

P/NW Health Benefits Consortium

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<http://www.pnwboces.org/hbc/hbc.htm>

200 BOCES Drive, Yorktown Hts. NY 10598
914-248-2456

<http://www.aetna.com/index.htm>

Aetna customer service – 877-223-1685

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

Express Scripts customer services – 866-790-8282

<http://www.PNWMeds.com>

PNWMeds/CanaRx – 866-893-6337

Domestic Partner Coverage Rescinded

On June 24, 2011, Governor Cuomo signed into law the Marriage Equality Act, enabling same-sex couples to marry in New York. The new law takes effect on July 24, 2011. Accordingly, consistent with the provisions of the health plan's Domestic Partner policy and Appendix C of the Plan Document, domestic partner health insurance coverage through the Consortium will be eliminated.

As of July 24, 2011, the first day the Marriage Equality Act takes effect, Domestic Partner coverage will no longer be offered through the Consortium. Domestic Partners who are covered by the Plan on July 23rd will be given a one (1) year grace period. After the 1-year period, Domestic Partners will be removed from coverage unless they provide documentation of marriage.

Employer Notification Required When a Spouse or Dependent Child Loses Eligibility For Coverage

When a spouse or dependent child loses eligibility for coverage under the health plan, it is the employee's responsibility to notify his/her school district's benefits office. Situations that will cause a spouse or dependent child to lose eligibility include:

- Divorce from the employee/retiree
- Child being offered health insurance from his/her own employer, or the employer of his/her spouse
- Child reaching age 26
- A child who is not the natural, adopted or step child of the employee/retiree and who no longer is a dependent according to section 152 of the Internal Revenue Code.

You must notify the employer as soon as possible. A delay may result in the lost opportunity to obtain continuation coverage pursuant to NY State Law or the federal COBRA law.

Legal Separation and Divorce Agreements

Legal separation and divorce agreements should address health insurance arrangements for family members. Please note, however, that such agreements are not necessarily binding on the health plan.

For example, if a divorce agreement states that an individual will be responsible for the health insurance expenses of his/her ex-spouse, that agreement does not obligate the health plan to offer such coverage. Ex-spouse's are NOT permitted to be covered under the plan, except through COBRA continuation coverage. If you have questions about how a divorce/separation agreement will be treated by the health plan, please contact the Office of Risk Management at 914-248-2456.

PNWMeds

- * **PNWMeds** is an optional international mail-order program for select brand name drugs (no generic drugs) administered by **CanaRx** that became 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 in Tier 1 countries only (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.
 - o 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.

This program DOES NOT replace the current Express Scripts drug program. Prescriptions are still 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) and toll-free phone line (**1-866-893-(MEDS) 6337**) are available for more information, including 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.

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.**