

*A Guide to*

# ***S W S C H P***

*Health Insurance For Retirees*

## ***2017***

*State-Wide Schools Cooperative Health Plan*

*For more detailed information please consult the SWSCHP Plan Document  
and Summary Plan Description at [SWSCHP.ORG](http://SWSCHP.ORG)*

## IMPORTANT PHONE NUMBERS

SWSCHP/ Customer Service/Medical Management by Alicare (Mon-Thurs 8AM-8PM; Fri 8AM- 6PM; Sat 9AM- 2 PM)	1 888 P SWSCHP 1 888 779 7247
CVS/Caremark (Drug Plan)	1 844 260 5889 or TTY # 711
CVS/SilverScript-(Medicare Drug Plan-EGWP)	1 866 768 4253 or TTY # 711
CVS Specialty Pharmacy	1 800 237 2767
Medicare Hot Line	1 800 MEDICARE 1 800 633 4227
SWSCHP/Aetna Medicare Advantage	1 855 395 9722 TTY:711
Mental Health & Substance Abuse-Care Navigators	1 888 779 7247
Precertification & Approvals-Navigators-Alicare	1 888 779 7247
Prior Authorization for certain prescription drugs	1 866 693 4620(EGWP)
Medicare Rights Helpline	1 800-333-4114

## IMPORTANT ADDRESSES and WEBSITES

**SWSCHP**  
**12 Metro Park Road**  
**Suite 104**  
**Colonie, NY 12205-1139**  
**WWW.SWSCHP.ORG**

**SWSCHP HOME DELIVERY SERVICES** Send form to:  
**CVS Caremark**  
**PO BOX 94467**  
**PALATINE, IL 60094-4467**  
**WWW.SWSCHP.Silverscript.COM**

**For Hospital and Medical Claims**  
**for Aetna Medicare Advantage only:**  
**Aetna Life Insurance Co.**  
**PO Box 981106**  
**El Paso, TX 79998-1106**  
**<http://SWSCHP.AETNAMEDICARE.COM>**

**PRESCRIPTION DRUG**  
**REIMBURSEMENT**  
**SilverScript Insurance Company**  
**Prescription Drug Plans**  
**Medicare Part D Paper Claim**  
**PO Box 52006**  
**Phoenix, AZ 85072-2066**

**S W S C H P**

Dear SWSCHP Retirees:

Since January 1, 2014 SWSCHP retirees who are Medicare Primary for Parts A and B receive their Medical and Hospital benefits through the SWSCHP/Aetna Medicare Advantage Plan. Eligible members have already received a great deal of information on this which I will not repeat here, except to remind those members that they now have a 24 hour nurse hotline and should put their Medicare Card in a safe place and carry and present to providers their SWSCHP/Aetna Medicare Advantage Card. I encourage you to review your Evidence of Coverage for specific plan benefits. Your drug benefits are now provided by CVS/Caremark and SilverScripts, either through the same plan you had prior to retirement or, if you are Medicare primary, through the SilverScript EGWP program.

Once again, please allow me to remind you that it is essential that you keep in touch with the school district that provides you with your health insurance benefits. Should any status changes take place with you or your covered dependents, it is necessary for your school district to have current information. This includes change of address, Medicare eligibility, disability, nursing home admissions, divorce, marriage, death, changes in other health insurance coverage, etc. Failure to keep us informed about changes can seriously affect your health insurance benefits and have a negative financial impact on you and your family. Additionally, since many districts reimburse members for the cost of Medicare Part B, it is necessary for you to send your district a copy of the letter you will receive each year from Social Security that informs you of the deduction from your Social Security check and/or your charges for Part B effective January 1 of each year.

Remember if you are Medicare primary your Hospital/Provider benefits cover any provider who accepts or participates with Medicare. If you are retired but not yet Medicare primary your network is the BlueCross/BlueShield network. **YOU MUST SIGN UP FOR MEDICARE PARTS A+B WHEN YOU ARE ELIGIBLE OR YOU MAY BE LIABLE FOR COSTS THAT WOULD OTHERWISE BE COVERED!**

If you are enrolled in the SWSCHP/Aetna Medicare Advantage Plan, that plan will be primary for those spouses who have coverage elsewhere unless the Medicare eligible spouse's other coverage is a Medicare Advantage Plan.

We wish you and your family the very best of health and good fortune. We are always available to assist you with your concerns or questions. Call SWSCHP at 1 888 P SWSCHP for assistance. Or visit our website at SWSCHP.ORG. For SWSCHP/Aetna Medicare Advantage members call 1 855 395-9722 or visit SWSCHP.AETNAMEDICARE.COM. Additionally, if I can be of further assistance, I am available at 800 814 6265 or at nfwswschp@hotmail.com.

