

NCLM Member Flyers

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As you know, starting 7/1/2024 you and your employees will be able to utilize the Aetna network. We are very excited about this move and what it means for our membership; greater access to medical care, increased programming, and customer service through League employees.

With this transition, we are able to offer some plan enhancements to the program as well as some alterations. The subsequent pages list updates and plan alterations for your plan from the 2023-2024 year to the 2024-2025 year. Please reference the schedule of benefits for more detailed information.

How do I find a participating provider?

- Visit "[Find a Doctor, Dentist or Hospital | Aetna](#)" on **Aetna.com/docfind**,
- Click: Plan from an employer in the box labeled "Don't have a member account?"
- Enter your home location (ZIP, city, county, or state) to access providers specific to plan benefits then set range of miles around home location (up to 100-mile radius).
- Select the plan option **Aetna Choice POS II (Open Access)**
- Search by provider name or provider type.
 - You'll also have the option to search by category: Medical Doctors & Specialists, Hospitals & Facilities, Urgent Care, Walk-In Clinics, Pharmacies, Behavioral Health, Dental Care, Vision, Labs & Testing, Alternative Medicine, Durable Medical Equipment, Common Procedures & Conditions, Institutes of Quality/Institutes of Excellence.
- Explore providers in list view or map view.

What Pharmacy can I use?

CVS Pharmacy® – Members can pick up their prescription at one of 9,800+ locations.

The network also includes all major chains and most independent pharmacies.

How to find pharmacies in your network

- Visit [Search By Location : DocFind \(aetna.com\)](#)
- Enter your home location (ZIP, city, county, or state) to access providers specific to plan benefits then set range of miles around home location (up to 100-mile radius).
- In the Type field select "**Retail Pharmacy Location**"
- Next, input zip code and distance
- Your 'plan' is the "**Aetna Extended Day Supply Network**"

Benefit Category	Benefit	Clarifying Benefit
Bereavement -In and Out Of Network	Better Than: We recommend our Compassionate Care program, which provides coverage for bereavement and respite care as part of the overall hospice program, with bereavement not subject to the current limit.	Aetna Compassionate Care Program (ACCP) Enhanced Hospice Benefit Provides the option for a member to continue to seek curative care (a remedy, procedure or therapy that tries to cure a disease or significantly prolong life) while in hospice; the ability to enroll in a hospice program with a 12-month terminal prognosis.
Breast Pumps -In and Out Of Network	Better Than: We will follow our standard guidelines in accordance with our response to ACA requirements. Once discharged, we allow standard electric breast pump purchase for the mother once every 12 months. We will also allow manual breast pump purchase during pregnancy.	100% no deductible. Electric breast pump limited to 1 per 12 months (1/1/14 and later)
Diagnostic Laboratory and X-ray – Outpatient – Out of	Better Than: Eligible services will be subject to the recognized charge. We are unable to administer as	Aetna Standard requires this benefit to be Deductible & Coinsurance - Benefit Improvement
Diagnostic Laboratory and X-ray – Outpatient – Out of	Better Than: Eligible services will be subject to the recognized charge. We are unable to administer as	Covered at plan rate after deductible
Dialysis -In and Out Of Network	Better Than / Equal To / Clarification: The cost share for this service will be based on the type of service performed and the place of service where it is rendered.	Place of Service
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Dialysis -In and Out Of Network	Better Than / Equal To / Clarification: The cost share for this service will be based on the type of service performed and the place of service where it is rendered.	Place of service
Dialysis -Out Of Network	Clarification: Eligible services will be subject to the plan's out-of-network deductible. We are unable to administer as	Place of service
Eligibility Dependent -In and Out Of Network	Better Than / Clarification: For self-insured plans, one or the other of the following options is available for a newborn that is the member's child: Automatic coverage for first 31 days under the newborn's file OR No Coverage	Better benefit =Automatic coverage for first 31 days under the newborn's file OR No Coverage unless Newborn is enrolled.
Family Planning Abortion -In and Out Of Network	Better Than: We can support eligible abortions performed when the mother's life is endangered by continuation of the pregnancy (life endangering condition must be that of the mother, not the fetus), or when medical complications arise from an abortion available for all eligible female	Excludes voluntary abortion except where the life of the mother is in danger or complications arise.

