



MCREA

Montgomery County Retired Employees' Association, Inc.

FEBRUARY 2012

Save the Date: Annual Meeting Tuesday, June 5, 2012, 7 - 9 p.m., COB Auditorium

DUES ISSUE

CHANGES TO PROCESSING EMPLOYEES' RETIREMENT SYSTEM (ERS) PENSION PAYMENTS

Montgomery County recently implemented a new payroll and financial accounting system. One result of this implementation is that the processing of monthly payments to ERS retirees, beneficiaries and other payees will be moved from Aetna, the current provider, to the County's new in-house system. The results of this change are as follows:

January 26, 2012 – All calls from ERS payees will be answered by the County, except calls related to 2011 tax reporting (please continue to call Aetna for questions on your 2011 tax statement at 1-800-952-2700). Please call 1-877-613-5212 if you have questions related to your payment, or changes to addresses, direct deposit, tax withholding, health insurance, etc.

February 1st pay advice – This is the last pay advice you will receive from Aetna. If you were having state tax withheld for states other than Maryland, the deduction will stop with your March 1, 2012 payment. Please prepare for this change by discussing how you can make payments for state taxes that may be required with your tax adviser.

March 1st pay advice – The payment advice you will receive from the County will be expanded to include a separate line item for each deduction from your monthly payment. Your deductions for Federal and/or State of Maryland tax withholding, premiums for health and other insurance, and other types of deductions will each be reflected line by line to assist you in monitoring the deductions being withheld.

Questions – Please call 1-877-613-5212, or if you live in Montgomery County you can dial 311 directly. Your questions will be answered by the County's MC311 centralized phone service. When you are connected to MC311 you will hear a brief announcement welcoming you and then you will be asked to select your preferred language. After you make your selection, you will be connected to a professional who will be able to respond to your questions. Hours are Monday thru Friday from 7a.m. to 5p.m.

THANK YOU

MCREA extends heartfelt thanks to three outgoing Board members: Pat Scissors, Bob Wolpert and Lou Boozer. Lou, who retired from Fire and Rescue Services, served for two years, Pat for 10 years, and Bob, our first CPA to serve as MCREA's Treasurer, supported MCREA in that capacity for five years. Both Pat and Bob are former HOC employees.

RETIREE HEALTH INSURANCE SEMINAR UPDATE

The OHR Benefits Team has begun to develop a special health insurance seminar designed for retirees. The seminar will deal with frequently asked questions concerning Medicare and the County's group insurance coverage (medical, prescription drug, dental and life insurance). The seminar rollout is planned for summer 2012, and materials will be made available online for retirees who live outside of the area. Stay tuned for future updates!

2012 PRESCRIPTION DRUG COVERAGES FAQs – EVERYTHING YOU WANTED TO KNOW

The following three sections, Kaiser Permanente, Carefirst BCBS Indemnity Plan, and Caremark High & Standard Options, are structured to clear up some questions from retirees about this year's prescription coverages.

KAISER PERMANENTE PRESCRIPTION DRUG BENEFIT FAQs

Q. Do the changes to the Caremark Prescription Drug Plans affect my Kaiser Permanente HMO or Kaiser Medicare Plus prescription drug coverage?

A. No, there are no changes to the Kaiser prescription drug coverage.

For more information

Kaiser Permanente:

- Washington area call 301-468-6000
- Baltimore area call 1-800-777-7902
- Visit <http://my.kp.org/mida/mcounty> or www.kaiserpermanente.org

OHR Benefits: Email benefits@montgomerycountymd.gov
(For those without email access, please call 240-777-5120.)

CAREFIRST BCBS INDEMNITY PLAN PRESCRIPTION BENEFIT FAQs

Q. Do the 2012 changes to the Caremark Standard Option and High Option Prescription Drug Plans affect my Caremark prescription drug coverage that I receive through the CareFirst BlueCross Blue Shield (BCBS) Indemnity Plan?

