Health Insurance Maze

Pete Herron, RC39 President

Out of plan health providers, network providers, premiums, deductibles, max annual deductibles, catastrophic medical events, individual coverage, family coverage, max out of pocket annual expenses, Medicare, supplemental medical insurance coverage, convalescent or custodial care, home health care, long-term care, nursing home insurance, prescription drug insurance, hospitalization insurance, enrollment/eligibility, enrollment periods, customer service, claim processing, appeals.

Did I get them all? Of course not. Are you confused? Well I am and I'm sure most people are when it comes to health insurance. Two members, retirees from Nassau Community College, Lucy Landesberg and Betty Borowksy, asked me questions about their health insurance, Medicare, and NYSUT Benefit Fund insurance offerings.

The first obstacle to getting answers for all RC39 members is each community college in New York State has its own health insurance for its employees. This means RC39 members must first investigate the health insurance policies offered by the community college they retired from. Depending on a member’s needs and the health insurance offered by her/his community college, supplemental health insurance may be needed. Since NYSUT Member Benefits does offer supplemental health insurance we contacted Ms. Diana Lindsay, Program Specialist, NYSUT Member Benefits to get answers. Please see her letter on page 2 of this newsletter where she answers our health insurance questions.

Sources for Health Insurance Information

Frances S. Hilliard RN, MS
Professor Emerita, Nassau Community College

Several sources of info come to mind. For one, there is the Medicare Rights Center: www.medicareinteractive.org or 1-800-333-4114.

Another source would be NYSHIP, the NYS Health Insurance Assistance Program: www.shiptacenter.org or 1-877-839-2675.

And third, HICAP, Health Insurance Information, Counseling, and Assistance Program: 516-485-3425.

All three of these organizations provide counseling for individual questions/issues.

Catastrophe Major Medical Plan

The Catastrophe Major Medical Plan, which is sponsored by the NYSUT Member Benefits Catastrophe Major Medical (CMM) Insurance Trust, is coverage that supplements a basic health plan. Regardless of your age or the type of basic health insurance you have, you and your family members could still be left with extraordinary out-of-pocket medical expenses – especially if you have a serious medical issue, are confined to a convalescent or custodial care facility, or need home health care.

OVERVIEW: Once the deductible is satisfied, this plan provides benefits for eligible expenses that your basic plan may not fully cover. Coverage includes but is not limited to:

• Supplemental medical insurance coverage designed to help with the expenses not fully covered by your basic major medical, prescription drug or hospitalization insurance - including Medicare.

• Limited nursing/convalescent home benefits up to $72 per day – $80,000 lifetime maximum benefit

Home health care benefits up to 25 hours per week – 6,000-hour lifetime maximum benefit

Please note: This coverage is not long-term care or nursing home insurance.

PLAN ADMINISTRATION:
Before January 1, 2018, Mercer Consumer was responsible both for enrollment/eligibility, customer service and premium collection AND for claims processing and coordination of appeals. Any questions or claims for benefit period effective dates before January 1 2018 should go to Mercer; but as of January 1, 2018, the responsibility for claims processing and coordination of appeals was transferred to HealthSmart Benefit Solutions. So, while Mercer is still responsible for enrollment/eligibility, customer service and premium collection, claims processing and coordination of appeals for matters occurring after January 1, 2018 should be directed to HealthSmart.

Visit the Mercer Consumer website, https://memberbenefits.nysut.org/program-service/insurance/catastrophe-major-medical, or contact Mercer toll-free at 888-386-9788 to ask questions and/or obtain a claim form. Mercer’s customer service Continued on page 3.
Diana Lindsay’s letter

To: Peter Herron, NYSUT RC 39
From: Diana Lindsay, Program Specialist
Subject: NYSUT Member Benefits Catastrophe Major Medical (CMM) Insurance Trust-sponsored CMM Plan

Thank you for your recent inquiry regarding the CMM Plan. In reading the questions from the e-mails that you shared, it might be more advantageous to respond by addressing specific questions. In addition, enclosed is the Catastrophe Major Medical Plan Highlights (see below). This document was designed to provide the highlights of the Plan in one small document.

