

## ANNUAL OPEN ENROLLMENT FOR 2023 BENEFITS

### Frequently Asked Questions (FAQs) for Medical and Pharmacy Coverage For Employees of the Board of County Commissioners (BCC), Palm Tran and Supervisor of Elections

#### **Q1. Which company will offer medical and pharmacy coverage for Palm Beach County employees for the upcoming Plan Year?**

A1. Your medical and pharmacy coverage is offered exclusively by **UnitedHealthcare (UHC)** for all three medical plan options.

#### **Q2. What type of plans is UHC offering to our group effective January 1, 2023?**

A2. Effective January 1, 2023, the medical and pharmacy coverage will continue to offer the three plans that you are used to in the past; the OAPIN medical plan will be renamed to CHOICE:

- **HMO – UHC NHP medical plan highlights:**

- In-network benefits only – if you use doctors or hospitals that are out-of-network, you will NOT be covered for services, except for emergency care
- Requires selection of a Primary Care Physician (PCP)
- **[“NHP HMO/POS”](#)** is the network name for providers (click on the hyperlink to the left then click on highlighted “NHP HMO/POS” network on the webpage)

If the network name is not highlighted, please  
scroll down and click on that link that looks like this:

[NHP HMO/POS](#)

- Primary care physician selected may be different for yourself and your dependents
- Requires referrals to receive in-network specialty care
- Prior authorization is required for certain services and benefits to be covered (e.g. inpatient hospital services, outpatient facility services, advanced radiological imaging such as MRIs)
- Direct access (no referral required) for OB/GYN services, chiropractor or podiatrist, mental health and substance abuse care and for a maximum of five (5) visits per contract year to dermatologist. Dermatology visits in addition to the five (5) mentioned before are subject to a referral from the primary care physician

- **CHOICE (replacing the OAPIN) – UHC National Choice Open Access medical plan highlights:**


- In-network benefits only – if you use doctors or hospitals that are out-of-network, you will NOT be covered for services, except for emergency care
- CHOICE provider network is a national network with providers in all 50 states
- **[“CHOICE”](#)** is the network name for providers (click on the hyperlink to the left then click on highlighted “CHOICE” network on the webpage)

If the network name is not highlighted, please  
scroll down and click on that link that looks like this:

[Choice](#)

- Designation of a Primary Care Physician is encouraged, but not required
- Does not require referrals for specialty care (provide does have to be in-network)
- Prior authorization is required for certain services and benefits to be covered (e.g. inpatient hospital services, outpatient facility services, advanced radiological imaging such as MRIs)

- **POS – UHC NHP POS medical plan highlights:**

- Operates exactly like the network HMO Plan when receiving in-network benefits
- Therefore, for in-network benefits primary care physician selection is required as well as referrals; direct access is available as explained under the HMO plan
- “[NHP HMO/POS](#)” is the network name for providers (click on the hyperlink to the left then click on highlighted “NHP HMO/POS” network on the webpage)  
If the network name is not highlighted, please scroll down and click on that link that looks like this: 
- However, this plan offers out-of-network benefits, subject to deductibles and co-insurance (percentage cost share). Out of network services are subject to a maximum reimbursable charge and members may be balance billed for the difference
- Prior authorization is required for certain services and benefits to be covered (e.g. inpatient hospital services, outpatient facility services, advanced radiological imaging such as MRIs)

**Q3. How can I find out if my doctor is an in-network contracted provider under the UHC medical plans?**

A3. Check who’s in the network by using the **Find a Doctor** directory on [uhc.com](#) or clicking the link below

[Find your plan | Find Care \(werally.com\)](#)

- For the HMO and POS plans, select the network: [NHP HMO/POS](#) (click on the hyperlink to the left then click on highlighted “NHP HMO/POS” network on the webpage). From here you can update your location (Zip code) to find doctors (People), hospitals & clinics (places) and other resources.

