

# STAY CURRENT on your benefits



## Stay Current on Your Benefits

Welcome to your quarterly newsletter! This is your one-stop source for all your benefits-related news and updates. It's available online, 24/7 so you can **stay current** on what matters most. In this edition, we'll be providing you with updates on Fund initiatives, helpful reminders, and news you can use for a happy, healthy summer.

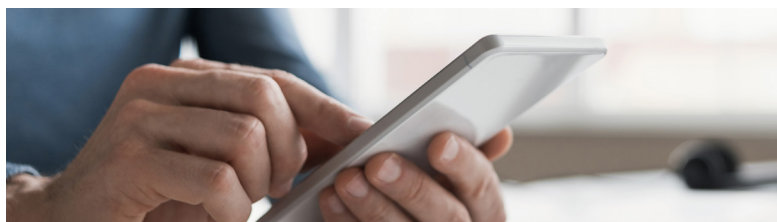
## Have you gone digital yet?

This year, the Trustees asked all members to consider going digital. When you do, you can begin receiving benefits-related communications, such as your Explanations of Benefits (EOBs), electronically. With electronic delivery, you never have to miss important information regarding your benefits, and it's delivered securely and conveniently to you via the member portal on the Fund's website. However, to take advantage of this opportunity, you must first submit an online consent form.

### Getting started is easy.

To switch to electronic delivery of your benefits communications, visit [4thdistricthealthfund.com/electronic-delivery](https://4thdistricthealthfund.com/electronic-delivery) and complete the consent form. If you have any questions about the process, contact the Fund Office at **304-525-0331** or **888-466-9094**.

**Reminder:** This is *not* a permanent decision. You can withdraw your consent to receive electronic materials at any time.



# Seeking care? Use the right ID card.

When it's time to take advantage of your health benefits, it's important to remember that your medical and prescription drug plans have separate ID cards. For visits to a doctor, hospital, or other provider, show your Highmark Blue Cross Blue Shield ID card. And when you visit a pharmacy to fill a prescription, show your Sav-Rx ID card. Using the right card at the right time will make sure that your claim is processed correctly.

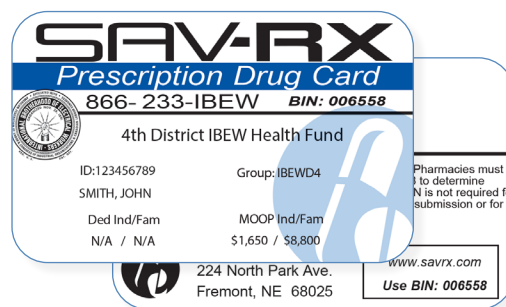


## Seeing the doctor? Use your Highmark ID card.

Last month, your 4th District IBEW Health Fund medical benefits officially transitioned to Highmark Blue Cross Blue Shield. With this shift comes no new copay or plan design changes. **The only thing that has changed is your ID card.** When you need medical care, be sure to use your new Highmark Blue Cross Blue Shield ID card, as this has your most current information. And to avoid confusion, it's a good idea to discard your old Anthem ID card.

To get the most value from the Plan, you'll want to use providers who are in Highmark's network. Finding a participating provider is easy. See the Highmark Blue Cross Blue Shield guide on the next page for the simple steps to locating a network doctor or hospital in your area.

If you have any questions, contact the Fund Office at **304-525-0331** or **888-466-9094**.



## Filling a prescription? Use your Sav-Rx ID card.

The Plan pays prescription drug benefits only when you fill your prescriptions through a Sav-Rx participating pharmacy. To take full advantage of your prescription drug benefit, follow these simple steps:

- Make sure your retail pharmacy is in the Sav-Rx network.
- Present your doctor's prescription along with your Sav-Rx Prescription Benefits ID card to the pharmacist.
- Pay your copayment/coinsurance amount.
- Sign a form that you've received your prescription, and you're done!

