APWU HEALTH PLAN
Together. Better Health.

Benefits 101



2015 Open Season Seminar

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Benefits 101

- Medical Terminology
- High Option
- Consumer Driven Option

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Medical Terminology



2015 Open Season Seminar

Everything you wanted to know about ~~SEX~~ Health Insurance Terms but were afraid to ask……

Admission
Elective or Emergency



Amounts

Allowed Amount: The maximum amount of money on which payment is based for covered eligible health care services.

PPO Provider bills $100	Non-PPO Provider bills $100
PPO Network allowable $80	Health Plan allowable is $75
Payment is based on the $80	Payment is based on the $75

Amounts

Out-of-pocket limits: The most you pay during a calendar year before your health insurance begins to pay 100% of the allowed amount for eligible services.

High Option:

PPO: $5,000

Non-PPO: $10,000

Consumer Driven Option:

In-network: $4,200 Self/$6,900 Self Plus One; Self and Family

Out-of-network: $10,200 Self/ $11,400 Self Plus One: Self and Family

Balance Billing

What a provider can bill you for after the Health Plan has paid their portion of covered billed charges.

- Non-PPO or out-of-network providers/facilities can bill you for the coinsurance that you owe and the difference between the Health Plan allowable and what they charged for the service.
- PPO providers should only charge you your deductible, copay and/or coinsurance. They should not bill you the difference between the PPO allowable and what they billed.

Coinsurance

The percentage that **you must pay** for your care.

High Option:

- 5% of the Plan allowance for PPO Cancer Centers of Excellence (COE)
- 10% of the Plan allowance for PPO providers
- 30% of the Plan allowance for non-PPO providers (and the difference between the allowed amount and what the provider charged)
- Pharmacy coinsurance

High Option Coinsurance Example

PPO Provider bills $1,500

PPO Allowance $1,000

Member Coinsurance
PPO Allowance
$1000 X 10% = $100

Total $100

Non-PPO Provider bills $1,500

Health Plan Allowance $1,200

Member Coinsurance
Health Plan Allowance
$1200 X 30% = $360 plus the difference between the $1,200 and the $1,500 = $300

Total $660

Coinsurance *(continued)*

The percentage that **you must pay** for your care.

Consumer Driven Option:

- 10% of the Plan allowance for PPO Cancer Centers of Excellence (COE)
- 15% of the Plan Allowance for in-network providers
- 40% of the Plan Allowance for out-of-network providers (and the difference between the allowed amount and what the provider charged)
- Pharmacy coinsurance

CDHP Coinsurance Example

PPO Provider bills $1,500

PPO Allowance $1,000

Member Coinsurance
PPO Allowance
$1000 X 15% = $150

Total $150

Non-PPO Provider bills $1,500

Health Plan Allowance $1,200

Member Coinsurance
Health Plan Allowance
$1200 X 40% = $480 plus the difference between the $1,200 and the $1,500 = $300

Total $780

Copayment or Copay

A set amount of money you pay for certain services

Normally payable at the time of service

High Option:

- $18 copay for a PPO office visit
- $40 copay for Urgent care facility

Covered Services

- Inpatient Hospitalization
- Doctor Visits
- Labs
- X-rays
- Mental Health Visits
- Prescription Drugs
- RN Visits
- PT, OT, ST

Deductible

A fixed amount of covered expenses you need to incur for certain covered services before the Health Plan starts paying for those services.

High Option Deductible

- **PPO:** $275 (Self)
  $550 (Self Plus One; Self and Family)

- **Non-PPO:** $500 (Self)
  $1,000 (Self Plus One; Self and Family)

High Option Deductible Example

- Beginning of the year, you haven't submitted any claims and you get sick
- You go to the PPO provider and pay an $18 copay (not subject to deductible)
- Doctor orders an X-ray and charges $300
- The network prices the allowable charges at $210
- The entire $210 is your responsibility (**YOU PAY**) and the $210 goes towards your deductible.

