2019-2020 Newsletter
Romeo Community Schools
TPOAM Union Employees

We are pleased to provide you with Romeo Community Schools Newsletter for the 2019-2020 plan year. The contents of this newsletter will provide you with an outline of the comprehensive benefits package offered by Romeo Community Schools. In our continuing effort to keep you informed about our benefits program, we ask that you review this information closely. All detailed benefit summaries are available upon request. Should you have any questions please contact The Timberland Group or Human Resources.

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2019-2020 Benefit Highlights

- Medical - Blue Care Network
- Prescription - EHIM
- Dental - ABS
- Vision - ABS
- Life, AD&D - NIS
- LTD - NIS
- Employee Assistance Program & Identity Theft - NIS

If you do not enroll in coverage at the time you are first eligible, you must wait until our next annual open enrollment period, unless you experience a qualified family status change.

What is a Family Status Change?

A family status change for you or your dependents would include events such as marriage, death, divorce, legal separation, birth, adoption or loss of other group coverage. Please note that insurance companies and the IRS require you to notify Romeo Community Schools of any changes in family status within 30 days of a qualifying event (60 days for a COBRA or SCHIPS qualifying event). If you do not notify us within this timeframe, you will not be eligible to enroll yourself or your dependents until the next Open Enrollment Period.

Medical Plan

	Blue Care Network	
Your Costs	**BCN Plan**	**BCN HRA Plan**
Annual Deductible	$1,000 Single/ $2,000 Family	$0 Single/ $0 Family
Coinsurance	80% Covered	100% Covered
Annual Out-of-Pocket Maximum (includes deductible, coinsurance & all copays)	$3,000 Single/ $6,000 Family	Employee is responsible for Copays
At The Doctor		
Preventive Services	100% Covered	100% Covered
Office Visits	$30 Copay	$10 Copay
Specialists	$30 Copay after deductible	$10 Copay
Routine Mammogram	100% Covered	100% Covered
Urgent Care	$50 Copay	$10 Copay
Lab & X-Ray	80% Covered after deductible	100% Covered
Chiropractic (When referred) 20 Visits	$30 Copay after deductible	$10 Copay
At the Hospital		
Inpatient/Outpatient	80% covered after deductible	100% covered
Substance Abuse	80% covered after ded-Inpatient $30 Copay-Outpatient	100% Covered
Surgery	80% covered after deductible	100% covered
Emergency	$100 Copay after deductible	$50 Copay
At the Pharmacy	**EHIM**	
Tier 1-Generic Drugs	$10 Copay	$10 Copay
Tier 2-Preferred Brand	$20 Copay	$20 Copay
Tier 3-Non-Preferred Brand	$40 Copay	$40 Copay
Tier 4 –Specialty	20% Copay	20% Copay
Annual Out –of-Pocket (Essential Health Benefits)	$4,900 Single / $9,800 Family	$4,900 Single / $9,800 Family

Blue Care Network of Michigan

Find a Provider

- Go to www.bcbsm.com
- Select “Find a Doctor”
- Select “Blue Care Network (HMO)”

EHIM Pharmacy Benefits. Managed.

Your Rx Benefit Update

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154 :: 800-311-3446 :: 248-948-9900 :: www.ehimrx.com

Effective: 7/1/2019

Please note that your prescription benefits are going to be changing. This summary highlights the changes that will take effect. In addition to the plan changes, we have summarized your current prescription benefit in its entirety for your reference.

Summary of Changes

- Increase in the Out of Pocket Maximum

Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be the lowest for generic prescriptions and highest for medications that are considered Non-Preferred under your plan design. Below highlights your plan's copay levels:

Customer Service

800-311-3446 • 24/7/365

As a reminder, EHIM's main goal is that our members receive the best customer service possible. Your understanding of your prescription benefit plan is most important to EHIM. We strongly encourage you to ask as many questions regarding your coverage so there are no surprises as you fill your prescriptions at the pharmacy. For your convenience, our help desk has a representative available ***24 hours a day, 7 days a week, 365 days a year.***

Our toll free number is 1-800-311-3446 and is ***printed on the front of your ID card*** for easy reference.

$10	Copayment on any generic medication
$20	Copayment on any Preferred Brand Medication
$40	Copayment on any Non-Preferred Brand Medication
$40	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when an exact generic is available) The *physician* will indicate "DAW" or "Dispense as Written" on the prescription.
$10	Copayment **plus the difference** in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when an exact generic is available) The *patient* indicates the brand to be dispensed. DAW penalty does not count towards the OOP Max
$20	Copayment on all Specialty Medications (Example: Oncology, Multiple Sclerosis, Organ Transplant) Please contact EHIM at **800-311-3446**
$0	Copayment on any medication covered under the EHIM OTC program
Generic $20 Brand $40 NP Brand $80	Standard Copayment for all eligible maintenance medication filled in a three month supply. Brand & Generic eligible maintenance medications can be filled through the Local Retail Pharmacy or through Mail Order in order to obtain them in a 3 month supply.
Single $4,900 Family $9,800	Out of Pocket Maximum: Once a member/contract meets the amount in pharmacy copays and medical spend combined that member/contract will have a $0 copay on all eligible medications for the rest of the plan year. One person in a 2-person/Family contract will be capped at the single amount and the rest of the members under the contract will have to meet the other remaining amount combined.

