

# P/NW Health Benefits Consortium

Issue 46

June 2010

<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

<http://www.express-scripts.com>

Express Scripts customer services – 1-866-790-8282

<http://www.PNWMeds.com>

PNWMeds/CanaRx – 1-866-893-6337

## PNWMeds Mail-Order Drug Program

We would like to provide you with additional information about the PNWMeds mail order drug program, which becomes effective 7/1/2010. PNWMeds is a new, voluntary, mail-order drug program. This program WILL NOT replace the current Express Scripts drug program. Prescriptions will still be available at local pharmacies through Express Scripts and by mail-order through Express Scripts. The new, PNWMeds program is in ADDITION to the Express Scripts drug program.

The website ([www.PNWMeds.com](http://www.PNWMeds.com)) and toll-free phone line (**1-866-893-(MEDS) 6337**) are now up and running. The web site contains general information about the program, a list of drugs available and application forms. If you are unable to get an application from the website, please ask your District Benefits Representative for one.

You will note that the application asks for your ID number and Group number. It is recommended that you use both the ID and GRP numbers on your Aetna ID card. Please note that the PNWMeds program is NOT affiliated in any way with Aetna. Using your Aetna ID and Group numbers will just make it easier to identify you and to verify that you are eligible to access the PNWMeds program.

- \* The **ID** number is unique to you.
- \* The **GRP** number starts with 100166, which identifies the Consortium;
- \* The second set of **GRP** numbers (010 through 023) identifies your employer;
- \* The third set of **GRP** numbers (00020 through 00025) identifies your category, such as active, retired, COBRA, Medicare primary, etc.

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- \* **PNWMeds** is an optional international mail-order program for select brand name drugs (no generic drugs) administered by **CanaRx** and will become effective July 1, 2010.
  - \* **PNWMeds** is completely voluntary.
  - \* Prescriptions filled through **PNWMeds** are the same brand name prescriptions offered through pharmacies in the United States.
  - \* Safety is a primary concern
    - o All prescriptions are filled only in Tier 1 countries (e.g. Canada, Australia, New Zealand, United Kingdom), which have safety requirements equal to or greater

than the United States. Tier 1 countries are designated by the United States Congress.

- Prescriptions are mailed in the original, unopened packages received from the manufacturer. There is no counting/repackaging by the pharmacist.
- \* **All copays are waived for prescriptions filled through PNWMeds.**
- \* This program is available only to members for which the PNW Health Benefits Consortium is primary payer. If you have another drug plan through another employer, then this program will not be available to you.

## **Retirees (and Spouses) Must Enroll in Medicare**

Your health plan generally requires retirees and their spouses, who are eligible for Medicare, to enroll in Parts A and B as soon as possible. This includes retirees and their spouses, who are eligible for Medicare on the basis of Social Security Disability, even if under age 65. 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.**

## **Extended Coverage of Dependent Children**

In accordance with the Patient Protection and Affordable Care Act, health plans must generally permit children to remain on their parent's coverage through age 25, regardless of marital status, financial dependence or student status. This law takes effect upon the first plan year after September 23, 2010. For the Consortium, this means July 1, 2011. However, the Trustees voted to implement this coverage 1-year early; **July 1, 2010.**

Please note that a child who is eligible for an employer-sponsored health plan, other than a group health plan of his/her parent, is NOT eligible to be covered by the Consortium. For example, a child who is eligible for benefits from his/her own employer, or a child who is married and eligible for benefits from his/her spouse, is NOT eligible for coverage by the Consortium.

Once a child reaches age 26, or loses eligibility for coverage under his/her parent's plan, continued coverage under NY State law or COBRA may be available.

Eligible children who are under age 26 and not currently covered under their parent's plan will be allowed to enroll effective July 1, 2010. Please see your District's Benefits Representative for more information and an application form.