

Health Insurance

Why is there a change in our health insurance provider?

During the renewal process, the district was quoted a renewal increase of 23.22% (\$786,204) from Wellmark/Blue Cross Blue Shield. If the decision would have been made to stay with Wellmark/Blue Cross Blue Shield, the district would not have been able to increase wages for 2021-2022 and staff would have also had to pay a portion of their single health insurance premium as well. When the group was taken out to bid, the brokers looked for comparable plans and networks with a reasonable rate increase.

What new Gravie/AETNA Plan is comparable to my current Wellmark/BCBS Plan?

Gravie/AETNA Plan	Wellmark/BCBS Plan
HDHP \$3,500/\$7,000	HDHP \$3,000/\$7,000
OPM \$2,000/\$4,000	PPO \$1000/\$2000 OPM \$2,000/\$4,000
OPM \$1,000/\$2,000	PPO \$500/\$1,000 OPM \$1,000/\$2,000

Where can I find the premiums for the new plans?

The premiums for the plans on listed page 7 of the Benefit Summary Booklet

How do I find out if a medical provider or medical facility is in-network?

The below link will take you to the AETNA site to search for in-network medical providers and medical facilities.

https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=asa&language=en

What is the prescription coverage on the Gravie/AETNA Plan?

For the OPM \$1,000/\$2,000 and OPM \$2,000/\$4,000 Plans:

Generic Prescription- \$0

Preferred Brand - \$75 Copay Retail (up to 30 calendar day supply) or

\$150 Copay Mail Order through Magellan (up to a 90 calendar day supply)

Non-Preferred Brand- 100% up to Out of Pocket Maximum

Specialty- 100% up to Out of Pocket Maximum

For the HDHP \$3,500/\$7,000 Plan:

All prescription costs are subject to the \$3,500/\$7,000 deductible. After the deductible is met, prescriptions are paid at 100%

How do I know what my prescription is classified as?

You are able to look up any prescription at the link below.

<https://magellan.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsYW4uUGxhbIBkZIR5cGUtNTg=>

Once you have searched a prescription, you will see a tier listed and the tiers align as follows:

T1 = Generic Prescription

T2 = Preferred Brand Prescription

T3 = Non-Preferred Brand

S = Specialty

NC = Not Covered

How do I access the Prescription Mail Order Program?

Page 25 in the Employee Benefit Summary Booklet gives more information on this. The link below will take you to Magellan's website for the form as well.

<https://magellanrx.com/member/forms/>

I am on a specialty drug, is there any assistance with this cost?

If you are on a specialty drug, you should contact Gravie to see if the drug is eligible for their Value Max program. The contact number for this program is 800-424-0472. More information about this program can be found on page 24 of the Employee Benefit Summary Booklet.

What is the plan year for my Out of Pocket Maximum (OPM)?

The plan year for your out of pocket maximum is January to December. (This is not a change from Wellmark/BCBS.)

Will my Out of Pocket Maximum (OPM) that was met with Wellmark/BCBS for the January to June time period transfer to Gravie/AETNA?

Yes, your out of pocket maximum (OPM) that was met with Wellmark/BCBS for the January to June time period will transfer to Gravie/AETNA. The amount will be posted to your Gravie/AETNA portal account.

Will I receive new insurance cards?

Yes, you will receive new insurance card(s) by July 1, 2021. If you are on a family plan you will receive one card per person on the plan. You will also have access to digital insurance cards on the Gravie portal. Information on the Gravie Portal can be found on page 17 of the Employee Benefits Summary Booklet.

Health Savings Account

Why are we changing providers?

There was interest in changing providers for Flex Spending Accounts. The provider that was chosen offered HSA accounts as well so for consistency in providers the change was made.

If I enroll in the HDHP \$3,500/\$7,000, how much is the district contributing to my HSA?

The district will contribute \$1,100 in a lump sum on September 1, 2021 to your iSolved account.

Will I receive a new debit card?

Yes, you will receive a new debit card.

What happens to my funds in my HSA account with Health Equity?

Those funds are your HSA funds so you have 2 options.

Option 1: You can roll your HSA funds over to your new iSolved account. In order to do this you will need to complete a form that will be sent to all those electing the HSA after Open Enrollment has ended.

Option 2: You can keep your HSA funds in your Health Equity account. There will be a fee of \$2.50 taken from your account monthly.

Flex Spending Account (FSA) Medical Care and Dependent Care**Why are we changing providers?**

Throughout the past year we have had multiple issues with accounts and staff complaints about TASC along with requests to look at other providers. Our brokers brought the best providers to meet our FSA needs and we demoed the products for comparison.

Who is the new provider?

The new provider is iSolved.

What are the maximums for the 2021-2022 plan year?

Medical Care Maximum: \$2,750

Limited Purpose Maximum: \$2,750

Dependent Care Maximums: \$10,500 if married filing jointly or head of household
\$5,250 if single or married filing single

What are the carryover amounts for my FSA?

The carryover amount for FSA- Medical Care is \$550.

Carryovers are not allowed per IRS guidelines on FSA Dependent Care.

How will the transfer of my FSA-Medical Care carryover work?

Any expenses incurred on June 30th or prior will be submitted to TASC. You will have until September 30, 2021 (90 days after June 30th) to submit those expenses. Once the 90 day period has passed, TASC will send the account balances of \$550 or less to iSolved to be added to your current year FSA. If your balance is over \$550, \$550 will be added to your current year FSA and any amount beyond \$550 will be forfeited.

Will I receive a new debit card?

Yes, you will receive a new debit card. A second card may be requested at no additional cost.

Is there a mobile app?

Yes, there is a mobile app. On the app you can file claims, scan items to see if they are FSA Medical eligible, manage expenses, and view and upload receipts.

What expenses are eligible?

Pages 39-40 of the Benefit Summary Booklet lists the eligible expenses for a Medical FSA.

Dental Insurance**Is our dental insurance provider changing?**

No, our dental insurance provider will still be Delta Dental.

Vision Insurance**Is our vision insurance provider changing?**

No, our vision insurance provider will still be VSP.

On certain Gravia/AETNA medical plans one routine eye exam per year is covered, should I still carry vision insurance?

The OPM \$1,000/\$2,000 and OPM \$2,000/\$4,000 plans do cover one routine eye exam per year as a preventative basis. Those plans do not cover routine eye care, eye surgery to correct refractive disorders, contacts, eyeglasses, or frames. Vision insurance would cover some or all of those costs. The VSP Vision Benefits Summary is on page 32 of the Employee Benefits Summary Booklet.