

National Grid Retiree Club Meeting – Long Island



October 3, 2016

Agenda

- **Retiree Health & Welfare Update**
- **Open Enrollment for 2017**
- **2017 Highlights**
- **EmblemHealth/Vytra Guests – Anne Weekes & Joanne Stryker**
- **Contact Information**
- **Q & A**

Benefits at National Grid

- We provide a range of benefits for over 30,000 active and retired employees.
- We are committed to providing market competitive quality benefits that help attract and retain a healthy, engaged, and productive workforce.

Today's Challenges

- Rising cost of healthcare and declining health across the Nation
- Increased life expectancy
- Aging population with increased instances of chronic conditions
- The availability and cost of improved diagnostic services
- Rising administrative and compliance costs for health plan sponsors

Annual Open Enrollment

- Open Enrollment Period
 - October 11th through October 25th
- Correction Period
 - November 14th through November 25th
- Retiree Confirmation Statements will be mailed on November 2nd

Pre-65 Management Retirees

Changes to National EPO-BCBSMA:

- **Change in-network deductible** to \$300 individual/\$600 family
- **Change in-network out-of-pocket maximum** to \$2,000 individual/\$4,000 family (includes deductible, co-insurance and medical/Rx co-payments)
- **Change in-network specialist office visit co-payment** to \$40 (primary remains at \$20)
- **Increase Urgent Care Center co-payment to \$40**
- **Change diagnostic testing, lab, x-ray and advanced imaging** co-insurance will be covered at 90% co-insurance after deductible
- **Change in prescription co-payments** at retail to \$10 generic/\$40 formulary/\$80 non-formulary; mail-order prescription co-payments to \$20 generic/\$80 formulary/\$160 non-formulary
- **Change in coverage for inpatient hospital stays at Blue Distinction Plus Centers** to 95% covered after deductible (for specific conditions)

Retiree Medical, what's new 2017



Pre-65 Management Retirees

Changes to National PPO BCBSMA and Regional PPO (Harvard Pilgrim, Independent Health, MVP, Oxford):

- **2017 will be the last year the PPO plans will be offered** (National and Regional), and in 2018 only the EPO and CDHP plan options will be offered.
- **Change in-network specialist office visit co-payment to \$40** (primary remains at \$20)
- **Increase Urgent Care Center co-payment to \$40**
- **Change diagnostic testing, lab, x-ray, and advanced imaging to be covered at 90% co-insurance after deductible**
- **Change in prescription co-payments at retail to \$10 generic/\$40 formulary/\$80 non-formulary; mail-order prescription co-payments to \$20 generic/\$80 formulary/\$160 non-formulary**

Pre-65 Management Retirees

Implementation of the following Prescription Drug Programs with CVS Caremark (all plans):

- **Introducing Exclusive Specialty Pharmacy Program:** all specialty medications will be processed through, and delivered by the CVS Caremark Specialty Pharmacy Program. Members who receive specialty medications from another pharmacy will be contacted by Caremark to transition their medications prior to 1/1/2017.
- **Exclusion of Bulk Powders on Compound Drugs:** Bulk Powders is being excluded from coverage for Compound Drugs. Bulk Powder represents an ingredient(s) for which the effectiveness and safety are unknown or have not been adequately studied based on their route of administration by the FDA.
- **Advanced Control Specialty Formulary:** This formulary utilizes new-to-market (NTM) drug management, tiering strategy and specialty guideline management (SGM) to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

Retiree Medical, what's new 2017



Pre-65 Retirees Formally Represented by Local 1049

Changes to the Blue Cross Blue Shield PPO Plan (formerly referred to as the POS Plan) and the Vytra POS plan.

In-Network

- Increase annual deductible to \$200 individual/\$400 family
- Decrease annual out-of-pocket maximum to \$1,750 individual/\$3,500 family
- Implement 95% co-insurance after deductible for non-co-payment based services, except preventive care services which will continue to be covered at 100% per the Patient Protection and Affordable Care Act (PPACA)
- Increase office visit co-payments for Primary Care and specialist visits to \$30
- Change emergency room from co-payment to 95% co-insurance before deductible
- Increase Urgent Care Center co-payment to \$30
- Inpatient hospital visits: change from co-payment to 95% co-insurance after deductible, except at BCBS Blue Distinction Centers where certain services will continue to be covered at 100%
- Diagnostic testing, lab, X-ray and advanced imaging co-payment will be eliminated and will be covered at 95% co-insurance after deductible.

