

County of San Benito

Frequently Asked Questions (FAQ): What You Need to Know (Actives)

Effective January 1, 2017, the County will be purchasing health benefits through a Joint Powers Authority (JPA) CSAC Excess Insurance Authority (CSAC EIA). This list of Frequently Asked Questions (FAQ's) is intended to help employees and dependents now covered by the CalPERS health plans understand this transition, open enrollment and other plan changes that will occur.

Q: Why is the County making this change?

A: The County is choosing to purchase health benefits through a JPA in order to reduce current costs, manage future costs and obtain control over plan designs being offered to the County's Employees.

Q: What health plans will be offered by EIAHealth?

A: The County will offer plans that match the Kaiser HMO, PERSChoice Anthem PPO and the PORAC plan.

Here are the plan names:

- EIA Anthem Choice PPO
- EIA Anthem Safety PPO
- EIA Kaiser HMO
- EIA Anthem HDHP with HSA

Under CalPERS, most of the County's employees and retirees were covered by an Anthem PPO or Kaiser HMO (97.7% / 510 total). 12 were covered by an HMO from Anthem, United Healthcare or Blue Shield.

Q: Are the provider networks in the EIAHealth plans the same as the CalPERS provider networks?

A: The provider networks under Anthem and Kaiser are the same that CalPERS uses. The County will be replacing the PERSSelect smaller Anthem network with the larger Anthem network used for the PERSChoice plan.

For the pharmacy plans, Express Scripts manages the pharmacy benefits for the EIAHealth Program. CalPERS uses CVS Caremark as their pharmacy benefits manager.

You are able to access the same Pharmacy retail stores you can access today. A complete pharmacy list can be found on the County's website.

Q: Are the benefits in the EIAHealth plans the same as the benefits in the CalPERS plans?

A: The health plans offered will closely match in-force benefits for current covered individuals. The County will be introducing an optional lower cost Anthem PPO plan that is not available today. Some plans will be going away:

- Anthem HMO
- United Healthcare
- Blue Shield plans

There are 8 individuals enrolled in PERSCare PPO and 4 enrolled in the United Healthcare HMO who will be offered a PERSChoice PPO look-alike plan.

Please also note that CalPERS has a few customized Kaiser benefits that are not made available outside of the CalPERS pool. There are slight benefit modifications and EIAHealth will mirror these benefits as closely as possible.

Q: When is Open Enrollment?

A: Open enrollment will be held from Monday, October 3rd through Friday, October 21st, 2016.

This is your annual opportunity to make changes without a qualifying event. To make changes outside of Open Enrollment requires a qualifying life event.

Changes made during the open enrollment will be effective January 1, 2017.

Q: How do the rates for the new plans compare to CalPERS and are rates set by region or are they all the same for all County of San Benito enrollees?

A: Rates are the same for all enrollees and do not vary by region. Approximately 75% of all individuals currently enrolled in County plans will pay the same or less for coverage in 2017. Employees may change plans to save money in premium costs.

Q: What are our 2017 medical rates?

A: Similar to CalPERS, the medical premium rates vary depending on the plan chosen and coverage tier selected. Below are the 2017 monthly premium rates. The full rate sheet, including County contribution to coverage, can be found on the County's website.

PLAN	MONTHLY COST
ACTIVES	
EIA CHOICE PPO	
EE ONLY	\$734.00
EE + 1	\$1,468.00
EE + FAMILY	\$1,908.00
EIA SAFETY PPO	
EE ONLY	\$645.00
EE + 1	\$1,291.00
EE + FAMILY	\$1,650.00
EIA HDHP WITH HSA	
EE ONLY	\$668.00
EE + 1	\$1,335.00
EE + FAMILY	\$1,736.00
EIA KAISER PERMANENTE HMO	
EE ONLY	\$749.00
EE + 1	\$1,483.00
EE + FAMILY	\$1,924.00

Q: What must I do?

A: All employees are required to complete and return enrollment or a waiver form to Human Resources **by October 21, 2016.**

If you have a disabled dependent, you will be required to complete a new Disabled Dependent Certification Form and return it with your enrollment form. Please contact Human Resources for a copy of the form.

Q: What happens if I do not complete an enrollment or waiver form?

A: If you fail to return the required forms to Human Resources by October 21, 2016, you will be automatically enrolled in a medical plan as employee-only coverage, as outlined below. It is important to note that dependents will not be automatically enrolled in the medical plans.

CURRENT CALPERS PLAN	REPLACEMENT EIAHEALTH PLAN
PERSChoice	EIA Anthem Choice PPO
PORAC	EIA Anthem Safety PPO
PERSCare	EIA Anthem Choice PPO
PERS Select	EIA Anthem Choice PPO
UnitedHealthcare HMO	EIA Anthem Choice PPO
Blue Shield Access+ HMO	EIA Anthem Choice PPO
Anthem Traditional HMO	EIA Anthem Choice PPO
Kaiser Permanente HMO (PERS)	EIA Anthem Choice PPO
Currently Waiving Coverage	Waive Coverage

Q: I currently waive medical coverage through the County. Do I need to complete a form?

