

State of New Hampshire

January 1, 2012 Retiree Benefit Changes

Andy Deselle

Change on 1/1/12 for Retiree over 65 years old

- If you are an over 65 year old retiree, or disabled, with Medicare as primary and Anthem as supplemental the **only** change is that you will be responsible for your Medicare Part B deductible
- The Medicare Part B deductible applies to services like physician, laboratory, radiology
- **No other changes** apply to benefits for a retiree with Medicare as primary

Change on 1/1/12 for Under 65 Retiree on BlueChoice or Outside New England Benefit Plans

Copays

- PCP office visit copay **does not change**, still \$10
- Specialist office visit copay changes from \$20 to \$30
- E/R copay changes from \$50 to \$150
- Urgent Care copay \$50
- High Cost Radiology such as MRI, CAT, PET scans, \$150 copay

Change on 1/1/12 for BlueChoice & Outside New England Benefit Plans

Deductible and Out of Pocket Maximum

- Services that do not require a copay will apply to deductible, for example laboratory and outpatient surgery
- Copays and services applying to deductible **BOTH** count towards the out of pocket maximum
- In- Network annual deductible of \$500 individual, \$1000 for married couple
- In-Network annual out of pocket max \$1000 individual, \$2000 couple
- Out-Of-Network deductible \$650 individual, \$1,350 married couple
- Out-of-Network annual out of pocket max \$2000 individual, \$4000 couple

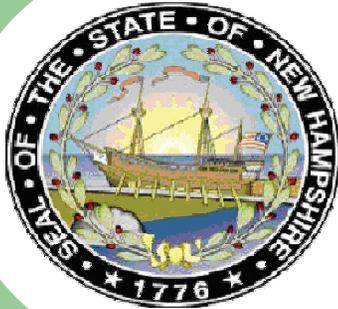
Urgent Care

- Free 24 hour, 7 Day a week Nurse Line available so you can speak with a registered nurse to help you make a decision
- Shorter wait times at Urgent Care and Walk-In Center in addition to lower copay, \$150 at Emergency Room vs. \$50 at Urgent Care and \$30 at Walk-In
- Several Urgent Care Centers and Walk-In Centers in NH in addition to In-Network physicians extending hours at some office locations

Compass-- Smart Shopper Program

- This program offers you an opportunity to have a check sent directly to you when you have a service done at a Compass recommended cost effective facility
- Currently the program includes some Radiology services such as MRI as well as some Outpatient Surgery procedures such as Knee Arthroscopy
- The program will be adding more services soon such as laboratory

Questions?



State of New Hampshire

**Pharmacy Benefit Changes
Effective January 1, 2012**

**Presented By:
Melisa Briggs**



NEW HAMPSHIRE

Local Government Center

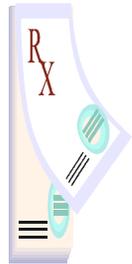


Pharmacy Benefit Overview and Plan Design Changes

Pharmacy Benefit Overview

You have two ways to obtain your prescription medications through CVS Caremark:

- **Mail Service Program** – To order prescriptions used on a regular basis (such as blood pressure, allergy)
 - ✓ A convenient and easy way to obtain your prescriptions
 - ✓ You can receive up to a 90-day supply of medication (if appropriate)
- **Retail Pharmacy Program** – To purchase medications needed for a short-term basis or if medications are needed quickly (such as antibiotics)
 - ✓ You can receive up to a 31-day supply of medication (if appropriate)