Sincerely,

Dr. Norman Freimark

Executive Director

# State-Wide Schools Cooperative Health Plan

## SWSCHP

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# **S W S C H P**

## **HOSPITAL, MEDICAL, EMERGENCY ROOM & AMBULANCE CO PAYS**

<b>HOSPITAL (Inpatient)</b>	\$200.00 Co-Pay Per Admission
<b>HOSPITAL (Outpatient)</b>	\$50.00 Co-Pay for specific Procedures, such as Diagnostic X-Rays and Labs \$30.00 for Medicare Primary members
<b>EMERGENCY ROOM</b>	\$75.00 Co-Pay
<b>AMBULANCE</b>	\$50.00 Co-Pay
<b>MEDICAL/URGENT CARE</b>	\$30.00 Co-pay

Please remember to choose an in-network Primary Care Physician (PCP) to coordinate your healthcare. Using a PCP to communicate with Aetna (Medicare Primary members) or Alicare Medical Management (Non-Medicare Primary members) helps you and your family to achieve the best possible health care solutions.

All copayments listed above are applicable to each date of service.

For non-Medicare retirees all INPATIENT PARTICIPATING PHYSICIAN VISITS are subject to a \$30 co-pay with many in-network preventive care visits covered at 100%. See the Summary of Benefits and Coverage at [SWSCHP.org](http://SWSCHP.org) for more detailed information. Out of Network hospital outpatient clinics are processed at 70% of Usual and Customary after the deductible is met.

For SWSCHP/Aetna Medicare Advantage members there is no copay for inpatient physician visits and a \$30 facility fee copay for outpatient surgery with many preventive care visits covered at 100%.

See <http://swschp.aetnamedicare.com/> for a complete listing.

**PRESCRIPTION DRUG CO PAYS  
FOR MEDICARE PRIMARY EGWP  
MEMBERS**

**RETAIL PHARMACY  
31/90 DAY SUPPLY**

**HOME DELIVERY PHARMACY  
Up to 90 DAY SUPPLY**

Tier 1- GENERIC	\$7.50 (\$22.50 for 90 days)
Tier 2 BRAND PREFERRED	\$30.00 (\$90 for 90 days)
Tier 3 RAND NON- PREFERRED	\$50.00 (\$150 for 90 days)
SPECIALTY	\$50 for 30 day supply

GENERIC	\$15.00
BRAND PREFERRED	\$60.00
BRAND NON- PREFERRED	\$100.00
SPECIALTY 7-30 Day Sup- ply	\$16.67

**You can choose from two 90 day supply options for the same low price by refilling at your CVS pharmacy, Longs Drugs or Navarro Discount Pharmacy or via CVS Caremark or SilverScript Mail Service Pharmacy.**

**SPECIALTY MEDICATIONS**

SPECIALTY MEDICATIONS are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, multiple sclerosis and rheumatoid arthritis. Most specialty medications are required by plan design to be dispensed through CVS Specialty pharmacy. These Specialty medications require prior authorization. To find out if a medication you have been prescribed is a specialty medication and to obtain prior approval, contact CVS Caremark (Non Medicare) at 1 844 260 5889 or TTY # 711 or Silver Script (Medicare) at 1 866 768 4253. The CVS Specialty pharmacy can be reached by calling 1 800 237 2767..

See your Evidence of Coverage from CVS or SilverScript for more detailed information.

# Rx Plan & Medicare Part D

Effective January 1, 2017 SWSCHP adopted the Federal Government's approved EGWP (Employer Group Waiver Program) Medicare Part D program administered by CVS and SilverScript replacing the Express Scripts program. This program offers Medicare Low Income Subsidies, coverage throughout the coverage gap (donut hole), special assistance for those in catastrophic situations, copayment maximums, and coverage during long term care stays such as nursing homes. **In addition, for 2014, 2015, and 2016 SWSCHP chose to reimburse members subject to Income Related Medicare Adjustment Amounts (IRMAA) for Part D premiums (See below). Reimbursement forms and information are available at SWSCHP.ORG and SWSCHP.AETNAMedicare.com.** The base amount for Part D is paid by SWSCHP. **Note: For 2017 reimbursements will be for members only (not spouses or dependents) and for 2018 SWSCHP will NOT be making any reimbursements for Part D IRMAA payments. Since this adoption, should a Medicare primary member be admitted to a Nursing Home or Skilled Nursing Facility or Veteran's Facility that provides medications, SWSCHP's EGWP drug plan will still be available.**

Beneficiaries who file individual tax returns with income that is:	Beneficiaries who file joint tax returns with income that is:	Medicare Part D Income Related Monthly Adjustment Amount	
		2016	2017
Less than or equal to \$85,000	Less than or equal to \$170,000	Covered by SWSCHP	Covered by SWSCHP
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	12.70	13.30
Greater than \$107,000 and less than or equal to \$160,000	Greater than \$214,000 and less than or equal to \$320,000	32.80	34.20
Greater than \$160,000 and less than or equal to \$214,000	Greater than \$320,000 and less than or equal to \$428,000	52.80	55.20
Greater than \$214,000	Greater than \$428,000	72.90	76.20

