

HEALTH TRUST REPORT CARD



The Rensselaer-Columbia-Greene Health Insurance Trust—
Bringing the Power of 20 School Districts Together

Fall 2017, Vol. 8, Num. 1

THE TRUST'S MISSION

The Rensselaer-Columbia-Greene Health Insurance Trust is a multiple employer health plan that provides valuable and affordable medical and prescription drug benefits to public school employees, retirees and their eligible dependents (“members”) in Rensselaer, Columbia and Greene counties.

The Board of Trustees takes its responsibilities very seriously—providing 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.

Our mission is to benefit participating Districts and their members by providing access to comprehensive, high quality, cost-effective health care services.

This issue of the *Health Trust Report Card* contains stories on our efforts to support that mission:

- **New** Telemedicine Benefit
- Prescription Drug Program Best Practices
- Preferred Plans Continue To Be . . . Preferred

We hope you find this information useful.

Sincerely,

The Board of Trustees

INTRODUCING TELEMEDICINE

Telemedicine is a convenient, cost-effective and timesaving alternative to the emergency room, urgent care center or your regular doctor for simple common concerns.

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



- sore throat
- headache
- stomachache
- fever
- cold and flu
- allergies
- rash
- acne
- urinary tract infections and more.

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

Effective October 1, 2017, the Health Insurance Trust covers telemedicine services for all members enrolled in **Blue Shield of Northeastern New York** coverage. Blue Shield of Northeastern New York has partnered with one of the major national firms in this field, **Dr. on Demand**, to offer this convenient service.

Telemedicine services have no copay; they are covered 100% by the Health Insurance Trust for members enrolled in a Blue Shield of Northeastern New York plan. Not only can the telemedicine doctors prescribe medications, you can ask them to notify your primary care doctor about your visit, their findings and their advice. Please note that you must ask them to contact your doctor if you want them to do so.

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Telemedicine

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You can contact Blue Shield of Northeastern New York (800-888-1238 or www.bsneny.com) or Dr. on Demand (800-997-6196 or www.doctorondemand.com) for more information about how to use this service.

If you have coverage through **MVP**, you can use MVP's myVisitNow telemedicine program. **Please note that there is a copay for telemedicine for members enrolled in an MVP plan.** The copays for visits are the same as your Urgent Care visit copay for sick visits and the

same as your PCP visit copay for behavioral health visits. For more information, go to myvisitnow.com or download the free myVisitNow mobile app from your app store or call 855-666-9557.

If you have coverage through **Capital District Physicians' Health Plan, Inc. (CDPHP)**, you will have access to the CDPHP telemedicine program in 2018. Keep your eye out for more information from CDPHP. **Please note that there is a copay for telemedicine for members enrolled in a CDPHP plan.**

PRESCRIPTION DRUG PROGRAM BEST PRACTICES

Rising drug prices is one of today's most discussed health care topics, and with good reason: double-digit price hikes for brand-name drugs are becoming more commonplace and can jeopardize access to medications and put financial strain on patients.

Pharmacy benefit managers (PBMs), like CVS/Caremark, provide a check on rising drug prices by using competition to negotiate discounts and promote the appropriate use of lower-cost, clinically equivalent medicines.

PBMs use various strategies for helping patients keep their out-of-pocket and premium costs low, while ensuring drug quality and safety. These are some examples:

- ✓ Providing access to medications and pharmacist advice through network facilities—either retail or mail-order.
- ✓ Identifying when lower cost, clinically equivalent medicines can be used instead of high-cost brand-name drugs.

- ✓ Maintenance medication programs, which give members access to 90-day supplies of maintenance medications at retail or through mail-order programs.
- ✓ Using industry expertise to negotiate discounts with manufacturers, which are passed on to plan sponsors like the Trust and can be used to lower premiums or reduce cost-sharing for consumers.
- ✓ Promoting medical adherence to make sure members are taking the drugs they need to control their conditions.
- ✓ Developing innovative prescription savings programs, including providing discounts directly to patients on certain essential medications.

Our relationship with CVS/Caremark follows many of these best practices and we continue to work with CVS/Caremark to improve your benefits, reduce your costs and those of the Trust, and improve your health.

ARE YOU TAKING ADVANTAGE OF YOUR CVS/CAREMARK BENEFITS?