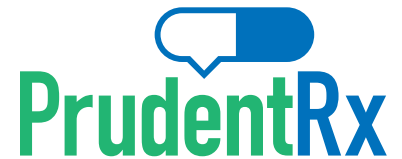
Hearing Aid -In and Out of Network	Better Than / Equal To / Clarification: We can administer a Hearing Aid benefit limit up to \$1,000 every year or a pair of hearing every 36 months for all eligible members. <u>Only one limit will apply. We are unable to mirror dual</u>	1 exam every 24 month 80% after deductible no copay 1 per ear every 36 months max of \$1000/ONN 60% after deductible 1 per ear every 36 months max of \$1,000
Home Health Care – In and Out of Network	Better Than: This limit will not apply. We are unable to apply a number of hours per day maximum as requested.	80% after deductible, no limit
Mouth, Jaws and Teeth – Oral Surgery -In and Out Of Network	Better Than: We will include coverage for Orthognathic Surgery per the guidelines in Clinical Policy Bulletin #0095, and as authorized by our Oral Surgery unit. The requested	Covers medical in nature oral surgery
Multiple / Bilateral Surgery Options -In and Out Of Network	Equal To / Clarification: We can allow 100% of the allowable expense for the primary surgery and 50% of the negotiated/ recognized charge for additional services. We	Subject to Ded, Coin based on plan of benefits
Office Visit-Out of Network	Clarification: Urgent office visits will be covered the same as any other office visit. We are unable to distinguish physician office visits for urgent care from any other office	Ded & Coin
Office Visit-Out of Network	Clarification: Urgent office visits will be covered the same as any other office visit subject to the plan's out-of-network deductible. We are unable to distinguish physician office visits for urgent care from any other office	Urgent office visits will be covered the same as any other office visit subject to the plan's out-of-network deductible. We are unable to distinguish physician office visits for urgent care from any other office visit.
Other Services – Outpatient – In and Out of Network	Better Than / Clarification: The following services are not covered as they are considered experimental and investigational, because there is inadequate evidence in the peer-reviewed published medical literature of their effectiveness: Acupressure, Ayurvedic medicine, Energy medicine, Functional medicine, Homeopathy, Hypnotherapy, Integrative medicine, Qi Gong, Reiki, Traditional Chinese/Asian medicine, Yoga therapy. We standardly cover: 10 visits of Acupuncture therapy for the indications outlined in Clinical Policy Bulletin #0135 (at the PCP cost share); Biofeedback as medically necessary for certain medical conditions as outlined in clinical policy	We will duplicate this benefit.
Other Services – Outpatient – In and Out of Network	Better Than: We will administer coverage for Genetic Testing and Genetic Counseling subject to our Clinical Policy Bulletins. We are unable to administer a customer	Ded & Coins = Gene-Based, Cellular and Other Innovative Therapies (GCIT) FDA approved therapies that are intended to treat or cure previously untreatable, often fatal, conditions.