A: Yes. All employees who currently waive coverage must submit a new waiver form with proof of other group (non-individual health coverage) for themselves and dependents to waive coverage for 2017. If you fail to return the required forms to Human Resources by October 21, 2016, you will be automatically waived from coverage through the County plan.

Q: Are there new medical plan design options available for 2017?

A: Yes. For 2017, the County is introducing a lower cost plan to the benefits offering. The High Deductible Plan (HDHP) with Health Savings Account (HSA) offers lower monthly premiums with a tax-advantaged savings account.

For more information, please review the separate HDHP with HSA FAQ available on the County's website.

Q: I'm currently enrolled in the PERSCare, PERS Select, UnitedHealthcare HMO, Blue Shield Access+ HMO or Anthem Traditional HMO. Will these plans be available in 2017?

A: No, the County will only be offering Anthem PPO and Kaiser HMO options.

As previously outlined, the suggested replacement plan for these offerings is the EIA Anthem Choice PPO, however individual experiences vary. Please review all plan offerings carefully to determine the best plan option for you and your family.

Q: Are there any changes to the CalPERS lookalike plans that are being offered through EIAHealth?

A: The health plans offered will closely match in-force benefits for most of the current covered individuals. However there are some slight differences on the Kaiser offerings as CalPERS provides some customized benefits that are not offered outside of PERS. Below is an overview of some of the differences:

Durable Medical Equipment	CalPERS KP HMO offers Out-of-Area purchasing. EIA KP HMO does not.
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Rx	CalPERS KP HMO has an Out-of-Pocket Maximum (OOPM) of \$5,350 individual and \$10,700 Family. There is no OOPM for EIA
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	KP HMO.
Emergency	CalPERS KP HMO offers a \$0 Copay if Member is placed in an "observation" status outside confines of the Emergency department. EIA KP HMO will charge the \$50 copay.
Hearing Aids	CalPERS offers \$1,000 Allowance every 36 months up to 2 Devices every 36 Months. EIA KP HMO offers \$500 allowance per device (1 device per ear), up to 2 Devices every 36 Months.
Home Care	CalPERS KP HMO offers \$0 per visit, unlimited visits. EIA KP HMO offers \$0 per visit on part time intermittent care, up to 3 visits per day; total of 100 visits per year.
Optical	CalPERS KP HMO offers eyewear for post cataract surgery at no cost. EIA KP HMO does not offer this coverage.
Prosthetics and Orthotics	CalPERS KP HMO offers Out-of-Area purchasing and Specialty "Non-Formulary" footwear. EIA KP HMO does not.
Provider Visits	CalPERS KP HMO offers a \$0 Copay if the Member needs Dialysis Treatment. EIA KP HMO does not.

Q: Are there any plan selection restrictions?

A: Yes there are two plans that have restrictions.

1. The Anthem Safety PPO plan is only available to safety members, similar to the PORAC plan through CalPERS.
2. In order to enroll in the Kaiser HMO plan, covered members must live or work within the designated Kaiser service area. To check if you are in the Kaiser service area, contact Human Resources or visit www.kp.org.

Q: What if I satisfy my deductible under my current PERS plan in the last quarter of the year?

A: Members are able to show proof to Anthem of the credits applied toward their deductible within the last quarter of 2016. The credits will be applied to the new plan in 2017.

Please note, this does not apply to High Deductible plan (HDHP) due to IRS regulations or new hire employees.

Q: Will there be a new pharmacy vendor under EIAHealth?

A: Yes for all plans other than Kaiser. On January 1, 2017 the new pharmacy manager will be Express Scripts for the EIA Choice and EIA Safety PPO plan. Anthem will manage pharmacy benefits for the HDHP. Kaiser will continue to manage pharmacy benefits for the Kaiser HMO plan.

For more information regarding pharmacy changes, please review the separate Prescription Rx FAQs available on the County's website.

Q: Are there any differences in the approved drug lists (formularies) for CVS Caremark and Express Scripts? (Note: Kaiser will not change).

A: Yes, there are differences. The formulary drug list is the list of brand names that Express Scripts has preferred pricing for, which provides a lower cost share for you as a member. Each plan has a Generic, Preferred Brand and a Non-Preferred brand co-pay structure. The generic named drugs are lowest in cost, preferred brand name "ESI formulary" is a little higher co-pay, and the highest co-pay will be applied to the Non-preferred "ESI's non-formulary" brand name drugs.