A. No.

Q. In late December, I received a letter titled "Important Information Regarding Brand Name Medications." What should I do?

A. Please disregard the letter; it was mistakenly sent to a number of Indemnity Plan participants.

Q. Will my prescriptions be filled with brand name or generic medications?

A. Caremark participating retail pharmacies and the Caremark Mail Service Pharmacy automatically fill prescriptions with generic equivalents. If your doctor includes "dispense as written" instructions on your prescription, Caremark may contact your doctor to request consideration of a less expensive but equivalent drug.

Q. What is a "maintenance medication"?

A. It is a medicine taken regularly for chronic conditions or long-term therapy, such as prescriptions for high blood pressure, asthma or diabetes.

For more information

Caremark: Call 1-866-240-4926 toll-free or visit www.caremark.com

CareFirst BCBS Call 1-888-417-8385 or visit www.carefirst.com

OHR Benefits: Email benefits@montgomerycountymd.gov

(For those without email access, please call 240-777-5120.)

CareFirst BCBS Indemnity Plan – Prescription Benefits *At-a-Glance*

Note: This chart does not apply to Caremark Standard or High Option Prescription Plan participants.

	Short-Term Medications	Maintenance Medications
Supply amount	➤ Up to a <u>34-day</u> supply	➤ Up to a <u>3-month</u> (90- to 102-day) supply
Where / how	To purchase up to a 34-day supply, use your Caremark Discount Card at over 64,000 participating retail pharmacies nationwide (e.g., a CVS, Target, Giant, Safeway, Walgreens or Walmart pharmacy).	To purchase a 3-month supply, use Caremark's Mail Service Pharmacy <u>or</u> your Caremark Discount Card at over 64,000 participating retail pharmacies nationwide (e.g., a CVS, Target, Giant, Safeway, Walgreens or Walmart pharmacy).
Copayment	You pay 20% of the discounted price	You pay 20% of the discounted price

CAREMARK STANDARD & HIGH OPTION PRESCRIPTION PLAN FAQs

As previously announced, a number of changes to the Caremark Standard Option and High Option Prescription Plans took effect January 1, 2012. These changes were based on Montgomery County Council's Resolution No. 17-149 dated May 26, 2011. This article is designed to help answer frequently asked questions about the changes.

Coverage for maintenance medications

Q. What is a "maintenance medication"?

A. It is a medicine taken regularly for chronic conditions or long-term therapy, such as prescriptions for high blood pressure, asthma or diabetes.

Q. How does Caremark's new "Maintenance Choice" program work?

A. For the price of one copayment for up to a 90-day supply, you now have the choice of purchasing your maintenance medications one of two ways: 1) at a CVS/pharmacy retail location, or 2) through Caremark's Mail Service Pharmacy.

Note: If you fill a 30- to 34-day prescription for a maintenance medication at a participating retail pharmacy more than two times (original fill plus one refill), you must still pay the copayment *plus* the cost difference between mail service and retail pharmacy each time you fill the prescription thereafter. To avoid this extra cost, submit a 90-day script with 3 refills through Maintenance Choice (either at a retail CVS/pharmacy retail location or through mail service).

Q. I have a 102-day prescription. Will it be limited to up to a 90-day supply?

A. Yes; based on Council's legislative changes (Resolution No. 17-149, pages 18 and 19), new and existing prescriptions purchased through the Mail Service Pharmacy or at a CVS/pharmacy retail location will only be filled for up to a 90-day supply, even if the prescription is written for a 102-day supply.

Q. I have a 30-day prescription at a CVS/pharmacy retail location. Will it be automatically converted to a 90-day prescription?

A. No, to take advantage of the lower pricing for your maintenance medications, ask your doctor for a 90-day prescription plus 3 refills (i.e., one year), as appropriate. Note that "30 days plus two refills" does not equal one prescription written for "90 days."

Limit to drugs prescribed to treat Erectile Dysfunction (ED)

Q. What is the new limit for ED prescription drug coverage?

A. The limit is 6 pills per month. Any amount above this limit will be paid in full by you. These rules also apply if you take a daily low-dose pill to treat ED.

