



Pharmacy Benefits Implementation Checklist

ProAct Client: GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM
Commencement Date for Plan Year: JANUARY 1, 2013

Grandfathered Status:

- Grandfathered
- Non-Grandfathered

Specific to Health Reform Legislation (Non-Grandfathered Plans)

Preventive Care Drugs:

- Use the ProAct, Inc. Preventive Medication List and add both the prescription and OTC drugs to plan coverage with \$0 copay.
- Use the ProAct, Inc. Preventive Medication List and add only prescription drugs to plan coverage with \$0 copay.
- Use the list provided by my plan to cover the Preventive Care Drugs.
- Continue benefits as currently provided.

Women's Health:

- Use the ProAct, Inc. Contraceptive List and add both the prescription and OTC drugs to plan coverage with \$0 copay.
- Use the ProAct, Inc. Contraceptive List and add only prescription drugs to plan coverage with \$0 copay.
- Exclude contraceptives from plan coverage.
- Continue benefits as currently provided.

Manual Claims Adverse Determination Letter:

- Use the Proact, Inc. letter to respond to my plan's members.
- Use the letters plan has provided to send to my plan's members.
- ProAct, Inc. does not process my plan's manual claims.

Appeals from Prior Authorizations:

- My plan would like ProAct, Inc. to manage only the Prior Authorization Internal Appeals process for the plan. Internal appeals will result in an additional charge of \$150 per appeal.
- My plan would like ProAct to manage only the Prior Authorization External Appeals process for the plan. External appeals will result in an additional charge of \$550 per appeal.
- My plan would like ProAct to manage the Prior Authorization Appeals process including internal and external appeals for the plan. Internal appeals will result in an additional charge of \$150 per appeal; external appeals will result in an additional charge of \$550 per appeal.
- My plan will handle both internal and external appeals through its own process.

Signature:  Date: March 5, 2013
Print Name of Signatory: Don Barber
Title of Signatory: Chairperson, STCMHC