

Frequently Asked Questions

Transition to Premera 2021 Open Enrollment

Exciting changes are coming to your benefits package. New this year, we will be partnering with Premera Blue Cross for your medical and prescription coverage. We have created these Frequently Asked Questions (FAQs) to help you navigate through this change and we recommend reading through the entire document to gain a comprehensive understanding of all the important information.

New Information as of 10/09/2020

Employee Medical Premiums

Q: Currently, I do not pay anything for my employee-only coverage, will this change in 2021?

A: For Non-Represented (Non-Union) Employees and all Employees represented by UCFW Local 21, SEIU 1199NW (pending bargaining unit ratification vote), WSNA and CVH RNA

Yes. Currently, SRH pays 100% of the employee premium on the Value Plans. SRH contributes nothing to the cost of coverage for dependents. **Under the three new plans, in 2021 these employees will pay 5% of the employee-only premium, with SRH paying 95%. For employees with eligible dependents, SRH will now pay 60% of the dependent coverage premium and employees will pay 40% (referred to as the 95/60 contribution structure).** For employees with dependents this is a significant improvement in the health insurance benefit. This change also makes SRH a more competitive employer, more in line with the market standard.

All four unions have tentatively agreed to this contribution rate and are holding ratification votes for their members in October. Although the ratification votes may occur after the start of the Open Enrollment on October 19, we are proceeding confident that represented employees will want to participate at this contribution amount and have access to the SRH sponsored dependent coverage.

Q: What are the new premium contribution rates for 2021?

A: 95/60 Premium Contribution Rates – 2021

Note: Employee Cost is the cost per month.

Premera HDHP w/HSA Medical Plan	Total Cost	SRH Cost	Employee Cost
Employee Only	\$687.96	\$653.56	\$34.40
Employee & Spouse / Domestic Partner	\$1,313.99	\$1,029.18	\$284.81
Employee & Child(ren)	\$1,157.83	\$935.48	\$222.35

Employee, Spouse / DP & Child(ren)	\$1,783.88	\$1,311.11	\$472.77
Premera Value Medical Plan	Total Cost	SRH Cost	Employee Cost
Employee Only	\$730.95	\$694.40	\$36.55
Employee & Spouse / Domestic Partner	\$1,396.11	\$1,093.50	\$302.61
Employee & Child(ren)	\$1,230.18	\$993.94	\$236.24
Employee, Spouse / DP & Child(ren)	\$1,895.35	\$1,393.04	\$502.31
Premera Classic Medical Plan	Total Cost	SRH Cost	Employee Cost
Employee Only	\$760.86	\$722.82	\$38.04
Employee & Spouse / Domestic Partner	\$1,453.24	\$1,138.25	\$314.99
Employee & Child(ren)	\$1,280.53	\$1,034.62	\$245.91
Employee, Spouse / DP & Child(ren)	\$1,972.91	\$1,450.05	\$522.86

Q: What about employees planning to retire in the last quarter of 2020?

A: Employees planning to retire in the last quarter of 2020 will not need to participate in Open Enrollment. These employees will have the option of electing to continue their medical benefits through PEBB for up to 18 months through COBRA. However, they will not be eligible to receive the state-sponsored stipend currently available to retirees with coverage through PEBB. The state-sponsored stipend is available only to retirees as long as SRH maintains its contract for medical benefits with PEBB. With the termination of that contract at the end of 2020, the state-sponsored stipend ends at that time as well.

Q: Does Premera offer a special Medicare Part B rate for retirees?

A: No, Premera does not offer a special Medicare Part B rate for retirees.

Flexible Spending Account (FSA)

Q: Will the FSA benefit continue?

A: Yes. The FSA benefit will continue in 2021. We have partnered with a new FSA administrator, Navia Benefit Solutions. This new partnership will allow you to access the funds in both your Health Care and Dependent Care FSA by using a debit card. The debit card will be mailed to employees who sign up for the FSA for the 2021 plan year, can be swiped at many local retailers and does not include any transaction fees. More information about your FSA options will be included in the Benefit Enrollment Guide and the recorded Open Enrollment presentation.

New Information as of 09/02/2020

Q: With Premera, what happens if I choose an out-of-network provider? Is it like Kaiser where I cannot see a provider outside of their network?

A: There is still some coverage when you go outside of the network. Out-of-network providers will be covered at the out-of-network coinsurance level, which requires more member cost share than in-network providers. Out-of-network providers may also bill the member for amounts that Premera will not cover. Premera will pay up to their in-network allowance and members are responsible for the balance of the bill. Please note: It is up to your provider's discretion to continue your care under new medical insurance coverage.

Q: Is the Everett Clinic in network with Premera?

A: All Everett Clinics are in network with Premera.

Q: What is the hearing aid benefit with Premera?

A: The Premera plans will include a benefit of \$800 for hearing aids every 36 months (subject to deductible), which matches the current PEBB plans.

Q: Will Regence UMP Coverage still be available for employees to select in 2021?

