

# Mercy Hospital & Medical Center: Medical Plan Change

Eff. June 1, 2021

Colleague Q & A



## Background/General Information

### 1. Why is my medical plan changing effective June 1, 2021?

As a result of the closure and sale of Mercy Hospital and Medical Center (Mercy), we are no longer able to continue the health plan options currently offered through Blue Cross Blue Shield of Illinois (BCBSIL). To ensure continuity of health plan coverage, we have taken steps to secure a new health plan to replace the current Advantage HMO, HMO Illinois, and PPO plans.

### 2. Will there be any other changes to my coverages that continue during the salary continuation period?

No. There will be no changes to any other benefit plans that continue during the salary continuation period. Please reference the [2021 Benefit Summary – Termination With Entitlement to Salary Continuation Mercy Chicago](#) document for more information on benefits coverage during salary continuation and benefit end dates.

## Plan enrollment for June 1, 2021

### 3. What is my new medical plan option?

In order to ensure continuity of coverage, we are offering medical coverage under our Traditional Plan with Blue Cross Blue Shield of Michigan (BCBSM). If you are actively enrolled in the Blue Advantage HMO, HMO Illinois or PPO Plan on May 31, 2021, you and your covered family members will automatically be enrolled in the Traditional Plan effective June 1, 2021.

### 4. How can I learn more about the Traditional Plan and what is covered?

We have several resources to allow you to learn more about the Traditional Plan and make an informed decision about coverage for yourself and your family members.

- [Traditional Plan Summary](#)
- [Traditional Plan Summary of Benefits and Coverage](#)

### 5. What is the new cost of my medical benefits?

Colleagues currently enrolled in the Blue Advantage HMO Plan will maintain their per pay period cost for coverage under the BCBSM Traditional Plan. Colleagues currently enrolled in the HMO Illinois or the Illinois PPO Plan will pay less per pay period under the BCBSM Traditional Plan. The below chart details the cost to you per pay period for the BCBSM Traditional Plan.

|                                    | BCBSM Traditional Plan     |                            |
|------------------------------------|----------------------------|----------------------------|
|                                    | 2021 Full Time (Bi-weekly) | 2021 Part Time (Bi-weekly) |
| Annual base salary below \$137,700 |                            |                            |
| Colleague Only                     | \$ 66.31                   | \$ 98.77                   |
| Colleague + Spouse                 | \$ 145.91                  | \$ 217.31                  |
| Colleague + Child(ren)             | \$ 102.80                  | \$ 153.10                  |
| Colleague + Family                 | \$ 182.38                  | \$ 271.63                  |
| Annual base salary \$137,700 +     |                            |                            |
| Colleague Only                     | \$ 81.44                   | \$ 113.90                  |
| Colleague + Spouse                 | \$ 179.18                  | \$ 250.57                  |
| Colleague + Child(ren)             | \$ 126.24                  | \$ 176.54                  |
| Colleague + Family                 | \$ 223.97                  | \$ 313.22                  |

**6. Do I need to take action to enroll in the Traditional Plan?**

No. If you take no action, you and your covered family members enrolled as of May 31, 2021 will automatically be enrolled in the Traditional Plan with BCBSM effective June 1, 2021.

**7. I don't want to enroll in the BCBSM Traditional Plan. Am I able to drop coverage or drop any of my family members?**

Yes. You have the option to drop coverage for yourself and/or your family members as a result of this change. Please note you, as the colleague, will need to be enrolled if you wish to keep your family members enrolled and you may not drop coverage on a family member who is covered by a court order (e.g. QMCSO). You will not have access to Workday after May 31, 2021, so in order to drop coverage on yourself and/or your family members, you must complete a [Special Enrollment Election Form](#) with your desire to drop coverage. The form must be completed in full by **Monday, May 31, 2021**. If you do not act by May 31, 2021, you and your covered family members will automatically be enrolled in the Traditional Plan with BCBSM effective June 1, 2021.

For those electing to terminate coverage: Due to the quick turnaround time for this change, it is possible you will receive BCBSM and OptumRx ID cards before we have had the opportunity to process your termination request. These cards will not be valid and should be disposed of.

It is important to note that if you drop coverage for yourself and/or your family members, you will not be eligible for COBRA continuation.

**8. Can I make changes to my medical coverage during my salary continuation period?**

You are unable to make changes to your coverage during your salary continuation period unless you experience a qualifying family status change event. Some examples of these events include marriage, birth, divorce or adoption. Please refer to the [Summary Plan Description for the Trinity Health Corporation Welfare Benefit Plan](#) for more information on permitted mid-year election changes.

**Medical Benefits with BCBSM**

**9. Can I access my medical plan information online?**

After June 1, 2021, you may create an online [BCBSM member account](#). This secure site allows you to view your health plan information, track your deductible and download ID cards.

