

Getting Started!

A Guide for New Members
of the SWSCHP Family



You and your family are now part of the SWSCHP family. Welcome!

SWSCHP is the health care cooperative of 23 school districts here in Westchester. Our mission is to promote good health for all members and to provide quality health care benefits in the most effective, competitive and fiscally responsible manner through responsive service, on-going communications, and local control.



Our job at SWSCHP is to assemble the partners to deliver you the highest-quality healthcare services. A volunteer board of school superintendents and business officials, along with the management of day-to-day operations by **Dr. Peter Mustich, Executive Director**, ensures that all due diligence is conducted to create a partnership team that works in the best interest of our members.



These few slides will help acquaint you with your new healthcare partner. We have served 23 school district members since 1986, and we are proud to be a vital organization serving more than 25,000 employees, retirees and associated family members.

Most of what you will need can be accessed through our website at www.swschp.org. Be sure to bookmark!

Your school district benefit representatives are important. **You can find your benefit representative's contact information on the SWSCHP website in the "Participating Districts" link under "About SWSCHP."**



You Are
Enrolled by
Your District...
What Next?

Your information is passed on to:

- The claims processor (AEBA).
- The healthcare provider network (BCBS).
- The prescription drug provider (CVS).

**BUT YOU HAVE ONE MORE
NECESSARY STEP TO TAKE!**

Take Charge of Your Own Healthcare!

- You must register with **bswift** in order to manage your personal directory information, upload required documents, and make changes to your plan based upon life events (marriage, divorce, birth/adoption, acceptance to Medicare, death). **bswift** is a SWSCHP partner responsible for management of all SWSCHP member data files, and your personal information is carefully protected through encryption and other tools.
- This is the easiest and fastest way to make required changes in your healthcare profile to ensure approvals, payments, etc.
- **To begin the registration process, visit <https://www.swschp.org/learnmorehome>**

Your Medical ID Cards

SWSCHP has two healthcare provider networks in the New York Service area, and the one you will belong to depends on where you live.

- **SWSTUR Plan - Anthem POS**

Alternate Network is for members residing in any of the 28 NYS counties listed at right. Your Medical ID Card will have the prefix **“TUR”** printed on it.


Albany County
Bronx County
Clinton County
Columbia County
Delaware County
Dutchess County
Essex County
Fulton County
Greene County
Kings County (Brooklyn)
Nassau County
Montgomery County
NY County (Manhattan)
Orange County

Putnam County
Queens County
Rensselaer County
Richmond County (Staten Island)
Rockland County
Saratoga County
Schenectady County
Schoharie County
Suffolk County
Sullivan County
Ulster County
Warren County
Washington County
Westchester County

- **SWSACT Plan – Anthem PPO**

Provider Network is for members who reside **outside** the 28 NYS counties listed at right, including NJ and CT. Your medical ID Card will have the **“HJW”** prefix printed on it.

This is the front and back image for the ACT Plan (outside the 28 counties).

Anthem  **SWSCHP**
State-Wide Schools Cooperative Health Plan


Member ID:
HJW

Group:
Plan Code: **254**
Group Name: **SWSCHP**

For detailed benefit information including Deductible and Out of Pocket maximums, please visit your Member Services website.

Office Visits/Specialists/Urgent Care:	\$25
Labs/DME:	\$30
OP Hospital Labs	\$50
Emergency Room:	\$75
Inpatient Admission:	\$200
In Net Ded Ind/Fam:	None
Out Net Ded Ind/Fam:	\$1,000/\$3,000
In Net OOP Ind/Fam:	\$2,000/\$4,000
Out Net OOP Ind/Fam:	\$3,250/\$9,500

SWSCHP has hired Amalgamated Employee Benefits Administrators to handle member contact for health plan administration. See back for contact information.





Providers: Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the 3-digit prefix in addition to the ID number.

