

# National Grid Retiree Club Meeting – Long Island



October 2, 2017

# Agenda

---

- Definitions
- 2018 Highlights for Management Retirees & Dependents Under Age 65
- 2018 Highlights for Local 1049 Retirees & Dependents Under Age 65
- Management and Union Retirees & Dependents Age 65 and Over
- Open Enrollment Information
- Contact Information

## Definitions

- Pre-65 – retirees or dependents who are under age 65 and not yet enrolled in Medicare Part A & Part B
- Post-65 – retirees or dependents who are over age 65 and enrolled in Medicare Part A&B

Health Plan Definitions	Medicare
BCBS - Blue Cross Blue Shield	Medicare Part A – Medical coverage
BCBSMA - Blue Cross Blue Shield of Massachusetts	Medicare Part B – Hospitalization coverage
EPO – Exclusive Provider Plan	Medicare Part C – Medicare Advantage Plan
PPO – Preferred Provider Plan	Medicare Part D – Pharmacy Coverage
CDHP – Consumer Driven Health Plan	

# 2018 Highlights for Management Retirees & Dependents Under Age 65

# Management Retirees & Dependents Under Age 65

---

**These changes apply to former management retirees & dependents under age 65 who retired after 9/1/2003, or who retired after 1/1/2000 and enrolled in the current plan option:**

## **Elimination of BCBS and Regional PPO Carriers**

- BCBS PPO, Harvard Pilgrim, Oxford, Independent Health and MVP will not be offered in 2018.
- PPO Participants will be placed in the EPO plan as of January 1, 2018

## **BCBS EPO New Name**

- EPO will now be called the Select Provider Plan

## **BCBS Consumer Driven Health Plan Options**

- Health Savings Plan – Consumer Driven Health Plan (current CDHP)
- Health Investment Plan - Consumer Driven Health Plan (new CDHP)

*No plan change in 2018 for pre-65 retirees who retired prior to 9/1/2003 and are not enrolled in these plans.*

*The elimination of the PPO does not apply to the Empire PPO plan offered to retirees over the age of 65.*

# Management Retirees & Dependents Under Age 65

## Medical Plan Changes

Consumer Driven Health Plan (CDHP)	Select Provider Plan (EPO)
In and Out of Network coverage	In Network Coverage ONLY
Changes to: <ul style="list-style-type: none"> <li>• In-network and out-of-network deductibles</li> <li>• Out of Pocket maximums</li> </ul>	Changes to: <ul style="list-style-type: none"> <li>• In-network deductibles</li> <li>• Out of Pocket maximums</li> <li>• Office visit &amp; Specialist Copay</li> <li>• Removal of \$70 eye glasses reimbursement</li> </ul>

**Remember that both plans:**

Use the same Blue Cross Blue Shield national network

Cover preventive services at 100%

And, prescriptions are covered by CVS/Caremark

# Management Retirees & Dependents Under Age 65

	Health Savings Plan (Current CDHP)	Health Investment Plan (New CDHP)	Select Provider Plan (EPO)
<b>Annual deductible</b> Employee only Covering Dependents	\$1,800 \$3,600	\$3,000 \$6,000	\$400 \$800
<b>Out-of-Pocket Max.</b> Employee only Covering Dependents	\$3,000 \$6,000	\$4,000 \$8,000	\$2,000 \$4,000
<b>Preventive care</b>	Covered at 100% before the deductible		No Charge
<b>CoPayments</b> Office Visit Specialist	N/A	N/A	\$25 \$50
<b>Coinsurance</b>	You pay 10%, plan pays 90%	You pay 20%, plan pays 80%	You pay 10%, plan pays 90%
<b>Prescriptions</b> • Retail (30-day supply) • Mail-Order (90-day supply)	You pay 10%, plan pays 90% after deductible	You pay 20%, plan pays 80% after deductible	\$10 / \$40 / \$80 \$20 / \$80 / \$160

# Transition Support

Former Management retirees (Under Age 65)

**Transition of care support is available for retirees in a Regional PPO (like Oxford) who are moving into the BCBS EPO or CDHP plans in 2018**

If you are in a defined course of treatment for in-patient or out-patient services you can contact BCBS for transition support.

