



STATE OF NEW HAMPSHIRE

Department of Administrative Services
RISK MANAGEMENT UNIT

State House Annex
25 Capitol St., Concord NH 03301

VICKI V. QUIRAM
Commissioner
(603) 271-3201

CATHERINE A. KEANE
Director
(603) 271-3180

November 12, 2015

Subject: Changes to the State of NH Retiree Health Benefit Plan Effective 1/1/2016
For Non-Medicare Eligible/Under 65 Retirees

Dear State of NH Retiree Health Benefit Plan Member:

The purpose of this letter is to inform you about changes to your State of NH Retiree Health Benefit Plan. As you may know, retiree health benefits are limited to the funding level appropriated in the State of New Hampshire operating budget. The rising cost of prescription drugs and recent reduction of a federal subsidy to the State are resulting in a State Retiree Health Benefit budget deficit for fiscal years 2016/2017. Accordingly, in order to keep health care coverage costs within budgeted amounts, it is necessary to make the following changes to your Prescription Drug Benefit and your monthly premium contribution.

Prescription Drug Benefits Changes for Non-Medicare Eligible/Under 65 Retirees

Effective January 1, 2016, prescription drug co-pays and out-of-pocket maximum amounts will increase as indicated in the following chart:

Table with 7 columns: Category, Today (Generic, Preferred, Non-Preferred), and Effective 1/1/2016 (Generic, Preferred, Non-Preferred). Rows include Retail Copayments, Mail Order Copayments, and Maximum Out-of-Pocket (MOOP).

For your information, these prescription drug benefit changes will also apply to Medicare Eligible/Over 65 Retirees.

Increase in Percentage of Premium Contribution

Effective January 1, 2016, the premium contribution percentage that you pay will increase from 12.5% of the total premium to 17.5% of the total premium. Accordingly, the amount of your monthly cost will change from \$113.86 to \$159.94 for retiree only coverage, from \$227.73 to \$319.89 for retiree and spouse coverage, from \$757.29 to \$805.53 for retiree and child(ren) coverage and from \$871.16 to \$965.48 for retiree, spouse and child(ren) coverage.

November 12, 2015

Subject: Changes to the State of NH Retiree Health Benefit Plan Effective 1/1/2016

Page 2 of 2

If you pay your premium contribution through a New Hampshire Retirement System (NHRS) pension deduction, the new deduction amount will be included in your January 31, 2016 pension payment. If you are invoiced by the Department of Administrative Services, Risk Management Unit for your monthly premium, your February 2016 invoice for your January 2016 coverage will reflect the new deduction amount.

Vitals SmartShopper Program

In order to help pay for health care costs, State of New Hampshire retirees and family members who are not Medicare eligible can earn a cash reward between \$25 and \$500 if they choose a cost-effective provider for certain procedures. Enclosed is a list of procedures and their corresponding cash rewards, as well as some Frequently Asked Questions that explain the Vitals SmartShopper Program. Contact Vitals SmartShopper at (800) 824-9127 or register at www.vitalssmartshopper.com to learn more.

In Conclusion

We are committed to helping you understand your benefits. Please call Express Scripts at (866) 544-1798 if you have any questions about how the prescription drug changes will affect you and the opportunities that may be available to you to manage your prescription drug costs as effectively as possible.

We have also enclosed a State of New Hampshire Retiree Prescription Drug Benefit Summary for your reference. You can also find this summary, as well as additional information about your Retiree Health benefits on the Department of Administrative Services website at http://das.nh.gov/hr/retirement_benefits.html. For questions about enrollment and eligibility, please contact Judy Shevlin at the State of New Hampshire, Division of Personnel at (603) 271-1432 or judy.shevlin@nh.gov.

