



PEEHIP Board Maintains Level of Benefits with No Increases in Premiums, Copays, and Deductibles for FY2018

Despite continuous and substantial increases across the country in the cost of healthcare, the PEEHIP Board's efforts to manage the plan and claim costs resulted in **no increased premiums** for fiscal year 2018. **The copays and deductibles will remain the same** for PEEHIP's group #14000 plan administered by Blue Cross Blue Shield of Alabama for the new fiscal 2018 plan year that begins October 1, 2017. Preventing any out-of-pocket increases is a significant achievement considering the double-digit trends of cost escalation that many comparable plans nationwide are experiencing, which causes a high level of pressure for negative plan changes and reductions in benefits.

PEEHIP maintains its strength and status as an industry leader due to the many programs put into place by the PEEHIP Board, including the Coordination of Benefits program, Dependent Eligibility Verification, Pharmaceutical Utilization Management, and the *Team Up for Health* Wellness Program. These programs harmoniously work to successfully reduce cost and preserve the richness of the PEEHIP plan and its level of out-of-pocket costs. PEEHIP also achieved significant financial savings, while providing a richer benefit, with the transition to the UnitedHealthcare Group Medicare Advantage (PPO) Plan for its Medicare-eligible retirees. ●

Annual Indexing Per the Affordable Care Act

The following amounts are set by the federal Affordable Care Act (ACA) and are indexed annually. PEEHIP implements the full ACA indexed amounts each year under established Board policy.

- **Maximum Annual Out-of-Pocket Amounts:** The combined medical and prescription drug in-network maximum annual out-of-pocket amounts will be increased to \$7,350 per individual and \$14,700 per family per calendar year effective January 1, 2018. This is an enhanced benefit for our members enrolled in PEEHIP's group #14000 hospital medical coverage as you will pay no more than these annual out-of-pocket amounts for calendar year 2018.
- **Supplemental Hospital Medical Maximums:** The annual maximum amount of claims paid under group #61000 will increase to \$7,350 per individual and \$14,700 per family effective January 1, 2018. This is a benefit enhancement.
- **Health Flexible Spending Accounts (FSA):** The annual maximum Health FSA contribution amount is increased from \$2,550 to \$2,600 beginning fiscal year October 1, 2017. This is a benefit enhancement. ●

Prescription Drug Plan Changes

Applicable Only to PEEHIP's Pharmacy Benefit Administered by MedImpact

Due to the fast-moving nature of both new drugs becoming available and price changes amongst existing drugs, PEEHIP implements various utilization management programs throughout the plan year to the commercial plan formulary, including prior authorizations, step therapy, quantity limits and the exclusion of some drugs to drive utilization to lower cost therapeutic alternative medications. This is to ensure that the PEEHIP formulary covers the most effective drugs at the most reasonable price. No changes were made effective October 1, 2017, to the drug copay tiers. For more information on PEEHIP's pharmacy benefit, including a formulary list, visit www.rsa-al.gov/index.php/members/peehip/pharmacy/. ●

Annual Adjustments to COBRA, Leave of Absence, Surviving Spouse/ Dependent, and Retiree Sliding Scale Rates

As mandated by federal COBRA Law and state law (Section 16-25A-8(e)) related to Surviving Spouses paying the cost of their coverage, there will be some increases as well as some decreases to these rates. Also, members who retired on or after October 1, 2005, may experience rate adjustments because their premiums are subject to the sliding scale law (Section 16-25A-8.1) and are based on years of service and the cost of the insurance program. An age and subsidy component may also apply for members retiring on or after January 1, 2012. The PEEHIP retiree premium calculators at www.rsa-al.gov/index.php/members/peehip/calculators/ will be updated prior to October 1, 2017.

Hospital Medical or VIVA Health Plan	FY2018 COBRA & Leave of Absence Rates	FY2017 COBRA & Leave of Absence Rates	Increase (Decrease)
Single	\$464	\$460	\$4
Family	\$1,185	\$1,171	\$14
Supplemental Medical	\$145	\$152	(\$7)
Hospital Medical or VIVA Health Plan	FY2018 Surviving Spouse/ Dependent Rates	FY2017 Surviving Spouse/ Dependent Rates	Increase (Decrease)
Single/Non-Medicare-eligible	\$823	\$816	\$7
Family/Non-Medicare-eligible & Non-Medicare-eligible Dependents	\$1,066	\$1,028	\$38
Family/Non-Medicare-eligible & Only Dependent Medicare-eligible	\$999	\$1,067	(\$68)
Single/Medicare-eligible	\$355	\$430	(\$75)
Family/Medicare-eligible & Non-Medicare-eligible Dependent	\$676	\$720	(\$44)
Family/Medicare-eligible & Only Dependent Medicare-eligible	\$609	\$759	(\$150)

VIVA Health Plan Benefit Changes

Effective October 1, 2017, there will be some changes to the VIVA Health plan. The changes are mainly applicable to the medical portion of the benefits, and the prescription benefit will have no changes for the upcoming plan year.

For the medical plan, your copay at your Primary Care Physician is increasing from \$20 to \$25 per visit. In addition, the deductible for certain medical services is increasing from \$300 per individual and \$900 per family to \$500 per individual and \$1,500 per family.

