

HEALTH TRUST REPORT CARD



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

Vol. 7, 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 and retirees 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 and rates at or below the national trends, and providing sound management of our health and drug plans.

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

This issue of the *Health Trust Report Card* contains stories on:

- Prescription Drug Program Changes
- New Coverage Initiatives
- Wellness Roundup
- Preferred Plans Reminder
- The Health Insurance Trust's New Look

We hope you find this information useful.

Sincerely,
The Board of Trustees

PRESCRIPTION DRUG PROGRAM CHANGES

In the fall, the Trust launched a partnership with CVS Health to provide the Trust's self-insured prescription drug benefits, which were previously provided through Blue Shield of Northeastern New York. CVS Health became the Trust's prescription drug benefit manager (PBM) on September 1, 2016.

We want to explain a bit about how we selected CVS Health and provide an overview of some of the changes you need to know about.



The PBM Selection Process

The RCG Health Insurance Trust requested proposals from various PBMs as part of our continuing efforts to promote wellness and provide our member Districts and our covered employees, retirees and dependents with the best value possible.

CVS/Caremark was selected for a number of reasons, including a larger pharmacy network with about as many chain and independent pharmacies as the prior PBM (78% of Trust participants live within five miles of a CVS retail pharmacy) and additional benefits available at CVS pharmacies, including wellness programs and a 20% discount on over-the-counter products for our participants.

Continued inside...

Filling a Prescription through CVS Health

In almost all cases, you can still use your local pharmacy to fill your prescriptions. On top of that, the new network is larger than the one we were using. To find a nearby network pharmacy, you can go to www.caremark.com, log in (you'll need to create an account if you don't already have one), click on plan and benefits, and then click on pharmacy locator, or you can call CVS Health at 866-808-7159.

You can choose where to fill your maintenance prescriptions—at CVS retail pharmacies or through the CVS mail service. And, you can move prescriptions between CVS retail pharmacies and the CVS mail service any time you want. You can enroll in the mail order program at www.caremark.com or by calling 800-875-0867.

CVS Health Formulary

A formulary is the list of medications covered by your prescription drug benefits. The list is determined by the PBM—not by the Trust. The CVS Health formulary is reviewed regularly by a committee of independent, unaffiliated pharmacists and physicians. The committee bases its decisions on scientific evidence, standards of practice, peer-reviewed medical literature, accepted clinical practice guidelines, and other appropriate information to ensure that the clinical alternatives selected are safe, effective and clinically appropriate. As a result of the committee's review, drugs are added or removed from the formulary, or may change from preferred to non-preferred. When the status of a drug changes, CVS Health sends notices to affected participants. This process is similar for all PBMs.

The costs of prescription drugs are constantly increasing. PBMs and manufacturers are offering new savings opportunities through pricing discounts and rebates. And government regulations around prescription drug benefits are constantly changing. As a result of this constantly changing environment, the cost and complexity of providing prescription drug benefits is also increasing. For all of these reasons, we regularly review our PBM relationship in an effort to provide you with the coverage and access you need at costs that are affordable for you, our member Districts and the Trust.

Before the change to CVS Health went into effect, CVS Health reviewed the prescriptions being used by our participants and contacted all participants taking medications that would not be on the CVS Health formulary. The letters explained the change and

provided information for the participants and their doctors about covered alternative medications and the process for requesting formulary exceptions.

