

# THE WIRE



4th District IBEW Health Fund  
**KEEPING YOU WIRED TO BENEFITS  
NEWS AND INFORMATION**

Winter 2011

The Board of Trustees of the 4th District IBEW Health Fund is pleased to bring you this issue of *the Wire*. In this issue, we encourage you to take advantage of all the Plan has to offer, including the benefits the Plan covers at 100%. In addition, look for tips on how to stretch your prescription drug dollars and how to get the most value from using PPO plan providers. If you have any questions or want to learn more about your benefits, call **1-888-466-9094** or **1-304-525-0331**, or access your Member Dashboard at [www.4thdistricthealthfund.com](http://www.4thdistricthealthfund.com) Note: If you have not already registered on the site, you must do so before you are able to login to your personalized Member Dashboard.

## Health Corner

### One Hundred Percent (100%)—Now That's Great Coverage!

The Plan has you covered from head to toe, offering medical, dental, vision, and prescription drug benefits to help you and your family stay healthy. Some services are covered at 100%. This means there's no deductible for you to pay—the Plan covers the full cost of services. For instance:

- > The Plan covers 100% of the cost for many preventive well-care services when performed by in-network medical providers, like immunizations, routine physical exams, and certain cancer screenings.
- > The following preventive dental care is covered at 100%:
  - Oral exams and routine cleanings, twice per calendar year,
  - Bitewing x-rays and fluoride applications, once per calendar year, and
  - Sealants and full mouth x-rays, once every three consecutive calendar years.
- > An annual eye exam is paid at 100% when given by a National Vision Administrators (NVA) provider. Discounts for other vision services and supplies are also available when NVA providers are used. To locate a vision care provider, call NVA at **1-800-672-7723** or visit NVA's website at [www.e-nva.com](http://www.e-nva.com).
- > The Fund's Member Assistance Program (MAP) is provided through ComPsych® at no cost to you and your family members. You get up to five sessions with a MAP counselor, free of charge, with whom you can discuss personal concerns and relationship

issues—*all in confidence*. You can also use the MAP as a resource for many work-life issues you may be facing—such as finding child or elder care or planning for college and estate planning. ComPsych is also your gateway to access any treatment you or a family member may need for mental health and substance abuse. MAP counselors are available 24 hours a day, 7 days a week. Call **1-877-627-4239** to speak with a counselor. To learn more about the MAP, visit [www.guidanceresources.com](http://www.guidanceresources.com) and enter in the Fund ID, "MAP\_4\_IBEW."

- > Need help quitting smoking? You and your adult dependents are eligible to participate in the Free & Clear Quit For Life® Program. You have 100% coverage for:
  - Up to five coaching calls from a Quit Coach,
  - On-line support via the Free & Clear website—[www.freeclear.com](http://www.freeclear.com), and
  - One course of a pre-determined dosage of non-prescription Nicotine Replacement Therapy (such as the patch, gum, or lozenges) upon recommendation of a Quit Coach.

You also have coverage for smoking cessation products that are prescribed by your doctor when you have your prescriptions filled at a Sav-Rx retail network pharmacy. You will be responsible to pay the same copayment as you would for any other prescribed medication.

Remember to take advantage of your valuable health care benefits.

## Benefit Tips

### Use Anthem PPO Providers & Save

It's a good deal. When you use Anthem PPO providers, you save money. Since network providers charge discounted rates for services, the bill for service is less. Then, because you received the services from a network provider, the Plan covers 80% of the covered medical expenses after you meet your in-network calendar year deductible. Easy, right? You save by paying a small percentage of an already reduced bill and having a lower calendar year deductible applied.

If you haven't done so already, now may be a good time to check and see if the providers you use are in-network, and, if not, find a provider who is.

Recently, the process for finding an Anthem PPO Provider changed. Here's what you need to do:

- 1 Go to [www.anthem.com](http://www.anthem.com).
- 2 Click on "Find a Doctor" on the right-hand side and then click "GO."
- 3 Click on "Yes" in the Security Information box.
- 4 Click on "Search the National BlueCard Directory" under the "OR...National Directories" heading and then click "Next."
- 5 Under "Select a Plan," enter "FDU" in the Identification Prefix box on the ProviderFinder page and click "Next."
- 6 Fill in the blanks with your address or select the state and county from the pull-down menus and click "Next."
- 7 Select the type of provider from the pull-down box choices ("All Providers," "Physician or Other Medical Professional," or "Hospital, Clinic or Other Medical Facility").
- 8 You can then select from several general or specialty categories.

If you have any questions about the process or are having trouble with the provider search tool, contact Anthem at **1-800-810-2583**.