Finally, the annual maximum out-of-pocket limit is increasing from \$6,850 per individual and \$13,700 per family to \$7,150 per individual and \$14,300 per family. Members currently enrolled in VIVA will receive written notification from VIVA of these plan changes by Open Enrollment.

The VIVA Health plan also includes a dental benefit provided to its members at no additional cost. The benefit is still included for the upcoming plan year with the same out-of-pocket costs for your covered services, but there will be a change to the network reimbursement. Dentists will be reimbursed based on Delta Dental's PPO fees. If the dentist is not part of the Delta Dental PPO network, the dentist may be able to bill you the difference between their fees and the PPO fee. You will receive notice from VIVA if you are impacted.

HIPAA and Allowing Your Dependents to Speak to PEEHIP

PEEHIP recognizes that in certain circumstances, a spouse or other dependent will have need to speak with us about issues that involve the subscriber's protected health information. In some cases these situations are urgent such as if the subscriber is unable to speak but in need of action on their account. However, due to HIPAA regulations and to protect our members' privacy, PEEHIP must ask for a subscriber's written authorization or verbal consent before using or disclosing protected health information with dependents, including spouses.

Therefore, in order to ensure that you have given rights to your spouse or another individual to discuss your protected information, you must first provide to PEEHIP a signed HIPAA Privacy Authorization form, which can be found on our website at www.rsa-al.gov/uploads/files/PEEHIP_HIPAA_Privacy_Authorization.pdf. PEEHIP can also mail you this form upon request by calling our Member Services at 877.517.0020.

For more information regarding PEEHIP's benefits and policies, please visit www.rsa-al.gov/index.php/members/peehip/benefits-policies/.

Medicare-Eligible PEEHIP Members

Making the Most of Your Doctor Visits

UnitedHealthcare® encourages all of their members to have a strong relationship with a primary care provider (PCP) that they see regularly. Having a trusted relationship with your doctor is one of the best ways to get the care you may need, when and where you need it. Having regular visits may make it easier for you to share information about your health – even small changes – that, in turn, may help your doctor provide you with better care. **But, talking to your doctor isn't always easy. It takes time and effort on your part as well as your doctor's.**

Today, a good patient-doctor relationship is more of a partnership. You and your doctor can work as a team, along with nurses, physician assistants, pharmacists, and other healthcare providers, to manage your medical problems and keep you healthy.

This means asking questions if the doctor's explanations or instructions are unclear, bringing up problems even if the doctor doesn't ask, and letting the doctor know if you have concerns about a particular treatment or change in your daily life. Taking an active role in your healthcare puts the responsibility for good communication on both you and your doctor.

A basic plan can help you make the most of your appointment whether you are starting with a new doctor or continuing with the doctor you've seen for years. The following tips will make it easier for you and your doctor to cover everything you need to talk about.

- **Be prepared.** Make a list of any questions or concerns that you want to discuss and take the list with you. If more than a couple items, you may want to prioritize them to make sure you get to those that are most important to you.
- **Take information with you.** Be sure to have a list of all your prescriptions and over-the-counter medications. Other important information to have with you includes your UnitedHealthcare insurance

continued on page 4

Medicare Retirees Get Going with SilverSneakers®!

Rather than looking at exercise only as something you *should* do, turn it into an activity you *enjoy* doing. Yes, exercise may reduce stress and anxiety, improve mood and memory, reduce health risks, prolong independence, and much more. It also may be fun, especially if you do it with friends.

SilverSneakers is offered to you at no additional charge as part of your UnitedHealthcare® Group Medicare Advantage (PPO) plan offered through PEEHIP. With SilverSneakers you have access to over 13,000 fitness locations across the country and you can use more than one fitness location at a time. Perfect for keeping up with your routine when you are traveling or away from home!

Through SilverSneakers signatures classes and fun social activities, members may gain the physical benefits of exercise and become part of a supportive community.

- 37 percent of SilverSneakers members attend classes to socialize; 68 percent participate with a friend.
Source: 2014 SilverSneakers Annual Participant Survey
- 67,000+ members are part of the SilverSneakers Facebook community (www.facebook.com/silversneakers).
- Members meet friends for classes, use fitness equipment together, and participate in SilverSneakers social events.

Exercise is good for *everyone*! SilverSneakers combines good friends and good health to make it *fun* for everyone too. No matter your age or fitness level, you may be able to enrich your quality of life by getting active and making new friends with SilverSneakers. If you haven't signed up yet, consider doing it now. Get more information on the program at silversneakers.com or call Silver Sneakers customer service at 888.423.4632, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. ET.

Remember to talk with a health care professional before beginning any exercise program.

continued on page 4

Final Reminder: Get Your Annual Wellness Visit by June 30 to Receive a \$50 Gift Card

For Medicare-eligible PEEHIP members covered on a retiree contract, you have until June 30, 2017, to complete your Medicare Annual Wellness Visit or Routine Annual Physical Exam and earn a UnitedHealthcare® Renew Rewards \$50 gift card. After June 30, the reward amount drops to \$25 and will be available to UnitedHealthcare® Medicare Advantage (PPO) members who have an Annual Wellness Visit or Annual Routine Physical Exam between July 1 and September 30, 2017. Annual Wellness Visits or Annual Routine Physical Exams where the date of service is after September 30, 2017, will not be eligible for a reward. Members will have until December 31, 2017, to report their visit and claim their reward.