**Summary of Coordination of Benefits between Medicare & Group Health Plans such as SWSCHP**

<b>If you:</b>	<b>Condition</b>	<b>Pays First</b>	<b>Pays Second</b>
Are age 65 and older and covered by a group health plan because you are working or are covered by a group health plan of a working Spouse of any age	The employer has less than 20 employees	Medicare	Group health plan
	The employer has 20 or more employees	Group health plan	Medicare
Have an employer group health plan after you retire and are age 65.	Entitled to Medicare	Medicare Advantage	Part of Medicare Advantage
Are disabled and covered by a large group health plan from your work because of active employment, or from a family member who is working	The employer has less than 100 employees	Medicare	Group health plan
	Employer has 100 or more employees	Group health plan	Medicare
Have End-Stage Renal Disease (ESRD is permanent kidney failure) and group health plan coverage (including a retirement plan)	First 30 months of eligibility or entitlement to Medicare	Group health plan	Medicare
	After 30 months	Medicare Advantage	Part of Medicare Advantage
Are covered under worker's compensation because of a job-related injury or illness	Entitled to Medicare	Workers' compensation for worker's compensation-related services	Medicare
Have black lung disease and are covered under the Federal Black Lung Program	Entitled to Medicare and the Federal Black Lung Program	Federal Black Lung Program for black lung -related services	Medicare
Have been in an accident where no-fault or liability insurance is involved	Entitled to Medicare	No-fault or Liability insurance, for the accident-related services	Medicare
Are a Veteran and have Veterans' benefits	Entitled to Medicare and Veterans' benefits	Medicare pays for Medicare-covered services. Veterans' Affairs pays for VA authorized services. Generally, Medicare and VA cannot pay for the same service.	Usually does not apply
Are covered under TRICARE	Entitled to Medicare and TRICARE	Medicare pays for Medicare-covered services. TRICARE pays for services from a military Hospital or any other federal provider.	TRICARE may pay second
Are age 65 or over <u>OR</u> are disabled and covered by both Medicare and COBRA	Entitled to Medicare	Medicare Advantage	COBRA
Have End-Stage Renal Disease (ESRD) and COBRA	First 30 months of eligibility or entitlement to Medicare	COBRA	Medicare Advantage
	After 30 months	Medicare Advantage	COBRA



**RETIRED MEMBERS  
NOT YET MEDICARE PRIMARY**

**YOU WILL CONTINUE TO BE SWSCHP PRIMARY  
UNLESS-**

- You are employed and have health insurance from your new employer. You will be primary to your new active insurance and secondary to SWSCHP.
- You are covered by a spouse who is working and has you on his/her plan. You will be primary to your spouse's plan and secondary to SWSCHP.
- You become disabled and automatically become Medicare Primary. You will be covered by the SWSCHP/Aetna Medicare Advantage Plan

**COORDINATION OF BENEFITS**

A RETIRED CONTRACT IS USUALLY SECONDARY TO AN ACTIVE CONTRACT. IF YOU ARE PRIMARY TO ANOTHER INSURANCE CARRIER, PLEASE SUBMIT ALL APPROPRIATE EXPLANATION OF BENEFITS TO SWSCHP FOR FURTHER PAYMENT CONSIDERATION.

OCCASIONALLY, OTHER HEALTH INSURANCE CARRIERS DO NOT RESPECT THE RULE ABOUT A RETIREE'S CONTRACTS BEING SECONDARY TO AN ACTIVE'S CONTRACTS. SHOULD YOU EXPERIENCE THIS PROBLEM, CONTACT YOUR SCHOOL DISTRICT HEALTH BENEFIT REPRESENTATIVE, PROVIDE WRITTEN VERIFICATION FROM THE OTHER CARRIER, AND SWSCHP MAY BE ABLE TO ADJUST OUR RECORDS TO MAKE YOU PRIMARY UNDER THE SWSCHP PLAN.

**END-STAGE RENAL DISEASE COORDINATION**

Members diagnosed with End-Stage Renal Disease, regardless of age, will become Medicare Primary after a waiting period determined by Medicare.

Members diagnosed with End-Stage Renal Disease must contact Medicare and SWSCHP immediately for clarification regarding changes in health benefits.

**CHANGES TO SWSCHP'S HEALTH INSURANCE COVERAGE  
FOR YOU AND YOUR ELIGIBLE DEPENDENTS UPON  
YOUR BECOMING MEDICARE PRIMARY**

It is essential that your school district is current about any changes that take place in you or your dependents' life situations. This includes:

- Notices from Social Security informing you of your Part B charges effective January 1 of each year.
- Changes in other insurance.
- Admissions to Nursing Homes, Skilled Nursing Facilities, Rehabilitation Centers, Veteran's Facilities, Etc.

**Medicare Part A**

Upon reaching age 65, current Social Security and Medicare regulations automatically provide you with Medicare Part A, hospitalization benefits (unless you have insufficient work quarters).

