



FREQUENTLY ASKED QUESTIONS

9-20-13

1. What is the HDIEET-VEBA Partnership?

High Desert and Inland Employee-Employer Trust (HDIEET) and California Schools VEBA (VEBA) are both joint labor-management trusts that provide employee benefits to their members at a competitive cost. By pooling their members, the HDIEET-VEBA partnership achieves even greater value for all members, including:

- Ability to influence quality of health care through development of performance-based networks
- Greater buying power through increased membership (110,000 member pool)

2. How does the HDIEET-VEBA partnership impact me?

While most things will stay the same, here's what's changing:

- UnitedHealthcare (UHC) to replace Blue Shield plans
- Express Scripts for UHC prescription drugs
- Chiropractic for UHC HMO and PPO members through UHC

KAISER INFORMATION

3. I am currently enrolled in a Kaiser plan. How does this partnership affect me?

Most districts will not have any changes to Kaiser plans. However, for those that do, your district will let you know what the specific changes are. All Kaiser members will continue to receive chiropractic benefits through American Specialty Health.

The only thing you need to do is confirm your plan information by enrolling in the plan. Your district will let you know enrollment dates and how to enroll.

UNITEDHEALTHCARE (UHC) INFORMATION

4. When do we become active with UnitedHealthcare?

Effective July 1, 2013, UnitedHealthcare will provide your HMO and PPO Plan benefits.

5. What are the UnitedHealthcare HMO and PPO websites and customer service numbers?

	UHC HMO Plan	UHC PPO Plan
UHC Websites	<p>www.uhcwest.com</p> <ul style="list-style-type: none"> • Select "Find a Doctor" • Select "Plan" • Select "UnitedHealthcare Signature Value Network (HMO)" 	<p>www.myuhc.com</p> <ul style="list-style-type: none"> • Select "Find Physician, Lab or Facility" • Select "Plan" • Select "UnitedHealthcare Select Plus"
Customer Service Numbers	800-624-8822	800-377-5154

6. How does UHC's Network of Participating doctors compare to Blue Shield's Network?

- UHC's extensive PCP, Specialist and Mental Health networks are very similar to Blue Shield's and there should be little disruption for members.
- Some UHC providers prefer not to be listed on the UHC website—call UHC Customer Service if you can't find a provider.
- When searching for a provider, you must distinguish between PCP and Specialist.
- If current PCPs or specialists do NOT participate with UHC, please contact HDIEET/HUB International at **951-779-8720** so UHC can attempt to contract with these providers.

7. Can I still receive treatment from my current chiropractor?

Your chiropractic benefits will come through UHC. You must use a UHC participating chiropractor. To see if your current chiropractor participates with UHC, please visit the UHC's HMO and PPO websites above, or call UHC's Customer Service Number.

- Important Notes:
 - Certain participating UHC chiropractors prefer not to be listed on the UHC website. If you can't find your chiropractor on the website, please call UHC Customer Service.
 - If your current chiropractor does **NOT** participate with UHC, please contact HDIEET/HUB International at **951-779-8720** and they will work with UHC to try to contract with the chiropractor.

8. What steps do I need to take to enroll in a UHC Health Plan?

Depending on the plan you enroll in, here's what you need to do:

HMO PLAN

The first thing you must do is select a Primary Care Physician (PCP). **You must get all referrals for specialist services from your PCP. You cannot self-refer to a specialist.**

If you currently have a PCP, make sure he/she participates with UHC.

- To find your PCP, visit the HMO website above or call UHC's HMO Customer Service Number.
- Important Notes:
 - Certain participating UHC PCPs prefer not to be listed on the UHC website. If you can't find your PCP on the website please call UHC Customer Service.
 - In the unlikely situation that your current PCP does **NOT** participate with UHC, please contact HDIEET/HUB International at **951-779-8720** and they will work with UHC to try to contract with the provider.
 - Out-of-state dependents will be enrolled in a PPO plan, at no additional premium, even if the subscriber is enrolled in an HMO plan. This is specific to qualified dependents (including children up to age 26,

spouses and retirees). It is not applicable to a dependent on a sabbatical or retirees who have multiple homes.