Pre-Certification required for the following:

- Inpatient/SNF Admissions
- Surgery/Surgical Procedures
- MRIs/MRAs
- CTA Scans/PET Scans
- Home Healthcare
- DME over \$500
- Therapy Services
- Acupuncture
- Oncology Services
- Dialysis
- Hospice
- Transplants
- Biofeedback
- Art. Reproduction
- Private Nursing
- TMJ Procedures

anthem.com

www.SWSCHP.org
Member Services-
Amalgamated Employee
Benefits Administrators* **1-888-779-7247**
Coverage While Traveling **1-800-810-BLUE**
Provider Eligibility/Benefits **1-800-676-BLUE**
LiveHealth Online **livehealthonline.com**
Pre-Cert: Amalgamated
Medical Care Management* **1-888-P-SWSCHP**
1-888-779-7247

*Contracts directly with group

Services provided by Anthem HealthChoice Assurance Inc., Anthem HealthChoice HMO, Inc. and/or Anthem HP, LLC. Independent licensees of the Blue Cross Blue Shield Association. Anthem provides administrative services only and does not assume financial risk or obligation with respect to claims.

Self-Funded Coverage


Possession of this card does not guarantee eligibility for benefits.

HJW

Your Medical ID Cards

- Check your card carefully to ensure that the information is correct. If not, contact your Care Navigators and we will send you a new one.

This is the front and back image for the TUR Plan (inside the 28 counties).

Anthem  **SWSCHP**
State-Wide Schools Cooperative Health Plan


Member ID:
TUR

Group:
Plan Code: **254**
Group Name: **SWSCHP**

For detailed benefit information including Deductible and Out of Pocket maximums, please visit your Member Services website.

Office Visits/Specialists/Urgent Care:	\$25
Labs/DME:	\$30
OP Hospital Labs	\$50
Emergency Room:	\$75
Inpatient Admission:	\$200
In Net Ded Ind/Fam:	None
Out Net Ded Ind/Fam:	\$1,000/\$3,000
In Net OOP Ind/Fam:	\$2,000/\$4,000
Out Net OOP Ind/Fam:	\$3,250/\$9,500

SWSCHP has hired Amalgamated Employee Benefits Administrators to handle member contact for health plan administration. See back for contact information.

Empire POS 



Providers: Please file all claims with the Blue Cross and Blue Shield Plan in the state where services are rendered. If Medicare is primary, file claims to Medicare. Include the 3-digit prefix in addition to the ID number.

Pre-Certification required for the following:

- Inpatient/SNF Admissions
- Surgery/Surgical Procedures
- MRIs/MRAs
- CTA Scans/PET Scans
- Home Healthcare
- DME over \$500
- Therapy Services
- Acupuncture
- Oncology Services
- Dialysis
- Hospice
- Transplants
- Biofeedback
- Art. Reproduction
- Private Nursing
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Self-Funded Coverage

Possession of this card does not guarantee eligibility for benefits.

TUR

- Carry your ID Card with you at all times and present it to your healthcare provider whenever you require medical service.

- Need additional ID Cards? No problem. You can order extras at <http://www.swschp.org//> or by calling your Care Navigators:

- **1-888-P-SWSCHP (1-888-779-7247)**

Use an AEBA Care Navigator

When you have questions about procedures, hospitalizations or coverage, contact an AEBA (Amalgamated Employee Benefits Administrators) Care Navigator FIRST!

- Monday-Thurs 8:00 a.m. - 8:00 p.m. (EST)
- Friday 8:00 a.m. - 6:00 p.m. (EST)
- Saturday 9:00 a.m. - 2:00 p.m. (EST)

- A secure mailbox option is available for after hours for any eligibility and benefit inquiries. Medical Care Management is available 24/7, 365 days a year for members and providers needing Pre-Certification.

- **Always start by calling a Care Navigator:**
- **1-888-P-SWSCHP (1-888-779-7247)**

- To contact CVS call 1-844-260-5889 or visit <http://www.caremark.com/>

Use the AEBA Member Portal

Visit <http://www.swschp.org/> and select the LOGIN tab on the upper navigation

- After you enter the appropriate registration information, you will be able to login to the AEBA portal to manage your account. Use this to:

- Access claims and explanation of benefits (EOB)
- Review eligibility
- Print ID cards
- FAQs and more!

