

Effective 1/1/10 – Active Employees

Disease Detection/Adult Physicals/Well Child Changes

Your current (2009) CHCP Medical Plan has some Disease Detection/Adult Physical/Well Child coverage, but in most cases is limited by age, frequency or dollars.

Effective 1/1/10; as long as your Provider (Doc, Hospital, etc) codes your tests or physicals with a “Preventative Code,” your bills will be paid by the Company with no cost to you as long as you use In-Network providers (PPO or HCN). In other words; there is no Deductible or coinsurance applied when a Preventative code and In-Network provider is used.
Tests must be reasonable and of an appropriate nature.

Out of Network Providers are NOT COVERED at all. Providers or their billing clerks know which codes to use, but you may want to explain the new change to avoid costly mistakes. (Pre-Admission Testing remains covered after the deductible and co-insurance is met).

Prescription Changes

- Deductibles (if you previously paid any) are discontinued.
- The Out of Pocket Maximums increase from \$750 to \$900 (Single) & from \$1,500 to \$1,800 (Family).
- Non-Formulary/Non Preferred Drug Co-pays now go toward meeting your Rx Out of Pocket Maximum. (Non-Network Retail Pharmacy Co-pays do NOT go to OOP Maximums.)
- Certain Diet, Fertility & Erectile Dysfunction Drugs are no longer covered, but can be filled with a discount thru Caremark under a new program called the Personal Choice Option.
- Since CVS and Caremark merged; maintenance prescriptions can be filled at CVS Retail Drug Stores without penalty (if desired). This option is ONLY thru CVS.

REMINDER: Maintenance Drugs MUST otherwise be filled thru the Caremark Mail Order Plan after two (2) fills or will NOT BE COVERED AT ALL.