Sincerely,



Vicki V. Quiram
Commissioner



Catherine A. Keane
Director of Risk and Benefits

Enclosure



State of New Hampshire

2016 Retiree Prescription Drug Benefit Program

Non-Medicare Eligible (Under 65) Plan

	RETAIL PHARMACY	MAIL ORDER PHARMACY
	For immediate or short-term medication needs¹	For maintenance or long-term medication needs¹
YOU WILL PAY	<ul style="list-style-type: none"> • \$10 for each generic medication • \$25 for each preferred brand-name medication² • \$40 for each non-preferred brand-name medication² 	<ul style="list-style-type: none"> • \$10 for each generic medication • \$50 for each preferred brand-name medication² • \$80 for each non-preferred brand-name medication²
PREVENTIVE	\$0 Co-Pay for certain preventive maintenance medications (some age and brand restrictions apply) ³	
MAXIMUM OUT-OF-POCKET	\$750 per individual per calendar year \$1,500 per family per calendar year	
DAY SUPPLY LIMIT	Up to a 31-day supply	Up to a 90-day supply
REFILL LIMIT	One initial fill plus two refills for maintenance or long-term medications. For each additional fill, you will pay 100% of the prescription cost. ⁴	None
PRIOR AUTHORIZATION REQUIRED	Acne Therapy, Amevive, Antiemetic Agents, Apokyn, Botox and Myobloc for Non-Cosmetic Purposes Only, Celebrex, Misc. Dermatologicals, Erectile Dysfunction, Erythroid Stimulants, Growth Hormones, Hypnotic Agents, Interferons, Migraine Agents, Multiple Sclerosis Therapy, Myeloid Stimulants, Platelet Proliferation Stimulants, Provigil, Rheumatoid Arthritis Therapy, Xolair, Wellbutrin and its generics.	

¹ Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medications. Please contact Express Scripts at 1-866-544-1798 or log on to Express-Scripts.com for the most up-to-date plan information.

² When a generic equivalent is available but the pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" or equivalent instructions, you will pay the generic copayment plus the difference in cost between the brand-name and generic.

³ Your prescription benefits provide access to certain preventive medications at no cost to you. In some situations, over-the-counter (OTC) medications may also be covered at 100% with a prescription. Preventive medication categories include: women's preventive services and contraception coverage, smoking cessation, aspirin, fluoride, folic acid, iron supplements, vitamin D, and bowel preparation for colonoscopy screenings. Certain brand, age and gender restrictions apply. Call Member Services toll-free at 1-866-544-1798 to learn more about the eligibility criteria.

⁴ Your plan requires that maintenance or long-term medications be filled through the Express Scripts PharmacySM Home Delivery Service once you exceed the refill limit per prescription. Your plan also includes the Select Active Choice (Mail Order Opt-Out) Program. For more information, please call Express Scripts toll-free at 1-866-544-1798 to talk with a Member Service Representative about the opt-out program.

Choosing Where to Fill Your Prescription

For **short-term medications**, such as antibiotics, use a participating retail pharmacy. As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it is in the Express Scripts' network. You can also log on to Express-Scripts.com and click "Locate a pharmacy" or call Member Services toll-free at 1-866-544-1798. Please note, if you fill a prescription at a non-participating retail pharmacy, you will be responsible for paying 100% of the cost of the medication. You will then need to submit a paper claim form along with the original prescription receipt(s) for reimbursement of covered expenses.

Long-term medications are those medications taken to treat an on-going condition, such as high blood pressure, high cholesterol or diabetes. You will generally save money by using mail order for these prescriptions. Choose one of the three easy ways to start using the Express Scripts PharmacySM Home Delivery Service:

1. Go to StartHomeDelivery.com and register for Express Scripts PharmacySM.
2. Contact Member Services toll-free at 1-866-544-1798 and speak to a Patient Care Advocate.
3. Fill out and send in a mail service order form found on the Express-Scripts.com website along with your written prescription.

Member Services

If you have questions about your prescriptions or benefits, you can contact Member Services 24 hours a day, seven days a week, toll-free at **1-866-544-1798**. For Telecommunication Device assistance please call toll-free **1-800-759-1089**.

Express-Scripts.com is also available to help you manage your prescription drug benefits. By registering online, you can order mail service refills, check order status, price medications, and much more.

Day Supply and Refill Limit from a Retail Pharmacy

You can get up to a 31-day supply of medication each time you have a prescription filled at a participating retail pharmacy. Ask your doctor to write a prescription for up to a 31-day supply, when clinically appropriate.

You may obtain one initial fill plus two refills for maintenance or long-term medications at a retail pharmacy. It will then be necessary for you to utilize the Express Scripts PharmacySM Home Delivery Service for additional supplies. Otherwise, you will be responsible for 100% of the cost of the medication when filled at a retail pharmacy. To determine if your prescription is classified as maintenance or long-term, please call Member Services at 1-866-544-1798 or log-on to Express-Scripts.com.

Day Supply Limit from Express Scripts PharmacySM Home Delivery (Mail Order Pharmacy)

You can get up to a 90-day supply of medication when you get a prescription filled through the Express Scripts PharmacySM Home Delivery Service. Ask your doctor to write a prescription for up to a 90-day supply plus three refills for up to one year when clinically appropriate.

