Open Enrollment 2021

Frequently Asked Questions from Health Benefit Webinars that took place on October 7 and 14, 2021

Plan Costs

1) **Can you clarify and provide examples of how the deductible and coinsurance work in practice under each plan?**

- For **UnitedHealthcare PPO (**Example only): On January 5th, you see your self-elected, In-Network Primary Care doctor for a standard office visit that is not part of preventative care. You will have to pay the cost of this first visit of the year, up to $250 for an individual. If the total contracted price of this visit is $500, then you would pay $250 (deductible) plus 15% of the remaining amount (15% x $250 = $37.50). Your total cost for this visit would be $287.50. The following month, you see your primary doctor for a follow up visit. You have already met the In-Network deductible for the year. This new visit is only subject to the 15% coinsurance. If this visit's cost is $300, you would pay $45 (15% x $300).

- For **Kaiser Permanente HMO** plans, there is no deductible. For coinsurance, I will use Specialty Rx as an example. Under the Active plan, most specialty Rx is covered at 20% coinsurance (not to exceed $100) for up to a 30-day supply. That means that as a member, you are responsible for 20% of the Specialty Rx cost, up to and not exceeding $100.

- Neither the **Blue Shield Access+ HMO or Blue Shield Trio HMO** plans have deductibles or coinsurances (only coinsurance is around Allergy Surem billed in an office visit of 50% and Network Specialty Pharmacy Drugs of 20% up to $100/prescription). All other member cost shares are a flat and predictable copay amount.

2) **Do you have any examples of breakdown of cost for UnitedHealthcare PPO (City Plan)? For example, in event of hospitalization or for a common chronic condition (like diabetes) or a life event (giving birth)? Other plans do that, and it is helpful.**

    - In network providers are subject to the In-Network deductible ($250 for an Individual) and then members pay 15% of the contracted rate. Out of network coverage is subject to the Out of Network deductible ($500 for an individual) and then coverage is 50% of the allowable charges. Please see plan documents for information pertaining to Out of Network reimbursement.

3) **I'm a Kaiser Permanente HMO member, how can I obtain a summary invoice of my family's co-pay and prescription?**

- To receive a summary invoice, you can call **Member Services** as **(800) 464-4000** or login to **kp.org** and click on **Coverage and Costs**. From there, you can review your billing activity and payment history.

4) **What is the premium cost difference between Blue Shield Trio HMO and Blue Shield Access+ HMO?**

- It depends on your employee group, however, in general, BlueShield Trio has lower premium cost than **Blue Shield of CA Access+ HM**O.

  You can find the rates for CCSF employees at:
  https://sfhss.org/sites/default/files/2020-09/2021_CSF_Guide_RatesOnly_1.pdf#page=1

5) **What is the point of having two Blue Cross HMO options that are nearly identical? Why not a PPO? Or another insurance company?**

- The difference between the two HMO's with Blue Shield of CA is the premium cost and access to network of providers and facilities. Trio has lower cost, but fewer participating providers in the plan. Whereas, Access+ has higher premiums, but also a broader network of physicians. If you have an existing physician that you would like to keep as your primary care physician or PCP, then check to see which plan they will accept. United Healthcare is your PPO option.

Complementary Care

1) **Is there a list of Specialty Care Service Providers (Acupuncture, Massage)?**

- For **UHC** in network **Acupuncture** providers can be found on **myuhc.com** **Provider Search** and using the **Select Plus Network for California**.

  Plug in your zip code and choose **People>Specialists>Acupuncturis**t.

  Please note: It is very important to read the official plan documents (SPD) for plan details on massage therapy; exclusions and limitations apply.

- For **Kaiser Permanente**, please visit https://www.ashlink.com/ASH/public/applications/providersearch/default.aspx for a list of Acupuncture, Chiropractic, and Massage providers.

- For **Blue Shield**, Members can search at www.blueshieldca.com, clicking on "Find a Doctor" and then clicking on "Alternative Medicine."

  The member would follow the steps for their location, choose their plan and then clicking on the "Visit American Specialty Health Network." This will take the member to the ASH website.

  From there they would choose the Service Type under the drop down for Acupuncture or Chiro. Members can also call **Customer Service (855) 256-9404** / Shield Concierge **(855) 747-5800** if they would like to speak to a rep for assistance.