PPO PLAN

- If you are currently receiving medical treatment, we encourage you to confirm your doctors participate with UHC by following the steps listed in Question 6.
- If you are an out-of-state retiree you are eligible to enroll in the UHC PPO plan.

Please note: Your district will let you know enrollment dates and how to enroll in UHC's HMO and PPO plans.

9. I am currently receiving medical treatment, what must I do to continue care?

For tips on how to make the best decisions regarding transitioning your medical care to your new health plan and doctors, please review the "Transitioning Your Care" flyer. Depending on which plan you enroll in, here's what else you need to know:

HMO MEMBERS

- If your PCP participates with UHC and has already pre-authorized specialist care, just tell your doctor's office about your new insurance and show your new insurance card.
- If you are changing your PCP, discuss transferring care, medical records and prior authorizations with your current PCP before your new PCP is effective.
- Make an appointment with your new PCP as soon as possible to establish a new treatment plan.

PPO MEMBERS

- To have continuing services pre-authorized you must contact UHC's PPO Customer Service representatives at **800-377-5154**.

Important Note: In the event you have an acute or serious medical or mental health condition, are pregnant, or have a terminal illness and must continue your treatment plan with your current doctors, even if your doctor does not participate with UHC, please call UHC Customer Service to discuss Continuity of Care procedures.

10. Do I need to enroll in the UHC HMO or PPO Plan?

Yes. You must enroll yourself and your dependents in the plan. Your district will let you know enrollment dates and how to enroll.

Please note:

- If you don't enroll in a plan, you will be defaulted into the plan that's closest to your current plan. If your current plan is Blue Shield's HMO and you don't enroll, you will also be auto assigned a PCP based on your zip code.

11. Will I get a new member ID card?

Yes. You and each of your eligible dependents will receive a UHC ID card.

- Your UHC ID card will show your copays or coinsurance amount and important contact information (including the name of your PCP if you enroll in the HMO plan)
- If any of the information on your cards is incorrect, please contact your district to make the change. Starting July 1, 2013, be sure to tell your doctor's office you changed health plans and show your new UHC ID card to your doctor's office.

12. Will my deductible and out-of-pocket credits from my Blue Shield PPO plan be transferred to my new UHC PPO plan?

Yes. Any out-of-pocket and/or deductible credits you have will automatically be transferred from Blue Shield to UHC.

EXPRESS SCRIPTS INFORMATION

13. When do we become active with Express Scripts?

Effective **July 1, 2013**, Express Scripts will begin providing your retail and home delivery prescription-drug benefits.

14. What is the Express Scripts customer service phone number and what are the hours of operation?

Express Scripts Customer Service is available 24 hours per day, 7 days per week and can be reached at **800-918-8011**. You can start calling Customer Service with your questions on June 15, 2013 (approximately 2 weeks before the plan's effective date).

15. Will I get a new Express Scripts ID card?

Yes. With the change to Express Scripts, you will receive two ID cards: an Express Scripts ID card for prescription drugs and a UHC ID card for medical services. You must use your Express Scripts ID card, starting July 1, 2013 when you fill a prescription. That's because your local pharmacy needs a few identification numbers that are listed on your new Express Scripts ID card. These numbers show that your pharmacy is part of the Express Scripts retail pharmacy network. Without these identification numbers your prescriptions cannot be processed.

16. How do I order additional or replacement member ID cards?

Starting on July 1, 2013, you can call Express Scripts at **800-918-8011** to order additional or replacement member ID cards. We encourage you to register with Express-Scripts.com, and then you can go online to print an ID card.

17. Where do I fill my prescriptions after July 1, 2013?

- You may continue to fill prescriptions at your current local network pharmacy near your home.
- You can also get prescriptions through home delivery from the Express Scripts PharmacySM. Please see the home delivery section, "**Questions 20-24 below**," for detailed information.