So if you have not already, schedule that visit with your doctor now and don't miss out on a \$50 gift card!

Doctor Visits continued from page 3

card, the names and phone numbers of other doctors that you see, the name, address and phone number of the pharmacy you use and any medical records or health information that your doctor doesn't already have.

- **Consider bringing a family member or friend.** Sometimes a second set of eyes and ears can be helpful for writing down notes and for recalling later what was discussed.
- **Make sure you can see and hear as well as possible.** If you have glasses, be sure to wear them. The same goes for hearing aids. Let your doctor and office staff know if you have a hard time seeing or hearing.
- **Plan to update the doctor on what has happened since your last visit.** Let your doctor know if you were in the Emergency Room or if you were seen by a specialist. Also let your doctor know about any changes you have noticed, for example, a change in appetite, weight, sleep, or energy.

Source: "Talking with Your Doctor: A Guide for Older People", National Institute on Aging, December 2016, <https://www.nia.nih.gov/health/publication/talking-your-doctor/how-should-i-prepare-getting-ready-appointment> ●

SilverSneakers continued from page 3

SilverSneakers is a registered trademark of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2017 Tivity Health, Inc. All rights reserved.

For more information about your PEEHIP UnitedHealthcare Group Medicare Advantage (PPO) Plan, visit www.uhcretiree.com/peehip/. ●



PEEHIP Joins Fight against Opioid Epidemic

Due to the alarming increase of opioid-related overdoses and deaths in the United States, the Centers for Disease Control and Prevention (CDC) have declared the issue a national epidemic. With at least half of all opioid-related overdose deaths involving a prescription opioid, the CDC considers this – specifically the overprescribing of opioids – a key driver of the epidemic. As a result, PEEHIP has teamed up with MedImpact, the pharmacy benefit manager for PEEHIP's non-Medicare prescription drug plan, in an effort to prevent the overutilization of prescription opioids by implementing drug utilization controls as extra safeguards for our members.

As a new measure in the fight against opioid abuse, effective **June 1, 2017**, medications in the opioid drug class will be stopped at the point-of-sale if certain dosage and/or prescriber

thresholds have been met or exceeded. Impacted claims will require further information from the dispensing pharmacist and/or prescribing physician prior to being dispensed at the pharmacy. Notification letters have been sent to all members that may be impacted by these changes. This does not affect PEEHIP's members covered by the UnitedHealthcare Group Medicare Advantage (PPO) Plan.

Source: CDC. *Wide-ranging online data for epidemiologic research (WONDER)*. Atlanta, GA: CDC, National Center for Health Statistics; 2016; Available at <http://wonder.cdc.gov>

More information about your PEEHIP Pharmacy Benefits Administered by MedImpact can be found at www.rsa-al.gov/index.php/members/peehip/pharmacy/. ●

There's Still Time to Earn Your \$50 Monthly Wellness Premium Waiver!

If you are an actively employed member, a spouse of an actively employed member, a non-Medicare-eligible retiree or a non-Medicare-eligible spouse of a retiree, you still have time to complete your required wellness activities for the *Team Up for Health* Wellness Program before the August 31, 2017, deadline. Remember that to be required, you must be both one of the types of members listed above and be enrolled in PEEHIP's Blue Cross Blue Shield Hospital Medical Group #14000 Plan (**Note: This wellness program is not applicable to Medicare retirees who are enrolled in PEEHIP's Medicare Advantage Plan administered by UnitedHealthcare**).

You may have already had your wellness screening, but please remember to complete your Health Questionnaire and Health Coaching (if applicable) as well. The questionnaire may be completed online at your convenience 24 hours a day, 7 days a week at www.myactivehealth.com/peehip or by calling 855.294.6580, Monday – Friday, 8:00 a.m. – 8:00 p.m. CT, or Saturday, 8:00 a.m. – 1:00 p.m. CT.

Not sure if you need to participate in Health Coaching? If required, you would have received an invitation letter in October 2016 to participate in Wellness Coaching or Disease Management, but you can also log on to www.myactivehealth.com/peehip and click on "My Required Activities" to verify your specific requirements and completion status.

Besides the \$50 reduction in your monthly premium, taking advantage of the tools and content offered as part of the *Team Up for Health* Wellness Program can help fill in the gap between your care at your doctor's office and your home life, further enabling you to achieve your own personal health goals.

You could even save on your out-of-pocket expenses by avoiding the complications associated with chronic disease or other difficult health conditions. So do not delay – earn your \$50 monthly wellness premium waiver and see how one of the certified wellness coaches or licensed nurses can help you along your way to achieving your health goals today!

Visit www.rsa-al.gov/index.php/members/peehip/health-wellness/ to learn more about the PEEHIP *Team Up for Health* Wellness Program. ●