CDHP Deductible

- **Self Only:** $1,800, but the Health Plan prefunds your Personal Care Account (PCA) with $1,200, so you really need to pay $600

- **Self Plus One; Self and Family:** $3,600, but the Health Plan prefunds your Personal Account (PCA) with $2,400, so you really need to pay $1,200

Personal Care Account (PCA)

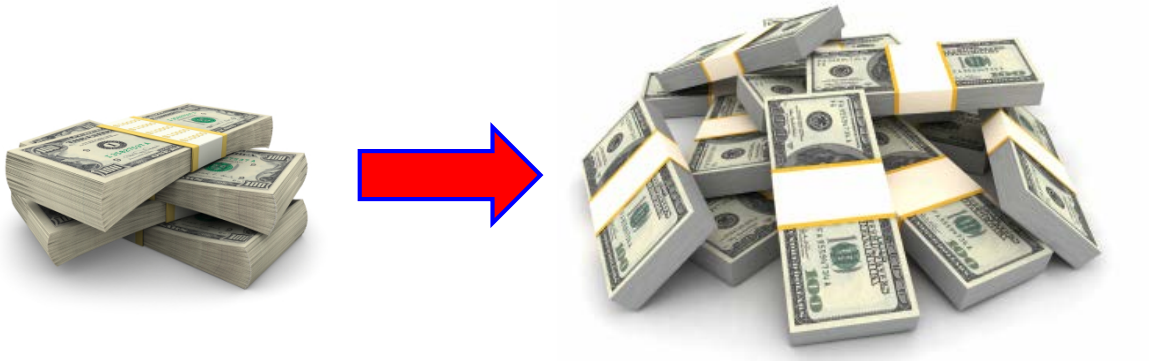
Consumer Driven Health Plan ONLY:

Used for first dollar coverage of eligible expenses

- Self Only: $1,200
- Self Plus One; Self and Family: $2,400

Rollover

CDHP Only



An innovative benefit whereby if you have money left in your PCA at the end of the year, you can roll it over to the following year.

- **Maximum Account Balance:** At the beginning of any given year for Self Only: $5,000

- **Maximum Account Balance:** At the beginning of any given year for Self Plus One; Self and Family: $10,000

PCA Expense Example

If you are ill and you go to an in-network doctor, the doctor will submit your claim and the cost of the visit will be deducted automatically from your PCA. You pay nothing for eligible expenses while you still have funds in your PCA!

- Balance in PCA: $1,200
- Less cost of visit: $60
- Remaining balance in PCA: $1,140

Precertification

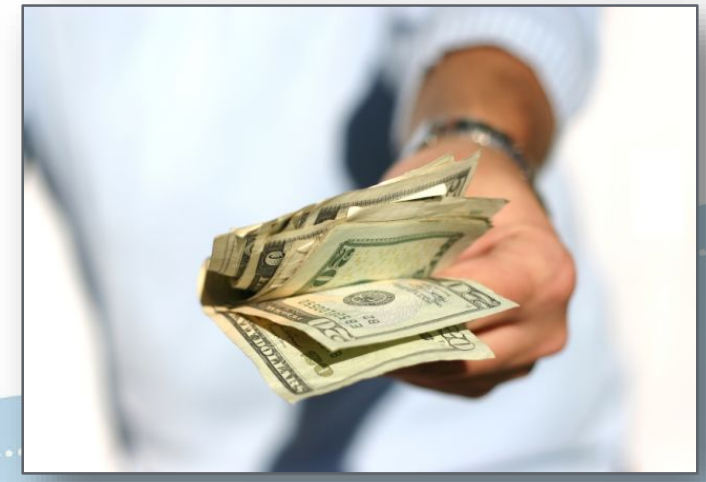
- Cigna/CareAllies: 1-800-582-1314
- UnitedHealthcare (UHC): 1-800-718-1299
- Beacon Health Options: 1-888-700-7965