If the network name is not highlighted, please scroll down and click on that link that looks like this:



- For the Choice plan, select the network: [CHOICE](#) (click on the hyperlink to the left then click on highlighted “CHOICE” network on the webpage). From here you can update your location (Zip code) to find doctors (People), hospitals & clinics (places) and other resources.

If the network name is not highlighted, please

scroll down and click on that link that looks like this:



**Q4. If my doctor is not a participating in-network provider, can I nominate the doctor to join the network?**

A4. We are always looking to expand our network of medical providers so we welcome your nominations. The easiest way to do this is to either call the UHC representative at 561-233-5423 or to email the provider’s name and phone number to [James\\_J\\_Moore@uhc.com](mailto:James_J_Moore@uhc.com). This will allow us to reach out to the provider and start the recruitment process.

**Q5. Do I have to select a doctor as my primary care physician (PCP) for all three of the medical plans?**

A5. Just like this year, in 2023 you only need to select a PCP if you are on the HMO or POS plans. It is highly recommended that you have a PCP for this way they will have a complete picture of your health and can better help you manage any conditions that may arise.

Please click on the video link to see the value of having a PCP and review the section below “FIND THE RIGHT MATCH” for assistance in looking for a doctor. [Video: Value of a primary care provider](#)

**Q6. Do I need to pick a PCP for 2023 if I already have one now?**

A6. Since UHC will be new to providing your benefits, we will need to obtain your PCP information for each family member. By following the links attached you can locate your PCP and their UHC provider number in order to have that information available to include in MyBenefits during Open Enrollment.

**Q7. What happens if I don't select a PCP during Open Enrollment?**

A7. If you do not select a PCP, UHC will automatically select one for you. Their name will be on your ID card when it arrives in December. Once you receive your ID card, you will be able to either call UHC at the number on the back, call our onsite team or go on myUHC.com to select your PCP.

**Q8. What is new with the medical & pharmacy plans for 2023?**

A8. The first item is that a new health carrier, UnitedHealthcare (UHC), will be providing our benefits starting 1/1/2023. You will receive new ID cards and you will need to alert and provide your UHC ID card to your doctors and pharmacy and alert them of this change for 1/1/2023. Your ID card will indicate that you have pharmacy benefits through UHC's pharmacy OptumRx. Your prior carrier Cigna will not process any claims with dates of service past 12/31/2022 so it is imperative that you have your medical providers and pharmacy send all claims to UHC starting 1/1/2023.

HMO and POS Plan enhancements:

- **Larger network of providers throughout Florida** – these plans now have a much larger network not only in South Florida, but throughout the entire state. If you have dependents on your medical plan living in other areas of Florida, follow the steps in Q3 above to see what the network now looks like in that area, and you may be pleasantly surprised at the number of doctors, clinics, and hospitals available now as in network.
- **NHP Network Flex privileges outside of Florida** - the HMO and POS plans in the past only had coverage for emergencies when a member went outside of Florida. With the NHP Network Flex privileges, members traveling to or temporarily residing outside of the NHP service area will have access to the UHC Choice network for non-emergent care — including primary care, specialists, urgent care and pharmacy services — at the member's network benefit level.

**Q9. Will we have access to similar medical and pharmacy programs that we have today?**

A9. Yes. UHC has a wide array of medical and pharmacy programs and services available for you and your family to help you get and stay healthy while working to save you money. These programs are readily available through the UnitedHealthcare website (myUHC.com) and the UHC app.

**Q10. How can I check to see what medications are covered and what tier they would fall under?**

A10. During Open Enrollment, you can look at the UHC Prescription Drug List (PDL) to see the medications covered and what tier they will be on effective 1/1/2023. You will be on the "Traditional" PDL. Once you receive your ID card, you will then be able to log into myUHC.com to price medications and look at lower cost alternatives.