Local Government Center

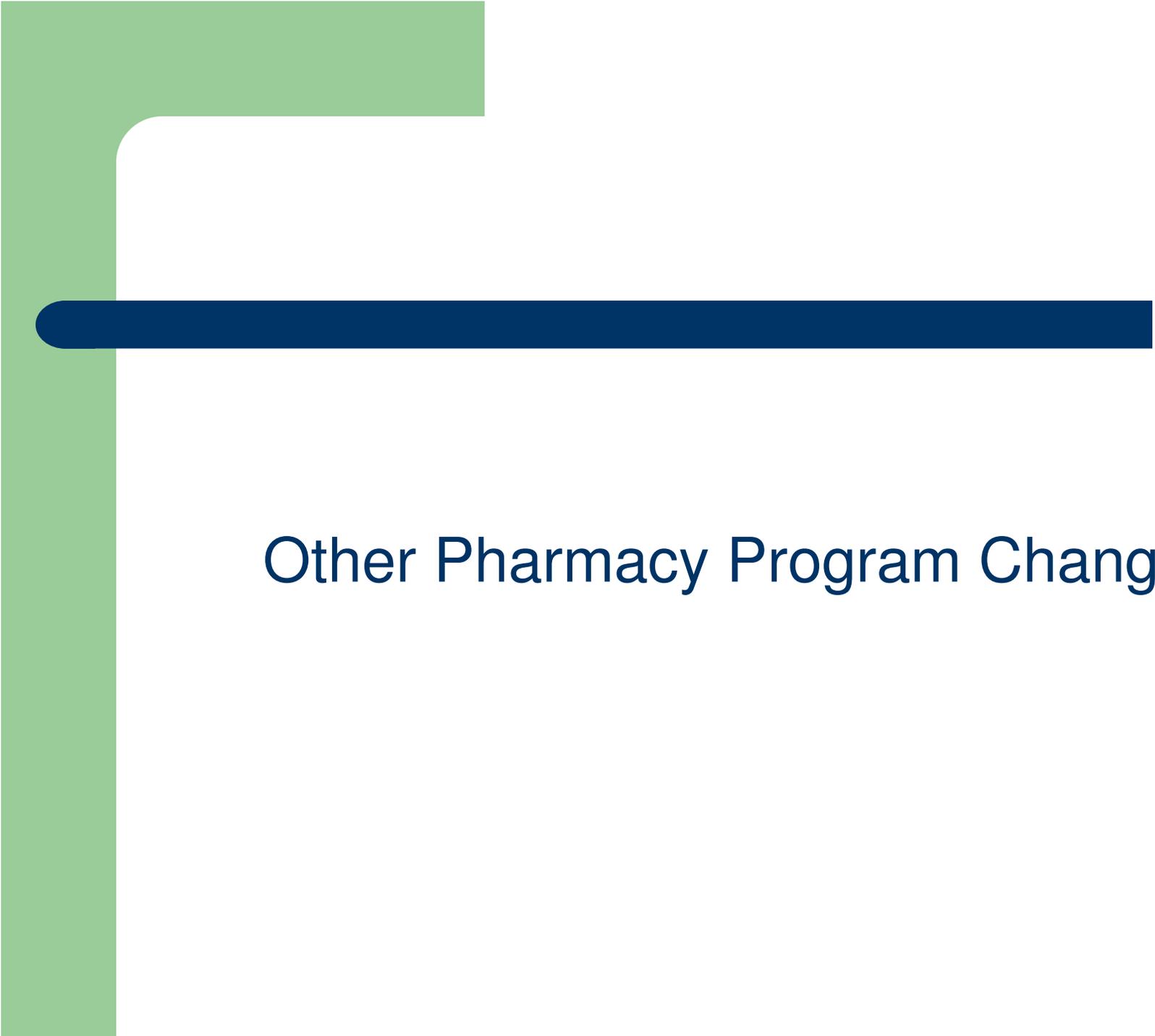
Pharmacy Plan Design Changes – What You Should Know

- **Beginning January 1, 2012**
 - Retail pharmacy and mail service copayments will increase
 - Note: Your copayment for generic medications will remain \$1 through mail service
 - Copayment increases will be based on the date your prescription is **filled**, not the date it was requested or received
 - Individual and Family Maximum Out-of-Pocket Expense is not changing

Pharmacy Plan Design Changes – What You Should Know

Retirees	Current Benefit	New Benefit 1/1/12
Retail Pharmacy* (<u>Up to a 31-day supply</u>)	\$5 Generic \$10 Preferred Brand \$15 Non-Preferred Brand	\$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand
Mail Service (<u>Up to a 90-day supply</u>)	\$1 Generic \$20 Preferred Brand \$30 Non-Preferred Brand	\$1 Generic \$40 Preferred Brand \$70 Non-Preferred Brand
Calendar-Year Maximum Out-of-Pocket Expense	\$500 per individual \$1,000 per family	

**Note: Your plan includes a refill limit of up to three fills (one initial plus two refills) for maintenance or long-term medications. Upon reaching your third fill, you should discuss transferring your prescription(s) to mail service with your doctor unless you have elected the Mail Order Opt-Out Program by calling 888.726.1630. The Mail Order Opt-Out Program provides you with the choice to fill your prescription(s) at the local retail pharmacy or through the mail service.*