A: No. All current medical plans will be ending and all employees will need to select a new Premera plan for coverage in 2021 during Open Enrollment. However, in most cases, providers who are contracted with Regence will also be contracted with Premera.

Q: Will mental health services still be part of the plan?

A: Yes, mental health services will be covered the same as all other services (inpatient and outpatient).

Enrollment

Q: Do I need to take action during Open Enrollment this year?

A: **Yes.** All current medical coverage under PEBB will end effective December 31, 2020. All employee medical coverage will be under the Premera plans effective January 1, 2021. You will need to select a Premera plan during Open Enrollment in October. **You must log in to Epicor to indicate which new Premera plan you would like to enroll in, as well as elect any dependent coverage.** Follow the instructions in Epicor for selecting your plan.

If you wish to waive your medical benefits, you must complete the waiver during Open Enrollment in October.

There is NO DEFAULT medical plan enrollment for the upcoming 2021 plan year. If you do not actively enroll in a Premera medical plan during the 2020 Open Enrollment period for coverage year 2021, you will lose medical coverage.

Q: If I do not select a Premera plan, will I still be on the PEBB plan in 2021?

A: No, you will not be on the PEBB plan in 2021. Skagit Regional Health is ending its contract with PEBB effective December 31, 2020.

Q: How do I make my benefit election changes in Epicor?

A: After Open Enrollment opens in October, you will follow a similar procedure in Epicor that you have used in the past. There will be sessions for guidance, modified for social distancing, if necessary, just as we have offered during Open Enrollment in the past.

Q: How do I add or remove family members to/from my medical benefits?

A: You will be able to add or delete dependents during Open Enrollment using the Epicor process.

Q: Can I make changes after Open Enrollment ends?

A: Outside of the Open Enrollment period, you are only able to make changes if you have a qualifying life event. Examples of qualifying life events are:

- Marriage, divorce, legal separation or registering a domestic partner
- Birth, adoption or placement of adoption of an eligible child
- Change in spouse's employment status resulting in a change in benefit coverage
- Involuntary loss of other coverage
- Medicare, Medicaid or CHIP entitlement

You must request enrollment changes within 30 or 60 days of the qualifying life event, depending on the event. Except for the qualifying life events listed above, you are not able to make changes outside of this Open Enrollment period. If you do not select a Premera plan or actively waive coverage during Open Enrollment, you will not have medical insurance coverage in calendar year 2021 and you will not be eligible for the Waived Coverage payment.

Premera Medical Coverage

Q: How do I ensure a smooth transition from the PEBB medical coverage to Premera medical coverage?

A: There are several steps you can take to make sure your medical/pharmaceutical needs will continue to be met through Premera:

- **In-Network Care:** Find in-network doctors and facilities by visiting www.premera.com and utilizing their "Find Care" search engine. Be sure to select the "Heritage & Heritage Plus 1" network when performing your search. You can search by provider name, specialty and location. Premera's network is extensive and most local providers will be considered in-network. **Please note:** if you previously utilized a provider at a Kaiser

Permanente Medical Center, you may need to find a new in-network provider. You can contact your Kaiser Permanente Medical Center provider office to ask if your Kaiser provider is participating in the Premera network.

In addition, we are working to make it easy for you to find an SRH provider in order to get the most coverage from your Premera plan.

Prescriptions: Refill your prescriptions prior to the new plan year effective date, January 1, 2021. Having a supply of your medications on hand will give you time to research how your drugs are covered under the Premera plan. [To determine which tier your medication will fall under, see the Formulary List at www.premera.com.](#) **Instructions:** Scroll to the bottom of the landing page and under the Pharmacy header, click “Covered Drugs.” Midway down the page, select the correct drug list from the drop-down box: Open *A1* for the HDHP and *Preferred B4* for the Value and Classic plans. Then type in the name of the drug you wish to search for.

- **Transition of Care:** Premera’s Transition of Care (TOC) policy allows reimbursement of certain services at the in-network benefit level for out-of-network providers, when those providers were in-network with your prior carrier. Transition of Care applies in limited situations such as mid-term pregnancies, chemotherapy treatment and mental health treatment (for a full list, review the Premera TOC document in Epicor). Please Note: it is up to your provider’s discretion to continue your care under new medical insurance coverage.
 - ⊖ Premera cannot quote transition of care benefits through customer service until January 1, 2021.
- **Prior Authorization:** If you have upcoming care that was already pre-authorized by your prior medical carrier, you can call Premera’s customer service department at (800) 722-1471 on and after January 1, 2021 to have Premera review those services against your new medical policy to determine if prior-authorization will apply. If you do need to receive prior authorization through Premera, the customer service team can explain how that process works under your new medical plan.
- **Update Insurance Information with Providers:** It is important to let your providers know about the change in medical insurers. Update their records with your new Premera medical coverage information to avoid erroneous billing.

Q: Will I receive a new medical ID card from Premera?

A: Yes. You and your dependents will receive new medical ID cards from Premera prior to January 1, 2021. Cards will be mailed directly to your home address, or you can log into your Premera account to print additional cards after January 1, 2021. Once you receive your new ID card, it is important that you discard your old medical ID card in order to avoid confusion.

