Frequently Asked Questions on PEEHIP

**Insurance Eligibility and Requirements**

1. **What is PEEHIP Insurance?**
   Public Education Employee’s Health Insurance Plan, established in 1983, provides health insurance benefits for active and retired education employees and is governed by the PEEHIP Board of Control for the State of Alabama.

2. **Who is the insurance carrier?**
   Blue Cross/Blue Shield of Alabama

3. **Who is eligible for PEEHIP coverage?**
   Full-time employees and permanent part-time employees (working 30+ hours per week) in any public institution of education within the state of Alabama are eligible for coverage with PEEHIP. Legal spouse and dependents (under the age of 26) of full-time and permanent part-time employees are covered.

4. **Do I need to provide proof of marriage and/or dependent children?**
   Yes. PEEHIP provides eligibility for a spouse to whom a member is currently and legally married and requires a copy of a marriage certificate to verify eligibility and one additional current document to show proof of current marital status such as one of the following:

   **Option #1 (for spouse and dependents)**
   ♦ Marriage certificate
   ♦ AND one of the following tax documents to show marriage is still current:
     - Page 1 and signature page of member’s most current Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse.
     - Page 1 and Certificate of Electronic Filing or transmission page (if electronically completed or completed by a tax professional) of member’s most current Federal Income Tax Return (1040, 1040A, or 1040EZ) as filed with the IRS listing the spouse.
     - Transcript of member’s most current Federal Income Tax Return (1040, 1040A, or 1040EZ) listing the spouse.

   **Option #2 (for spouse)**
   ♦ Marriage certificate
   ♦ AND one of the following documents to show marriage is still current:
     - Current mortgage statement, home equity loan, or lease agreement listing both member and spouse.
     - Current property tax documents listing both member and spouse.
     - Automobile registration that is currently in effect listing both member and spouse.
     - Current credit card or account statement listing both member and spouse.
     - Current utility bill listing both member and spouse.
     - Current utility bill listing the spouse at the same address as the member.

5. **When is the open enrollment period?**
   Open Enrollment begins July 1 and ends August 31 of each year. Online Open Enrollment begins July 1 and is extended to midnight of September 10. Online enrollment through Member Online Services (MOS) is the preferred method of enrolling during Open Enrollment. If you miss the Open
Enrollment deadlines, you must wait until the next Open Enrollment period to enroll in or make changes to your PEEHIP coverage.

**PPO Blue Card Benefits (Out-of-State Providers)**

1. **Will I be covered in another state?**
   The Blue Card PPO program offers “PMD-like” benefits when members access out-of-state providers if the physician or hospital is a participant in the local Blue Cross PPO program in that state. This program allows members to receive PMD benefits such as well baby care, routine physicals and routine mammograms when accessing out-of-state PPO providers.

2. **Are there Non-participating Hospitals and Outpatient Facilities in Alabama?**
   No. Currently there are no non-participating inpatient or outpatient facilities in Alabama. **However,** when choosing a hospital or outpatient facility located outside Alabama, you may want to consider checking with the facility first to determine if they are a Blue Cross and Blue Shield participating provider. With your health plan benefits, you have the freedom to choose your health care provider.

3. **How can I maximize my coverage and out of pocket expenses?**
   To maximize your coverage and minimize your out-of-pocket expenses, you should always use network providers for services covered by your health plan. **Your out-of-pocket expenses will be significantly higher in a non-participating hospital or facility.** When you choose a network provider, you don’t have to worry about extra out-of-pocket expenses.

**Prescription Drugs and Medications**

1. **Can I have my prescription filled at any pharmacy in Alabama?**
   When you choose a participating retail pharmacy in Alabama, the pharmacy will file all claims for you and you only pay the applicable copayment. Most major pharmacy chains participate with the PEEHIP Prescription Drug Plan. However, if you use a non-participating pharmacy in Alabama there are no benefits under PEEHIP and you will be responsible for the full cost of the prescription.

2. **I have moved out-of-state. Will my prescription be paid if I use a non-participating out-of-state pharmacy?**
   Yes, but you must pay the pharmacist for the full cost of the prescription and then file the claim directly with MedImpact and be reimbursed at the participating pharmacy rate less the appropriate copayment PEEHIP will cover an out-of-state participating pharmacy. The member pays the same copayments applicable for participating pharmacies.

3. **Am I required to use a generic drug when my doctor prescribed a brand-name drug?**
   Pursuant to Alabama law, pharmacists are required to dispense a generic drug unless the physician indicates in longhand writing on the prescription “Do Not Substitute,” “Medically Necessary,” or “Dispense as Written.”

