Presbyterian Health Plans Frequently Asked Questions Health Plans Effective 7/1/2013



NOTE: This is not a legal contract. It is general information only prepared to assist employees in understanding their health insurance options. The Group Subscriber Agreement (GSA) supersedes any information provided in this document.

Frequently Asked Questions for City of Albuquerque and Participating Government Entities Medical Plan with Presbyterian Effective July 1, 2013

While most employers offer medical coverage to their employees, it isn't always easy to find a plan that is comprehensive in nature. The City of Albuquerque and Participating Government Entities have made it their mission to provide benefit plans that meet the needs of most people. During a time of increasing costs and with healthcare reform on the horizon, some employers are only offering plans with high deductibles (\$500/\$1000/\$2500) and copayments in an effort to keep premium costs down for employees. Some are even choosing not to offer coverage at all. The City and Participating Government Entities have chosen to implement a small deductible on each of the three plans offered effective July 1, 2013 to reduce premium cost increases for employees.

Please see below for information on deductibles and other changes to the MyCare Plans.

Here are some answers to frequently asked questions:

Is anything changing with my benefits for the July 1, 2013 plan/contract year?

Yes, there are some changes.* Please read on for information regarding benefit changes and consumer tools to improve your overall health care experience. Presbyterian is once again offering the My Care Active, Family, and Independent Plans to enrolled members under the City of Albuquerque and Participating Government Entities medical contract effective July 1, 2013

Deductibles

- A \$100 in-network deductible per individual, (three per family) per calendar year, has been added to all
 MyCare Plans. The deductible is administered on a plan/contract year basis (July 1st through June 30h).
- When three members of your family have each met their \$100 deductible, the remaining family members
 are considered to have met their deductible as well. Services are then covered at the in-network level of
 benefits, for all remaining family members and for the rest of that plan/contract year.
- When an individual meets the \$100 deductible, your services are then covered at the in-network levels outlined your Summary of Benefits and Group Subscriber Agreement.
- The deductible applies to all services <u>except</u> office visits to your primary care practitioner (PCP) or specialists, pharmacy benefits, x-ray and lab.
- The deductible does **not** apply to the annual out-of-pocket maximum and is accumulated on a plan/contract year (July 1st through June 30th).
- The current \$500 out-of-network deductible on the Independent Plan will change from a calendar year deductible to a plan or contract year deductible (July 1st through June 30h). If you have accumulated or will accumulate costs towards the out of network deductible on the Independent Plan between January 1st and June 30, 2013, please call your dedicated Presbyterian Customer Service Center (PCSC) Representative at 505-923-7787, Monday through Friday from 7:00 a.m. 6:00 p.m. for information on how to have those costs applied to your plan/contract year deductible effective July 1, 2013.

Office Visit Copayments

Copayments to your PCP and specialists have increased by \$10 per visit on all three MyCare Plans.
 Deductibles do not apply to these visits.

Pharmacv

- There are no changes to the generic, brand and brand non-formulary copays (tiers 1, 2 and 3) of your pharmacy benefits.
- Benefits for Specialty Pharmaceuticals (generally 4th tier medications obtained at a pharmacy and are selfadministered) will now require a 20% copayment with a \$400 maximum per medication each time the prescription is refilled. The total annual out of pocket maximum is \$2500.
- Benefits for Medical Drugs (drugs administered in a physician's office) have also changed. Effective July 1, 2013 Medical Drugs administered in a physician's office will now have a separate copayment from the office visit copayment and will have the same copayment required for specialty 4th tier medications. These drugs also have their own out-of-pocket maximums. The out-of-pocket costs do not apply to your deductible.

The deductible does not apply to these medications. The Medical Drug and Specialty Pharmaceutical out-of-pocket maximums are not combined and they do not apply towards the overall medical annual out-of-pocket maximums.

What is a deductible and how does it work?

A deductible is a fixed amount of money you pay every plan/contract year before some of the policy's benefits are covered at their normal copayment. With your MyCare Plan you can visit your PCP or a specialist without meeting the deductible first. You may also access your pharmacy, x-ray and lab benefits without satisfying a deductible. For other services, such as inpatient or outpatient hospital services, the deductible must be met before the required copayment is applied. For example, if your inpatient hospital copayment is \$500 and you have not satisfied the deductible prior to that hospitalization, then you will be responsible for the \$100 deductible plus the \$500 hospital copayment. If you access the emergency room or an urgent care facility, and you have not satisfied your \$100 deductible previously, you will be responsible for the deductible plus the applicable emergency room or urgent care copayment. Once you have satisfied the \$100 deductible, normal copayments apply for all services covered under your plan for the rest of that plan/contract year. Please review and address comments. Per SR: This information will be sent to CABQ members with new ID cards for their July 1st renewal. It will also be used as open enrollment hand outs. Benefit meetings begin May 1st. If this request cannot be completed by then, please let me know so I can have this expedited. Thank you for your help.

Watch your mail for endorsements to your Presbyterian Group Subscriber Agreement and new ID cards for all family members.

What member friendly tools and information are available to answer my plan and benefit questions? Presbyterian's website – www.phs.org – has a wealth of information to help you.

<u>myPRES</u> gives you the information you need, when you need it. Using the <u>myPRES</u> secure customer website, you may log in to change your PCP, request an ID card, check claim status, view authorizations and verify your eligibility.

Also at myPRES you may check your prescription services and benefits, get mail-order prescriptions, locate pharmacies, find out about your medications and possible side effects or check your medication history.

Presbyterian's MyChart gives all Presbyterian Medical Group (PMG) patients instantaneous access to their medical records. You can also view your lab results, request an appointment, or send a message to your care team.

For members enrolled on the Independent Plan, you have access to 900,000 out of state providers by using the MultiPlan Network. When using these contracted providers, your claims will usually be paid at in network levels.

Who can I contact for more information on my benefits and consumer tools shown above?

Please contact your dedicated Presbyterian Customer Service Center Representative by telephone at 505-923-7787 from 7:00 a.m. to 6:00 p.m. Monday through Friday, or by email at cabqinquiry@phs.org. They are standing by, ready to assist you!

You may access plan information and open enrollment schedules for 2013 at www.phs.org/cabq or http://cabq.gov/humanresources/employee-benefits.

*These benefits have been filed with the Department of Insurance. Should any of the benefits change as a result of that filing, you will be notified through an updated FAQ, posting on the City of Albuquerque website and potentially through a new member materials mailing.