

## THE TRUSTEE

January 2017

### IT'S A NEW DAY, NEW YEAR, & NEW DECADE

**A**fter 20 years, the Kingston Trust Fund began a new era in health coverage for members on January 1, 2017. The rollout of the program changes has been smooth with most issues being of a personal nature. Here is an overview of transitioning the Trust.

In November, the Trust asked all members to complete a re-enrollment form. As of the end of 2016, approximately 300 members had not submitted a form. Of the forms submitted, some were incomplete or illegible, despite the request to print all information. One of every four forms contained information different from Trust records.

New ID Cards were printed according to information submitted on the re-enrollment forms. The cards are printed in bulk, one printing, and the Trust attempted to contact members up through the last week of December who needed to provide information. One ID Card was printed for Individual coverage and two for Family coverage, with both family cards in the member's name. Again, as a check on eligibility, spelling, and membership #, cards were not printed in the name of the spouse or dependent. Once all of the member's eligibility is verified for Medical and/or Dental/ and/or Prescription, and all dependents status' are verified, the Trust will address printing customized cards. As an example of issues, one member could not verify the ages of their children where age 26 was a concern. Another member's dependent spouse was secondary on the member's Trust plan, but had Rx coverage through their primary employer, yet attempted to receive a prescriptive drug through the Trust plan. The pharmacist, seeing that there was other coverage, denied the submission unless they could produce a card in their own name. The identification of dependents with other primary coverage, as per the re-enrollment form, directly relates to the printing of cards. We do recognize situations where a member's spouse and/or children have different surnames than the member. In blended families, custody and support provisions could create scenarios where specific coverage is court ordered.

For the convenience of members, all cards have all services on one card. It states where the claims are to be filed for each service. All Medical/Lab go to MagnaCare. All Dental go to Syntonics.

There were ongoing member issues with Catamaran/Optum, the Pharmacy Benefit Manager (PBM) for the plan. The new PBM is ProAct and their specialty pharmacy, Noble. All mail order Rx requires a Patient Profile and Registration. It can be set up through ProAct. ([www.ProActRx.com](http://www.ProActRx.com)) or, if you need a form, call the Trust Office.

CanaRx is a voluntary Rx service for Brand Name maintenance drugs( 90 day supply) where there is no co-pay. As with all maintenance drugs, after three months of local refills, members must use mail order for the drug or will be penalized. If the Brand Name drug is available through CanaRx and the member fills the Rx anywhere else, the penalty will also apply. Members are responsible for checking to see if their Brand Name drug is available through CanaRx. A complete list is available at: [www.KTFMeds.com](http://www.KTFMeds.com) or from the Trust Office. There is an informative video on the site. Proof of previous use and acceptance of the maintenance drug for is mandated for CanaRx; either by a 30 day purchase from a retail pharmacy or verification from your provider who can fax the request to CanaRx. Members can enroll in CanaRx at any time as the need arises and the form is available on the Trust website or from the Trust Office.

The plan remains the same. The existing PPO Providers in the KTF Network (formerly labeled NHAI) remain the same. As was the case with member re-enrollment, KTF Providers must verify their participation and resubmit professional information. Therefore, we are asking members to look at the MagnaCare PPO Provider website ([www.MagnaCare.com](http://www.MagnaCare.com)) and, if your provider is not a MagnaCare provider, but was a Trust provider, please inform the Trust. In the existing network, there are 26,000 providers. We want to identify those who are actively used by our members so they have priority within the claim's process. We can't readily contact them for recertification if we don't know who they are. Take a look and, if your existing provider is not on the MagnaCare Network, let us know.

The new KTF website, [www.ktftrustfund.com](http://www.ktftrustfund.com), contains a wealth of information. Health benefits were negotiated to protect members and their family. We live in an age where electronics is the default source for communications. All members, even those without a computer or smartphone, need to be connected to events that affect their life. And, those who are connected, need to perform their due diligence in responding to events that affect their lives. Then, all of the planning by the Trust will be of the greatest benefit for members.

**IN MEMORIAM:**

Peter Castka | Marjorie Van Voorhis  
Former Trustee, Robert Cunningham