### Enhanced Plan Coverage

Here's a brief summary of Plan changes that have been in effect since October 1, 2010, as a result of health care reform:

- > The Plan covers eligible dependent children up to age 26, except for dependents who have employment based coverage and are not full-time students,
- > The Plan doesn't exclude benefits or deny coverage for children under age 19 because they have a preexisting condition, and
- > The following coverage limitations no longer apply:
  - The \$2,000,000 overall lifetime maximum,
  - The \$10,000 lifetime maximum for substance abuse treatment,
  - The \$750 annual limit for dental benefits does not apply to pediatric oral care, and
  - The \$200 per day limit on outpatient mental health and substance abuse treatment.

These Plan changes offer you enhanced benefits coverage that could significantly reduce your out-of-pocket expenses.





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## Rx Update

### Is a Generic Right For You?

New generic medications come into the market all the time, as the patents on brand name drugs expire. A recent review of the Fund's prescription drug utilization and expenses revealed that some members are taking high-cost, brand name medications even though there is a generic equivalent available. Whether you're currently on medication, or have a new script to fill, ask your doctor if a generic equivalent is available and the right choice for you. If it is, you'll pay less out of your pocket when you fill the prescription since your copayment is substantially less for a generic drug. This table shows how you can save with generics and by using mail order for longer-term medications:

	Retail (34-day supply) You Pay*	Mail Order (90-day supply) You Pay
<b>Generic</b>	10% (\$10 minimum)	\$15
<b>Preferred Brand</b>	20% (\$15 minimum)	\$50
<b>Non-Preferred Brand</b>	30% (\$30 minimum)	\$65

\* The maximum you pay for any retail prescription is \$100. You get up to a 34-day supply or 100 units, whichever is greater.

When it comes to price, there's a big difference between generic and brand name drugs. The U.S. Food and Drug Administration reports that on average, the cost of a generic drug is 80% to 85% lower than the brand name product. That difference significantly affects the amount you'll pay at retail for a drug, since our Plan's copayment is based on a percentage of the discounted drug cost.

For example, assume you need a drug that costs \$150 as a non-preferred brand, and is available as a generic for \$50. If you fill your prescription with the non-preferred brand at retail, your copay is **\$45** (\$150 x 30%). However, if you take the generic equivalent, your copay is just **\$10** (the minimum copay since \$50 x 10% is \$5). **That's a \$35 savings!**

The next table is a comparison of the most common non-preferred, brand name medications our members use and the generic equivalents. The "Cost Difference" column represents potential savings for you and the Fund. These two examples illustrate how much you can save:

- > If you had taken Lansoprazole, the generic alternative to Prevacid for the treatment of acid reflux, your out-of-pocket cost would have been **\$10** a month (\$120/year) instead of **\$100.77** a month (\$335.90 x 30%, or \$1,209.24 per year).
- > If you had taken Fluoxetine, the generic alternative to Prozac for the treatment of depression, your out-of-pocket cost would have been **\$10** a month (\$120/year) instead of **\$54.35** a month (\$181.17 x 30%, or \$652.21 per year).



Non-Preferred Brand	Average Brand Cost	Generic Alternative(s)	Average Generic Cost	Cost Difference	Used to Treat
Prevacid (30 tablets)	\$335.90	Lansoprazole	\$48.61	\$287.29	Acid Reflux
Prozac (30 tablets)	\$181.17	Fluoxetine	\$11.86	\$169.31	Depression
Synthroid (30 tablets)	\$21.75	Levothyroxine	\$3.50	\$18.25	Thyroid Disorder
Ambien (30 tablets)	\$165.85	Zolpidem	\$18.85	\$147.00	Sleep Aid
Coumadin (60 tablets)	\$69.99	Warfarin	\$12.30	\$57.69	Anticoagulant
Dilantin (120 tablets)	\$53.22	Phenytoin	\$12.40	\$40.82	Seizure Disorder
Lortab (120 tablets)	\$157.38	Hydrocodone/APAP	\$17.96	\$139.42	Pain
Valtrex (21 tablets)	\$252.90	Valacyclovir	\$75.33	\$177.57	Viral Infection
Fosamax (4 tablets)	\$84.63	Alendronate	\$22.95	\$61.68	Osteoporosis
Ortho-Tri-Cyclen (28 tablets)	\$71.36	Tri-Nessa, Tri-Sprintec, Tri-Previfem	\$12.01	\$59.35	Birth Control

If you are taking one of the medications above, or any non-preferred brand name medication, talk to your doctor about taking a generic alternative instead. It could mean big savings.

**Note:** If the actual retail cost of a medication is less than the minimum copay amount, you are responsible to pay the actual cost of the medication plus the dispensing fee. For example, since the average cost for the generic Levothyroxine is \$3.50, you will pay \$3.50 plus the pharmacy dispensing fee, not the \$10 minimum copay.

Whenever possible, get your prescriptions filled at Sav-Rx retail network pharmacies or through the Sav-Rx mail order program. Benefits are not payable for prescriptions filled at pharmacies that are not in the Sav-Rx network. Check to make sure that your pharmacy is part of the Sav-Rx network **before** filling your prescription. If you do not fill your prescription at a Sav-Rx network pharmacy, you may request reimbursement for certain out-of-pocket costs through your HRA.