2) **A lot of individuals may benefit from complementary or alternative therapies, such as chiropractic or acupuncture. However, not all providers are the same. Some (most) of the best providers in the city are not covered at all under Live Healthy (Kaiser) or Blue Shield, and these services can be costly. Are all chiropractic and acupuncture practices reimbursable at the plan rate under City Plan?**

- At **UHC** Both Acupuncture and Chiropractic services are covered at 50%, both In and Out of network. This means that a member can choose their provider but using an In-Network provider may help you save money. If a member uses an Out of Network provider, benefits may be less than 50% of the provider's billed charges. Members should review the plan documents for information. Acupuncture and Chiropractic services are subject to a $1,000 calendar year maximum benefit.

Coverage Area

1) **Is there a health plan offered that allows out of state health care? My daughter attend college in Oregon.**

- The UHC City Plan has nationwide coverage. This is a PPO plan. You may use any provider, In or Out of Network, anywhere in the United States. To find In-Network providers in any state, please use the provider search on myuhc.com.

- **Kaiser Permanente** plans offer primary care coverage outside of the Bay Area and Northern California in our other regions (Oregon, Washington, Colorado, Southern California, Hawaii, Georgia, Virginal, Maryland, and the District of Columbia). The

member would just call and make an appointment as a "visiting member" and request their visiting Medical Record Number. In states outside of the Kaiser Permanente regions, members have access to emergency and urgent care.

- Blue Shield subscribers can rely on access to health care from Blue Shield and Blue Cross plans across the country, this includes students, long-term travelers and family members living apart. Away from home care is available in 31 states and the District of Columbia, but availability varies by county within each state. For more information, members should call Blue Shield Away from Home Care Coordinators at **(800) 622-9402**.

2) **If a person has Kaiser but travels/stays out of state for several months, how does one access medical care without a nearby Kaiser center? If its via reimbursement, is there a link with info on this?**

- **Kaiser Permanente** plans offer primary care coverage outside of the Bay Area and Northern California in our other regions (Oregon, Washington, Colorado, Southern California, Hawaii, Georgia, Virginia, Maryland, and the District of Columbia). The member would just call and make an appointment as a "visiting member" and request their visiting Medical Record Number.

  In states outside of the KP regions, members have access to emergency and urgent care. If you need to request reimbursement, please visit **kp.org** and complete the **Member Reimbursement Form**: https://healthy.kaiserpermanente.org/static/health/enus/pdfs/cal/429780066_Claims_MemberReimbursement_Template_Adj_MER_EW_2019_Frm_EN_r1a_ATC_DG.pdf

3) **How does Kaiser work if you have to move out of area in 2021 (not traveling)?**

- An Active employee must live or work within the Kaiser Permanente service area to receive coverage. If you are a Medicare retiree, you must live within the Kaiser Permanente service are to receive coverage. Please work with the SFHSS team to see if you live within the Kaiser Permanente service area.

4) **Can you provide info on which plans offer access to/coverage for routine services (not just emergency care) outside of the Bay Area and Northern California?**

- UHC City Plan will cover you anywhere in the United States for routine visits. This is a National PPO plan and we have providers in all 50 states who are In Network. Providers can be found on myuhc.com

- **Kaiser Permanente** plans offer primary care coverage outside of the Bay Area and Northern California in our other regions (Oregon, Washington, Colorado, Southern California, Hawaii, Georgia, Virginia, Maryland, and the District of Columbia). The member would just call and make an appointment as a "visiting member" and request their visiting Medical Record Number. In states outside of the Kaiser Permanente regions, members have access to emergency and urgent care.

  KP also offers MinuteClinic in states where Kaiser Permanente doesn't operate to seek urgent care, with or without an appointment. Due to our partnership with Minute Clinics, members are expected to pay their standard copay or coinsurance or deductible.

  MinuteClinic locations are typically located in select CVS and Target stores.

  To access MinuteClinic locations, please visit **cvs.com/minuteclinic**

- Blue Shield HMO plan members can only receive routine services in their home service area. However, HMO plan members can get routine services like prescription pick up anywhere in the nation.

Eligibility

1) **What are the requirements for adding a dependent? with Blue Shield of California - I wonder if my partner could be added as my dependent? we are not officially married though.**

- From SFHSS Member Rules: You can add a spouse or a domestic partner to your plan. You must provide certification for both types of dependents. In the instance of a spouse, a certified Marriage Certificate is required. In the instance of a Domestic Partner, you must provide the Declaration of Domestic Partnership from your municipality, county, or state. Here are the requirements for domestic partnership in the City of San Francisco

  Both persons have a common residence.

  Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.

  The two persons are not related by blood in a way that would prevent them from being married to each other in this State.

  Both persons are at least 18 years of age.

  Both persons are members of the same sex.

-or -

One or both of the persons is/are over the age of 62 and meet the eligibility criteria under Title II of the **Social Security Act** as defined in **42 U.S.C. Section 402(a)** for old-age insurance benefits or **Title XVI** of the **Social Security Act** as defined in **42 U.S.C. Section 1381** for aged individuals.

Both persons are capable of consenting to the domestic partnership.

For Blue Shield specifically, dependent children of the Subscriber, spouse, or his or her Domestic Partner, including children adopted or placed for adoption, will be eligible immediately after birth, adoption or the placement of adoption for a period of 31 days.

If both partners in a marriage or Domestic Partnership are eligible Employees and Subscribers, children may be eligible and may be enrolled as a Dependent of either parent, but not both.

2) **Where can we get the health plan documents Blue Shield (Trio & Access +), Kaiser and UnitedHealthcare?**

- On the SFHSS website at : https://sfhss.org/oe2021-csf

Click on Medical Plans in the left navigation and it will take you to plan documentation.

Flexible Spending Accounts (FSAs)

1) **If my FSA has $500 left in 2020, do I need to enroll in 2021 to use this rollover $500?**

- If any of the $500 in your FSA was from plan year 2019 carry over funds that are unused in 2020, then that portion will not carry over into 2021. Any portion of the $500 that was left over from 2020 FSA funds will rollover in 2021 without you needing to re-enroll to use the funds.

2) **If one does not sign up for FSA for 2021, will any amount unspent in 2020 carry forward for use in 2021?**

- Yes, up to $550. However, any 2019 carry over funds that are unused n 2020 will not carry over into 2021.

3) **Can you give full address for PADMIN to purchase items using Flexible Account balance?**

Here is the link:

https://fsastore.com/FSA-Eligibility-List.aspx?a_aid=5435769925d56%20&utm_source=%20P&A+Group%20&utm_medium=TPA+banner+URL&utm_campaign=TPA+Partner

4) **Can you show us the items that FSA covers? When is the deadline to get of FSA reimbursement setup in Year 2020?**

- Page 10 from the P&A FSA Brochure at: https://sfhss.org/sites/default/files/2020-09/City_County_SF_FSA_Brochure_%202020-2021.pdf

  To shop for covered items: https://fsastore.com/FSA-Eligibility-List.aspx?a_aid=5435769925d56%20&utm_source=%20P&A+Group%20&utm_medium=TPA+banner+URL&utm_campaign=TPA+Partner

5) **I am a new employee as of 6/2020. I have already enrolled. If I do not have any changes or additions, do I have to do anything now to continue what I have selected?**

- You only need to act if you want to sign up or renew a 2021 FSA account as it requires annual enrollment.

6) **Will the new FSA eligible items be applicable in 2021?**

- Over the counter eligible FSA items will be reimbursable for 2021.

7) **If I have un-used fund in my childcare flex spending account by the end of this year, since my child is distant learning, can the fund be rolled over to next year?**

- Funds from Dependent Care Spending Accounts are not eligible for rollover per IRS regulation.

8) **How long does the CARES Act remain enacted?**

- It depends on which aspect of CARES Act you're referring to.

Open Enrollment Events

1) **How do we register for the WORKTERRA events?**

- You do not have to register. You can join the meetings through the following links: October 14, 2020, 12-1,

  October 14th Event Link: Workterra Webinar October 14th
  October 21st Event Link: Workterra Webinar October 21

Mental Health Care

1) **Not all mental health providers are created equal or meet individual members' needs, depending on their life situations etc. If you find a provider through e.g. Psychology Today, that is licensed to practice here in CA, what's the most inclusive plan/ ability to get provider at least partially reimbursed?**

The UHC City Plan has In and Out of Network coverage. Members can find mental health providers online at myuhc.com or Liveanworkwell.com. In network coverage is subject to the In-Network deductible, and then members pay 15%. Out of network coverage is subject to the Out of Network deductible, and then is reimbursable at 50% of the allowable rate (the UHC allowable rate may be less than the provider's billed rate, so please review plan documents for understanding on Out of Network coverage).