Other Services – Outpatient – In and Out of Network	Better Than / Clarification: The following services are not covered as they are considered experimental and investigational, because there is inadequate evidence in the peer-reviewed published medical literature of their effectiveness: Acupressure, Ayurvedic medicine, Energy medicine, Functional medicine, Homeopathy, Hypnotherapy, Integrative medicine, Qi Gong, Reiki, Traditional Chinese/Asian medicine, Yoga therapy. We standardly cover: 10 visits of Acupuncture therapy for the indications outlined in Clinical Policy Bulletin #0135 (at the PCP cost share); Biofeedback as medically necessary for certain medical conditions as outlined in clinical policy	We will duplicate this benefit.
Pre Admission Testing - In and Out of Network	Better Than: This limitation will not apply. These services are covered on the same basis as any other eligible diagnostic x-ray & laboratory expense under the plan.	These services are covered on the same basis as any other eligible diagnostic x-ray & laboratory expense under the plan. Ded & coins (HDHP) or 100% based on the plan of benefits.
Precertification -In and Out of Network	Better Than / Equal To: Our standard precertification requirements will apply, including our list of services subject to precertification (out of network hospital, treatment facility, skilled nursing facility, home health care, private duty nursing, and hospice admissions). In-network precertification is the responsibility of the	Precertification Non-emergency admissions or outpatient services must be precertified 14 days prior to the confinement or scheduled date of treatment. Notification of emergency stays should be made within 48 hours of admission.
Prosthetic Devices (Internal/External Combined) - In and Out Of Network	Better Than: We will cover medically necessary prosthetic equipment subject to our standard claim guidelines. We cover charges for replacement when it cannot be repaired, the repairs would be more expensive than purchasing or renting replacement equipment or replacement is	Enhanced Benefit
Routine Colorectal Cancer Screening – Out of Network	Better Than: Eligible services will be subject to the recognized charge. We are unable to administer as	100% no deductible no copay colonoscopy no age or frequency
Spinal Manipulation Therapy – Outpatient – In Network	Better Than: We will cover eligible services by recognized providers operating within the scope of their license. We are unable to administer blanket exclusion as proposed.	We will duplicate the CAMS Benefit on a manual Basis.
Surgery – Outpatient – Out of Network	Better Than: Eligible services will be subject to the recognized charge. We are unable to administer as proposed.	Colorectal Cancer Screening (AMA guidelines) 100% no deductible no copay colonoscopy no age or frequency for all members age 45+: Fecal occult blood test every year, Sigmoidoscopy (1 every 5 years), Double contrast barium enema (1 every 5 years), Colonoscopy (1 every 10 years). Health Care Reform: In-Network and Indemnity must cover preventive care with no cost share on non-grandfathered / non-exempt plans. Essential Benefit - must cover without dollar limits.

Travel & Lodging - Transplant - In Network	Better Than: Aetna's Institute of Excellence (IOE) will replace the prior benefit. Aetna's Travel & Lodging reimbursement is limited to a \$10,000 combined maximum for the member, companion, and donor for any one transplant or procedure type when travel to IOE facilities is more than the approved mileage from the	To be eligible for travel&lodging reimbursement, the member(or provider) must pre authorized evaluation andtreatment, the member must utilize an IOE facility and obtain pre-authorizationn for travel and lodging
Ambulance – Out of Network	Equal To / Clarification: Our safe transport policy applies: We will cover all preferred providers and emergency transport by non-preferred providers at the in-network benefit. We also standardly cover non-emergency but medically necessary transports by non-preferred ambulance providers from preferred hospitals at the in-network benefit level when the member cannot be safely or adequately transported in another way without and preserving the individual's health. Non-emergency but	Ambulance Covers medically necessary transport. Ground ambulance for member convenience or for non-clinical reasons is not covered. This benefit needs to be match to the ER benefit - Benefit Enhancement
Autism/Pervasive Developmental Delay -In and Out Of Network	Compliance / Better Than: In response to our interpretation of Federal Mental Health Parity legislation, we will cover services for autism spectrum disorder - including habilitative services, applied behavioral analysis	100% no deductible no copay
Autism/Pervasive Developmental Delay -In	Compliance / Better Than: In-network ABA will be subject to the Behavioral Health Outpatient-All Other benefit	100% no deductible after \$40 copay
Cardiac Rehabilitation – Outpatient – In Network	Better Than / Equal To / Clarification: The cost share for this service will be based on the type of service performed and the place of service where it is rendered.	Aetna will apply the place of service rule.
Convalescent/Skilled Nursing Facility – Out of Network	Clarification: Eligible services by out of network providers will be subject to the out of network deductible. We are	70%, 80%, 85% after deductible
COVID-19 -In and Out Of Network	Equal To / Clarification: The cost share for this service will be based on the type of service performed and the place	Aetna will apply the place of service rule. Member cost is reduced by utilizing our CVS Pharmacies
Dialysis -In and Out Of Network	Better Than / Equal To / Clarification: Eligible dialysis will be subject to the recognized charge (e.g. the in-network provider's contracted rate). The cost share will be based on the type of service performed and the place of service where it is rendered. We follow Medicare Secondary Payer (MSP) rules. Medicare is secondary for the first 30 months	We are providing a enhanced benefit
Durable Medical Equipment – Outpatient – In and Out of	Better Than: We will cover eligible Durable Medical Equipment subject to our guidelines. We are unable to	80% after deductible

