

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 services – 1-866-790-8282

<http://www.PNWMeds.com>

PNWMeds/CanaRx – 1-866-893-6337

ENHANCED PREVENTIVE SERVICES

The Joint Governance Board is pleased to announce that the Plan's Preventive Services benefit will be enhanced effective July 1, 2014 to include:

- Preventive pediatric health care services recommended by the American Academy of Pediatrics specified in **Section A** of the Appendix. These services will not be subject to deductibles and coinsurance or copayments;
- The preventive services specified in **Section B** of the Appendix will be available to all members age 21 and older. These services will not be subject to deductibles and coinsurance or copayments;
- The immunizations specified by the Advisory Committee on Immunization Practices (ACIP) in **Section C** of the Appendix will be available to members to age 26. These services will not be subject to deductibles and coinsurance or copayments;
- The immunizations specified by the Advisory Committee on Immunization Practices (ACIP) in **Section D** of the Appendix will be available to members age 26 and older. These services will not be subject to deductibles and coinsurance or copayments;
- Out of network services are subject to Reasonable & Customary charge limits.

Retirees (and their Spouses/Dependents) Must Enroll in Medicare

Your health plan generally requires retirees and their spouses/dependents who are eligible for Medicare to enroll in Parts **A and B** as soon as possible. This includes retirees and their spouses/dependents, who are eligible for Medicare on the basis of Social Security Disability, even if under age 65. Failure to apply/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.

If you, (and your spouse, if married) are Medicare eligible and Medicare would be primary to the Consortium's plan, you will likely be enrolled in the Consortium's Medicare Advantage plan (Part C) and Medicare prescription plan (Part D).

Retirees 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.

PNW MEDS

- * **PNWMeds** is an optional international mail-order program for select brand name drugs (no generic drugs) administered by **CanaRx**.
- * **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 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.
 - 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 programs. Prescriptions are still available at local pharmacies through Express Scripts and by mail-order through Express Scripts. The 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.

CHILDREN TO AGE 26

In accordance with the Affordable Care Act, Natural, Step and Adopted Children may be covered until their 26th 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.

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 or within 31-days of a Qualifying Event.**

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, (a) 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 or (b) if the request is within 31-days of a Qualifying Event, then coverage may become effective from the date the employer is notified.

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, (a) 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 or (b) if the request is within 31-days of a Qualifying Event, then coverage may become effective from the date the employer is notified.

Qualifying Events are certain changes in family status and may include death, divorce, loss of employment or reduction in hours from full-time to part-time.