EGWP - Frequently Asked Questions
For SSC & USG Benefits Administrators

Q. Why is the USG utilizing a Medicare part D plan as part of their pharmacy coverage?
A. Due to Health Care Reform, Pharmaceuticals companies are offering discounts to Medicare Part D vendors. By using a Medicare Part D plan as part of the pharmacy coverage, the University System of Georgia can take advantage of some of these discounts. This helps to keep medical premiums low for retirees. These discounts were used when calculating the health plan premiums for 2013.

Q. When will this change take place?
A. 1/1/2013

Q. How will this change benefit me, as a retiree?
A. This change allows the University System of Georgia to continue to provide you with a valuable medical and pharmacy benefit while at the same time keeping premium increases to a minimum.

Q. Will switching to the new Express Scripts plan cost me additional money with the current drugs I am taking?
A. This will depend on which drug(s) you are currently taking. Because we must follow a Medicare Part D approved formulary, some medications that were in the “preferred” tier in 2012, will be in the “nonpreferred” tier in 2013. On November 1st, you can call the Express Scripts customer service number at 1-877-681-9875 and Express Scripts will be able to tell you what tier your drug will fall under in 2013. If your drug was covered at the preferred tier in 2012 and will be covered at the nonpreferred tier in 2013, you may pay more out of pocket for your drug in 2013. If this is the case, you may want to look at alternative medications to see if you are able to use a drug in the preferred or generic tiers or you may file an appeal with Express Scripts for an exception.

Q. Who is “Express Scripts”? I thought the USG has utilized “Medco” in the past?
A. Medco was purchased by Express Scripts in the first part of 2012. As of September 1, 2012, Medco changed its name to Express Scripts.

Q. Why does the letter say I have 21 days to notify USG that I do not want to be enrolled in the plan? Don’t I have until November 9th, the end of Open Enrollment?
A. The letter says 21 days because this is the time required by CMS or Medicare. You have until the end of Open Enrollment to make a change and you are allowed to drop your coverage under this plan at any time.

Q. Do I have to fill out a separate enrollment form to enroll in the Express Scripts Medicare Part D plan for the University System of Georgia?
A. No – If you choose to enroll or remain enrolled in the Open Access POS plan during Open Enrollment, you will automatically be enrolled in the Express Scripts Medicare Part D

Q. I am getting information from other Medicare Part D providers. Should I sign up with them?
A. No – you should not sign up with another Medicare Part D plan. You will be automatically enrolled in the University System of Georgia Express Scripts Medicare Part D plan if you enroll in the Open Access POS plan for
Q. What if I don’t want to be enrolled in the Express Scripts Medicare Part D plan; can I stay enrolled in the Open Access POS plan without enrolling in this coverage?
A. No – If you are Medicare eligible, you must be enrolled in the Express Scripts Medicare Part D plan as part of your coverage under the Open Access POS plan. If you do not want to be enrolled in this coverage, you must enroll in another plan during open Enrollment or drop your health coverage through USG. **REMEMBER, IF YOU DROP YOUR HEALTH COVERAGE THROUGH THE UNIVERSITY SYSTEM OF GEORGIA, YOU WILL NOT BE ALLOWED TO RE-ENROLL AT A LATER DATE.**

Q. What other Medical options do I have if I don’t want to enroll in the Express Scripts Medicare Part D plan?
A. If you are Medicare Eligible, you have the choice to enroll in the HSA Open Access POS plan (High Deductible Health Plan) or the Kaiser HMO plan. If you enroll in the HSA Open Access POS plan, you are not allowed to contribute to the HSA if you are Medicare Eligible. The Kaiser HMO plan coordinates with Medicare A, B, & D.

Q. If I want to opt or cancel out of Express Scripts? Is there a deadline?
A. There is no deadline to opt out or cancel out of the Express Scripts Part D plan. You can cancel this plan at any time and change to another plan option or drop health coverage through USG. **REMEMBER, IF YOU DROP YOUR HEALTH COVERAGE THROUGH THE UNIVERSITY SYSTEM OF GEORGIA, YOU WILL NOT BE ALLOWED TO RE-ENROLL AT A LATER DATE.**

Q. I don’t have time to make a decision. What should I do?
A. If you are not sure what you want to do, you may want to remain enrolled in the OA POS plan for 2013. If you decide at a later date, you do not want to remain enrolled in this coverage, you can drop this plan at any time and change to another health plan. You must enroll in Medicare Part D creditable coverage or a Medicare Part D plan within 63 days or you may be subject to a penalty when you enroll.