**Medicare Part B**

Upon reaching age 65 and being retired, you should automatically receive Medicare Part B unless you reject it. Medicare Part B covers physician's services, out-patient hospital services, certain home health services, durable medical equipment, and other items. **Do not reject Part B or you may be subject to being liable for most of your health care costs. If you do not hear from Social Security regarding Medicare 60 or 90 days before your 65th birthday, contact them directly (Socialsecurity.gov will allow you to sign up on line for Medicare). It is your responsibility to enroll in Medicare when you are eligible.** Inquiries about Part B reimbursements should be directed to your district's health benefit representative.

**SWSCHP/Aetna Medicare Advantage Plan**

Sixty to 90 days prior to reaching age 65, you will be contacted by Aetna regarding your enrollment in the SWSCHP/Aetna Medicare Advantage Plan. Your enrollment will be automatic as long as you have been enrolled in Part A and B coverage AND you or your spouse are not covered by another Medicare Advantage Plan. If you are covered by another Medicare Advantage Plan, you will need to choose to opt out of one of those plans.

For Additional Medicare Information

Logon to: [www.medicare.gov](http://www.medicare.gov) or call 1 800 Medicare  
or call Social Security at 1800 772-1213

## EXCLUSIONS

NURSING HOMES, SKILLED NURSING FACILITIES, IN-PATIENT REHABILITATION CENTERS AND VETERAN'S NURSING HOMES, ARE EXCLUDED FROM SWSCHP BENEFITS. ONCE MEMBERS ARE ENROLLED IN THE SWSCHP/AETNA MEDICARE ADVANTAGE PLAN SKILLED NURSING FACILITIES ARE COVERED (except VA Nursing Homes).

### **MEDICARE ADVANTAGE PAYMENTS FOR SKILLED NURSING FACILITIES (subject to predetermination)**

	<b>MEDICARE AVANTAGE PAYS</b>	<b>MEMBER PAYS</b>
Day 1 - 20	Covered in full by Medicare	\$00.00
Day 21 - 100	Covered w/ \$135 per day copay	\$135 Per Day *
Day 101 +	Not covered	Full Charges

\* Subject to \$3000 OOP Maximum

### **LONG TERM CARE**

SWSCHP STRONGLY RECOMMENDS THAT MEMBERS INVESTIGATE LONG TERM CARE POLICIES AS A SUPPLEMENT TO MEDICARE AND SWSCHP. THESE POLICIES PROVIDE COVERAGE FOR IN-PATIENT SKILLED NURSING FACILITIES, NURSING HOMES, REHABILITATION CENTERS AND HOME CARE THAT MAY NOT BE COVERED BY MEDICARE OR SWSCHP or AETNA/SWSCHP.

# MEDICARE DEDUCTIBLES AND SWSCHP REIMBURSEMENT UNDER SWSCHP/AETNA MEDICARE ADVANTAGE

## **Part A - Hospitalizations**

For 2017, Medicare has an annual \$1,316 inpatient hospital deductible plus a \$329 daily copay for days 61-90 and a \$658 copay for days 91 and beyond. However, with the SWSCHP/Aetna Medicare Advantage Plan you have NO deductible, but there is a \$200 copay for each hospitalization and you are covered for 365 days a year.

## **Part B - Physicians**

The Medicare Part B 2017 annual deductible is \$183.00. However, with the SWSCHP/Aetna Medicare Advantage plan you have no deductible. You will have a \$30 copay for all physician visits except for certain preventative care procedures which are covered at 100%.

### **In-Network for Medicare Primary Retirees**

If you use a physician who accepts Medicare assignment or participates with Medicare in terms of billing, the SWSCHP/Aetna Medicare Advantage Plan will apply the \$30 copay. Your network is any doctor who is "eligible to receive Medicare payment" (can bill Medicare). Providers do NOT need to be part of the Aetna network. However, providers can refuse to bill Aetna and in those cases members may need to seek reimbursement directly from Aetna and pay the provider themselves. We recommend you contact SWSCHP/Aetna customer services to assist in contacting your providers to help explain the advantages of billing Aetna directly. **In both cases the member will only be responsible for the \$30 co-payment for most covered services.**

**Non-Medicare Primary Retirees use their Blues network to access in-network providers. Coverage is the same for them as it was prior to retirement and until they turn 65, are retired and become Medicare eligible, or become Medicare primary due to a disability.**

**FOR ASSISTANCE FOR SUBMITTING A PAPER CLAIM CALL**

**AETNA AT 1 855 395 9722 OR SEND CLAIMS TO:**

**Aetna life Insurance company**

**PO Box 981106**

**El Paso, TX 79998-1106**

## **USING MEDICARE PARTICIPATING PROVIDERS (ACCEPTS ASSIGNMENT)**

Providers who **accept** Medicare's assignment can automatically submit your claim to the SWSCHP/Aetna Medicare advantage Plan. As previously stated, those providers should collect your \$30 copay and you will have no further liability for most covered services.

