

Questions Submitted for Zoom Meeting 01/08/2021

FSA

- I haven't received my FSA cards, when should I worry?

Please allow until next week and if you still have not received your card. You can still use your flexible spending funds without a card by submitting receipts and are reimbursed via direct deposit. If you have not received your cards by next week, please let your benefits analyst know.

- If I don't have any dependents why do we get two FSA debit cards with different numbers?

If you get an additional card that you do not need, you can just keep it in safekeeping in the event you lose your card and you will have one that can be immediately activated. You can only receive up to two cards, however, if you lose one, you can request a replacement.

- Will these flex spending cards work the same way the old ones did: the UHC site tracked the reimbursements, tracked balance on the card and also if there was an overpayment, there was an automatic reimbursement?

Yes, that is correct.

WebTPA/Aetna/Medical

- Why did we change UHC to Aetna and what does Aetna offer better than UHC?

We did a Request for Proposal as the UHC/Optum contracts were expiring and through a well-researched and well-vetted process, the City awarded medical plan administration to WebTPA and pharmacy benefit management to Southern Scripts. Aetna provides the network to allow for plan discounts to be applied to the amounts billed by medical providers.

- I see that WebTPA is administering our plan; however, their website redirects you to the Aetna website to search for providers. From there, the Aetna website asks you to confirm your plan type so that you can get the most accurate information. Which plan should we select from all of the options provided?

WebTPA's portal directs you to the Aetna Signature Administrators search tool. We are utilizing this network, so use this search tool. Alternatively, you can go to www.aetna.com/asa.

- It is a little confusing that the Aetna site that you're redirected to asks you create an account and then when you go to do that, you realize that you shouldn't because the member account is not recognized by Aetna since it is administered by WebTPA. Is there an easier way to get around to finding a provider?

I do not see that the Aetna Signature Administrators site asks you to create an account. The WebTPA portal merely takes you to the Aetna Signature Administrators search tool. I do not see anywhere that asks someone to create an account.

- My Doctor is not in network, what do I do?

If you cannot find your provider in the Aetna search tool, please notify HRbenefits@plano.gov so that we can help you navigate the tool. In most cases, we have been able to find providers that members have inquired about. In rare cases, there are circumstances where a provider may not show up in the search but is in network. If this is the case, we will reach out on your behalf to confirm network status.

During the RFP process, the medical providers that were utilized by our members under UHC were compared against the Aetna network. Over 97% of providers were found to be in-network. You may still go to that provider; however, the plan will not pay for out of network charges. If you would like your provider to join the Aetna network, please reach out and we can give you a form to provide your physician.

Please note that network contracts are fluid and these change from year to year with all insurance carriers, and the City makes the decision for the collective good of the group, not for an individual provider.

- I have verified my Dr. is not in network, can I pay cash for my visits and submit my own paperwork for reimbursement?

Yes, you may pay cash for your visits; however, the Plan will not reimburse you for out of network providers. (Out of network benefits are only allowed for services such as Emergency Room, Pathology, Radiology, and Anesthesia whereby a member has no choice.)

- Under our mental health benefit, Family/Marital Counseling is ineligible. If family or marital counseling is recommended would the COP employee be covered as an individual?

This is covered under our Employee Assistance Program through ComPsych at 6 free sessions per situation. The website is guidanceresources.com – web ID – ONEAMERICA6 or call 855.365.4754. This is on page 28 of the benefit guide as well.

- I have not received my new insurance cards yet. When should we expect them to arrive?

Most employees have received their cards by now. Please confirm your address is correct within PeopleSoft and then reach out to HRbenefits@plano.gov if you need further assistance.

- Emergency care centers, emergency clinics, urgent care clinics and the like. Can you please remind us during the meeting which ones to avoid and which ones are preferable to avoid additional charges? What does a free standing emergency room mean? Are there free standing urgent care clinics?

Great question – please see page 8 of the benefits guide for further information.

<https://www.haysmultimedia.com/3d/City-of-Plano-BenefitsGuide/index.html>

- When asking the doctors or clinics to send the labs to an in network facility, after asking, how can they know that the lab is in our network? Do they have access to a list of in-network labs covered by our insurance? What if it is after hours and we cannot contact HR or Jordan?

LabCorp, Quest and Clinical Pathology Labs (used by Village Health Partners) are all confirmed to be in-network and are used by the vast majority of providers.

- I don't recall Catalyst Health Network being presented to us last year. What is the benefit of Catalyst? I don't see how they offer a service. Is it village HP with a new owner, name or title?

The City of Plano expanded our relationship from Village Health Partners, which is a member of the Catalyst health network, to the entire Catalyst health network effective January 1, 2020. This is a group of independent primary care physicians who practice quality evidence based medicine that are not

aligned to any hospital system. This allows COP members to access a wider geographic footprint than Village Health Partners, although we still have a partnership with VHP as well.

- What do we do if our doctor of many years is not in network? Can we use a transfer of care?

Transition of care is allowed for out of network providers for serious health conditions. For example, if a member is in the middle of cancer treatment and their oncologist is out of network, or a member is in the middle a pregnancy and the OB-GYN is out of network. Other services are considered out of network and are not covered by the plan. As noted, we can provide the physician with paperwork to become a part of the Aetna network.

- My doctor is still showing United Healthcare as my insurance. What's up with that?

UHC did not properly load the termination file sent by the City of Plano and therefore, all members showed dual coverage for a few days. This has since been rectified.

- Did Teladoc replace Doctor on Demand?

Yes, Teladoc is available 24/7/365 via computer, phone or app and works similarly to Doctor on Demand. There is a \$5 co-pay for medical visits and \$5 for behavioral health visits. Those enrolled in the medical plan should have received a mailer with a wallet card that has the telephone number, app and website information for your convenience.

- I have my child on my insurance and I have received my health, dental, and vision cards. He is on all three electives but his name is not on any of the cards. Do I use my cards for him also or should I be receiving cards for him as well?

Dependents should be depicted on the medical/Rx card, but they are not reflected on the dental/vision card. Please email HRBenefits@plano.gov and we can research this for you.

- On our previous plan we were required to do a physical every year. Is the physical still required and also is the form we need to take and have filled out?

Yes, the Connect4Health Premium Incentive Program which was waived last year, has resumed for 2021. The compliance period has also changed from 9/1/2020 to 8/31/2021. The biometric screening form is still the same and is on the website for you to have your physician complete.

Pharmacy

- If I use CVS as opposed to the Southern Scripts Mail Order Pharmacy, will my cost be the same for non-generic drugs? For Generic Drugs? BTW, the Southern Scripts website shows that CVS is a First Choice Pharmacy.

The same co-pay structure applies to both 90-day retail and 90-day mail order. CVS is a First Choice Pharmacy. The only pharmacies that you cannot get 90-day prescriptions are Walgreens and Costco, as these pharmacies are significantly more expensive than the others are. You can still use them, but only for a 30-day prescription.

- How do you transfer prescriptions from Optum RX to the new prescription providers? What about other prescription providers such as Walgreens? How do you transfer those over?

There are a couple of different ways to transfer a Mail Order prescription. I have attached a document which explains how to complete the process online. The members may also call Postal Prescription and complete the process over the phone. The contact information for Postal Prescriptions is also in the attached document.



PPS Quick
Reference Guide & f

To transfer prescriptions between retail locations, member may take their current bottle or label to the pharmacy they wish to use going forward, and that pharmacy will manage the transfer. The member may also call the pharmacy they wish to use going forward and request a transfer from them.