

## MAJOR INSURANCE PLAN CHANGES FOR 2009-2010

### GROUP HEALTH HMO

#### For Both Traditional and Deductible Welcome Plans

- The chemical dependency benefit has increased from \$14,000 to \$14,500 in accordance with the Washington State mandate.
- The availability of the additional manipulative therapy visits by referral has been removed.
- **13.42% rate increase.**

### REGENCE BLUE SHIELD

#### **WEIC Modified Copay Plan**

- Participating providers will be covered at 70% (previously covered at 60%).
- Non-participating providers will be covered at 70% (previously not covered).
- Preventive care annual maximum will be eliminated (previously \$500).
- **2.78% rate increase.**

#### **WEIC Engage 80 (formerly WEIC Deductible Plan)**

- Participating providers will be covered at 80% (previously covered at 60%).
- Non-participating providers will be covered at 80% (previously not covered).
- **14.56% rate increase.**

#### **WEIC High Option Plan**

- Non-participating providers will be covered at 70% (previously not covered).
- Preventive care will be covered at 90% after a \$20 copay for preferred providers (previously covered at 100% and \$20 copay).
- **12.27% rate increase.**

#### **WEIC Innova 500 (formerly K-12 FourFront Plan)**

- Office visits not subject to deductible will no longer be limited to four. An unlimited number of office visits will be covered with a \$15 copay.
- Prescription drug copays will be \$5 generic/\$20 brand formulary/\$40 non-formulary (previously \$0/30%/50%).
- Participating providers will be covered at 60% (previously covered at 50%).
- Non-participating providers will be covered at 60% (previously not covered).
- **13.70% rate increase.**

#### Applies to all Regence Blue Shield Plans

- The chemical dependency benefit will increase from \$14,000 to \$14,500 per state mandate.
- Coordination of benefits for prescription drugs will apply.
- Neurodevelopmental therapy and outpatient rehab benefits will now apply to the coinsurance out of pocket maximum (stop-loss).
- Diabetic supplies will now be processed under the prescription benefit with no benefit limits.
- Growth hormone will now be processed under the prescription benefit with no benefit limits.
- No coverage for repair of teeth due to injury.

**MAJOR INSURANCE PLAN CHANGES FOR 2009-2010 (Continued)**

**WEA – PREMIERA BLUE CROSS Plan 1, Plan 2, Plan 3**

**WEA - Premera Blue Cross Plan 1, Plan 2, Plan 3**

**Benefit changes include:**

- The chemical dependency benefit has increased FROM \$14,000 TO \$14,500 in accordance with the Washington State mandate.
- The plan will no longer require that a dependent be partially or totally dependent on the subscriber for financial support to be eligible for coverage. Additionally, financial and tax dependency tests are no longer permitted. The dependent must still be unmarried and under age 25 to be eligible for coverage.
- **7.4% rate increase Plans 1, 2, 3**

**WASHINGTON DENTAL SERVICE (WDS)**

- No changes in plan benefits.
- **5.6% rate increase.**

**NORTHWEST BENEFIT NETWORK**

- No changes in plan benefits.
- **11.1% rate increase.**

## **Things to be Aware of Regarding Your Medical Plans:**

### **Plan Year vs. Contract Year**

School districts renew their contracts with the insurance companies on October 1 each year. This is considered the contract year and it is when changes in rates occur. Deductibles and out-of-pocket maximum amounts renew January 1 (plan year). This means that if you have met your deductible for the year on your current plan, then you do not need to meet it again until January 1 if you are not changing plans.

However, if you change plans (for example move from Group Health to Regence) and you have already met your deductible and out-of-pocket maximum with Group Health, Regence will not credit it. You will need to meet your deductible again starting October 1, 2009. You do not need to meet the deductible yet again January 1, because Regence will carry-over into 2010 any portion of the deductible you have met during the months of October, November and December 2009. However, Regence will not carry-over any portion of the out-of-pocket maximum, so that will need to be met both October 1, 2009 and again January 1, 2010.

If a Regence member changes from a \$200 deductible plan to a \$500 deductible Regence plan on October 1, 2009, and they have already met their \$200 deductible, then they will have to meet an additional \$300 starting October 1. If it is the other way around, and they are changing from a \$500 deductible plan to a \$200 deductible plan, and they have already met the \$500 deductible, they are not responsible for any additional deductible amount until January 1, 2010.

Washington Dental plan year begins September 1. The contract year begins October 1 each year.

### **Preexisting Condition Waiting Periods**

There are no waiting periods for preexisting conditions under any of the school district medical plans except for transplants, which include stem cell support, high-dose chemotherapy and prescription drugs associated with stem cell support. Members will not be eligible for these procedures until the first day of the seventh month of continuous coverage.

### **Coverage for Self-Employed**

The Regence Blue Shield Modified Copay and Engage 80 plans cover on-the-job injuries for self-employed individuals **and their spouses** to a 250,000 lifetime maximum. The Regence High Option and Innova 500 plans cover on-the-job injuries for self-employed individuals to a 250,000 lifetime maximum (**employee only**).

Group Health does not cover on-the job injuries.

### **Generic Drug Usage Saves Money!**

Generic drug usage not only saves money for individual members but improves overall group utilization and helps keep premiums down. Generic utilization by Regence members is good, accounting for two-thirds of our pharmacy scripts.

### **Prescriptions by Mail**

If you take the same medication(s) routinely (or for several months at a time), filling prescriptions through the mail can save you money! Typically, you will receive a 3-month supply but only pay two copays. If you take just one non-formulary medication with a \$30 copay, this can mean \$120 in savings in one year. Before you run out of your current medication, ask your physician for a written prescription authorizing the maximum quantity your plan allows and for one year of refills (not allowed for some drugs). If it's a new medication, ask for two prescriptions; one to fill locally for immediate use and one to mail in.

Call the mail-order service for your plan to find out what details to include with the prescription. Regence subscribers can call Postal Prescription Services at 1-800-552-6694. Group Health members should call Group Health Mail Order Pharmacy at 1-800-245-7979.

### **Pill Splitting**

Some medications can be safely split in half without compromising dosage. This can save consumers quite a bit in copays. For example, if you take 50 mg/day of a drug that can be split, and 100 mg tablets cost about the same, you would have a two-month supply for one copay. Ask your physician if any of your medications qualify.