Coverage for brand name medications with and without generic equivalents

Q. My brand name drug prescription does not have a generic equivalent. Do I need a letter of medical necessity from my doctor? Also, how much will I pay?

A. No, you do not need a letter of medical necessity. For the copayment that pertains to your plan, refer to the chart on page 6.

Q. My brand name drug prescription has a generic equivalent. Do I need a letter of medical necessity from my doctor? Also, how much will I pay?

A. If you do not have an approved letter of medical necessity on file with Caremark, you will pay the generic drug copayment plus the difference in cost between the brand name and generic drug cost. However, if your doctor certifies in a letter that it is medically necessary to prescribe a brand name drug instead of its generic equivalent, and if it meets the FDA approved diagnosis criteria, you will be charged the brand name copayment without penalty.

Q. How do I request a letter of medical necessity from my doctor?

A. If your doctor determines that you require a brand name medication instead of its generic equivalent, follow the steps below to submit a letter of medical necessity to Caremark. Note that some doctors charge a fee for writing a letter of medical necessity.

1. Request a letter of medical necessity from your doctor for your brand name prescription. The letter must be written on the doctor's official letterhead (not on the prescription) and must contain details of the medical reason for prescribing the brand name drug in place of the generic drug. It cannot simply state that in his/her medical opinion brand name drugs are better than generic drugs. Also, it is not sufficient to write "dispense as written" or "medically necessary" on the prescription.
2. Submit the letter of medical necessity to CVS/Caremark, Inc., Department of Appeals, MC109, P.O. Box 52084, Phoenix, AZ 85072-2084. You can also fax the letter to Caremark at 1-866-689-3092 or 1-866-443-1172.
3. If the waiver is approved by the Pharmacy Benefit Manager, you will receive a letter stating that it has been approved for one year from the date of approval. CVS/Caremark requires yearly updates of medical necessity. If the waiver is not approved, you can appeal the decision at the address/fax listed above.
4. Fill your prescription through a retail pharmacy or mail service.

For more information

Caremark: Call 1-866-240-4926 toll-free or visit www.caremark.com

OHR Benefits: Email benefits@montgomerycountymd.gov

(For those without email access, please call 240-777-5120.)

Caremark High & Standard Option Prescription Plans *At-a-Glance*

Note: This chart does not apply to Kaiser Permanente or CareFirst BCBS Indemnity Plan participants.

	Retail Pharmacy Network	Maintenance Choice®
Prescription type	➤ Short-term medications	➤ Maintenance medications
Supply amount	➤ Up to a <u>34-day</u> supply	➤ Up to a <u>90-day</u> supply
Where / how	To purchase up to a 34-day supply, use your Caremark member ID card at over 64,000 participating retail pharmacies (e.g., a CVS, Target, Giant, Safeway, Walgreens or Walmart pharmacy).	To purchase a 90-day supply, use your Caremark member ID card at one of the 7,100 CVS/pharmacy retail locations <u>or</u> use Caremark's Mail Service Pharmacy.
	Important: If you fill a 30- to 34-day prescription for a maintenance medication at a participating retail pharmacy more than two times (original fill plus one refill), you pay the copayment <i>plus</i> the cost difference between mail service and retail pharmacy each time you fill the prescription thereafter. To avoid this, submit a 90-day script with 3 refills through Maintenance Choice (either at a CVS/pharmacy retail location or through mail service).	
High Option \$5 / \$10 Plan Copayments	<ul style="list-style-type: none"> • \$5 for generic drugs • \$10 for brand name drugs—if no generic is available • \$5 <i>plus</i> the difference between the brand name and generic drug costs—for brand name drugs that have a generic available ① 	<ul style="list-style-type: none"> • \$5 for generic drugs • \$10 for brand name drugs—if no generic is available • \$5 <i>plus</i> the difference between the brand name and generic drug costs—for brand name drugs that have a generic available ①
Standard Option Plan Copayments ➤➤➤ This Plan has an annual deductible of \$50 per individual or family.	<ul style="list-style-type: none"> • \$10 for generic drugs • \$20 for brand name drugs on the Preferred Drug List (PDL) ② —if no generic is available • \$35 for brand name drugs not on the PDL—if no generic is available • \$10 <i>plus</i> the difference between the brand name and generic drug costs—for brand name drugs that have a generic available ③ 	<ul style="list-style-type: none"> • \$10 for generic drugs • \$20 for brand name drugs on the Preferred Drug List (PDL) ② —if no generic is available • \$35 for brand name drugs not on the PDL—if no generic is available • \$10 <i>plus</i> the difference between the brand name and generic drug costs—for brand name drugs that have a generic available ③

