

Town Hall Meeting - 4/5/22 - Afternoon		
#	Question	Answer
1	I am wondering what is best. I am taking 4 medications for chronic issues. Is it best to speak to Priority Health first? I have alerted my doctors, but not sure if they can really do anything yet. I know there is a special group of personnel that they have to meet with me. Just not sure how to proceed.	Please contact Diane directly at dianec@coldbrookins.com regarding your situation.
2	Is there a process to plead for a needed medication that is listed as Tier 9 (not allowed by Priority Health)? I've been taking the same medicine for 20 years, and it is a generic. But the Priority Health website says it will not help pay for it, nor allow it to go toward deductible.	Please contact Diane directly at dianec@coldbrookins.com regarding your situation.
3	Any way for us to just access this presentation on our own, instead of having it read out to us?	The presentation will be available tomorrow online, we will be answering questions here shortly. The link is in the chat
4	Why does it cost \$45 for virtual healthcare on QHDHP? At the normal 20% cost-sharing, it should cost me around \$20 for a \$100 in-person visit. Why would I use the \$45 virtual visit instead?	\$45 is the charge for the service, your benefits are then applied to the \$45 charge.
5	Can "respond to Health Plan Advocate" be clarified? Related: Is there a centralized communication platform with the new plan administrator, or will we be continuing to monitor physical mail + email + the website/app?	The function of the Pharmacy Management Plan will not be changing. HPA reaches out to you via mail, or you may proactively reach out to them. The contact information is found in your Benefit Overview
6	What does it mean for the OOP Max to be "embedded" and not individual and not family?	The maximum out-of-pocket (MOOP) on all plans are embedded. This means that an individual only has to satisfy their own individual MOOP before the plan pays covered in-network services at 100%.
7	Are we part of the Lakeland Care network for Priority or the all inclusive Priority network. There is a difference in which providers are covered.	Lakeland Care participates with Priority Health.
8	Does our new plan have step therapy for prescription medications?	Yes, some prescriptions will require step therapy.
9	Does this mean we will have a mychart.lakeland and a mychart.spectrum?	You should be able to continue to use mychart.lakeland
10	Will our benefit elections roll over for next year?	We are asking every employee to log into the AU Benefits Management system to confirm your information and benefit selections. Those who do not will have their current plan and covered dependents without a flexible spending account.
11	My spouse works for the University. Do we both need to complete the Attestation?	No, only the Primary employee is requested to complete the attestation that they have read the benefit overview
12	What benefit/coverage changes will we have with Priority Health?	We have duplicated our current benefits when and wherever possible. Having said that, no two claims administration systems or processes are exactly the same. The area with the greatest change you will experience is in our formulary or approved list of prescription drugs.
13	If our spouse is employed outside of Andrews, they can not be on our family medical plan. Is that correct?	If they have access to a health plan at their employer, they cannot enroll in the AU health plan
14	Will prior authorizations completed with ASR, be valid with Priority Health?	We will attempt to capture prior authorizations that have been approved and processed through ASR. Keep in mind that Priority Health may have different criteria for approval. It is your providers responsibility to make sure that services are authorized so it is a good idea to check with your provider to make sure everything is in place.
15	I have provided ASR with coordination of benefits information. Will I need to provide that again to Priority Health?	You will be required to provide Priority Health with coordination of benefits information. Feel free to send that info to Diane Carter at dianec@coldbrookins.com in advance of 7/1.
16	Will we be able to log in/sign up with Priority Health without login information?	You will be able to set up an account with PH once you receive your ID Card. You are able to look up the prescription formulary and participating providers at any time.
17	In the link for the formulary, is "priority" spelled correctly?	correction: priorityhealth.com/formulary
18	I'm assuming that a single prescription for a drug is handled differently than something taken on a regular basis?	Maintenance drugs may either be filled via mail order or at retail.
19	my family doctor is at South Bend Clinic, in South Bend, IN. Is it in the network?	If your doctor participates with Cigna, benefits will be paid at the in-network level of benefits
20	I didn't understand the answer to the OOP Max for embedded and not individual and not family. Can it be written out for us?	Our Premier and Standard plans have embedded deductibles but our HDHP does not. This means that the family deductible within the HDHP must be satisfied (even if by one individual) before the plan pays. The maximum out-of-pocket (MOOP) on all plans are embedded. This means that an individual only has to satisfy their own individual MOOP before the plan pays covered in-network services at 100%.
