

San Bernardino Community College District



Helpful FAQ's regarding your Employee Benefits

Medical plans:

What is an HMO?

HMO stands for Health Maintenance Organization. With an HMO, you must choose a primary care physician (PCP) from a network of local medical groups when you join. The medical group will have to be within 30 miles from your home or work.

With an HMO plan, you pick one primary care physician. All your health care services go through that doctor. That means that you need a referral before you can see any other health care professional, except in an emergency. Visits to health care professionals outside of your network typically aren't covered by your insurance.

For example, if you get a skin rash, you wouldn't go straight to a dermatologist. You would first go to your primary care physician, who'd examine you. If your primary care physician can't help you, he or she will give you a referral to a trusted dermatologist in your network that will.

Two exception to this is that women don't need a referral to see an obstetrician/gynecologist, or OB/GYN, in their network for routine services such as Pap tests, annual well-woman visits and obstetrical care. Or if you have a true emergency which you will call 911 or go to the nearest emergency room.

Coordinating all your health care through your primary care physician means less paperwork and lower health care costs for everyone.

What is the difference between Anthem HMO and Kaiser Permanente HMO plans?

Anthem HMO offers a less restrictive network than Kaiser Permanente HMO. You can change medical group and primary care physician with Anthem HMO such as Loma Linda Medical Group or Beaver Medical Clinic. Under the Kaiser Permanente program, you will have to stay within the Kaiser network only.

What is the difference between Anthem HMO and Anthem PPO plans?

With an HMO plan, you pick one primary care physician. All your health care services go through that doctor. That means that you need a referral before you can see any other health care professional, except in an emergency. Visits to health care professionals outside of your network typically aren't covered by your insurance.

For example, if you get a skin rash, you wouldn't go straight to a dermatologist. You would first go to your primary care physician, who'd examine you. If your primary care physician can't help you, he or she will give you a referral to a trusted dermatologist in your network that will.

One exception to this is that women don't need a referral to see an obstetrician/gynecologist, or OB/GYN, in their network for routine services such as Pap tests, annual well-woman visits and obstetrical care.

With a PPO plan, it gives you flexibility. You don't need a primary care physician. You can go to any health care professional you want without a referral—inside or outside of your network.

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Staying inside your network means smaller copays/coinsurance and full coverage. If you choose to go outside your network, you'll have higher out-of-pocket costs, and not all services may be covered.

Which one is right for me?

This is purely a personal decision. If you prefer to have your care coordinated through a single doctor and know your cost before services are rendered, an HMO plan might be right for you. And if you want greater flexibility or if you see a lot of specialists, a PPO plan might be what you're looking for.

No one can predict or tell you which one would be better for you.

Can I change my primary care doctor or medical group?

Yes. You can change your primary care doctor or medical group every month if you need to. You will need to contact the Anthem Blue Cross before you see that new PCP or medical group. If you don't you will be responsible for the full cost of that visit/treatment.

How can I find what medical groups or doctors that are participating in the Anthem HMO program?

You can visit Anthem Blue Cross website at www.anthem.com/ca/find-care/ then click on guest and select "Medical (employer sponsored)", after that you will need to select the "Blue Cross HMO (CACare) – Large Group" then follow the prompts.

Can I have different doctors and medical groups for my family?

Yes, you and your dependents can have different primary care physicians and medical groups.

What is the difference between out-of-pocket maximum, deductible, coinsurance and copayment?

Out-of-pocket maximum is the most you could pay for covered medical expenses in a year. This amount includes money you spend on deductibles, copays, and coinsurance. Once you reach your annual out-of-pocket maximum, your health plan will pay your covered medical and prescription costs for the rest of the year at a 100%. For example, you have a plan with a \$3,000 annual out-of-pocket maximum. You haven't had any medical expenses all year, but then you need surgery and a few days in the hospital. That hospital bill might be \$150,000. The maximum you will pay for that hospital is \$3,000 then the insurance will pick up all your services at a 100% for the remainder of that year.

A deductible is the amount you pay each year for most eligible medical services or medications before your health plan begins to share in the cost of covered services. For example, if you have a \$500 yearly deductible, you'll need to pay the first \$500 of your total eligible medical costs before your plan helps to pay. Few exceptions apply such your annual physical exam.

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Coinsurance is a portion of the medical cost you pay after your deductible has been met. Coinsurance is a way of saying that you and your insurance carrier each pay a percentage share of eligible costs that add up to 100 percent. For example, if you see your doctor your coinsurance might be 20% of the bill.

A copay (or copayment) is a flat dollar amount that you pay on the spot each time you go to your doctor, fill a prescription or go to the hospital. For example, if you go and see your primary care physician you will have a \$20 copay.