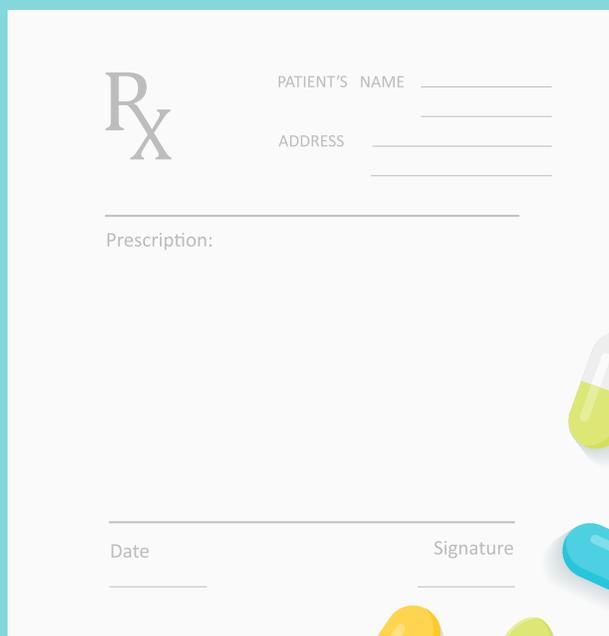
In addition, the RCG Health Insurance Trust instructed CVS Health to provide an override of a payment rejection for any drugs that transitioned to an excluded status under the CVS Health formulary (i.e., a medication that a participant was taking, and which was covered, under the prior plan) to allow participants more time to consult with their doctors.

While the large majority of participants and medications were not impacted by the change, we know that the change was not easy for the affected participants.

If you have questions about the formulary, please contact CVS Health at 866-808-7159 or www.caremark.com.

Specialty Medications

If you take a specialty medication, you are now required to fill your prescription through the CVS Specialty Pharmacy. CVS Health should have contacted you about the change. To find out more about specialty medications and filling their prescriptions, please go to www.cvsspecialty.com or call 800-237-2767.



Rx

PATIENT'S NAME _____

ADDRESS _____

Prescription: _____

Date _____ Signature _____

New CVS Health Features

You should have received a CVS ExtraCare Health Card in the mail. You can use the card to 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.

You have 24/7/365 access to CVS/Caremark Customer Care representatives by calling 866-808-7159.

Among other things, you can find out the costs of your prescriptions and find network pharmacies. You can also go to www.caremark.com anytime.

CVS Health has several free apps that you can download onto your smart phone or tablet. The apps include Caremark.com, CVSSpecialty.com and CVS.com. Through the apps, you can:

- View your ID card
- View prescription costs for yourself and your family

- Find an in-network pharmacy
- Refill your prescriptions
- Manage and track your mail, retail and specialty prescriptions
- Transfer prescriptions to CVS Caremark to receive your medications by mail.

CVS Health ID Cards

You should have received a CVS Health ID card in the mail. If you have any questions about your ID card, you did not receive one, or you need more cards, please contact CVS at 866-808-7159 or go to www.caremark.com.



PREFERRED PLANS ENCOURAGE BETTER HEALTH— AND SAVINGS FOR YOU AND THE TRUST

One of the fundamental principles of the RCG Health Insurance Trust is to offer Districts and employees a broad range of benefits choices to fit your needs. The Trust provides many alternate benefit levels because the Board of Trustees understands that different employees have different circumstances and different coverage needs.

With health care costs continuing to rise, we take our responsibility to provide high quality affordable care to our member Districts and our employees seriously. We introduced the preferred plan concept a number of years ago in order to take advantage of the principle of economy of scale. If each District set out on its own to provide health insurance coverage, it would be prohibitively expensive. By using our group purchasing power, the preferred plans help Districts and employees gain access to comprehensive and affordable plans.

The Board worked with its consultants to develop a limited number of plans that is reflective of three main principles:

- 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.

Preferred Medical Plans

Medical Plan Design	Preferred Plan Name		
	PP0-812	PP0-815	PP0-829
In-Network			
Deductible	N/A	N/A	\$250/\$500
Coinsurance	N/A	N/A	10%
Out-of-Pocket Maximum	\$6,350/\$12,700	\$6,350/\$12,700	\$1,000/\$2,000
Office Visit Copay	\$10	\$25	\$25/\$40
Emergency Room Copay	\$50	\$100	\$150
Urgent Care Copay	\$10	\$25	\$40
Inpatient Copay	\$0	\$250 PA	Deductible & Coinsurance
Outpatient Copay	\$0	\$200	Deductible & Coinsurance
Out-of-Network			
Deductible	\$250/\$500	\$500/\$1,000	\$500/\$1,000
Coinsurance	20%	30%	30%
Out-of-Pocket Maximum	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000