If a drug is considered "non-formulary" the drug is still covered but it will be the highest co-pay listed.

Excluded Drugs: An excluded drug is a certain brand name drug that is not covered under the plan. Currently there are certain brand named drugs that CVS excludes – the same is true for Express Scripts. If you are taking a brand name drug that will be “Excluded” – these drugs will be the highest out of pocket cost as you will be responsible for 100% of the cost. Please see the “Excluded” drug list for a list of alternative brand name drugs to take.

If you are taking any of these medications, please ask your doctor to consider writing you a new prescription for one of the alternative brand names on the list. If you have already tried all the alternatives, your doctor can work with Express Scripts to determine next steps to ensure member care is not hindered.

Non-formulary drugs and Excluded drugs are not a change in practice, as CVS Caremark and CalPERS also have a list of non-formulary and excluded drugs, however the list of the brand drug names may differ.

If a brand name drug you are taking is not included in the preferred formulary list, there are other like brand name medications in the same therapeutic class, e.g. anti-depressants, blood pressure, etc, that will be covered under the formulary to ensure members are receiving the care they need.

Q: Will I have to get a new mail order prescription from my doctor to send to Express Scripts?

A: Yes, the new Pharmacy Benefit Manager wants to hear from you and not from a system that may have outdated scripts. Therefore current mail order drugs will not be transferred to the new Pharmacy Benefit Manager. Please be sure to visit your doctor to get up to date prescriptions. More information will be provided about how to talk with your doctor, what information to give him/her and how to make this change as simple and trouble-free as possible.

Q: Will some medications be subject to prior authorization or other coverage Management protocols (for members enrolled in an Anthem PPO plan).

A: Coverage management programs under CVS Caremark will be reviewed and like programs will be set in place under Express Scripts, but will not begin until July 1. Communications will be sent 60 days prior to July 1 advising members on next steps. Only members taking scripts under the management protocols will receive a letter.

Q: Will any administrative changes take place under the EIAHealth Program?

A: Yes, some administrative changes will occur. Here is a list:

- a. For those who enroll in the Anthem Choice plan, you will receive a new Anthem ID card and a separate Express Scripts ID card for pharmacy benefits with new group numbers.
- b. Kaiser enrollees will also receive new ID cards.
- c. If you enroll in the new lower cost Anthem HDHP plan, you will only receive one card from Anthem for both Medical and Prescription coverages.
- d. Customer service: Anthem, Express Scripts and Kaiser Customer Service numbers will be on the ID cards. It may be difficult to find you in the system if you attempt to call in before January 1, 2017 and prior to receiving your ID card with your new member number. Therefore, it is recommended that you wait to call for service under your new ID numbers until after ID cards have been received.
- e. Cobra members will be administered by Businessolver, the EIAHealth Program's third party administrator (TPA). Cobra members should expect to see invoicing from Businessolver before the end of the year. You may contact Businessolver at 844-427-5554 should you have any questions. More information will be provided soon.

Q: Will there be changes to non-medical plans?

A: No. All benefits for other lines of coverage (dental, vision, etc.) will remain the same for 2017. Please note, if you currently participate in the Flexible Spending Account (FSA), you will need to re-elect for 2017.

Q: How do I find out more information?

A: We will be holding open enrollment meetings in October to review the upcoming changes as well as answer questions. Below is the meeting schedule:

Date	Time	Location	Department
Monday, October 3	8:30am	County Admin 481 4 th St	Health & Human Services Department
Monday, October 3	10:15am	County Admin 481 4 th St	Health & Human Services Department
Monday, October 3	1:15pm	County Admin 481 4 th St	All Other Departments
Monday, October 3	3:00pm	County Admin 481 4 th St	All Other Departments
Tuesday, October 4	8:30am	County Admin 481 4 th St	All Other Departments
Tuesday, October 4	10:15am	County Admin 481 4 th St	All Other Departments
Tuesday, October 4	1:15pm	County Admin 481 4 th St	Health & Human Services Department
Tuesday, October 4	3:00pm	County Admin 481 4 th St	Health & Human Services Departments
Tuesday, October 4	4:30pm-7:00pm	Juvenile Hall 708 Flynn Rd	Juvenile Hall
Wednesday, October 5	4:30pm-7:00pm	Juvenile Hall 708 Flynn Rd	Juvenile Hall
Thursday, October 6	4:30pm-7:00pm	County Jail 710 Flynn Rd	Corrections

Q: What if I cannot attend the open enrollment meetings?

A: The County will also hold “walk in” open enrollment on Monday, Wednesday and Friday for the remaining two weeks of open enrollment, beginning Monday October 10th, to assist with your questions. We will also continue to post communications, such as FAQs, benefit summaries and more to the County website as they become available.

You may also direct any questions to Human Resources at HumanResources@cosb.us.