Family Planning – Basic Infertility/ Diagnosis and Treatment – In and Out of Network	Better Than / Equal To: We will cover the diagnosis and treatment for the underlying medical cause of infertility based on the type of service performed and the place of service where it is rendered. Basic infertility coverage is embedded in all our plans. For example: Endometriosis is a disease that may cause infertility, but we will cover expenses to treat the disease regardless of the diagnosis.	Member cost sharing based on type of service performed and place of service where rendered
Family Planning – Maternity Coverage -In and Out of Network	Better Than / Clarification: We assume that our comparable program and guidelines will apply. (i.e. Aetna Enhanced Maternity Program). We are unable to mirror as	Enhanced Maternity Program = Enhanced benefit
Family Planning – Maternity Coverage -In and Out of Network	Compliance / Better Than / Equal To: Maternity is payable the same as any other covered expense as part of the negotiated global fee, which includes the delivery and all routine prenatal and postpartum visits. We will split the global maternity fee as appropriate and pay prenatal at 100%, no deductible as required by The Affordable Care Act (ACA). If the initial visit or any other visit is not billed as	Covered same as any other expense
Family Planning – Maternity Coverage -In and Out of Network	Compliance / Better Than / Equal To: Maternity is payable the same as any other covered expense as part of the negotiated global fee, which includes the delivery and all routine prenatal and postpartum visits. We will split the global maternity fee as appropriate and pay prenatal at 100%, no deductible as required by The Affordable Care Act (ACA). If the initial visit or any other visit is not billed as	Covered same as any other expense
Hospital Services – Inpatient – In and Out of Network	Clarification: Newborns (sick and well) will be covered under their own ID and will be subject to the inpatient	Newborn is covered under the Mother for the birth for the first 30 days. Newborn will need to be enrolled as dependent prior to the 31 day.
Mouth, Jaws and Teeth – Oral Surgery -Out Of Network	Clarification: Our list of contracted providers will be considered as participating providers. All other non-contracted providers will be considered out-of-network	Covers medical in nature oral surgery
Nutrition -In and Out of Network	Compliance / Better Than: We recommend that coverage is included for all medically necessary nutritional counseling visits. Limiting the benefit for nutritional counseling risks non-compliance with federal legislation	Aetna Standard Benefit applies
Office Visit-Out of Network	Clarification: Urgent office visits will be covered the same as any other office visit. We are unable to distinguish physician office visits for urgent care from any other office	100% after \$40 Specialist copay, or 100% after \$30 Specialist copay based on the groups benefit selection
Preventive -Out Of Network	Compliance / Better Than: No dollar maximums will apply for essential benefits. We recommend visit limits on a benefit year basis subject to PPACA requirements.	Aetna Health Your Way offers \$100 Gift Card. NCLM has a \$25,000 Wellness Fund which can be used to provide incentive payments with separate Tracking.

Pulmonary Rehabilitation – Outpatient – In Network	Better Than / Equal To / Clarification: The cost share for this service will be based on the type of service performed and the place of service where it is rendered.	Benefit differential by type of service and place of service
Surgery – Outpatient – In and Out of Network	Clarification: Our claim policy will apply and eligible services will be subject to the recognized charge. Coverage will be dependent on how the assistant surgeon bills. There are several factors (e.g. surgical CPT code, service modifier, eligibility determination for an assistant surgeon primarily on the rules of the American College of Surgeons, the American Medical Association, and the Centers for	Benefit Enhancement
Surgery – Outpatient – In and Out of Network	Equal To / Clarification: Coverage for dental anesthesia will be administered per the guidelines in Clinical Policy Bulletin #0124 (General Anesthesia and Monitored Anesthesia Care for Oral and Maxillofacial Surgery and	Health Care Reform requires out-of-network to be paid at in-network cost share
Transplant Services – In and Out of Network	Clarification: The plan's regular precertification penalty will apply. We are unable to administer a separate penalty for Transplants as proposed.	Requires Pre authorization. Includes expenses of a live donor if not covered elsewhere. Excludes experimental/investigational transplants - 80% after Deductible/Covered same as any other expense for treatment at a non-IOE Transplant Facility(non-pat plan coins.
Wig -In and Out Of Network	Better Than: We will apply coverage for wigs when medically necessary and in accordance with the guidelines outlined in Benefit Guidance Statement 010. We cover wigs when prescribed by a physician as a prosthetic for hair loss due to injury, disease, or treatment of a disease. <i>Wigs will be covered on the same basis as any other</i>	This benefit is covered under multiple plan at 70%, 80% % 85%
Other Services – Outpatient – In and Out of Network	Clarification: Expenses for service animals will not be covered under the medical plan. We are unable to	Not Covered under Aetna Plan.
Prescription Drugs -Out Of Network	Clarification: Out of network will be covered at the regular plan rate after the out of network deductible. If the intent is to cover eligible Retail RX at the same rate as in-our preferred MOD drug arrangement, only our preferred	Current utilization shows 4 Pharmacies with 6 total claims. The goal is to add these pharmacies into the CVS Health Pharmacy network.



