

Three Change Areas Outlined

- ◆ A new three-tier prescription drug program, for both the PPO and HMO plans, for active and retired participants.
- ◆ A new insurance company, UnitedHealthcare (UHC), will administer the PPO plan, processing claims and other tasks.
- ◆ Several PPO plan "design" changes which will mean higher out-of-pocket payments for deductibles, co-pays, and coinsurance. (There will be just a few design changes in the HMO.)

This Dispatch explains how MPS is implementing health plan changes on April 1. There is an unresolved dispute between our union and the district over design changes in both plans.

We will provide more information as soon as it is available in a future Dispatch.

Health Plan Changes on April 1

Starting April 1, 2011, there will be changes for members who are in either of the negotiated MPS group health plans - the PPO or the HMO. The overall changes are briefly outlined in the box to the left.

The question and answers below address *immediate* implementation details. The Q and A is arranged into three groups: changes affecting both plans, changes for the PPO only, and changes for the HMO only.

Implementation Q & A for Both Plans

1. Do you need to sign up for coverage because of a change in administrator?

No. You will be automatically covered by UHC if you're in the PPO.

If you're in the HMO, you will automatically be covered when Medco becomes the prescription drug administrator on April 1.

2. Will you need new identification numbers/cards?

Yes. For details, see questions 7 & 8 for the PPO or question 16 for the HMO.

3. Will you be able to switch plans at this time?

No. As in the past, you may switch plans only during the annual open enrollment period in September.

4. How will the three-tier drug program work?

There will be a co-pay for every prescription, both retail and mail order. The co-pay amount will be determined by the tier placement of each drug by Medco.

For example, for generic (Tier I) drugs, there will be a \$3 co-pay for retail, a 30-day supply, and \$6 for mail order, a 90-day supply.

5. How can you find out the tier for a specific drug?

Go to the MPS portal, click on "Employment Benefit News" and then on the Medco FAQs. **Or** call Medco at 1-800-316-9178, press 1, and give this temporary I.D. number - OEMPSALLEMP2011.

6. Does the Medco site use the Tier I, II, & III terminology?

No. Medco uses these three terms: **generic** (Tier I), **preferred brand** (Tier II), and **non-preferred brand** (Tier III).



HMO Implementation

15. Are there many changes for HMO participants?

No. There are just two changes of note - the three-tier drug plan and, for the first time, deductible payments.

16. Will you need a new card for the new Medco drug plan?

Yes. If you don't receive your Medco card by April 1, go to medco.com to print a "temp."

The MPS group is identified as **MILWAKE**.

17. How will the new HMO deductibles work?

For the rest of 2011, (and in future calendar years), you will pay up to \$50/person annually out-of-pocket for medical costs. For a family of two, both will have a \$50 deductible, a total of \$100. For a family of three or more, three members will pay \$50 each for a total of \$150.

Much More Information

Today's Dispatch focuses on common questions members are asking about the insurance changes which start on April 1, 2011.

MPS mailed a comprehensive packet to all employees and retirees on February 22. It included an overview of the changes; a list of key points; a user-friendly Q and A on deductibles, co-pays, and coinsurance; a table of the co-pays for the three tiers for the new Medco proscription drug program; an 8-page, side-by-side description of benefits/coverages for the PPO (old and new - it only covers in-network services), and many more details.

The district also has both PDF and Web versions explaining the changes on the mpsportal. Click on "Employee Benefit News" and then the red "New" button.

PPO Plan Implementation Q & A

7. Was a UHC ID card mailed to PPO participants with the UHC/MPS guide booklet mailing?

No. The 24-page booklet was mailed to all employees and retirees in the PPO plan - **without** a new UHC ID card.

8. When will PPO participants receive their UHC card?

Personalized UHC identification cards are being mailed to the homes of PPO participants, and should arrive a day or two prior to April 1.

9. What if you don't receive your UHC card by April 1?

Without a UHC card, give your doctor or other provider the MPS UHC PPO group number, **703772**, and your Social Security number.

As a alternative, starting March 24, you may print out a temporary I.D. card if you register at myuhc.com.

10. How can you find out if your doctor is in the UHC network?

Go to mtea.org and click on the "Find Your Doctor" quick link. When asked to select a plan, click on "**UnitedHealthcare Choice Plus**."

Or call UHC at 1-866-873-3903 and specify "Choice Plus Network."

11. Do PPO deductible payments *prior to April 1* count toward the higher deductible amounts that will take effect on April 1?

Yes. Deductibles, by definition, are for a calendar year. The amount you pay in deductibles for medical services you receive from January 1 through March 31 will apply to the new deductible amounts in effect from April 1 through December 31, 2011.

12. What if you're in treatment with a doctor who's in Aetna's PPO network, but not UHC's?

There be a grace period for the transition from Aetna to UHC.

13. What are the conditions for the grace period?

First, you must be "under an active course of treatment" by a doctor in Aetna's network on **April 1**. Second, you must apply for grace period coverage no later than **April 30, 2011**.

If you meet both conditions, your ongoing treatment will be covered as if your doctor were in UHC's network through **June 30, 2011**.

14. Is there a way to explain how the grace period works?

Yes, by an example. Suppose the doctor who is treating you charges \$90 for each office visit. For each visit through June 30, 2011, you would continue to pay \$10 - the in-network co-pay.

Starting July 1, 2011, you would pay that doctor \$27 per visit, the out-of-network 30% co-pay.