**1. Find out if your doctor is part of the BCBS EPO/PPO network**

- Contact BCBS customer service at 800-287-8757 (*indicating that you are a National Grid management retiree* )

OR

- Use the Find A Doc tool on [bluecrossma.com](http://bluecrossma.com)

**2. Complete a transition of care form if your doctor **does not** participate in the BCBS EPO/PPO network**



# Transition of Care Support

Management retirees (under age 65)

<p><b>If your doctor DOES NOT participate in the BCBS Network</b></p>	<p><b>If your doctor DOES participate in the BCBS Network</b></p>
<p>Have your provider complete the Transition of Care form.</p> <p>You will receive in-network level of care for 90 days to start, giving you time to find an in-network provider.</p> <p>After 90 days the provider has to request additional services covered at in-network as on ongoing service.</p> <p>Contact BCBS for the form at: 800-287-8757</p>	<p>If you have in-patient treatment scheduled, call member services to review pre-authorization requirement with BCBS.</p> <p>Out-patient services usually do not require pre-authorization for continuing treatment, however your provider must follow BCBS protocol whether the services are in-patient or out-patient.</p> <p>BCBS Member Services: 800-287-8757</p>

# Management Retirees & Dependents

## Under age 65

---

### Pharmacy Changes

- Prior authorization on high cost generic Type 2 Diabetic drugs and Proton Pump Inhibitors
- PPACA vaccine coverage: expanded to include both seasonal strains of influenza and common preventable diseases at no cost to you.
- Opioid management program
- Periodic formulary updates: CVS/Caremark continually reviews drugs on the standard formulary and will either add newly available products or exclude products that do not meet clinical requirements. If you are impacted by a formulary change, you will be contacted by CVS/Caremark.
- Dispense as Written Rule

**CVS/Caremark Customer Service:**

800-378-8826

Caremark.com

# 2018 Highlights for Local 1049 Retirees & Dependents Under Age 65

# Local 1049 Retirees & Dependents

## Under age 65

---

### Reminders

- No Health Plan changes in 2018
- Three health Plans Options remain
  - **PPO – Blue Cross Blue Shield**
    - Empire POS Network, 100% coverage for services at Blue Distinction Center
  - **CDHP – Blue Cross Blue Shield**
    - National BCBS Network; Opportunity to save for future healthcare costs with the Health Savings Account
  - **HMO – HIP/VYTRA**
    - copays for office visits, no deductible/coinsurance
- Prescription drugs through CVS/Caremark

# Local 1049 Retirees & Dependents

## Under age 65

---

### Pharmacy Changes

- Prior authorization on high cost generic Type 2 Diabetic drugs and Proton Pump Inhibitors
- PPACA vaccine coverage: expanded to include both seasonal strains of influenza and common preventable diseases at no cost to you.
- Opioid management program
- Periodic formulary updates: CVS/Caremark continually reviews drugs on the standard formulary and will either add newly available products or exclude products that do not meet clinical requirements. If you are impacted by a formulary change, you will be contacted by CVS/Caremark.

### **CVS/Caremark Customer Service:**

800-378-8826

Caremark.com

## Local 1049 Retirees Under age 65 – No Changes in 2018

Plan Design	CDHP BCBS	PPO BCBS	HMO HIP/Vytra
Single Deductible	\$1,550	\$200	\$0
Family Deductible	\$3,100	\$400	\$0
Coinsurance	90%	95%	100%
Preventive Office Visit	No Cost	\$0	\$0
PCP Office Visit	Ded/Coins	\$30	\$40
Specialist Office Visit		\$30	\$60
Generic Retail RX	Ded/Coins	\$10	\$10
Brand Retail RX		\$25	\$25
Non-formulary Retail Rx		\$50	\$50
All Mail Order	Ded/Coins	2x Retail	2x Retail
Single Out of Pocket Max	\$2,700	\$1,750	\$1,900
Family Out of Pocket Max	\$5,400	\$3,500	\$3,800

