



NYC PBA HEALTH & WELFARE Benefits Bulletin

www.nycpba.org

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This issue of the Benefits Bulletin focuses on some of the recent changes arising from the 2014 Health Savings Agreement and information on how you can save on your prescription costs for long-term maintenance medications.

As a result of copayment changes in the GHI-CBP and HIP HMO plans, which are summarized in **Updated GHI-CBP and HIP HMO Copayments**, those plans lost "Grandfathered" status under the Affordable Care Act (ACA) and will now be required to cover certain preventive services and medications, including contraceptives at no out-of-pocket cost pursuant to certain ACA mandates.

If you are enrolled in either GHI-CBP or HIP HMO, you should be receiving communications from Emblem Health describing all of the recent health plan changes. Please read **Prescriptions Covered by Other City of New York Health Plans** to learn about which drugs must be covered under the ACA and other classes of drugs that may be covered by your health insurance carrier or the NYC PICA Program rather than the PBA Health and Welfare Fund Prescription Drug Plan.

Save Money with 90-Day Refills describes how you can save on your prescription costs for your long-term medications. ■



Prescriptions Covered by Other City of New York Health Plans

The PBA Health and Welfare Fund covers most FDA approved prescription medications and is the source of coverage for most of your prescription drug needs. There are, however, some exceptions. Some medications are covered by your health insurance carrier through the City of New York Health Benefits Program or by the NYC PICA Program. Drugs that are covered by other City of New York health plans, by virtue of either legislation or collective bargaining, are not covered by the PBA Health and Welfare Fund. Below is a description of the types of medications that may be covered by other plans and a table summarizing which plans cover which medications.



Medications and Supplies for the Treatment of Diabetes

New York State Insurance Law requires health insurance carriers to cover medications and supplies for the treatment of diabetes. This includes the health insurance plans offered through the City of New York Health Benefits Program covering members and dependents who are not eligible for Medicare. Members and dependents who are

not eligible for Medicare should obtain medications and supplies for the treatment of diabetes through their health insurance carrier (GHI, HIP, etc.). Copayments and drug formularies will vary based on your choice of insurance carrier. Medicare-eligible members and dependents can obtain coverage through the PBA Health and Welfare Fund.

Preventive Medications and Contraceptives

Under the Affordable Care Act (ACA), health insurance plans that have not maintained "Grandfathered" status are required to cover certain preventive services and medications (including contraceptives) at no out-of-pocket cost. Currently, GHI-CBP is required to cover preventive services and medications, and HIP HMO will be required to do so starting July 1, 2017.

If you are enrolled in either GHI-CBP or HIP HMO (effective July 1, 2017), preventive medications and contraceptives are covered as part of your basic coverage through GHI-CBP or HIP HMO and not through the PBA Health and Welfare Fund. No optional riders are required. For more details about coverage for preventive services

Prescriptions Covered By Other City of New York Plans

Drug Category	Covered By NYC Health Benefits Program for...	Covered by PBA Health & Welfare Fund for...	Covered by NYC PICA Program for...
Medications and Supplies for the Treatment of Diabetes	All members and dependents who are not eligible for Medicare. Your health insurance carrier is required to cover these medications and supplies under non-Medicare policies by the State of New York.	Medicare-eligible dependents.	N/A
Preventative Medications and Contraceptives	Members and dependents enrolled in the GHI-CBP or HIP HMO Plans at zero copayment.	Members and dependents enrolled in plans other than GHI-CBP or HIP HMO (e.g., Aetna, CIGNA, Empire HMO, etc.) Coverage is also available for GHI-CBP and HIP HMO enrollees in situations where the ACA mandate does not apply (age limits, diagnosis, etc.) The Fund's normal coverage rules apply.	N/A
Self-Injectable & Chemotherapy Drugs	N/A	Medicare-eligible dependents. Medications to treat the side effects of chemotherapy are also covered.	All members and dependents who are not eligible for Medicare.
Substance Use Disorder Medications	All members and dependents beginning July 1, 2017, including coverage for overdose reversal medications when prescribed to a person who is addicted to opioids or a member of their family covered under the same insurance plan.	N/A	N/A

and medications, please visit www.emblemhealth.com/city or contact EmblemHealth directly.

If you are enrolled in a City health plan other than GHI-CBP or HIP HMO, the PBA Health and Welfare Fund's normal coverage rules apply (medical necessity, prior authorizations, etc.). You may also obtain coverage under the Fund's normal coverage rules if you are enrolled in GHI-CBP or HIP HMO, but your prescription does not fall under the ACA mandate. For example, if your claim for an oral contraceptive is denied because you are above the recommended age, you may be able to obtain coverage through the Fund if your prescription is authorized for medical necessity.

Self-Injectable and Chemotherapy Drugs

Medications that are self-injectable, used to treat cancer, or are typically prescribed to treat certain side effects of chemotherapy are covered by the NYC PICA Program. The PICA Program covers Members and their dependents who are not eligible for Medicare. Individuals who are eligible for Medicare can obtain coverage for these medications through the PBA Health and Welfare Fund.

