



**DISTRICT COUNCIL 37, LOCAL 95
HEAD START EMPLOYEES WELFARE FUND**

420 West 45th Street, 3rd Floor
New York, NY 10036



Phone: (212) 343-1660

We Care We Count • HEAD START EMPLOYEES

Fax: (212) 343-8803

FUND ADMINISTRATOR

Randy S. Paul

Dear Participant:

Open Enrollment will begin on July 1st and continue thru July 15th, 2022.

It is only during the Fund's Open Enrollment period that you have the opportunity to make changes to your medical coverage provided through the District Council 37 Head Start Employee's Welfare Fund. If you are currently enrolled in the Plan no action needs to be taken, your coverage will continue as is.

However, if you wish to enroll from another plan's coverage or make any changes to your current coverage, you must complete the Fund's Enrollment Change Form and return it to the Fund office before the July 15, 2022 deadline. If you have not previously enrolled in the Fund, this is your only opportunity to enroll for the new benefit period beginning on August 1, 2022.

Changes for 2022 Benefit Period

For the new benefit period, the employees shared premium cost share will remain \$104.30 single / \$271.17 family per month.

The Plan has made certain benefit modification as described in the Summary of Material Modifications previously sent to all enrolled participants. A copy of this notice, frequently asked questions, and all Open enrollment forms are available on the Funds Website at **www.dc1707195wf.net**

To search for a network provider or to confirm if your physician participates in the Anthem network, call Empire BlueCross Member Services at 1-844-241-7089 or search their website at **www.empireblue.com**

You may also request that a copy of these materials be mailed to you by contacting the Fund office at telephone (212) 343-1660. Please remember that all changes or new enrollments must be received by the Fund office before the July 15th deadline. All changes will become effective on August 1, 2022, the first day of the new coverage period.

Sincerely yours,

THE BOARD OF TRUSTEES

Summary of Material Modifications to the DC 37 Local 95 Head Start Employees' Welfare Fund

This Summary of Material Modification (“SMM”) modifies some of the information contained in the Summary Plan Description (“SPD”) for the District Council 37 Local 95 Head Start Employees’ Welfare Fund (the “Plan”). This describes changes to the Plan as of August 1, 2022.

Note: If there is any discrepancy between the SMM and the SPD, the provisions of this SMM will govern.

MODIFICATIONS

Important changes to certain benefits under the Plan will take effect on **August 1, 2022**. Coverage for medical benefits will be amended as follows:

- Increase in the out-of-pocket medical maximum to \$5,000 for individual, and \$10,000 for family.
- Increase in the annual Medical Deductibles; \$500 for individual, and \$1,000 for family.
- Increase in co-insurance to 12% wherever co-insurance applies.
- Increase in all co-payments to \$25 (non-hospital and surgical).
- Increase in all facility claim copayments to \$200 per visit; excludes emergency room.
- Increase in the emergency room co-payment to \$150 per visit; waived if admitted.
- Increase in the Urgent Care co-payment to \$50 per visit.
- Change from the BlueCross BlueAccess to BlueConnect network.

If you have questions about these changes in benefits, please contact your Plan Administrator at 212-343-1660.

Frequently Asked questions May 2022

Why is the Plan making these changes?

The Plan has been running at a deficit. To continue providing coverage to participants, the Trustees review many factors. Such as the number of members enrolled contributing to the Plan, the Claim utilization spend, and the projected future cost of providing benefits, (medical inflation).

Based on these factors there are Two options available; 1. A contribution increase, or Plan savings by cutting costs thru behavior modification. The Summary of Material Modifications that is included with this FAQ, provides all the benefit modifications effective August 1,2022 the new benefit period.

In most cases if you utilize the Plan in an efficient manner there will be minimum increase in your out of pocket, the trustees carefully adopted changes that will minimize the cost if you utilize the lower cost options.

When will the changes become effective?

The changes will begin for any services dates beginning August 1, 2022. Open Enrollment will begin in July at which time you will have the opportunity to make changes to your current enrollment status. Please make sure that the Fund office is provided with your current address if you have moved.

How can you minimize your out-of-pocket costs?

The Plan is designed to provide the best medical services using a Primary Care Physicians, "PCP" to manage your treatment. As previously communicated during last year's Open Enrollment, your PCP can be selected, or one has been assigned based on the area which you live. If you become ill or need to be referred to a specialist, it is the PCP that will refer you to all medical services at the most appropriate setting. It is thru your PCP that you will be directed to the most efficient care needed.

Utilizing alternative settings to the hospital, emergency room and Outpatient facilities. The hospital is the costliest setting to receive care for those services that there are alternative settings, such as Laboratory tests, Xray's that can be obtained thru independent offices. For example: For the new benefit period, Outpatient Services received from the hospital facility will incur a \$200 copay for each service obtained, the same service obtained at an independent office will be subject to the \$25 office visit. Additionally, the hospital emergency room should only use for emergency conditions.

How can I find who my Primary Care Physician is or a list of alternative labs to the hospital outpatient facility?

You may choose a PCP through the Anthem/Empire website www.empireblue.com and choose Find Care>Updated Primary Care Physician, then follow the steps. You can also find **in network** Labs and Imaging providers on this site. You should also contact Empire member services by calling the number on the back of your Empire Identification card for assistance with finding all **in network** providers.