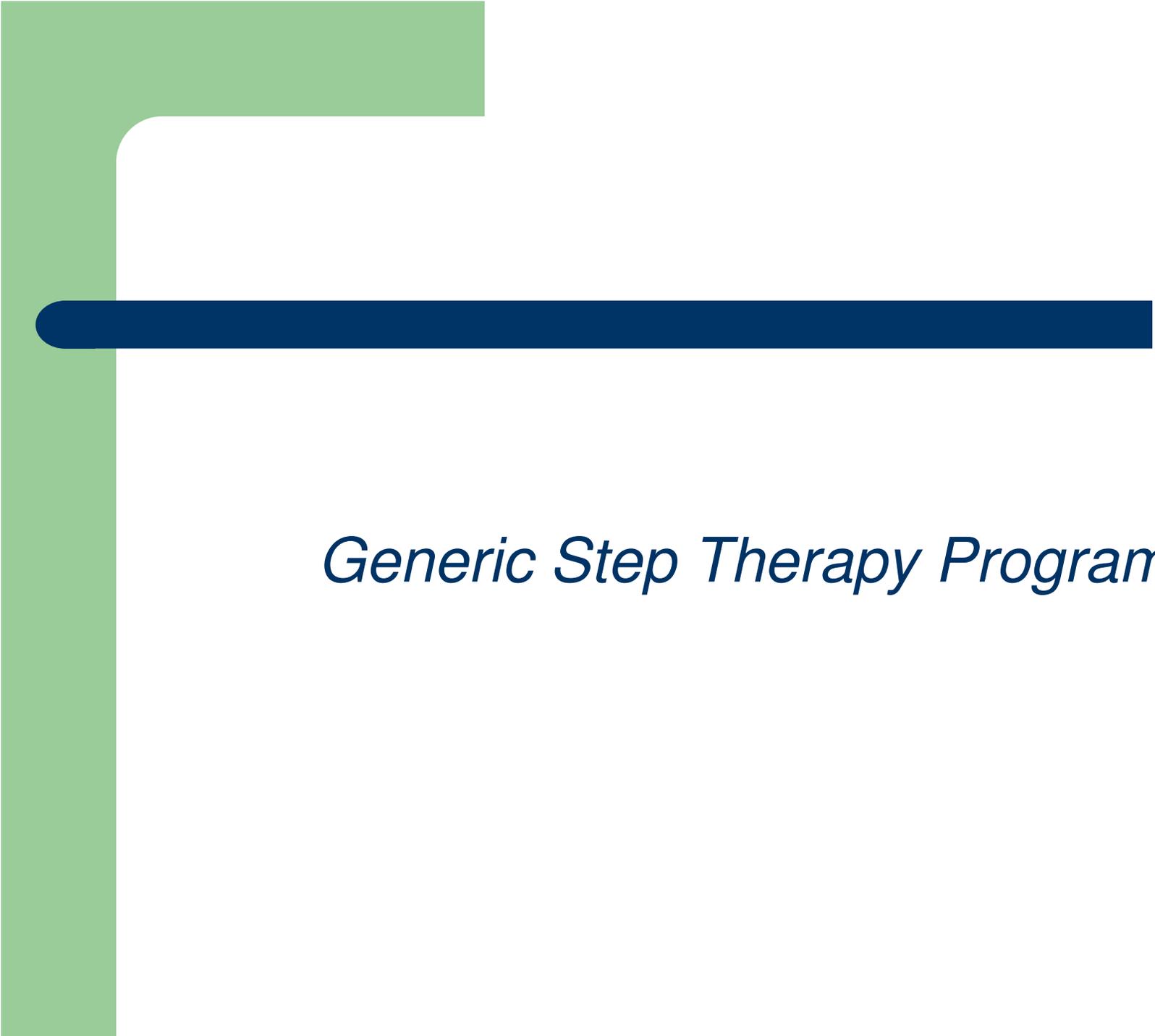
Other Pharmacy Program Changes

Other Pharmacy Program Changes

- Beginning January 1, 2012, the following programs will be implemented to focus on promoting the use of generic medications, higher-quality care and patient safety, including medication adherence:



- ✓ *Generic Step Therapy*
- ✓ *Quantity Limits*
- ✓ *Specialty Guideline Management*
- ✓ *Pharmacy Advisor*
- ✓ *Gaps in Care*



Generic Step Therapy Program

Generic Step Therapy Program – What You Should Know

- You and the State's Prescription Benefit Program save money when you use generics
 - Generics are safe, effective and often cost less
- The program helps to:
 - Promote the use of generics first
- **Beginning January 1, 2012, if your doctor prescribes a brand name medication**
 - Your plan will require using an alternative generic medication first for certain therapeutic categories