Reduce out-of-pocket costs on your specialty medications

We're introducing an innovative way to help you save

Your specialty prescription benefit plan may look a little different next year.

Here's what's new

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.*

How it works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.** Participating members will have a **\$0 out-of-pocket** cost on eligible specialty medications!†

How to get started

Your enrollment in the program will begin automatically, but additional steps may be needed.†† You can choose to opt-out at any time.‡

We'll send more information before we make this plan change. In the meantime, you can continue to fill your prescriptions as usual.



*Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on high-deductible health plans (HDHPs) with health savings accounts (HSAs) will be limited to only those medications included on the client's specialty drug list and dispensed by CVS Specialty® and will not include limited distribution drugs.

**Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

†Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a final \$0 out-of-pocket cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the Internal Revenue Code, which is administered and enforced by the Internal Revenue Service.

††Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take.

‡If you choose to opt out of the program or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

Wondr is not a diet—it's a science

With Wondr, you don't have to eat kale salads 24/7 or become a gym rat—our digital weight loss program will teach you how to be in your best health as your true self. You'll learn science-based skills that help you lose weight, sleep better, stress less, and so much more.

Here's what you get:



A 100% digital on-the-go experience and Wondr app



Clinically-proven results that last



Expert team of instructors via our digital platform



Weekly master classes that are tailored to you



Personalized support through texts, daily nudges, and health coaches



Welcome kit complete with tools and encouragement



The WondrLink™ online community for social support



The Wondr blog for other relevant resources

“Once I saw the numbers actually drop on that scale, it gave me hope and more confidence.”

Brad M.

