

PUBLIC EMPLOYEES INSURANCE PROGRAM (PEIP) HIGH ADVANTAGE PROGRAM
Active Employees & Pre-65 Retirees
Frequently Asked Questions

What are the choices I need to make under the High Advantage program? Primary Care Clinics (PCC) have been placed into one of four (4) cost levels, depending on the care system in which the provider participates and that care system's total cost of delivering health care. The amount of cost sharing (e.g. deductibles, copays, and coinsurance) varies depending upon the cost level of the PCC that you choose. Each family member must select a PCC. Family members may select different PCC's – even in different cost levels, but all family members must enroll with the same carrier – HealthPartners (HP), Blue Cross Blue Shield (BCBS), or Preferred One (POne).

Most medical care is coordinated through a PCC and you will generally need a referral to see a specialist (referrals to a specialist's office will be covered at the same cost level as your PCC). You may self-refer to certain specialists including OB/GYN, chiropractors, and mental health/chemical dependency practitioners. However, you must make sure the specialist is in the carrier network you are in, i.e. HP, BCBS or POne.

All PCC's are broken into four (4) tier levels that determine the benefits received by that family member. A list of participating clinics is available to help you make your primary care clinic selection. This list includes your PCC's clinic number that you will need in order to enroll. You can change clinics (within the same cost level) every month, and may change clinics with different cost levels twice per year. To change your PCC, you will need to call the number on the back of your insurance card and advise them of the clinic name you wish to change to. If you call by the 15th of the month, they will usually make it effective the first day of the following month. It is very important that you make this change before being seen at the new PCC. Additional information can be found on the District's website at www.isd709.org, staff, then the Benefits tab.

IMPORTANT! Once enrolled you will receive two (2) ID cards. One card will be sent from your health plan (HP, BCBS, POne) which should be used for medical services. The other card from CVS Caremark should be used for all pharmacy charges.

What out-of-network benefits are available to people who live out of state and out of the service area of the health carriers? Employees and their dependents who live outside of Minnesota and the Advantage Service Area (includes early retirees, employees on sabbatical, college students): are eligible for the Point-of-Service (POS) benefit. Individuals eligible for POS benefits may receive discounted services by utilizing their health carrier's national preferred provider organization (PPO). The POS benefit is \$350 single or \$700 family deductible and 30% coinsurance up to the out of pocket maximums (determined by your PCC's cost level). Pharmacy claims are handled through CVS Caremark, at the regular coverage level.

Does the calendar year deductible apply to all care? The following services are generally not subject to the calendar year deductible: Prescription Drugs, Preventive Care, Maternity Care & Durable Medical Goods.

Is there a mail order program for prescriptions? Yes. You can receive up to a ninety (90) day supply of certain maintenance medications through mail-order pharmacies. For mail order, you pay two (2) copays per ninety (90) day supply.

You will be able to have your long-term maintenance medicines (such as high blood pressure or diabetes) delivered safely to your home in convenient 90 day refills. The plan is through CVS Caremark. You also have the option to obtain your long-term medications at your local CVS Pharmacy by paying the same mail service copay.

What happens if I have an urgent medical situation? Urgent care problems include injuries or illnesses such as sprains, high fever or severe vomiting which are painful and severe enough to require urgent treatment, but are not life-threatening. You may seek assistance at any network urgent care or primary care facilities without contacting your own PCC.

(Please note that HP members must use urgent care facilities for these needs; if a network urgent care facility is not used, the services received will be treated as out-of-network emergency care.)

What coverage do I have for emergency care outside of Minnesota? You can go to any licensed provider to seek emergency care. The benefit is 80% coverage (with no deductible) up to an out of pocket maximum of \$400. Once the emergency has ended the member is required to use their PCC for all non urgent care.

When will I receive my cards? You should receive your cards between 7-10 business days after turning your completed forms into the Benefits Department. You will receive one (1) card for medical care (through BC, HP, or POne), and a prescription drug card from CVS Caremark.