

## **Ask the Welfare Fund**

### **January 2008**

**Question:** I am an active assistant principal in District 21. When you spoke at our district CSA meeting, you said that we were entitled to additional reimbursement from the union for eyeglasses if we have out-of-pocket costs. I share your vanity about progressive lenses ( and my eyesight is equally bad), so I spent an extra \$ 500 on my glasses when I went to a participating store in October. I have not received my union supplement. Why does it take so long?

**Answer:** Thank you for attending the meeting. We are finding that some of the participating optical stores hold the voucher for several months before submitting them for reimbursement. The stores send the voucher to the optical panel, which then submits a single bill to the fund. I have seen some stores hold onto the voucher for as many as 6 months! If it has been more than 3 months since you received your glasses and have not received the supplemental benefit, please give me a call and I will contact the optical panel and ask that they get the voucher from the store.

**Question:** I am a retired principal in the GHI Medicare Part-D drug plan. My drug expenses left me in the coverage gap in 2007. When will I get my optional benefits rider premium reimbursement?

**Answer:** The reimbursement is based upon data we receive from the City so that we may pay the extended hospital benefit. We get the final data the end of December, and spend January verifying the accuracy of the data. The checks will be in the mail by Valentine's Day – consider them a Valentine's Day present from your welfare fund.

**Question:** I am a retired Education Administrator and am in the GHI health plan with Express Scripts for my prescription drug plan. One of the medications I take on a regular basis is Diovan for a heart condition. The last time I saw my cardiologist, he gave me a 6 month supply of samples. I used these, figuring it would save the health plan, and myself, some money. When I went to refill my prescription with Express Scripts after the samples were used up, they rejected the claim saying I had to go through step therapy edits. What happened?

**Answer:** You have been ensnared by yet another little "gotcha". Several of the more expensive medications have had step therapy applied to them in an effort to reduce costs to the plan. In Step Therapy, the patient is required to try other less-expensive medications prior to being approved for the expensive brand-name medication. Once you satisfy the requirement to try the alternative treatments, and your doctor certifies that they do not achieve the desired effect, you are allowed to get the original medication. You obviously met the criteria,

since you had been getting the Diovan. However, if you do not refill a medication that is subject to step therapy for 6 months, the assumption is made that you no longer need the medication. When you finally do try to fill the prescription, you need to go through step therapy once again. The moral of this case is to keep up with your refills once you satisfy the step therapy requirements.