Convenient Home Delivery (Mail Order)

Orders are usually processed and mailed within 48 hours of receipt. Please allow 8 days from the day you mail in your prescription. You can check on the status of your order by logging on to Express-Scripts.com. Or you can call Member Services and use the automated system. If you are a first-time visitor to the website, take a moment to register. Have your member ID number handy.

Payment Options

When using home delivery, you can pay by check, e-check (see below for additional information), money order or credit card. If you prefer to use a credit card, you have the option of joining Express Scripts' automatic payment program by calling 1-800-948-8779 or by enrolling online. Credit cards accepted include Visa, MasterCard, Discover, American Express, and Health Reimbursement (HRA) or Flexible Spending Account (FSA) debit cards.

E-check is another term for electronic fund transfer. When you pay for mail order prescriptions with e-check, your copayments are conveniently deducted from your checking account. There is a 10-day grace period between the time your order is sent and when the amount is deducted from the assigned checking account. (The amount that is being deducted will be included in the prescription information that accompanies your order.)

Other Important Plan Information

Express Scripts Formulary Drug List

Your plan is subject to a list of prescription drugs that are preferred by the plan because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis. Log on to Express-Scripts.com or call Member Services at 1-866-544-1798 to access the most current information for your plan.

Select Active Choice (Mail Order Opt Out)

Your plan includes the Select Active Choice (Mail Order Opt Out) program. This program can be used for plan participants who feel that using home delivery service would create undue hardship. The Select Active Choice program gives you the choice of filling your maintenance or long-term prescriptions through the Express Scripts PharmacySM Home Delivery Service or at a retail pharmacy location. If you think filling your maintenance or long-term prescriptions through home delivery will create a hardship for you, please call Express Scripts toll-free at 1-877-603-1032 to talk with a Member Services Representative about the opt-out program or visit Express-Scripts.com/Decide to notify Express Scripts of your decision to opt-out. Please note, you may only receive up to a 31-day supply at a retail pharmacy location and you will be subject to the retail copayment. Even if you elect to opt-out now, you can still choose to use mail service at any time.

Brand Name Medications Requiring the Use of a Generic First (Step Therapy)

You can save money by using safe, effective generic medications when possible. Your plan requires using an alternative generic medication for certain brand-name medications first unless you have tried a generic. Brand-name medications will be covered under your plan if your prescription history shows you have tried an alternative generic. Please call Express Scripts toll-free at 1-866-544-1798 to talk with a Member Services Representative about your plan and options available if you must take the brand-name medication because of a medical condition or allergy.

Drug Quantity Management

Your plan includes quantity limits for some medications limiting the amount of medication for which your plan will pay. Please call Express Scripts toll-free at 1-866-544-1798 to talk with a Member Services Representative about the limits and options available if your doctor determines additional quantities are clinically appropriate.

Prior Authorization

Some medications may require approval before the prescription can be filled. If your prescription requires prior authorization, you or your doctor can initiate the prior authorization review by calling Express Scripts at 1-800-753-2851. Express Scripts will inform you and your doctor in writing of the coverage decision.

Specialty Medications

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. Whether they are administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. All specialty medications will be provided by Accredo Health Group, Inc., an Express Scripts specialty pharmacy. For more information about Accredo, or to order your specialty medications, call Express Scripts Member Services at 1-866-544-1798.

How fast can you earn up to \$500?

How about 5 minutes?

STEP 1:

Create a
secure
account

STEP 2:

Shop
online or
by phone

STEP 3:

Earn
cash
rewards



vitalssmartshopper[®]

It only takes a minute to create a new account with SmartShopper.

1. Visit vitalssmartshopper.com and click on the "First Time Users" tab.
2. In the Card I.D. # prompt, enter your Anthem member I.D. number exactly as it appears on your Anthem insurance card.
3. Follow the prompts to fill in the remaining requested information and click "Log in."

Congratulations! Your new account is created. Now you're ready to shop health care services and start earning cash rewards.

You can also register by phone at **1-800-824-9127**.

Take the attached wallet card with you and talk to your doctor before you book your next medical service, such as a MRI, CT Scan or certain surgical procedures. Choose a cost-effective location and earn a cash reward!

A graphic of a wallet card for the Vitals SmartShopper program. It features the Anthem BlueCross BlueShield logo and the vitalssmartshopper logo at the top. The card has a blue and white color scheme with a large "S" in the background.

Look before you book!

Did your doctor just refer you for a medical service? Before booking your appointment, ask your doctor:

- My medical plan includes SmartShopper. Do I have a choice where I have this test or procedure performed?
- Can I take a day or two to shop with SmartShopper before I schedule my appointment?

