



EAST END HEALTH PLAN NEWS & NOTES

Spring 2012

A Periodic Publication from the East End Health Plan

EAST END HEALTH PLAN SETS NEW PREMIUMS EFFECTIVE JULY 2012

The East End Health Plan Board of Trustees met recently to approve new rates for the 2012/13 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, 2012 through June 30, 2013 will be:

Individual Policy:	\$735
Family Policy:	\$1,663

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:	\$570
One Spouse Covered by Medicare/ One Not Covered by Medicare:	\$1,498
Both Spouses Covered by Medicare:	\$1,333

COBRA RATES:

Individual Policy:	\$749.70
Family Policy:	\$1,696.26

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.

BENEFIT CHANGES THAT WILL GO INTO EFFECT ON JULY 1, 2012

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, 2012:

Provider Visit Co-Pay Change – The base \$18 provider based co-payment which is currently set at \$18 will be increased to \$20. This applies to all the various \$18 co-payments that the EEHP currently has.

Changing the Out-of-Network (OON) Deductibles, the Out-of-Pocket Maximum Benefits and applying these cost sharing benefit items to the hospital benefits – The new OON Deductibles will be \$1,000 for an enrollee, \$1,000 for an enrolled spouse and \$1,000 for all the dependent children combined. The new OON Out-of-Pocket Maximum Benefit will be \$3,000 for an enrollee, \$3,000 for an enrolled spouse and \$3,000 for all the dependent children combined. Once these \$3,000 maximums are met, the East End Health Plan will pay 100% of Usual and Customary (UCR) Fees. These benefit items will now be applied to any OON hospital charges (in-patient or out-patient). They will also apply to any facility based claims for Substance Abuse and/or Mental Health Facilities.

Retail Generic Rx Drug Co-Pay Change – The current Retail Rx Drug co-pay structure for generic drugs of \$2 will be increased to \$5.

Mail Order Rx Drug Co-Pay Change – The current Mail Order Rx Drug co-pay structure of \$2 for generic / \$25 for preferred brand name / \$50 for non-preferred brand name will be increased to \$10 / \$35 / \$70. This is for a 90 day supply of Rx Drugs.

Removal of Nexium and other Proton Pump Inhibitor Medication as a covered benefit – Due to the fact that there is a viable over the counter medication for this drug class (Omeprazole), these drugs will be removed from the formulary as a covered benefit. If your doctor prescribes Nexium, it will not be covered under the Plan. If you choose to continue, you will pay the cost of the drug prescribed.

How You Can Keep Your Costs As Low As Possible

The East End Health Plan continues to provide you with a comprehensive prescription drug plan that is designed to provide you with the prescription medicines that you need. The co-pays for this program are separated into three different categories:

Generic Drugs – These drugs are the lowest cost drugs available to you with a current co-pay of only \$2 whether you receive them from a retail pharmacy (30-day supply) or the mail order pharmacy (90-day supply). Generic drugs are equivalent to a brand name drug and the quality of these medicines is strictly regulated by the FDA. When talking to your physician about prescription drugs, always ask about generic medicines in that they will cost you less than the brand name drug.

Preferred Brand Name Drugs – These are drugs that usually do not have a generic alternative available to them. However, they are usually far more expensive than generic drugs. As a result, they have a higher co-pay; \$20 for a retail pharmacy (30-day supply) and \$25 for the mail order pharmacy (90-day supply). It is always a good idea to talk with your physician about preferred drugs if there are no generic alternatives available to you. This will keep your co-pay as low as possible. If you or your physicians have questions about what drugs are preferred, please contact the ProAct Help Desk by calling 888-219-6886. The listing of drugs and what category they are classified under is also available on the ProAct website: www.proactrx.com.

Non-Preferred Brand Name Drugs – These are some of the most expensive drugs and frequently have a generic alternative available to them. Because of their cost and that there are usually more cost effective medicines, these drugs carry the highest co-pays; \$40 for a retail pharmacy (30-day supply) and \$50 for the mail order pharmacy (90-day supply). Furthermore, there is a Mandatory Generic Drug Provision. This means that if there is a direct generic drug available, the enrollee would have to pay the difference in the cost between the generic and the brand name drug plus the normal non-preferred drug co-pay.

What are the Best Ways for Me to Save Money under the EEHP Prescription Drug Plan?

There are a few basic ways to make sure you are minimizing your out-of-pocket costs associated with your prescription:

Formulary Listing - Take a copy of the *Formulary Listing* with you when you go to visit your doctor. The *Formulary Listing* that identifies the most frequently prescribed drugs can be easily printed from the ProAct website (www.proactrx.com). Bring this with you when you visit your doctors. Doctors are very familiar with the *Formulary Listing* and will be able to discuss your options and your co-payments with you if you bring a copy of the *Formulary Listing*.

ProAct Help Desk - Please contact the ProAct Help Desk with any and all questions at (888) 219-6886. You will be able to work with a pharmaceutical professional that will be able to answer all your questions and help you identify ways to keep your out-of-pocket costs to a minimum and receive the medicines you need.

Mandatory Generic Substitution Clause
Remember that the EEHP Plan contains a provision that if you take a brand name drug that has a direct generic substitution available for the brand name drug and if you continue to take the brand name drug, you will be required to pay the non-preferred brand name drug co-payment plus the difference in cost between the drugs. This could result in significant out-of-pocket costs for you. If this situation occurs, please talk to your doctor about the generic drug so that you do not have to pay the dramatically increased costs. If there are special circumstances that require you to stay with the brand name drug, please contact ProAct at (888) 219-6886 and they will assist you.