**Q11. Will we have digital tools to access our benefits on the road and learn how to manage our plan?**

A11. Yes. UHC has extensive tools through both myUHC.com and the UHC app, that help you not only look up providers, but also see member satisfaction information on them as well. Other resources include a digital ID card, the ability to review claims, along with having a virtual visit to name a few. Please click on the link to see a video highlighting these resources. [Video: Digital tools to manage your plan](#)

**Q12. Does UHC have a variety of quick care options such as virtual visits and urgent care providers?**

A12. Yes. When you are seeking quick care, UHC has a spectrum of services that you can access based on the level of care that you need. These can be accessed through both myUHC.com and the UHC app. The cost to you will be directly based on the level of care and where that care is obtained with the hospital emergency room being the most expensive. Please review the [care options chart](#) for a comparison of these services, types of treatments they are directed towards and costs.

**Q13. Are there steps I should take before 2023 or when I receive my ID card that will help me when the program starts on 1/1/2023?**

A13. Yes. The first step would be to look to make sure that your doctor is in the network and for the HMO and POS plans, look to obtain their PCP number which will be needed during Open Enrollment. You can do this by following the steps in Q3 above. Further below we've included the "[Get an early jump to help you get more out of your health plan](#)" checklist as well.

**Q14. Once I receive my medical ID card, is there anything I should do at that time?**

A14. When you receive your new UHC medical ID card, you will want to update any of your treating doctors and your pharmacy with this information so they will not try to verify your coverage or submit claims to the prior health carrier. Additionally, you'd want to activate your myUHC.com account and start taking advantage of all the resources it provides. Please use the "[Got your ID Card? Let's get started.](#)" checklist below. Do not use your prior carrier (CIGNA) ID card after 1/1/2023.

**Q15. What are the medical premiums for the Plan Year 2023?**

A15. The medical plan premiums based on plan and family tier level are listed below. They remain **unchanged** for all three medical plans for 2023.

Plan	Level of coverage	Actual Cost	Monthly Employer Portion	Biweekly Employer Portion	Monthly Employee Portion	Biweekly Employee Portion
HMO	EE Only	\$794.28	\$763.28	\$381.64	\$31.00	\$15.50
	EE + 1	\$1,653.14	\$1,452.14	\$726.07	\$201.00	\$100.50
	EE+ 2 or more	\$2,268.30	\$1,928.30	\$964.15	\$340.00	\$170.00
	Overage Dep.*	\$476.56	\$0.00	\$0.00	\$476.56	\$238.28
CHOICE	EE Only	\$830.02	\$781.02	\$390.51	\$49.00	\$24.50
	EE + 1	\$1,727.54	\$1,452.54	\$726.27	\$275.00	\$137.50
	EE+ 2 or more	\$2,370.38	\$1,928.30	\$964.19	\$442.00	\$221.00
	Overage Dep.*	\$498.00	\$0.00	\$0.00	\$498.00	\$249.00
POS	EE Only	\$880.96	\$813.96	\$406.98	\$67.00	\$33.50
	EE + 1	\$1,808.38	\$1,480.38	\$740.19	\$328.00	\$164.00
	EE+ 2 or more	\$2,482.26	\$1,981.26	\$990.63	\$501.00	\$250.50
	Overage Dep.*	\$545.60	\$0.00	\$0.00	\$545.60	\$272.80
*Overage Dependent: Additional amounts for each dep. age 26– 30 will be added to rates for other levels of coverage and 100% employee paid on a post-tax basis						

**Q16. Do I need a referral or prior authorization to go to a Specialist?**

A16. For the HMO and POS plans, you will need to receive a referral from your PCP. Your PCP would typically complete this online with most referrals being completed either right then and there or within one day. More complex cases may take between 3 to 5 business days, but emergency referrals will be completed within 24 hours.

Direct access (no referral required) is available for OB/GYN services, chiropractor or podiatrist, mental health and substance abuse care and for a maximum of five (5) visits per contract year to dermatologist. Dermatology visits in addition to the five (5) mentioned before are subject to a referral from the primary care physician.