Log in at vitalssmartshopper.com or call **1-800-824-9127** to explore your options and earn a reward.

Most frequently asked questions about SmartShopper

1. What is SmartShopper? SmartShopper is a program that helps you be a savvy medical consumer by reminding you that you have choices when it comes to your health care. If your doctor recommends a particular medical service, SmartShopper can tell you how much that test or procedure costs at different in-network facilities in your area. If you choose a cost-effective option, you can qualify for a cash reward. SmartShopper does not offer medical advice and is not a substitute for medical care from your doctor, but it can help you optimize your health care by making you aware of your options.

2. How do I know if I am eligible to participate in SmartShopper? All State of New Hampshire employees and their family members who have medical coverage through Anthem are eligible to participate in the SmartShopper program and are automatically enrolled in it at no cost. You can contact SmartShopper anytime to research care options by calling **1-800-824-9127** or signing in to your secure login at vitalssmartshopper.com.

3. How can I qualify for a reward? Qualifying for a reward is simple and fast. If your doctor recommends a particular medical procedure, service or test, contact SmartShopper either by telephone or online at least 24 hours before receiving the medical service. (Only labs can be shopped for the same day, prior to service.) If you call SmartShopper, a customer service expert will tell you if the service you are researching is eligible, and if it is, will give you cost-effective options in your area that qualify for an incentive. If you go online, you can view a list of eligible medical tests and procedures and the cost-effective options in your area. In either case, if you choose one of the options identified by SmartShopper, you can qualify for a reward.

4. What medical services qualify for a reward? Currently, as a medically covered State of New Hampshire employee, you can receive rewards through SmartShopper by choosing cost-effective options for common screening exams (colonoscopy, mammogram), diagnostic tests (CT Scans, MRIs, ultrasounds), certain surgical procedures (including carpal tunnel surgery, gall bladder surgery, hernia repair surgery, knee or shoulder surgery), some treatments and therapies (including physical therapy), lab services, and more. For a complete list of covered medical services, log in to vitalssmartshopper.com. The program includes a core set of services, but may grow over time to cover more.

5. How much money can I receive as a reward? SmartShopper offers up to three levels of incentives, based on where you live, the choice of location and the costs within the area. You will always have the option to qualify for the highest reward. Where possible, a second incentive option will also be provided. Rewards currently range from \$25 up to \$500.

6. How will I receive my reward? If you qualify for a reward, a check will be mailed to you within 45 to 60 days of claim payment. If 60 days pass and you have not received your check, please call SmartShopper at **1-800-824-9127**.

7. Can my covered family members use SmartShopper themselves or do I have to shop for them? As the enrollee, you can shop for medical services for yourself and your covered dependents under age 18. Dependents age 18 and older need to shop for their own services in order to receive a reward.

8. Who can I contact if I have questions about the status of my reward check or about the SmartShopper website? For questions related to your rewards, you can call SmartShopper at **1-800-824-9127**, or email your questions to SmartShopperSupport@vitals.com.

9. Am I obligated to use the most cost-effective facility after shopping with SmartShopper? No. SmartShopper is completely voluntary. You can receive a reward by choosing any of the options suggested by SmartShopper. If you prefer to go to a facility that is not on the list of options suggested by SmartShopper, you can do that, too; you will not receive a reward, but you will have the benefit of knowing that there are lower cost options available to you if you want them.

10. What if my doctor already scheduled me to go to a facility not on the SmartShopper list of options? Call SmartShopper (**1-800-824-9127**) and a customer service expert will determine if the service qualifies for a reward. If not, you may need to reschedule your appointment to qualify for a reward, and possibly to obtain a new referral from your PCP.

11. What if the facility I usually go to is already the most cost-effective option? If you are already scheduled at a cost-effective facility on the SmartShopper list, you still qualify for a reward simply for making the phone call or going online and exploring your options. You must shop to receive the reward.

12. Do I have to pay taxes on the cash rewards I receive? If you receive cash rewards of \$600 or greater in one year, SmartShopper will send you a 1099 tax form to file with the Internal Revenue Service.

13. How do I know the cost-effective options suggested by SmartShopper are also high quality options? All health centers on your SmartShopper list are part of the Anthem network and have met Anthem's strict quality standards. The facilities are well-known and fully licensed to provide services. Consult your doctor, or log in to anthem.com for more information regarding quality.

14. Will my employer have access to my personal health information if I use SmartShopper? No. SmartShopper does not share personal information about you or your dependents with your employer or anyone else. It is completely confidential. SmartShopper may send your employer aggregate data (such as how many people from your company used the program in a given year), but your personal, identifiable information will not be shared.

