



2019-2020 Annual Enrollment Frequently Asked Questions

*For ALL workgroups except for Teachers, Administrators,
Custodians and Permanent Building Substitutes*

General

What is Annual Enrollment vs. Open Enrollment?

Annual enrollment is the once-a-year opportunity for all benefit eligible employees to make changes to their current benefits or newly enroll for the upcoming plan year without having a qualified life event. (An example of a life event would be birth, marriage, loss of coverage, etc.) For 2019-2020 ONLY, this is a true open enrollment where benefit eligible employees may enroll in any plan offered no matter if they are currently enrolled in a District medical plan or not.

If I don't currently participate in one of the MIIP health plan options offered, can I enroll during this Annual Enrollment period for coverage effective July 1, 2019?

Once each year an annual enrollment period is available for benefit eligible employees. Those that do not currently participate in one of the plans have an opportunity to enroll. *For the 2019-2020 Annual Enrollment period only, if you currently do not have coverage through one of the plan offerings or you want to add a dependent who is not currently covered, you may enroll in any of the plans offered to you, for coverage effective July 1, 2019, including both the PPO Premier and PPO Choice options.*

If I don't enroll in benefits for the 2019-2020 plan year, can I still enroll in future years?

Yes, during 2020-2021 Annual Enrollment in Spring 2020, you can enroll in benefits for coverage effective on July 1, 2020 and so on for the coming years. But, unlike for the 2019-2020 plan year, you will only be eligible to enroll in the HMO Basic plan or HMO Essential plan for your first year.

When is Annual Enrollment?

The annual enrollment window opens on *April 23, 2019 and closes on May 8, 2019 at 5:00 PM.* Changes made during this window will be for effective on July 1, 2019.

Do I have to complete Annual Enrollment if I don't want to make any changes?

We encourage you to review your Annual Enrollment materials, which includes your options and costs. If no changes are made, all benefit elections (except Flexible Spending for Health Care and Dependent Care) will roll over to the next plan year. *Flexible Spending must be elected each year in order to participate.*

If I currently participate in one of the health plans, can I change to another plan offered?

Now is your chance! Each year during annual enrollment, employees currently enrolled may change between the plans offered through MIIP. The annual enrollment period is the only time you may change from one plan to another (for example, from HMO Basic to PPO Choice). Note: If you have a midyear qualified life event that impacts who is covered on your policy, you are not permitted to change from one plan to another.

If I am electing coverage now, but am not currently covered by one of the MIIP plans, will I or my family members be subject to any pre-existing condition limitation?

No, pre-existing condition limitations will not apply.

Can I enroll in Flexible Spending without having health coverage through the District?

Yes, you may enroll in Flexible Spending – Health Care and/or Dependent Care – regardless of whether you enroll in health coverage through the District. Flexible Spending Account elections do not roll over from year to year, it must be elected during Annual Enrollment.

What benefits am I eligible for?

For specific information on your benefit options and costs, you should consult the [employee benefit guide](#) for your workgroup. Your employee benefit guide can be found on the District website. Navigate to www.cr.k12.ia.us > Departments and Services > Human Resources > Benefits > Annual Enrollment

How do I enroll or make changes?

Enrollment is completed online at bluesenroll.com. Your User ID is your first name, last initial and last four digits of your SSN. Your password is your full SSN with no dashes or spaces.

District Contribution & Plan Rates

How much will the District contribute towards the cost of health coverage for 2019-2020?

The District will contribute **up to \$650** per month towards the cost of health coverage no matter which plan you elect or the level of coverage you choose. (For the single level of coverage under PPO Choice, HMO Essential or HMO Basic, there is no employee monthly cost share; the District pays the full monthly amount.) You will pay the difference between the cost of coverage and the District contribution. This will be deducted through payroll.

If the cost of coverage is less than the District contribution, will I receive the difference? For example: if the District contribution is \$650 and I want to enroll in a plan that costs \$631.

No, you would owe \$0 and you would not receive the difference.

If I don't enroll in coverage, will I still receive the District contribution?

No, you will only receive the contribution if you enroll in **health** coverage. There is no opt-out credit.

Does the District provide a contribution towards the cost of dental coverage?

No, the District contribution is only for the cost of health coverage.

Will there be any changes to dental rates for the plan year beginning July 1, 2019?