18. How do I transfer my Current Prescriptions to Express Scripts?

Blue Shield will transfer your prescription drug information to Express Scripts. To ensure you get your prescriptions on time, it is important that you do the following:

- Before July 1, 2013, get your last refill with Blue Shield.
- Have your current prescription number on hand. This number can be found on your prescription refill bottle.
- Call Express Scripts Customer Service at **800-918-8011**. They will ask for your current prescription number and get your Express Scripts Home Delivery service started.
- Orders for new prescriptions are processed and shipped within three to five business days or as soon as your plan allows. Please allow additional time for postal service delivery.
- For new prescriptions, ask your doctor to email a new prescription for up to a 90-day supply, plus refills for up to 1 year, if appropriate, to Express Scripts Home Delivery Pharmacy (only your doctor can fax prescriptions)

Please note: Express Scripts can accept mail order requests on June 15, 2013 (two weeks before the plan becomes effective).

19. Do I need to get prior authorization for my prescriptions?

Blue Shield will transfer your prescriptions that received prior authorization to Express Scripts. There are prescriptions within the Express Scripts formulary that will require prior authorization. We anticipate that any prescription that requires prior authorization will be honored by Express Scripts based on the information we get from Blue Shield. However, in the event your prescription is declined, the pharmacist will initiate authorization for your prescription with your doctor (process takes 24 to 48 hours).

Starting June 15, 2013, you can call Express Scripts Customer Service at **800-918-8011** to confirm you do not need to get prior authorization for your existing medications.

20. What is home delivery from the Express Scripts pharmacy?

Home delivery is a convenient way to get up to a three-month supply of your maintenance medications delivered right to your home. Maintenance medications are prescription drugs you take regularly to treat ongoing conditions such as arthritis, diabetes, or heart disease.

21. When can I send my new prescription order to the Express Scripts Pharmacy?

Express Scripts will begin processing prescriptions on **July 1, 2013**. Express Scripts will accept and hold new prescriptions received at least **two weeks prior** to **July 1, 2013**. If Express Scripts receives any prescriptions more than **two weeks prior** to **July 1, 2013**, Express Scripts will return the prescriptions to you.

22. How do I order new prescriptions through the Express Scripts Pharmacy?

You will receive an Express Scripts Pharmacy Order Form with a notification letter and new member ID card after your district completes enrollment.

- To use the Express Scripts Pharmacy beginning **July 1, 2013**, complete the Express Scripts Pharmacy Order Form enclosed with the ID card you receive.
- If you are ordering a new prescription you will need to contact your doctor to request a prescription for a 90-day supply with refills for up to one year, if appropriate.
- **By law, refills for controlled-substance and compounded medications cannot be automatically transferred.** Please contact your doctor for a new prescription if your medication is a controlled-substance or compounded medication.
- Mail your completed Express Scripts Pharmacy Order Form, new prescription, or current home delivery pharmacy's refill slip along with your payment to Express Scripts by using the pre-printed return envelope provided with the Express Scripts Pharmacy Order Form.
- Once you register as a member at www.express-scripts.com you can print Express Scripts Pharmacy Order Forms at your convenience. You can also call Express Scripts Customer Service at **800-918-8011**. You can order refills online.

23. How long will it take to receive my order from the Express Scripts Pharmacy?

New Prescriptions: Orders for new prescriptions are processed and shipped within three to five business days or as soon as your plan allows. Please allow additional time for postal service delivery.

Refills: Upon receipt of your refill order, Express Scripts will process and ship the order within two to three business days or as soon as your plan allows. Please allow additional time for postal service delivery.

24. How do I pay for my prescriptions with the Express Scripts Pharmacy?

You can send a check or money order with your prescription order to Express Scripts.

You can also use a credit card by filling out the credit card information on the Express Scripts Order Form or making a secure payment on the Express Scripts website at www.express-scripts.com. Express Scripts accepts Mastercard®, Visa®, Discover® and American Express® credit cards. You can also use Express Scripts *Bill Me Later*® for any home delivery prescription.* You could likely have the claim streamlined and paid out of your FSA prior to this bill coming due. If your prescription cost exceeds \$150, you can opt to spread payments over 90 days.