



HIGH DESERT & INLAND
EMPLOYEE-EMPLOYER TRUST

*****IMPORTANT MESSAGE*****

**High Desert & Inland Trust 2014 Open Enrollment Announcement
Transition from UnitedHealthcare to Blue Shield of California**

Dear High Desert & Inland Trust District Employees and Retirees:

As you may already know, the High Desert & Inland Trust Board of Directors voted to move your medical insurance back to Blue Shield of California effective July 1, 2014. It is important to read the information below so we can insure a smooth transition for you and your family members.

BLUE SHIELD ENROLLMENT PROCEDURE

All actively at work employees and retirees under age 65, along with Cobra participants, will be electronically moved to Blue Shield in the benefit plan you are currently enrolled for a July 1, 2014 effective date. **You will not be required to fill out an application to remain on the Blue Shield POS plan.** If you would like to make changes to your dependent(s) enrollment you will need to complete an enrollment change form that your district can provide for you. All enrollment changes must be completed and submitted to your district **by Friday, May 30, 2014**. (Retirees over age 65 are addressed below)

For your convenience, members will be automatically assigned to the same primary care physician (PCP) they are currently assigned to with UHC, as of May 1, 2014. You will receive a medical insurance card from Blue Shield reflecting this. If you wish to change your PCP you will have **90** days after the July 1 effective date to do so by contacting [Blue Shield Customer Service](#). This change will be back dated to **July 1, 2014**. Please allow 24 hours for the change to be updated in Blue Shield's system (if you are at the doctor's office and need to make this change immediately, they can call the provider phone number on the back of your ID card to verify).

If you have any general questions regarding benefits, finding a provider, selecting a PCP and Medical Group, you may contact the [Blue Shield Customer Service](#) number listed on the last page of this document beginning on May 5, 2014.

Your benefit plans will remain as they are today, as close as possible. There could be some differences in the Rx program or with Blue Shield's medical management. If you have any concerns please contact [Blue Shield Customer Service](#) **mid-June, 2014**.



OUT OF AREA DEPENDENTS

Out of area or out of State dependents will be enrolled in the same POS plan as the subscriber/employee is enrolled in. Blue Shield is not able to enroll dependents in a PPO plan who are residing out of state unless the subscriber/employee is also enrolled in a PPO plan. You may call Blue Shield to inquire how it will work in the state where your dependent resides **mid-June, 2014.**

BE SURE TO NOTIFY YOUR MEDICAL GROUP AND PHYSICIANS THAT YOUR INSURANCE IS CHANGING!

RETIREES & SPOUSES OVER 65

Retirees under 65 (Early Retirees) will remain on the district plan with the same benefits as the active employees.

District Retirees that are over 65, including spouses who are over 65, are encouraged to contact a Medicare representative in order to determine whether they are required to enroll in part B. If you are currently on the UHC Senior Supplement Plan (works like a PPO), you will automatically be re-enrolled in the Medicare PPO Coordination of Benefits (COB) plan, which benefits are the same as the active employee PPO plan (Blue Shield does not have a group Medicare supplement plan). **If you are currently on the UHC Medicare Advantage Plan (MAPD - HMO-like), you will be required to re-enroll on either the Blue Shield Group Medicare Advantage Plan (GMAPD – HMO-like), or the Medicare HMO COB plan (same benefits as active employee HMO plan).** To enroll in a GMAPD plan, you must reside in the service area and must be enrolled in Medicare Parts A & B. You must also complete the GMAPD enrollment form. If you choose the Medicare PPO or HMO COB plan, your Medicare plan will coordinate secondary to Medicare. The GMAPD plan will provide benefits in conjunction with Medicare. If you are on the UHC MAPD plan, or would like to switch from HMO to PPO, or vice versa, please contact your district office for additional information.

COBRA MEMBER NOTIFICATION

If you or your dependent(s) are enrolled as a COBRA participant you should contact your district office for specific information regarding the change in your insurance. You will also receive new cards in the mail if you are moving to Blue Shield, along with a summary of benefits.

POS MEMBERS: DEDUCTIBLE CREDIT AND MAX OUT OF POCKET CREDIT

As a POS member you or your dependent(s) may have paid towards your 2014 deductible under the UHC insurance. Blue Shield will provide credit for these members for the remainder of the 2014 plan year. This may take until **August** or **September** to be reflected on your EOBs.



Medical Management Information you need to know

DUAL COVERAGE & COORDINATION OF BENEFITS

Employees with dual coverage along with their spouse on a POS plan **must notify** [Blue Shield Customer Service](#) to update the Blue Shield system with this Information so your claims will coordinate correctly. You may contact Blue Shield **mid- June, 2014**.