Precert Penalty

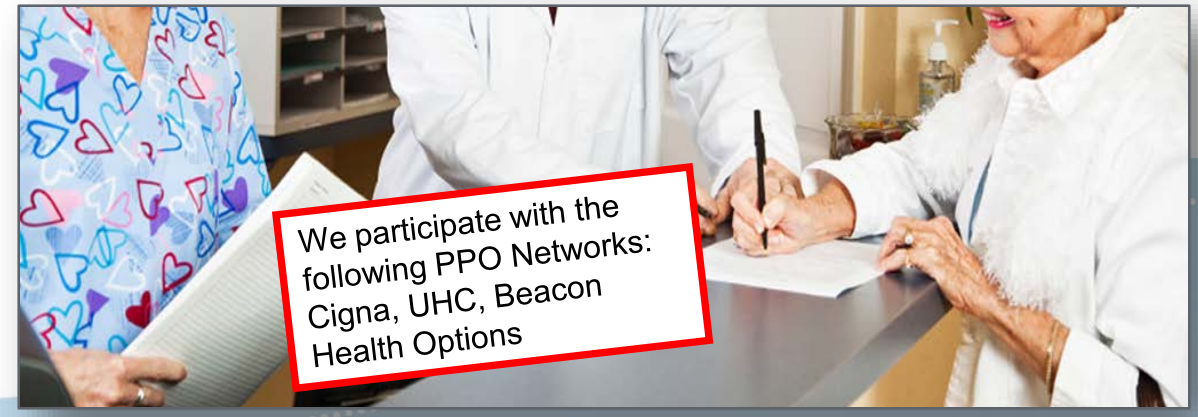
You may be subject to a **$500 precert penalty** if inpatient precertification is not done:

- 2 business days prior to an elective admission, or
- Within 2 business days after an emergency admission



Providers

- **In-network = PPO:** Facilities, providers and suppliers who contract with a network to provide health services to our members
- **Out-of-network = Non-PPO:** Facilities, providers and suppliers who do not contract with a network



Prescription Drugs

- **National Preferred Formulary:** A list of selected covered drugs based on clinical effectiveness and lower cost.
- **Brand Name Drugs:** Are protected by a patent and manufactured and sold only by the company holding the patent.
- **Generic Drugs:** When the patent for the brand name drug expires, generic versions of the drug can be offered for sale if the FDA agrees. Generic drugs are less expensive than brand name drugs.



Categories of Drugs

- You will be able to determine if your drugs are on the National Preferred Formulary and if they are classified as:
  - Generic
  - Preferred Brand
  - Non-Preferred Brand
  - Specialty

  By checking with Express Scripts via the website or telephone. You can also check the listings on the APWU Health Plan website at www.apwuhp.com

Preventive Care

Routine screenings are procedures performed to help keep a member healthy and identify and conditions that may go unnoticed.

Examples: Immunizations, Colonoscopy, Mammogram, PSA Test and PAP Test





Value Based Benefit

An incentive based benefit designed to encourage members to take part in a specific program that will empower them to take ownership of their "disease process".

High Option:

Diabetes Management Program

Hypertension Management Program

Example:
$0 copay for generic drugs obtained via mail order to lower your blood sugar and/or your blood pressure

Consumer Driven Option:

Diabetes Management Program

Example:
$0 copay for generic drugs obtained via mail order to lower your blood sugar

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High Option



2015 Open Season Seminar

Brochure Review

Section 1 How this Plan works (Pgs. 13-14)

- PPO Networks
  - Cigna – High Option
  - Beacon Health Options – Mental Health/Substance Abuse

Brochure Review
Section 2 Changes for 2016 (Pg. 15)

Program Wide:

- Self Plus One enrollment
- Added coverage for in-network Rx and mental health treatment for gender dysphoria/transition
  - Mental health counseling
  - Rx for testosterone/estrogen
  - No coverage for surgical service (Pg. 119)

Brochure Review
Section 2 Changes for 2016 (Pg. 15)

- High Option
  - Increased Rx copay for generic drugs to $10/$20 (Pg. 60)
  - Added additional tiers of reimbursement based on type of Rx (Pg. 60)
    - Preferred Brand/Specialty Preferred Brand
    - Non-preferred Brand/Specialty Non-preferred
    - Compound medications payable only if approved by FDA (Pg. 65)