4. **Why can’t I get a 90-day supply of my maintenance medication?**
   The PEEHIP maintenance drug benefit is only applicable to a set list of maintenance medications already established by PEEHIP. Due to the high cost of claims and coverage, the PEEHIP maintenance drug benefit is not being expanded at this time. No new or additional drugs can be added to the PEEHIP maintenance drug list. If your medication is not on the list, you can only get a 30-day supply with each fill. This is true even if your medication was prescribed by your doctor to be taken on a continuous basis to manage a chronic or long-term condition and wrote your prescription for a 90-day supply.
I have a prescription for a specialty medication. Is there a certain pharmacy that I must use?

Walgreens Specialty Pharmacy is PEEHIP’s preferred provider of specialty medications. A member may obtain the first fill of a specialty drug at either Walgreens Specialty Pharmacy or a local retail pharmacy. However, subsequent refills must be filled through the specialty pharmacy. You may contact Walgreens Specialty Pharmacy toll-free at 877.694.5320.

How can I save money on my prescription drugs?

A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the strength, purity, and stability as brand-name drugs. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. All generic drugs are approved by the FDA.

Explain brand name, generic equivalent, and therapeutic alternative medications.

**Brand-Name Medications:** When a medication is developed, it is given a generic name and a brand name. The original manufacturer is the only company allowed to use the brand name and they receive patent protection during which time it is the only company allowed to sell the medication. For example, Lipitor is a brand-name medication and is manufactured by only one company. The generic version of Lipitor, atorvastatin, will not be available until the Lipitor patent expires.

**Generic Equivalent Medications:** After a brand-name medication loses its patent protection, other companies are allowed to manufacture the generic equivalent. Because many companies sell the generic version of a medication, competition drives down the medication’s price. To qualify as a generic equivalent, the U.S. Food and Drug Administration (FDA) requires that the generic medication be identical in chemical active ingredients and strength to the brand-name medication. Inactive ingredients may be different. This is why some generics may differ in color and shape. But the generic must be as safe and effective as the brand-name medication in order to be approved by the FDA. For example, the brand name Tylenol is manufactured by many companies as generic acetaminophen.

**Therapeutic Alternative Medications:** Therapeutic alternative medications are chemically different but have similar therapeutic effects. For example, acetaminophen and aspirin are different chemicals but because both are used for pain and fever, they may be used as therapeutic alternatives. The prices among Therapeutic Alternatives vary, sometimes significantly.

What is a Prior Authorization?

The process of obtaining certification or authorization from the pharmacy benefit manager (MedImpact), for specified medications or specified quantities of medications. A Prior Authorization often involves appropriateness review against pre-established criteria. Your pharmacists or physician may contact MedImpact toll-free at 800.347.5841 to perform a Prior Authorization review by phone or to request a Prior Authorization form. The completed Prior Authorization form can be faxed toll-free to MedImpact at 877.606.0728. Drugs that require Prior Authorization and Step Therapy can be found on the PEEHIP Preferred Drug List on the RSA Web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html, or by calling MedImpact.

What is a Quantity Level Limit?

Quantity Level Limits are designed to (1) promote safe and appropriate drug use and (2) monitor drugs and/or drug classes that are widely recognized as having relatively high potential for overuse, misuse, and abuse. Monthly quantity limits are established in a science-based manner consistent with information from nationally recognized evidence-based guidelines and/or FDA-approved package labeling as submitted by the manufacturer of the product. Most quantity limits are established at the upper limit of the FDA-approved
daily dosage range, notwithstanding special circumstances that are inevitable in clinical practice due to factors such as tolerance, individual variation in responsiveness, etc.

10. Who administers the PEEHIP prescription drug claims?
MedImpact is the claims administrator for the PEEHIP prescription drug program component of your health care plan.

11. Who can I or my pharmacist call if we have questions about my prescription?
You may call MedImpact's Customer Service Center at 877.606.0727. Your pharmacist may call MedImpact's Pharmacy Help Desk at 800.788.2949. The contact center is available 24 hours a day, 7 days a week to assist members with questions about the PEEHIP Prescription Drug Plan.

12. Where can I get a copy of the PEEHIP Maintenance Drug List and the PEEHIP Formulary Drug List?
These can be viewed and/or downloaded from the RSA web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html. Just click on the “Maintenance Drug List” link or the “Formulary Drug List” link. You will also find other helpful information about the PEEHIP Prescription Drug Plan.

Source: http://www.rsa-al.gov/PEEHIP/FAQs.html