## **USING A PROVIDER WHO DOES NOT PARTICIPATE WITH MEDICARE**

Providers who do not accept the Medicare approved payment as payment in full can charge up to 115% of the Medicare approved amount for most covered services. As far as the member's responsibility is concerned, they are still only responsible for the \$30 copay for most covered services.

## **GETTING HELP WITH A PROVIDER WHO DOESN'T WANT TO BILL SWSCHP/AETNA**

Through the plan, you can obtain covered services from any health care provider in the United States who is eligible to receive Medicare payment. You can receive services from either Aetna in-network or out-of-network providers. This means you can go to an out-of-Aetna's network provider, such as Memorial Sloan Kettering and Hospital for Special Surgery, and still pay the same amount. Same member cost share applies for benefits received from out-of-Aetna's network providers as for Aetna's in-network providers .

**Your payment responsibilities:** Most providers bill Aetna directly. If your provider does not, you may have to pay up front, send us your receipt and be reimbursed. **Doctors who accept Medicare are not permitted to bill any amount that is in excess of the Medicare allowable rate.** This is known as balance billing. Your only responsibility will be your copay for covered services, whether in or out of network as long as the provider accepts Medicare .

## **INFORMATION FOR HEALTH CARE PROVIDERS BILLING THE SWSCHP/AETNA MEDICARE ADVANTAGE PLAN**

### **Provider billing options:**

Electronic claims submission using our electronic payer ID #60054.

Paper claims using an Aetna claim form or by using the standard CMS-1500 or UB-04 form to:  
**Aetna Life Insurance Company, PO Box 981106, El Paso, TX 79998-1106**

### **Claims processing information**

- Nonparticipating providers should only collect the member's copayment
- Providers submit all clean claims for covered services to us for payment
- Providers include patient-paid amount on claims

### **Aetna processes claims consistent with:**

- Original Medicare Billing Rules
- Medicare Fee schedule
- Prospective payment system requirements
- Local coverage determinations (LCDs)
- Member's plan documents, including Evidence of Coverage
- Medicare limiting charges apply. We use the Correct Coding Initiative (CCI). The link to CCI on the CMS website is **[www.cms.gov/nationalcorrectcodinitd](http://www.cms.gov/nationalcorrectcodinitd)**.

USING A PROVIDER THAT OPTS OUT OF MEDICARE

IF A PROVIDER OPTS OUT OF MEDICARE, THEY ARE REQUIRED TO ASK YOU TO SIGN A PERSONAL CONTRACT WITH HIM OR HER THAT CLEARLY INDICATES THAT HE OR SHE "OPTS OUT OF MEDICARE."

THIS PROVIDER DOES NOT PARTICIPATE WITH MEDICARE OR ANY MEDICARE ADVANTAGE INSURANCE AND IF YOU USE THIS PROVIDER, YOU WILL BE PERSONALLY RESPONSIBLE FOR ALL CHARGES.

AS BEFORE JANUARY 1, 2014, NEITHER SWSCHP NOR SWSCHP/AETNA WILL CONSIDER ANY REIMBURSEMENT AT ALL FOR PROVIDERS WHO OPT OUT OF MEDICARE.

## SWSCHP/AETNA DEDUCTIBLES AND COINSURANCE

SWSCHP/AETNA's Medicare Advantage Plan provides for members to have the choice of using PARTICIPATING PROVIDERS and/or NON-PARTICIPATING PROVIDERS.(as long as out of network providers accept Medicare). Members will just be responsible for the applicable co-payment for all covered services.

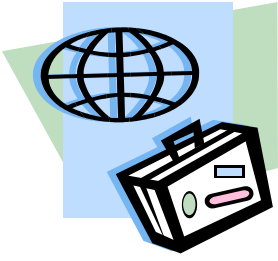
### SWSCHP/AETNA MAXIMUM INDIVIDUAL OUT-OF POCKET COSTS

Once a member's OUT OF POCKET expenses reaches \$3,000, SWSCHP/AETNA will then pay at 100% with no copayment required. This means that the maximum out of pocket costs for one person will be \$3,000 a calendar year. This amount includes any and all SWSCHP/Aetna Medicare copays but does not include expenses related to hearing aids, vision reimbursements, and prescriptions.

