

County of San Benito

Frequently Asked Questions (FAQ): Moving from CalPERS to EIAHealth

The County is currently purchasing health benefits through a Joint Powers Authority (JPA), CalPERS, and effective January 1, 2017, the County will be purchasing health benefits through a different JPA, CSAC EIA. This list of Frequently Asked Questions (FAQ's) is intended to help employees, retirees and dependents now covered by the CalPERS health plans understand how things will be the same or different after coverage starts under the EIAHealth Program on January 1, 2017.

Q1: Why is the County making this change?

A1: The County is choosing to purchase health benefits through a different JPA, in order to reduce current costs, manage future costs and obtain control over plan designs being offered to the County's Employees and Retirees.

Q2: What health plans and insurers will be offered by EIAHealth?

A2: The County will be offering plans that match the current Kaiser Plan (slight enhancement), the PERSChoice Anthem PPO Plan and the PORAC plan. The County will also be introducing a lower cost Anthem PPO plan as another option / choice for employees. The health plans offered will closely match in-force benefits for 95.6% of the current covered individuals. Under CalPERS, most of the County's employees – 97.7% or 510 employees and retirees - were covered by an Anthem PPO or Kaiser HMO. 12 individuals were covered by an HMO from Anthem, United Healthcare or Blue Shield. The County will only be offering Anthem PPO and Kaiser HMO options.

Q3. Are the networks in the EIAHealth replacement plans the same as the CalPERS plan networks they are replacing?

A3: The County's networks will remain with Anthem and Kaiser. The Kaiser replacement network is identical. The Anthem PERSChoice and PERS Care PPO network replacement plan networks are identical. The County will be replacing the PERSSelect smaller Anthem network with the larger Anthem network used for the PERSChoice plan. Express Scripts will manage pharmacy benefits for the EIAHealth Program PPO instead of CVS Caremark for CalPERS.

Q4: Are the benefits in the EIAHealth replacement plans the same as the benefits in the CalPERS plans they are replacing?

A4: The County will be offering plans that match with current Kaiser Plan (slight enhancement), the PERSChoice Anthem PPO Plan and the PORAC plan. The County will also be introducing a lower cost Anthem PPO plan as another option / choice for employees. The health plans offered will closely match in-force benefits for 95.6% of the current covered individuals.

Currently there are 11 members enrolled in four PERS plans (non PERSChoice) – the PERS Care PPO and the Anthem, United Health and Blue Shield HMOs – these 11 employees will have to select a new plan (most likely the PERSChoice lookalike plan)

There are also small differences in Medicare plan benefits for 12 of 137 Medicare retirees. 8 individuals enrolled in PERSCare PPO and 4 enrolled in the United Healthcare HMO will be offered a PERSChoice PPO look-alike plan.

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 and EIAHealth will mirror these benefits as closely as possible.

Q5: 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?

A5: Approximately 75% of all individuals currently enrolled in County plans will pay the same or less for coverage in 2017. Employees will have the opportunity to change plans to save money in premium costs. Rates are the same for all enrollees and do not vary by region.

Q6: What do I do if I have current authorizations for medical treatment?

A6: For Anthem and Kaiser Plans, all authorizations are transferrable within their systems. A report of all authorizations will be run by the carrier to ensure all are captured and transferred accordingly.

For any members on the United Healthcare or Blue Shield plans please let your doctor know that you will be moving to the Anthem PPO and provide them your new ID card so that authorizations can be set up timely.

Q7: What if I satisfy my deductible in the last quarter of the year?

A7: Members are able to show proof of the credits applied to their deductible within the last quarter of 2016 and the credits will be applied to the new plan in 2017. Please note, this does not apply to High Deductible plans due to IRS regulations.

Q8: Are there any differences in the approved drug lists (formularies) for CVS Caremark and Express Scripts? (Note: Kaiser will not change).

A8: Yes, we believe there will be some small changes and we are working to identify these changes now. An excluded drugs list with the preferred alternative drug will be provided. If you are taking any of these medications, please ask your doctor to consider writing you a new prescription for one of the alternatives 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.

Formulary and non-formulary drugs are both covered as with CalPERS but may differ in which drugs are on the formulary list. The impact for any differences will be a change in co-pay. Excluded drugs are not covered under either the formulary or the non-formulary co-pay structure. Thus, members taking an excluded drug will pay full price for the drug. This is not a change, as CVS Caremark and CalPERS also has a list of excluded drugs, however the list of excluded drugs may differ.

If a brand name drug you are taking is not included in the preferred formulary list, there are other like 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.

Q9: Will I have to get a new mail order prescription from my doctor to send to Express Scripts?

A9: Yes. 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.

Q10: Will some medications be subject to prior authorization or other coverage Management protocols (for members enrolled in an Anthem PPO plan).

A10: 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.

Q11: Will any administrative changes take place under the EIAHealth Program?

A11: Yes, some administrative changes will occur. Here is a list:

- a. In December, for those who enroll in the PERSChoice look alike plan, you will get new Anthem ID cards and a separate Express Scripts ID card for pharmacy benefits with new group numbers. Kaiser enrollees will also receive new ID cards. If you enroll in the new lower cost Anthem PPO plan, you will only receive one card from Anthem for both Medical and Prescription coverages.
- b. 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. More information will be provided soon.
- c. 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.

Q12: When is Open Enrollment?

A12: The County of San Benito's open enrollment dates will be: October 3, 2016 – October 21, 2016. More details and communications will be forthcoming.

Q13: What are our 2017 medical rates?

A13: The County's HR team and the County's Joint Labor Management Benefits Committee are finalizing the 2017 plans and rates. We will be publishing the final plans and rates after the September 13th Board Meeting.

What Next?

The County will begin communicating with employees and retirees, both by paper, in person and US Mail. What's coming:

- 2017 Plans & Rates being offered
 - Email & Printed communications will be coming
- FAQ Version 2 – More detailed FAQ specific to the 2017 plans being offered and eligibility
- Open Enrollment: Dates (10/3-10/21)
- Open Enrollment Process
 - Paper Enrollment / Waiver Forms that will be required to submit to HR
- Open Enrollment Meetings
 - Multiple Locations for in person meetings
 - Webinars as needed for specific topics, such as Pharmacy
- Benefits Guide – booklet that will have ALL of the County's benefits in it
- Ben-IQ: Smart Phone Application that will have all of the County's plan summaries, group numbers, & important contacts (available on Android & iPhone).
- Website – the County will continue to update the website with all new and relevant benefits information