



IMPORTANT BENEFIT UPDATE

**EFFECTIVE 1/1/2020
CHANGES IN MEDICAL
AND PRESCRIPTION CARRIERS**

New Medical Carrier- Schools Health Insurance Fund

Effective January 1, 2020, the Lumberton School District will be joining the Schools Health Insurance Fund (SHIF) for our medical benefits. The SHIF is currently comprised of **76** other school districts in New Jersey.

Carrier Network and Plan Options

Aetna is the carrier for the Schools Health Insurance Fund. All of your current plan options and benefits **WILL REMAIN THE SAME!** If you are happy with the plan you are enrolled in now, you can keep your same plan.

Your medical plan choices will remain the same. See below for the corresponding SHIF/Aetna plan name.

If You Are Currently Enrolled In This Plan...		The New Plan Name Will Be...
Horizon Direct Access Options		SHIF/Aetna Plan Name
Direct Access \$10 Copay (non-represented only)	→	Aetna Choice POS II \$10 Copay
Direct Access \$15 Copay	→	Aetna Choice POS II \$15 Copay
Direct Access \$15/\$25 Copay	→	Aetna Choice POS II \$15/\$25 Copay
Direct Access \$20/\$30 Copay	→	Aetna Choice POS II \$20/\$30 Copay
Direct Access \$20/\$35 Copay	→	Aetna Choice POS II \$20/\$35 Copay
Horizon Point of Service Options		SHIF/Aetna Plan Name
POS \$10 Copay	→	Aetna QPOS \$10 Copay
POS \$20 Copay	→	Aetna QPOS \$20 Copay
POS \$20/\$35 Copay	→	Aetna QPOS \$20/\$35 Copay

How to Contact Aetna Member Services

- Call 855-281-8858 or the number on your Aetna Member ID Card

How to Locate Participating Providers

Aetna has nationwide coverage. To find participating providers prior to the January 1st effective date, please refer to the attached Aetna DocFind instructions.

Register for the Aetna Navigator (on 1/1/2020 or later)

Get in the know about your health at the one spot to manage your health and coverage.

- Look up a claim status
- Find a Participating Provider
- Check account balances
- Find costs of tests and doctor visits
- Print a Temporary ID Card– through the Aetna Navigator.

Go to www.aetna.com. Click on Register to get started.

Diagnostic Testing Provider

Under Aetna, members may use Quest Diagnostics or LabCorp.

- Visit the **Quest Diagnostics** website to find a location near you or to make an appointment-
<http://www.questdiagnostics.com/>
- To find a **LabCorp** facility near you or to make an appointment-
<https://www.labcorp.com/>

Existing Conditions and Transition to the SHIF

Authorizations/Approvals- Your provider will need to initiate a new authorization/approval under the new Aetna coverage. Please let your provider know you are changing carriers and provide them with your new Member ID Card as soon as you receive it. **New ID cards will be arriving in December.** Services under the new coverage cannot be received prior to the effective date.

Referrals- Will not carry over to the new plan. If you are in one of the Point of Services plans (POS) that require referrals, you will need to obtain a new referral under the new coverage (QPOS plans). Please provide your Primary Care Doctor with your new member ID card and let them know for any services received effective January 1st referrals will have to be obtained through the new coverage.

Pre-existing Conditions- Pre-existing conditions are covered. You or your dependents cannot be denied coverage because of a pre-existing condition.

I have surgery already approved and scheduled for the first week in January. How can I be assured that this will still be approved under Aetna? What information will I need to provide my doctor regarding this change?

Please inform your doctor that your health insurance carrier is changing and provide them with your new member ID as soon as you receive it. Your provider can contact Aetna directly to ensure that all necessary approvals are in place in time for your surgery.

I am currently enrolled in a Horizon plan and receiving ongoing treatment for a condition. What would happen if my doctor is not a participating provider under the new Aetna coverage?

If you are in an active course of treatment and your doctor is non-participating with Aetna, you will need to complete the **Transition of Coverage (TOC)** form. Once the carrier approves the TOC treatment this allows you to continue to receive treatment from your current provider for a limited period of time after the transition. This process only applies if your doctor does NOT participate with Aetna.

My child goes to school out of State. How will they be covered under this new plan?

Aetna has nationwide coverage. If your dependent is going to school in an Aetna service area, then they can seek care from in-network providers in their area. If they are enrolled in a plan with out-of-network coverage, they can also utilize their out-of-network benefits. They are covered for Urgent and Emergency Care anywhere.

New Prescription Carrier - Benecard

Effective January 1, 2020, Benecard will be the new prescription carrier for the Lumberton School District. Benecard has nearly 200 NJ public sector clients covering more than a quarter million public sector lives. The Benecard Prescription Benefit Program will provide you with access to more than 99% of pharmacies within New Jersey and approximately 95% nationwide. Therefore, you will be able to have your prescriptions filled whether you are at home, on vacation or a dependent away at school. Once your benefits begin, you will have access to a pharmacy locator and program-specific details online at www.benecardpbf.com.