2) **What are the mental health benefits and coverage under the UHC/City Plan? What are the differences in mental health coverage and provider flexibility between all plans?**

Members must meet the deductible ($250 for In Network or $500 for Out of network for an individual) and then members pay 15% of the contracted rate when using an In-Network mental health provider. If a member chooses to use an Out-of-Network provider, coverage is 50% of the allowable rate. Please read the plan documents for more information on using an Out-of-Network provider.

3) **Can each plan talk about Mental Health benefits (e.g. how to access care, do you need provider referral, cost of 10 standard visits)?**

For UHC: to find In-Network providers, please go to MyUHC.com and use the provider search. You can also go to **LiveAndWorkWell.com** to find providers.

Members are responsible for paying the applicable deductible (in or out-of-network depending on provider status), and then pay 15% coinsurance for In Network providers, and the plan pays the remaining 85%.

For OON providers, the plan pays 50% of allowable charges, and the member pays the remaining 50% (plus any amount not covered by the plan).

Using an In-Network provider will help to keep your costs down and more predictable. Out of Network providers may bill you what they wish, and you may be responsible for more than 50% of the total billed amount.

To access Kaiser Permanente's mental health benefits, you do not need a referral. Call Member Services at **(800) 464-4000** to schedule an appointment or visit **kp.org/mentalhealth** for more information.

Blue Shield subscribers are able to access mental health benefits via **Access+ or Trio**, members do not need a referral from their PCP.

Members can call customer service **(855) 256-9404** or **Shield Concierge (855) 747-5800** to get a list of mental health providers or the member can go to **www.blueshieldca.com** and access "find a provider."

The visits would follow the members office visit copay of $25 per visits. In the example requested, 10 standard visits would be $25 per visit or $250. However, if inpatient or outpatient services are needed, both would follow the members inpatient / outpatient benefit copays.

Accessing mental health via **Teladoc Telabehavioral Health Benefits** would be $0 per visit.

4) **For Kaiser, how do I download the free Calm app on iPhone?**

- For all current Kaiser Permanente Members, you can register for the Calm App for free at **kp.org/selfcareapps**.

5) **What's the most inclusive plan with the ability to get any provider at least partially reimbursed? A lot of MH providers here seem super overwhelmed with their caseloads and can have wait lists for months or longer.**

- Here are the links to mental health benefits for all 3 SFHSS health plans. Direct to office hours for each plan.

  https://sfhss.org/Using-Your-Benefits/using-your-benefits-employees/mental-health-emp

  www.kp.com/mentalhealth

  https://www.uhc.com/individual-and-family/member-resources/health-care-programs/behavioral-health

6) **With Teladoc mental health care, would you be able to set up routine appointments with the same Therapist/Doctor each appointment? Does the mental health care require a referral to use it?**

- Teladoc Telabehavioral Health does allow members to pick their provider, unlike Teladoc General Medicine. When members book appointments, they can review provider profiles and choose the provider they wish. Then, they set their first appt no earlier than 72 hours of the request date. The provider has those 72 hours to confirm the appt the member selected or propose a different time (if the provider happens to be unavailable). We typically see providers responding in 10 hours to either confirm or propose a new time.

7) **Is the mental health carve out for Trio and Access both with Magellan?**

- Mental Health coverage for both Access+ and Trio is accessed using Magellan. If members are having difficulties finding providers, they can call Member Services for Access+ or Shield Concierge for Trio for assistance.

Primary Care / Access to Providers

My PCP retired. How do I change to another PCP?

- **UHC** does not require a PCP. You may see any licensed medical practitioner who is In-Network or Out-of-Network and accepting new patients. You can find In-Network PCP's online at myuhc.com and using the Provider Search. If you are not a member yet, you can still search for providers using the Select Plus network in California, or the Choice Plus network outside of California.

- If you're a **Kaiser** Member, to change your PCP (or any doctor) by calling Member Services at 1-800-464-4000 or visit kp.org/searchdoctors to see who is accepting new patients.
- At **Blue Shield**, PCP's can be changed by calling Customer Service (855-256-9404) for Access+ members or Shield Concierge (855-747-5800) for Trio members. Members can also go online and access their account at www.blueshieldca.com and change their PCP via the member portal.

  If your current PCP has provided a referral to a new PCP, validate with your new PCP (just to be safe) to make sure there is no interruption in care.

How do I determine if a specific provider group is participating in Trio or Access+ plan. How can I compare the available providers since it seems Trio is a smaller population?

