

P/NW Health Benefits Consortium

Issue 45

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<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

New Mail-Order Drug Program

We are pleased to announce the introduction of a new, voluntary, mail-order drug program called **PNWMeds**. 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.

- **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
 - 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.

Informational meetings will be held with representatives of CanaRx.

Where: PNW BOCES Tech South Amphitheatre (Seating and space is limited)

When: (1) May 26th 2:30-3:30 PM & 4-5PM

(2) June 11th 2:30-3:30 PM & 4-5PM

A website (www.PNWMeds.com) and toll-free phone line (**1-866-893-(MEDS) 6337**) specific to **PNWMeds** will be established in the next few weeks.

Appeals Deadline Extension

As a result of a recent audit conducted by the New York State Insurance Department, it was determined that certain required appeals information was absent from claims Explanation of Benefits (EOB) during the period July 1, 2002-December 31, 2003. If you are a member who had an appeal denied due to timeliness for services incurred during the above period, you may be eligible to resubmit your appeal.

The following documentation must be included in your re-appeal:

- Copy of provider's bill
- Copy of original EOB (front and back)
- Copy of Aetna's letter denying the appeal on the basis of timeliness.

This documentaion must be received no later than July 1, 2010 at:
Office of Risk Management
200 BOCES Drive
Yorktown Heights, NY 10598

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

Many people have inquired about the requirement to cover dependent children to age 26 under the new federal, health care reform bill. While the provisions of this new federal law differ from the New York law that permits children to obtain coverage through age 29, we will not completely know the impact until the federal agencies promulgate applicable regulations.

What we do know is that the new requirements take effect no later than the first plan year that starts 6-months after the law was enacted. The law was enacted in March 2010 and 6-months later brings us to September 2010. Since the Plan year starts July 1st, the new law will become effective no later than July 1, 2011.

Once regulations are published, we will provide you with more information.