

HEALTH TRUST REPORT CARD



RENSELAER • COLUMBIA • GREENE
HEALTH INSURANCE TRUST
HEALTHIER TOGETHER

The Rensselaer-Columbia-Greene Health Insurance Trust—
Bringing the Power of 23 Districts Together

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THE HEALTH INSURANCE TRUST: SUCCESS THROUGH PARTNERSHIP

The Rensselaer-Columbia-Greene Health Insurance Trust is a partnership between the participating School Districts, our members (the public school employees and retirees who work or worked for the participating School Districts and their eligible dependents), the Health Insurance Trust and our three medical plan provider networks (BlueShield of Northeastern New York, MVP and Capital District Physician's Health Plan, Inc.) and their participating providers.

Together, we are all responsible for the success of the Trust. We have a part to play in helping the Trust achieve its mission—providing valuable and affordable medical and prescription drug benefits to our members.

As the **Trustees** of a multiple employer health plan, we are continually exploring ways to provide economies of scale to our School Districts as we obtain health insurance rates at or below the national trends, and providing sound management of our health and drug plans.

We expect our **medical plan provider networks** to offer high quality, convenient, affordable health care for our members.

Our participating **School Districts** can help by promoting the benefits we offer and sponsoring different wellness activities and programs.

Our **members** can also help us by understanding and utilizing their benefits in an effective manner that results in further savings and benefits for all members. That would include things like seeing in-network providers, using generic medications when possible and utilizing our preventive care benefits like annual physicals and wellness programs.

Our mission is to benefit participating School Districts and their members by providing access to comprehensive, high quality, cost-effective health care services. But without everyone doing their part, we will not be successful. One of the reasons we publish this newsletter is to empower all of our partners by helping you better understand the benefit plans we offer and how best to utilize them. This is one way we are working to help our partnership succeed.

We hope you find this information useful and that it helps all of us be better partners.

Sincerely,
The Board of Trustees



HYPERTENSION: WHAT IT IS, WHAT YOU CAN DO AND HOW YOUR BENEFITS CAN HELP

Hypertension means high blood pressure. This happens when the force of your blood pushing against the walls of your blood vessels is consistently too high. When this occurs, your heart and blood vessels are forced to work harder and less efficiently. Over time, this can damage your heart and your arteries.

Nearly half of all adult Americans have high blood pressure. Unfortunately, many do not know they have it because they do not have regular check-ups and annual physicals.

You can get high blood pressure as the result of hereditary factors (family history, gender or race, for example) or aspects of your lifestyle that you can control:

- Lack of physical activity
- An unhealthy diet, especially one high in sodium
- Being overweight or obese
- Drinking too much alcohol
- Sleep apnea
- High cholesterol
- Diabetes
- Smoking and tobacco use
- Stress.

BlueShield of Northeastern New York offers several programs for hypertension:

- **UNDER PRESSURE** provides Blood Pressure Screenings by either a Health Management Consultant or a Disease Management Nurse.
- **KNOW YOUR NUMBERS** encourages members to get their cholesterol, glucose and blood pressure numbers from their physician at the time of an annual physical or through a Biometric Screening—and it helps members learn what those numbers mean.
- **LET'S TALK HEALTH PROGRAM** offers the chance for a Disease Management nurse to come out to speak with members about any medical condition on a one-on-one basis.

Several School Districts, including Rensselaer City, Hoosick Falls and Ichabod Crane, have participated in BlueShield's blood pressure clinic program.



WELLNESS PROGRAMS: SIGN UP TODAY!

Wellness programs can prevent people from developing high-risk health factors such as obesity, high blood pressure, diabetes, high cholesterol and chronic heart disease. Many of our School Districts have offered wellness initiatives based on the interests of their members:

- Voluntary and totally confidential personal health assessments
- Health improvement challenges, such as walking or weight loss programs
- Student activities such as Field Days
- Educational wellness seminars
- Fitness classes
- Health fairs.

In addition to the School District-sponsored programs, our medical plan provider networks offer wellness benefits to members at no cost:

- **BlueShield of Northeastern New York:** Visit www.bsneny.com to learn more about the Healthy Life Rewards program and other wellness information. BlueShield of Northeastern New York also works with hospitals and community groups to offer classes, support groups and workshops on topics including:
 - Alcohol and substance abuse
 - Back care
 - Diabetes
 - Heart health
 - Maternal and infant health
 - Nutrition
 - Physical activity and fitness
 - Senior health
 - Smoking cessation
 - Stress management
 - Weight management
 - Women's health.
- **Capital District Physicians' Health Plan, Inc. (CDPHP):** You can find a schedule of free wellness classes online at www.cdphp.com or in the quarterly CDPHP newsletter, *SmartMoves*.
- **MVP:** Visit www.mvphealthcare.com and select Wellness Tools and Activities in the Manage Your Account option.

