

# 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.express-scripts.com>

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

<http://www.PNWMeds.com>

PNWMeds/CanaRx – 1-866-893-6337

## New Prescription Drug Administrator

The Joint Governance Board is pleased to announce that CVS/caremark will become the Consortium's prescription drug administrator effective January 1, 2015. In December, members will receive new identification cards. If you currently have a mail order prescription with Express Scripts with refills permitted, it will be forwarded directly to CVS/caremark.

Prescription copayments will not change:

- Generic - \$10      Preferred Brand - \$25      Non-Preferred Brand - \$40

You may obtain up to a 30-day supply at retail pharmacies, and up to a 90-day supply at CVS/caremark mail pharmacy. You may also obtain up to a 90-day supply at CVS retail stores with a single copayment.

In a small number of cases, CVS/caremark's preferred brand drugs will differ from Express Scripts' preferred drugs. Therefore some members may see their copayments change from \$40 to \$25, while others may see it change from \$25 to \$40.

One change that is being made for January 1<sup>st</sup> is the maximum out of pocket (OOP) amounts.

- The maximum OOP amount for an individual will be reduced from \$1,000 to \$800. That means that after a person's copayments total \$800, no further copayments are required.
- The maximum OOP amount for a family will be increased from \$1,000 to \$1,600. That means that after a family's copayments total \$1,600, no further copayments are required for any family members, even if they have not met their individual maximum OOP.

The Joint Governance Board has also authorized enhanced utilization management. In certain cases, generally with high cost specialty medications that could be as much as \$30,000 per month or in cases where changes in dosage are frequent, you may be asked to try a lower cost alternative first or to limit the quantity obtained with each fill.

## 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.

**POINT OF SERVICE II Plan**  
**DEDUCTIBLES / COPAYMENTS / OUT-OF-POCKET (OOP)**  
**Effective January 1, 2015**  
(Medicare Advantage Plan same as 2014)

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 per calendar year – Medicare Advantage Plan)
Medical deductible (out of network)– maximum per family	\$2,000 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)
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

**RETIREES (AND SPOUSES) 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.

**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.**

## Q & A About PNWMeds

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

Answer: By using the PNWMeds Program! Under the Express Scripts program (CVS/caremark after January 1, 2015) 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 Express Scripts (CVS/caremark after January 1, 2015) 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 Express Scripts 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).

## Flu Shots

The Consortium now covers influenza immunizations at no cost.

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.

Medicare Advantage members may have received a flu shot card from Aetna. The card will only cover the regular vaccine, not the high-dose vaccine. To cover the high-dose vaccine, you must submit a claim directly to Aetna.

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