Generic Step Therapy Program – What You Should Know

- Generics first will apply to the following therapeutic categories:

Allergy Relief

Alzheimer's

Antidepressants

Anti-Inflammatory

Cardiovascular

Cholesterol Lowering

Enlarged Prostate

Glaucoma

Inhalers (Allergy, Asthma, and more)

Migraine Agents

Nasal Steroids

Osteoporosis

Sleep Aids

Stomach Acid Relief

Urinary Muscle Relaxants

Generic Step Therapy Program – What You Should Know

- Taking generics will **save you money**
 - Your copayment for generic medications will always be less than the brand name
 - Generics generally cost 30-80% less than brand names
 - FDA reviews generics to make sure they are safe, contain the same active ingredient, strength, dosage form and performance (how it works in the body)
 - Approval process for generics is equally as stringent as the process followed to approve brands
 - Labeling and testing requirements are the same for both brand and generic products

**U.S. Food & Drug Administration*

Generic Step Therapy Program – What You Should Know

- Brand name medications will be covered if you have tried an alternative generic
 - You will pay your brand name copayment
- New prescriptions will be required if your doctor authorizes a change to a generic
 - You will pay your generic copayment
- If you choose to continue using the brand name and have no history of generic use
 - You will pay the full cost of the brand medication **unless your doctor obtains prior approval**
 - The additional cost you pay will not apply toward your calendar year out-of-pocket maximum



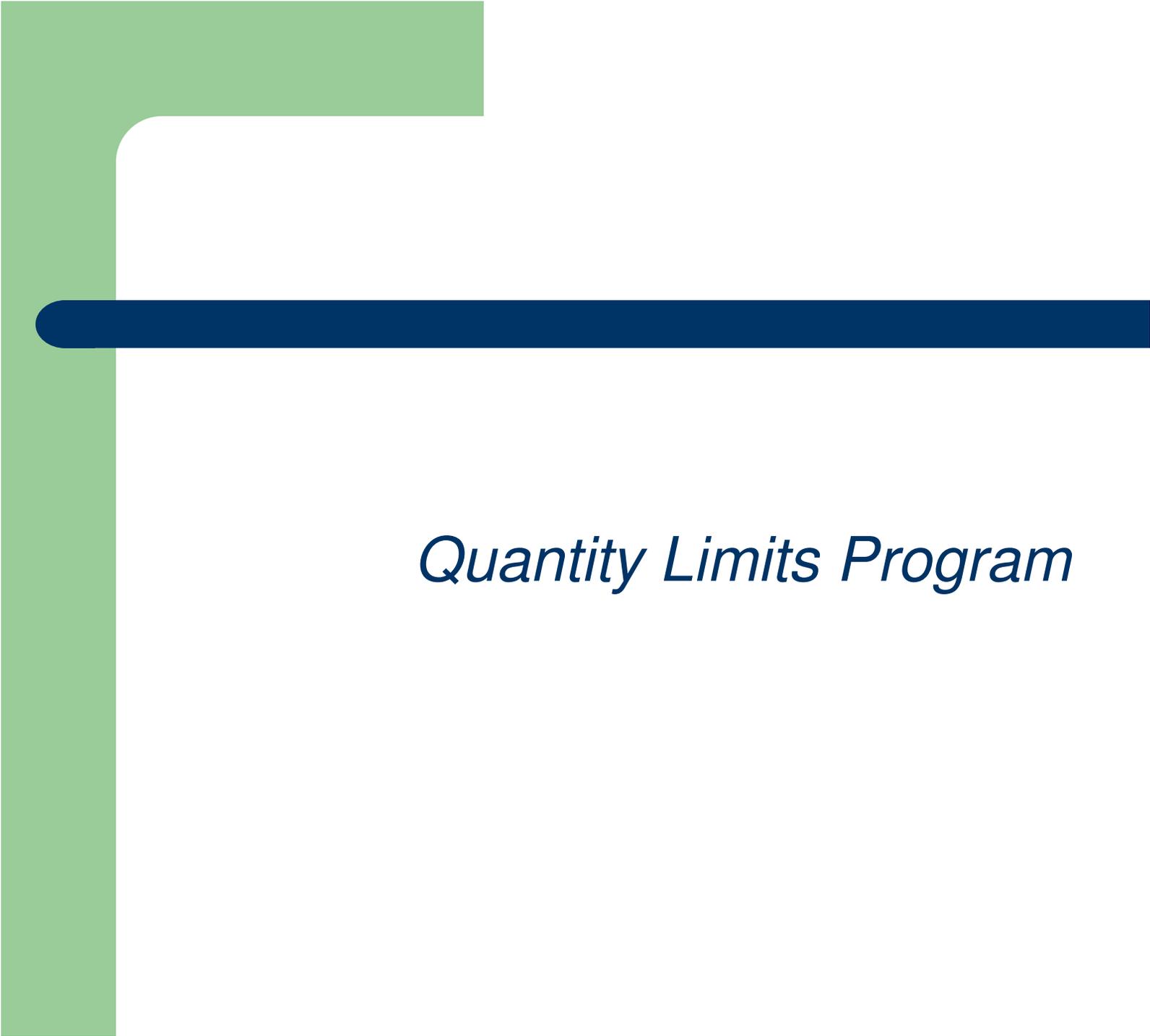
Generic Step Therapy Program – What You Should Do