There is a slight increase to the dental rates. Below are the monthly rates:

	2018-2019 Rates	2019-2020 Rates
Employee	\$33	\$35
Employee+Spouse	\$65	\$70
Employee+Child(ren)	\$70	\$78
Family	\$117	\$127

Will there be any changes to full monthly medical rates (before the District contribution is subtracted) for the plan year beginning July 1, 2019?

There is no change to the full monthly medical rates. They will remain the same.

Will the new District contributions for active employees beginning July 1, 2019 have an impact on retiree medical District contributions?

No, refer to the Board Policy to determine eligibility (if any) for the District contribution towards retiree medical upon retirement.

Plan Information

What if I have met part or all my calendar year deductible and out of pocket maximum (OPM) under my current plan, will I have to start over if I change to another plan option?

The deductible and out of pocket maximum you have met so far this calendar year in your current medical plan will carry over to the plan option you elect effective for July 1, 2019. However, if you are moving to a plan with a higher deductible or out of pocket maximum, you will be responsible for the difference until you reach the new amount.

Where can I get a list of participating providers for the *HMO Essential, HMO Basic, PPO Premier and PPO Choice* plans?

You can access the most current list of participating providers at wellmark.com or by contacting Wellmark Customer Service at 1-800-277-8380.

Will I have prescription drug coverage no matter the health plan option I select?

Yes! All the health plans offered include coverage of prescription drugs. Please review each plan offering for specifics on how prescriptions are covered.

Do St. Luke's and Mercy Hospitals in Cedar Rapids and Mercy Hospital in Iowa City participate in the *PPO Premier and PPO Choice* Plans?

Yes, these hospitals participate in the *PPO Premier and PPO Choice Plans* as well as the *HMO Essential and HMO Basic Plan*.

Are Routine Annual Preventive Exams covered by *HMO Essential, HMO Basic, PPO Choice and PPO Premier Plans*?

Yes! In fact all of the health plan options offered allow coverage for one routine preventive physical each calendar year, regardless of age. All in-network routine preventive exam services will be covered at 100%.

In addition, eligible female plan members can also receive a routine gynecological exam once per calendar year. A routine well female exam includes pelvic, pap and breast exam. Well Child Care is covered until a child reaches age seven.

How do I know what each plan covers?

For a high-level summary, review the 2019-20 MIIP Health Plan Comparison or the Summaries of Benefits and Coverage (SBC) available on the District website. Navigate to www.cr.k12.ia.us > Departments and Services > Human Resources > Benefits > Health Plans Information

Do the HMO Essential, HMO Basic, PPO Choice and PPO Premier plans offer mental health/chemical dependency coverage?

Yes! With the *HMO Essential and Basic Plan* options, you can visit any provider participating in the Blue Advantage network. With the *PPO Choice and Preferred* plan options, you may access care from any covered provider, although there are financial incentives to seek care from participating PPO providers.

Is there a vision plan available?

There is not currently a vision plan available. The *HMO Basic Plan & HMO Essential Plan* offer one routine vision exam per benefit year. Review the [health plan booklet](#) for more information. Go to www.cr.k12.ia.us and navigate to Departments and Services > Human Resources > Benefits > Health Plans Information > MIIP Health Booklets

ALL employees have access to the [DeltaVision Discount program](#) provided by EyeMed. For more information and to locate a covered provider navigate to Departments and Services > Human Resources > Benefits > Vision Discount

If I am currently enrolled, will I receive a new ID card from Wellmark and/or Delta Dental?

New ID cards will only be issued if you add a dependent or change health plans.

If I am currently enrolled, will I receive a new WageWorks VISA card for my Health FSA?

If you are currently enrolled in the Health FSA account, you can continue using your current preloaded WageWorks VISA card. You will not be sent a new VISA card unless your card is expiring. If you need a new VISA card, please call WageWorks at 1-877-924-3967. All new enrollees to the plan will automatically receive a VISA card and may choose whether to activate it.

Additional Information for the HMO Essential and HMO Basic Plans

Can I access care through the Mayo Clinic if I elect the HMO Essential or HMO Basic Plan?

If you select the *HMO Essential or HMO Basic Plan*, services from the Mayo Clinic are not covered. However, The PPO Plan options offered consider the Mayo Clinic as a participating PPO provider through BlueCard, since they participate with the Minnesota BCBS PPO plan.

