



NEWS AND NOTES

Spring 2016

A periodic publication from the East End Health Plan

EAST END HEALTH PLAN SETS NEW PREMIUMS EFFECTIVE JULY 1, 2016

The East End Health Plan Board of Trustees met recently to approve monthly premiums for the 2016-2017 year.

REMEMBER THAT IF YOU PAY YOUR PREMIUM DIRECTLY, SUCH AS RETIREES, COBRA ENROLLEES OR, IF AS AN ACTIVE ENROLLEE, YOUR DISTRICT REQUIRES THAT YOU PAY A PREMIUM CONTRIBUTION, THE AMOUNT YOU PAY DEPENDS ON THE CONTRACTUAL AGREEMENT THAT YOU HAVE WITH THE SCHOOL DISTRICT WHERE YOU ARE/WERE EMPLOYED. IF YOU HAVE QUESTIONS REGARDING YOUR CONTRIBUTION TO THE HEALTH INSURANCE PREMIUM, PLEASE CONTACT THE HEALTH PLAN COORDINATOR AT YOUR DISTRICT.

The monthly rates that will be in effect for July 1, 2016 through June 30, 2017 will be:

- Individual Policy: \$1,060.00
- Family Policy: \$2,400.00

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

- Medicare Individual: \$740.00
- Medicare Family with one member over and one member under 65: \$1,800.00
- Medicare Family with both members over 65: \$1,485.00
- **COBRA RATES:**
 - Individual Policy: \$1,081.20
 - Family Policy: \$2,448.00

UPDATE ON THE TRANSITION TO BLUECROSS/BLUESHIELD

Now that we have been through several months of our transition to BlueCross/BlueShield as the Plan's Third Party Administrator, we would like to provide you with some additional information/clarification regarding some of the issues that have been identified.

- How are we handling the processing of claims for those providers that were in the UHC network and are not in the BC/BS network for services provided between January 1, 2016 and March 31, 2016?

We are working with BlueCross/BlueShield to recruit all providers that were UnitedHealthcare providers but are not in the BlueCross/BlueShield provider network. If you find yourself in this situation, and you haven't already, provide the name and address of the provider to Frank Perry at fperry@eehp.org. We would ask you to speak directly with your provider and encourage them to join the BlueCross/BlueShield network. If we are unable to recruit the provider, you can continue to see your provider and all claims will be processed on an out-of-network basis in accordance with the Plan benefit structure. You also have the option to transfer to a provider that is in the BlueCross/BlueShield network.

Please be aware that during the period of January 1, 2016 to March 31, 2016, as we try to recruit the provider, the Plan will process all claims for services provided by your doctor on an in-network basis. If you receive services from an out-of-network doctor, obtain an itemized bill(s), attach it to a claim form, (which can be downloaded from our website) and send it to Frank Perry, Operations Administrator, either by e-mail (fperry@eehp.org) or by mail to East End Health Plan, 201 Sunrise Highway, Patchogue, NY 11772. **DO NOT SEND THE CLAIM FORM TO BLUECROSS/BLUESHIELD.** Payment will be made to you, less your co-payment, and not to your provider. Whether or not the provider waits for your payment is between you and your provider.

Visit our website at www.eehp.org



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➤ **Update on Pre-authorization for tests; i.e. CAT Scan, X-ray, MRI**

Our members are not required to obtain a pre-authorization for tests such as MRI/MRA, CAT scan, X-Rays. Due to a miscommunication between the Plan and BlueCross/BlueShield when the benefit design was discussed, this benefit was not specified correctly in the benefit design structure utilized by BlueCross/BlueShield. However, these tests are still subject to medical appropriateness criteria established by BlueCross/BlueShield and the Plan. If you prefer, on a voluntary basis, you may request your provider to call the number on the back of your card to request a pre-determination.

➤ **Duplicate co-pay for tests done in the provider's office**

As in the past, if your provider performs a test in his office, i.e. X-ray, MRI, CAT scan, you do not have a second co-pay. When the benefit design was discussed with BlueCross/BlueShield this benefit was overlooked. In that this is a programming issue, it will take several weeks to make the correction. We thank you for your patience in the meantime. If you have made payment for this second co-pay, a credit will be issued to you through your provider.

➤ **Labs that are in the BC/BS Network which carry no co-pay.**

Both LabCorp and Quest are considered in-network and carry a zero co-pay. If you use any other lab, they will be considered out-of-network and will carry a \$20 co-pay.

Also, for your information the following specialty labs are considered in-network and carry a zero co-pay:

Ameripath - pathology

Genomic - genetic test for breast cancer

Myriad - genetic testing

Perkin Elmer - newborn screening & genetic testing.

➤ **How Will Out-of-Network Claims Be Processed**

If you utilize an out-of-network provider, BlueCross BlueShield will process the claim in accordance with the EEHP's out-of-network benefit. The amount covered by the Plan will be sent to the member by a paper check, along with an *Explanation of Benefits*. The *Explanation of Benefits* will detail the amount charged by the provider, what the Plan allowed, what the Plan is paying and any balance remaining. It will be the member's responsibility to sign over the check to the provider and settle any additional payment the provider may request. You can also, deposit the check into your own account and draw a check from your account to pay the provider. If the provider will not submit the claim to BlueCross/BlueShield, you will have to submit a paper claim. Download and print the *BlueCross/BlueShield Health Insurance Claim Form* found on our website. Complete the top section of the form, attach the bill from the provider and send the completed form to the address found at the top of the form. BlueCross/BlueShield will process the claim and send you an *Explanation of Benefits* and a paper check as described above.

UPDATE ON PRESCRIPTION DRUG COVERAGE

ProAct remains as the prescription drug benefit manager for our members that are not Medicare Primary. There is no change in the prescription drug coverage. The co-pays have not changed. The only change that may occur is if the formulary for a particular medication changes. We have no control over that. Your current BlueCross/BlueShield ID card has the necessary information that the pharmacist needs to process your prescription.

Effective January 1, 2016 AETNA became the prescription drug benefit manager for our Medicare Primary members. The prescription coverage remains the same as do the co-pays. The only change that may occur is if the formulary for a particular medication changes. We have no control over that. You must use your AETNA ID card when obtaining a prescription. If you have any questions or encounter any difficulty regarding your prescription drug coverage, please contact Frank Perry at fperry@eehp.org or by phone, 516-659-3138.

UPDATE ON VISION BENEFIT

Davis Vision (AKA Visionworks) remains as the vision benefit administrator. There are no changes to the vision benefit. Initially there was an issue with the enrollment file transferred to Davis Vision from BlueCross/BlueShield which created a problem, but has since been corrected. The allowance for non-Plan eyeglass frames remains at a \$45 wholesale credit. If you have any questions or encounter any difficulty regarding your vision benefit, please contact Frank Perry at fperry@eehp.org or by phone, 516-659-3138.

CANARX PROGRAM

The East End Health Plan makes available, on a **voluntary** basis to all enrolled members, other than Medicare Primary members, a cost saving, **international mail order drug program** for brand name prescriptions. It is known as **EEHPCanaRx** and is administered by **CanaRx**. This is a totally voluntary program, and does not replace your current prescription benefit plan. Medicare Primary members are not eligible to participate in the program.

Eligible members, retirees (non-Medicare only), and dependents of members of the **East End Health Plan** have the option of ordering select **Brand Name** maintenance medications at a **\$0 CO-PAY** through the **EEHPCanaRx** program. For more information on how this program can assist you in reducing your prescription drug costs, please visit www.EEHPCanaRx.com.