15. Can I access SmartShopper from my smart phone? Yes. SmartShopper is a fully mobile platform. You can use it with any mobile device.

16. Can I shop for more than one service at a time? Yes. If your doctor has referred you for more than one type of service (for example, knee surgery, an MRI and post-surgery physical therapy), you can shop for all services at the same time, or opt to shop for each individually. The choice is yours.

17. Can I receive a reward for shopping for physical therapy? Yes. If your doctor refers you for physical therapy, you can receive one reward for the full course of treatment. (Multiple physical therapy sessions for the same health issue qualify for only one reward.)

18. Why do I need to shop at least 24 hours in advance of having a medical procedure or test? The SmartShopper check system recognizes different dates for the day of shopping and day of service. Shopping at least 24 hours in advance also gives you time to explore your options and get a new referral from your doctor if necessary.

Visit us anytime at vitalssmartshopper.com or call **1-800-824-9127**
Monday through Thursday from 8:30 a.m. to 8:00 p.m. or Friday from 8:30 a.m. to 5:00 p.m.



Incentive Reward Services	Incentive Amount (most cost-effective)	Incentive Amount (2nd most cost-effective)	Incentive Amount (3rd most cost-effective)
Back Surgery (inpatient laminectomy)	\$500	\$250	N/A
Back Surgery (outpatient laminectomy, diskectomy, foraminotomy)	\$250	\$100	\$50
Bariatric Surgery (laparoscopic gastric bypass)	\$500	\$250	N/A
Bladder Repair for incontinence (sling)	\$250	\$100	\$50
Bladder Scope (with stent)	\$250	\$100	\$50
Bone and Joint Imaging of Whole Body	\$150	\$75	\$50
Bone Density Study of Spine or Pelvis	\$50	\$25	N/A
Breast Biopsy	\$250	\$100	\$50
Breast Lumpectomy	\$150	\$75	\$50
Bronchoscopy	\$150	\$75	\$50
Bunionectomy	\$150	\$75	\$50
Colonoscopy	\$250	\$75	\$50
CT Scans	\$150	\$75	\$50
Dilation & Curettage - D&C	\$250	\$100	\$50
Ear -Surgery Insertion of Ventilating Tube	\$150	\$75	\$50
Eye Surgery - Cataract Removal	\$150	\$75	\$50
Gall Bladder Removal (laparoscopic)	\$250	\$100	\$50
Groin - Hernia Repair	\$250	\$100	\$50
Hammertoe Correction	\$150	\$75	\$50
Hand Surgery - Carpal Tunnel	\$150	\$75	\$50
Hysterectomy	\$500	\$250	N/A
Hysteroscopy	\$250	\$100	\$50
Knee Surgery (arthroscopic)	\$250	\$100	\$50
Lab Services	\$25	N/A	N/A
Laparoscopic Removal of Ovaries and/or Fallopian Tubes	\$250	\$100	\$50
Laparoscopic Tubal Block or Tubal Ligation	\$250	\$100	\$50
Lithotripsy - Fragmenting of Kidney Stones	\$250	\$100	\$50
Mammogram	\$50	\$25	N/A
MRIs	\$150	\$75	\$50
Nasal/Sinus - Corrective Surgery - Septoplasty	\$150	\$75	\$50
Nasal/Sinus - Endoscopy - Sinus Surgery	\$150	\$75	\$50
PET Scans	\$150	\$75	\$50
Physical Therapy	\$150	N/A	N/A
Remicade Infusion Therapy*	\$500	N/A	N/A
Removal of Prostate Gland and Surrounding Tissue	\$500	\$250	N/A
Removal of Thyroid Gland (partial or total removal)	\$500	\$250	N/A
Repair of Umbilical Hernia (5 years and older)	\$250	\$100	\$50
Shoulder Surgery (arthroscopic)	\$250	\$100	\$50
Spinal Fusion (anterior or posterior)	\$500	\$250	N/A
Spinal Fusion of Neck - Front	\$500	\$250	N/A
Stomach - Upper GI Examination (endoscopy)	\$150	\$75	\$50
Tonsillectomy & Adenoidectomy	\$150	\$75	\$50
Ultrasounds (non-maternity)	\$50	\$25	N/A
Urethra & Bladder Scope	\$250	\$100	\$50
Uterine Tissue Sample (biopsy)	\$250	\$100	\$50

*Contact SmartShopper for information regarding incentives for continued treatment. The Vitals SmartShopper™ program is provided by Vitals, an independent company. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