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Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. Medications that are subject to quantity limits are to help ensure these medications are not utilized inappropriately or recommended maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by our licensed, clinical staff.

EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies and most independent pharmacies. You may visit our website at www.ehimrx.com for our National Pharmacy Directory and Pharmacy Locator tool.

EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at www.ehimrx.com.

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Did You Know...?

OTC Medications available for $0 COPAY

How to Use the OTC Program:

1. If you are currently using a prescription Anti-Ulcer or Allergy medication, talk to your physician about using an Over-the-counter (OTC) treatment.
2. If your physician believes an OTC treatment is right for you, ask them to write a prescription for the OTC medication. (OTC must be written on the script).
3. Present that prescription to the pharmacist.
4. The pharmacist will bill the prescription to EHIM.
5. **You will receive the OTC product for a $0 copay!**

You can receive certain Over-the-counter (OTC) medications for a **$0** copay. Your prescription drug program through EHIM provides coverage for certain OTC Anti-Ulcer and Allergy medications. These OTC medications are considered to be therapeutically equivalent to those medications available by prescription only.

To help reduce some of your current out of pocket costs, you may want to consider utilizing a medication available through the OTC program instead of your prescription medication.

Anti-Ulcer (Acid-Reflux) Medications	
If you take: • Dexilant • Nexium	**You are currently paying:** **$40 Copay**
If you change to: • Axid (nizatidine) • Pepcid AC & Complete (famotidine) • Prevacid OTC (lansoprazole) • Prilosec OTC (omeprazole OTC) • Tagamet (cimetidine) • Zantac (ranitidine) • Zegerid OTC (omeprazole/sodium bicarbonate)	**You would pay:** **$0 Copay**
Allergy Medications	
If you take: • Flonase Nasal Inhaler • Nasacort AQ • Nasonex Nasal Inhaler • Rhinocort Aqua Nasal Inhaler • Veramyst Nasal Inhaler • Xyzal	**You are currently paying:** **$40 Copay**
If you change to: • Alavert (loratadine) • Alavert-D (loratadine-D) • Allegra (fexofenadine) • Allegra-D (fexofenadine-D) • Benadryl (diphenhydramine) • Claritin (loratadine) • Claritin-D (loratadine-D) • Nasacort Allergy 24 HR • Zyrtec (cetirizine) • Zyrtec-D (cetirizine-D)	**You would pay:** **$0 Copay**

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List of Preventive Care Drugs - Covered for $0.00 copayment

With preventive care services under the Affordable Care Act, several therapeutic classes of medications must have therapies available to members without any member cost-share. In short, the following list of medications are available to members for a $0 copayment. If a member opts to use a medication within these therapy classes and the medication is NOT listed below, the member will have a cost-share based on the plan design **$20**. However, in the case of the contraceptives, this list is merely a guide and not all-inclusive. Members are encouraged to speak to their providers regarding the treatment that best fits their needs.

Rx Name	Drug Type
Contraceptives - Oral ($0.00 Copay)	
apri	Generic
aranelle	Generic
aviane	Generic
azurette	Generic
balziva	Generic
camila	Generic
caziant	Generic
cesia	Generic
cryselle-28	Generic
enpresse-28	Generic
errin	Generic
gianvi	Generic
gildess FE 1/20	Generic
gildess FE 1.5/30	Generic
heather	Generic
jolivette	Generic
jolessa	Generic
junel 1/20	Generic
junel FE 1/20	Generic
junel 1.5/30	Generic
junel FE 1.5/30	Generic
kariva	Generic
kelnor 1/30	Generic
leena	Generic
levora	Generic
low-orgestrel	Generic
lutera	Generic
microgestin 1/20	Generic
microgestin 1.5/30	Generic
microgestin FE	Generic
microgestin FE 1.5/30	Generic
mononessa	Generic
necon 0.5/35-28	Generic
necon 1/35-28	Generic
necon 1/50-28	Generic
necon 10/11-28	Generic
necon 7/7/7	Generic
nora-BE	Generic
norinyl	Generic
nortrel 0.5/35 (28)	Generic
nortrel 1/35 (21)	Generic
nortrel 1/35 (28)	Generic
nortrel 7/7/7	Generic
ocella	Generic
ogestrel	Generic
orsythia	Generic
portia	Generic
quasense	Generic
reclipsen	Generic
solia	Generic
sprintec-28	Generic
sronyx	Generic
tilia FE	Generic
tri-legest FE	Generic
trinessa	Generic
tri-sprintec	Generic
tri-lo-sprintec	Generic
trivora-28	Generic
velivet	Generic
zenchent	Generic
zenchent FE	Generic
zovia 1/35E	Generic
zovia 1/50E	Generic
Contraceptives - Patch ($0.00 Copay)	
Ortho Evra	Brand
Contraceptives - Ring ($0.00 Copay)	
Nuvaring	Brand