Out-of-Network

- Increase annual deductible to \$600 individual/\$1,200 family
- Decrease annual out-of-pocket maximum to \$3,800 individual/\$7,600
- Change emergency room from co-payment to 95% co-insurance before deductible.

Retiree Medical, what's new 2017

nationalgrid

Pre-65 Retirees Formally Represented by Local 1049

Change in prescription co-payment (applicable to BCBSMA and VYTRA HMO plan)

- Increase retail prescription co-payment to \$10 generic/\$25 formulary/\$50 non-formulary; increase mail-order prescription co-payment to \$20 generic/\$50 formulary/\$100 non-formulary

Telehealth Services Offered Through BCBSMA Partnership with AmericanWell

- Introduce Telehealth services for BCBSMA participants. Telehealth visits will be covered consistent with the in-network primary care office visit coverage level.
- Telehealth services provide immediate face to face access to board certified physicians through your smartphone, computer, or tablet device. In general, Telehealth services are used for acute medical care for minor illnesses and injuries for adults and children, for managing symptoms from chronic conditions, and for support of behavioral health care needs along with any other general health and wellness concerns you may have.
- Use Telehealth services as an alternative to emergency room or urgent care, when your doctor's office is closed, while at work in the office or in the field, or after business hours or on weekends. Face to face visits can take from 10 to 30 minutes, depending on the care you need, at the cost of a primary care visit under your health plan. To learn more about Telehealth visit www.bluecrossma.com/telehealth

Retiree Medical, what's new 2017



Pre-65 Management Retirees and Retirees Formally Represented by Local 1049

Gender Reassignment Surgery (all plans)

All medical plans will include coverage for gender reassignment surgery along with prescription drugs that aid in the transition

Fitness Reimbursement Benefit (all plans)

Reimbursement of up to \$600 (note, this is taxable) every rolling 6 months for health club membership and fitness classes at qualified health clubs (available to covered retirees and spouses). Proof of 50 visits within the 6 month period will be required.

Implementation of the following Prescription Drug Program with CVS Caremark: Introducing Exclusive Specialty Pharmacy Program (all plans)

All specialty medications will be processed through, and delivered by the CVS Caremark Specialty Pharmacy Program. Members who receive specialty medications from another pharmacy will be contacted by Caremark to transition their medications prior to 1/1/2017.

Retiree Medical

Post-65 Medicare Advantage Plan

- At this time, we do not yet have the final 2017 Medicare Advantage plan designs and rates.
- Therefore, participants enrolled/enrolling in a National Grid Medicare Advantage plan as of 1/1/17 will receive a new Confirmation Statement from the National Grid Benefit Services Center in November if there are updated contribution requirements, if any.
- Our health plans will also disclose any plan changes directly to you, as needed.
- Historically, only minimal plan design changes are generally made to Medicare Advantage plans and we do not anticipate this year will be any different.

If after you receive the updated contribution requirements (if any), you wish to switch health plans, you may do so by calling the National Grid Benefit Services Center by December 9th at 1-888-483-2123.

Post 65 VYTRA POS

Medicare Coordination Method Medicare pays 80%	In Network	Out-Of-Network
Deductible	None	\$250 Individual / \$500 Family
OOPM	None	\$1,750 per individual/\$3,500 per family (excludes deductible)
Co-insurance	None	75% plan covered 25% member cost
Office visit (PCP/SPC)	\$10 copay	Deductible and 25% coinsurance
Preventive Care	100%	Deductible and 25% Coinsurance
Labs, X-Rays, Diagnostic Test	\$10 copay	Deductible and 25% coinsurance
Emergency	No copay	Deductible and 25% coinsurance for non-emergent diagnosis
Inpatient Hospital	100%	Deductible and 25% Coinsurance
Outpatient Surgery	\$10 Copay	Deductible and 25% Coinsurance
Prescription Drugs Retail	Deductible: \$50 per Individual 20% copay of R&C	Deductible: \$50 per Individual 20% copay of R&C
Prescription Drugs Mail Order (90 day supple)	Deductible: None \$10 Generic/\$30 Brand	Deductible: None \$10 Generic/\$30 Brand

Contact Information

IMPORTANT CONTACT INFORMATION

- SilverScript: 1-877-874-6202
- National Grid Benefit Services Center: 1-888-483-2123
- www.nationalgridbenefitservices.com
- Services Delivery Center (SDC, formally TDC) telephone number:
888-483-2123
- www.ournationalgrid.com

EmblemHealth/Vytra Guests:

- **Anne Weekes**
- **Joanne Stryker**