

P/NW Health Benefits Consortium

Issue 3- Retirees Only	Fall 2012
http://www.pnwboces.org/hbc/hbc.htm	200 BOCES Drive, Yorktown Hts. NY 10598 914-248-2456
http://www.aetna.com/index.htm	Aetna customer service – 877-223-1685
http://www.express-scripts.com	Express Scripts customer services – 866-790-8282
http://www.PNWMeds.com	PNWMeds/CanaRx – 866-893-6337

The new Health Care Reform Act (the Affordable Care Act) has enabled the Consortium to make certain structural changes to the Plan which will slow down cost increases without reducing benefits. In fiscal year 2011-12, the Consortium paid more than **\$101,000,000** for members' health care expenses. Some of the changes from the Affordable Care Act affect the federal Medicare and Medicaid programs. As a result, the Consortium began offering a Medicare Part D Prescription Drug Plan January 1, 2012. This coming January, a new medical/hospital plan will be offered to many Medicare eligible retirees and spouses.

New Medical/Hospital Insurance Program for 2013; Medicare Advantage Plan (Medicare Part C)

The Joint Governance Board is pleased to announce a new program for Medicare Eligible members. Effective January 1st, members with primary Medicare will be offered Aetna's **Medicare Advantage Plan**.

(Note: Medicare eligible members with non-Medicare eligible family members and members with another employer's primary coverage are not eligible for the Medicare Advantage Plan)

The Medicare Advantage Plan combines the benefits of Medicare parts A&B with enhanced supplemental coverage, which meets or exceeds the coverage you have today.

Highlights of the Medicare Advantage Plan include:

- Benefits that meet or exceed the current benefits;
- Enhanced wellness benefits such as vision and hearing screenings;
- Aetna's disease and case management services, which assists members with serious medical conditions;
- Access to all doctors who accept Medicare
- All medical/hospital claims are paid by Aetna and coordination with Medicare is not necessary
- There is **NO** additional premium for the Medicare Advantage plan. **However, if your income exceeds \$85,000* single/\$170,000* family, then the Social Security Administration may assess an additional charge which will be deducted directly from your monthly Social Security check.**

* 2012 amounts; may change for 2013

More information will be sent shortly by Aetna with details about the new coverage. To learn more about the new Plan and how it will affect you, you are encouraged to attend one of the following informational meetings.

1	2	3
October 30, 2012 2:30 PM-4:00 PM PNW BOCES Tech South Amphitheatre 200 BOCES Drive Yorktown Heights, NY 10598	November 5, 2012 3:00-5:00 PM Brewster CSD Brewster H.S. Performing Arts Center 50 Foggintown Road Brewster, NY 10509	November 7, 2012 2:30 PM-4:00 PM PNW BOCES Tech South Amphitheatre 200 BOCES Drive Yorktown Heights, NY 10598

Medicare Part D Prescription Drug Program Will Continue for 2013 for Medicare Eligible Retirees and Their Medicare Eligible Family Members

The Consortium's Medicare Part D Plan for eligible members will continue for 2013. This plan is funded by the Consortium and administered by Express Scripts.

This program is only for retirees, and their family members, who are Medicare eligible and for which the Consortium provides primary drug benefits. Members who have other coverage that is primary are not eligible for this plan. Members who are not currently eligible but become eligible later in the year will receive enrollment information from Express Scripts at that time.

If you are eligible for the Medicare Prescription Drug Plan, you will be enrolled (or re-enrolled for 2013) automatically. If you are eligible for the program, but opt out, you may NOT be permitted to retain your current drug benefit.

Prescription Drug Copays will remain the same for 2013.

	<u>Retail pharmacy, up to a 31-day supply</u>	<u>Express Scripts Mail Order, up to a 90-day supply</u>	<u>PNW Meds/ CanaRx, up to a 90-day supply</u>
Generic	\$10	\$10	Not Available
Preferred Brand	\$25	\$25	\$0 if generic not available
Non-Preferred Brand	\$40	\$40	\$0 if generic not available

There is **NO** additional premium for the Medicare Part D plan. **However, if your income exceeds \$85,000* single/\$170,000* family, then the Social Security Administration may assess an additional charge which will be deducted directly from your monthly Social Security check.**

* 2012 amounts; may change for 2013

Express Scripts will send out more information to retirees about the Plan for 2013 very soon. You may find the information sent out by Express Scripts to be confusing. They must send information in a set format as mandated by the Centers for Medicare and Medicaid Services. Please be aware that the Medicare Part D plan for Consortium members has been designed to closely match the basic prescription drug plan provided to active employees and non-Medicare retirees by adding a second, wrap-around plan. The Wrap-Around plan processes the claim immediately after the Part D plan claim is processed and fills in the gaps. Therefore, doughnut holes and coverage gaps are not a concern.

The Medicare Part D plan has a maximum out-of-pocket cap of \$1,000 per person, yet the basic active plan has a cap of only \$1,000 per family. If your family exceeds the \$1,000 maximum but you continue to pay copays, contact the Office of Risk Management for reimbursement of copays that exceed \$1,000 per family.