POS II Plan</b>         |                                | <b>Medicare Advantage</b>  |                       |
|  | <b>In Network</b>          | <b>Out of Network</b>          | <b>In Network</b>          | <b>Out of Network</b> |
| Medical deductible<br>Single/Family                | None                       | \$750/\$2,000                  | None                       | \$147                 |
| Primary care office<br>visit                       | \$20                       | 20% after deductible           | \$20                       | 20% after deductible  |
| Specialist office visit                            | \$35                       | 20% after deductible           | \$35                       | 20% after deductible  |
| Lab in hospital                                    | \$35                       | 10% after \$35                 | \$20                       | 20% after deductible  |
| Lab in free standing<br>facility                   | \$25                       | 20% after \$750<br>deductible  | \$20                       | 20% after deductible  |
| Radiology/Imaging<br>in hospital                   | \$50                       | 10% after \$50                 | \$20                       | 10% after deductible  |
| Radiology/Imaging<br>in free standing<br>facility  | \$25                       | 20% after \$750<br>deductible  | \$20                       | 20% after deductible  |
| Urgent care  | \$25                       | \$25 after \$750<br>deductible | \$25                       | \$25                  |
| Hospital inpatient                                 | \$250                      | 10% after \$250                | \$200                      | 10% after deductible  |
| Hospital outpatient<br>other than ER or<br>surgery | \$35                       | 10% after \$35                 | \$20                       | 10% after deductible  |
| Hospital Emergency<br>Room                         | \$100                      | \$100                          | \$50                       | \$50                  |
| Hospital outpatient<br>surgery                     | \$100                      | 10% after \$100                | \$20                       | \$20                  |
| Out of Pocket<br>Maximum<br><br>Single/Family      | \$3,000/\$5,000            | \$4,000/\$6,000                | \$1,500 per person         |                       |
| Hearing aid benefit                                | \$1,000 once every 5-years |                                | \$1,500 once every 5-years |                       |