### NON-MEDICARE RETIREES

Non-Medicare retirees will still covered by their prior to retirement benefits including access to the Surprise Medical Bill provisions, Quest lab and US Imaging discounts with copays and deductibles

Hospital copay - Inpatient (In or Out of Network)	\$200 copay per admission
Hospital facility charges copay - Outpatient (emergency room or surgery)	\$75 copay for emergency room visit; \$75 copay Outpatient Surgery
Hospital copay (In-Network) - Outpatient clinic (other than true emergency room or surgery)	\$30 copay per visit
Hospital coinsurance (Out-of-Network) - In or Out Patient	Copays listed above applies – There is no coinsurance for out-of-network hospital charges
Medical Deductible (Out-of-Network) -per individual	\$1000 per calendar year Doesn't apply to in network preventive care or inpatient hospital benefits unless over the 365 day maximum
Medical Deductible (Out-of-Network) - maximum per family	\$3,000 per calendar year
Medical coinsurance (Out-of-Network)	Most services 30% coinsurance after deductible
Office visit copay (In Network) Specialist or Primary care Physician	\$30 per visit for specialist and Primary Care Physician
Urgent Care Facility (In or Out-of-Network) copay	\$30 copay (In-Network) 30% coinsurance after deductible (out of network)
Laboratory/Radiology copay (In Network)	\$0 copay US Imaging & QUEST Lab only \$30 copay-Non-QUEST labs \$50 copay for outpatient hospital diagnostic test; \$75 copay for non-US Imaging MRI, PET Scan
Generic prescription drug copay	Retail: \$7.50/script, Mail Order; \$15/script (90 -day supply)
Preferred brand name prescription drug copay	Retail: \$30/script, Mail Order; \$60/script (90 -day supply)
Non-preferred prescription drug copay Specialtydrugs	Retail: \$50/script, Mail Order: \$100/script (90 -day supply) \$16.67 at a Specialty Pharmacy for a 30 day supply
Maximum Medical Out-of-Pocket ( in or out of network)	<b>In-Network:</b> \$3,250 person/\$6,500 family (Medical) non-emergency care in ER counts toward Out-of-Network out-of-pocket limit; <b>Out-of-Network:</b> \$3,250 per person/; \$9,500 per family (excluding deductibles)
Maximum Prescription Drug Out-of-Pocket per family	\$3,600 per person; \$7,200 per family



## TRAVELING OR RESIDING OUTSIDE OF THE UNITED STATES

When traveling or receiving care outside of the United States and you are Medicare primary, you have very limited coverage from Medicare alone. However, members now covered by SWSCHP/Aetna Medicare Advantage will only be responsible for the \$75 copay for emergency care, which will be waived if they are admitted to a hospital or \$30 for urgent care services. Members permanently residing outside of the 50 United States or US territories, (including Puerto Rico and US Virgin Islands) are not covered by SWSCHP/Aetna Medicare Advantage and have significant limitations imposed by Medicare.

It is essential that members bring back with them detailed bills or receipts from hospitals, medical providers and pharmacies for reimbursement consideration. Hospital and Medical bills or receipts should be sent to Aetna and Prescription Drug bills or receipts should be sent to CV SilveScripts. It is preferred that bills or receipts are in English and dollars expended are reported in US currency. Covered hospital and medical charges will be paid in concert with the SWSCHP/Aetna plan. This is also applicable for members on cruise ships.





## FINDING PARTICIPATING PROVIDERS IN OR OUTSIDE OF NEW YORK STATE

**For Non-Medicare retirees: call:1 888 P SWSCHP (1 888 779 7247) or go to  
[www.swschp.org](http://www.swschp.org)**

Customer service representatives are available to assist you in locating hospitals, doctors, physician groups, specialists and other related services throughout the United States. After providing your membership information, you will be asked to identify the location of the services you are requesting. Please have zip codes available and the county, city and state you are researching. Aicare Customer Service will assist you with the names, addresses and telephone numbers of the providers you are seeking. Once you receive this information, it is very important when you call for appointments you confirm that these providers are still participating with the **BLUE CROSS BLUE SHIELD BLUE CARD NETWORKS if you are retired but, not yet Medicare eligible. Remember that if your address is in the southern 28 counties of NYS, your card has a TUR prefix and you are in the POS (not PPO) Network.** When using SWSCHP participating providers, the \$30 co-pay will apply for most covered medical services, \$200 for in-patient hospital admissions, and \$50 to \$75 for specific out-patient hospital services. **Non-Medicare primary** members can download and print their own in and out of state lists of hospitals, doctors, physician groups, specialists and other related services directly from the web site indicated above. Once you are logged on to the site, click on the networks listed. After inserting information related to areas such as zip codes, miles, etc., lists will be made available for you to download and print. Additionally, the following services are available at the SWSCHP.ORG web site:

- Latest News From SWSCHP
- Check Status of Claims
- Print an Explanation of Benefits
- Review the Summary Plan Description
- Order a replacement ID card

**For SWSCHP/Aetna Medicare Advantage** members, it is not required that you use Aetna's in network providers. To find providers who accept Medicare please go to [www.Medicare.gov](http://www.Medicare.gov) or contact the provider directly. **Important:** Just remember that utilizing a provider who opts out of Medicare will result in your having no coverage from Medicare, SWSCHP or Aetna.

