



Jefferson-Lewis et.al. School Employees' Healthcare Plan

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NEWSLETTER

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Chairperson, The Board of Trustees

POMCO ACQUIRED BY UNITED HEALTHCARE

POMCO recently announced that it has entered into a formal business agreement to integrate their third party claim administration business operations with UMR, the third party claim administration division of United Healthcare. POMCO has administered the healthcare claims for the Jefferson-Lewis Healthcare Plan for more than twenty years. The board of trustees will keep enrollees and retirees informed should there be any changes as a result of this business transaction.

PRESCRIPTION DRUG CHANGES EFFECTIVE 7-1-17

Annual indexing of cost share co-pays results in the following new co-pays for both Plan options:

	<u>Retail</u>	<u>Mail Order</u>
Generic	\$20	\$35
Formulary	\$35	\$65
Non-Formulary	\$65	\$94

POS PLAN REVISED CO-PAYS EFFECTIVE 7-1-17

Chiropractic & Physical Therapy	\$28
Outpatient Hospital	\$42
In-Patient Hospital	\$154
Emergency Room	\$80
Medical Exam	\$28
Vision Eye Exam	\$28
Standard Contacts	\$52
Disposable Contacts	\$90

TRADITIONAL PLAN DEDUCTIBLES EFFECTIVE 7-1-17

Per person	\$314.00
Per Family	\$941.00

The 2017-2018 summary of benefits and coverage (SBC) for both plans will soon be published at www.jefflewishealth.com under the "Plan Coverage Summaries" tab and at the www.mypomco.com website. These documents contain standardized plain language summaries of benefit levels, co-pays, deductibles and out of pocket maximums for both plan options. Please note that non-covered charges and amounts above UCR (usual, customary, and reasonable) do not contribute toward out of pocket maximums.

OUT OF NETWORK VISION BENEFIT ALLOWANCES

Each year reimbursements for the POS Plan are indexed to CPI (consumer price index). The following are the reimbursements that will be in effect for 2017-2018:

Examination	\$60
Single Lenses	\$49
Bi-Focal Lenses	\$68
Tri-Focal Lenses	\$88
Frames	\$60
Contact Lenses	\$148

NEW PHARMACY CARE MANAGEMENT PROGRAM (PCMP) EFFECTIVE 5/1/2017.

Prescription drugs are the fastest growing component of the Plan's annual claim costs. The Jeff-Lewis Healthcare Plan is continuously considering cost saving options to ensure enrollees and retirees receive the best value from their healthcare insurance plan. The board of trustees recently approved the implementation of a new prescription drug cost management program which is free to enrollees. This new program offers the opportunity for both the Plan and enrollees to realize lower prescription drug costs by offering safe, effective lower cost alternatives to new prescriptions. This new service automatically analyzes new prescriptions being prescribed to enrollees and contacts the provider for further discussion if a safe, effective, but lower cost alternative is available. This discussion occurs after the initial prescription is written but before it is dispensed. Any suggested changes in prescriptions that could result in savings to the enrollee and the Plan must be approved by both the provider and the enrollee. Enrollees may contact a Pharmacy Advocate at 800-241-8440 with any questions or to request a review

of all current or new prescriptions to determine if a lower cost but effective alternative is available. This new program does not impact current co-pays or formulary categories. Due to Medicare rules and guidelines, this new program does not apply to retirees enrolled in the Medicare Part D prescription drug plan.

2017 ENROLLEE ELECTION

The enrollee election process started on March 1, 2017 with the mailing of the petitions and the notice of election. Two eligible candidates returned valid petitions, Mr. Thomas Gagnon and Mrs. Lisa Ingerson. Ballots will be mailed on April 13th to allow eligible voters to elect one of these two candidates to a three year term on the board of trustees. Ballots must be received by May 12th and will be tallied on May 15th.

JUNE OPEN ENROLLMENT

As we approach the June Open Enrollment period, we want to remind you of the option to transfer from the Traditional Plan to the Point of Service Plan. Transfer is now only possible from the Traditional Plan to the Point of Service Plan. Enrollment in the Traditional Plan was closed in 2012. We encourage you to consider transferring to the POS plan.

NEWBORN ENROLLMENT

Newborn children are NOT automatically enrolled in Plan coverage. To obtain coverage, you must contact your healthcare clerk and enroll your newborn child. Failure to formally enroll your child within 31 days following birth will result in the child being classified as a late entrant as defined in the Plan. If the newborn child is not enrolled in the Plan on a timely basis, you will need to wait for the next open enrollment period to enroll the child.