For the CHOICE plan, you have open access and do not need a referral but it is highly recommended so that your PCP will be able to keep a complete health record for you and follow up with your Specialist to coordinate your care.

Prior authorizations are required on all three plans for certain services and benefits to be covered (e.g. inpatient hospital services, outpatient facility services, advanced radiological imaging such as MRIs). Please check with your PCP or call the UHC Advocate4me line on the back of your ID card or one of the UHC onsite representatives for more guidance and assistance.

**Q17. If I choose, how do I obtain a prior authorization for care?**

A17. Typically, your PCP would obtain the prior authorization for you as they will have the details needed to have this approved. Should you feel that there is a delay in getting this completed, please call the UHC Advocate4me line on the back of your ID card or one of the UHC onsite representatives as we will coordinate with your PCP to make sure that you are getting the care that you need.

**Q18. If I have a prior authorization in place with CIGNA for a scheduled procedure in January of 2023, do I need to get another prior authorization from UHC?**

A18. Yes. For any procedures that you will be having on or after 1/1/2023, you will need to have an authorization on file with UHC. As soon as you receive your UHC ID card, please give this information to your doctor so they can put a prior authorization in place with UHC. Should you have further questions or need assistance in this, please call the UHC representative at 561-233-5423.

**Q19. How long does the prior authorization process take?**

A19. A prior authorization typically takes between 3 to 5 business days, with emergency situations being completed within 24 hours. Many prior authorizations that are submitted online through the provider's portal are approved the same day as long as there is no missing information.

**Q20. I am in the middle of treatment with a doctor who is out-of-network. What should I do?**

A20. UHC has a [Transition of Care and Continuity of Care form](#) that you should complete and email to James\_J\_Moore@uhc.com. UHC will first look to recruit your doctor into our network and if that is not possible, UHC will look to set you up for continuity of care with your treating physician.

Examples of medical conditions that may qualify for Transition of Care and Continuity of Care includes, but is not limited to:

- Pregnant and undergoing a course of treatment for pregnancy.
  - Coverage for newborn children begins at the moment of birth and continues for 30 days. You must select an in network pediatrician and notify your health plan representative within 30 days from the baby's date of birth to add the baby to your plan.
- Newly diagnosed or relapsed cancer and currently receiving chemotherapy, radiation therapy or reconstruction.
- Transplant candidates or transplant recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries in the acute phase and follow-up period (generally six to eight weeks after surgery).
- Serious acute conditions in active treatment such as heart attacks or strokes.
- Other serious chronic conditions that require active treatment.

Examples of conditions that do not qualify for Transition of Care and Continuity of Care include:

- Routine exams, vaccinations and health assessments.
- Chronic conditions such as diabetes, arthritis, allergies, asthma, kidney disease and hypertension that are stable.
- Minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries..

Please refer to the Transition of Care and Continuity of Care form for FAQs and more information. [You can also call the UHC representative at 561-233-5423 if you have more questions.](#)

**Q21. When will I receive new medical and pharmacy ID cards?**

A21. Your new medical and pharmacy ID cards will be sent to your address on file in HRIS in December. Make sure your address is up-to-date in HRIS at this time. Connect with your department payroll person, if you need to change it now to ensure you are not missing important mailers. While these will certainly help you alert your doctors and pharmacy to your new health coverage, you will have access to your benefit information such as your member ID once we received your enrollment information from the County and you could go online to myUHC.com at that time.

Please review the [“Get an early jump to help you get more out of your health plan”](#) and the [“Got your ID card? Let’s get started”](#) info posted on MyBenefits that you can follow now for guidance of steps you can take now while waiting for your coverage to start and what to do when your ID cards arrive.

