

Changes Lead to Opportunities

EHIM is a pioneer in the Pharmacy Benefits Management market, with a level of service that is unmatched. From custom formularies to 24/7 live customer service, we offer unmatched quality for business' personalized needs. We refer to this as the EHIM Experience, and it is the foundation of our business.



At EHIM, we understand that there are many questions related to the original 2015 legislative timeline that required integrated out-of-pocket maximums. We remain committed to sharing recent updates that effect all future clients to help them in making decisions related to their future healthcare benefits.

CHANGES EFFECTIVE JANUARY 2014

- On January 9, 2014, the Department of Labor (DOL) issued further guidance for non-grandfathered group health plans that maintain carve out programs. The guidance gives employers much GREATER flexibility with carve out arrangements. The "official" FAQ's is available at: <http://www.dol.gov/ebsa/faqs/faq-aca18.html>. (Question #3)
- Recent guidance clarifies beginning in 2015 plans may DIVIDE the out-of-pocket maximums for essential health benefits, allowing the medical plan and pharmacy plan to each have their own out-of-pocket maximum as long as when combined they do not exceed the annual out-of-pocket maximum. Group health plans are NOT required to apply a single out-of-pocket maximum and gives employer groups greater flexibility in the event that separate administrators are unable to exchange information.

Maximum Out-of-Pocket	Individual	Family
Medical	\$4,000	\$8,000
Rx	\$2,350	\$4,700
Total	\$6,350	\$12,700



WHY IS THIS IMPORTANT?

- Group health plans are NOT required to apply a single out-of-pocket maximum and this gives employer groups greater flexibility in their health insurance options. Groups can have separate parties administer their benefits even if the different parties are unable to coordinate out-of-pocket totals.
- Many of the current EHIM clients have expressed a desire to maintain their current pharmacy benefit administration with EHIM due to the level of service and cost savings that they have seen. We welcome others to enjoy the EHIM Experience and welcome your questions related to this matter.

WHAT SUPPORT CAN EHIM PROVIDE?

- EHIM's flexible, proprietary system will support clients maintaining an individual out-of-pocket maximum for pharmacy benefits only or an integration with the medical benefit administrator to track a single out-of-pocket maximum.
- Additionally, for EHIM clients desiring two separate out-of-pocket maximums, EHIM can assist in the analysis of your prescription benefits to provide recommendations on the prescription out-of-pocket maximum that makes sense for your unique group.

While the marketplace continues to change, an EHIM representative is always available to assist you for all your pharmacy benefit management and third party administration needs. Please feel free to call us at **800.311.3446** or email us at ehim@ehimrx.com for answers as to how EHIM can assist you in the future.