

# P/NW Health Benefits Consortium

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

PNW Health Benefits Consortium  
200 BOCES Drive, Yorktown Hts. NY 10598  
914 248 2456

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

Aetna customer service – 1-877-223-1685

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

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

<http://www.PNWMeds.com>

PNWMeds/CanaRx – 1-866-893-6337

## CHILDREN TO AGE 26

In accordance with the Affordable Care Act, Natural, Step and Adopted Children may be covered (see note below) until their 26<sup>th</sup> birthday. Other children under age 26 may also be eligible for coverage if they meet the definition of “DEPENDENT” in accordance with section 152(f) of the Internal Revenue Code.

**Note: Children who are eligible for coverage through another employer’s health plan (other than a plan of the child’s parent) WILL NOT be eligible for coverage through the Consortium before July 1, 2014.**

## ADDING NEW DEPENDENTS

If you plan to add a new dependent to your coverage, **it is vital to do so within 31 days of acquiring the new dependent.**

If an employee who has only Individual coverage requests a change to Family coverage more than 31 days after the acquisition of an eligible dependent, then the employee must wait until the annual enrollment period to apply for Family coverage; however, if the new dependent is a newborn infant, then coverage shall become effective from the date the employer is notified of the birth or adoption.

If an employee who has family coverage requests to add an additional dependent more than 31 days after acquisition of the new dependent, coverage shall become effective no earlier than the first day of the calendar month following the month in which the request is made; however, if the new dependent is a newborn infant, then coverage shall become effective from the date the employer is notified of the birth or adoption

## RETIREES (AND SPOUSES) MUST ENROLL IN MEDICARE

Your health plan requires retirees and their spouses who are eligible for Medicare, when Medicare is primary, to enroll in Parts A and B as soon as possible. Most people enroll shortly before their 65<sup>th</sup> birthday with Medicare becoming effective the first day of the birth month. If you delay enrollment, you could have a gap in coverage without insurance. This includes retirees and their spouses, who are eligible for Medicare on the basis of Social Security Disability, even if under age 65. Additionally, you could be subject to additional premiums once you do enroll in Medicare.

**Once you are enrolled in Medicare Parts A & B, you will likely be transferred into the Consortium’s Medicare Part C Plan. Medicare Advantage is another term for Medicare Part C. Medicare Part C includes the benefits of Medicare Parts A & B plus supplemental benefits.**

If you, or a dependent, are Medicare eligible and eligible for primary prescription drug benefits through the Consortium, you will be enrolled directly into the Consortium’s own Medicare Part D Prescription Drug Plan with Express Scripts.

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

**DEDUCTIBLES / COPAYMENTS / OUT-OF-POCKET (OOP)  
Effective January 1, 2014**

- Deductibles and Copayments will remain the same for 2014.
- The Medical Maximum Out of Pocket amounts will be indexed according to the Plan.

Hospital deductible (in network) - Inpatient	\$200 per admission
Hospital deductible (in network) - Outpatient (emergency room or surgery)	\$75 per visit (\$50 Medicare Advantage Emergency Room; \$20 Outpatient Surgery)
Hospital deductible (in network) - Outpatient (other than emergency room or surgery)	\$25 per visit
Hospital coinsurance (out of network) - In or Out Patient	Member pays 10%
Medical deductible (out of network)– per individual	\$500 per calendar year (\$147 per calendar year – Medicare Advantage Plan)
Medical deductible (out of network)– maximum per family	\$1,500 per calendar year
Medical coinsurance (out of network)	Member pays 20% after deductible
Office visit copay (in network)	Specialist Primary care
	\$25 per visit (\$20 Medicare Advantage) \$20 per visit
Urgent Care Facility (in or out of network) copay	\$25 per visit
Laboratory/ Radiology copay (in network)	\$20 per day per provider
Generic prescription drug copay	\$10 per fill
Preferred brand name prescription drug copay	\$25 per fill (waived for CanaRx)
Non-preferred prescription drug copay	\$40 per fill (waived for CanaRx)
Maximum Medical Out-Of-Pocket (in or out of network)	\$3, 273 per family per year (excludes deductibles)  \$1,500 per person per year Medicare Advantage (includes deductibles)
Maximum Prescription Drug Out-Of-Pocket per family	\$1,000 per year