

Frequently Asked Questions During Open Enrollment 2017

MEDICAL

Will medical plan premiums be changing in 2017?

There will be modest premium increases to the Gold and EPO medical plans and a decrease to the HMO plan.

Can I change medical plans?

Yes, you may change your medical plan to Gold, EPO or HMO 15. You and your covered dependent(s) are required to be on the same plan. Please note, Medicare-Eligible participants may only select the Gold Plan. Also, the HMO plan is not available to Medicare-Eligible or out-of-state participants; however, the HMO Plan does have a BlueCross BlueShield Association's Away from Home Care Program that is for students, long-term travelers, and families living apart. The Away from Home Care is available in most, but not all states. Participants are encouraged to call (800) 622-9402 to find out which states are part of the Away from Home Care program before selecting the HMO Plan. (Benefits from the Away from Home Care Plan may differ from the Access+ HMO 15 Plan.)

How can I verify that my existing providers are in the Blue Shield network?

All three SDRMA medical plans (Gold PPO, EPO, and HMO) have access to the Blue Shield network. To determine if your physicians are in the network go to www.blueshieldca.com/csac and follow the prompts on how to "Find a Provider Now" or call (800) 642-6155.

Will I be receiving a new Blue Shield Medical ID Card?

You will be receiving a new Blue Shield ID Card ONLY if you are changing to a new plan. The new medical ID Cards will arrive to your home prior to January 1st.

If I join the Access + HMO 15 Plan, when do I select a new Primary Care Physician?

If you join the HMO Plan, you will need to select a Primary Care Physician when you turn in your enrollment form by going on the www.blueshieldca.com/csac website or by calling (800) 642-6155. Once you have confirmed that the Physician is in the Access + HMO 15 network, you will need to get your Primary Care Physician's "Provider Number" (either through the 800 # or from the website) and indicate that number on the Enrollment Form. On the Enrollment Form, you will also need to indicate whether or not you are a prior patient of that Physician. If you are unsure which Physician to select or you do not provide a Provider Number, Blue Shield will automatically assign a physician to you and it could take up to 30 days to change your physician.

What happens when I become Medicare-eligible?

Once you become Medicare eligible, you (and your eligible spouse) are required to switch to the Gold PPO Medicare Supplement Plan (even if your spouse is not Medicare eligible). In order to participate in the Gold PPO Medicare Supplement Plan, you must enroll in Medicare Parts A (hospital insurance) and B (medical insurance) at your own expense and provide proof of enrollment by mailing a copy of your Medicare card (showing both Parts A and B) to our third party administrator, Employee Benefits Specialists (EBS). To help facilitate this, EBS will send you a letter approximately 2 months before your 65th birthday, with instructions on what to do. However, it is your responsibility to make arrangements with the Medicare Agency to enroll in Parts A & B (recommended 1-3 months before your 65th birthday).

Additionally, once you become Medicare eligible, you will be required to enroll in the Express Scripts Part D Prescription Plan (PDP). The effective date for this prescription plan will be 60 days from when Blue Shield receives your enrollment into Medicare Part A and Part B (See question "**What happens to my prescription plan when I become Medicare Eligible?**" for more information).

Once you are enrolled in Medicare, Medicare will be your primary insurance plan and Otay's Gold PPO Supplement Plan will become secondary. Please ensure your treating physicians have a copy of your Medicare card in addition to Otay's medical card and that Medicare gets billed first before Otay. If Otay's Gold PPO Supplemental Plan gets billed first, the claim will be rejected and the doctor's office will not to submit the claim to Medicare in order for Otay's plan to cover any eligible claims.

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Express Scripts Prescription (Rx) Plan

Who is my current prescription plan provider?

Otay Water District uses Express Scripts (formerly Medco) for the prescription plan for all employees and retirees who are not Medicare Eligible. Once a retiree becomes Medicare Eligible, their prescription plan is converted to the Express Scripts Part D Prescription Plan (PDP).

What happens to my prescription plan when I become Medicare Eligible?

When you become eligible for Medicare, you will be required to complete the Express Scripts Medicare (PDP) Medicare Prescription Plan Benefit Election Form. Enrollment in the Express Scripts Part D Prescription Plan (PDP) will be effective approximately 60 days from when Blue Shield receives your enrollment into Medicare Part A and Part B Cards. During the period of time when Express Scripts PDP coverage is not in place and is pending to be approved, you will continue to obtain prescriptions through your old Express Scripts Plan and ID number until the new effective date of the PDP Plan. Once you are enrolled in the Express Scripts PDP you will receive a new prescription card and ID number. If your eligible dependents are not Medicare Eligible, they will continue to be on the non-Medicare Express Scripts plan, however they will be receiving a new Express Scripts ID Card and ID number because they will be linked to their own social security number. There should be no lapse in coverage for you or your eligible dependents during this transitional period.

Does our prescription plan coordinate with any other prescription plan that I may have under a separate insurance?

No, Express Scripts does not coordinate with any other prescription plans. Therefore, if you are given the option to select another prescription plan other than Otay's, please contact Human Resources to discuss your options before signing up to another prescription plan.

Can I decline the Express Scripts prescription plan but keep my current medical plan with Otay Water District?

No, unfortunately the medical and prescription plan cannot be separated. The only way to decline the prescription plan is to decline the medical plan, as required by the medical plan rules. Additionally, per the plan rules of the pooled program that the District belongs to, CSAC Insurance Authority, once a retiree declines enrollment in the medical plan, the retiree (and dependents) will no longer be eligible to re-enroll in the medical plan at any time in the future. In other words, by declining to enroll in the Express Scripts Prescription plan, you will be waiving the retiree medical coverage afforded to you (and eligible dependents) as an eligible retiree of the District.

DENTAL

Will dental premiums be changing in 2017?

No, there will not be any adjustments to the dental premiums.

How can I find a dentist that is in the network?

Log on to www.deltadentalins.com and click on "Find a Dentist" or call (800) 765-6003. With Delta Dental, you may choose to go to an in-network or out-of-network dentist. If you are online, select either the Delta Dental PPO plan or Delta Dental Premier Plan for the most cost-savings. They both cover the same benefits allowances however, you will save more by going to a Delta PPO dentist. The next best option if you cannot find a PPO dentist is to select a dentist from their Premier Network. If you visit a Premier Dentist, you still will see a cost-savings because the dentist in that network will not bill you above their contracted fees, unlike the out-of-network dentists. As a third option, you can always choose to visit an out-of-network dentist.

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How will I be billed for using an out of network dentist?

The plan gives you the choice of using a PPO or Non-PPO provider. You are encouraged to use PPO providers to take advantage of the additional benefits and discounts. The PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. If you don't choose to visit a PPO dentist, you also have access to the Delta Dental Premier network. You'll usually pay more than if you visit a PPO dentist, but you'll still have cost protections that you don't get when you visit a non-Delta Dental dentist. Most non-Delta Dental dentists ask that you pay the entire cost up front and you have to wait for reimbursement from Delta Dental. However, Delta Dental will only reimburse you for the usual and customary cost of the treatment/procedure which may sometimes be less than what the non-Delta Dental dentist charged you, since they are not contracted with Delta Dental and are not required to accept reduced fees for services.