



Important Notice

Health Trust Plan Benefit Changes

Effective January 1, 2018

To: Health Trust Participants
From: Gregory L'Heureux, Chair, Board of Trustees
Date: October 2017
Re: 2018 Health Trust Plan Benefit Changes

The Maine Municipal Employees Health Trust (MMEHT) Board of Trustees has approved making a number of plan design changes to the Health Trust health, dental, and vision plans. These changes will be effective January 1, 2018.

Why We Are Making These Changes

The Health Trust currently offers seven different health plans to its participating employer groups. These “active” plans provide different levels of benefits to active employees and non-Medicare retirees, with different deductibles, copays, and out-of-pocket expenses. Medicare Retirees are covered under a Group Companion Plan.

The POS A plan is the highest cost “active” plan offered by the Trust. The PPO 2500 plan is the lowest cost “active” plan. According to the Trust’s actuary, there is only a 15% difference in the value of the benefits offered under these two plans, but the premium (cost) for the PPO 2500 plan is 40% lower than the POS A premium. This is also the case with the other lower cost plans (the POS 200, and all PPO plans) offered by the Health Trust: the premiums are less than the value of the benefits offered under each of these plans.

As a result, these plans are underpriced, and the Health Trust either needs to collect more premiums (through rate increases) or change the benefits. The Trust has for several years had a higher percentage rate increase for the lower cost plans than for the higher cost plans. This has helped, but it is a very slow process. For this reason, the Health Trust Board has decided to make some changes to the benefits offered under the health plans, as described below.

Prescription Drug Copays

Prescription drugs accounted for almost 25% of the cost for all Health Trust health plan claims in 2016. The Trust’s actuary has told us that prescription drug costs will continue to increase every year for the foreseeable future, as more and more expensive drugs come to the market.

At the present time, all of the Health Trust’s health plans offer the same prescription drug coverage, even though there is a 40% difference in premium costs between the highest cost plan offered by the Trust and the lowest cost plan. The Board determined that one way to bring the premiums and claims costs into better alignment would be to increase the prescription drug copays for the Trust’s lower cost plans. The prescription drug copays will also be increased for retirees in the Medicare Group Companion Plan.

Other Changes

There will also be a change in the coinsurance maximum under all of the “active” health plans, as shown in the chart on the next page. Coinsurance is a percentage that you will have to pay for certain claims, once you have met your deductible each calendar year. The Board decided not to make any changes to the health plan deductibles at this time, but your total out-of-pocket costs may increase, depending on how many claims you incur (and how much they cost).

The Health Trust will also be eliminating the reduced PCP copays for those members who use Providers of Distinction. In addition, if you are enrolled in the POS 200 plan, your PCP copay will increase from \$15 to \$20. These changes will all help to bring the Health Trust health plan benefits into better alignment with the current premium structure. The chart on the next page outlines the changes that will be made for each of the Health Trust plans.

Health Plan Changes Effective January 1, 2018

The Health Trust Board voted to make the following health plan design changes, effective January 1, 2018. Please refer to your own individual health plan, to see how these changes may affect you and your covered family members. For information on the current health plan designs, please log on to the Health Trust website, at www.mmeht.org.

Although the Board voted to increase the in-network **coinsurance** maximum for all seven health plans, there is no change to the **deductible** amount under any of the plans. The in-network out-of-pocket maximum amount shown in the chart below is the **total** of the in-network deductible and the in-network coinsurance maximum for each plan.

	PCP Copay	In-Network Coinsurance Maximum	In-Network Out-of-Pocket Maximum (Deductible + Coinsurance)	Prescription Drug Copays – 30 day supply *
POS A	No change	From: \$500 single / \$1,000 family To: \$1,000 single / \$2,000 family	From: \$500 single / \$1,000 family To: \$1,000 single / \$2,000 family	No change
POS C	From: \$10 Provider of Distinction/\$15 PCP To: \$15 PCP (no more Provider of Distinction)	From: \$1,000 single / \$2,000 family To: \$1,500 single / \$3,000 family	From: \$1,000 single / \$2,000 family To: \$1,500 single / \$3,000 family	No change
POS 200	From: \$10 Provider of Distinction/\$15 PCP To: \$20 PCP (increase PCP copay; no more Provider of Distinction)	From: \$1,000 single / \$2,000 family To: \$1,500 single / \$3,000 family	From: \$1,200 single / \$2,400 family To: \$1,700 single / \$3,400 family	From: \$4/\$10/\$30/\$50/\$60 To: \$8/\$15/\$35/\$60/\$80 (2x copay for 90 day supply via mail order)
PPO 500	From: \$10 Provider of Distinction/\$20 PCP To: \$20 PCP (no more Provider of Distinction)	From: \$1,000 single / \$2,000 family To: \$1,500 single / \$3,000 family	From: \$1,500 single / \$3,000 family To: \$2,000 single / \$4,000 family	From: \$4/\$10/\$30/\$50/\$60 To: \$8/\$15/\$35/\$60/\$80 (2x copay for 90 day supply via mail order)
PPO 1000	From: \$10 Provider of Distinction/\$20 PCP To: \$20 PCP (no more Provider of Distinction)	From: \$1,000 single / \$2,000 family To: \$1,500 single / \$3,000 family	From: \$2,000 single / \$4,000 family To: \$2,500 single / \$5,000 family	From: \$4/\$10/\$30/\$50/\$60 To: \$8/\$15/\$35/\$60/\$80 (2x copay for 90 day supply via mail order)
PPO 1500	From: \$15 Provider of Distinction/\$25 PCP To: \$25 PCP (no more Provider of Distinction)	From: \$1,500 single / \$3,000 family To: \$2,000 single / \$4,000 family	From: \$3,000 single / \$6,000 family To: \$3,500 single / \$7,000 family	From: \$4/\$10/\$30/\$50/\$60 To: \$8/\$15/\$35/\$60/\$80 (2x copay for 90 day supply via mail order)
PPO 2500	From: \$15 Provider of Distinction/\$25 PCP To: \$25 PCP (no more Provider of Distinction)	From: \$1,000 single / \$2,000 family To: \$2,000 single / \$4,000 family	From: \$3,500 single / \$7,000 family To: \$4,500 single / \$9,000 family	From: \$4/\$10/\$30/\$50/\$60 To: \$8/\$15/\$35/\$60/\$80 (2x copay for 90 day supply via mail order)
Medicare Group Companion Plan	No change	No change	No change	From: \$4/\$10/\$30/\$50/\$60 To: \$8/\$15/\$35/\$60/\$80 (2x copay for 90 day supply via mail order)