Do I need to select a Primary Care Provider (PCP)?

If you select the *HMO Essential or HMO Basic Plan*, you and each of your dependents for which you are electing coverage must select a PCP. Important: Women may also elect an Ob-Gyn as a care manager. Note: *PPO Premier* and *PPO Choice* plan options do not require you to elect a PCP.

What if I elect the HMO Essential or HMO Basic Plan and I happen to visit a provider that is not participating in the network?

If you see a provider that is not participating with the *HMO Essential or HMO Basic (Blue Advantage)* network and it is not an emergency situation, the services will not be covered without an approved referral from your PCP.

Further Questions & Resources

Where do I find further information?

Navigate to www.cr.k12.ia.us > Departments and Services > Human Resources > Benefits

Who do I contact with questions?

Contact the Benefits Department at 319-558-CRHR (2747), option 2 or email BeneDL@cr.k12.ia.us.

Additional Health Management Programs & Resources

As part of medical plans offered through MIIP, Wellmark and their vendor partners also provide plan participants and their dependents with additional health management programs and resources. Below is a brief description of a few of these programs and the benefits to enrolled participants. Participation in the following programs is voluntary.

BeWell 24/7

This additional resource connects you with specially trained health care professionals who can help with a variety of health-related concerns. BeWell 24/7 can help:

- **Locate** health care providers and facilities.
- **Estimate** costs for common medical procedures and services.
- **Coordinate** health care appointments, in-home health help and record retrieval.
- **Discuss** treatment options and answer health and wellness questions.
- **Arrange** community-based services like in-home safety modifications, meals, medical equipment, transportation and more.

You can connect with BeWell 24/7 by calling (844) 84-BEWELL (239355). The phone number is also included on the back of your Wellmark ID card.

myWellmark.com*

Your personalized site to manage your health and make the most of your coverage. Use myWellmark.com to:

- Better understand your benefits
- Find a trusted provider of care
- Track and organize your medical claims and expenses
- Keep all of your family's medical records and information in one place
- Sign up to receive your health statements online
- Get health news, resources and tips
- Cost & Quality Tools that includes treatment cost estimator to help navigate healthcare options
- Wellmark Mobile App for smart phones

*Register at Wellmark.com

Blue365 Member Discounts & Services

Any employee or dependent participating in a health plan administered by Wellmark Blue Cross & Blue Shield has access to Blue365. Blue 365 offers you access to savings on products and services for healthy lifestyles. Discounts are available for services like:

- Nationally advertised diet programs
- Tax preparation services

- Fitness centers
- Hearing Aid providers
- Vision
- Hotels and more

Discounts and services are constantly changing; visit Wellmark.com/Blue365 for a current vendor list.

Pregnancy Support Program

This voluntary program offers access to trusted and helpful online resources, like WebMD Pregnancy Assistant, Count the Kicks and text4baby. Plus, one-on-one support from an Advanced Care nurse is available when you need it. Here's what is included:

- Robust Digital Resources
- Online Pregnancy Assessment
- Access to Nurses
- BeWell 24/7 Phone Support

Log in to myWellmark.com to get started, or call 800-552-3993 ext. 3727 to request a call from an Advanced Care nurse.

Condition Support Program – Asthma

This voluntary program offers education and support to help manage the chronic condition, Asthma.

The program provides personalized contact with a dedicated nurse, educational materials, and other services to inform and empower participants, while supporting the physician's plan of care.

To participate in the program:

- You may be identified through medical and pharmacy claim information and then contacted by phone
- Your doctor may refer you to the program, and then you will be contacted by mail and phone.
- You may also voluntarily enroll by calling BeWell 24/7 at (844) 84-BEWELL (239355).

Doctor on Demand

With Doctor on Demand, you and covered family members can have no cost video visits with board-certified physicians from your smartphone, tablet or computer and get treatment and prescriptions for common illnesses and injuries including:

- Colds and flus
- Seasonal allergies
- Headaches
- Stomach problems
- Anxiety
- Depression
- And more!

To get started, download the Doctor on Demand app or visit DoctorOnDemand.com and have your Wellmark member ID card ready.

For more information on these programs and more please visit Wellmark.com.