Brochure Review
Section 2 Changes for 2016 (Pg. 15)

- High Option
  - Add Hypercholesterolemia as a Specialty Drug disease category
  - Healthy Pregnancies, Healthy Babies Program (Pg. 70)
    - Financial incentive to participate $150/$75

Brochure Review
Section 3 How you get care (Pgs. 16-23)

- ID Cards
- Covered Providers/Facilities
- Precertification Requirements/Penalties
- Appealing a Precertification decision (Pre-claim decision)

Brochure Review

Section 4 Your costs for covered services (Pgs. 24-29)

- Copayment amounts
- Deductibles
- Out-of-Pocket Max
- Plan Allowance
- What costs apply to out-of-pocket
- What costs do not apply to out-of-pocket

Brochure Review
Section 5 Benefits

Broken down into 8 subsections:

- 5 (a) Medical Services/supplies
- 5 (b) Surgery/Anesthesia
- 5 (c) Hospital Services
- 5 (d) Emergency Services
- 5 (e) Mental Health/Substance Abuse Services
- 5 (f) Prescription Drugs
- 5 (g) Dental Services
- 5 (h) Special Features

Brochure Review
Section 5(a) Medical Services

- High Option (Pgs. 33-44)
  - Services by doctors, other health professionals
    - Diagnostic Services, tests, lab*, radiology
    - Preventive care*
    - Maternity care*
    - Therapies, PT, OT, ST
    - DME, Prosthetics
    - Chiropractic, Acupuncture services
    - Hearing services
    - Routine Foot Care
    - Home Health services
    - Smoking Cessation and other covered Educational Programs*
      - *Many services covered with no out-of-pocket costs

Brochure Review
Section 5(a) Medical Services *(continued)*

- High Option (Pgs. 33-44)
  - All services listed, except where noted, are subject to the Plan deductible
    - $275/$550 In-network deductible
    - $500/$1000 OON deductible
    - Center of Excellence coinsurance 5%
    - In-network coinsurance is 10%
    - OON coinsurance is 30%
    - In-network Office Visit copay is $18 (has not changed since 2004)

Brochure Review
Section 5(a) Medical Services *(continued)*

- High Option (Pgs. 33-44)
  - Many In-network services are covered at 100%
    - Covered preventive care
    - Voluntary Family Planning services
    - Maternity care
    - Covered lab services at Lab Corp or Quest
    - Smoking cessation counseling
    - Childhood obesity counseling

Brochure Review
Section 5(b) Surgical and Anesthesia Services

- High Option (Pgs. 45-51)
  - All services listed, except where noted, are subject to the Plan deductible
  - $275/$550 In-network deductible
  - $500/$1000 Out-of-network deductible
  - Center of Excellence coinsurance 5%
  - In-network coinsurance is 10%
  - Out-of-network coinsurance is 30%

Brochure Review
Section 5(b) Surgical and Anesthesia Services

- High Option (Pgs. 45-51)
  - Comprehensive Surgical services
  - Voluntary Sterilization
  - Assistant Surgeon
  - Organ Transplants
  - Transplant Network 1-800-668-9682
  - Precertification requirements

Brochure Review

Section 5(c) Services by Hospital or other Facility/Ambulance

- High Option (Pgs. 52-55)
  - Inpatient Hospital services
  - Outpatient Hospital
  - Ambulatory Care services
  - Cancer Centers of Excellence
  - Hospice Care
  - Ambulance service

Brochure Review

Section 5(c) Services by Hospital or other Facility/Ambulance

- High Option (Pgs. 52-55)
  - In-network inpatient services are not subject to Plan deductible
  - Out-of-network inpatient deductible is $300
  - Outpatient services are subject to deductible
  - Standard coinsurance applies based on provider network affiliation
  - Late precertification penalty of $500

