

P/NW Health Benefits Consortium

Newsletter 61

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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.caremark.com http://putnam.silverscript.com	CVS Caremark customer service – 1-866-255-2583 Silverscript customer service – 1-866-490-2099
http://www.PNWMeds.com	PNWMeds/CanaRx – 1-866-893-6337

Benefit Changes for 2017

The Health Benefits Consortium has been experiencing, as most other health plans have also, higher than normal cost trends. As a result, the Joint Governance Board felt it necessary to modify benefits effective January 1, 2017.

2017 Medical/ Hospital				
	POS II Plan		Medicare Advantage	
	In Network	Out of Network	In Network	Out of Network
Medical deductible Single/Family	None	No change from 2016 = \$750/\$2000	None	No change from 2016 = \$147
Primary care office visit	No change from 2016 = \$20	No change from 2016 20% after deductible	No change from 2016 = \$20	No change from 2016 = 20% after deductible
Specialist office visit	\$35	No change from 2016 20% after deductible	Increase to \$35	No change from 2016 = 20% after deductible
Lab in hospital	\$35	10% after \$35	No change from 2016 = \$20	No change from 2016 = 20% after deductible
Lab in free standing facility	\$25	No change from 2016 = 20% after \$750 deductible	No changes from 2016 = \$20	No change from 2016 = 20% after deductible
Radiology/Imaging in hospital	\$50	10% after \$50	No change from 2016 = \$20	No change from 2016 = 10% after deductible
Radiology/Imaging in free standing facility	\$25	20% after \$750 deductible	No change from 2016 = \$20	No change from 2016 = 20% after deductible
Hospital inpatient	\$250	10% after \$250	No change from 2016 = \$200	No change from 2016 = 10% after deductible

Hospital outpatient other than ER or surgery	\$35	10% after \$35	No change from 2016 = \$20	No change from 2016 = 10% after deductible
Hospital Emergency Room	No change from 2016 = \$100	No change from 2016 = \$100	\$50	\$50
Hospital outpatient surgery	No change from 2016 = \$100	No change from 2016 = 10% after \$100	No change from 2016 = \$20	No change from 2016 = \$20
Out of Pocket Maximum Single/Family	\$3000/\$5000	\$4000/\$6000	No change from 2016 = \$1500 per person	
Hearing aid benefit	\$1000 once every 5-years		\$1500 once every 5-years	

2017 Prescription Drug CVS Caremark & Silverscript

Drug Copays	Retail Pharmacy/ up to 30-days	Mail Pharmacy (or local CVS)/ up to 90-days
Deductible	None	None
Generic	\$5.00	\$5.00
Preferred Brand	\$35.00	\$70.00
Non-Preferred Brand	\$50.00	\$100.00
Specialty	\$100.00	\$200.00

Maximum annual Out of Pocket; Single/Family	\$800/\$1,600
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CanaRx/PNWMeds

Certain Brand Name drugs are available through CanaRx/PNWMeds with \$0.00 copayment. CanaRx provides ONLY Brand Name drugs and ONLY when a Generic Drug is not available or has been tried and is not suitable for that patient, as determined by a physician and authorized by CanaRx. Not all Brand Name drugs are available through CanaRx/PNWMeds.

Generic Drug Requirement

Many Brand Name drugs have no Generic equivalent. However, when a Generic is available, if the Brand Name drug is dispensed, then the member will be required to pay the cost difference unless the Generic is not suitable for that patient, as determined by a physician and authorized by CVS Caremark .

This amount will NOT be credited to the member's Out of Pocket Maximum.

Compound Prescriptions

Certain ingredients commonly used in prescription compounds will be excluded from coverage. This means the member will be responsible for some or all costs related to compound prescriptions.

A compound medication is one that is made by combining, mixing or altering ingredients to create a customized medication that is not otherwise commercially available. Compounds can contain substances that have not been rigorously tested for safety or effectiveness. Additionally, not all compounds are approved by the FDA.