

2019 - 2020 OPEN ENROLLMENT GUIDE



# It's Time to Review Your Benefits!

**ENROLLMENT DEADLINE:**  
**MAY 17, 2019**



## What is the Schools Health Insurance Fund (SHIF)?

The SHIF was established to provide public school districts with a platform to purchase health insurance coverage in a shared-services environment.

Through membership in the SHIF, your employer offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to review your benefit elections and educate yourself about all the benefit options available to you so you may choose the best coverage for you and your family.

**The Schools Health Insurance Fund will hold a PASSIVE Open Enrollment,** which means that the benefits you are currently enrolled in will remain in place from July 1, 2019 through June 30, 2020, unless you elect to make a change during Open Enrollment. Excluding certain Qualified Life Events, the Open Enrollment period is your only opportunity to make plan or enrollment changes until the next Open Enrollment period. More details about Qualified Life Events can be found on the following page of this guide.

## Enrollment Instructions

If any of the following apply to you, you must complete an enrollment form and return it to your Benefits Administrator by May 17, 2019. The change will be effective on July 1, 2019:

- You wish to add coverage for an eligible dependent
- You wish to terminate coverage for a dependent that's currently enrolled
- You are currently enrolled in coverage but you wish to waive it
- You have previously declined benefits but would now like to enroll for coverage for yourself and your eligible dependent(s) if applicable
- You are an employee, non-Medicare retiree or COBRA participant that is currently enrolled in coverage and you wish to change your current plan elections

**Please contact your Benefits Administrator for all enrollment forms should you decide to change your benefit plan.**

**You will only receive new ID cards if you are making plan changes.** If you have any questions about plans which you are eligible for or how to make a change, please contact your Benefits Administrator.



# Questions? Who to Call...

*The resources identified below are available to assist you with any questions that you may have about your benefits.*

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE/ADDRESS
Eligibility, enrollment, plan options, contributions, Qualifying Life Events, etc.	Please contact your School District's Business Office		
Medical Benefits—Aetna Benefit questions, claims, locating a provider, printing new ID Cards	Aetna HMO—Health Network Option, QPOS Aetna—ACPOSII	800.370.4526 855.281.8858	www.aetna.com
Telemedicine	Teladoc—Aetna Members	855.835.2362	www.teladoc.com/aenta
Nurse Advocacy	Guardian Nurses	888.836.0260	www.guardiannurses.com
Prescription Drug Benefits	Express Scripts Accredo—Specialty Pharmacy	800.467.2006 877.895.9697	www.express-scripts.com www.accredo.com
Open Enrollment Guide	Office of SHIF Program Manager	800.563.9929	www.connerstrong.com



## Access Information On the Go!

The Aetna and Express Scripts Mobile Apps allow members to access to ID cards and claims information, search for participating providers and pharmacies, refill prescriptions and much more—directly from your smartphone or mobile device. Download them today at the websites shown above.

## Qualified Life Events

Your benefit elections and covered dependents will remain in place unless you experience one of the below **qualified life event**. If you **wish** to make an enrollment status or plan change due to one of these events, you must contact your personnel department within 30 days of the event.

- Marriage
- Birth or Adoption of a Child (must be reported within 60 days of the event)
- Loss or Reduction of Coverage for you or your spouse

## Other Life Events:

If you experience one of these **life events**, you **must** notify your benefits administrator within 30 days of the event so your enrollment status can be updated accordingly.

- Death of a covered dependent
- Divorce

# Guardian Nurses Healthcare Advocates

*Struggling with a healthcare issue?  
Guardian Nurses can help.*

*If you or a dependent is ill with a serious and/or catastrophic condition, chances are you could use some help. Your Nurse Advocate can:*

- **BE YOUR GUIDE**, coach and advocate for any healthcare issue.
- **MAKE APPOINTMENTS** to get you seen as quickly as possible.
- **GO WITH YOU TO SEE DOCTORS**, ask questions and get answers.
- **IDENTIFY PROVIDERS** for all care needs and second opinions.
- **RESEARCH AND EXPLAIN EVERYTHING** so that you and your loved one understand the options and can make the best decisions.
- **HELP FAMILY MEMBERS** understand complex healthcare issues and explain treatment plans.
- **GET THINGS YOU NEED** such as covered healthcare services (i.e. medical equipment or items necessary for complex care).



*With Guardian Nurses, your peace of mind is just a phone call away.*

**Call 215.836.0260 or toll-free 888.836.0260**

*When calling, please reference Conner Strong & Buckelew and provide your school's name.*

# Telemedicine

*With telemedicine, you have access to high-quality care—at no cost\*!*

Telemedicine offers physician-based care around-the-clock at lower costs compared to visiting an urgent care center or emergency room. Plan members can use readily available technology and tools — toll-free number, secure website, or mobile app — to consult with a U.S. board certified physician.

With access to doctors 24 hours a day, 365 days a year, Teladoc provides low cost telemedicine that can help improve outcomes, speed recovery and eliminate wait time.