21	Can you explain Step Therapy? I am not sure if I missed that explanation	Step therapy is a managed care approach to prescriptions. It is a type of prior authorization that is intended to control the risks and costs posed by prescription drugs by first treating with the most cost-effective drug and progresses to other more costly or risky therapies only if necessary.
22	Will deductibles already satisfied for ASR this year also be satisfied with Priority Health?	Our deductibles will all start over on July 1st, just as they do every year
23	Are University of Michigan doctors and clinics in network?	You can check on the Priority Health website
24	Will Priority Health be accepted at Adventist Health System Health providers out of state like urgent care or other needs that might come up.	As long as they are in the Cigna network outside of Michigan

Town Hall Meeting - 4/5/22 - Afternoon		
#	Question	Answer
25	Is therapy covered? What is the deductible in receiving this service (therapy)?	Physical, Occupational, and Speech Therapy; Cardiac and Pulmonary Rehabilitation (Combined Network/Non-Network Benefit) is covered at co-insurance after deductible up to a benefit maximum of 50 visits per benefit year
26	With regards to the lack of Global Healthcare Benefits, what recourse do we have for out-of-country issues? Is there a supplemental benefit we can request or is it lost altogether?	While we will no longer be offering medical tourism, we will continue to have coverage for services while traveling outside of our country.
27	What does it mean that our plan will no longer cover Global Healthcare Benefit?	
28	Please, can you clarify the difference between HSA and FSA? Thank you.	Here is a resource: https://www.forbes.com/advisor/taxes/healthcare-fsa-vs-hsa/
29	Can we get a copy of this presentation?	It will be available on the website provided in the chat, tomorrow.
30	This is the most adult thing that I've done all day! Is there a glossary of acronyms and terms to deal with modern health care insurance?	Please feel free to reach out benefits@andrews.edu for any questions that you may have
31	How about Dentist? Could you do outside of USA?	Yes, our dental plan hasn't changed.
32	Would you please share the reason for the change in our medical plan? Was it due to finances or for the overall benefit of the employee? Will the services now be able to provide a better comprehensive medical plan or similar?	Feel free to go to this link and there is a copy of my announcement to campus regarding our change in the provider and the reasons why. https://www.andrews.edu/services/hr/current_employees/benefits/changesnewyear.html
33	What about massage?	Massage Therapy in a Chiropractor's Office (Combined Network/Non-Network Benefit.) Covered at 50% after deductible up to a benefit maximum of 12 visits per benefit year.
34	Could you share coverage for chiropractic and medical massage?	Chiropractic Services (Includes maintenance care.) (Combined Network/Non-Network Benefit.) Copayment per visit applies up to a benefit maximum of 12 visits per benefit year. Deductible does not apply
35	If I am hearing properly ...the only big change is in the Prescriptions	We have duplicated our current benefits when and wherever possible. Having said that, no two claims administration systems or processes are exactly the same. The area with the greatest change you will experience may be in our formulary or approved list of prescription drugs but our copays have not changed
36	So we work with ASR for Dental/Vision and Priority Health for medical?	ASR: dental/vision/FSA Priority Health: medical/Rx
37	Can online eye prescriptions be covered under the new plan?	The plan is the same, we haven't change benefits under the vision plan
38	I'm not super hopeful about receiving cards from ASR. They promised us new cards in January and they still haven't come.	Your cards would come from Priority Health for Medical
39	I had to get a doctor's note in order to get medical massage from an independent massage therapy. Will that need to be re-submitted?	Most likely as Priority Health would not have this prior order
40	Will the massage still come out of the Chiropractic benefit, or will it be part of insurance?	Massage Therapy in a Chiropractor's Office (Combined Network/Non-Network Benefit.)
41	Is there a supplemental life insurance that can remain after leaving Andrews University? Meaning, at retirement we keep the life insurance.	yes, please contact the benefits office for more details
42	So is buying the additional life insurance wasted due to dropping benefits if I am 64?	There is no age reduction schedule within our life insurance policies
43	The full benefit document could help us choose the enrollment options. When will it be available?	Please stay tuned to updates on documents on the website provided in the chat.
44	Not sure if I missed it. When will the new insurance cards come?	Near the end of June
45	Escalation on retirement contribution was something I never heard before. What is it about	Per NAD retirement policy, : If your employee voluntary contribution level is under 7%, it will be increased by 1% each July 1, until your contribution reaches 7%. You may choose a different level or notify Empower Retirement that you want to opt out of the Plan's automatic escalation feature each year