DISABLED DEPENDENT ELIGIBILITY OVER AGE 26

Blue Shield will honor current UHC forms. These dependents **will not have** to be re-certified.

CONTINUITY OF CARE

If you are in the middle of treatment for a serious illness you may qualify for “continuity of care” to insure your treatment is not disrupted. Please contact [Blue Shield Customer Service](#) to discuss this with them **mid-June, 2014**.

SURGICAL PROCEDURES ALREADY AUTHORIZED BY UHC

If you have a surgical procedure planned and authorized through your HMO medical group you should ask your Primary Care Physician (PCP) **ASAP** to assist in getting the procedure pre-authorized again under your “new” Blue Shield insurance if the service is to be provided **after July 1st**.

If using your PPO tier benefits, members should ask their referring physician **ASAP** to request a “new authorization” for services from Blue Shield if the procedure is to be provided **after July 1st**. This includes the facility where the service will be performed.

MENTAL HEALTH AUTHORIZATIONS

If you or your dependent are in the middle of a treatment plan with a mental health provider you may continue these services by calling Magellan at (877) 263-9952 **after July 1st**.

PRESCRIPTION/PHARMACY GUIDANCE

All prescriptions will be filled by Blue Shield’s own pharmacy management program.

1. Pharmacy prescriptions that require pre-authorization will automatically transition to the Blue Shield Pharmacy without having to be re-authorized for the first 12 months **beginning July 1, 2014 and ending June 30, 2015**. Prescriptions for controlled substances, Specialty Drugs, and requests for quantities over the drug formulary limit will require new authorizations **after July 1st**. Please have your physician submit a new pre-authorization request **after July 1st**.



Medical Management Information you need to know

2. The majority of pharmacy prescriptions you are currently taking will not require a new authorization with Blue Shield, if filled before **September 30, 2014**.
3. Members taking a Specialty Drug like an injectable prescription that is mailed to a member's home will need to contact [Blue Shield Customer Service](#) **as early as mid-June, 2014**, in order for this prescription to be filled without any disruption.
4. The majority of on-going Mail Order prescriptions will be transferred from the Express Scripts system to the Blue Shield pharmacy system. Prescriptions for controlled substances or Specialty Drugs will require new prescriptions to be submitted.
5. If you need a prescription filled after July 1st and you have not received your insurance card in the mail please contact [Blue Shield Customer Service](#).
6. **Please RE-FILL YOUR PRESCRIPTIONS prior to July 1 if your pharmacy will allow.**

LABORATORY SERVICES

On the PPO tier, members Laboratory Services or most diagnostic testing will be provided by **"Quest Diagnostic Centers or LabCorp"**. Their many locations can be accessed online at <https://www.blueshieldca.com/fap>.

If using the HMO tier, members must first contact their Primary Medical Group for the laboratory services or diagnostic testing locations.

DURABLE MEDICAL EQUIPMENT

1. Diabetics will need to contact the [Blue Shield Customer Service](#) to request a replacement meter at no cost to a member to insure that your test strips are compatible and affordable.
2. If you are using a C-PAP machine for Sleep Apnea you will need to discuss this with [Blue Shield Customer Service](#) to ensure the servicing of your machine will transition to your BSC insurance. Rental and servicing of your machine will be covered when done through a BlueShield participating provider and necessary to make the equipment serviceable.

CHIROPRACTIC BENEFITS

POS members will use the American Specialty Health Network. Primary Care authorizations are not required for these benefits.



HEARING AID BENEFITS:

Your hearing aid benefit will remain the same as it was with UHC. This is a \$2,000 benefit for all Blue Shield plans. Please see attached rider with detailed information on the benefit through Blue Shield. Questions may be directed to Blue Shield regarding this benefit @ [Blue Shield Customer Service](#) mid-June 2014.

The Best Doctors Program:

The Best Doctor's Program will remain in place for you and your family members and is accessible to you by calling 1.866.904.0910.

THE FOLLOWING CONTACT INFORMATION WILL BE HELPFUL TO YOU

- **Customer Service (non-GMAPD): (888) 235-1765**
 - Monday – Friday: 7am-7pm PST
 - Medical, Rx, and Continuity of Care assistance
- Mental Health: (877) 263-9952
- Medicare (GMAPD) Member Service: (800) 776-4466
 - Monday – Friday: 7am – 8pm PST
- NurseHelp 24/7: (877) 304-0504
- LifeReferrals 24/7: (800) 985-2405
- PrimeMail (Mail order pharmacy): (866) 346-7200
 - www.MyPrimeMail.com