

# 2015 Benefits Enrollment SUPPLEMENT

Human Resources ■ Finance & Administration

FOR PRE-MEDICARE RETIREES

November 2014

This newsletter supplement concerns current pre-Medicare-eligible retirees and spouses. References to “retirees” generally includes surviving spouses.

## 2014 Key Dates

**November 3**  
Open Enrollment **Begins**

**Weeks of November 10  
and November 17**  
**Retiree Meetings**

**December 3**  
Open Enrollment **Ends**

## 2015 OPEN ENROLLMENT BEGINS

This year, we are adding this Pre-Medicare Retiree Supplement to the retiree newsletter, for only those retirees and their covered spouses/partners who are not yet covered by Medicare. The changes that are described in this Supplement apply only to pre-Medicare retirees. The reasons we have chosen to take this approach are:

- To avoid confusion for the Medicare retirees, spouses/partners,
- To save on printing and mailing costs, and
- To be more environmentally conscious by not producing unnecessary pages.

Information contained in the main Retiree edition newsletter are topics of general interest to both Medicare and pre-Medicare retirees as well as information that concerns the Medicare plans. We hope this approach will make it easier for you.

You will find other helpful information on the HR website at [www.rit.edu/benefits](http://www.rit.edu/benefits), including the *Medical Benefits Comparison Book for Employees and Pre-Medicare Retirees*.

# Prescription Drug Updates

## EXPRESS SCRIPTS UPDATES LIST OF EXCLUDED DRUGS

Express Scripts has announced an expansion of its list of excluded medications for 2015, bringing the total to 66. You can find the updated list, *2015 Preferred Drug List Exclusions*, on the Open Enrollment page and the Medical and Prescription Drug page of the HR website at [www.rit.edu/benefits](http://www.rit.edu/benefits) and on [www.express-scripts.com](http://www.express-scripts.com).

If you are currently filling prescriptions for any of the medications that will be newly excluded beginning January 1, 2015, Express Scripts will send a letter to you and your physician this fall. Alternative covered medications are provided, and you should contact your physician about the alternative medications before you need to fill a prescription on or after January 1. Please note that if you continue to fill the excluded medication after December 31, 2014, you will be

required to pay the full cost (with no discount) at the pharmacy, and the Plan will not reimburse you for any part of the cost. The amount you pay will not count toward the out-of-pocket maximum under the plan.

Express Scripts has a clinical exception process; if your physician believes you need to remain on your current medication for a clinical reason, your physician can request a medical exception review by contacting Express Scripts. We have been informed by Express Scripts that a very small number of its members pursued an exception for 2014. For the vast majority, one of the suggested alternative medications was acceptable.

There are three drugs that are excluded in 2014 that will be made available to patients in 2015: Advair (which will be a non-preferred drug, Tier 3), Auvi-Q, and Stelara (which

will be preferred drugs, Tier 2). If you were previously on one of these medications and switched to an alternative, you have the choice to continue the current medication or switch back to the previous one.

You may recall that Express Scripts initiated this strategy beginning in 2014 in response to actions by several large brand drug manufacturers to recoup market share lost to generic equivalents. Other national pharmacy benefits managers have taken similar steps to help control cost escalation. Express Scripts reports that this strategy has been successful in encouraging pharmaceutical manufacturers to provide competitive rates.

If you have questions, please contact Express Scripts member services.



## BREAST CANCER DRUGS

Another change effective January 1, 2015, under the Affordable Care Act (ACA) is an update to the 2002 U.S. Preventive Services Task Force recommendation on the use of medications for breast cancer risk reduction. There will be a \$0 copay for risk-reducing generic medications (tamoxifen or raloxifene) for women age 35 and older who have not had a breast cancer diagnosis, who are at increased risk for breast cancer,

and who are at low risk for adverse medication effects. Those covered under POS D do not need to meet the deductible before the \$0 copay will apply.

It is important to note that the Task Force did not approve a \$0 copay for women who have been diagnosed with breast cancer in the past or for women who are not at increased risk for breast cancer.



## REMINDER ABOUT PURCHASING YOUR MEDICATIONS AT WEGMANS

RIT is continuing its successful preferred pharmacy arrangement with Wegmans Pharmacies for 2015. About 70% of all retail medications dispensed under RIT’s prescription drug plan are purchased at Wegmans. As a reminder for those who have not

made the switch, refer to the chart below to see the savings at Wegmans compared to other retail pharmacies. If you take a maintenance medication (a medication you take for an ongoing condition such as to reduce blood pressure), and it is not convenient

for you to go to a store, you may be interested in Wegmans’ free home shipping service. Contact Wegmans for more details at [wegmans.com](http://wegmans.com) or by calling 1-800-934-4797.

