

# Classified/Management Retiree Open Enrollment Plan Selection FAQ

Effective 7/1/14

Lane Community College will continue to offer three options for Health insurance effective July 1<sup>st</sup>, 2014. If you are making a plan selection change, Enrollment forms are due June 30, 2014

### **Frequently Asked Questions**

### Q: What do I do if I wish to remain on my current plan?

A: .No enrollment form is needed. Your payroll deductions will increase, but your deductible will remain the same.

#### Q: Are there any new plan choices this year?

A: No, we are continuing to offer three Medical plans (Plan A: \$500 Deductible, Plan B: \$750 Deductible, and Plan C: \$1,000 Deductible), two Dental Plans (MODA Dental and Willamette Dental) and one vision Plan (PacificSource)

### Q. I understand that under the Affordable Care Act (ACA) there are some mandatory changes to insurance plans, are our plans affected?

A: Yes, there are changes; the main changes are:

- Increase to the mount of Individual or Family Out-of-Pocket Maximum
- ... Deductible, Co-Payments, Co-Insurance, Pharmacy and vision costs apply towards the annual Medical Out-of-Pocket (OOP) Maximum
- ... No separate Out-of-Pocket Maximum for Pharmacy costs
- ... Naturopath services are now covered as a Medical benefit (no longer limited to 24 visits per year)
- ... Provider Nondiscrimination provision (A provider must be paid for the services performed, not paid as the type of provider)

#### Q: Is the office co-payment amount changing?

A: No. Regardless of your plan choice, your office co-payment will remain \$25.00.

### Q: Is the Pharmacy benefit changing?

A: The Pharmacy benefit remains the same (\$15 copay for generic; \$30 copay for Preferred; \$50 copay for Nonpreferred). Mail order services are still provided by Wellpartner and Caremark

## Q: If I have already met my \$1,500 individual out-of-pocket (OOP) maximum for this calendar year, will I be responsible for the increase to the new OOP after July 1st?

A: Yes. Suppose you have met your out-of-pocket maximum by June 30<sup>th</sup>, expenses AFTER July 1<sup>st</sup> will apply to the increased OOP maximum. For example: You are enrolled in Medical Plan A (\$500 deductible, current OOP of \$1,500). You have met your deductible this year AND you have met your OOP maximum. You go to the doctor for some procedures after July 1<sup>st</sup> that falls under the 20% co-insurance category. Because you have an increase to your OOP maximum (it went from \$1,500 to \$2,000), you will be responsible for 20% of costs until you once again reach the OOP maximum (\$2,000). However, once you reach that \$2,000, you will not be responsible for any in-network costs (Co-payments, Co-Insurance, out-of-pocket pharmacy costs, out-of-pocket vision costs).

### Q: If I am currently on Plan A, and I select Plan B (\$750 deductible option) or Plan C (\$1,000 deductible option), are there any other changes to the level of benefits?

A: No. Other than deductible and Out of Pocket (OOP) maximums, all three plan options have the same level of benefits. All plan options cover the same services, have a \$25.00 office co-payment, and have 80% co-insurance after the deductible is met.

### Q: If I make a plan change effective July 1st, and I have met my \$500 deductible for this calendar year, will it be applied to my new deductible amount of \$750 or \$1,000?

A: Yes. If you have already met your \$500 in-network, individual deductible for 2014, the \$500 will be applied toward the new deductible of \$750 or \$1,000, effective July 1<sup>st</sup>. This means that with the next qualifying service(s), you will have either \$250 or \$500 remaining in order to satisfy the deductible for the 2014 plan year. The same answer applies if you have not yet met the \$500 deductible; however, the amount remaining to satisfy the 2014 plan year deductible will be different. To calculate your individual in-network deductible remaining to be met, use the following formula (on/after July 1st):

New deductible - Deductible paid year-to-date = Balance of Deductible "to be met"

#### Q: If I make a plan change, will I get a new medical insurance ID card?

A:Yes. PacificSource will issue new cards with your new benefit information. These should arrive around the second week of July. If you misplaced your ID card(s), you can order a new one any time by logging into InTouch for Members, a secure PacificSource member website, at www.pacificsource.com, or by calling Customer Service at (888) 977-9299 during regular business hours.

#### Q: Are there any changes to our Dental Benefits?

A: There are no plan changes to MODA Dental or Willamette Dental. If you wish to make a plan change from one of these options to the other, now is the time to do so.

### Q: Who do I contact for more information?

A: Lane Community College Human Resources may be reached at (541) 463-5586. For specific claims related inquiries, please contact the insurance carrier directly.