

Frequently Asked Questions about HMO Procurement

1. Why don't I have the same choices for my health insurance?

Your HMO carrier may change, but co-pays, preventive care services and other medical coverage generally remain the same. Members may continue to choose from these four plan types: Standard PPO, Health Investor PPO (high deductible), Standard HMO and Health Investor HMO.

In the past, multiple companies offered the same HMO benefits within a countywide service area, which drives up state costs. The state paid different amounts for the same services. Limiting the number of companies reduces expenditures by millions of dollars. Every opportunity to improve program efficiency helps us continue to provide health insurance to members.

2. When will this change take place?

Plan changes take place at the beginning of the plan year: January 1, 2012. We will mail you additional information before Open Enrollment so that you can be prepared to make the right choices. Please be sure your address is correct in [People First](#).

3. How did the state achieve an estimated cost reduction of \$400 million over 2 years?

The state achieved this program cost reduction by conducting a thorough, open and competitive procurement process; by consolidating the state's pharmacy benefit management under the contract recently awarded to Medco; by moving to a self-funding model for several HMO providers; and by reducing the number of HMOs for each countywide service area.

4. How do I know which plan I am in?

For active employees, HMO eligibility is based on the county in which you live or work. For retirees, it's based on the county in which you live. Check the [HMO service areas](#) to see which HMO will be available to you. Be sure your address is correct in [People First](#) to get your Open Enrollment materials, which will show you your options.

5. Will my benefits change?

Your HMO benefits will generally stay the same, but there are some changes to the prescription drug plan. Medco will be the pharmacy benefits manager for the State Employees' Prescription Drug Plan, which includes all HMO plans except Medicare Advantage plans. Certain prescription drug benefits may differ from those you have today and the preferred drug list may vary. Medco will send you a welcome

kit in December with additional information. Please be sure your address is correct in [People First](#) to receive your Medco welcome kit.

6. Will my premiums change?

For active employees, premium rates remain the same through June 2012. Each year, state policymakers determine the premium rates based on monetary studies of the program to ensure the program is able to pay for health care.

7. What do I need to do to be sure I have health coverage in January?

If you are currently enrolled in State Group health insurance and you do not cancel during Open Enrollment or as a result of a qualifying event, you will have coverage effective January 1, 2012.

If your current HMO option is changing for 2012, you will automatically be mapped to the new HMO or to the State Employees' PPO Plan to ensure you have coverage. You can make changes to any plans during Open Enrollment. Look for your Open Enrollment package this fall. (Please be sure your address is correct in [People First](#).) Your personalized Benefits Statement will tell you what plan you are enrolled in for 2012, plus your other available options.

You may choose any option during Open Enrollment. Outside of Open Enrollment, you must have an appropriate qualifying event to change plans. Otherwise, you must remain in the plan for the entire plan year, even if your doctor leaves the network. For active employees, HMO eligibility is based on the county in which you live or work. For retirees, it's based on the county in which you live.

8. Will members have to change their doctor(s) as a result of the HMO changes?

Most providers participate in more than one HMO. Before you go see any doctor, be sure they are in the provider network. Medical providers can move in and out of networks anytime, so contact the health plan or visit its website to see the list of available providers.

As a reminder, if your provider or doctor leaves your plan, you may only change plans during the next Open Enrollment or with an appropriate qualifying event. The loss of a medical provider is not a qualifying event to change plans.

9. What if I still want to see my doctors and they are not in the HMO network?

Before and during Open Enrollment, you can check to see if your providers are part of the BlueCross and BlueShield of Florida Network. If so, you may wish to enroll in the PPO plan. Even if they are not, the State Employees' PPO Plan provides a limited benefit for out-of-network providers.

If you enroll in an HMO and continue to see your provider out-of-network, you must pay out-of-pocket

for services. Some of the HMO carriers are already seeking to expand their networks and recruit new providers. You can fill out a Physician Nomination form, available through your HMO's customer service line or website, to request that the HMO contact your doctor to join the network. If you are part of Capital Health Plan (CHP), you must ask your doctor to contact CHP.

10. Am I required to use mandatory mail order for my prescription drugs?

While you are not required to use mandatory mail order if you keep HMO coverage, there are many advantages to using mail order. Members receive up to a 90-day supply of medication for the price of two 30-day retail prescriptions. For example, if you currently take a preferred brand medication, your co-pay is now \$30 for a 30-day supply at retail. If you use mail order for the preferred brand medication, you pay \$60 for a 90-day supply instead of \$90 for three retail fills. You save \$120 annually for the one medication by using mail order. Plus, you have the convenience of home or work delivery.

Courtesy of



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