## **DISABILITY/MEDICARE/SWSCHP**

Should a SWSCHP member, spouse or dependent child or children become disabled during either the member's active service or in retirement, it is essential that the school district be notified immediately. The individual who becomes eligible for Medicare due to a disability automatically becomes covered by the SWSCHP/Aetna Medicare Advantage program when the contract holder is retired. The disabled person must elect Medicare Part B. Part A, which covers hospitals, is automatic with Medicare and it is provided without any cost to the member or dependent. Part B which covers doctors and other services is optional; however, recommended to avoid any late enrollment penalties. The cost is usually deducted from the member's social security check.

Failure to elect Part B will result in serious financial exposure for members. As a secondary payer for Medicare primary members, SWSCHP will consider paying only 20% of the Medicare approved charges for doctors and other services. If the member fails to elect Part B, Medicare will not pay the initial 80%. Therefore the member will be responsible for that 80%. Many school districts reimburse their members for Medicare Part B. Members should check with their school district's health benefit representative for information regarding Medicare Part B reimbursement.

## **EXPLANATION OF BENEFITS**

Once becoming Medicare Primary, members will receive their Explanation of Benefits from SWSCHP/Aetna. To avoid confusion, we recommend that members file all Explanation of Benefits by DATES OF SERVICE. SWSCHP strongly advises members to keep copies of all checks, Explanation of Benefits forms and other correspondence related to your medical and hospital claims involving Medicare, SWSCHP, SWSCHP/Aetna and/or other insurance coverage.

## SCHOOL DISTRICT CONTACT INFORMATION

<p style="text-align: center;"><b>ARDSLEY</b></p> <p style="text-align: center;">Lee Perini 500 Farm Road Ardsley, NY 10502 295 5555 Fax: 693-8340 perinil@Ardsley schools.org</p>	<p style="text-align: center;"><b>BRONXVILLE</b></p> <p style="text-align: center;">Dawn Mulvey 177 Pondfield Road Bronxville, NY 10708 395-0500 x 3623 Fax: 337-7109 mulveyd@bronxvilleschool.org</p>	<p style="text-align: center;"><b>BYRAM HILLS</b></p> <p style="text-align: center;">Marsha Mento 10 Tripp Lane Armonk, NY 10504 273-4198 x5935 Fax: 273-4199 mmento@byramhills.org</p>	<p style="text-align: center;"><b>DOBBS FERRY</b></p> <p style="text-align: center;">Jacqueline Gibbs 505 Broadway Dobbs Ferry, NY 10522 693-1500 x 3022 Fax: 693-5952 gibbsj@dfsd.org</p>
<p style="text-align: center;"><b>EASTCHESTER</b></p> <p style="text-align: center;">Kathleen Fradera 580 White Plains Road Eastchester, NY 10709 793-6130 x 4210 Fax: 395-0299 kfradera@eastchester.k12.ny.us</p>	<p style="text-align: center;"><b>EDGEMONT</b></p> <p style="text-align: center;">Anne McMahon 300 White Oak Lane Scarsdale, NY 10583 472-7767 x 4417 Fax: 472-6846 amcmahon@mail.edgemont.org</p>	<p style="text-align: center;"><b>GREENBURGH CENTRAL</b></p> <p style="text-align: center;">Elaine Zuewsky 475 West Hartsdale Ave. Hartsdale, NY 10530 761-6000 x 3110 Fax: 949-1161 ezuewsky@greenburghcsd.org</p>	<p style="text-align: center;"><b>GREENBURGH ELEVEN</b></p> <p style="text-align: center;">Yvonne Brooks PO Box 501 Dobbs Ferry, NY 10522 693-8500 x 268 Fax: 693-9468 ybrooks@greenb.lhric.org</p>
<p style="text-align: center;"><b>HARRISON</b></p> <p style="text-align: center;">Michelle DeCarlo 50 Union Avenue Harrison, NY 10528 914 630-3013 Fax: 835-2715 decarlom@harrisoncsd.org</p>	<p style="text-align: center;"><b>HASTINGS</b></p> <p style="text-align: center;">Filomena Righetti 27 Farragut Avenue Hastings on Hudson, NY 10706 914 478-6211 Fax: 478-6219 righettif@hastings.k12.ny.us</p>	<p style="text-align: center;"><b>HAWTHORNE</b></p> <p style="text-align: center;">Jennifer Cristofano 226 Linda Avenue Hawthorne, NY 10532 914 749-2914 Fax: 749-2910 benefits@hcks.org</p>	<p style="text-align: center;"><b>IRVINGTON</b></p> <p style="text-align: center;">Maria Laski 40 North Broadway Irvington, NY 10533 914 591 8705 Fax: 591 4359 Maria.laski@irvingtonschools.org</p>
<p style="text-align: center;"><b>MOUNT VERNON</b></p> <p style="text-align: center;">Fran Freitas 165 North Columbus Ave. Mt. Vernon, NY 10553 914 665-5341 Fax: 665-3395 ffreitas@mtvernoncsd.org</p>	<p style="text-align: center;"><b>MT. PL. BLYTHEDALE</b></p> <p style="text-align: center;">Andrea Aitken 95 Bradhurst Avenue Valhalla, NY 10595 347-1800 x 81301 Fax: 592-5484 aaitken@mpbschools.org</p>	<p style="text-align: center;"><b>MT. PL. CENTRAL</b></p> <p style="text-align: center;">Rosemary Whalen Westlake Drive Thornwood, NY 10594 914 773-7894 Fax: 769-3733 rwhalen@mtplcsd.org</p>	<p style="text-align: center;"><b>MT. PL. COTTAGE</b></p> <p style="text-align: center;">Kim Johnson PO Box 8-1075 Broadway Pleasantville, NY 10570 769-0456 x 202 Fax: 769-7853 kjohnson@mpcs.org</p>
<p style="text-align: center;"><b>PELHAM</b></p> <p style="text-align: center;">Astrid Denison (ext.1146) Amy Heese (ext. 1144)-retirees 575 Colonial Avenue Pelham, NY 10803 914 738-9140 Fax: 738-2384 adenison@pelhamschools.org. aheese@pelhamschools.org</p>	<p style="text-align: center;"><b>PORT CHESTER RYE</b></p> <p style="text-align: center;">Danielle Cambareri 113 Bowman Avenue PO Box 246 Port Chester, NY 10573 914 934-7908 Fax: 939-9240 dcambareri@pcschools.lhric.org</p>	<p style="text-align: center;"><b>RYE CITY</b></p> <p style="text-align: center;">Bertha Zevallos 411 Theodore Fremd Ave Suite 100S Rye, New York 10580 914 967-6100 ext. 6283 Fax: 967 6957 zevallos.bertha@ryeschools.org</p>	<p style="text-align: center;"><b>RYE NECK</b></p> <p style="text-align: center;">Karen Lybrand 310 Hornidge Road Mamaroneck, NY 10543 914 777-5251 Fax: 777-5201 klybrand@ryeneck.k12.ny.us</p>
<p style="text-align: center;"><b>TARRYTOWN</b></p> <p style="text-align: center;">TBD 200 North Broadway Sleepy Hollow, NY 10591 914 332-6245 Fax: 332-6542 jbarreto@tufsd.org</p>	<p style="text-align: center;"><b>TUCKAHOE</b></p> <p style="text-align: center;">Kim Cook 65 Sinoway Boulevard Tuckahoe, NY 10709 337-6600 x 1257 Fax: 337-5735 cookk@tuckahoe.lhric.org</p>	<p style="text-align: center;"><b>WHITE PLAINS</b></p> <p style="text-align: center;">Tina Manorqui 5 Homeside Lane White Plains, NY 10605 914 422-2047 Fax: 422-2382 tinamanorqui@wpcsd.k12.ny.us</p>	