Since we began working with CVS/Caremark last year, many members have let us know that they appreciate the following benefits:

- **CVS Discount Program.** You should have received a CVS ExtraCare Health Card in the mail. You can use the card at CVS retail pharmacies or on www.cvs.com to get a 20% discount on many over-the-counter products and CVS brand products. When you use the card, you also get 2% back in ExtraBucks Rewards on your purchases
- **Home Delivery.** You can have your prescriptions that are eligible for mail order shipped to your home or to any CVS retail store.
- **Mobile Access.** CVS Health has several free apps that you can download onto your smart phone or tablet, including Caremark.com, CVSspecialty.com and CVS.com.

Remember to get the most out of your CVS/Caremark benefits.



PREFERRED PLANS CONTINUE TO BE... PREFERRED

The Health Insurance Trust strives to offer participating districts and their members a broad range of benefit choices to fit your needs. The Trust provides alternate benefit options because the Board of Trustees understands that different members have different circumstances and different coverage needs.

When we launched the preferred plan idea, our objective was to take advantage of the economy of scale to help districts and their members gain access to comprehensive and affordable plans by using our group purchasing power. At the same time, the districts have the autonomy to negotiate independently with their unions, within certain parameters.

The Board developed the preferred plans with three principles in mind:

- The preferred plans represent the best plan design practices being used by School Districts for their health benefits plans.
- The benefit levels represent a reasonable set of options based on School Districts' budgetary and collective bargaining needs.
- The benefit levels allow the Trustees to continue to improve the Trust's relationships with our carriers and pharmacy benefits manager through additional reductions in administrative fees and risk charges.

Over the years, enrollment in the preferred plans has continued to grow, demonstrating that the plans are meeting your needs and those of the districts.

For example in 2012, just over 1% of our members who were in enrolled in a Blue Shield of Northeastern New York plan were enrolled in one of the preferred PPOs (Preferred Provider Organizations). At the end of 2016, that number had jumped to almost one-third of our members.

We have seen the same kind of rise in our preferred prescription drug plan enrollment. In 2012, about 1.5% of members were enrolled in a preferred prescription drug plan. In 2016, enrollment had risen to more than one-third.

Enrollment in the CDPHP and MVP plans has stayed fairly even over time.

While we are happy that the preferred plans are a success, we are not satisfied. We will continue to work with our advisors and insurance partners to design plans that are comprehensive, cost effective and high quality. We also want to hear from you to make sure the plans are meeting your needs.



PREFERRED MEDICAL PLAN ENROLLMENT



PREFERRED PRESCRIPTION DRUG PLAN ENROLLMENT



IS IT AN EMERGENCY? GETTING THE RIGHT CARE AT THE RIGHT PLACE

When you're sick or injured and need to see a doctor, how do you choose between going to the emergency room, going to an urgent care clinic, using your telemedicine benefit, or going to your doctor's office?

You should go to an emergency room for life-threatening medical conditions, including heavy bleeding, serious head injuries, difficulty breathing, sudden chest pain/change in vision, severe burns, neck/spine injuries or major broken bones.

If your injury doesn't put you in immediate danger, but you need care as soon as possible, you should consider going to an urgent care center. You don't need an appointment and you'll probably have a shorter wait time.

Your doctor's office is another great alternative to the ER because he/she already knows your medical history and can treat you accordingly. Simply call your doctor's office, explain your condition and see if they can schedule a same-day appointment for you.

You now also have an alternative that lets you get care without leaving your home—telemedicine services. (See the first page for more information about the new telemedicine program.)

We would never want you to compromise your health. If you're experiencing a true emergency, get to the ER as quickly as you can. But, if your condition is not life threatening, think about using an alternative for quicker, less expensive and more convenient care.



MEET THE BOARD

The Board of Trustees are elected by the member 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 Hadjoannou, Treasurer
- Sally Shields
- Cynthia DeDominick
- Neil Howard
- Meghan Heimroth

Advisory Members to the Trust are:

- Karen T. Urbanski, SAANYS Representative
- Matthew Lutz, NYSUT Representative
- Mark Notarnicola, NYSUT Representative
- John Wilary, NYSUT Representative
- Vacant, CSEA Representative

Let us know if you have any questions or suggestions.

You can reach us by email at RCGHealthTrust@questar.org.