

ARLINGTON CENTRAL SCHOOL DISTRICT
ANNOUNCEMENTS
June 7, 2019

BENEFITS DEPARTMENT
486-4460 Ext. 20135 or 20153

Medical/Prescription ID Cards

By now you should have received your new Empire BCBS (Anthem, Inc.) Medical and Prescription Identification Card. IngenioRx is replacing Express Scripts as the new pharmacy benefit manager, provider of your drug benefits, including mandatory mail order prescription drugs and specialty medications.

Begin using the new ID card you received immediately and provide it to your local pharmacies to ensure they have your updated ID card information on file. Destroy your old card.

Reminders:

- Begin using your new ID card immediately – do not wait until July 1, 2019
- All open refills and prior authorizations for traditional and specialty medications will transfer from Express Scripts to IngenioRx. If a prescription is due to expire on or before June 30, 2019, ***it will not transfer and a new prescription will be required.***
- Additional notices will be sent by Empire BCBS to all members who utilize mail order. Be sure to carefully read these notices as they provide guidance on the required steps to ensure there is no disruption to the mail order delivery process through IngenioRx beginning July 1, 2019.

Important:

- Your payment information (i.e., credit card information) will **not** be transferred over to IngenioRx. Members will need to log-in to Ingenio and add their credit card information.
- Automatic refills will **not** transfer over with existing prescriptions. Automatic refill is the process by which refills are automatically processed and dispensed via mail order as a member's current Rx supply dwindles down. This is **not** to be confused with the transfer of **open scripts**, which **is** occurring. **If a member has a current mail order script with Express Scripts which extends beyond the July 1, 2019 transition date, that script will be transferred over to Ingenio Rx, removing the need to have a new prescription sent in by your doctor.**

There are ***no changes*** to your current benefit design. The prescription drug formulary (list of medications currently allowed under the plan) will remain unchanged.

If you have questions, contact IngenioRx through the message center at empireblue.com or call the number listed on the new card you recently received.

**HEALTH INSURANCE
ELIGIBILITY RULES UNDER THE EMPIRE BLUECROSS/BLUESHIELD PLANS
(Alt PPO, Healthy Advantage, EPO Select 20)**

486-4450 Ext. 20135 or 20153

Employees and Retirees who participate in the above health insurance plans may make a change to their **health plan** or **category of coverage** **ONCE** per year during the Open Enrollment Period in **April**. Changes at any other time are only permitted if there is a **qualifying event**.

Open Enrollment – A one-month period each year when eligible employees and retirees may elect coverage for themselves and their eligible dependents under one of the health plans offered or change the category of coverage from Individual to Family or Family to Individual.

The changes made during the April Open Enrollment period are effective July 1st.

Health Plan – Empire BC/BS Plans;

1) Alt PPO (Teaching Assistants ONLY), 2) Healthy Advantage, or 3) EPO Select 20

Category of Coverage – Individual or Family

Qualifying Event – an event that permits changes at a time other than the yearly Open Enrollment Period.

- a) Marriage;
- b) Divorce;**
- c) Death of the Eligible Employee or their Spouse or other eligible dependent;
- d) the entrance into or termination of a domestic partnership by the Eligible Employee;
- e) the death of a coverage Eligible Dependent of an Eligible Employee;
- f) the birth or adoption of an Eligible Child;
- g) a coverage Eligible Child reaching the Maximum Age;
- h) a change in status event¹ including change of employment status, which include events that change the status of the employee, the employee's spouse, or the employee's dependent; with the consequences that the individual becomes (or ceases to be) eligible under the plan, including a commencement of or return from an unpaid leave of absence;
- i) a Qualifying Termination of Coverage if the Eligible Employee or Qualified Dependent is covered under another plan. A Qualifying Termination of Coverage for such another plan includes:
 - (i) the termination of that other plan; or
 - (ii) the termination of the employment of the person through whom the coverage was obtained; or
 - (iii) the reduction of hours of employment of the person through whom the coverage was obtained, making them ineligible to continue coverage under such other plan; or
 - (iv) the coverage was provided in accordance with continuation of coverage required by federal or state law and was exhausted.

****Changes must be made in writing within sixty (60) days of the Qualifying Event.****

If you have a qualifying event, notify the Benefits Department immediately. For example; in the case of a divorce, once you receive the Court Directed Final Judgment signed and dated by the Judge, contact the Benefits Department. You will be sent a Change in Enrollment Form. This form must be submitted to the Benefits Department along with a copy of the final judgment and Stipulated Agreement and/or Domestic Relations Order.

*If you **DO NOT** submit the necessary documents to remove an ineligible spouse within sixty (60) days, you will be liable for any medical bills incurred after the date of the Qualifying Event.*