COBRA Changes Under the American Recovery and Reinvestment Act of 2009

A new federal law that became effective in February includes several important changes to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Specifically, the law — called the Recovery and Reinvestment Act of 2009 (ARRA) — provides for a premium subsidy for COBRA continuation coverage and additional election opportunities.

You and your insured dependents may be eligible for the premium subsidy for COBRA continuation coverage if you had an involuntary termination of employment during the period from September 1, 2008 through December 31, 2009 and you are eligible for COBRA continuation coverage at any time during that period.

Employers will be notifying those who may be eligible for the premium subsidy under ARRA. The notification will explain subsidy eligibility and the additional election opportunities. To apply for the subsidy, you must submit your completed continuation election forms to your former employer, who will determine your eligibility for the subsidy. More information about ARRA is available on the Department of Labor (DOL) Internet site at: http://www.dol.gov/ebsa/cobra.html.

Medical Emergencies on Vacation: Prepare Before You Leave Town

Are you planning to take some time off and head out on vacation? Before you go, take the time to learn what you will need to know and do in the event of a medical emergency while away from home. For example:

- Take your health plan and prescription drug insurance cards. Be prepared to pay in advance, as not all health care providers will bill your insurance plan.
- Make a list of any medications you take and put this list in your wallet.
- Ask about requirements the plan may have for out-of-area emergency care. Check Section G in your It's Your Choice booklet. Most plans in our group health insurance program have specific requirements about when you must contact them if you receive such care.

Note: Some plans offer access to providers outside of the service area for use in emergencies. These providers should accept your insurance card and not bill you for charges in excess of the plan’s usual, customary and reasonable charges. Contact your plan for more information.

- If you have a medical emergency out of the area while on vacation go to the nearest appropriate medical facility. If required, call your health plan as soon as possible to let them know about the visit.
Use Navitus Card with Discount Prescription Drug Programs

After Wal-Mart introduced its “$4 prescription drug program” in 2006, many other large retail stores, including Walgreens, CVS, Rite Aid, Target, Costco, Safeway and Kroger, developed similar programs. Some pharmacies, like Walgreens and K-Mart, require the customer to enroll in a club or sign up for a membership before any savings can be realized; some may also charge a fee.

With Navitus as your pharmacy benefit manager you can take advantage of these low-cost drug programs and still receive the benefits Navitus offers by using your Navitus prescription drug card when you have a prescription filled at these store pharmacies.

What exactly is a $4-Generics Program? Generally, these programs provide the opportunity to purchase a 30-day supply of drugs from a list of drugs – primarily maintenance drugs and commonly-used antibiotics – that are priced from $0 to $4. Some programs also offer a 90-day purchasing option for $10 or a free antibiotics program.

When you use your Navitus card with these programs, your claims will be processed through the Navitus claims processing system and count towards your out-of-pocket maximum, when applicable. In addition, for drugs that are part of the Navitus formulary, you will only pay the actual cost of drugs, whether that is $4 or something less, instead of the $5 copayment.

You will also continue to receive the same drug safety monitoring services that Navitus provides to all members, when you use your Navitus card. Safety monitoring ensures that the drug is appropriate and safe for you to use and is prescribed in correct and appropriate dosages. It also protects you from potentially having an adverse effect from duplicate therapies, allergic reactions or dangerous drug interactions.

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- Non-urgent follow-up care must be provided within your health maintenance organization’s network, unless it is prior-authorized by the plan.

Note: Examples of emergency situations are heart attacks, severe shortness of breath, and loss of consciousness. Examples of urgent care situations are broken bones, minor cuts, burns and drug reactions.

And remember: Navitus Health Solutions, our group health insurance programs’s pharmacy benefit manager, has an extensive nationwide network of providers. If you are prescribed a medication, you should be able to fill that prescription while on vacation — and perhaps equally important — get on with enjoying the rest of your trip.
Trying to Quit Smoking? Use the Wisconsin Tobacco Quit Line and Web Coach

Did you know that less than 5% of those who attempt to quit smoking “cold turkey” succeed? According to the University of Wisconsin-Center for Tobacco Research and Intervention, smokers are four times more likely to quit smoking with support from a “Quit Line” than they are going it alone.

In the last edition of *It's Your Benefit* we provided information on how to use your health insurance benefits to help you quit smoking and included resources such as the Wisconsin Tobacco Quit Line. Did you know this service also has a comprehensive web-based tool, “Web Coach,” to help you stop smoking?

In order to access the Web Coach, you must first call the Quit Line. Wisconsin residents can access it by calling 1-800-QUIT-NOW (784-8669). The Web Coach is easy to use and offers tools based on your stage in the stop smoking journey: you are thinking about quitting, ready to quit, or have already quit. It includes features such as:

- Quit date calendar
- Online quit plan and stay quit plan
- Interactive self-assessment exercises
- Progress tracker
- Savings calculator
- Discussion forums for social support
- E-mail support throughout the entire quit process that includes information on the health benefits of quitting, nicotine addiction and craving, stress management strategies, and tips for managing weight and nutrition while quitting.

Request access to Web Coach by calling the Wisconsin Tobacco Quit Line. You will receive coaching services and a free, two-week supply of nicotine patches, gum or lozenges. You can also access the Quit Line online at [http://www.WiQuitLine.org](http://www.WiQuitLine.org) and click on “Click to Call” in the upper-right corner. Enter your phone number and hit “send.” A Quit Line coach will call you within minutes. Another option is to ask your doctor about the “Fax to Quit” way to sign up for services.

**Note to out-of-state residents:** Every state provides quit line services through 1-800-QUIT-NOW, but the types of services offered vary by state. If you call from an area code outside of Wisconsin, you will be routed to the Quit Line of the state you are calling from. Be sure to ask about the availability of counseling, nicotine medications, and web-based tools in your state.

**We're Glad You Asked**

**What is a Health Maintenance Organization (HMO)?** An HMO is a group of providers (hospitals, clinics, physicians, etc.) who form a network in a specific geographic area to provide services to its members. Most of the health insurance plans offered under the state’s group health insurance program are HMO plans.

When you sign up for health insurance coverage through an HMO, you are agreeing to use that network of providers for your services. There are exceptions, such as an emergency, when a member is not near his or her HMO network.

**How Do I know if I am enrolled in an HMO and have a network of providers?** Call the customer service phone number on the back of your insurance card, or review Section G of the 2009 *It's Your Choice* booklet for more information about HMOs.

It is important to know what coverage you have so your claims will be paid. To review your booklet on our Internet site, go to [http://etf.wi.gov/members/health_ins.htm](http://etf.wi.gov/members/health_ins.htm).

**Coming next time:** What should you do if you need services outside of your HMO network?
New Regulation Prompts Requests for Social Security Numbers

The Centers for Medicare and Medicaid Services (CMS), a branch of the federal government that administers health-related programs, has implemented a new mandatory insurance reporting law. The law, Section 111 of Public Law 100-173 (Section 111), requires insurers to collect and report Social Security numbers (SSNs) for certain members (generally, those over 45 years old) so that Medicare can properly coordinate its payments with other insurance coverage. CMS requires the insurer to collect and report the SSNs even when the members may not be enrolled in Medicare.

What this means to group health insurance participants: If your insurer does not have your SSN on file (and that of your spouse), is unable to get it from the Department of Employee Trust Funds, and is required to report it to CMS under Section 111, your insurer will send you a letter requesting your SSN. We urge you to comply with your insurer’s request. Doing so will help to ensure your claims will continue to be processed in a timely manner.