- ☑ Look for a letter from CVS Caremark explaining which brand name medications have generic alternatives
 - You will receive a letter if you are currently filling your prescription(s) with a brand name and you have no history of using a generic alternative
 - It will include the steps you can take to avoid paying additional out-of-pocket costs
 - Your doctor will also receive a letter from CVS Caremark

Generic Step Therapy Program – What You Should Do

- ☑ Always talk with your doctor about generic alternatives
- ☑ Ask for a new prescription if your doctor determines the generic alternative is effective for you
- ☑ If your doctor determines the generic alternative is not effective for you due to a medical condition or allergy, ask your doctor to contact CVS Caremark at 877.203.0003 for prior approval
 - If approved, the brand name medication will be covered and you will pay your brand name copayment
 - If denied, you will pay the full cost of the brand name medication or you can consider changing to an alternative generic upon further discussions with your doctor





Quantity Limits Program

Quantity Limits Program – What You Should Know

- The program helps to:
 - Ensure you receive your medications in amounts approved by the FDA to safely and effectively treat your condition(s)
 - Address patient safety concerns and prevent potential for abuse and misuse



Quantity Limits Program – What You Should Know

- **Beginning January 1, 2012, quantity limits will apply for certain targeted therapeutic categories**
 - Your plan will limit the amount of medication for which it will pay for
 - Plan limits do not prevent you from obtaining additional quantities as prescribed by your doctor
 - Note: Your plan will only pay for additional quantities if your doctor documents that they are clinically appropriate for treatment
 - Quantity limits will apply for the following categories:

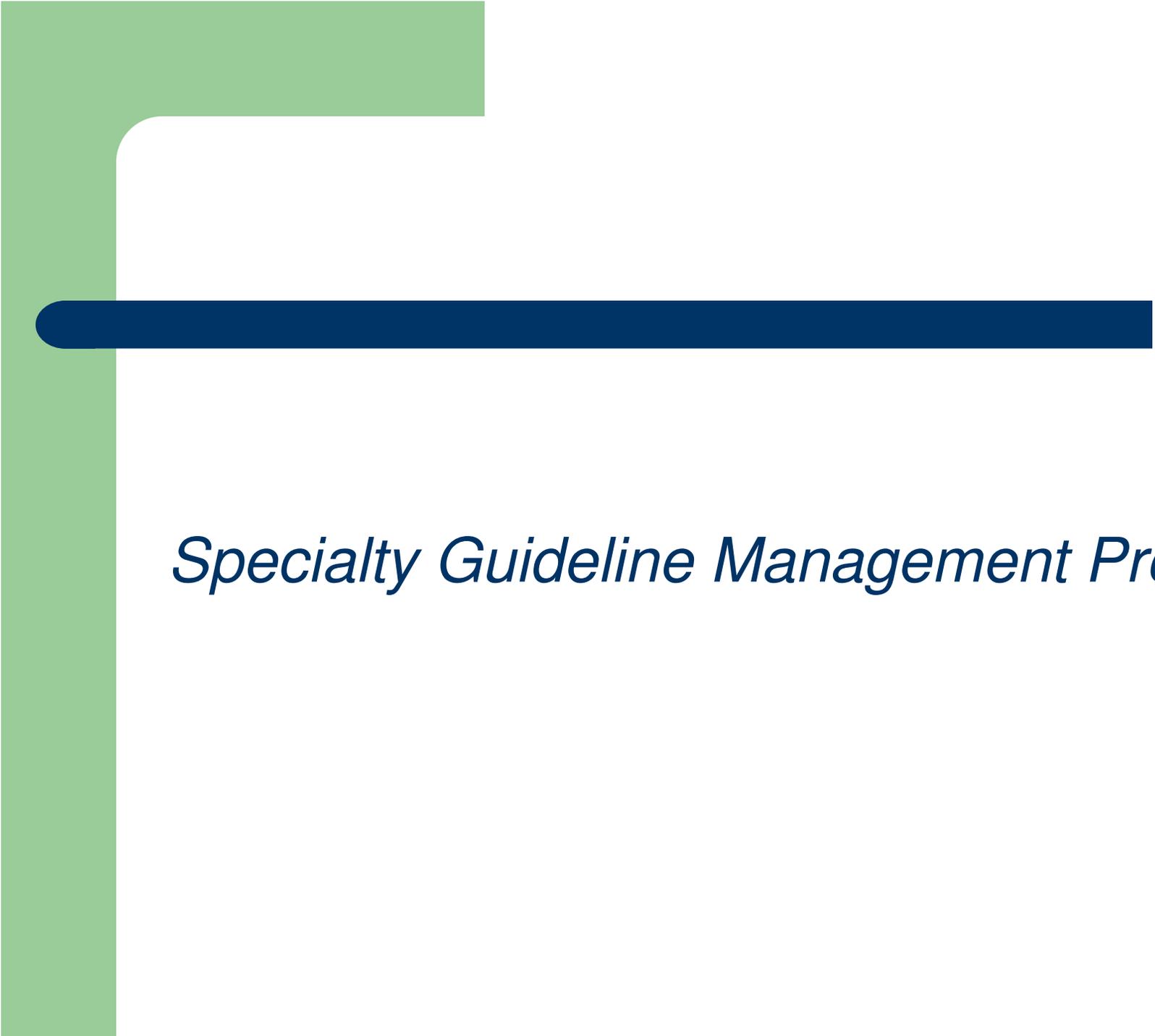
Anti-Migraine	Nausea and Vomiting Prevention
Influenza	Pain Management
Insomnia	Stomach Acid Relief