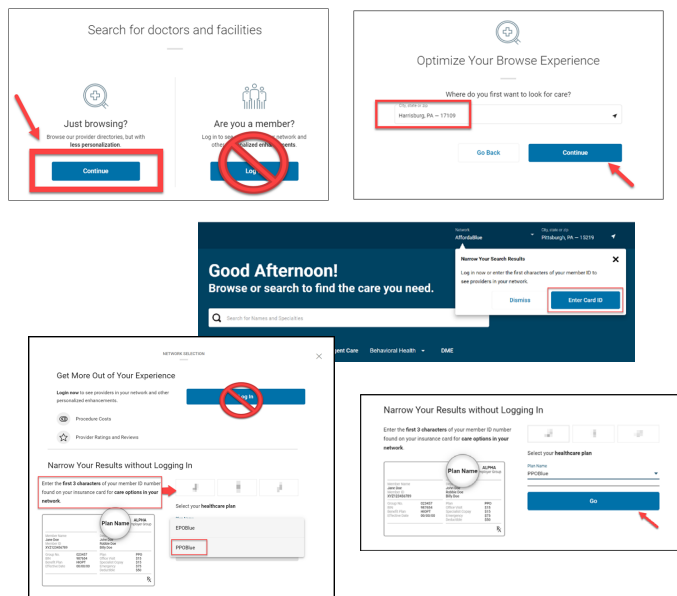
To locate a Sav-Rx participating pharmacy, go to [savrx.com](http://savrx.com) and enter the group number "IBEW4" or call Sav-Rx at **866-233-4239**.

Do even more through the enhanced patient portal on the Sav-Rx app. Visit [app.savrx.com](http://app.savrx.com) to access your ID card electronically, manage your mail orders, and much more. See the Sav-Rx guide at the back of this issue for more information.

# How to Find In-Network Doctors

Quickly and easily find in-network doctors participating in your health plan.

- 1 If you have your ID card in hand, open your CHROME browser and go to [www.myproviderconnect.com/find-a-doctor](http://www.myproviderconnect.com/find-a-doctor)
- 2 A window will open. Please click the Continue button; DO NOT LOG IN as a member. In the next window, key in your zip code and hit Continue.
- 3 You will arrive at the landing page. Click the Enter Card ID button in the Narrow Your Search Results box.
- 4 In the Network Selection box that appears, scroll down and key in your 3 character prefix from your ID card. DO NOT LOG IN. Please choose PPOBlue in the next drop down that appears, and then click the Go button in blue.
- 5 Search for a provider by Name or Speciality. You can also scroll down on the page and Browse by Category.



- 1 If you **do not** have your ID card in hand, go to [www.highmarkbcbswv.com/find-a-doctor](http://www.highmarkbcbswv.com/find-a-doctor)
- 2 Click Medical and hit **CONTINUE** to be redirected to the Sapphire Digital Site.
- 3 Click Dismiss in the Narrow Your Search Results box that pops up. In the Network Search area, scroll down and choose or begin to type **BCBS PPO** (with a space) for providers inside Highmark's WV service area.
- 4 Enter the City, State and Zip of where you'd like to search.
- 5 Search for a provider by Name or Speciality. You can also scroll down on the page and Browse by Category. If you key in a provider's name or speciality, you will see suggested search terms to choose from.

## Additional Provider Search Resource

**Still can't find your specific provider?** Call the Blue Cross Blue Shield Association for additional assistance: 1-800-810-2583 (BLUE).

## Helpful Tips

- Select **doctors' names** for more information, such as address, phone number, hours of operation, and hospital affiliations.
- You can also change your location and radius in the **Searching Near** box.
- To search for hospitals, type **hospitals near** followed by your desired location.

Insurance or benefit administration may be provided by Highmark Blue Shield, Highmark Benefits Group, Highmark Health Insurance Company or Highmark Select Resources, all of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to terms of the benefit agreement.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



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# Coordination of Benefits: How it Works

There may be times when you or your eligible dependents are covered under more than one group health plan. When that happens, our Plan has rules that determine which of the plans is primary. This is known as **coordination of benefits**. In other words, when you have an expense, the plans coordinate their benefits to determine which one will pay first. Then, if it's appropriate, the other plan or plans may also pay part of the remaining charge.

The rules for determining the primary plan include things like whether the patient is covered as a member or a dependent; for a child, which parent's birthday comes earlier in the year; and whether the patient is active or retired.