LOST 70 LBS GAINED CONFIDENCE

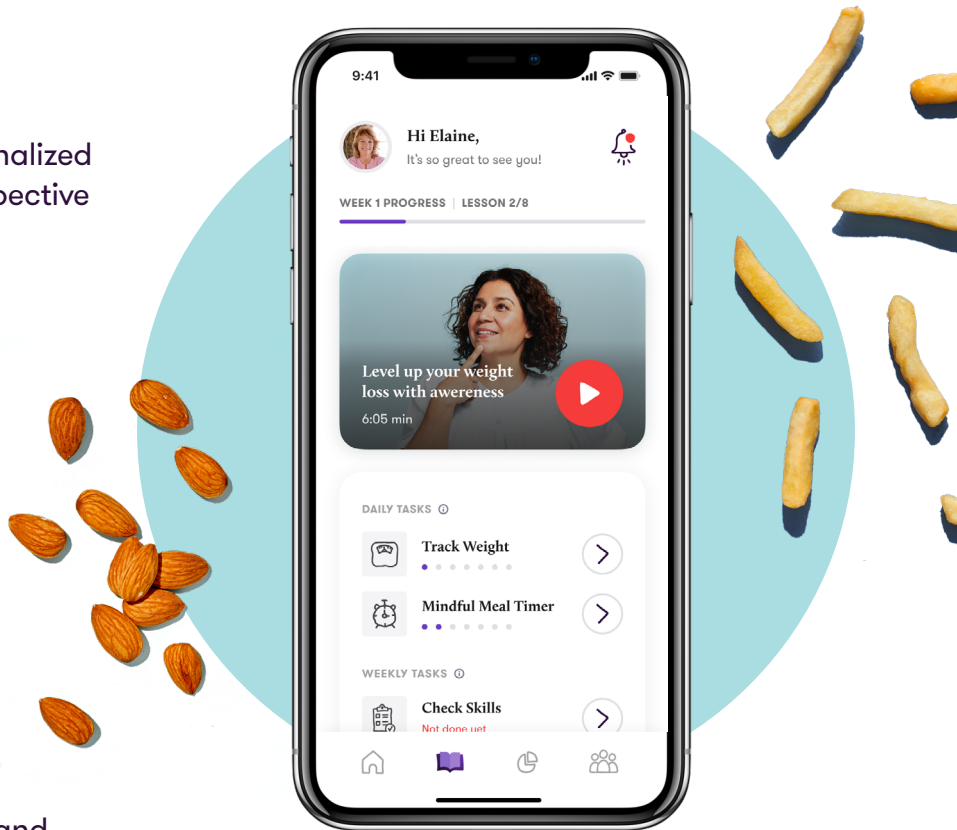


Wondr works wonders

From the welcome kit to our app to personalized master classes, Wondr gives a fresh perspective on your best health ever.

A “taste” of Wondr master classes

- ✓ The science of losing weight
- ✓ Mmmmindful eating
- ✓ How to catch the best zzzs
- ✓ Satisfy your brain
- ✓ When to eat to burn fat
- ✓ Hunger and hydration go hand-in-hand



Healthier and happier from head to toe

Wondr goes beyond the number on the scale to improve all aspects of your health.

wondr PARTICIPANT

Tut B.

LOST 50 LBS
GAINED ATHLETICISM



85%

FEEL MORE IN CONTROL OF THEIR WEIGHT*



10.6 lbs

AVERAGE WEIGHT LOSS PER PARTICIPANT



57%

IMPROVED THEIR MOOD*



61%

HAVE MORE ENERGY*

Visit wondrhealth.com

*based on participant results

 **wondr** HEALTH™

COMPLEMENTARY AND ALTERNATIVE MEDICINE

Our local government employees have critical responsibilities that come with unique stressors. The Health Benefits Trust is proud to offer complimentary and alternative medicine options to help our members find better work/life balance. The CAM Program is available to groups that have medical coverage through HBT, and provides coverage for the following treatments:

Acupuncture/dry needling: Practice in which fine needles are inserted into the skin to stimulate specific points in the body.

Acupressure: Massaging certain points on the body to relax muscles, balance your natural energy flow, and relieve stress and pain.

Ayurvedic Medicine: Treatment based on the belief that health and wellness depend on a delicate balance between the mind, body, and spirit. Its main goal is to promote good health, not fight disease.

Biofeedback: Method used to help a person learn stress-reduction skills by providing information about muscle tension, heart rate, and other vital signs as the person attempts to relax.

Energy medicine: (see Qi Gong and Reiki)

Functional medicine: (see Appendix B in Master Medical SPD for more information)

Homeopathy: Medical system based on the belief that the body can cure itself. Those who practice it use natural substances, like plants and minerals.

Hypnotherapy: Treatment using guided relaxation, intense concentration, and focused attention to achieve a heightened state of awareness. Hypnotherapy can help some people change certain

behaviors, such as to stop smoking or nail-biting. It can also help in treating certain kinds of pain.

Integrative medicine: (see Appendix B in Master Medical SPD for more information)

Massage therapy: Form of hand-applied pressure-point treatment that can reduce pain, anxiety, fatigue, and nausea. (Note that claims are based on individual massage sessions.)

Naturopathy: System that uses natural remedies (including massage, acupuncture, exercise, and nutritional counseling) to help the body heal itself.

Qi Gong: Chinese form of moving meditation.

Reiki: Form of “touch” therapy that realigns your body’s energy balance. It can make it easier to manage pain, stress, and worry.

Traditional Chinese / Asian medicine

Yoga therapy: Involves specific poses or sets of movements that can be combined with deep breathing to help ease stress, anxiety, and fatigue. (Not to exceed six-session package per claim submission and must be submitted after last date of package.)

