



EAST END HEALTH PLAN NEWS & NOTES

Spring 2006

A Periodic Publication from the East End Health Plan

EAST END HEALTH PLAN SETS NEW PREMIUMS EFFECTIVE JULY 2007

The East End Health Plan Board of Trustees met recently to approve new rates for the 2007/08 School Year. A priority of the Plan has always been to provide comprehensive benefits at a cost effective price.

The monthly rates which will go into effect as of July 2007 through June 2008 will be:

Individual Policy: \$567

Family Policy: \$1,285

In addition to the above rates, the rates for those retirees in the Plan who have Primary Coverage through Medicare will be as follows:

Individual Covered by Medicare:
\$517

One Spouse Covered by Medicare /
One Not Covered by Medicare:
\$1,235

Both Spouses Covered by Medicare:
\$1,185

Please note that if you pay your premiums directly, such as retirees and COBRA enrollees, or if your district requires that you pay a premium contribution, the amount that you actually pay may be different from the above rates. This is due to the fact that the portion of the rates that you pay is based on the agreement in place with your district.

If you have questions regarding this, please contact the Health Plan Coordinator at your district.

EAST END HEALTH PLAN CONVERSION TO UNITEDHEALTHCARE

Back in July, the East End Health Plan changed its Administrator for its Medical Plan from Vytra Health Plans to UnitedHealthcare. While there are always issues associated with changing an administrator, for the most part this change has been successful.

For those of you who have experienced problems, be assured that the East End Health Plan along with UnitedHealthcare is doing everything possible to resolve these issues. If you are experiencing problems, please contact the UnitedHealthcare Customer Service Unit at (888) 607-5214. If you are still experiencing problems after contacting UnitedHealthcare, then please contact the Health Plan Coordinator at your District.

Customer Service was one of the primary reasons why the East End Health Plan changed Administrators this past year and it is a top priority of the Plan that its members receive the best service possible.

Benefit Issues Associated with the Change to UnitedHealthcare

Any time a Health Plan changes Administrators, there may be some benefit issues associated with that change. After having a period of time to review the benefits that are being administered through UnitedHealthcare, the Trustees of the Plan recently clarified a few benefits and changed them retroactive to July 1, 2006.

Routine Physicals – Routine Physical Exams are covered under the Plan regardless of age. For anyone who may have received a denial of this benefit since July, these claims will be reprocessed in the coming weeks and you should receive reimbursement.

Flu Shots – Flu shots are also a covered benefit under the Plan. Any of you that have had your flu shot administered to you since July as part of your annual physical exam may have had that claim denied. If so, those claims will be reprocessed along with the routine physical exam claims within the coming weeks and you should receive reimbursement.

TIMOTHY'S LAW - NYS MENTAL HEALTH PARITY ACT

Recently NYS passed a significant law that provides you with a substantial enhancement of the mental health benefits. The primary change in benefit design involves the coverage for certain biologically based mental illnesses such as Major Depression, Bulimia/Anorexia, Schizophrenia, Bipolar Disorder, Delusional Disorders and Panic Disorder. The law also pertains to serious cases of Attention Deficit Disorder and Disruptive Behavior Disorders in children.

The benefits for treatment of these conditions will no longer be subject to the benefit maximums that apply to the mental health benefits. They will now be subject to the same benefit parameters as the medical portion of the Plan. A separate communication will be sent to you regarding this law shortly.