DOWNLOAD the Amalgamated Benefits app from the App Store or Google Play



More Details

You can find all of this and more on the SWSCHP site



Important Notes on the SWSCHP Plan

- **You must make timely filing** of a claim – no more than 12 months from the date of service. Don't worry – if you see participating providers, they will file the claims for you.
- **Certificate of Coverage** – Under the **Affordable Care Act (ACA)**, health insurance companies can't refuse to cover you or charge you more due to a **Pre-Existing Condition**. Since pre-existing clauses were eliminated under ACA, there is no longer a need for certificates of coverage. However, if one is required, please contact a Care Navigator at **1-888-P-SWSCHP (1-888 779-7247)**
- **Coordination of Benefits (COB)** – Order in which benefits are paid and the amounts which are payable when covered under more than one health care plan. Total payment from all plans may not exceed 100 percent of the total covered charge. SWSCHP uses a method of coordinating benefits known as “carveout”. SWSCHP uses the (Modified) CARVE OUT Method of COB whereby the secondary plan determines how much it would have paid had it paid primary and then subtracts whatever the primary plan paid as its benefit, then the secondary plan pays that difference. If there is no difference, the secondary plan pays nothing. **Reminder: Please notify your School District of other coverage to avoid the adjustment of claims.**

Note: End Stage Renal Disease (ESRD) - if an active employee has ESRD and becomes entitled to Medicare, Medicare will be secondary for up to 30 months. If employee continues to be actively employed after the Medicare coordination period, then Medicare becomes the primary and COB is applied. In this case the actively employed member is not part of the Crossover program and must file secondary claims through Anthem. All applicable COB rules for ESRD apply.

- **Preventive Care** - In-network preventive services that are identified by the plan as part of the ACA guidelines will be covered with no cost-sharing by the participant or dependent. This means that the in-network service will be covered at 100% of the Plan's network allowance, with no coinsurance, copayment, or deductible. Out-of-network benefits for certain limited preventive services are payable according to the current Plan provisions.



Surprise Out of Network Bills

New York State protects SWSCHP members from Surprise Out-of-Network Bills. If you believe you received a “surprise bill” you can obtain the assignment of benefits form by calling **1-888 P-SWSCHP (1-888 779-7247)**.

To learn more about surprise out of network bills, visit:

<https://www.swschp.org/surprise-outofnetwork-bills>

SAVE YOU MONEY

There are no deductibles, co-pays or co-insurance when you schedule your exam through US Imaging. Your out-of-pocket is 0!

PROVIDE YOU WITH VIP CONCIERGE SCHEDULING

US Imaging will schedule you at a facility close to you within 24-48 hours and take care of all the details.

LOCATE A HIGH QUALITY FACILITY NEAR YOU

A national network with over 2,200 facilities which have state-of-the-art equipment and meet top imaging standards.


US Imaging — All MRI, PET, CTA Scan approved by Amalgamated Medical Care Management (AMCM) as medically necessary and CT scans are covered at 100% when scheduled through US Imaging. Once your test is approved by AMCM, US Imaging will reach out to you to schedule your appointment. To learn more about US Imaging please visit <http://www.usimagingnetwork.com/> or contact US Imaging at **877 874-6385**.

How the Program Works

- 1** At a physician's office or a Lab Card collection site, show your healthcare card with the Lab Card logo and/or your separate Lab Card and verbally request to use the Lab Card Program. The Lab Card Program is optional, if you do not use the Lab Card Program, your standard benefits for outpatient laboratory testing will apply.
- 2** If your physician collects Lab Card specimens in their office, they can continue to do so. After the collection is complete your physician must clearly mark Lab Card on the paperwork and call 1-800-646-7788 to request a Lab Card pick up.
- 3** If your physician does not collect specimens in his/her office, you may find an approved collection site at LabCard.com or by calling 1-800-646-7788. Site information, including locations, Lab Card hours and any special instructions are updated daily, so please visit the website or call 1-800-646-7788 before any visit. Quest Diagnostics performs the tests and sends the results to your doctor (usually the next day).

Quest Diagnostics for Lab Work

The Lab Card Program offers laboratory testing at no cost when testing is sent to a Quest Diagnostic laboratory. If different lab is used, lab work will be subject to a copay (no copay for hospital in-patient or emergency room lab work)



LiveHealthOnline for Digital Access to a Doctor

On the next slide, you will learn how to see a doctor on your phone, tablet or computer 24/7, 365 days a year– no appointment required!