Brochure Review
Section 5(d) Emergency Services/Accidents

- High Option (Pgs. 56-57)
  - Definition of Accidental Injury/Medical Emergency
  - Outpatient Care rendered within 24 hours of an accident covered at 100%
  - $40 copayment for services rendered at an Urgent Care Facility
  - Outpatient Care for a medical emergency covered at 90%

Brochure Review
Section 5(e) Mental Health and Substance Abuse

- High Option (Pgs. 58-59)
  - No separate deductibles or additional out-of-pocket costs for mental health services
  - Shared cost sharing (deductibles, copays, coinsurance) as outlined for medical services applies
    - Outpatient services are subject to deductible
    - Standard coinsurance applies based on provider network affiliation
    - Late inpatient precertification penalty of $500
    - Out-of-network inpatient $300 deductible

All claims for treatment must be submitted to Beacon Health Options previously named ValueOptions

Brochure Review
Section 5(e) Mental Health and Substance Abuse

- High Option (Pgs. 58-59)
  - Services requiring preauthorization by Beacon Health Options 1-888-700-7965:
    - Inpatient confinements
    - Psychological testing
    - Electroconvulsive therapy
    - Partial hospitalization
  - Non-covered services
    - Applied Behavior Analysis (ABA)
    - Services that are not precertified when required

Brochure Review
Section 5(f) Prescription Drugs

- High Option (Pgs. 60-66)
  - Subject to copays, coinsurance, minimum and maximum out-of-pocket
    - Generics
    - Preferred Brand
    - Preferred Specialty
    - Non-preferred Brand
    - Non-preferred Specialty
  - Link to Express Scripts through www.APWUHP.com

Brochure Review
Section 5(f) Prescription Drugs

- High Option (Pgs. 60-66)
  - Prescription formulary drugs
  - Insulin and Test Strips
  - With prior Plan approval (pg. 65):
    - Approved RX for organic impotence (Levitra, Viagra)
    - FDA approved drugs for weight control
    - Botox, Retin A, etc.

Brochure Review
Section 5(f) Prescription Drugs

- High Option (Pgs. 60-66)
  - Zero out-of-pocket costs
    - Contraceptive Drugs, generic
    - Low dose aspirin @ Network Retail
    - Vitamin D @ Network Retail
    - Folic Acid @ Network Retail
    - Iron Supplements @ Network Retail
    - Prescription drugs to treat tobacco dependence (Mail Order)
    - OTC to treat tobacco dependence (Cigna/CareAllies only)

Brochure Review
Section 5(f) Prescription Drugs

- High Option (Pgs. 60-66)
  - Non-covered items
  - Rx for cosmetic purposes
  - Vitamins, supplements, enteral formulas
  - Medical supplies (i.e., dressings and antiseptics)
  - OTC items except where noted

Brochure Review
Section 5(g) Dental Benefits

- High Option (Pg. 67)
  - Office Visits (Exams, fluoride treatments); 2 per year
  - Restorative (fillings)
    - In-lay or on-lay restorations are not covered
  - X-rays; 2 per year
  - Cleanings; 2 per year
  - Simple extractions

Covered services are subject to a 30% coinsurance but no deductible

Brochure Review
Section 5(h) Special Features

- High Option (Pgs. 68-71)
  - 24-hour Nurse Line
  - Disease and Weight Management Programs
  - Healthy Pregnancies/Healthy Babies
  - Health Risk Assessment
    - Incentive: CignaPlus Savings discount dental

Brochure Review
Section 6 General Exclusions (Pg. 119)

- List of items specifically excluded from coverage
- Not an inclusive list

Brochure Review

Section 7 Filing a claim for covered services (Pgs. 120-122)

- General instructions for filing claims
- Filing deadline date
- Care rendered overseas

Brochure Review
Section 8 Disputed claim process (Pgs. 123-125)

- Steps for initiating a claim appeal (post-service)
- Addresses
- Documents to include
- Time frames

Brochure Review

Section 9 Coordinating benefits with Medicare and other insurance (Pgs. 126-135)

- Other medical insurance
- TRICARE/CHAMPVA
- Workers' Compensation
- Medicaid
- Subrogation

Brochure Review

Section 9 Coordinating benefits with Medicare and other insurance (Pgs. 126-135) *(continued)*

- FEDVIP
- Clinical Trials
- Medicare
- Who's primary? Who's secondary?