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Rx Name	Drug Type
Contraceptives - Diaphragm ($0.00 Copay)	
Femcap	Brand
Ortho All Flex	Brand
Ortho-Diaphragm	Brand
Contraceptives - Emergency ($0.00 Copay)	
levonorgestrel, next choice	Generic
Contraceptives - Implantable ($0.00 Copay)	
Paraguard	Brand
Nexplanon	Brand
Contraceptives - Injectable ($0.00 Copay)	
medroxyprogesterone	Generic
Smoking Cessation - Oral ($0.00 Copay)	
bupropion SR 150	Generic
Chantix Starting Pack	Brand
Chantix Continuing Pack	Brand
Smoking Cessation - Inhaler ($0.00 Copay)	
Nicotrol	Brand
Smoking Cessation - Gum ($0.00 Copay)	
Nicotine Gum	OTC
Smoking Cessation - Lozenge ($0.00 Copay)	
Nicotine Lozenge	OTC
Smoking Cessation - Patch ($0.00 Copay)	
Nicotine Patch	OTC

Rx Name	Drug Type
Statins ($0.00 Copay, Men & Women Age 40-75, Effective 1-1-18)	
atorvastatin 10mg, 20mg	Generic
fluvastatin 20mg, 40mg	Generic
fluvastatin ER 80 mg	Generic
lovastatin 10mg, 20mg, 40mg	Generic
pravastatin 10mg, 20mg, 40mg, 80mg	Generic
rosuvastatin 5mg, 10mg, 20mg, 40mg	Generic
simvastatin 5mg, 10mg, 20mg, 40mg	Generic
Preventive Medications ($0.00 Copay)	
aspirin 81mg (males 45-79 yrs, females 55-79 yrs)	Generic
folic acid .4mg - .8mg (females 18-45 yrs)	Generic
iron supplement (6mos - 1yr)	Generic
oral fluoride (under 5yrs old)	Generic
vitamin D (65 years or older)	Generic
tamoxifen	Generic
Bowel Prep Agents (Men & Women Age 50-75)	
gavilyte	Generic
gavilyte N/flavor pack	Generic
gavilyte-G	Generic
PEG 3350/electrolytes	Generic
PEG 3350NACL/NA	Generic
bicarbonate/KCL	Generic
trilyte	Generic

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Commit to Quit.

In an effort to support the wellness of our employees, we are pleased to announce that we are offering a Smoking Cessation program! The smoking cessation benefits will include the following:

Both over the counter (OTC) medications and prescription medications are covered!

Sample of Over-the-Counter (OTC) Medications Included:	
• Commit 2mg Lozenges	$0
• Commit 4mg Lozenges	$0
• Nicotine 7/24 Hr. TD Patch	$0
• Nicotine 14/24 Hr. TD Patch	$0
• Nicotine 21/24 Hr. TD Patch	$0
• Nicotine Polacrilex 2mg (Nicotine Gum)	$0
• Nicotine Polacrilex 4mg (Nicotine Gum)	$0

Sample of Prescription Medications Included:	
• bupropion hcl 150mg SA	$0
• Chantix Continuing Pack	$0
• Chantix Starting Pack	$0
• Nicotine Cartridge Inhaler	$0
• Nicotine Nasal Inhaler	$0

Talk to your physician about which treatment may be right for **you**!

How to Use the Smoking Cessation Program:

1. Talk to your doctor about which anti-smoking treatment may be right for you.
2. Obtain a prescription for either the over the counter (OTC) medication or the prescription strength medication.
3. Present that prescription to the pharmacist.
4. Pharmacist will bill the prescription to EHIM.
5. You will receive the medication for a $0.00 copay.

