

# P/NW Health Benefits Consortium

Issue 47	November 2010
<a href="http://www.pnwboces.org/hbc/hbc.htm">http://www.pnwboces.org/hbc/hbc.htm</a>	200 BOCES Drive, Yorktown Hts. NY 10598
<a href="http://www.aetna.com/index.htm">http://www.aetna.com/index.htm</a>	Aetna customer service – 1-877-223-1685
<a href="http://www.express-scripts.com">http://www.express-scripts.com</a>	Express Scripts customer services – 1-866-790-8282
<a href="http://www.PNWMeds.com">http://www.PNWMeds.com</a>	PNWMeds/CanaRx – 1-866-893-6337

## DEDUCTIBLES / COPAYMENTS / OUT-OF-POCKET (OOP) Effective January 1, 2011

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	\$2,836 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

## Adding Dependents To Your Coverage

When you wish to add a new dependent, either through marriage, birth, adoption or change in family status, you must inform your benefits office and enroll the new dependent(s) in a timely manner; i.e. within 31-days. An example of a change in family status may be that your spouse lost his or her job.

**Failure to enroll the new dependent(s) within 31-days will result in a delay of coverage.** Check your Plan Document for additional information.

- \* If you already have family coverage but fail to enroll a new dependent within 31-days, then coverage may begin on the first day of the month following the date you notify the benefits office.
- \* If you do not already have family coverage and you fail to enroll a new dependent within 31-days, then coverage may begin with the next annual open enrollment period. Check with your benefits office to confirm if this is January 1<sup>st</sup> or July 1<sup>st</sup>.

## PNWMeds

- \* **PNWMeds** is an optional international mail-order program for select brand name drugs (no generic drugs) administered by **CanaRx** that became effective July 1, 2010.
- \* **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
  - o All prescriptions are filled only in Tier 1 countries (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.
  - o 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 program. Prescriptions are still be available at local pharmacies through Express Scripts and by mail-order through Express Scripts. The new, PNWMeds program is in ADDITION to the Express Scripts drug program.

The website ([www.PNWMeds.com](http://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.

## 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. Members do not need to enroll in Part D.

Failure to 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.

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 Office of Risk Management at 914-248-2456 before declining Medicare.**