

Chenango Forks Central School District ENV Town Hall Meetings
Questions and Answers

Q: What is the difference between Paid in Full and \$0 copay on the analysis?

A: There is no difference. They mean one in the same.

Q: What is the difference between Medicare Supplement Plan F and Medicare Supplement Plan G in the Excellus columns on the analysis?

A: Plan F is a 100% coverage plan where the retiree has no out of pocket medical costs. Plan F is only available for individuals who turned 65 before 1/1/2020. Plan G has 100% coverage except for the Medicare Part B deductible of \$198. Individuals who turn 65 on or after 1/1/2020 would have to be placed in this plan and would be responsible for the Medicare Part B deductible of \$198.

Q: Is the district considering a Sunset Clause for the benefits the district has promised to self-insure if they would have been covered by Excellus and are not being covered under the new retiree plan?

A: The Sunset Clause will be negotiated between the Board of Education and the CFTA.

Q: How will the district know if Excellus would have covered a benefit?

A: The district will keep the current Summary Plan Description (SPD) on file for reference.

Q: Why does there need to be a Sunset Clause if the district is confident the plans being presented are as good as or better than the current Excellus Plans?

A: The district is confident the plans are as good as better. The Sunset Clause covers retirees for services covered now under the Excellus plans. Excellus could change their benefits at any time. The Sunset Clause provisions will be negotiated between the Board of Education and the CFTA.

Q: Will Humana pick up the Medicare deductible?

A: There is no deductible if Humana or Aetna were selected. If Excellus were selected, individuals on Plan G would be responsible to pay the \$198 Medicare Part B deductible.

Q: Does the Humana eyewear discounts only pertain to particular providers?

A: Yes, certain EyeMed locations will offer the discounts. Please note, Humana will be providing a \$100 vision allowance that can be used at any eyewear vendor. The EyeMed discounts will still apply. A finalized analysis will be sent out once it is completed.

Q: What guidelines do carriers use for benefits, for example Skilled Nursing Facility benefits?

A: All carriers are bound by and have to utilize Medicare Guidelines. ENV will ask all carriers to provide their specific criteria they utilize to authorize Skilled Nursing Facility care.

Q: What is the difference between Skilled Nursing Care and Long-Term Care?

A: Skilled Nursing Care provides temporary medical rehabilitation care whereas Long-Term Care provides permanent custodial assistance. Skilled Nursing Care typically follows an inpatient stay in a hospital.

Q: It seems providers are having difficulty knowing if they are participating with a carrier. How will this be resolved?

A: Humana can do a mass mailing to providers in the area advising the district has selected their group policy. Humana can also make phone calls to providers when there is confusion. Humana will provide retirees with a letter to give to providers explaining the coverage.

Q: How new is the Humana passive plan?

A: Nationally, the Humana plan has been around for 15-20 years. In Upstate NY, it has been around for the last 5 to 7 years.

Q: Is pre-approval needed for any benefits?

A: Under the pharmacy benefit, some drugs do require prior authorization. On the medical side, there are several services that require prior authorization. The prior authorization is taken care of by the provider. If an individual has a planned surgery or test scheduled for the first couple of weeks the plan is in effect, Humana is happy to call the provider directly to ensure the prior authorization process is completed. Today under the Excellus Blue PPO plan, prior authorization is required on some services.

Q: What is Medicare Assignment?

A: Medicare Assignment occurs when a provider accepts the Medicare allowance as payment in full.

Q: Is the Skilled Nursing Facility Care benefit is good as or better than our current plans.

A: The Excellus Skilled Nursing benefit is not better than the current Excellus plans. Humana's information will be updated to indicate it is equal to or better than the current plans. Humana will offer unlimited days for Skilled Nursing Care. Aetna's benefit is equal to or better than the current plans.

Q: What is the true savings of offering these plans.

A: The following savings is combined for the district and the retirees. These amounts are subject to change based on anticipated benefit enhancements coming from Humana.

- Excellus: \$1,507,584
- Humana: \$2,137,492
- Aetna: \$1,918,554

Q: How many other Districts offered the self-insurance provision?

A: ENV has worked with two other districts that offered the self-insurance provision. They were Maine-Endwell Central School District and Harpursville Central School District.

Q: What affects premium changes?

A: Legislative changes involving Medicare covered benefits affect premium changes. Changes in Medicare's payment schedule can also have an effect. Lastly, overall claim spend will have an effect.

Q: Are we moving away from the consortium?

A: Yes. We will be in a bigger group than the consortium.

Q: If Medicare doesn't cover something, is it denied?