Substance Use Disorder Medications

Starting July 1, 2017, Health Insurance carriers in the City of New York Health Benefits Program are required to cover medications approved by the Food and Drug Administration (FDA) for the detoxification or maintenance treatment of substance use disorders. This includes overdose reversal medications when prescribed to a person who is addicted to opioids or a member of their family covered under the same insurance plan. For more details

about copays and which products are covered, please contact your health insurance carrier.

No-Cost Prescriptions for WTC and LOD Related Medications

The World Trade Center Health Program (WTCHP) provides coverage for a wide range of prescription drugs, at no out-of-pocket cost, for the treatment of certified medical conditions connected to the 9/11 rescue, recovery, and cleanup operations. You can find more information about the WTCHP at www.cdc.gov/wtc or by calling the WTCHP's help line at 1-888-982-4748. You can also find information about World Trade Center related issues on the PBA's website by visiting www.nycpba.org/wtc.

If you have an Approved Line of Duty Injury, you can obtain prescription medications needed to treat that injury at no out-of-pocket cost. To obtain line of duty injury prescriptions:

- Obtain a Line-of-Duty Injury number from the Medical Division's Line-of-Duty Prescription Drug Unit, Monday thru Friday, from 0700 to 1800 hours, at **(718) 760-3029 / 3059**.
- Locate a participating pharmacy by contacting:
 - Medical Division's Line-of-Duty Prescription Drug Unit.
 - Envision RX Options 24-hour Help Desk at **1-866-909-5167**.
- Show Line-of-Duty Prescription Card and NYPD Identification card to the pharmacist. (Do not allow them to photocopy.) ■



Save Money with 90-Day Refills

Medications that are taken over a long period of time to treat chronic conditions are known as "Maintenance Medications."

Examples include medications that treat hypertension, high cholesterol, and GERD. Prescriptions for maintenance medications can be filled for 90-day supplies using CVS-Caremark's mail order service or at CVS retail pharmacies for the same copayment that would apply to a 30-day supply at other retail pharmacies.

Here is how you can save on the cost of your maintenance medications:

If your first prescription for a maintenance medication is filled at a CVS retail pharmacy or through CVS-Caremark Mail Order, you can obtain 90-day supplies right away.

If your first prescription for a maintenance medication is filled at a retail pharmacy other than CVS:

- Your first fill will be limited to a 30-day supply at the normal retail copayment.
- You can obtain one 30-day refill at the non-CVS retail pharmacy at the normal retail copayment.

- After a total of two 30-day supplies (first fill and 1 refill) you must obtain a new prescription to be filled at a CVS retail pharmacy or through CVS-Caremark's Mail Order Pharmacy. You will then receive 90-day supplies of your medication at the same copayment you would normally be charged for 30-day supplies at retail pharmacies.

- If you do not switch your prescription to a CVS retail pharmacy or CVS-Caremark's Mail Order Pharmacy, you will be charged the full cost of your prescription when it is filled at a non-CVS retail pharmacy.

- If you would prefer not to take advantage of the savings achieved by filling your maintenance prescriptions at a CVS retail pharmacy or CVS-Caremark's Mail Order Pharmacy, you may opt out of 90-day supplies and continue to obtain 30-day refills at a non-CVS retail pharmacy and pay the normal retail copayment by contacting CVS-Caremark at 1-888-769-9030.

If you are already taking a maintenance medication, you should have received communications directly from CVS-Caremark regarding 90-day prescriptions. ■

Updated GHI-CBP & HIP HMO Copayments

As you know, the Municipal Labor Committee and the City of New York reached a Health Savings Agreement in 2014. Part of that agreement included copayment changes in the GHI-CBP and HIP HMO plans. The copayment changes in the GHI-CBP Plan were implemented on July 1, 2016 for most New York City Employees under the agreement. Pursuant to a temporary restraining order obtained by the PBA these copayment changes were delayed for PBA Members. As part of the recently settled 2012-2017

Collective Bargaining Agreement between the PBA and the City, the 2014 Health Savings Agreement became applicable to PBA members as of March 1, 2017. Additional emergency room and urgent care copayment changes under the HIP HMO plan will take effect July 1, 2017 for all New York City Employees. Please refer to the table below for a summary of the updated copayments for common medical services/settings. For more details, please contact EmblemHealth directly. ■

	GHI-CBP	HIP HMO (Preferred PCP)	HIP HMO (Non-Preferred PCP)
PCP	\$15	\$0	\$10
Specialist	\$30	\$0	\$10
Diagnostic/Lab	\$20	\$0	\$10
Physical Therapy	\$20	\$0	\$10
Urgent Care	\$50	\$50	\$50
Emergency Room	\$150	\$150	\$150

The above copays apply to in-network providers only. GHI-CBP members can visit ACPNY PCPs and Specialists at \$0 copay. Emergency room copays are waived if you are admitted.

Tips to Maximize Prescription Savings

- GHI-CBP and HIP HMO enrollees, check to see if your preventive medications, including contraceptives are covered at **no copayment** under the ACA Mandate. Find the list of covered drugs here www.emblemhealth.com/city
- Talk to your doctor about generic alternatives. Most drug classes now have at least one generic available.
- Take advantage of 90-day supplies of your long-term medications by using CVS retail pharmacies or CVS Caremark's Mail Order Pharmacy and cut your copay by up to two thirds.



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