POS A and POS B					
Category	Wegmans pharmacy		Other participating retail		Express Scripts mail
	30-day supply, no limit on fills	90-day supply	30-day supply, up to 3 fills	30-day supply 4th fill and after <sup>(1)</sup>	90-day supply
<b>Tier 1: Generic Drugs</b>	\$10.00	\$25.00	\$12.00	\$30.00	\$25.00
<b>Tier 2: Brand Name Formulary Drugs</b>	\$25.00	\$62.50	\$30.00	\$75.00	\$62.50
<b>Tier 3: Brand Name Non-Formulary Drugs</b>	\$40.00	\$100.00	\$50.00	\$125.00	\$100.00

POS D					
Category	Wegmans pharmacy		Other participating retail		Express Scripts mail
	30-day supply, no limit on fills	90-day supply	30-day supply, up to 3 fills	30-day supply 4th fill and after <sup>(1)</sup>	90-day supply
Annual Deductible—each person must pay \$1,000 annual deductible before copay amounts are charged in a plan year					
<b>Tier 1: Generic Drugs</b>	\$20.00	\$50.00	\$25.00	\$62.50	\$50.00
<b>Tier 2: Brand Name Formulary Drugs</b>	\$60.00	\$150.00	\$70.00	\$175.00	\$150.00
<b>Tier 3: Brand Name Non-Formulary Drugs</b>	\$120.00	\$300.00	\$140.00	\$350.00	\$300.00

(1) applies to maintenance medications only; does not apply to acute medications or medications that cannot be filled through mail order (e.g., certain controlled substances)



## RGHS HAS MERGED WITH UNITY HEALTH SYSTEM

As you may have read recently, with the merger of **Rochester General Health System (RGHS)** and Unity Health System, the new combined system has a new name: Rochester Regional Health System (RRHS). Both organizations continue to work on merging their provider networks with an expected completion date of January 1, 2015.

While the name has changed, RIT's alliance with the former RGHS has not. RIT's POS medical plans continue to include the newly named **RRHS Copay Option**. The lower copays are made possible because a study of costs across the Rochester area shows that, on average, costs at RRHS are often lower than at other systems. Under this option, there is a lower copay when you obtain the following medical services from RRHS providers:

- office visit to primary care physician (PCP)
- office visit to specialists
- emergency room visits

- inpatient hospitalization
- outpatient facility

The lower copays do not apply to tests, treatments, or any other services (e.g., allergy shots, chiropractic services, X-rays, etc.). You will find the details by service in the **Medical Benefits Comparison Book** found on the HR website on the Open Enrollment page and the Medical and Prescription Drug Coverage page.

If you are looking for an RRHS provider, please remember that RRHS offers the RRHS Find-a-Physician Service to help you find RRHS providers. You will find details on the HR website. In addition, RRHS has provided RIT with a listing of participating providers that we have posted on the HR website. Since the list is 129 pages, you can search for any of the fields in the file (name, specialty, etc.) instead of printing it. Simply hold down the Ctrl key (the ⌘

Command key for Macs) and press the F key, then enter the text you are searching for and click Next.

We have received feedback from participants that some providers have not charged the lower copay at the time of service. We are continuing to work with Excellus BlueCross BlueShield and RRHS to improve the process to ensure patients are charged the appropriate lower copays by RRHS providers and facilities. One change we are making is an update to the ID cards to show both the RRHS and non-RRHS copay amounts. All participants will receive new ID cards in late December. While your ID number will remain the same, the 3-digit prefix in front of the ID number will change. This new prefix indicates to the provider's office that the RIT plan is not a standard POS plan. In addition, Excellus will be sending a mailing to RRHS providers to remind them of the special copay

arrangement for RIT plan participants.

It is important for you to know that when Excellus processes a claim, they process it based on the correct copay, regardless of the copay the provider charged you. Therefore, if you believe you are charged an incorrect copay, you can refer to the monthly Health Summary Excellus sends you or log in to your account on its website to see how the claim was processed. If you determine that you were overcharged, you should contact the provider directly (Excellus reimburses the provider based on the correct copay). We know that some providers automatically issue a refund check and others hold the overpayment as a credit on your account; in this case, you can contact the provider and request that the amount be refunded to you.

As the RRHS transition continues to evolve, we will keep you informed.