



KERN COMMUNITY COLLEGE DISTRICT HEALTH BENEFITS AND OPEN ENROLLMENT

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Welcome

The purpose of this presentation is to provide an overview of KCCD's health benefit related information available to employees and retirees

- Open Enrollment Period
- KCCD negotiated plan offerings
- SISC plan design changes for October 1
- Medical plan options/details
- Important reminders when accessing care
- Added Value programs
- Action requirements and due dates

Health Benefit Open Enrollment

- **Faculty and Management/Classified Confidential**
 - Open Enrollment period is August 1 - 28 for an effective date of October 1, 2017
- **Classified**
 - Open Enrollment period is September 1-25 for an effective date of November 1, 2017

Types of OE Changes employees and retirees can make:

- Change medical and/or dental plan
- Add dependents not previously enrolled on your plan
 - (SISC Membership Change Form and dependent eligibility documentation is required)
- Drop dependents
 - (SISC Membership Change Form required- no additional documentation required)

KCCD Negotiated Plan Offerings

- All employees and retirees will have the options of four medical:
 - ✓ **Anthem Blue Cross PPO 100-A \$20, Rx 5-20**
 - ✓ **Anthem Blue Cross PPO 90-G \$20, Rx 7-25**
 - ✓ **Anthem Blue Cross PPO 80-G \$30, Rx 7-25**
 - ✓ **Kaiser Permanente HMO \$10 copay, Rx \$10-10**
- Through negotiations, KCCD contribution (cap) has increased from \$1,164/mo to \$1,302/mo
- New cap will now cover the 90-G \$20 plan (last year=80-G \$30 plan)
- Employees and retirees can buy-up to the 100-A \$20
- The 80-G \$30 and Kaiser plans premium are below KCCD cap and will provide refund to employees.

SISC Plan Design Changes Effective October 1, 2017

- SISC will add a \$100 ambulance co-pay to all PPO plans
 - Similar to an office visit co-pay, it doesn't matter the reason for the ambulance ride, a co-pay will be part of the member's responsibility
- No other plan design changes made to plans offered by KCCD

SISC Anthem PPO –

- All SISC plans cover the same benefits, the only difference is the member out-of-pocket expenses such as co-pays, deductibles, co-insurance and out-of-pocket maximums
 - ✓ **Co-pays:** A flat dollar amount for a set type of service
Example: office visits, emergency room or ambulance copays
 - ✓ **Deductible:** An amount the member must satisfy before the plan will begin to pay for services other than office visits routine preventative care.
Example: Applies to services such as inpatient hospital and professional services (x-ray, lab, outpatient surgeries, etc)
 - ✓ **Co-insurance:** This is the member's cost share after the deductible on plan with less than 100% coverage
Example: Plan pays 90% and member pays 10% co-insurance

Co-pays, Deductible and Co-insurance are three separate types of member payments and **do not** apply to each other in any way

SISC Anthem PPO – continued

Out-of-Pocket Maximum/Deductible Carryover


All PPO plans have an Out-of-Pocket (OOP) Maximum

- The OOP maximum is met by members co-pays, deductible and co-insurance paid for in-network services and out-of-network emergency services.

Deductibles

- Amounts paid towards your current plans deductible or OOP maximum will follow member through the end of this calendar year
- Any amount paid towards your deductible during the 4th quarter of the calendar year (October 1 – December 31) will be carried over to the following calendar year.

NOTE: OOP maximums do not carryover to the following calendar year.

 SISC III <small>SELF-INSURED SCHOOLS OF CALIFORNIA</small>		KCCD - Employees and Retirees SISC Plan Comparison Faculty & Management - Eff October 1, 2017 Classified - Eff November 1, 2017			
		Anthem PPO	Anthem PPO	Anthem PPO	Kaiser HMO*
SISC Plan Name	100-A \$20	90-G \$20	80-G \$30	Trad HMO \$10	
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	
Individual/Family Deductibles	\$0/\$0	\$500/ \$1,000	\$500/ \$1,000	\$0, no deductible	
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$4,000	\$1,500/ \$3,000	
PROFESSIONAL SERVICES					
Office Visit (OV), Urgent Care or Specialist/Consultants co-pay	\$20	\$20	\$30	\$10	
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$0, no charge	
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	\$0, no charge	
Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	\$0, no charge	
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	\$10 OV, no charge hospital	
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0, no charge	
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit (waived if admitted)	\$100 co-pay	\$100 co-pay + 10%	\$100 co-pay + 20%	\$100	
Inpatient Hospital (preauthorization required)	0%	10%	20%	\$0, no charge	
Outpatient Hospital	0%	10%	20%	\$10	
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	\$10	
Surgery, Outpatient (performed in a Hospital)	0%	10%	20%	\$10	
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT					
INPATIENT: Facility Based Care (preauth required)	0%	10%	20%	\$0, no charge	
OUTPATIENT: Facility Based Care (preauth required)	0%	10%	20%	\$10	
OTHER SERVICES					
Acupuncture or Chiropractic - Limits apply	0%	10%	20%	\$10/30 visits combined	
Ambulance (Ground or Air) - New copay 10/1/2017	\$100 co-pay	\$100 co-pay + 10%	\$100 co-pay + 20%	\$50	
Durable Medical Equipment (DME)	0%	10%	20%	\$0, no charge	
Physical and Occupational Therapy - Limits apply	0%	10%	20%	\$10	

Outpatient prescription drugs copays

PHARMACY BENEFITS				
Plan	5-20	7-25	7-25	Trad HMO \$10
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/ \$2,500	\$1,500/ \$2,500	\$1,500/ \$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$7 at Other Network	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$20	\$25	\$25	\$10 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$10 up to 100 day supply
Costco Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$60	\$0-\$60	\$10-\$10/up to 100 day supply

Anthem PPO Members:

PPO members can obtain up to a 90-day supply of medication through Costco Retail or Costco Mail.