The issues from the various e-mails you shared are as follows:

What does the overall annual out-of-pocket deductible mean?

The annual out-of-pocket deductible means the amount the participant pays. Payments by the participant in cash, credit card or check would be included in the definition of out-of-pocket. This does not include any payment made by another health insurance plan.

Each calendar year, on December 31, the amount that has accumulated toward the out-of-pocket deductible disappears and the next calendar year accumulation begins again.

The out-of-pocket deductible applies to medical and prescription drug benefits only. The deductible does not apply to benefits for home health care or convalescent custodial care in a facility. Home health care and convalescent custodial care benefits have waiting periods of 60 hours and 19 days respectively.

What does the annual out-of-pocket maximum for In-Network Benefits for Essential Health Benefits mean?

This is not the out-of-pocket deductible in Item #1 above. The In-Network out-of-pocket maximum is the most you pay for In-Network health care services during a one-year period (the calendar year) before the CMM Plan starts to pay 100% for Covered Charges for Essential Health Benefits received from In-Network providers under a Basic Plan. In 2020 the amount of the annual out-of-pocket maximum will increase to $8,150 for individual coverage and $16,300 for family coverage for 2020.

This means that the most any CMM participant will have to pay for covered In-Network medical benefits (including prescription) will be $8,150 for an individual and $16,300 for family per calendar year. When the out-of-pocket maximum amount is reached, the CMM Plan will pay the remainder of the charge until the end of the calendar year.

How will the CMM Plan cover a $100,000 out-of-pocket expense due to a serious illness?

Claims are handled individually and processed based on various procedure and diagnosis codes, therefore, a specific answer can’t be provided. However, if it’s a claim that is a covered charge under the CMM Plan, the out-of-pocket deductible would have to be satisfied first, any payment by the primary health insurance plan would be applied and finally the CMM Plan would process the claim in accordance with the plan design. If the amount paid out of the pocket of the participant for the In-Network claim reaches the amount of $8,150 for an individual or $16,300 for a family, then the CMM Plan would pay 100% of the covered In-Network eligible medical expense.

There isn’t a limit to the amount paid out of the pocket of the participant for Out-of-Network claims after the deductible is satisfied and after the CMM Plan pays 70% of the cost.

Where do I send my claims?

Benefit Period start date of January 1, 2018 and after:

HealthSmart Benefit Solutions is the new administrator for the purpose of customer service, claims processing and coordinating appeals for benefit period effective dates on or after January 1, 2018. Their address is: HealthSmart Benefit Solutions, Inc., P.O. Box 1014, Charleston, WV 25324-1014.

Benefit Period start date December 31, 2017 and before:

Claims processing and coordinating appeals for Benefit Period effective dates prior to January 1, 2018 will remain with Mercer Consumer until the conclusion of the 5-year benefit period. Mercer Consumer continues to be responsible for enrollment and premium collection.

In the future, please encourage your members to contact the Administrator, HealthSmart, with any questions. Their phone number is 844-552-7805.

If there are any additional questions please contact me, Diana Lindsay, Program Specialist, NYSUT Member Benefits at 800-626-8101, ext. 1229, Fax: 518-213-6413, NYSUT Headquarters, 800 Troy-Schenectady Road, Latham, NY 12110-2455.

Catastrophe Major Medical Plan Highlights

To obtain a copy of NYSUT’s Catastrophe Major Medical Plan Highlights go to the NYSUT RC39 website Membership (Member Benefits) page, http://rc39.nysuaft.org/member-benefits.
YOUR HEALTH CONNECTION
By Frances S. Hilliard RN, MS
Professor Emerita, Nassau Community College

Prescription Drug Recall

Between July, 2018, and October, 2019, contaminated medications commonly used to treat high blood pressure and heart failure were recalled by the FDA after finding that these drugs contained unsafe levels of known and suspected carcinogens. All of the medications involved belong to a class of drugs known as angiotensin-receptor blockers, or ARBs. In excess of a thousand lots from approximately two dozen different drug companies were involved. The FDA is still investigating the source of the contamination, but so far has determined that there were “serious issues” that occurred during the production of the drug’s active ingredients.