Quantity Limits Program – What You Should Do

- ☑ Look for a letter from CVS Caremark explaining the program and coverage
 - You will receive a letter if you are currently taking a prescribed medication from the therapeutic categories, even if your prescription **does not** exceed the plan limit
- ☑ If your prescription exceeds the quantity limits allowed by the plan, talk with your doctor to determine what quantities are effective for treatment
 - Note: Future prescriptions will be filled with quantities allowed by the plan unless your doctor obtains prior approval

Quantity Limits Program – What You Should Do

- ☑ Ask your doctor to call CVS Caremark at 800.626.3046 to request prior approval if they determine additional medication is appropriate
 - If approved, the additional quantity as prescribed will be covered and you will pay your applicable copayment
 - If denied, you will pay the full cost for the additional quantities if you choose to obtain the supply
 - Note: The additional cost you pay will not apply toward your calendar year out-of-pocket maximum



Specialty Guideline Management Program

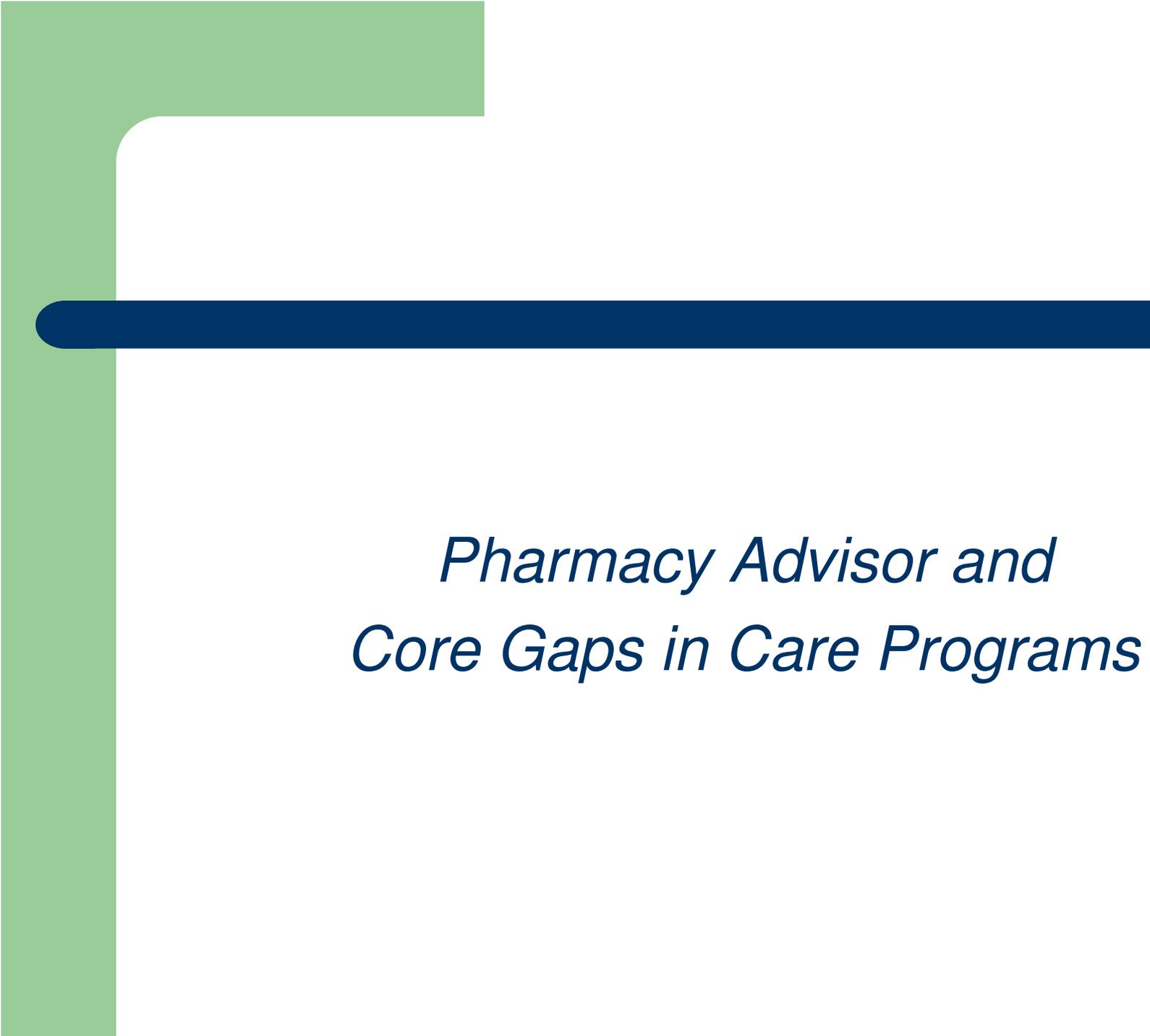
Specialty Guideline Management Program – What You Should Know

- **Beginning January 1, 2012, a clinical review using FDA-approved guidelines will be required for specialty medications**
- Specialty medications are used to treat chronic and/or genetic conditions, such as multiple sclerosis and rheumatoid arthritis
 - Often infused or injected medications
- The program supports safe, clinically appropriate and cost-effective use of specialty medications