* Copays shown are for the following prescription drug tiers:

Tier 1 Select Generic / Tier 1 Standard Generic / Tier 2 / Tier 3 / Tier 4

Remember, you can purchase up to a 90 day supply of your prescription medications for just two copays, when you use the convenient mail order service. You will pay three copays for a 90 day supply of your prescription drugs when you purchase them at the retail pharmacy. See page 4 of this notice for more information.

By making these changes, we are hoping to reduce the overall costs to the plans. We also hope to be able to moderate premium rate increases for 2018. It is important to have the plans priced appropriately for the benefits offered, so that the Trust can continue to run as smoothly as possible in the years ahead.

Additional Plan Changes

In addition to making changes to the Trust's health plans, the Health Trust Board approved adding benefits to the Health Trust's Dental and Vision plans. These changes will also be effective January 1, 2018. **Please check with your employer to determine whether you are eligible to participate in the Health Trust's Dental and/or Vision plans.**

Dental Plan – Addition of Health through Oral Wellness (HOW) Program

The HOW program is offered by Northeast Delta Dental, the third-party administrator for the Trust's Dental plan, and is designed to help members maintain optimal health through education, risk assessment and evidence-based models of care. You will be able to sign up for this program after January 1, 2018. Once you have signed up, you can take an online assessment to see if you might be eligible for additional preventive services.

Patients at risk for oral diseases or medical complications related to oral health are eligible for enhanced preventive benefits through the HOW program, at no additional cost to the member. These benefits may include up to two additional cleanings annually for high risk members, thus allowing these members to receive as many as four preventive cleanings in a year.

Northeast Delta Dental and the Health Trust believe that encouraging and delivering additional preventive care to members who are at greater risk will delay or prevent the need for additional costly dental services in the future. We will provide you with information on how to sign up for the HOW program later this year.

Vision Plan – Additional Benefits

Under the Vision plan offered by the Health Trust through VSP, the in-network allowance for eyeglass frames will increase from \$130 to \$155. The in-network allowance for Featured Frame Brands purchased from a VSP Preferred Provider will increase from \$150 to \$175. The in-network allowance for contact lenses will also increase, from \$130 to \$150.

Effective January 1, 2018, VSP will expand the Affiliate Provider Network for the Trust's plan to include Sam's Club and Wal-Mart. Although the frame allowance will be lower at these two retailers, the overall cost for glasses should also be lower, thus allowing for a comparable out-of-pocket cost for members.

Thank You for Your Participation

As a member of the Health Trust, you are part of a group self-insured plan that is committed to providing its employer groups and participants with superior customer service and quality benefit plans, and to using its strength in numbers to take full advantage of cost saving opportunities in the health care market, today and in the future. **The Board of Trustees appreciates your participation in the Trust.**

If you have any questions about the information contained in this notice, please call the Health Trust Service Representatives, at 1-800-852-8300 (in Maine) or 207-621-2645 (out of state). The Service Representatives are available to assist you Monday through Friday, from 8:00 am until 4:30 pm. You may also contact the Health Trust via email, at MMEHTInfo@memun.org.

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Saving Money with Home Delivery

If you take a prescribed medicine on a regular basis, you can get a 90 day supply delivered right to your home or office via mail order, with free shipping. **It's convenient, safe, and it can save you money!**

Here's all you have to do:

Ask your doctor for a prescription for a 90 day supply of your medication.

If this is a new prescription, you may wish to also get a prescription for a 30 day supply, to be filled at a retail pharmacy while you wait for your first mail order to be processed. Prescriptions can be submitted to the mail order pharmacy by mail or fax, or online at www.express-scripts.com.



Place your order. Log on to www.express-scripts.com. Click on the box labeled "Get Started with Home Delivery." You will need to set up an account with Express Scripts first, before you can register for home delivery. Just follow the prompts to create an account.

You can also complete the *Prescription Drug Mail Order Form* on the Health Trust website at www.mmeht.org. Under the Medical Plans header, select the Prescription Drugs page, and mail the completed form to Express Scripts with your prescriptions.



Pay for your prescription.

You can pay by check, money order or credit card, or enroll for e-check payments.



Important to know:

- If you purchase a 90 day supply of a prescription medication through the mail order service, you will only be charged two copays. If you purchase a 90 day supply at any retail pharmacy, you will be charged three copays. **Using the mail order program can save you money!**
- The amount of the copay you are charged depends on the tier in which your medication falls.
- In most cases, your medicine will be sent to your home within two weeks from the time the home delivery pharmacy gets your order.
- Specialty medications cannot be filled via Express Scripts mail order.
- If you have any questions on the mail order service, you can call the Health Trust Member Service Representatives at 1-800-852-8300, Monday through Friday, 8 a.m. to 4:30 p.m.