Q. How do I opt out of this plan and/or change my health coverage for 2013?
A. If ADP institution, retiree must login to the ADP portal and change their coverage on-line or complete their enrollment worksheet they received in the mail choosing a new option and sign and date and return to the institution by November 9th.

Q. With this new Express Scripts pharmacy coverage, will I receive a new ID card?
A. Yes. A welcome kit containing new ID cards and plan information will be mailed in November and you should receive it by the first of December.

Q. What will be different in pharmacy benefits in 2013 with Express Scripts than my 2012 Open Access POS plan?
A. 1) You will be enrolled in a Medicare Part D pharmacy plan

2) Some drugs that were covered at the “preferred” brand tier in 2012 will be covered at the “nonpreferred” tier in 2013; If you are taking one of these drugs, you may have to pay more for this drug in 2013 or switch to an alternative drug or file an appeal
3) You may have to get a pre-Authorization for drugs that have already been pre-authorized; You can start the pre-authorization process in December. Or, the first time you fill a prescription in 2013, your pharmacist will tell you if you need to get your drug pre-authorized (if you are within 90 days from your effective date in the plan, you will receive a transitional supply of your drug at the pharmacy to allow you time to get the drug pre-authorized)

**Q.** How will I know if I will be affected by the changes?

**A.** You can call the Express Scripts on or after November 1st at 1-877-681-9875 to find out if what tier your drug will fall into for 2013 and to find out if your drug will require pre-authorization in 2013.

**Q.** What do I do if my drug needs to be pre-authorized?

**A.** You may start the pre-authorization process in December by you or your provider calling Express Scripts at 1-877-681-9875. Or, the pharmacist will notify you the first time you go to re-fill your prescription in 2013. You will be given a transitional supply (30 days) of your medication to give you time to get your pre-authorization completed (if you are within 90 days from your enrollment date). You or your physician may start the pre-authorization process by calling Express Scripts at 1-877-681-9875.

**Q.** What should I do if I am affected by the changes?

**A.** If your drug was in the “preferred” brand tier in 2012 and will be in the “nonpreferred” brand tier in 2013, you can talk with your physician to find out if there is an alternative drug that you can use that would fall in the preferred tier or if you can switch to a generic. You can continue to use your drug; however it may cost you more out of pocket. Or, you can file an appeal with Express Scripts for an exception.

**Q.** What will I have to pay to get my drug if it changes tiers or requires pre-authorization?

**A.** The co-pays for each tier will remain the same in 2013 as they are in 2012 (your drug may change tiers which would require you to pay more out of pocket). You will pay $10 for a 30-day supply of a generic drug at a retail pharmacy, $30 for Preferred Brand name drug and for Non preferred Brand name drugs, you will pay 20% of the cost of the drug with a $45 minimum co-payment up to a $125 maximum at a retail pharmacy for a 30 day supply.

**Q.** What does “formulary” mean and how does this affect me with the new Express Scripts plan?

**A.** A formulary is a list of medications covered under plan and it indicates the tier that the drug is covered at, i.e. generic, preferred, nonpreferred, specialty; Medicare requires certain drugs to be covered at certain tiers; Some drugs not covered under a standard Medicare Part D plan were added to the Express Scripts Medicare Part D plan for the University System of GA. You will receive a copy of the formulary for this plan by the first of December.

**Q.** Will all of my current drugs be included in the formulary list for Express Scripts? How do I check to make certain?

**A.** Beginning November 1st, Express Scripts will be able to give you detailed information regarding which tier your drug will be covered in the new formulary.
Q. **What can I do if my drugs are covered at the nonpreferred level under the formulary? Can I appeal this?**

A. Yes. If you would like to appeal how your drug is covered under the plan, you may file an appeal with Express Scripts. Express Scripts will notify you of documentation needed from you and your physician in order to process the appeal and will respond to all appeals in writing.