Specialty Guideline Management Program – What You Should Do

- ☑ Look for a letter from CVS Caremark explaining a clinical review will be required for coverage
 - You will receive this letter if you are currently taking a specialty medication
 - No action will be needed from you at this time
 - ❖ CVS Caremark will reach out to your doctor to obtain the necessary clinical information to conduct the review
 - You will be notified by your doctor and CVS Caremark if a change is clinically appropriate for continued coverage



*Pharmacy Advisor and
Core Gaps in Care Programs*

Pharmacy Advisor and Core Gaps in Care Programs – What You Should Know

- **Beginning January 1, 2012, CVS Caremark clinical professionals will identify patients with chronic conditions who may need personalized care**
 - Programs primarily focus on diabetes, cardiovascular and osteoporosis prevention
- CVS Caremark may contact you or your doctor to discuss recommendations

Pharmacy Advisor and Core Gaps in Care Programs – What You Should Know

- The objectives of these programs are to help:
 - Improve quality of care
 - Ensure the prescribed medications and dosages are appropriate for your condition(s)
 - Identify and close gaps in care to prevent medical complications
 - Provide education about the importance of medication adherence to influence positive behavior change

Pharmacy Advisor and Core Gaps in Care Programs – What You Should Do

- *Pharmacy Advisor Program*

- Look for a letter from CVS Caremark

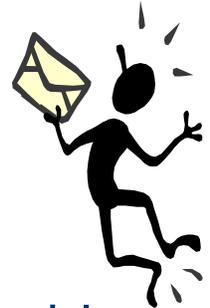
- You will receive this letter if you are identified for personalized diabetes care