The FDA has stated that the risk to an individual who has taken the contaminated drug is likely very low. In fact, the risk of stopping the medication, even for a brief period, is most likely much more significant. For example, if you stop medication for high blood pressure, your blood pressure may spike to dangerous levels, putting you at risk for heart attack or stroke. In any case, do not stop taking your medication until you consult your health care provider and have a plan in place for an alternate drug.

If you take any prescription medications, be on the lookout for news alerts about recalls. It’s a good idea for over-the-counter drugs as well, since some of these have recently been involved. You might receive a call, letter, or e-mail from your doctor’s office or pharmacy. Be your own advocate and contact the pharmacy that fills your prescriptions, go to the pharmacy’s website, or check the FDA’s online list of recalled drugs.

Can you still trust generic drugs? Both the FDA and the AARP Public Policy Institute say yes. Although recalls receive considerable publicity and may be anxiety-provoking, don’t panic! These recalls are isolated events, and there is no hard evidence that generic drugs are any less safe than brand names.

This column is not intended as a substitute for medical advice, diagnosis, or treatment. You are urged to seek the advice of a health care practitioner for any questions about your medical condition or treatment.

References

NYSUT Member Benefits Catastrophe Major Medical

hours are weekdays from 9 AM to 9 PM or Saturdays from 9 AM to 2 PM (EST). Address: Mercer Consumer, PO Box 9186, Urbandale, IA 50306-9186, Phone: 888-386-9788, Email: customerservice.service@mercer.com. Visit the HealthSmart website at healthsmart.com/nysut or contact them toll-free at 844-552-7805 to ask questions and/or obtain a claim form. HealthSmart’s customer service hours are Monday through Friday from 8 AM to 5 PM (EST).

MORE INFORMATION:
The Summary of Benefits & Coverage (SBC) and CMM Plan Highlights can be viewed by visiting the HealthSmart website and clicking "How to and Questions" in the menu at the top of the page. Both documents are also available in paper form at no charge by contacting HealthSmart toll-free at 844-552-7805. With regards to how your medical information may be used and disclosed, as well as how you can access this information, please refer to the NYSUT Member Benefits Catastrophe Major Medical Insurance Trust’s Notice of Privacy Practices. If you would like a copy of this notice mailed to you at no charge, contact Member Benefits at 800-626-8101, weekdays from 9 AM to 5 PM (EST).

SENDING A SECURE EMAIL MESSAGE: Go to the secure email communication with NYSUT Member Benefits, https://memberbenefits.nysut.org/about/contact-information/securemessage, to send a secure email message if you have questions about Member Benefits and our endorsed programs, or to report an address or name change. You can also attach a file or document related to your inquiry or request. This secure link will encrypt your message to protect your privacy. You can also call Member Benefits at 800-626-8101 or fax the message to 518-213-6413.
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If you have not sent in your voluntary RC39 annual contribution, now is as good a time as ever. Just send your check along with the form below to the RC39 treasurer. It is your contributions that enable RC39 officers and delegates to represent you at NYSUT conferences and meetings.

RC39 Newsletter is looking for comments, suggestions and articles from its members. Send your comments, suggestions, or article to Peter Herron at rc39pete@optonline.net or mail to 98 Rocky Point Landing Road, Rocky Point, NY 11778. Your article will be published when space is available. RC39, NYSUT, and AFT news will be given priority.

Do not let a new address keep you from receiving NYSUT RC39 newsletters. There are three ways to update your address. Contact NYSUT Member Records at 1-800-342-9810 ext. 6224. Send written changes to: NYSUT Member Records, 800 Troy-Schenectady Road, Latham, NY 12110, or e-mail changes to memberec@nysutmil.org. If you are a snowbird, give Member Records a few weeks notice to change its address records each way.