Just log in a livehealthonline.com or use the app and see a board-certified doctor through secure and private video in a few minutes. Prescriptions can be sent to your pharmacy, if needed.

LiveHealth Online has a \$30 copay.

customersupport@livehealthonline.com

1-888-548-3432

How to use LiveHealth Online on your mobile device



What you need

First, make sure your mobile device has:

- The LiveHealth Online mobile app installed (see the links to the right).
- A front-facing camera that supports two-way video visits.
- A high-speed Internet connection.

For iPhone, iPad or iPod devices, you need an:

- iOS operating system.
- iPhone® 4S or later model.
- iPad® 2 or later model.
- iPad Mini.
- iPad Air.
- iPod® Touch 5th generation.

For Android devices, you need an:

- Android phone (Gingerbread v2.3.3 or above).
- Android tablet (Gingerbread v2.3.3 or above).

Keep in mind, we don't support the HTC myTouch and PantechP9070.

Download the app

Search for LiveHealth Online in the App Store™ or on Google Play™:



Get started

1. Open the app.
2. Create a six-digit pin number. You'll need this number every time you use our app.
3. Fill out the [Tell Us About Yourself](#) page.

If you do not already have an account, we'll create one for you and e-mail you instructions on how to use LiveHealth Online. If you've already signed up, we'll find your account. Then, you'll need to pair your device with your web account.



Pair your account with your device

1. Choose **E-mail Me My Code**. We'll send a pairing code to the e-mail address you first signed up with or to the e-mail address in your profile.
2. Find your code in your e-mail.
3. Go back to our app and enter **your pairing code**. You'll be brought to your LiveHealth Online account.

If you don't know your e-mail address, call customer support or log into your LiveHealth Online account. Click **My Account**. Your e-mail address is under **My Profile**. Keep in mind, your pairing code will expire after 20 minutes.

Connect to Wi-Fi

Sign into a wireless connection to enjoy the best possible video quality. If you're using a wireless connection with a weak signal, you may have problems with your video or sound.

LiveHealth Online at work

Some workplaces have security measures that may prevent you from using our service on your mobile device. If this is the case, we'll send you a message after you enter your six-digit pin number to let you know our service isn't available. If this is the case, try talking with one of our doctors using your home wireless connection.

Talk with a doctor

1. Choose the doctor you'd like to talk to.
2. Click **Talk Now**.
3. Enter **your phone number**. This way, if your visit is interrupted for any reason, your doctor can call you back. He or she can also follow up with you after your visit.

Send a message to your doctor

1. Tap the **Message** button on your doctor's profile page.
2. Attach a photo, if you would like. This might be helpful for some health issues (bruises, cuts and rashes).
3. Send your secure message.

Keep in mind, your doctor may not read your message right away. We encourage you to talk to your doctor directly if you're seeking treatment. Also, it's important to call 911 if your health issue is an emergency.

Amalgamated Medical Care Management (AMCM)

- **AMCM** offers clinically based medical care management programs designed to promote optimal health outcomes and manage health care costs through patient advocacy, support, health information and education by medical professionals.
- **A Leader in Quality – AMCM** is an established quality leader in the health care arena with four separate URAC accreditations covering Utilization Management, Case Management, 24/7 Nurse HelpLine and Independent Review services.
- **Clinical Expertise – AMCM** is supported by a team of nurses and physicians which includes an independent review panel made up of over 200 board-certified physicians and specialists.
- **24/7 Nationwide Coverage – AMCM's** care management is available on a 24/7/365 platform and its clinicians are licensed in all states that require licensing.
- **Patient-Centric – AMCM's** patient-centric approach to care management ensures that better clinical and financial outcomes can be achieved while maintaining patient satisfaction.
- Learn more about medical care management by visiting <http://www.swschp.org/>, or calling: 1-888-PSWSCHP)1-888-779-7247