Prescription Plan Options

Under Benecard, you will be offered **the same prescription copays** that you have with Horizon.

If You Are Enrolled in this Medical Plan-	You Will Continue to Have This Rx Plan-
Aetna Choice POSII \$10 Copay (Horizon Direct Access \$10)	Retail \$3/\$10; Mail Order \$5/\$15
Aetna Choice POS II \$15 Copay (Horizon Direct Access \$15)	Retail \$3/\$10; Mail Order \$5/\$15
Aetna Choice POS II \$15/\$25 Copay (Horizon Direct Access \$15/\$25)	Retail \$7/\$16/\$35; Mail Order \$18/\$40/\$88
Aetna Choice POS II \$20/\$30 Copay (Horizon Direct Access \$20/\$30)	Retail \$3/\$18/\$46; Mail Order \$5/\$36/\$92
Aetna Choice POS II \$20/\$35 Copay (Horizon Direct Access \$20/\$35)	Retail \$7/\$21; Mail Order \$18/\$52
Aetna QPOS \$10 Copay (Horizon POS \$10)	Retail \$3/\$10; Mail Order \$5/\$15
Aetna QPOS \$20 Copay (Horizon POS \$20)	Retail \$3/\$18/\$46; Mail Order \$5/\$36/\$92
Aetna QPOS \$20/\$35 Copay (Horizon POS \$20/\$35)	Retail \$7/\$21; Mail Order \$18/\$52

How do I locate a participating pharmacy?

Your Benecard prescription benefit program provides you with access to an extensive national pharmacy network including all major retail chains. To locate a participating pharmacy once your benefit begins, visit www.benecardpbf.com or call the Member Services number at the back of your ID card.

Does Benecard have a Mail Order program?

Yes. Beginning 1/1/2020, your mail order prescriptions will be filled through **Benecard Central Fill**.

Please note you must obtain a new prescription from your physician for any medications you wish to fill through the mail order pharmacy regardless of the number of refills you have remaining on your current mail order prescriptions. Thereafter, you will only be required to get a new prescription once you have reached your refill limit. You will receive more detailed instructions on how to utilize the mail order pharmacy when you receive your ID cards later in December (this will include a mail order brochure and order form). We urge anyone utilizing the mail order pharmacy to fill your current prescriptions one more time before your new program begins on January 1st; this will enable you to avoid any possible disruption in your medications. Please Note: While you will need a new prescription for medications you wish to fill through the mail order pharmacy, existing refills can be filled through your **retail** pharmacy without the need for a new prescription order.

3 ways to get started with Benecard mail order pharmacy:

- Complete Benecard's mail order form and mail your new prescriptions to Benecard Central Fill.
- Your physician can fax your prescriptions to Benecard at 1-888-907-0040 once you receive your ID card. Be sure that your physician includes the cardholder name, patient's name, Card ID number, shipping address and date of birth. Your physician should also note any special instructions such as checking off "Do Not Substitute" on the prescription if the brand medication is necessary. Only prescriptions faxed from a doctor's office will be accepted via fax.
- You can call Benecard Member Services line at the number on the back of your ID card. Provide Benecard's Member Service Representative with your physician's name, address, phone and fax number, and the medications name and strength. Benecard will reach out to your physician to obtain your prescriptions. Please inform the Member Service Representative of any special instructions if brand medication is necessary.

I already have mail order prescriptions through our current coverage. Is there anything I need to do?

Yes. You will need to obtain new scripts from your doctor and send them in with the mail order form to the Benecard mail order pharmacy.

How Do I Order Specialty Medications?

Specialty medications can be ordered through the Benecard Central Fill Specialty Pharmacy. This can be

done in the same manner you submit mail order prescriptions.

Specialty medications require special handling, careful administration, and ongoing patient care management. The features of the specialty pharmacy program, Benecard Central Fill Specialty, are designed to provide support to any member utilizing a specialty medication. Benefits include:

- Personal support and individual education
- Improved overall health and results from medication therapy
- Elimination of gaps and delays in modification of medication dose or type when necessary due to health changes, drug to drug interactions, side effects, etc.
- Convenience of home delivery, saving the patient a trip to the pharmacy.

Specialty medications that are refrigerated come through overnight delivery in a refrigerated pack, which keeps the medication cold. Members can have their specialty medications delivered to their home or work address, whichever is preferred.

How does Benecard's Clinical Review work?

Nationally recognized Prescription Benefit Managers, including the New Jersey School Employee's Health Benefits Prescription Program, utilize clinical programs such as "prior authorization" or clinical review. Benecard's clinical review program protects the patient and their dependents from using certain medications that could have contraindications or harmful health consequences when used in conjunction with their current drug regimen. These programs help to ensure patients are using certain medications prescribed to them in accordance with the FDA's approved use. In the event your physician prescribes you a medication that is covered by your program but requires clinical review, your pharmacist will receive a message stating that clinical review is required and to contact Benecard.

Have Questions About Your Benefits?

- Contact the **BeneService Member Advocacy Team** for assistance!
- Phone: **800.563.9929**
- Email: cssteam@connerstrong.com