Sometimes this can cause confusion for members. For example, now that the Fund's medical benefits have transitioned to Highmark Blue Cross Blue Shield, members are asking questions:

## **? If another eligible dependent is also covered under a Highmark plan, are both plans needed?**

It's important to note that just because each plan uses the Highmark name, how they work is different. You need to review the plan design for each to make sure coverage is right for you and your family. In some cases, both plans may be necessary.

## **? If both a member and spouse have coverage and enroll the other as a dependent, will the two Highmark plans cover 100% of the expenses?**

No, the coordination of benefit rules will apply.

## **? If one of the plans has better benefits, can we choose to use only that plan?**

No, according to the coordination of benefit rules, the primary plan pays first.

In all these cases, coordination of benefits applies. The primary plan will pay first and then the remaining plans may contribute. The coordination of benefits provision is designed to avoid duplicate benefits or paying a larger benefit than the highest-paying plan would provide.

You can find more detailed information about the Plan's coordination of benefits rules in the Summary Plan Description (SPD). If you still have questions, call the Fund Office.



## Thank You for Your Participation

The Fund would like to extend a huge “thank you” to all the members who completed their Dependent Eligibility Verification. The process, conducted by Part D Advisors, Inc. (PDA), took place so that the Fund could confirm all dependents currently covered by the Plan are eligible to receive benefits. Otherwise, you and the Fund could wind up paying claims for ineligible dependents.

To date, just over 85% of members covering dependents have provided the required documentation to confirm their dependent's eligibility. During this process, a significant number of ineligible dependents were removed from coverage, and we anticipate a great deal of savings for the Fund. We are a self-insured plan, which means that the Fund—not an insurance company—is responsible for paying claims. That's why it's so important that each of us does our part to help the Fund control costs.

As a reminder, you must notify the Fund when a dependent no longer meets the Plan's eligibility requirements. For more information about the Plan's eligibility rules, visit [4thdistricthealthfund.com/eligibility/](https://4thdistricthealthfund.com/eligibility/).



## A Track Record of Success with naviHealth

When you are dealing with a serious illness or caring for someone who is very sick, naviHealth is there to help you coordinate care through their Transition Care and Care Assist programs. They can help you navigate the health care system if you are scheduled for an outpatient procedure and avoid readmission after a hospital stay. As a reminder, naviHealth benefits are available to you at no additional cost.

To find out how these programs are helping our members, naviHealth recently completed their annual utilization report. In 2022, members who used these programs benefited from a 20% decrease in hospital admissions. What's more, naviHealth helped 93% of participating members avoid readmission. More of our members have begun using the Care Assist Program when they need help filling medications, coordinating medical records between providers, or scheduling check-ups.

If you've been admitted to the hospital or are scheduled for an outpatient procedure, take advantage of the Transition Care and Care Assist Programs by calling **304-316-2187** or visiting [navihealth.com](https://navihealth.com). And if naviHealth reaches out to you, take the call. They are contacting you to assist with coordinating your post-discharge and pre- or post-operative care.

  
**HEALTHY LIFE**  
MAKE IT YOURS



## Time For HEALTHY LIFE?

The HEALTHY LIFE program—available to members (active and non-Medicare retirees) and spouses enrolled in the Building Trades Plan—can save you hundreds of dollars on health care services. The plan has amazing incentives, including:

- Lower in-network deductibles
- Lower share of in-network coinsurance
- Lower in-network, annual out-of-pocket maximum

All you and your spouse must do to qualify is complete your HEALTHY LIFE physical exam by the November 30 deadline.

To check your HEALTHY LIFE status to see if it's time to get qualified, log in to the member dashboard on [4thdistricthealthfund.com](https://4thdistricthealthfund.com).



Manage Your  
Prescriptions  
Online, Anytime!

