

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

DEDUCTIBLES / COPAYMENTS / OUT-OF-POCKET (OOP) Effective January 1, 2012

- Deductibles and Copayments will remain the same for 2012.
- The Medical Maximum Out of Pocket will be indexed according to the Plan.
- The Prescription Drug Maximum Out of Pocket will remain the same for 2012; please read below regarding retirees and dependents enrolling in the new Medicare Prescription Drug Plan

Hospital deductible (in network) - Inpatient	\$200 per admission
Hospital deductible (in network) - Outpatient (emergency room or surgery)	\$75 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 (* see note below)	Member pays 10%
Medical deductible (out of network)– per individual	\$500 per calendar year
Medical deductible (out of network)– maximum per family	\$1,500 per calendar year
Medical coinsurance (out of network) (* see note below)	Member pays 20% after deductible
Office visit copay (in network)	
Specialist (* ^ see notes below)	\$25 per visit
Primary care (* see note below)	\$20 per visit
Urgent Care Facility (in or out of network) copay (* see note below)	\$25 per visit
Laboratory/ Radiology copay (in network) (* see note below)	\$20 per day per provider
Generic prescription drug copay (#see note below)	\$10 per fill
Preferred brand name prescription drug copay (#see note below)	\$25 per fill
Non-preferred prescription drug copay (#see note below)	\$40 per fill
Maximum Medical Out-Of-Pocket (in or out of network) per family	\$3,077 per year
Maximum Prescription Drug Out-Of-Pocket per family	\$1,000 per year

* Subject to maximum medical out of pocket

^ OB/GYN subject to specialist copay

Retail pharmacy dispensing quantities generally limited to 30 days

Mail order pharmacy dispensing quantities generally limited to 90 days

Satisfaction Survey

The Consortium is conducting a survey of members to assess their level of satisfaction with the Plan and its administrators. If you have not already responded and wish to, you may access the survey on Survey Monkey at the following web address: <http://www.surveymonkey.com/s/8ZFNDRF>

New Prescription Drug Program for Medicare Eligible Retirees and Their Medicare Eligible Family Members

Last month, we informed retirees about a new prescription drug program for Medicare eligible members which will take effect January 1, 2012. If you were selected for this new program, you should have received a letter directly from Express Scripts. The program is only for Medicare eligible retirees and dependents who are currently primary under the Consortium's prescription drug program. **If you have another prescription drug program that is primary, then you are not eligible for the new program.**

Currently, the Consortium's prescription drug program has a \$1,000 maximum out of pocket amount. That means that when your copayments (and dependent copayments) reach \$1,000, your copayments are waived. Under the new Medicare prescription drug program, each individual will be required to pay copayments until they total \$1,000. **In the event that your copayments plus the copayments of your dependents exceed \$1,000, the Consortium will reimburse you the difference.** You will need to submit documentation to the Consortium's Office of Risk Management showing the amount you and your dependents paid during the 2012 calendar year.

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

Failure to enroll in Parts A and B, or to enroll in the Consortium's Medicare Part D Prescription Drug Plan, 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 Consortium's Office of Risk Management at 914-248-2456 before declining Medicare.