**Q22. What other programs do I have access to as a UHC member?**

A22. Your new UHC coverage will include many resources and additional benefits to help you get and remain healthy. Here are just a few highlights

- **Rally Wellness Program:** Rally® is designed to help you take charge of your health by putting your benefits and resources in one place. Hitting your goals can be fun with personalized recommendations, as well as missions and challenges that may help make getting healthier more enjoyable. Plus, you can earn rewards along the way. Please review the Rally highlights further below.
- **Real Appeal Nutrition and Weight Loss Program:** Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It’s available to you and eligible family members over the age of 18 at no additional cost as part of your benefits. Please review the Real Appeal highlight information below for more details.
- **Naviguard Out-of-Network Cost Negotiation Services:** If you find that you have used an out-of-network provider, we can help resolve unexpected medical bills by negotiating directly with them on your behalf. Naviguard® services are available at no additional cost to you. Please review the Naviguard highlights below for more information.

**Q23. I’m currently seeing a Mental Health clinician, will I be able to continue with them on UHC?**

A23. You would need to see if the person you are currently seeing is part of the UHC network. UHC has one of the most extensive networks of Mental Health providers and resources so there’s a good chance they are a part of the network, but if they are not, we can always look to see if they are interested in joining. Please feel free to call the UHC representative at 561-233-5423 if you have more questions regarding your Mental Health provider.

**Q24. Will my prescriptions continue in 2023 as they are today? Is there anything I need to do ahead of the new year to prepare?**

A24. Your prescriptions through CIGNA will stop come 1/1/2023 so there are some things that you can do in order to make sure you have your medications without a lapse:

- Give your pharmacy your new UHC ID card information as soon as you receive your ID card
- If you have mail order medications, make sure that your doctor submits the mail order prescription to UHC/OptumRx so this can be filled starting 1/1/2023
- Look to get both your 30 day and 90 day prescriptions filled in December so that you have a supply for at least 2 weeks in January to ensure that your new prescriptions are being processed through UHC in 2023.

**Q25. Will the Employee Wellness Programs that we currently have that include the “Be Well. Get Rewarded.” gift card incentives through PBC Employee Wellness continue in 2023?**

A25. Yes, the Employee Wellness Programs that include the “Be Well. Get Rewarded.” will continue in 2023. These are amazing programs that can help you get and stay healthy as well as earn up to \$50 in a paycheck incentive and \$100 in cash gift cards. So, get ready to be well and get rewarded in the new year!

**Q27. Do I have to re-enroll in one of the United Healthcare medical plans during open enrollment?**

A27. If you do not choose a medical plan during Open Enrollment your coverage will automatically default to the corresponding UHC medical plan as outlined below:

Current CIGNA Plan	Default United Healthcare medical plan as of Jan 1, 2023	If I am in agreement with the default medical plan for United for Plan Year 2023 do I have to make a medical plan election in MyBenefits during Open Enrollment for medical coverage for Plan Year 2023?	What if I want to change from the plan I was defaulted into?
Cigna HMO	United Healthcare HMO	No; BUT, <b>employees have to obtain UHC PCP information for each family member and enter it into MyBenefits between 10/25-11/08</b>	Please access MyBenefits between 10/25-11/08/2022 and make a different election
Cigna OAPIN	United Healthcare (CHOICE...formerly named OAPIN)	No	Please access MyBenefits between 10/25-11/08/2022 and make a different election
Cigna POS	United Healthcare POS	No; BUT, <b>employees have to obtain UHC PCP information for each family member and enter it into MyBenefits between 10/25-11/08</b>	Please access MyBenefits between 10/25-11/08/2022 and make a different election

**Q28. My long-disability plan is tied to my current medical plan choice. Will that change?**

A28. No, that will not change. Members will remain in the long term disability plan they elected. Long term disability is not impacted by the medical carrier change. Any employees enrolled in the HMO or CHOICE (formerly OAPIN) United Healthcare Plan may be enrolled in either the basic LTD or the upgraded LTD. Employees enrolled in the United POS plan or opt-out of County medical insurance, are eligible for the voluntary LTD.

**Q29. Do I have to take any action regarding my long-term disability in MyBenefits during Open Enrollment?**

A29. No, you do not. Your current LTD choice will remain as is.