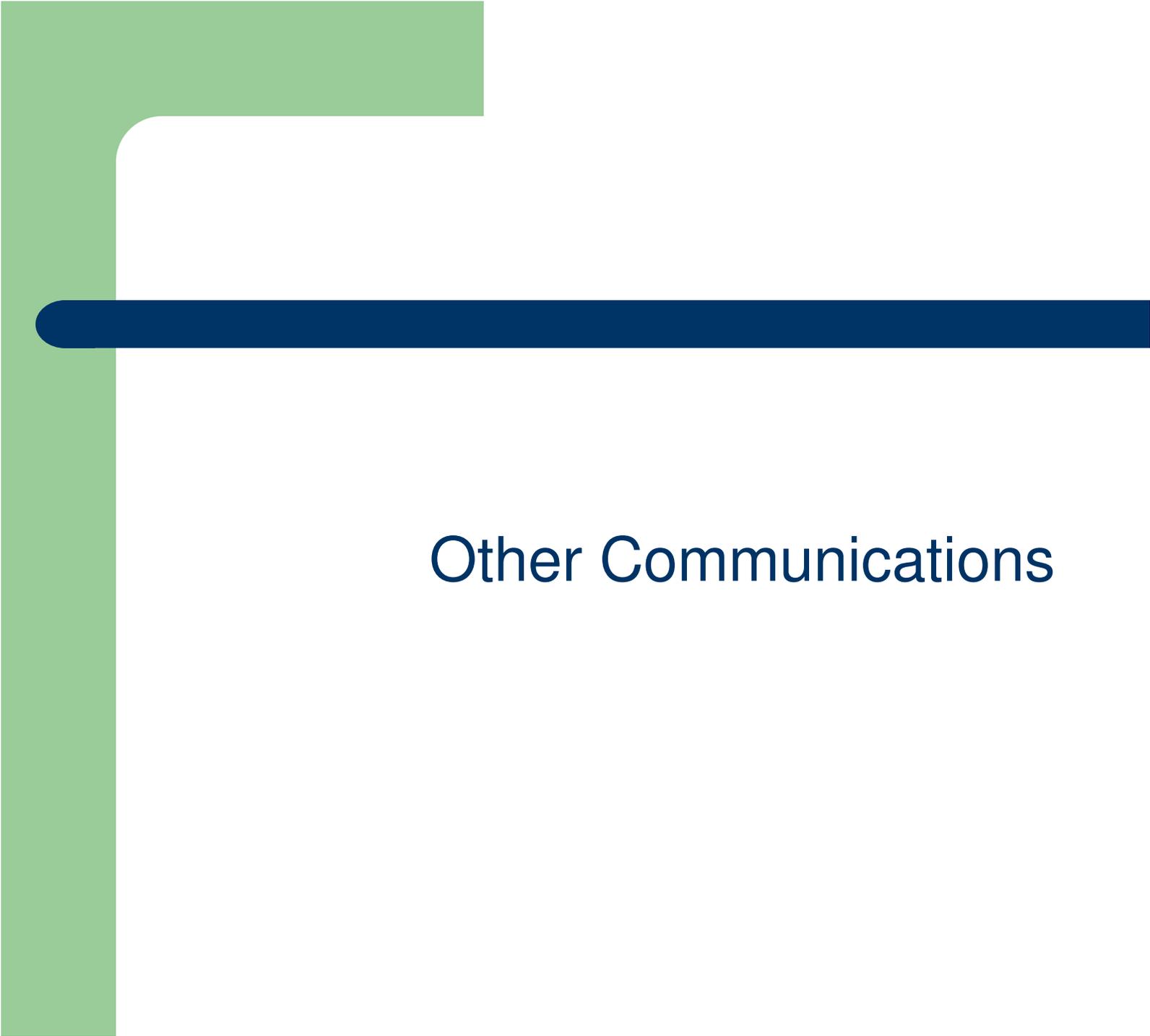
- Talk with your Pharmacy Advisor who will be a valuable resource to you and your doctor

- *Core Gaps in Care*

- No action is needed from you at this time

- Your doctor may contact you directly to discuss recommendations and/or changes in medication





Other Communications

Other Communications – What You Should Know

- ☑ Look for a brochure to help you understand the pharmacy program changes
- ☑ Look for a personalized prescription benefit booklet in the mail from CVS Caremark that will provide
 - Information about your prescription drug benefits and how to make the best use of them
 - A convenient pull-out guide outlining plan specifics
- ☑ New prescription ID cards will not be issued
 - Continue using your current ID cards when purchasing prescriptions at the local retail pharmacy



Questions?