# Management and Union Retirees & Dependents

## Age 65 and Over

# All Management and Union Retirees & Dependents Age 65 and Over

---

## SilverScript/EGWP Pharmacy Plan Changes

### Drug List Exclusions

What you can expect:

- Letter to members explaining that drug therapy is being removed from the formulary along with the appropriate formulary alternative
- Instructions on how to obtain a formulary exception for drugs that are medically necessary
- Transition fills will also be available giving you time to get the exception paperwork completed by your physician if necessary

**SilverScript Customer Service**

877-874-6202

[nationalgrid.silverscript.com](http://nationalgrid.silverscript.com)



## Information for Over age 65 Retirees/Dependents on a Medicare Supplement Plan

---

### Medical Coverage

- There are no changes to the National Grid sponsored Medicare supplement plans offered to former retirees and dependents over the age of 65

### Prescription Drug Benefits

- SilverScript is the Prescription Drug Plan for Medicare-Eligible Plan Participants
- SilverScript is a group-based Medicare Part D prescription plan which also includes a “wraparound” benefit. SilverScript Insurance Company is a Medicare-approved subsidiary of CVS Caremark.
- Because the SilverScript Medicare Part D Prescription Drug Plan is governed by the Centers for Medicare and Medicaid Services (CMS), certain communication materials must be distributed to plan participants.
- SilverScript materials are based on government-approved model language. You will receive an Annual Notice shortly.
- We realize that some of the documents you may receive from the SilverScript Insurance Company may be confusing and difficult to understand. However, most of the communications will be informational and you won't need to take any action.
- If you DO need to take action, this will be outlined clearly in the materials you receive.

## Information for Medicare Advantage Participants

---

- As of the date of this presentation, we do not have the final 2018 Medicare Advantage plan designs and rates.
- Participants enrolled/enrolling in a National Grid-sponsored Medicare Advantage plan as of January 1, 2018 will receive a new Confirmation Statement from the National Grid Benefit Services Center in November with updated contribution requirements, if any.
- Updated plan designs will be provided to you by the carrier.
- Historically, only minimal plan design changes have been made to the Medicare Advantage plans and we do not anticipate that this year will be any different.
- If, after you receive the updated contribution requirements (if any) and/or plan design information, you decide to change health plans, please contact the National Grid Benefit Services Center at 1-888-483-2123 before October 24.
- If you elect to dis-enroll from the Medicare Advantage plan, you will also be required to send the plan written notification.

# Open Enrollment and Contact Information

## Open Enrollment Information

---

**Make your Open Enrollment Changes between  
10/11 – 10/24**

### **Who needs to take action?**

Only for former Management and former Local 1049 retirees and dependents who are under age 65 (pre-65 retirees)

### **Who to contact?**

National Grid Benefits Services Center

Visit [nationalgridbenefitservices.com](http://nationalgridbenefitservices.com)

By phone: 888-483-2123

**Open Enrollment information is being mailed by 10/12**

*Information for retirees on Medicare Advantage Plans on next slide*

## Contact Information

<b>Consumer Driven Health Plan (BCBS)</b>	<b>Preferred Provider Organization (BCBS)</b>	<b>Prime HMO HIP/VYTRA</b>
1-800-287-8757	800-287-8757	800-447-8255
bluecrossma.com		emblemhealth.com

<b>Pharmacy SilverScript (Retirees Over Age 65)</b>	<b>Pharmacy CVS/Caremark (Retirees Under Age 65)</b>
877-874-6202	800-378-8826
nationalgrid.silverscript.com	Caremark.com

<b>National Grid Benefits Services Center</b>
888-483-2123
nationalgridbenefitservices.com