

# 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.html>

Aetna customer service – 1-877-223-1685

Aetna Medicare Advantage – 1-888-267-2637

<http://www.caremark.com>

CVS Caremark customer service – 1-866-255-2583

<http://putnam.silverscript.com>

Silverscript customer service – 1-866-490-2099

<http://www.PNWMeds.com>

PNWMeds/CanaRx – 1-866-893-6337

## 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. **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 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.

## 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 plans. The Medicare Advantage Plan covers the cost of a high dose flu vaccine, as well as the regular vaccine. For Non-Medicare members, the flu vaccine is covered at 100%.

For questions regarding the high dose flu shot under Medicare Advantage please contact Aetna member services at 1-888-267-2637

**OPEN ACCESS POINT OF SERVICE II Plan (Effective January 1, 2016)  
DEDUCTIBLES / COPAYMENTS / OUT-OF-POCKET (OOP)**

(Medicare Advantage Plan same as 2015)

Hospital inpatient deductible (in network)	\$225 per admission
Hospital outpatient deductible (in network) (emergency room or surgery)	\$100 per visit
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	\$750 per calendar year (\$147–Medicare Advantage Plan)
Medical deductible (out of network) - maximum per family	\$2,000 per calendar year
Medical coinsurance, most services (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 copay	\$25 per visit (out of network after deductible)
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)
Annual Maximum Medical Out-Of-Pocket (in or out of network) Includes non-hospital coinsurance and copayments	\$2,750 per person (excludes deductibles) \$4,200 per family (excludes deductibles) \$1,500 per person per year Medicare Advantage (includes all deductibles, copayments and coinsurance)
Annual Maximum Prescription Drug Out-Of-Pocket per family	\$800 per person \$1,600 per family

**New IRS Forms/ Innovative Software Solutions, Inc. (ISSI)**

The Affordable Care Act requires employers and health plans to prepare and send new forms.

- Your employer will send IRS form 1095-C to all full-time employees, identifying health insurance coverage that was **OFFERED**. The 1095-C may, or may not, identify spouses and children.
- ISSI will send IRS Form 1095-B to all employees/retirees actually **COVERED** for 1 or more days in 2015 on behalf of the health plan. The 1095-B will identify spouses and children.
- Copies of each form will be submitted to the IRS by the employer or health plan/ISSI.

The IRS will use these forms to determine which individuals may be subject to penalties or subsidies and which employers may be subject to penalties.

The forms will show certain codes used by the IRS to identify what type of coverage, if any, was offered, the employee's cost, and possible safe harbors that the employer may use. The employee's cost that will be shown is for employee-only coverage in the lowest cost option. This may differ from the coverage in which you are actually enrolled and the amount that you actually pay.

You should expect to receive these forms in late January 2016. Please retain these forms for your records and in case the IRS questions your coverage. If you see any errors, please notify your employer's benefits office as soon as possible.

## Q & A About PNWMeds/CanaRx

Question: How can I save up to \$480/year on each prescription?

Answer: By using the PNWMeds Program! Under the CVS Caremark or Silverscript 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: 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 CVS Caremark or Silverscript 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 CVS Caremark/Silverscript 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](http://www.PNWMeds.com).

## Mental Health Parity Exemption

Under the Health Insurance Portability and Accountability Act, as amended, group health plans must generally comply with certain federal benefit requirements. This includes:

- Limitations on preexisting conditions;
- Special enrollment periods
- Prohibitions against discrimination based upon health status;
- Standards relating to benefits for newborns and mothers;
- Parity in the application of certain limits to mental health benefits;
- Reconstructive surgery following mastectomy.

However, the law permits certain state and local governmental health plans to elect an exemption from any or all of these requirements. The Putnam Northern Westchester Health Benefits Consortium has elected an exemption from the requirement for parity in the application of certain limits to mental health benefits.

Please note that this exemption does not reduce your current benefit in any way.

## CVS Caremark/Silverscript Acquires Target Pharmacies

Recently, CVS Caremark, including Silverscript, acquired 1,672 Target store pharmacies and 80 Target health clinics. This includes 70 stores in New York. Members may now obtain a 90-day prescription at CVS Caremark/ Silverscript mail order, local CVS stores and Target store pharmacies.

## Changes in Family Status

When a change in family status occurs, it is necessary to notify your school districts 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 30-days) you may be entitled to change your health insurance enrollment. If you do not notify your HR department in a timely manner, you will most likely be required to wait until the next annual, open-enrollment period before you may change your health insurance coverage.

## Wellness Coaching

The Consortium is now offering you an important new **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.**