Q: Can I get medical coverage if I have a pre-existing condition?

A: Yes. A pre-existing condition is typically one for which you have received treatment or diagnosis before you enrolled in a new health plan. Some examples are pregnancy, asthma,

diabetes or cancer. The Affordable Care Act, passed in 2010, made it illegal for insurers to deny you coverage for pre-existing conditions. Additionally, if your health changes and you develop a chronic medical condition while enrolled in a health plan, your insurance carrier cannot raise your rates because of that medical condition. However, annual premium increases may apply to your plan for other reasons.

Q: What is the benefit of using a Skagit Regional Health provider or facility for my healthcare under the Premera plans?

A: All three Premera medical plans incentivize the use of SRH providers and facilities by lowering the respective coinsurance and copays associated with medical services received from SRH. In some cases, your medical plan deductible may also be waived. **This special SRH network was not available under the PEBB plans and is an additional benefit of this new product.**

Q: How can I compare the new Premera plans that are being offered?

A: Summary plan comparisons are available on the SRH Intranet. In addition, the 2021 Benefits Guide will be available during Open Enrollment and will include a comparison chart that outlines the differences between all the Premera plans offered. If you need assistance determining which plan is the best fit for you and your dependents, reach out to the USI Benefit Resource Center at (866) 468-7272.

Q: Why are there three Premera medical plans?

A: 85% of the employees who participate in the current PEBB sponsored plans are in 3 of the 7 plans PEBB offers. The 3 Premera plans were created to reflect comparable benefits as those offered by the three most popular PEBB plans. The Premera options include a Value plan, a Classic plan and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

Q: Does the switch to Premera impact my dental coverage?

A: No, our dental coverage options will remain the same as current for the 2021 plan year.

High Deductible Health Plan and Health Savings Accounts (HDHP and HSA)

Q: Do I qualify for a Health Savings Account (HSA)?

A: You must be enrolled in a High Deductible Health Plan (HDHP) to open an HSA. HDHP's have lower premiums compared to standard health plans, but if you need medical care, you will pay out of pocket until you meet a higher deductible. That's where the HSA comes in. An HSA can help pay for your health care expenses, like money spent towards your deductible.

Q: How does an HSA work?

A: When you enroll in the Premera HDHP, an HSA will be set up for you through the Premera integrated partner *Connect Your Care* (unless you request otherwise). SRH will contribute up to \$700 to your HSA if you enroll in employee-only coverage and up to \$1,400 to your HSA if you enroll any dependents on your plan. These contributions will be pro-rated on a monthly basis. You can add your own pre-tax money to your HSA straight from your paycheck and withdraw funds to pay for eligible medical, dental and vision expenses. Please Note: there are additional eligibility rules associated with HSAs. We highly encourage you to attend an Open Enrollment webinar to learn more about HSAs and whether you can open and contribute to an account.

Q: Who will administer my HSA in 2021?

A: When you enroll in the Premera HDHP, your 2021 HSA will be administered by *Connect Your Care*, an integrated partner with Premera. This integration will provide ease of access to your HSA funds by allowing you to pay medical claims directly from your Premera member portal.

Q: How will this transition affect my existing HSA through HealthEquity?

A: If you already have an existing HSA through HealthEquity, that account will still be active and available for use after January 1, 2021. You will need to pay the monthly administration fee of \$3.95, which can be automatically withdrawn from your account on a monthly basis. This fee will be waived for any month that you have over \$2,500 in your HSA. You have the option of transferring the funds in your HealthEquity HSA to your new HSA through *Connect Your Care*.

Q: How do I transfer my existing HSA funds to my new account through *Connect Your Care*?

A: We are in the process of gathering instructions for a transfer of funds from HealthEquity to *Connect Your Care* and will update this document with specific information as we learn more. Please Note: There will be a freeze on your funds while the transfer is in process. This freeze can last up to several weeks.

Q: What happens if I do not use the funds in my HSA during 2021?

A: One of the great features of an HSA is that unused dollars in your account roll over year after year. If you do not use your funds, they stay in your account and continue to accumulate interest. You take your HSA with you, no matter what employer you work for.

Pay in Lieu of Benefits / Waiving Coverage

Q: Will I continue to receive pay in lieu of benefits?

A: Yes. If you are eligible for benefits but you have elected not to receive those benefits including paid time off accruals, you will continue to receive the percentage pay for waiving PTO and other employer-paid benefits.

Q: If I currently waive health insurance coverage because I have coverage elsewhere but am enrolled in other employer-paid benefits and accrue paid time off, will I continue to receive the \$150 per month cash back?

A: Yes, you will continue to receive the payment each month in calendar year 2021 for waiving the medical insurance coverage. The payment amount information will be available in early October. You must actively waive coverage in Epicor in order to qualify.

Have More Questions?

Email your questions to SRH Human Resources at HR [@skagitregionalhealth.org](mailto:HR@skagitregionalhealth.org)