

Open Enrollment Questions

Each year, CARE members are offered the opportunity to select medical benefit plans during the District's open enrollment period. We have compiled a list of questions that may be helpful to members comparing available plans.

The first and best source of answers to all questions concerning retirement medical benefits is the Chabot-Las Positas CCD Human Resources Department Benefits staff. The plans available to a particular retiree depend on circumstances specific to that retiree; only the District Benefits Staff can provide accurate information. For most plans, District Benefits Staff can provide a plan booklet that contains many answers to the questions presented below:

Costs

1. If I enroll in this plan, what will be my monthly costs payable to the District?
2. Are there any deductible amounts that must be paid by the member before the plan begins to pay for covered expense?
 - If so, what payments will satisfy these deductibles?
 - Will payments made by Medicare apply to the deductibles?
3. What co-pays (if any) apply to covered expense?
4. What (if any) is the annual "out-of-pocket maximum" under this plan?

Benefits

5. What medical services are covered/not covered under this plan?
6. What are the medical benefit maximums for various covered expenses?
7. What (if any) is the maximum lifetime benefit?
8. What benefits (if any) are unique to this plan?
9. Where can I see a sample "evidence of coverage" booklet or contract for this plan?

Limitations and Restrictions

10. Where can I find a list of doctors, hospitals, and pharmacies that participate as "in network" providers in the plan?
11. Under this plan, can I visit "out of network" providers?
 - What benefits are paid for services rendered by "out of network" providers?
12. Are there geographic restrictions for this plan?
 - Where can I live and be covered by this plan?
 - What benefits are provided during travel?

13. In general, what are the plan rules for visits to a specialist? Must I obtain referral and authorization?
14. Where can I see the drug plan "formulary" (the list of covered drugs)?

Questions for Medicare Plans

1. What type of plan is this? The District offers different types of plans for Medicare-eligible retirees, and the plan approach and rules vary:
 - **Medicare Advantage Plan.** A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide all your Part A and Part B benefits.
 - Medicare services are covered through the plan and aren't paid for under Original Medicare.
 - May be an HMO or PPO
 - May include prescription drug coverage.
 - More at <http://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/medicare-advantage-plans.html>
Note: This is an official Medicare page and should be used as a source of information only. Do not attempt to "sign up" for a plan here. Instead, sign up using the District's open enrollment form and process.
 - **Medigap Plan.** Medicare supplement (Medigap) insurance, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles.
 - This type of plan works together with Original Medicare. For retirees, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Then the Medigap plan pays its share. This means Medicare is the primary payer, and your plan is secondary.
 - May be accompanied by a separate prescription drug coverage plan.
 - More at <http://www.medicare.gov/supplement-other-insurance/medigap/whats-medigap.html>
Note: This is an official Medicare page and should be used as a source of information only. Do not attempt to "sign up" for a plan here. Instead, sign up using the District's open enrollment form and process.
2. How is this plan different from the similar plan I had before enrolling in Medicare?
3. Is there a single payer under this plan? If not, which is the "primary payer", Medicare or the plan? For most retirees, Medicare is "primary". More at: <https://www.medicare.gov/supplement-other-insurance/how-medicare-works-with-other-insurance/who-pays-first/which-insurance-pays.html>
4. In addition to the "in network" providers participating in this plan, can I also visit any provider who accepts Medicare assignment?
 - If yes, and my visit is covered by Medicare, how much will the plan pay for services rendered by an "out of network" provider?
5. Deductibles:
 - Will the plan pay my annual Medicare deductible?

- If the plan has its own annual deductible, will payments made by Original Medicare apply to the deductible?
6. Which cards do I need to carry and present for billing services?
 - My Medicare card?
 - My plan card?
 - A card for drug coverage?
 7. Does this plan include Medicare Part D drug coverage?
Note: Do not attempt to sign up for Medicare Part D drug coverage on your own. Doing so can result in a loss of benefits. Instead, sign up using the District's open enrollment form and process.
 8. If I enroll in this plan now, can I return to my previous plan at the next open enrollment period?

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