



## July 1, 2016 Plan changes announced by OUSDHP Directors

The Orange Ulster School Districts Health Plan's Board of Directors is announcing benefit changes to the OU Health Plan, for 2016. Unfortunately, due to the additional costs of the Affordable Care Act (ACA), such as ACA taxes, fees and mandated benefits that the Plan must provide without any copays, OU Health Plan costs have dramatically increased.

To avoid the significant increases that the Health Plan insurance community have seen in the past three years (some exceeding 10% + 12% + 20%), OU Health has adjusted its co-pays and member out-of-pocket costs to help maintain the lowest premium increase possible, while still providing a high level of coverage.

### Following are the July 1, 2016 changes (does NOT affect Medicare Primary Retirees):

Office co-payment will increase from \$20 per service to \$25;

In-Network Emergency Room co-pay will increase from \$50 to \$70;

Out-of-Network Emergency Room co-pay will increase from \$70 to \$90;

Infertility treatment benefits provisions, for Assisted Reproductive Technology (IVF), are no longer covered under the Plan.

Prescription drug co-pays (includes all members, retirees and Medicare Primary retirees):

Retail store co-pays (30 days supply), with the exception of Generics, will increase:

**FROM:** \$20 (preferred brand); \$40 (non-preferred brand)

**TO:** \$25 (preferred brand); \$50 (non-preferred brand);

Mail Order prescription co-pays (90 days supply), with the exception of Generics, will increase:

**FROM:** \$30 (preferred brand); \$60 (non-preferred brand)

**TO:** \$37.50 (preferred brand); \$75 (non-preferred brand).

Prescription Step Therapy Management will be applied to certain high-cost drugs wherein a recommended formulary prescription must be attempted before utilizing a secondary, non-formulary drug product. EnvisionRx will notify a member when they must try a recommended formulary medication before a secondary product may be purchased with one of the above co-pays.

### Following are the January 1, 2017 changes:

The Calendar Year Out-of-Network deductible will change, effective January 1, 2017 to \$1,000 (Individual) and \$3,000 (Family). This change will apply to non-Medicare primary members only.

It is the OU Health Plan Directors' intent to control premium costs through these Plan benefit changes. The above medical Plan changes do not affect Medicare primary members. However, the prescription drug co-payment changes impact ALL members, including Medicare Primary participants. 🍏

## **Members Must Timely Notify the Health Plan of Changes in Family Status!**

Members can change their Plan coverage in the event of a qualified "Change in Family Status" anytime during the calendar year. A coverage change **MUST BE MADE WITHIN 30 DAYS OF THE QUALIFIED CHANGE IN FAMILY STATUS.**

A qualified Family Status change includes:

- A.) Marriage
- B.) Divorce
- C.) Birth
- D.) Adoption
- E.) Addition of Children
- F.) Loss of Covered Status for any reason
- G.) Death
- H.) Termination of spouse's medical coverage

To change your health coverage, you must contact your School District's Health Plan Representative. All relevant documentation must be submitted within 30 days of the event; otherwise, your District Representative cannot authorize the Change of Coverage.

**REMEMBER:** Any time one of the above events occurs, you **MUST** notify your Health Plan Representative within 30 days to avoid a delay of coverage!!

Failing to notify the Health Plan (through your employer's representative) of a divorce which eliminates the spouse's coverage eligibility, could result in your being responsible for claims paid by the Plan after the termination from coverage should have taken place. 🍓

## **New ID Cards, as of July 1, 2016**

New ID cards, with the 7/1/2016 co-pays, will be issued in June and distributed by your School District. Non-Medicare retirees will have their ID cards mailed to their home address.

(Note: New ID cards will not be issued to Medicare primary members since the changes do not affect their current ID cards.)

In the event you do not receive your new ID cards (two cards will be issued to each member), or should you need additional cards, please contact INDECS at 1-800-225-0324, select Option 1 for member, select Option 2 for Eligibility. Also, members can email ID card requests directly to INDECS at [idcard@indecscorp.com](mailto:idcard@indecscorp.com). 🍓

## **Mail Order prescriptions can **SAVE YOU MONEY** with reduced out-of-pocket co-pays.**

Please keep in mind, as of 7/1/2016, every time you purchase prescription drugs at the retail pharmacy, the script is limited to a 30 day fill. When those same drugs are purchased through the Costco Mail Order Program, you can purchase a 90 day fill for 1/2 of your monthly co-pay costs. For example:

Drug Type	Retail 30 days co-pay	Mail order 90 days co-pay	Your co-pay savings for 3 months
Generic	\$5.00	\$7.50	<b>\$7.50</b>
Pref Brand	\$25.00	\$37.50	<b>\$37.50</b>
Non-Pref Brand	\$50.00	\$75.00	<b>\$75.00</b>

Therefore, whenever possible, it is to your advantage to purchase repeating maintenance prescriptions through the Plan's Mail Order Program. Forms to enroll in the Mail Order Program are very simple and can be obtained from [www.ouhealth.org](http://www.ouhealth.org) and click on Costco Mail Order Service Form. 🍓



### **Words of Wisdom**

*“To avoid sickness eat less; to prolong life worry less.”*

*-Cha Hai Weng*