



*Serving Employees and Retirees of School Districts in Smithtown, South Country, Three Village*

## Winter Bulletin December 2016

### IRS form notice

The Suffolk School Employees Health Plan will be issuing IRS Form 1095B at the end of January 2017. IRS Form 1095-B is used to report certain information to the IRS and to taxpayers about individuals who are covered by SSEHP and therefore aren't liable for the individual shared responsibility payment. All members and dependents who were enrolled in SSEHP for any part of calendar year 2016 will receive a 1095B form, except for retirees who were Medicare Primary for all of 2016. Any retiree that became Medicare primary after January 1<sup>st</sup> 2016, or any Medicare Primary retiree that have covered dependents that are not Medicare primary will be issued a 1095B form.

### Questions?

If you have questions regarding your medical or prescription drug coverage, the best way to get answers is to call the Customer Support numbers on the back of your cards. Please do **not** call the SSEHP number listed on the website. This is the business office at Eastern Suffolk BOCES and not a Customer service line. There is no one there from UHC or Optum Rx to answer your questions. Thank you for your consideration of the people who work there.

### Ready to Quit?

If you need help to quit smoking or using tobacco products, these preventive medications are available at \$0 cost-share. To qualify, you need to:

- Be age 18 or older
- Get a prescription for these products from your doctor, even if the products are sold over-the counter (OTC)
- Fill the prescription at a network pharmacy

Up to 180 days of treatment are covered at no cost each year. Maximum daily dose quantity limits apply.

The following Over-the-Counter Medications (generic or store-brand only)

- Nicotine Replacement Gum
- Nicotine Replacement Lozenge
- Nicotine Replacement Patch

Tobacco cessation prescription medications include:

- Bupropion sustained-release (generic Zyban) Tablet

The following three prescription medications are covered after members have tried:

- 1) One over-the-counter nicotine product **and**
- 2) Bupropion sustained-release (generic Zyban) separately.

- Chantix Tablet
- Nicotrol Inhaler
- Nicotrol Nasal Spray

## Claims Deadline:

All medical and prescription drug claims incurred during the 2016 calendar year must be submitted no later than March 31, 2017.

## Reminder - Modifications to SSEHP effective January 1, 2017

### Co-pays

As of 1/1/2017 there will be an increase in specialist copay for non-Premium orthopedic providers from \$30 to \$50. This change will not impact the copay level for other non-Premium specialists which will remain at \$30. If you or a family member are in need of orthopedic care please be sure to seek out a Premium/Tier 1 provider by visiting [myuhc.com](http://myuhc.com). The Tier 1 symbol looks like this:



The UnitedHealth Premium program evaluates doctors using evidence-based medicine and national standardized measures. Just go to [myuhc.com](http://myuhc.com)® and click on Find a Doctor.

## Prior Authorization

As of 1/1/2017 SSEHP will introduce a prior authorization process for certain medical procedures and services. When you see in-network providers, this prior authorization requirement is the responsibility of your provider and no action is needed on your part. However, when you seek care from out of network providers **it is your responsibility** to call UnitedHealthcare to seek prior approval.

For more information about the list of the medical procedures and services to which the new prior authorization requirement will apply, please review the Summary Plan Description.

## Home Health Care

As of 1/1/2017 out-of-network coverage will no longer be available for Home Health Care services. If you or a family member are currently receiving care from an out-of-network home health care provider and you believe ongoing care will be needed after December 31<sup>st</sup> you should contact UnitedHealthcare to identify an in-network home health care provider and to discuss transition of current care to the in-network home health care provider. If you are impacted by this change based on current use of an out-of-network home health care provider you may also expect a letter from UnitedHealthcare providing additional information and direction concerning this change.

## Assistant Surgeon Reimbursement

As of 1/1/2017 the Plan will be updated to reflect current Centers for Medicare and Medicaid Services reimbursement guidelines for assistant surgeon and surgical assistant charges.

## CanaRx

As a reminder, a voluntary mail order drug program called SSEHPMeds, administered by CanaRx, is available to SSEHP members. This voluntary cost saving mail order drug program for brand name prescriptions does not replacing your current prescription benefit plan.

Advantages of joining the SSEHPMeds program administered by CanaRx are:

- \$0 COPAY for all prescriptions offered through the program
- Prescriptions shipped directly to your home with no shipping and handling costs
- No out-of-pocket expenses

CanaRx Contact Information:

- Mail SSEHP Meds,
- P.O. Box 44650, Detroit, MI 48244-0650
- Fax 1-866-715-(MEDS) 6337
- Phone 1-866-893-(MEDS) 6337
- Web [www.SSEHPMeds.com](http://www.SSEHPMeds.com)