Members can access "Find a Doctor" via www.blueshieldca.com and search for providers in both plans. Lists can be saved as a PDF or e-mailed to the members e-mail address. If the member would like one on one assistance, they can call Customer Service (855-256-9404) for Access+ or Shield Concierge (855-747-5800) for Trio.

If I see only UCSF doctors, will I lose any benefit by choosing Trio instead of Access+.

UCSF is a participating provider in the Trio plan.

Do you have an update on the contract dispute between Brown & Toland and Alta Bates/Sutter?

The contract negotiation is between Brown & Toland and Sutter. Blue Shield is not included in those negotiations. There is no update at this time.

Are any of these carriers associated with providers with Sutter?

With **UHC** you may select any provider whether in or out of network.

Blue Shield members in the **Access+** plan have access to Sutter facilities and Sutter providers. Members enrolled in **Trio** do not have access to Sutter facilities or Sutter providers (with the exception of Brown & Toland and CPMC which are included in the Trio plan).

What is the different between Trio HMO and Access + HMO under Brown and Toland?

Brown & Toland participates in both plans. However, some Brown & Toland specialists do not participate in the Trio plan. Members should call Shield Concierge to validate their specialists participating in Trio prior to enrolling.

I am interested in Blue Cross for various reasons. I don't know how Blue Cross works - i.e. how to select a doctor, get mental health care, acupuncture, etc.

Potential members can call Customer Service (855-256-9404)or Shield Concierge (855-747-5800) and advise the rep they are thinking of moving to Blue Shield and the rep will assist them with all their questions regarding accessing care, available providers, facilities, etc.

How do I determine if a specific provider group is participating in Trio or Access+ plan. How can I compare the available providers since it seems Trio is a smaller population?

Members can access "**Find a Doctor**" via **www.blueshieldca.com** and search for providers in both plans. Lists can be saved as a PDF or e-mailed to the members e-mail address.

If the member would like one on one assistance, they can call **Customer Service (855) 256-9404** for **Access+ HMO** or **Shield Concierge (855) 747-5800** for **Trio HMO**.

Retirement

1) **What documents do we need to submit to HSS before retiring?**

   - Members should review **https://sfhss.org/new-retiree-enrollment** and must contact SFHSS directly when planning to retire. Benefits Analysts can help and can be reached at (**628) 652-4700**.

Problem Solving

1) **Can you discuss the recourse/escalation process for members who have significant negative experiences with providers? The plan, the IPA, the practice, hospital or HSS?**

   - Members can contact SFHSS by phone, our number is (**628) 652-4700**. Members can also contact SFHSS in writing via fax at (**628) 652-4701** or mail at 1145 Market Street, 3rd Floor, San Francisco, CA 94103. Please clearly list the issue and any obstacles you encountered in solving the issue.

Specialty Care and Services

1) **Is United Healthcare PPO's fertility services included in the basic coverage or is it an add on service at additional cost?**
   - Fertility coverage is included in the **UHC PPO (City Plan)**. Coverage limitations apply and members should read the Summary Plan Description for in depth information. Coverage amount varies depending on the type of service. For assistance finding providers, please call the number on your member ID card.

2) **If I join the Trio Plan, how do I get access to healthier foods?**
   - Available to Trio members only - **Healthy Savings ®** is a food savings program designed to help members take a step towards a healthier diet.

     Subscribers can save on healthy groceries they already buy including milk, whole-grain bread, lean meat, eggs, fruits, vegetables and more.

     To enroll in this program the **subscriber** would go to:
     www.blueshieldca.com/YourHealthySavings and register.
     They would then download the app found in the **App Store** or **Google Play**. Once

registered, **subscribers'** accounts are preloaded with weekly specials.

Subscribers should bring their mobile phone or **Healthy Savings card** to the grocery store. They scan it at checkout and get instant discounts. Participating grocers are Kroger - all banners, **Albertsons / Safeway** - all banners and **Walmart / Sam's Club**.

3) **Regarding the Blue Shield of CA's "Healthy Savings", can you please give an example of the savings? Is it like 25 cents off a loaf of bread? Is it similar to coupons in the Sunday paper? Or is it more substantial?**

- It is similar to coupons. After registering Subscribers will receive weekly specials. Savings are obtained when you scan the app at checkout when buying healthy foods like milk, whole-grain bread, lean meat, eggs, fruits, vegetables and more. Savings are available at participating grocers are **Kroger** - all banners, **Albertsons / Safeway** - all banners and **Walmart / Sam's Club**.