PRESCRIPTION DRUG PROGRAM RULES: WHAT THEY MEAN AND WHY THEY MATTER

For certain prescription drugs, special rules restrict how and when they are covered under the Trust's prescription drug plans. A team of CVS/Caremark doctors and pharmacists developed these rules to help our members use drugs in the most effective ways. These rules also help control overall drug costs, which keeps the Trust's drug coverage more affordable—for members, for School Districts and for the Trust.

In general, the rules encourage members to get a drug that works for the member's medical condition and is safe and effective. Whenever a safe, lower-cost drug has been clinically proven to work just as well medically as a higher-cost drug, these rules are designed to encourage members and their providers to use that lower-cost option.

Here's a summary of CVS/Caremark's rules, what they mean and how they can help.



STEP THERAPY



Most medical conditions have multiple medication options. Although their clinical effectiveness may be similar, prices can vary widely. With the Step Therapy program, members get the treatment they need, usually at a lower cost.

Step Therapy encourages the use of cost-effective, therapeutically appropriate medications before other, more expensive prescription medication options are considered. Often, the most cost-effective therapeutic option is a generic medication. Generic medications have been certified by the Food and Drug Administration (FDA) to be just as safe and effective as their brand name counterparts.

For example, if Drug A and Drug B treat the same medical condition and Drug A is less expensive, CVS/Caremark's step therapy program may require the member to try Drug A first. If Drug A does not work, CVS/Caremark will then cover Drug B, subject to the co-payment applicable to Drug B.

If the member's doctor believes the member should use another medication, the member or their doctor can request a coverage review by calling CVS/Caremark. If, after review with the doctor, it is deemed appropriate, CVS/Caremark will waive the Step Therapy requirement and cover another drug for the member.

For a list of medications that require Step Therapy, contact CVS/Caremark.

PRIOR AUTHORIZATION

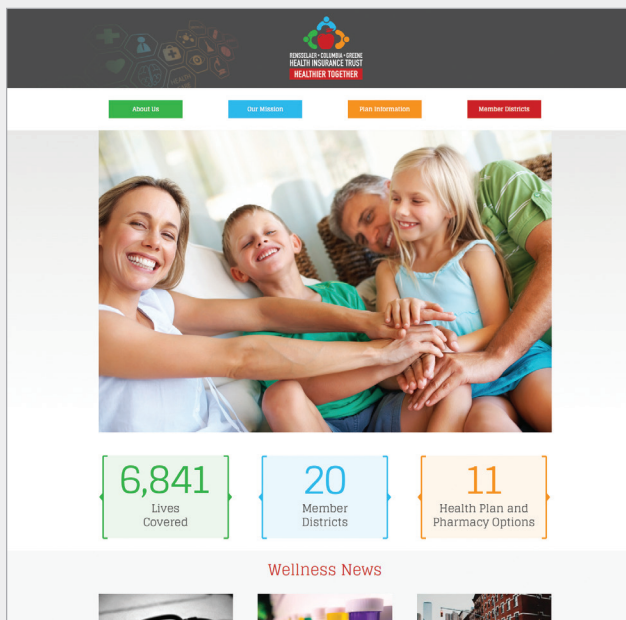


For certain drugs, a member or their doctor must get approval from CVS/Caremark before the drug will be covered. This is called Prior Authorization. Sometimes the requirement for getting approval in advance helps guide appropriate use of certain drugs. If the member does not get this approval, the drug might not be covered.

Some medications must be authorized for coverage because: (1) they're only approved or effective in treating specific illnesses, and (2) they cost more or they may be prescribed for conditions for which safety and effectiveness have not been well-established. CVS/Caremark consults with doctors and pharmacists to determine which medications require Prior Authorization.

Members, pharmacists or doctors can start the Prior Authorization review process by contacting CVS/Caremark. CVS/Caremark will provide the doctor and/or the pharmacist with the information needed for the review process. Once CVS/Caremark receives the information from the doctor or pharmacist, CVS/Caremark will conduct a clinical review and then send the member and the member's doctor a letter regarding the Prior Authorization decision.

For a list of medications that require Prior Authorization, contact CVS/Caremark.



WE'RE ONLINE!

Check out the Trust's new website: www.rcgtrust.com. The new site features helpful articles about the Trust's coverage and benefits news, information about Preferred Plan benefits, past issues of our newsletter and more. Please visit the site and let us know what you think.

QUANTITY LIMITS



Quantity Limits are designed to support safe and appropriate dosing, and to keep prescription drug costs lower for members and for the Trust. Quantity limits are meant to minimize the risk of overdosing and/or unwanted drug interactions. For example, if it is normally considered safe to take only one pill per day for a certain drug, CVS/Caremark may limit coverage for that prescription to no more than one pill per day.