What is Navitus?

What is a Pharmacy Benefit Manager?

Navitus Health Solutions is your Pharmacy Benefits Manager (PBM). A PBM directs prescription drug programs and processes prescription claims by negotiating drug costs with manufacturers, contracting with pharmacies and building and maintaining drug formularies. These cost saving strategies will lower drug costs and promote good member health.

Who do I contact with questions about my pharmacy benefit (such as preferred drug list, claims, participating pharmacies, etc.)?

Your preferred drug list, list of participating pharmacies and other information about your pharmacy benefit can be found on www.navitus.com > Members > Member Login.

You can also call Navitus Customer Care toll-free at 866-333-2757 with questions about your pharmacy benefit.

How do I find information about my benefit online?

Your health comes first, and Navi-Gate can help you with your pharmacy benefit questions and more. Navi-Gate for Members provides you with online access to a wealth of information to help you better understand your prescription drug benefits, add convenience to your life and help identify cost-saving options. Whether it is helping you find a local pharmacy or reviewing your medication profile, Navi-Gate will provide you with the information to take control of your personal health. You can sign up for Navi-Gate for Members by visiting www.navitus.com>Members>Member Login.

Where can I find my formulary?

The list of drugs covered by your benefit is available on our website at www.navitus.com > Members > Member Login.

Can I use my health plan card to fill prescriptions at my pharmacy?

No, you are required to present a Navitus ID card to the pharmacy when you fill a prescription. Your cards are affixed to this booklet's back cover. You can request replacement cards from Navitus by calling Customer Care toll-free at 866-333-2757.

Who do I call to change my ID card information or request additional cards?

Please call Navitus Customer Care toll free at 866-333-2757 if any information on your ID card needs to be changed. We will mail you a new ID card, and you should receive it within 7-10 calendar days from the date of your request.

When can I refill my prescription?

Your prescription can be refilled at a retail pharmacy when approximately three-quarters or 75% of the prescription has been taken.

How much will I pay at the pharmacy?

You can use the pharmacy benefit information in this booklet to find out how much you will pay for different medications at the pharmacy. If you have questions about how to get this information, please contact Navitus Customer Care toll-free at 866-333-2757.

How do I fill a prescription when I travel for business or vacation?

If you are traveling for less than one month, any Navitus Network Pharmacy can arrange in advance for you to take an extra one-month supply. A copayment will apply.

Visit www.navitus.com for complete instructions on filling prescriptions while traveling, or contact Customer Care toll-free at 866-333-2757.

If you are traveling for more than one month, you can request that your pharmacy transfer your prescription order to another network pharmacy located in the area where you will be traveling.

Can prescriptions be mailed to me if I'm outside of the United States?

Prescriptions cannot legally be mailed from the mail order pharmacy or any pharmacy in the United States to locations outside of the country, except for U.S. territories, protectorates and military installations.

How do I use the Navitus SpecialtyRx program?

Navitus SpecialtyRx works with our specialty partner to offer services with the highest standard of care. You will get one-on-one service with skilled pharmacists. They will answer questions about side effects and give advice to help you stay on course with your treatment. With Navitus SpecialtyRx, delivery of your specialty medications is free, and right to your door or prescriber's office via FedEx. Local courier service is available for emergency, same day medication needs. To start using Navitus SpecialtyRx, please call toll-free 855-847-3553. We will work with your prescriber for current or new specialty prescriptions.

How does the RxCENTS (Tablet Splitting) program work?

The Tablet Splitting program saves you money by breaking a higher-strength tablet in half to provide the needed dose. You will receive the same medication and dosage while purchasing fewer tablets and saving on your copay.

There are two ways to get started with the Tablet Splitting program:

1. Call your doctor and ask about the RxCENTS program. He or she can update your prescription with your pharmacy.
2. Ask your pharmacist to help change your prescription to one that can be split through the Navitus Tablet Splitting program.

Tablet splitting is not required by Navitus, but is simply offered to you as a way to help control costs. If you have any questions, or would like to receive a tablet splitter, please contact Navitus Customer Care toll-free at 1-866-333-2757.

What is Coordination of Benefits (COB)?

How are my COB claims processed?

Coordination of Benefits takes place when you have coverage under Navitus and another policy. One of the policies will be your primary coverage and one is your secondary coverage. Claims are first submitted to your primary policy and then to the secondary policy. The secondary policy covers the remaining cost of covered medications up to the allowed amount minus any applicable copayment. At the pharmacy, prescriptions are paid under your primary insurance. To be reimbursed by Navitus for your secondary coverage, you must complete a reimbursement form and submit it to Navitus. Reimbursement forms are available on the Navitus website, www.navitus.com, or by calling Navitus Customer Care toll-free at 866-333-2757.

How do I make a complaint or file an appeal?

When you have a concern about a benefit, claim or other service, please call Navitus Customer Care toll-free at 866-333-2757. Our Customer Care Specialists will answer your questions and resolve your concerns quickly.

If your issue or concern is not resolved by calling Customer Care, you have the right to file a written appeal with Navitus. Please send this appeal, along with related information from your doctor, to:

MAIL

Navitus Health Solutions
Attn: Appeals Department
P.O. Box 999
Appleton, WI 54912-0999

FAX

Navitus Health Solutions
Attn: Appeals Department
855-673-6507