## Convenient care from board-certified physicians

Plan members can consult with a licensed physician by: calling a toll-free number; logging into a secure website; or using the mobile app. Physicians can prescribe medication when needed. A wide range of non-emergency conditions may be treated, including:

- acne
- allergies or respiratory problems
- cold and flu
- constipation or diarrhea
- diarrhea, vomiting and stomach issues
- urinary tract infections
- ear problems
- fever or headache
- insect bites, rashes and skin irritations
- pink eye
- sore throats



To take advantage of this great benefit, contact:

*Teladoc (for Aetna members)*

- Call **1.855.Teladoc (835.2362)**
- Visit **[www.Teladoc.com/Aetna](http://www.Teladoc.com/Aetna)**
- Go to **[Teladoc.com/Mobile](http://Teladoc.com/Mobile)** to learn more or download the mobile app from the App Store or Google Play

**\* If you are currently participating in an High Deductible Health Plan (HDHP), you may be subject to a consultation fee if you have not satisfied your in-network deductible.**

# Maximize Your Benefits

## Using In-Network Providers

### *Consider Your In-Network Options First*

You will typically pay less for covered services when you visit providers that are part of your medical plan's network. In-network providers agree to discounted fees. You are responsible only for any co-pay or deductible that is included in your plan design. To verify that your providers are in-network, call the number on the back of your ID cards.

### *Limit Your Use of Out-of-Network Providers*

The percentage of costs covered for out-of-network care is based on the plan allowance. If the plan allowance is less than the provider's actual charge, the provider may bill you for the difference between these two amounts.

**The amount you are required to pay out-of-pocket may be significant.**

## Finding In-Network Providers

For participants of the **Aetna** plan, visit [www.aetna.com](http://www.aetna.com) and select **"Find a Doctor."**

## Using In-Network Labs

Effective January 1, 2019, participants of **Aetna** plans may now use either **Quest Diagnostics** or **LabCorp** for lab work. **Both labs are now** participating with Aetna.



## Save time and money with Urgent Care Centers!

Urgent care centers are a **convenient, cost-effective** medical care alternative when your primary care physician is unavailable. Urgent Care Centers copay match your Specialist copay. Typically **no appointments** are necessary at most urgent care centers, and hours extend beyond regular doctor's office hours making them available earlier and later than your primary care physician.

To find a clinic near you, contact your medical carrier to locate a facility.

**If your medical need is more than urgent or life-threatening, please go right to the Emergency Room.**

# Prescription Drug Benefits

## New! Inside Rx Pets

Express Scripts members may now obtain certain human medications for their pets at discounted prices. Members with pets may download and print an Inside Rx Pets savings card at [www.insiderx.com/pets](http://www.insiderx.com/pets). There is no cost for the card and the program provides:

- discounts on both brand and generic medications
- convenient access to over 40,000 popular retail pharmacies including CVS and Walgreens
- access to online pricing tools and more!

## Save with Generic Drugs:

*Safe. Effective. FDA-Approved.*

**A generic drug is identical** (or bioequivalent) **to a brand name drug** in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. **According to the Congressional Budget Office, generic drugs save consumers an estimated \$8 to \$10 billion a year at retail pharmacies.**

Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are. According to the FDA, compared to its brand counterpart, a generic drug:

- is chemically the same
- works the same in the body
- is as safe and effective
- meets the same standards set by the FDA

*The major difference is that the generic drug often costs much less.*

NOTE: Consult your physician if you are interested in switching to a generic medication.

## Are generic drugs as effective as brand-name drugs?

**Yes.** FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

Not every brand-name drug has a generic drug. When new drugs are first made they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. But, generic drug makers must show that their product performs in the same way as the brand-name drug.

## Is there a generic equivalent for my brand-name drug?

Ask your healthcare provider if there is a generic equivalent for your brand-name drug, or visit [www.fda.com](http://www.fda.com) for a catalog of FDA-approved drug products.



# Legal Notices

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Schools Health Insurance Fund offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

## Patient Protection and Affordable Care Act

Please note: the Schools Health Insurance Fund medical plans are considered compliant with the Patient Protection and Affordable Care Act. There are no annual limits, dependent children can be covered to age 26 and preventive care is covered at 100% with no member cost-sharing and the pre-existing exclusion limitations have been removed.

As new Health Care Reform requirements become effective, the Schools Health Insurance Fund plans will be modified. We are fully committed to complying with all regulations and intend to notify you as soon as possible of any change(s).

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid  
Website: <http://myalhipp.com>  
Phone: 1-855-692-5447

ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

FLORIDA – Medicaid  
Website: <http://flmedicaidprecovery.com/hipp/>  
Phone: 1-877-357-3268

GEORGIA – Medicaid  
Website: [www.medicaid.georgia.gov](http://www.medicaid.georgia.gov)  
– Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507  
Phone: 404-656-4507

INDIANA – Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone 1-800-403-0864

IOWA – Medicaid  
Website: <http://dhs.iowa.gov/hawk-i>  
Phone: 1-800-257-8563

KANSAS – Medicaid  
Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

KENTUCKY – Medicaid  
Website: <https://chfs.ky.gov>  
Phone: 1-800-635-2570



LOUISIANA – Medicaid  
Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

MAINE – Medicaid  
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP  
Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-862-4840

MINNESOTA – Medicaid  
Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739 or 651-431-2670

MISSOURI – Medicaid  
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

MONTANA – Medicaid  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

NEBRASKA – Medicaid  
Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

NEVADA – Medicaid  
Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid  
Website: <https://www.dhhs.nh.gov/oii/hipp.htm>  
Phone: 603-271-5218  
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP  
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid  
Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid  
Website: <https://dma.ncdhhs.gov/>  
Phone: 919-855-4100

NORTH DAKOTA – Medicaid  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid  
Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>  
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid  
Website: <http://www.eohhs.ri.gov/>  
Phone: 855-697-4347

SOUTH CAROLINA – Medicaid  
Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

TEXAS – Medicaid  
Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP  
Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

VERMONT – Medicaid  
Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP  
Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid  
Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>  
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid  
Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP  
Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

WYOMING – Medicaid  
Website: <https://health.wyo.gov/healthcarefin/medicaid/>  
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



PLEASE NOTE: *This communication only applies to the benefits that your employer has through the Schools Health Insurance Fund.*