Brochure Review

Section 10 Definitions of terms used in Brochure (Pgs. 136-139)

- Terminology and their meanings
- Definitions as they pertain to the Brochure

Brochure Review
Section 11 Other Federal Programs (Pgs. 141-142)

- Provides details on the following Federal programs
  - FSAFEDS
  - FEDVIP
  - FLTCIP

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Consumer Driven Option



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Brochure Review

Section 1 How this Plan works (Pgs. 13-14)

- PPO Networks
  - UnitedHealthcare (UHC)
  - Beacon Health Options – Mental Health/Substance Abuse

Brochure Review
Section 2 Changes for 2016 (Pg. 15)

- Consumer Driven Option
  - Increase of out-of-pocket (catastrophic) maximums (Pgs. 27-28)
    - Now includes the dollar value of PCA
  - Implementation of Rx management (Pg. 110)
    - Step therapy

Brochure Review
Section 2 Changes for 2016 (Pg. 15)

- Consumer Driven Option
  - Implementation of Rx management
    - Compound Rx limitations
    - Prior authorization
  - Add Hypercholesterolemia as a Specialty Drug disease category (Pg. 111)
  - Added coverage for in-network Rx and mental health treatment for gender dysphoria/transition (Pgs. 106-107)

In-Network Preventive Care

Section 5, Pages 75-78

- APWU Health Plan is in compliance with the Affordable Care Act's preventive care guidelines.
- When using in-network, participating providers:
  - Covered routine preventive care for adults and children is paid at 100%
  - Periodic routine exams, lab, testing, immunizations
    - No reduction to your PCA
    - No deductible
    - No co-insurance

In-Network Preventive Care

Adult Care

- One annual visit and exam plus specific labs
- Adult immunizations recommended by the CDC
- Routine screenings
- Low-dose CT scan for adults 55-80 with history of smoking

Care for Children

- Well child visits
- Childhood immunizations recommended by the American Academy of Pediatrics
- Routine Screenings

Personal Care Account (PCA)
Section 5, Pages 78-80

- APWU Health Plan funds your PCA each year
  - Self Only: $1,200
  - Self Plus One
    Self and Family $2,400

- PCA is used to reimburse first dollars incurred
  - Coverage for in-network ***and*** out-of-network providers

- A *portion* of PCA dollars can be used for services not otherwise covered by the CDHP ("Extra PCA Expenses")
  - Single Enrollment: $400
  - Family Enrollment: $800

Personal Care Account (PCA)

- PCA dollars not used during the current calendar year…
  - are rolled over and added to the following year's PCA to a **maximum PCA balance** of:
    - Self Only: $5,000
    - Self Plus One
      Self and Family > $10,000
    - Maximum PCA Account balance can never exceed these $ limits
  - reduce the following year's deductible by an equal amount

Traditional Health Coverage
Section 5, Page 81

- Comes into play once the PCA is depleted
- Members then become responsible for:
  - Deductible:
    - Self Only: $600
    - Self Plus One
      Self and Family > $1,200
  - Coinsurance:
    - 10% In-network Centers of Excellence
    - 15% In-network providers
    - 40% Out-of-network providers
    - 25% Network Pharmacy

Diagnostic and Treatment Services
Lab, X-ray and Other Diagnostic Tests
Section 5(a), Pages 83-84

- Professional services of physicians
- Blood tests, urinalysis
- X-rays
- Non-routine mammogram, pap test
- CT, MRI, PET
- EKG, EEG

Maternity Care
Section 5(a), Page 85

- Pre and post-natal care, delivery
  - No need to pre-certify normal deliveries
  - Covered at 100% in-network
- Nursery charges covered while mother confined
  - Other charges, including circumcision will be expenses of the child and considered only if child covered under a family enrollment