What if I don't choose a primary care physician?

Anthem Blue Cross will assign a primary care physician for you. You will have to see that PCP or you can request a change. However, the change will not take effect until the following month. When you receive your new ID card, the name of the PCP will be printed on that card.

We highly recommend that you select a PCP.

How can I find a good primary care physician?

We cannot recommend a PCP. You can either pick a PCP from the Anthem physician search, or you can ask your family, co-workers or friends about their experience with a PCP. You can also call your current doctor and ask them if they are a PCP through Anthem HMO.

If I change to the Anthem HMO, can I continue to see my specialists?

You will need a referral from your PCP to see your specialist. You can no longer self-refer to a specialist. Your PCP will also refer you to a specialist within your medical group. So if the specialist is not part of the medical group, you might have to start seeing a new specialist.

Can I choose my cardiologist as my PCP?

Your PCP has to be part of the Anthem HMO PCP network. Most PCP are either family practice, internet medicine, OBGYN, or pediatrician. It is best to check with your doctor and Anthem.

What is the process to follow if I have questions regarding authorizations, pharmacy, or anything related to my medical, pharmacy, dental or vision matters?

You should always contact your insurance carrier first; the number is on the back of your card. If you feel that the issue was not resolved, then you contact SBCCD Benefit team to ask for assistance. However, we ask you to contact the carrier first.

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Dental plans:

What are the major differences between the dental HMO and dental PPO?

Both plans will be offered through Delta Dental vast network.

With the dental HMO plan, you pick one primary dentist. All your dental care services go through that dentist. That means that you need a referral before you can see any other dental care professional. Visits to a dental professional outside of your network typically aren't covered by your insurance.

For example, if you see a specialist, you wouldn't go straight to an endodontist. You would first go to your primary dentist, who would examine you. If your primary dentist can't help you, he or she will give you a referral to an endodontist in your network that will.

This plan has specific fixed dollar copay so you will know the cost before your visit.

The dental HMO plan does not have an annual maximum like the dental PPO.

With a dental PPO plan, it gives you flexibility. You don't need a primary dentist or a referral (some specialties do required a general dentist referral) . You can go to any dental professional you want without a referral—inside or outside of your network.

Staying inside your network means smaller copays/coinsurance and full coverage. If you choose to go outside your network, you'll have higher out-of-pocket costs, and not all services may be covered

The member will pay a coinsurance for services rendered.

Value Added Programs available through SBCCD medical program:

The following programs are offered through the SISC program at no additional cost:

- TeleDoc Opinions: Advance Medical provides members with access to the best health care possible by assisting patients with any and all healthcare questions. The benefit also provides access to medical opinions from world-leading experts without having to leave home. To find out more you, you can call 800-835-2362 or go to www.teledoc.com/sisc
- Free Generic Medication through *Costco*: Anthem Blue Cross HMO and PPO members can receive free generic medications at Costco and through Costco mail order (excludes certain pain and cough medications). Members take prescriptions to Costco pharmacy; no need to be a Costco member.
- MDLive: Anthem Blue Cross PPO and HMO members can consult with doctors and therapists over the phone or using online video for varies medical conditions. Online behavioral health visits are also available for confidential sessions with a licensed therapist or psychiatrist. Copay applies. To find out more, you can call 888-632-2738 or go to www.mdlive.com/sisc

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- Enhanced Cancer Benefits: Available to Anthem PPO members. Consult experts who can help you navigate the complex world of cancer treatment. Services include assistance in receiving an accurate initial diagnosis and developing a comprehensive care plan. To find out more about this program you can call 877-220-3556 or go to www.sisc.contigonhealth.com
- Vida Health: This is a digital coaching app and available to Anthem HMO and PPO members that are 18 and older. Get one-on-one coaching, therapy and other tools and resources via online or mobile access. To find out more about this program you can call 855-442-5885 or go to www.vida.com/sisc
- Hinge Health: This is available to Anthem PPO members. Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy. To find out more about this program you can call 855-902-2777 or go to www.hingehealth.com/sisc
- Carrum Health: This is available to Anthem PPO members. Consult top-quality surgeons on hip and knee replacement and certain spine surgeries. Benefit covers all related travel and medical bills. To find out more about this program you can call 888-855-7806 or go to www.carrumhealth.com/sisc
- Mavens: This is available to Anthem PPO members. Free access to Maven virtual care for pregnancy and postpartum support including 24/7 access to doctors, specialists, coaches and trustworthy content tailored to your experience. To find out more about this program go to www.mavinclinic.com/join/sisc

SBCCD Benefit Team Contacts:

If I still have a question regarding my benefits at the District?

You can contact Janae Jacoby at 909-388-6942 or jjacoby@sbccd.edu