Walgreens is not contracted in the SISC/Navitus network

Visit www.navitus.com and register as a member to review current drug formulary and drug coverage

Kaiser Members:

Kaiser members can only obtain prescriptions through a Kaiser pharmacy or Kaiser mail.

Members can obtain up to a 100-day supply of medication through Kaiser pharmacy or mail.

Visit www.kp.org and register as a member to review member information

Important reminders when accessing care

- This is a PPO plan, it is always the patient's responsibility to confirm benefits and providers
- All **inpatient** surgeries require prior authorization
 - Surgeries such as Transplants, Bariatric, Hip, Knee and Spine (back) require the use of a special facilities, not just Anthem PPO contract hospitals. Call Customer Service for details prior to scheduling any inpatient surgeries
- Some services provided by non-contracting or out-of-network providers are not covered
 - X-ray, Lab, Durable Medical Equipment (DME) and physical medicine such as chiropractic, physical or occupational therapy
- Physical Medicine services are reviewed after the first five visits by American Specialty Health (ASH) – Prior Authorization Required
 - This includes chiropractic, physical and occupational therapy. It does not include acupuncture which has a 12 visit limit per year.

Kaiser Permanente HMO

- Kaiser is a one-stop shop for healthcare – services such as primary care visits, radiology, lab, pharmacy are all included in one location.
- Member chooses their Kaiser primary physician and has the ability to change anytime. No out-of-network coverage without referral. KP contracts with local specialists if not available through Kaiser.
- Kaiser contracts locally with San Joaquin Hospital
- Low copays for basic service and no cost for inpatient hospital. No deductibles.
- Members use Kaiser pharmacy and receive up to a 100-day supply at Kaiser retail or through mail.

Kaiser Permanente HMO

- To be eligible to enroll in a Kaiser HMO plan, you must live or work in a Kaiser Service Area/Zip Code.

The following ZIP codes in Kern County are inside our Service Area: 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-14, 93380, 93383-90, 93501-02, 93504-05, 93518-19, 93531, 93536, 93560-61, 93581

Further plan details is available to those in the service area

Added Value Service – SISC EAP

Employee Assistance Program

- ***SISC EAP – administered by Anthem***
- All SISC members may access free resources if they need help with personal concerns—emotional, marital, financial, interpersonal addiction and recovery, legal, stress, and more.
- Daycare and eldercare referral services are also available. The EAP is available to all members of the employee's household.
- **Counseling Services**—Call EAP to schedule an in-person visit with a local provider
- **Confidential**—Privacy is protected.
- **Convenient**—24/7 access, holidays included.
- **Free of charge**—No extra cost and no paperwork.

Added Value Service-Advance Medical Expert Medical Opinions

- Advance Medical provides members with access to the best health care possible by assisting patients with any and all healthcare questions. The benefit also provides access to medical opinions from world-leading experts without having to leave home.
- **No cost**—This benefit is fully sponsored by SISC. It is available to members covered on SISC medical plans at no cost.
- **Convenient**—Members can get started with a phone call.

Added Value Service – MDLive

24/7 Physician Access

- Our PPO members can consult with board certified doctors and pediatricians over the phone or using online video for medical conditions such as cough, cold, fever, sore throat, flu, infection, bronchitis and children's health issues.
- MDLive physicians can diagnose, recommend a treatment plan and prescribe medication when appropriate.
- Online behavioral health visits are also available for confidential sessions with a licensed therapist or psychiatrist.
- **Convenient**—24/7 access, including holidays.
- **Fast**—No waiting to schedule an appointment or get a prescription.
- **Saves money**—More cost-effective than the emergency room.

NOTE: Not available to Kaiser members, Kaiser has their own physician access

Member Resources

Anthem Blue Cross PPO - Member Services (benefit information and claims)

- 800-322-5709 (on back of ID card)
- www.anthem.com/ca/sisc (register as a member)
- Anthem Mobile App
- Access EOBs, find providers, contact Anthem

Navitus Health Solutions (Rx)

- 866-333-2757 (on back of ID card, pharmacy services)
- www.navitus.com (register as a member)
- Review formulary, medication history, what's my copay, mail order form, specialty pharmacy info, prescription benefits

Kaiser Permanente

- 800-464-4000
- www.kp.org

Information for Retirees

- Retirees have the same plan options as the active employees of their employee/bargaining group
- Retirees and dependents over age 65 **must** have Medicare Parts A & B.
 - Medicare is primary and Anthem PPO plan is secondary
 - Enrollment into Medicare Part D is not required
- Retirees 65+ with Medicare A & B have an additional option for coverage, Companion Care Medicare Supplemental Plan. See HR for details and rates.

Employee and Retirees Must Take Action

- If your current plan is being eliminated you will need to complete a Plan Election Form.
 - If you do not complete a Plan Election Form to replace your eliminated plan will be automatically defaulted to the 90-G \$20 plan and will not be able to change until next Open Enrollment.
- If you are changing carriers (Anthem to Kaiser or Kaiser to Anthem) you will need to complete a new Enrollment form in addition to the Plan Election Form.
 - ✓ **Faculty & Management deadline for plan changes-August 28th**
 - ✓ **Classified deadline for plan changes-September 25th**

Reminder: The sooner you turn in your form the more likely it is you will receive your new ID card prior to your effective date.

Questions?

Please be sure read all materials provided
by your Human Resources office
and turn in the required forms
by the due date provided

Thank you for coming!