① If approved as medically necessary, you pay a co-payment of \$10.

② Caremark's quarterly PDL is available at www.montgomerycountymd.gov/ohr. Click *HR Resource Library*, then click the *Retiree Benefits* tab; open the *Retiree Prescription Plans* folder, then click *Caremark's Quarterly Preferred Drug List (PDL)*.

③ If approved as medically necessary, you pay a co-payment of \$20 or \$35.

For more information about medical necessity: Refer to the *Group Insurance Summary Description*, available at www.montgomerycountymd.gov/ohr; click *HR Resource Library*, then the *Retiree Benefits* tab; open the *Retiree Summary Descriptions* folder then click the *Group Insurance Summary Description*.

MORE ON NON-MEDICARE DOCTORS FOR MEDICARE RECIPIENTS

Regarding an article in our October 2011 newsletter, a MCREA member helpfully offers further documentation of the required steps and form for processing direct claims and billing to Medicare for reimbursements, if your doctor is non-participating in Medicare.

Obtain Medicare's claim form "Patient's Request for Medical Payment (CMS-1490S), which is a one-page form (plus a one-page set of instructions). Mail the form, fully completed, and supporting documents, including your doctor's itemized bill, to your Medicare contractor in your State. This will allow Medicare to review your claim more routinely. Medicare's letter to our member offers helpful information regarding supporting documentation that is needed: "Include a statement that notifies the Medicare contractor that your provider or supplier refused or is unable to file a claim for a Medicare-covered service, and/or it is not enrolled with Medicare."

The letter also references the fact that each medical provider is assigned a NPI (National Provider Identifier number), but states "if you are unable to find it, the Medicare contractor can look this number up." (MCREA note: Form CMS-1490S currently has no NPI number block, so if obtained, write it on your doctor's bill.) "If the claim form has any other incomplete or invalid information, the Medicare contractor will return the claim without processing. Allow 60 days for Medicare to process your request."

As stated in our October 2011 article, while Medicare may or may not cover the expenses, this route accommodates full review and processing by Medicare, and the next step for you to send the documents to a secondary insurer for possible coverage.

TASK FORCE TO CONSIDER CONSOLIDATING BENEFITS

Last July, the County Council appointed a 25-member Task Force to address two questions in providing health care benefits to employees, retirees, and dependents across the three county and two bi-county agencies: (1) the effectiveness of employee wellness and disease management programs, and (2) the costs and benefits of consolidating the agencies' plan administration and design. The Task Force membership included seven agency designees, nine representatives from the various collective bargaining units, and nine public members. A final meeting was held on November 29, and a report was presented to the Council on December 6. They have tentatively scheduled a joint committee work session for February 9, 2012, which is scheduled to be cablecast on County Cable channel 6.

The Task Force reached general consensus on several recommendations:

- The agencies should collect and analyze aggregate health care claims data for all employees, retirees, and dependents covered by the health insurance plans. With over 100,000 enrolled members in the plans, the County should take advantage of this purchasing power.