## Enhanced Patient Portal



**NEW: Refill Reminder Push Notifications**



**Secure Portal**



**Easy Account  
Creation**



**Advanced Mail  
Order Tracking**



**Quick Refills  
without Logging In**



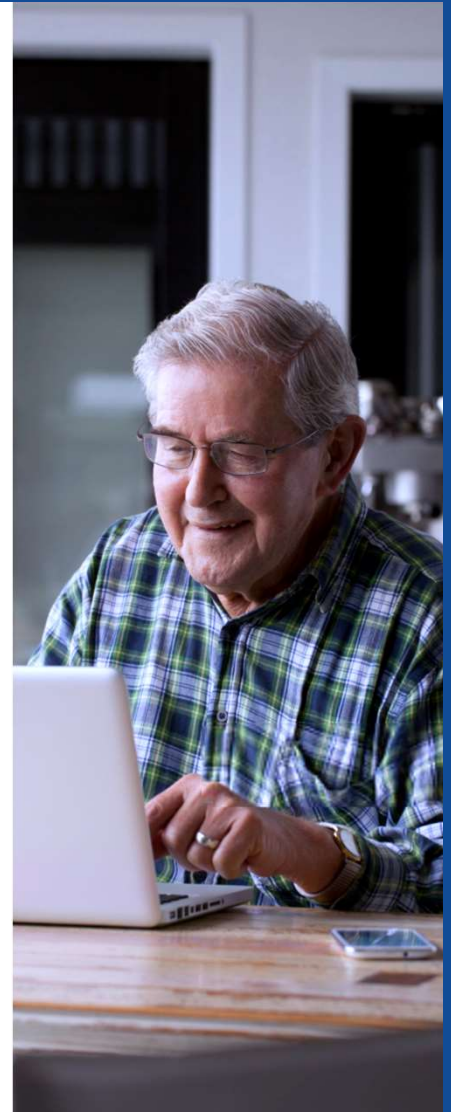
**View and Download  
Soft ID Card**



**Edit Account  
Information**



**Search and Download Retail and Mail Order  
Claims History**



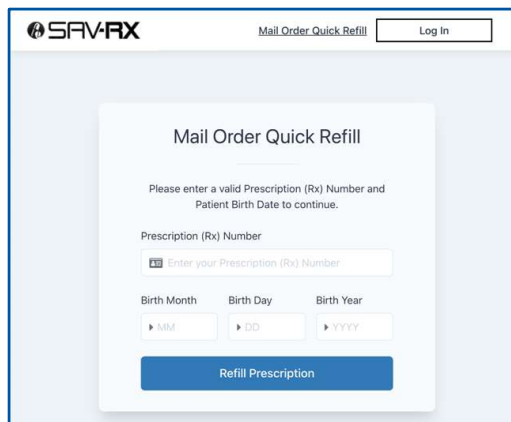
**Visit [app.savrx.com](https://app.savrx.com) or Scan Code →**



# Enhanced Sav-Rx Patient Portal

## Make a Quick Refill

1. Go to [app.savrx.com](https://app.savrx.com)
2. Click on “Mail Order Quick Refill”
3. Fill out the form
4. Click Refill Prescription

A screenshot of the SAV-RX patient portal's "Mail Order Quick Refill" form. The header shows the SAV-RX logo, a "Mail Order Quick Refill" link, and a "Log In" button. The form itself is titled "Mail Order Quick Refill" and asks the user to "Please enter a valid Prescription (Rx) Number and Patient Birth Date to continue." It includes a text input field for the "Prescription (Rx) Number" with a placeholder "Enter your Prescription (Rx) Number". Below this are three dropdown menus for "Birth Month" (showing "MM"), "Birth Day" (showing "DD"), and "Birth Year" (showing "YYYY"). A blue "Refill Prescription" button is at the bottom.

## Login for More Functionality

- If already a member, you can login with your email address and password.
- To sign up, you can use your Sav-Rx Card information, social security number, or any active Rx number (for Sav-Rx Mail Order utilizers).
- Once you are logged in, you can use the dashboard to access a range of enhanced features.

## Use the Dashboard to Access:

### Sav-Rx Mail Order Tab

- See prescriptions in progress
- Find tracking information
- Request refills

### Claim History Tab

- Search claims by date range
- Download claim history as a .pdf file

### My Account Tab

- Edit all account information
- View Sav-Rx ID card
- Download or print a soft card
- Add a payment method for mail order