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Date Created: 05/22/2019

Dental Plan

Coverage	Based on Dente Max Approved Fees	Based on Reasonable and Customary Fees
Type A-Preventative	70% Covered	70% Covered
Type B–Basic & Major	60% Covered	60% Covered
Orthodontic Services	80% Covered	80% Covered
Annual Deductible (Applies to Type A, Type B and Orthodontic Services) (per Calendar year)	$25 Individual/$50 Family	$25 Individual/$50 Family
Annual Maximum Benefits (Applies to Type A & Type B) (per Calendar year)	$1,000 per person	$1,000 per person
Lifetime Orthodontic Maximum	$1,000 per person (Up to age 19)	$1,000 per person (Up to age 19)

Type A-Preventative

- Oral Exams, Cleanings
- Prophylaxis
- Space Maintainers
- Fluoride Treatments
- Palliative treatment

Type B-Basic & Major

- Fillings
- Full Mouth X-rays
- Periodontal Maintenance
- Other Basic Services
- Relines and Repairs
- Root Canals
- Periodontics Services to treat gum disease
- Extractions and dental surgery
- Crowns, Inlays, Onlays
- Sealants
- Prosthodontic Services-Bridges, implants, and dentures

Find a Provider

1. Go to “www.dentemax.com”
2. Select “Find a Dentist”
3. Enter your Zip Code

ROMEO COMMUNITY SCHOOLS

Vision Plan

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Vision Services	Based on Reasonable & Customary Fees
Exam (every 12 months)	80 % Covered
Lenses (every 12 months)	80 % Covered
Frames (every 12 months)	80 % Covered ($130 allowance maximum)
Contact Lenses (Elective) (every 12 months)	$32 per lens allowance
Contact Lens Lifetime Maximum Benefit	$250

Life / Accidental Death & Dismemberment (AD&D) and Long Term Disability (LTD)

NATIONAL INSURANCE SERVICES

Romeo Community Schools provides eligible employees with Life / AD&D, and LTD coverage. Your employer pays your Group Life and AD&D premium. The insurance carrier for these coverages is NIS.

		Benefit Amount
Life Insurance/AD&D		
8-Hour employee with health coverage		$30,000
8-hour employee with NO health coverage		$60,000
6-8 hour employee with health coverage		$17,500
6-8 hour employee with NO health coverage		$35,000
4-6 hour employee with health coverage		$12,500
4-6 hour employee with NO health coverage		$25,000
2-4 hour employee with health coverage		$7,500
2-4 hour employee with NO health coverage		$15,000
Long Term Disability	Benefits begin on the 91st day	66 2/3% of your basic monthly earnings up to a maximum benefit of $2,500 per month

Employee Assistance Program
Identity Theft

NATIONAL INSURANCE SERVICES

Employee Assistance Program (EAP)

NIS offers confidential guidance and resources for you or an immediate household family member.

- Each call is answered by a masters-level clinician who manages each case from beginning to end, including follow-up.
- Toll-free phone and web access 24/7 **866-451-5465; www.niseap.com Password: NISenhanced**
- Solutions may include meeting with a mental health counselor for up to 3 face-to-face visits, negotiating Medical Insurance benefits, referrals to community resources, attorneys, childcare, eldercare or financial services.
- Some needs or concerns are, but not limited to:

Depression	Alcohol or Drug Addictions
Stress Management	Financial or Legal Concerns
Anxiety	Gambling Problems
Marital Difficulties	Family conflict
Relationship Problems	Child and Elder Care
Parenting Concerns	Eating Disorders

Identity Theft

Identity Theft Services provides valuable guidance and support if participants or their family members suspect they are being victimized. One call to an Identify Theft Certified Risk Management Specialist (available 247) will provide assistance with assessing the situation and creating a plan of action to restore their good name.

Support may include:

- Determine the scope of the problem
- Guidance through the resolution process
- Notification of law enforcement or local governmental agencies
- Filing of Identity Theft Victim's Complaint and Affidavit
- Notify credit bureaus with fraud alerts
- Documentation and follow up

ROMEO COMMUNITY SCHOOLS

Need Help? Who to Contact

Medical	
Blue Care Network www.bcbsm.com	1-800-662-6667
Prescription Drugs	
EHIM www.ehimrx.com	1-800-311-3446
Dental	
ABS www.abs-tpa.com	1-586-693-4335 1-800-645-9978
DenteMax www.dentemax.com	1-800-752-1547
Vision	
ABS www.abs-tpa.com	1-586-693-4335 1-800-645-9978
Life/AD&D/LTD	
National Insurance Services www.nisbenefits.com	1-800-627-3660
Employee Assistance Program	
www.Niseap.com -Password: NISenhanced	1-866-451-5465
Identity Theft	
National Insurance Services	1-855-860-3727

The Timberland Group

1707 W. Big Beaver ◆ Troy, MI 48084

For claims and benefit questions

please contact Client Services at The Timberland Group:

800-695-2921 ext. 142 or customerservice@timberlandgroup.com

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Notes

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This newsletter is a summary of Romeo Community School's benefits. Please refer to your Summary Plan Description (SPD) for complete information on covered charges, limitations, and exclusions. This is not a binding contract for benefits. If a discrepancy exists, the SPD will prevail. If you have any questions, please contact The Timberland Group for additional information.