

CENTRAL UNIFIED SCHOOL DISTRICT

HEALTH INSURANCE BENEFITS INFORMATIONAL MEETING
MAY 29, 2018

QUESTIONS AND ANSWERS

- Q What if a doctor is part of the Saint Agnes group?**
A Most physicians have privileges with multiple Hospitals. You should contact your physician to see which facilities they are contracted with.
- Q What about C-Care?**
A C-Care physicians are contracted with Networks by Design.
- Q What if doctor is out-of-network? What happens to co-pay and out-of-pocket expenses?**
A Out-of-Network doctors would be treated as out-of-network in the same fashion as now.
- Q How does the changes effect Dental and Vision plan?**
A There is no change to the dental or vision network or benefits.
- Q What are the deductibles for hospital?**
A The current deductible remains the same.
- Q If an emergency, what hospital would we be transported?**
A The ambulance company normally determines where you are transported. If you are taken to a non-contract facility for an emergency the facility is treated as in-network. This is the same as it is now.
- Q Can a network hospital be dropped mid-year?**
A Each hospital has its own network contract. St. Agnes is currently in a contract dispute with Anthem. If they are not able to come to some sort of agreement St. Agnes will be out of Anthem's network May 31, 2018.
- Q How does this affect the Disease Management Program?**
A The Disease Management Program is administered by Advantek and will remain the same.
- Q Is CVS and Caremark the same?**
A CVS owns Caremark. There is no change to where you pick up your pharmacy scripts.
- Q If we go outside of CVS and/or Caremark, what are our Co-Pays?**
A The only proposed co-payment change is for generic drugs. No other pharmacy change is being proposed.

Q Why can we not see Fresno Surgical Center on the provider list?

A The Fresno Surgical Center is contracted with Networks by Design

Q Explain In-Patient Hospital Services.

A These are services provided by a Hospital that are billed through their Tax Id number.

Q How does Saint Agnes contract with Anthem effect current open claims?

A St. Agnes is currently in a contract dispute with Anthem. If they are not able to come to some sort of agreement St. Agnes will be out of Anthem's network May 31, 2018. Any open claims will be processed as in-network since they occurred prior to their contract termination date.

Q Is Saint Agnes Lab, ER, and Outpatient services effected?

A Lab and X-rays performed at St. Agnes would be treated as out-of-network. The Emergency Room for life or death emergencies would be treated as in-network.

Q Are out-of-state dependents effected?

A Out of State dependents use Multi-Plan as their provider network. This will not change.

Q How does the Saint Agnes letter affect us?

A St. Agnes is currently in a contract dispute with Anthem. If they are not able to come to some sort of agreement St. Agnes will be out of Anthem's network May 31, 2018.

Q How does the increase effect retirees, will we pay the increase?

A Retirees will be the same percentage increase as the active plan members. This is the same method as before.

Q What is the recruitment process if a doctor is not in the network?

A Networks by Design allows plan members to nominate providers on their website. You can also call Networks by Design directly. A list of providers currently being utilized by plan members was provided to Network by Design. Networks by Design is in the process of determining who may need to be contracted at this time.

Q How long does the recruitment process take?

A The recruitment process depends on how responsive the provider is getting the contracting paperwork back to Network by Design. Networks by Design is making this process a priority.

Q How many members are from each group?

A The Insurance Committee is made up of 2 representatives from Management, CUTA and CSEA.

Q How does this effect retirees?

A St. Agnes will be out-of-network for all plan members. However, for those that have Medicare as primary, the District's plan will pay as secondary.

Q How do retirees get information?

A The retirees obtain their information from their respective Collective Bargained groups. Health benefit information is mailed to retirees.

Q Why don't we do a tier program?

A The Insurance Committee's goal is to provide the best solutions for the majority of the employees. Currently 86% of the employees have 1 dependent or more. Reducing the contribution for single employees would increase the contribution for those with dependents.

Q Is the survey a vote?

A The survey is a way for the Insurance Committee members to get a feel for what their respective group would like to see happen with the renewal rate, whether paying the higher contribution or modifying the plan to offset the rate increase.

Q When will the vote take place and how will members be notified?

A Vote will take place via Google Survey, link to be emailed from Executive services sometime this week, voting will run through Wednesday, June 6th. Members will be notified via email as normal.

Q Will retirees be represented in the Committee?

A The retirees are represented through their prior Collective Bargained unit.