

County of San Benito

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

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 retirees 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 Retirees.

Q: What health plans will be offered by EIAHealth?

A: The County will offer plans that match the Kaiser HMO and Anthem Choice PPO plans. Here are the plan names:

For Early Retirees:

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

For Medicare Retirees:

- EIA Kaiser Senior Advantage (KPSA) (Medicare)
- EIA Anthem Choice PPO Supp (Medicare)

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 PERSSChoice 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 listing 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
- PersCare Supp plan
- United Medicare Advantage
- PERSselect Medicare

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

CalPERS also has a maximum on the Rx out of pocket costs of \$1,000 on the Medicare Part D plans. The CSAC EIA plan does not have this maximum on the Medicare Part D benefit. In exchange, the EIA Medicare Part D plan does not have a Gap stage that would require the member to pay more for coverage after meeting the "Initial Coverage Stage". Therefore members can count on their co-pays to be consistent.

The Medicare Part D plan has the same protection for the member in the Catastrophic Coverage stage. Please note CMS is changing their limits in 2017 which the EIA plans will abide by.

For additional information see the benefits enrollment form with benefit summary for 2017 which includes more details of the Medicare Part D plan.

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
NON MEDICARE RETIREES	
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
MEDICARE RETIREES	
EIA CHOICE PPO	
EE ONLY	\$385.00
EE + 1	\$769.00
EE + FAMILY	\$1,154.00
EIA KAISER PERMANENTE KPSA HMO	
EE ONLY	\$316.00
EE + 1	\$617.00
EE + FAMILY	\$917.00

Q: What must I do?

A: All retirees 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: Non Medicare Retirees: If you are currently enrolled and you fail to return the required forms to Human Resources by October 21, 2016, you will be automatically enrolled in the **Anthem EIA Choice PPO** plan at the single coverage tier. It is important to note that dependents will not be automatically enrolled in the medical plans.

Medicare Retirees: If you are currently enrolled and you fail to return the required forms to Human Resources by October 21, 2016, you will be automatically enrolled in the **Anthem EIA Choice PPO Supp** plan at the single coverage tier. It is important to note that dependents will not be automatically enrolled in the medical plans.

If you currently waive benefits through the County, your coverage will continue to be waived for 2017.

Q: I'm a retiree and waived coverage through the County. Can I now enroll in the EIAHealth plans for 2017?

A: Retirees waiving now can re-enroll at the time of this initial open enrollment into the EIA, as long as they provide proof of loss of other "group" coverage.

Q: Will retirees be able to rejoin the program in the future if they waive for 2017 open enrollment??

A: Yes, if retiree shows proof of other group coverage that has not lapsed when joining.

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.
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 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.
Rx OOPM for Part D plans	There is no out of pocket maximum on the Medicare Part D plan. In exchange the Rx co-pays set by the plan continue to be the same during the Coverage Gap Stage. After the member reaches the Catastrophic Coverage Stage the member will pay the set coverage limits provided by CMS. Please see benefit summary for these limits.

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.

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 PPO Supp plan. Kaiser will continue to manage pharmacy benefits for the Kaiser HMO plan.

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

A: For Early Retirees: 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.

For Medicare Retirees: No, the formulary used for the Medicare Part D plan is the CMS mandated formulary. Therefore the members could only expect the changes to the formulary if CMS is making changes.

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. Medicare Part D plans will follow the CMS guidelines for coverage management.

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 Supp 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. Retiree billing will be directly administered by Businessolver, the EIAHealth Program’s third party administrator (TPA). Retirees 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.
- 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.

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
Friday, October 7	8:30am	County Admin 481 4 th St	Retirees A-M
Friday, October 7	10:15am	County Admin 481 4 th St	Retirees A-M
Friday, October 7	1:15pm	County Admin 481 4 th St	Retirees N-Z
Friday, October 7	3:00pm	County Admin 481 4 th St	Retirees N-Z

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. Retirees that cannot attend the “walk in” appointments can mail enrollment forms to Human Resources for processing. Enrollment forms will be available on the County website under “2017 Health Care Open Enrollment”. 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.