Family Planning
Section 5(a), Page 85

- Covered Family Planning Services
  - Contraceptives
  - Oral Contraceptives covered as Pharmacy
  - Voluntary sterilization
- Not covered
  - Reversal of sterilization or genetic counseling

Infertility Services
Section 5(a), Page 85

- Diagnosis and treatment of infertility
  - Testing to diagnose cause of infertility
  - Treatment to remedy cause
  - $2500 limit

Treatment Therapies
Section 5(a), Page 86

- Chemotherapy and Radiation Therapy
- Dialysis
- IV Infusion Therapy – Home IV and Antibiotic Therapy*
- Growth Hormone Therapy*
- Respiratory and Inhalation Therapy

* **Therapies require Pre-notification; Drugs used for GHT covered under Prescription Drug Benefit**

Physical, Occupational, Speech Therapies

Section 5(a), Pages 86-87

- Rehabilitative therapy to restore function
- Habilitative therapy – to learn or establish function
- Licensed, registered therapist
- 60 visit combined annual maximum
- Not covered
  - Maintenance therapy
  - Exercise programs

Hearing and Vision Services

Section 5(a), Page 87

- One exam and testing every 2 years for hearing aids
- Internal ocular lenses and/or 1st contact lenses to correct impairment caused by an accident or illness

Foot Care
Section 5(a), Page 87

- Routine foot care
  - Must be under active treatment of a metabolic or peripheral vascular disease

Orthopedic and Prosthetic Devices

Section 5(a), Page 88

- Covered devices include:
  - Artificial limbs* and eyes
  - External and internal breast prostheses; surgical bras following a mastectomy
  - Leg, arm, neck, joint and back braces
  - Internal prosthetics: artificial joints, pacemakers, cochlear implants*
  - Hearing aids every 3 years; maximum payout of $1,500

*Pre-notification recommended

Durable Medical Equipment

Section 5(a), Pages 88-89

- Must be prescribed by a physician
- Deemed medically necessary
- Serve a specific therapeutic purpose
- Standard equipment
- Requires pre-notification:

1-800-718-1299

Home Health Services

Section 5(a), Pages 89-90

- Skilled Nursing Care (RN, LPN, LVN)
  - 25 visits per calendar year
  - Maximum of $90 per day
  - Pre-authorization required:

1-800-718-1299

Chiropractic and Alternative Treatments

Section 5(a), Page 90

- Chiropractic
  - Treatments/manipulations limited to 12 per calendar year
  - X-rays covered under diagnostics
- Acupuncture
  - Covered if performed by an MD, DO or a licensed acupuncturist

Educational Classes/Programs

Section 5(a), Pages 90-91

- Smoking Cessation Program
- Childhood obesity education
- Diabetes self management training

Surgical Procedures

Section 5(b), Pages 92-94

- Operative procedures including pre and post-operative care
- Surgical treatment of morbid obesity*as well as any surgery that could potentially be considered cosmetic
- Reconstructive surgery

***Requires pre-notification**

Oral Surgery

Section 5(b), Pages 94-95

- Coverage includes
  - Reduction of fractures and other traumatic wounds
  - Extraction of impacted, unerupted teeth
  - Excision of cysts, tumors, lesions
  - Surgical treatment of TMJ

*** Call UHC ahead of time to inquire if a particular procedure is covered**

Organ/Tissue Transplants

Section 5(b), Pages 95-98

- All procedures subject to medical necessity and experimental/ investigational review
- Contact UHC before initial evaluation and speak to a Transplant Case Manager
- If a Plan-designated transplant facility chosen, travel and lodging costs may be pre-approved

Anesthesia

Section 5(b), Page 98

Professional services for administration of anesthesia

Inpatient Hospital
Section 5(c), Pages 99-100

- Room and Board
- Ancillary/Other Hospital Charges
- Cancer Centers of Excellence
  - Contact UHC to enroll prior to initial treatment for referral
  - Patient pays 10% of Plan allowance
  - May receive pre-approval for travel and lodging expenses
  - Includes in and outpatient services at Designated Facilities

