



EAST END HEALTH PLAN NEWS & NOTES

Spring 2014

A Periodic Publication from the East End Health Plan

EAST END HEALTH PLAN SETS NEW PREMIUMS EFFECTIVE JULY 2014

The East End Health Plan Board of Trustees met recently to approve new rates for the 2014/15 School Year. A priority of the Plan has always been to provide comprehensive benefits at a cost effective price. The Trustees will continue to closely monitor the operations of the Plan so that the rate of increase in future premiums is as low as possible. The monthly rates which will go into effect as of July 1, 2014 through June 30, 2015 are listed below.

REMEMBER THAT IF YOU PAY YOUR PREMIUMS 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 CONTRACT 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.

Individual Policy: \$902

Family Policy: \$2,041

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: \$665

One Spouse Covered by Medicare/
One Not Covered by Medicare: \$1,778

Both Spouses Covered by Medicare: \$1,561

COBRA RATES:

Individual Policy: \$920.04

Family Policy: \$2,081.82

BENEFIT CHANGES THAT WILL GO INTO EFFECT ON JULY 1, 2014

In an effort to keep the East End Health Plan a cost effective plan that is competitive with other health insurance plans, the EEHP will be changing some of the benefits it offers enrollees on July 1, 2014:

Chiropractic Benefit – For chiropractic services the in-network copayment of \$20 will remain the same. There will now be a \$20 copayment for related radiology. For out-of-network providers the plan will pay only 50% of the in-network allowance after the deductible has been satisfied.

Physical Therapy Benefit – For physical therapy services the in-network copayment of \$20 will remain the same. There will now be a \$20 copayment for related radiology. For out-of-network providers the plan will pay only 50% of the in-network allowance after the deductible has been satisfied.

Ambulance Services – The new ambulance benefit will cover 100% after a \$50 copayment. The old benefit covered the 1st \$50 in full then the remaining balance was paid at 80% after the deductible. (This benefit is effective immediately.)

Specialty Prescription Drugs – Specialty prescription drugs are those high cost drugs that are typically self-injectable and usually cost well over \$1,000 per month. The EEHP is implementing a program that will allow members to take advantage of copay assistance programs that the drug manufacturers offer. In order to take advantage of this program, the EEHP will be establishing a percentage based copayment and at the same time, working in conjunction with ProAct, the EEHP Prescription Benefit Manager, we will be implementing an assistance program to help members take advantage of the copay assistance programs along with a special appeals process for members that are taking drugs that do not have a copay assistance program available to them.

A mailing that is specifically designed to explain this program will be sent in the coming months. Also all the members of the EEHP that are currently taking specialty drugs will be contacted with information specific to the drugs that they are taking.

Retail Brand Name Rx Drug Co-Pay Change – The copayment for generic drugs will remain at \$5. The current Retail Rx Drug co-pay structure for preferred brand name drugs will increase from \$20 to \$25. The current Retail Rx Drug co-pay structure for non-preferred brand name drugs will increase from \$40 to \$45.

Mail Order Brand Name Rx Drug Co-Pay Change – The copayment for generic drugs will remain at \$10. The current Mail Order Rx Drug co-pay structure for a 90 day supply of preferred brand name drugs will increase from \$35 to \$50. The current Mail Order Rx Drug co-pay structure for a 90 day supply of non-preferred brand name drugs will increase from \$70 to \$90.

WHY IS UNITEDHEALTHCARE CALLING?

Answer the phone ... for your health!

The phone is ringing. Caller ID says its UnitedHealthcare... What do they want? Pick up the phone and find out. This is one call you don't want to miss. In fact, it might change your life. UnitedHealthcare may be trying to contact you regarding a health program or service available to you, or to offer information to help you manage or improve your health.

It may seem odd to receive a call from your health plan, but it can really help connect you to resources and benefits you may not have been aware you have. A few of these may be:

Wellness Coaching – after taking your health assessment you might receive a call from one of UnitedHealthcare's wellness coaches. This is to help you set and work toward your wellness goals.

Welcome Home – Care Coordination may call after you return home from an inpatient stay helping to assure you have needed after-care instructions, medication, durable medical equipment and other needs.

Disease Management – through a variety of ways our Disease Management staff receives referrals for patients who have certain disease states, such as diabetes or coronary artery disease. Our nurses outreach to patients and help connect them to needed care and resources.

Healthy Pregnancy – our Healthy Pregnancy nurses reach out to those patients that have a pregnancy diagnosis to offer educational services and resources.

Pharmacy – At times, our Mail Order pharmacy may have questions concerning your prescription orders. It is important to reply promptly so as not to delay your order.

If you receive a call, it's because you have been identified as someone who could benefit from a telephone conversation with a nurse. These are not sales calls; no one will try to sell you anything. So go ahead and answer the phone. We have important information for you.

Here's what you can expect from the calls:

A UnitedHealthcare nurse may call you and suggest you participate in a clinical management program. The nurse might even call to simply check in to see if you are getting timely care for your health care needs. You may receive a call from a nurse if:

- You or your family member has a chronic medical condition.
- You or a family member was recently hospitalized.
- You are pregnant.

If you have questions regarding your UnitedHealthcare coverage, please call one of our customer care professionals at the number on the back of your health plan ID card.