See back page for more info



COMPLEMENTARY AND ALTERNATIVE MEDICINE

Enjoying these treatments is simple!

When the Plan Participant participates in a CAM Program treatment, the fee should be paid to the provider at the time the service is rendered.

After participation and payment, fill out a Medical Claim form and send it to camsprogram@aetna.com with your receipt. You can find this form at www.aetna.com/individuals-families/using-your-aetna-benefits/find-form.html.

Members with a copay structured plan are responsible for a \$30 copay for CAM benefits. After services are received (like a massage) the employee will pay 100% of the cost to the provider. The employee will then fill out a claim form and attach a receipt for services. The employee will be reimbursed all but \$30.

For example, if I received a \$100 massage, I would pay the provider in full. I would then file a claim. A reimbursement of \$70 would arrive in the mail.

Members with a High Deductible Health Plan (HDHP) must meet their deductible before reimbursement. When services are rendered (like a massage) the employee will pay 100% of the cost to the provider. The employee will then fill out a claim form and attach a receipt for services. The employee will not be reimbursed until their deductible is met. This will count towards their deductible accumulation. After the deductible is met, CAM Benefits will be reimbursed at 100%.

For example, if I received a \$100 massage, I would pay the provider in full and then file a claim. If my deductible has already been met, I would receive all \$100 back in the mail.

This benefit has a \$1,000 per year max per individual.

Questions? Call Aetna at 855-221-1536.



Working as one. Advancing all.

DIABETES MANAGEMENT PROGRAM

ENROLL YOUR ORGANIZATION IN NCLM'S DIABETES MANAGEMENT PROGRAM

A \$500 per employee value, at no cost to you!

NCLM's Diabetes Management program, offered through HealthMapRx and available to all Health Benefits Trust members, is a valuable and tremendous resource for your employees—and it's free.

This voluntary program keeps our diabetic and pre-diabetic members healthy and in control. Through Diabetes Management, your covered employees are paired with a Pharmacist Care Manager, who they'll meet for coaching and consultation four to six times per year. Co-pays are 100% covered for condition-related preferred medications.

Not only are these services provided at no cost, but compliant participants will additionally be awarded up to \$120 per year!

BENEFIT OF THE PROGRAM:

Health coaching

A personalized Pharmacist Care Manager will meet with you throughout the year for consultation and assistance.

Help with expensive medications

Co-pays are 100% covered for condition-related preferred medications through this program.

Awards

Complete the program, and employees will earn \$120 per year.

ELIGIBILITY REQUIREMENTS:

Employee is a covered member

Takes medication for diabetes or pre-diabetes

THREE ENROLLMENT OPTIONS:

1. Enroll online at <https://www.ppcn.org/nclm.html>
2. Fax or scan/email completed Participant Information Form to PPCN
3. Contact Jessica Bridges, PPCN Health Promotions
p: (704) 618-7719
f: (877) 888-787
e: jessica.bridges@emailmm.com



DIABETES MANAGEMENT PROGRAM

ARE YOU DIABETIC OR PRE-DIABETIC?

Enroll in NCLM's Diabetes Management program today for free diabetes supplies, a bonus and more!

The Health Benefits Trust's Diabetes Management Program, offered through HealthMapRx, is a valuable resource for diabetic and pre-diabetic members. This voluntary program keeps you healthy and in control. Through Diabetes Management, you will receive:

Health coaching

A personalized Pharmacist Care Manager will meet with you throughout the year for consultation and assistance.

Help with expensive medications

Co-pays are 100% covered for condition-related preferred medications through this program.

Awards

Complete the program, and employees will earn \$120 per year.

Enrolling is Easy! Three Options to Get Started

1. Enroll online at <https://www.ppcn.org/nclm.html>
2. Fax or scan/email completed Participant Information Form to PPCN
3. Contact Jessica Bridges, PPCN Health Promotions
p: (704) 618-7719
f: (877) 888-787
e: jessica.bridges@emailmm.com

To be eligible, you must meet these two simple requirements:

Covered under your employer's NCLM Health Benefits Trust medical plan

Take medication for diabetes or pre-diabetes