A: Medicare Advantage Plans will not automatically deny a service Medicare does not cover as they cover more services than Medicare. A Medicare Supplement Plan will deny a benefit if Medicare does not cover it.

Q: Why does the Medicare.gov website indicate Medicare Advantage Plans cover most services?

A: If original Medicare covers a service in full, for example hospice care, the Medicare Advantage Plans will not have to cover that benefit.

Q: Are compound drugs covered?

A: Typically, Medicare does not like to cover compound drugs. Humana asked for this person to email the specifics for Humana to review. ENV has reached out to Aetna for their response.

Q: Are Humana and Aetna Medicare Advantage Plans?

A: Yes

Q: Will any out of network doctors be covered?

A: As long as the doctor accepts Medicare or Medicare Assignment, the doctor will be considered participating with the plan. A private contracting physician will not be considered participating.

Q: Do we have to find a secondary Medicare plan if one of the Medicare Advantage Plans are selected?

A: No, you do not.

Q: Will a lot of things be subject to interpretation?

A: All carriers must utilize Medicare guidelines as the basis for their coverage. ENV has put these plans in place for many school districts. If there were any major issues, we would have heard about them and ceased offering these plans to our clients. In addition, NYSUT wouldn't allow us to offer them to districts if there were major concerns.

Q: What is an open formulary?

A: An open formulary is one where there are no specific drug exclusions. All Medicare covered drugs will be available on an open formulary.

Q: What happened to the patient who utilized a podiatrist who didn't accept Medicare in the example ENV provided?

A: The first year the district paid the claims under the self-insurance clause. The second year the patient found a podiatrist who did accept Medicare.

Q: Will all retirees fall under the new retiree plan?

A: The retirees over age 65 will fall under the new retiree plan. Retirees under age 65 will remain on the current Excellus Plans that active employees are on.

Q: Will the new retiree plan include non-teachers?

A: Yes, the retiree plan includes non-teachers.

Q: What is happening with the current active plan?

A: The current Excellus plans for active employees are staying the same.

Q: Can my spouse continue coverage if I pass away?

A: Dr. Peck is verifying the survivor benefit coverage.

Q: How did ENV determine the number of retirees in the analysis.

A: The district provided a census to ENV.

Q: If the district goes with the Medicare Supplement plan, is there an advantage with providers over the Medicare Advantage plans?

A: There is no advantage with the Medicare Supplement plan with regard to providers. For any of the retiree plans being offered, as long as the provider is participating with Medicare or accepts Medicare Assignment, they will be considered participating with the plan.

Q: Will the Medicare Part B premium continue to be reimbursed by the district?

A: Yes

Q: Is ambulance transportation covered between hospitals?

A: If the ambulance transport meets Medicare's medical necessity guidelines, it will be covered.

Q: If we travel, how do we check out of network providers?

A: A provider does not have to participate with the carrier that is selected. If the provider participates with Medicare or accepts Medicare assignment, the provider is considered participating with the plan. Check with your providers on their participation status with Medicare. If it's a provider you have been to before, they would have made you sign a document if they were not participating with Medicare.

Q: What is the star rating for Excellus' Medicare Supplement plan?

A: Medicare Supplement plans do not have star ratings. Excellus is a top-rated company overall.

Q: Why does the Medicare.gov website indicate Medicare Advantage plans require providers to be in the carrier's network?

A: It depends on the type of Medicare Advantage plan being offered. The plans that are being offered to the district are called passive plans. This means providers only have to participate with Medicare or accept Medicare Assignment. Providers in the plans being offered to the district do not have to be participating with the carrier.

Q: Is there a separate network in Florida?

A: No there is not.

Q: Is a PET Cat Scan covered?

A: Medically necessary PET Cat Scans, based on Medicare guidelines, are covered.

Q: Is there an out of pocket maximum on the Humana and Aetna plans?

A: An out of pocket maximum does not apply on the Humana and Aetna plans.

Q: Will the ENV Call Center be available after 7/1/2020?

A: Yes, the ENV Call Center will be available for the lifetime of the plan.

Q: Where can we access the videos of the town hall meetings?

A: They are available on the district website (<https://www.cforks.org>). Click on "RETIREE AND EMPLOYEE HEALTH INSURANCE INFORMATION." At the bottom of this page, you will see the links under "Videos of ENV Online Town Hall Meetings."

Q: What are the next steps in this process?

- A:
1. School Board has to give the right to Dr. Peck to negotiate with the CFTA.
 2. Dr. Peck negotiates with the CFTA
 3. If CFTA approves, Dr. Peck will negotiate with the Admin and Secretary units.
 4. If all units approve, the School Board will have the final vote.
 5. If approved, coverage begins 7/1/2020.