Pre-Certification

Services that require pre-certification *include, but may not be limited to:*

- Acupuncture
- Bone Density Test if you do not meet the criteria listed under *Preventive Benefits Section G of the SPD*
- Dialysis
- Durable Medical Equipment and prosthetics (rentals or purchases over \$500)
- Home Health Care (Includes Home Infusion Therapy and Visiting Nurse Services)
- Hospice Care
- In-Patient Admissions (Medical, Mental Health and Substance Use Disorder)
- MRI/MRA/PET/CTA/Spect Scans (CTs do not require pre-cert)
- Enteral and Parenteral Nutritional Supplements
- Oncology Care/Services (Chemotherapy and Radiation Therapy)
- Organ/Bone Marrow Transplants
- Private Duty Nursing, home health care and nursing visits
- Skilled Nursing Facility
- Residential Facilities for Mental Health and Substance Use Disorders (note that residential facilities are not covered for any other types of treatment)
- Surgery and/or Surgical Procedures (except for surgeries done in the doctor's office)
- Therapies and rehabilitation including Physical, Speech, and Occupational Therapy, and Physiotherapy
- Temporomandibular Joint TMJ Procedures
- Genetic Testing (except for testing required under the ACA Preventive services)
- Gene Therapy. Please note that no benefits will be provided for Gene Therapy if you do not contact Medical Management prior to receiving the therapy.
- All Comprehensive and Advanced Infertility Services and Certain Basic Infertility services as outline in the Schedule of Medical Benefits.
- Biofeedback

Medical Review

The following services require medical review:

- Infusion Therapy
- Cardiac Rehabilitation (therapy) after the 36th visit in a calendar year
- Pain Management
 - Epidural Steroid Injections
 - Trigger Point Injections
 - Nerve Blocks/Occipital Nerve Blocks
 - Botox for Migraines and Intra-articular Injections (Hylagan Steroids)
- Acne Treatment
- Therapies/rehabilitation, incl. Applied Behavioral Therapy and Chiropractic after 12th visit and before 13th visit for the same diagnosis/episode of care
- UV Treatments (PUVA)
- Sleep studies that are physician attended
- Intensive Outpatient and Partial Hospitalization Program
- Support Stockings are limited to two (2) pairs during any 6-month period

Medical Services NOT Covered

- Cosmetic surgery (unless required for reconstructive surgery which is incidental to, or follows surgery or reconstructive surgery due to a congenital disease or anomaly which has resulted in a functional defect to a Dependent Child)
- Adult/Child Dental care (except dental or oral surgical procedures due to accidental injury or congenital disorders)
- Habilitation services
- Long-term care *when traveling outside the U.S*
- Non-emergency or non-urgent Adult/Child routine eye care (except eye exam/glasses covered once following cataract surgery)
- Routine foot care
- Weight loss programs (except bariatric surgery as provided by the Plan regarding morbid obesity (a weight of at least 100 pounds more than normal body weight for the patient's age, sex, height and body frame based on Body Mass Index BMI weight tables))

The following common medical services are examples of services NOT covered by your plan. Other services may also be excluded. Always check with a care navigator before scheduling an appointment or undertaking services.

How to File an Appeal

You or your authorized representative have 180 days from the date of denial notice to file a **Member** appeal with SWSCHP. You may initiate an appeal of any denial by calling **1-888-P-SWSCHP (1-888-779-7247)** or by writing a letter explaining the basis of your appeal. Send your letter to:

To File a Grievance/Appeal: (Non-Clinical Issues)

Amalgamated Employee Benefits Administrators

Attn: Appeals Department

PO Box 5451

White Plains, NY 10604

Fax: 914-367-2981

For Medical Necessity Appeals, contact:

Amalgamated Medical Care Management

Attn: Appeals

8C Industrial Way

Salem, NH 03079

ammretrosandappeals@alicaremed.com

Fax: 914-367-4152

Prescription Plan Information

- The SWSCHP plan does not have a deductible on prescription drugs.
- You pay the applicable member cost share until the pharmacy Out Of Pocket maximum is reached.
- Under this plan your Annual Maximum Out of Pocket (MOOP) is: Individual \$3,600; Family \$7,200

Complete prescription information can be found at

<https://www.swschp.org/activepreretiree-members>

*Welcome to
the Family!*

