

# Platinum Plan Q&A's

*(Based on questions asked at information sessions for subscribers of the Greater Tompkins County Municipal Health Insurance Consortium)*

Q: What steps has the Consortium taken to secure the system going forward to address the Excellus security breach?

A: The Consortium does not receive or manage claims information. Excellus has managed the breach by moving information off its system to an off-site system that has more protection.

Q: What is the difference between Generic and Preferred medications?

A: A Generic drug (Tier 1) is an FDA-approved counterpart to a brand-name drug that has lost its patent protection and therefore can be made by any approved manufacturer; they are safe and less-expensive. A Preferred brand-name drug (Tier 2) are patent protected therefore a generic option is not available. They cost more than a generic drug but less than Tier 3 Non-Preferred Brand-name drugs.

Q: Is a 30-day prescription the only option available from a pharmacy?

A: No, a 90-day prescription can be obtained at a pharmacy; however, there are only two co-pays.

Q: What happens if the ACA (Affordable Care Act) ends?

A: The Consortium is not regulated by the Federal plan. The Platinum Plan is modeled after plans created for the Health Insurance Exchanges, but would not be required to change. The Consortium Board has not indicated any plans to change.

Q: Is there a listing of networks associated with the Plan?

A: Yes, The Excellus website includes a list of participating providers that have access to plan coverages.

Q: How does out-of-pocket work, does that come out first and then the member pays?

A: No, unlike deductible which is paid by the subscriber before the plan pays, out-of-pocket is the summation of all expenses (deductibles and co-pays) and once the total of these expenses reaches the maximum, all claims are paid at 100%.

Q: When going to a provider how do they know you have met your deductible?

A: Providers don't know. Typically they charge you the co-pay at time of service then submit the claim to Excellus. Excellus would then tell the provider the balance they will pay (this is calculated on the deductible). The provider will then bill the patient should there be remaining balance. Excellus Customer Service can help you. Members can also access their balance through their personal portal on the Excellus website. Co-pays add up to meet out-of-pocket expenses. Should you pay a co-pay after reaching your Out-of-pocket maximum, the co-pay will be returned to you by Excellus.

Q: Does Medicare cover everything?

A: Medicare is primary meaning, after co-pays it pays first for services defined in its plan documents. The remaining balance is billed to the Consortium which pays according to your plan documents after co-pay and deductible. Seeking services in network reduces your out-of-pocket expense.

Q: If I leave Classic and go to Platinum will I get new insurance cards?

A: Yes, discard old cards and use new cards.

Q: Other plans are stable. What is the stability of the Platinum Plan and is it too good to be true?

A: Plans are created by the Board of Directors, approved by the NYS Department of Financial Services and are then owned by the Consortium. Both the PPO and Classic are very stable with no changes since the Consortium began operation. The Platinum Plan benefits may be changed to keep its actuarial value at 90% +/- 2%. For comparison, the Classic Plan covers approximately 96% of claims expense and the Platinum covers 90%. This is the reason the Platinum rates are lower.

Q: Have there been any changes made to the Platinum Plan since it was first approved?

A: In 2016 the Plan was changed to bring the plan from its 93% actuarial value to the required level of 90% +/- 2%. Changes that were made increased some service co-pays and decrease drug co-pays. The Consortium process for changing benefits is a several months process with several committees deliberating on the impacts of such changes. Members will be made aware of any future changes and have an opportunity to participate in discussions through their labor representatives on the Joint Committee of Plan Structure and Design.

Q: Will Platinum Plan be offered in 2019?

A: Yes, it will be available during open enrollment.

Q: Will the ACA impose a "Cadillac Tax" on the Platinum Plan?

A: There is no indication from the Federal government that there will be a fee placed on the Platinum Plan.

Q: Does a member have to sign-up for mail order?

A: Yes, this can be done at any time through ProAct.

Q: Is a national pharmacy list available on the website?

A: Yes at ProAct's website ([www.proactrx.com](http://www.proactrx.com))

Q: Could there be another change in Prescription Benefit Manager (example of change from Express Scripts to ProAct)?

A: Yes, the Consortium Board of Directors determines the Prescription Benefit Manager. This is reviewed on a three year schedule.

Q: What premium rate increase will there be in 2018?

A: The premiums for all plans will increase 4%, which includes the two current Classic and PPO plans as well as the Platinum Plan. The Gold plan will increase by 3.74%. This rate is lower due to benefit plan changes made by the Board.

Q: Municipalities can elect a representative to sit on the Consortium. Retirees do not have a voting seat. Can retirees become part of the negotiating team?

A: Each collective bargaining unit has a seat on the Joint Committee on Plan Structure and Design that was established through the Municipal Cooperative Agreement. The Committee has five labor seats on the Board of Directors. The Board would have to approve a change to specifically add Director position for a retiree.

Q: Can someone run for a seat as a former elected official?

A: No. Director seats are established by the Municipal Cooperative Agreement. However, two County retirees serve as Directors in a municipal representative role.

Q: Can the County offer the Platinum Plan to employees?

A: Yes. Currently all new hires are enrolled in the Platinum Plan.

Q: Can active employees or retirees change plans?

A. Active can change plans at open enrollment in November of each year. Retirees can change plans at this time as well, but the change can only be to the Platinum Plan and once on the Platinum Plan they cannot switch back.

Q: When can an employee or retiree change plans?

A. At open enrollment in November of each year.

Q: Is stability of the Plan based on the Board and not on Excellus?

A. All plan benefits are decisions of the Board of Directors which are then approved by NYS Department of Financial Services. Excellus' role is claims administration of the Consortium's plans

Q: Where can a member get a plan document?

A. Some plan documents are available on the Consortium's website: [healthconsortium.net](http://healthconsortium.net) and on your member portal at the Excellus website.