Q. **Why do I need to obtain pre-authorization of medicines that I have been taking for years?**

A. Medicare does not allow prior authorizations from another plan to be transferred to a Medicare Part D plan. Because this is a new plan, pre-authorizations must be obtained.

Q. **What if my pre-authorization is not approved?**

A. You may file an appeal with Express Scripts if your drug is not approved during the pre-authorization process. Call the Express Scripts Customer Service number at 1-877-681-9875. When you are appealing, you will need to submit a statement from your physician supporting the appeal.

Q. **Will having to get pre-authorization of medicines from my doctor cause me a delay in getting my actual medicine?**

A. You can call Express Scripts beginning November 1st to find out if your drug will require pre-authorization. If it does, this process can be started in December. Otherwise, the first time you go to the pharmacy, you will be notified your drug needs to be pre-authorized. If you are within 90 days from your enrollment date, you will receive a 30 day transitional supply at the pharmacy. Then you will need to start the pre-authorization process by contacting Express Scripts or by having your physician contact Express Scripts.

Q. **What information should I be on the lookout for in the coming weeks concerning USG’s change in Pharmacy Coverage for retirees?**

A. The USG will be sending letter to the retirees providing detailed plan information. Express Scripts will send you Notification and Benefits Summary. Finally, once you are enrolled in the plan (Mid-November) Express Scripts will send you a Welcome Kit which will include a network directory, the plan formulary, and your ID card.

Q. **What is the new group number? What is the BIN#?**

A. The New group number is BORGRXC  BIN: 610014; You will also be assigned a member ID. This will be on your ID card from Express Scripts.

Q. **I am not Medicare Eligible, but my spouse is. Will he/she be enrolled in this plan?**

A. Yes, as a retiree, even if you are not Medicare Eligible, if your spouse is, he/she will be enrolled in the Express Scripts Medicare Part D plan if you are enrolled in the Open Access POS plan.

Q. **How will I know if I am eligible for premium help or a premium subsidy? How will I receive it?**

A. You may call Medicare to find out if you qualify at 1-800-633-4227, 24 hours a day/7 days a week. Or, if you qualify, you will receive a notice in the mail from Express Scripts and Express Scripts will mail you a check each month.
Q. How will I know if will have to pay extra?

A. Certain high income retirees will have to pay an extra surcharge; generally, if you are an individual earning more than $85,000 per year or married earning more than $170,000 per year, Social Security will charge you an extra premium for being enrolled in Medicare Part D. This will be deducted directly from your Social Security check. For more information, contact Social Security at 1-800-772-1213 between 7am – 7pm M-Friday.

Q. Who can I appeal to if I do not want to pay the extra surcharge?

A. This is required by Federal Government and cannot be waived. You may move to another plan option (HSA Open Access POS plan). If you do not pay the surcharge, you will be dropped from the Medicare Part D plan and from the Open Access POS plan. You will then be able to enroll in another medical plan option through the University System of Georgia.

Q. Who can I call if I need more help in understanding this new plan?

A. For General questions about how the plan works, call the Express Scripts Customer Service number at 1-877-681-9875.

For questions related to how your drugs are covered under the plan, call Express Scripts after November 1st at 1-877-681-9875.

To find out if you are eligible for “extra help” (low income subsidy), contact Medicare at 1-800-633-4227, 24 hours a day/7 days a week

To find out if you will be penalized because you earn a high income, you may contact Social Security at 1-800-772-1213 between 7am – 7pm M-Friday

Q. When will welcome kits be sent to retirees if he/she turns 65 during the year?

A. Upon Enrollment in the plan

Q. What are the Coverage Gap Stage and the Catastrophic Coverage Stage?

A. These are different stages defined by Medicare based on your total drug costs; The University System of Georgia has added extra coverage to Standard Medicare Part D coverage so your out of pocket costs for drugs should be the same as you move through the tiers, until you reach your out of pocket maximum of $1,000 (per member) - Out of pocket maximum is the most a member will pay in a year for drug coverage

Q. If I want to complain about this change, who should I send my complaint to?

A. You may send your complaint to the Board of Regents of the University System of Georgia, 270 Washington Street, SE, Atlanta, GA 30334, Attn: Human Resources/Benefits