Outpatient Hospital or Ambulatory Care Facility

Section 5(c), Page 101

- Operating, recovery, treatment rooms
- Pharmacy items and medical supplies
- Diagnostic testing
- Blood and its administration
- Pre-surgical testing
- Anesthetics

Hospice Care

Section 5(c), Page 102

- Outpatient Care
  - Maximum payout $3,000
- Inpatient Care
  - Maximum payout $2,000
- Bereavement Benefit
  - $200 annual payout per family unit

Ambulance

Section 5(c), Page 102

- Local, professional ambulance service
  - Medically appropriate
  - Before or after an inpatient admission
  - Used within 24 hours of accident or medical emergency
- Ambulance services used for routine transport is not covered

Accidental Injury or Medical Emergency

Section 5(d), Pages 103-104

In-network ***and*** Out-of-network providers:

- Member pays 15% of allowable
  - Physician and related outpatient hospital services within 24 hours
  - Physician services rendered *after* 24 hours *(accidental injury only)*
  - Outpatient services, Urgent Care or other facility for treatment of a medical emergency
  - Related ambulance charge(s)

Mental Health and Substance Abuse

Section 5(e), Pages 105-106

- Inpatient treatment, psychological testing, electroconvulsive therapy require preauthorization by:

Beacon Health Options 1-888-700-7965

- Treatment Plan will be reviewed for clinically appropriate services

Covered Medication/Supplies

Section 5(f), Pages 107-111

Administered by OptumRx

- Covered Items
  - Rx drugs, diabetes supplies, Insulin





Covered Medication/Supplies

- Patient Responsibility
  - Network Retail: 25% co-insurance; minimum $15, maximum out-of-pocket $200 for each 30-day supply
  - Network Mail Order: 25% co-insurance; minimum $10, maximum out-of-pocket $200 for each 30-day supply
- ***NEW*** – low dose 81mg aspirin after 12 weeks of gestation for High Risk Preeclampsia at $0
- No coverage for prescriptions purchased out-of-network

Coverage Authorization

- Prior approval needed for some medications **Examples: Growth Hormone, Botox, Rheumatoid Arthritis agents,*NEW- Specialty cholesterol drugs**
- OptumRx will work w/physician to obtain information needed to give approval (based on FDA guidelines)
- If not approved, patient may opt to fill prescription and will assume responsibility for its full cost

Coverage Authorization

- Specialty Drugs
  - Cost ranges from $500 per dose or $6000 or more per year
  - Complex treatment, care
  - Safety monitoring
  - Special requirements for shipping, handling
  - Disease Categories Include:
    - Cancer, cystic fibrosis, growth hormone deficiency, hemophilia, immune deficiency, Hepatitis C
  - Visit www.myuhc.com or call **1-800-718-1299**

NEW in 2016

Section 5(g), Page 110

- Step Therapy
- Compound Medication restrictions

Dental Benefits

Section 5(g), Page 112

No benefit except under “Extra PCA”

Health Resources and Tools

Section 5(i), Pages 114-115

- Online tools and resources available at **www.myuhc.com**
- Consumer choice information available at **www.myuhc.com or 1-800-718-1299**
- Care Support- 24-hour nurse advisory service

Health Resources and Tools

- Diabetes Management Program
- Tobacco Cessation
- Healthy Pregnancy Program
- Healthy Back Program
- Cancer Support Program
- Source4Women

Health Risk Assessment

Don't forget to complete your Health Risk Assessment online and receive:

Self Only: We'll add $75 to your PCA

Self Plus One

Self and Family — If 2 family members over the age of 18 complete the assessment, we'll add $150 to your PCA

Thank You!

Please fill out the class evaluation form provided and place it in the collection box.

Please note any questions for the **Roundtable** discussion on the card provided and place in the drop box at the Registration Desk.

The Roundtable discussion will be during Closing Session on:

Saturday, October 17, 2015