- The agencies should develop and promote a culture that values wellness and encourages the partnering of employees, employers and providers to improve health outcomes.
- The agencies should implement wellness and disease management programs based on best practices.
- All policy makers should recognize that bending the health care cost curve downward will not be easy. Improvements will take time, may require upfront investment, and likely will be incremental.

The Task Force identified a number of issues for the Council to consider for further study, which will be outlined in our next newsletter.

CARRYOUT BAG LAW IN MONTGOMERY COUNTY

County residents may wish to review a website that answers some interesting questions about the law that went into effect on January 1, including which items are included or not, and the County's rationale for implementing it. The link is: www.montgomerycountymd.gov/mcgtmpl.asp?url=/content/pio/bag/faqs_residents.asp

HEAR YE, HEAR YE: DUES ARE DUE

Please Join MCREA and Keep Your Membership Active

It is time to renew your annual membership with MCREA. If you are not a dues-paying member already, seriously consider joining. A form to accomplish either can be found at the end of today's newsletter.

Your MCREA membership allows you to stand up and be counted among the retirees who are keeping their eyes and ears on Rockville happenings. The nominal \$5 annual fee goes toward meeting MCREA's primary expense in printing and mailing your newsletters. Your hard-working Board is all-volunteer, but we also need your participation in the form of being a dues paying member. We encourage retirees who do not have a paid membership yet to do so now with a check.

Please complete the form and mail it to MCREA, P. O. Box 73, Rockville, MD 20848-0073 without delay. We are accepting advance payment for a maximum of 5 years, which is year 2017.

Special note regarding advance dues payment: Please retain your record of payment of the year in which your advance-paid dues will expire. Although we have the information as well, we cannot always efficiently respond to members' inquiries (although if you leave a voice message on our 800 line, someone will check and get back to you). Thanks for your consideration.

M C R E A
P.O. Box 73
Rockville, MD 20848-0073

2012 MEMBERSHIP AND DUES APPLICATION
(Please Print or Use an Address Label)

Retiree:

Last Name	First	Middle Initial
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Spouse (optional):

Last Name if Different from Above	First Name
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Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: Home (_____) _____ Cell (_____) _____

Email Address: _____
(Print Carefully)

Application is for: Renewal ___ or New ___ Date : _____

Check#: _____

MCREA Dues are \$5 per Calendar year. Enclosed are dues for:

1 year \$5.00 _____ 5 years \$25.00 _____ Other _____

Please make your check payable to MCREA, enclose it with this completed form, and mail to the above address. Thank you for your support.

Any dues payment in excess of 5 years will be considered a contribution to MCREA.

MCREA holds your information in our database in confidence. It is not shared or sold to other groups or organizations.

IMPORTANT PHONE NUMBERS or visit MCREAonline.com

MCREA Toll Free Phone number: **1-866-929-9339 or 301-929-9339**
Montgomery County's Office of Human Resources at **240-777-5000** or Toll Free
1-877-613-5212; Benefits Team Direct Line 240-777-5120 or (Fax) 240-777-5131 or
email benefits@montgomerycountymd.gov
CareFirst Blue Cross-Blue Shield: Indemnity Plan; HMO; and, Point-of-Service Plan.
Member Services: Toll Free number: **1-888-417-8385** www.Carefirst.com
Kaiser Permanente: Washington Area: **301-468-6000**; Baltimore Area: **1-800-777-7902**
United Healthcare Member Services: **1-800-638-0014** www.myuhc.com
Caremark: **1-866-240-4926** www.caremark.com
United Concordia (Dental): **1-866-851-7564** www.ucci.com
National Vision Administrators (NVA): **1-866-468-2393** www.e-nva.com
Prudential Long Term Care Insurance: **1-800-732-0416** www.Prudential.com
Aetna Toll Free Number: **1-800-952-2700**
ING (MC Deferred Compensation): **240-777-5054 or Toll Free 1-888-240-8080**
Hartford: **240-304-7720 or Toll Free 1-800-255-2464**

This newsletter is published by: Montgomery County Retired Employees' Association, Inc.
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MCREA

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