Quantity limit rules are based on Food and Drug Administration (FDA) approved indications, the manufacturer's package labeling instructions, and well-accepted or published clinical recommendations. CVS/Caremark consults with doctors and pharmacists to determine which medications qualify for Quantity Limits and what those limits are.

For a list of medications that require Quantity Limits, contact CVS/Caremark.

FORMULARY



A formulary is a list of generic and brand-name drugs that are covered by the Trust's prescription drug benefit plans. The formulary was developed by a CVS/Caremark medical committee of pharmacists and physicians. CVS/Caremark chooses which drugs to include on the formulary based on each drug's effectiveness, safety and cost. CVS/Caremark regularly reviews and updates the formulary based on the latest information available about each drug.

Drugs that appear on this list are covered. Drugs that are not included on the list are not covered. Doctors can use the list to select medications for the member's healthcare needs, while helping the member get the most from the Trust's prescription drug benefit.

What If the Rule Doesn't Work for a Member?

These rules are designed to help members take the medication that is best suited to treat their condition at an affordable price. But the rules can be appealed if the member or their doctor believes the rule should not apply for a particular member's specific condition. If a provider says that there are medical reasons that justify asking CVS/Caremark for an exception, the provider can help the member request an exception to the rule. For example, providers can ask CVS/Caremark to cover a drug even though it is not on the formulary or for CVS/Caremark to make an exception and cover a drug without restrictions. When this happens the member and/or their doctor should contact CVS/Caremark. There are different procedures for each restriction. CVS/Caremark will explain the process and the steps that need to be taken.



TELEMEDICINE: CONVENIENT AND COST-EFFECTIVE CARE

Last year, the Trust introduced telemedicine benefits for members. Telemedicine is a convenient, cost-effective and timesaving alternative to the emergency room, urgent care center, behavioral health therapist or your regular doctor for simple common concerns.

When members use telemedicine services, members can access the care they need—including most prescriptions—for a wide range of minor conditions by connecting with a board-certified doctor via video chat, without needing to leave home, 24 hours a day, seven days a week.

Members can use the telemedicine services for conditions such as:

- therapy/behavioral health issues
- cold and flu
- sore throat
- allergies
- headache
- rash
- stomachache
- acne
- fever
- urinary tract infections and more.

Telemedicine services are also available to help members address substance abuse issues and for mental health treatment.

BlueShield of Northeastern New York has partnered with Dr. on Demand to offer telemedicine services. **MVP** has a telemedicine program called myVisitNow. And the **Capital District Physicians' Health Plan, Inc. (CDPHP)** also offers a telemedicine program through Dr. on Demand. Contact your carrier for more information.

EXPANDED COVERAGE FOR ROUTINE PODIATRY, ACUPUNCTURE AND MASSAGE THERAPY WHEN MEMBERS SEE NETWORK PROVIDERS

As a reminder, the Trust expanded coverage for the following items for members who have coverage under the BlueShield of Northeastern New York Plan. The improvements were effective July 1, 2018.



Routine Podiatry. The Trust will cover foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. Members must pay the Office Visit Copay for routine podiatry services.



Acupuncture. The Trust will cover acupuncture services up to 12 visits per member, per year. Members must pay the Office Visit Copay for acupuncture services.



Massage Therapy. The Trust will cover massage therapy services up to 12 visits per member, per year. Members must pay the Office Visit Copay for massage therapy services.

To find a network provider, members should contact BlueShield of Northeastern New York (800-888-1238 or www.bsny.com).

MEET THE BOARD

The Board of Trustees are elected by the member School Districts to oversee the Trust. They perform these duties in addition to their regular responsibilities and meet monthly to guide the direction of the Trust.

The RCG Health Insurance Trustees are:

- Tammy Sutherland, Chairperson
- Leslie Copleston, Vice Chairperson
- Harry Hadjioannou, Treasurer
- Cynthia DeDominick
- Meghan Heimroth
- Mike Vanyo
- Neil Howard, Jr.

Advisory Members to the Trust are:

- [Vacant], CSEA Representative
- [Vacant], NYSUT Representative
- Heather Massmann, NYSUT Representative
- John Wilary, NYSUT Representative
- Karen T. Urbanski, SAANYS Representative

Let us know if you have any questions or suggestions. You can reach us by email at RCGHealthTrust@questar.org.

IMPORTANT CONTACTS

Organization	Phone Number	Website
Rensselaer-Columbia-Greene Health Insurance Trust	www.rcgtrust.com	
Benetech	888-411-4398	www.wedobenefits.com
BlueShield of Northeastern New York	800-888-1238	www.bsneny.com
Capital District Physicians' Health Plan, Inc. (CDPHP)	877-269-2134	www.cdphp.com
CVS/Caremark	866-808-7159	www.caremark.com
Dr. on Demand	800-997-6196	www.doctorondemand.com
MVP	855-666-9557	www.mvphealthcare.com