**SWSCHP EXECUTIVE COMMITTEE**

**OFFICERS**

**President:**

**Dr. Lou Wool** , Supt.

Harrison UFSD

**Fiscal Officer :**

**Mr. Dan Carlin**, Ass't. Supt.

Bronxville UFSD

**MEMBERS**

**Dr. Kristopher Harrison**, Supt.

Irvington UFSD

**Ms. Maura McAward**, Ass't. Supt.

Port Chester UFSD

**Ms. Ann Vacarro-Teisch**, Ass't Supt.

White Plains City Schools

Two Vacancies to be filled in 2017

**BENEFITS COMMITTEE**

**Dr. Kris Harrison, Chairperson**

Irvington UFSD

**Ms. Kerry Broderick\***

White Plains-NYSUT

**Mr. Jeffrey Yonkers\***

Mt. Vernon City Schools-NYSUT

**Ms. Adele Herzenberg\***

White Plains City Schools-CSEA

**\* Employee Representatives**

**Other Employee Representatives:**

**Mr. Mitchell Combs, Port Chester-SAANYS**

**Dr. Chris Tyler, Harrison-NYSUT**

**Richard Benedict**

Retiree Representative

**PLAN ADMINISTRATOR**

**Wright Risk Management Co., LLC**

**12 Metro Park Road, Suite 104**

**Colonie, NY 12205**

**EXECUTIVE DIRECTOR**

**Dr. Norman Freimark**

**c/o Wright Risk Management**

**12 Metro Park Road, Suite 104**

**Colonie, New York 12205**

**1 800 814 6265**

**email: nfswschp@hotmail.com**

STATE-WIDE SCHOOLS COOPERATIVE HEALTH PLAN  
WRIGHT RISK MANAGEMENT COMPANY, LLC  
12 METRO PARK ROAD, SUITE 104  
COLONIE, NEW YORK 12205

**PROVIDING OVER 29 DEDICATED YEARS OF  
SERVICE TO OUR DISTRICTS AND MEMBERS**

as follows for 2017: (See the chart below or the 2017 SBC at [SWSCHP.ORG](http://SWSCHP.ORG) for more details.)