Preferred Pharmacy Plans

Benefit Option Name	Retail Copay/Coinsurance per Prescription Fill (30-Day Supply)			Mail Copay/Coinsurance per Prescription Fill (90-Day Supply)		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Preferred Plan 1	\$0	\$15	\$30	\$0	\$30	\$60
Preferred Plan 2	\$5	\$25	\$40	\$10	\$50	\$80
Preferred Plan 3	20%	20%	20%	20%	20%	20%
Preferred Plan 4	\$10	\$30	\$50	\$20	\$60	\$100
Preferred Plan 5	\$15	\$35	\$60	\$30	\$70	\$120
Preferred Plan 6	30%	30%	30%	30%	30%	30%

WELLNESS ROUNDUP

Wellness programs are designed to improve the health of those who participate, preventing people from developing high-risk health factors such as obesity, high blood pressure, diabetes, high cholesterol and chronic heart disease. In recent years, employees from many of our member Districts have engaged in a number of wellness initiatives such as:

- An employee interest survey, to find out what programs piqued employees' interests
- Meetings and consultations with District wellness committees
- 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 wellness initiatives that our member Districts have undertaken, each of our insurance carriers offers wellness benefits to members at no cost—to equip the Trust's employees with tools and resources that help them achieve a healthier lifestyle. Here's how you can find out more about their programs:

- **Blue Shield of Northeastern New York:** Visit www.bsny.com to learn more about the Healthy Life Rewards program and other wellness information.
- **Capital District Physicians' Health Plan, Inc. (CDPHP):** You can find a schedule of free wellness classes online at www.cdphp.com or in your quarterly CDPHP newsletter, SmartMoves.
- **MVP:** Visit www.mvphealthcare.com and select Wellness Tools and Activities in the Manage Your Account option.

We encourage you to combine the wellness efforts sponsored at the District level with all of the wellness benefits your health insurance carrier offers. That way, you will be taking advantage of the free rewards offered to you—and get healthier in the process!



A NEW LOOK

The Trustees of the Rensselaer-Columbia-Greene Health Insurance Trust are pleased to unveil our new benefits brand and logo—**Healthier Together.**

We are launching the **Healthier Together** brand to help you better understand your benefits. We are proud to provide comprehensive benefits for you and your family. You have access to preventive care, screenings, maternity care and disease management programs, to name just a few. We want to make sure you understand the benefits that you have and how they work together.

While health care costs continue to rise, we have worked hard to maintain a meaningful, valuable benefits package at prices that are affordable for you, our Districts and for the Trust. The financial health of the Trust and the health of our employees are linked.

We've even used the new brand as the centerpiece of re-designing this newsletter. We hope you like the new look and the new brand.

Keep an eye out for the **Healthier Together** brand. When you see it, you'll know that you're receiving important information about your Trust benefits. Look for special communications with the **Healthier Together** logo from the Trust and from our insurance partners with more details about your benefits. They'll be coming your way soon.

The new look is just the start for the Trust. We're going to be launching other benefits communications initiatives in the near future to help improve the way we serve you. We'll let you know as we roll out other improvements.



RENSSELAER • COLUMBIA • GREENE
HEALTH INSURANCE TRUST

HEALTHIER TOGETHER

MEET THE BOARD

The Board of Trustees are elected by the 23 member Districts to oversee the Trust. They perform these duties in addition to their regular responsibilities and meet monthly to approve the direction of the Trust.

The RCG Health Insurance Trustees are:

- Tammy Sutherland, Chairperson
- Leslie Copleston, Vice Chairperson
- Harry Hadjoannou, Treasurer
- Lyn Derway
- Sally Shields
- Cynthia DeDominick
- Neil Howard

Advisory Members to the Trust are:

- Mark Notarnicola/NYSUT Representative
- John Wilary/NYSUT Representative

Let us know if you have any questions or suggestions.

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