Q & A About PNWMeds

Question: How can I save up to $480/year on each prescription?
Answer: By using the PNWMeds Program!

Under the Express Scripts program, you pay a copayment for each fill:

- Tier 1 (Generic) $10/fill
- Tier 2 (preferred brand) $25/fill
- Tier 3 (non-referred brand) $40/fill

PNWMeds is an international prescription drug program administered by CanaRx. When you use PNWMeds, your copayments are waived.

For a tier 3 drug purchased at a local pharmacy, you save $40 x 12 fills/year = $480 saved/year.

Question: Why does the Consortium offer the PNWMeds program?
Answer: Drugs purchased internationally through CanaRx are less expensive than those purchased domestically through Express Scripts. Even after waiving the copayments, the Plan still saves.

Question: Are the drugs purchased internationally safe?
Answer: The drugs purchased by CanaRx are the same drugs, from the same manufacturers, that are available from local pharmacies in the United States.

CanaRx only purchases drugs from pharmacies located in countries with safety and oversight programs deemed by the United States Congress and Food and Drug Administration to be equal to, or better than, programs in the United States.

Additionally, once the drugs are packaged by the manufacturer they are never opened and repackaged, as they frequently are when purchased through United States pharmacies. You receive a sealed package that has not been opened since it was manufactured.

Question: Does PNWMeds offer all types of drugs?
Answer: No. PNWMeds only offers brand name drugs; NO GENERICS. Generic (and brand name) medications may still be obtained through the Express Scripts program. Also, some brand name drugs are not offered. For example, drugs that are temperature sensitive or need refrigeration are not available through PNWMeds. Narcotics are also not available.
Question: What if I am currently taking a generic drug purchased from a local pharmacy or the Express Scripts Mail Order pharmacy? May I change to a brand name drug through PNWMeds?
Answer: It depends.

- In most cases brand drugs and their generic equivalents are just that – equivalent. In some cases, however, the generic may differ slightly. While the active ingredient in a generic drug is identical to its corresponding brand drug, there may be fillers/colors/additives that are different. If you are taking a generic drug that is working for you then you should stay on that particular drug.
- When a generic exists, the equivalent brand name drug is most likely NOT available through PNWMeds.
- If there is an equivalent drug available through PNWMeds, your doctor must certify that you have tried the generic and the reason it did not work for you. Your doctor is required to complete a Generic Waiver certifying the medical necessity of the brand name medication. This must accompany the prescription when submitted to PNWMeds.

Question: How can I learn more about the PNWMeds program?
Answer: You may contact CanaRx by calling 1-866-893-MEDS (1-866-893-6337), or online at www.PNWMeds.com. You may also write to:

PNWMeds
P.O. Box 44650
Detroit, MI 48244-0650

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.

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.