- Via Computer/Web: Please visit <https://www.bcbsm.com>. Click "Login" and select "Register Now." Enter the requested information and create a username and password. Make note of your login credentials and keep them secure for future use. You will not need your BCBSM Member ID to complete your registration.
- Via BCBSM App: Access your BCBSM directly from your smartphone. Please refer to the [BSBSM App Flyer](#) for more information and features.
- Via Text: Text **REGISTER** to **222764** to start setting up your BCBSM account. Message and data rates may apply.

**10. Will I be able to seek care from my current doctor? Or, will I need to switch providers?**

The majority of your current in-network providers will continue to be considered in-network with BCBSM; however, to confirm if a particular provider participates in the BCBSM in-network, please visit <https://www.bcbsm.com> and select "Find a Doctor." Please refer to the [2021 BCBSM Provider Search Flyer](#) for additional details.

**11. Will I get a new medical ID card?**

Yes. You will receive a new medical ID card from BCBSM to be used for medical services. ID cards will be issued in the colleague's name only. If you need additional cards for other family members,

you may request or download an ID card from the BCBSM website or BCBSM app. You may also request a duplicate ID card by calling BCBSM customer service at 866-917-7537.

It is important to note even if your physical cards do not arrive to your home by June 1, 2021, your medical coverage is still effective June 1, 2021. You may access a mobile ID card or call BCBSM customer service to obtain your subscriber ID and present to your provider at the time of service.

**12. What will happen to the deductibles and out-of-pocket maximums that have already accumulated for this plan year for medical insurance?**

Any amounts you paid toward your deductibles or out-of-pocket maximums with BCBSIL will not transfer to the Traditional Plan with BCBSM.

**13. Will existing prior authorizations (PA) I have in place transfer to BCBSM?**

Yes. Any prior authorizations you had in place with BCBSIL will transfer over to BCBSM and we are making every attempt to do so timely. However, due to the quick turnaround time for this change, it is possible you may be asked to do a new PA with BCBSM.

**Pharmacy Benefits under OptumRx**

**14. Will I automatically be enrolled in pharmacy coverage if I have coverage under the Traditional Plan?**

Your coverage under the BCBSM Traditional Plan is bundled with Optum Rx pharmacy benefits. Your medical coverage will automatically include pharmacy coverage and you cannot enroll in one without the other. However, you will get a separate ID card to present at the pharmacy. See question 16 below.

**15. Can I access my pharmacy benefits online?**

After June 1, 2021 and upon receiving your Member ID card, you may create an online OptumRx account by visiting <https://www.optumrx.com>. Click "Register" and enter your first name, last name, date of birth, zip code, Member ID number and select Continue. You will then be prompted to create a username and password. Make note of your login credentials and keep them secure for future use. This secure site allows you to view your pharmacy plan information and download ID cards.

**16. Will I get new pharmacy ID cards?**

Yes. You will receive a new pharmacy ID card from OptumRx for pharmacy services. ID cards will be issued in the colleague's name only. If you need additional cards for other family members, you may request or download an ID card from the OptumRx website. Log in to <https://www.optumrx.com> with your credentials. You may view/download your card(s), see your covered family members, order new cards or download a proof of coverage letter. You may also request a duplicate ID card by calling Optum customer service at 855-540-5950.

It is important to note even if your cards do not arrive to your home by June 1, 2021, your pharmacy coverage is still effective June 1, 2021 and you are free to pick up medications. Simply download a temporary ID card from the OptumRx website and present to the pharmacy.

**17. Will my current medications be covered under OptumRx?**

OptumRx has a different formulary than the previous insurance. To view the formulary list, please visit the [2021 Trinity Health Preferred Formulary Book](#). You may also view covered medications and pricing on the [Trinity Health OptumRx Landing Page](#) as a new member even if you have not received your pharmacy ID card yet.

**18. I have prescriptions I need to have filled around June 1, 2021. What should I do?**

If you know you need to have prescriptions filled around the time of the medical and pharmacy plan change on June 1, 2021, try to have them filled before the transition so you have supply on hand.

While we don't anticipate any delay with this transition, it is important to have your medication(s) in hand in the event of an unexpected delay with your enrollment.

#### **19. Will existing prior authorizations (PA) I have in place transfer to OptumRx?**

We are making every attempt to coordinate and transfer prior authorizations (PA) from BCBSIL to OptumRx. However, due to the quick turnaround time for this change, it is possible you may be asked to do a new PA with OptumRx.

#### **Contraceptive Coverage**

#### **20. What do I need to do to access contraceptive coverage under my medical and pharmacy benefits?**

Under the health care reform law (Affordable Care Act), most health plans must cover contraceptive services for females without charging any copay, coinsurance, or deductible. Because of a religious accommodation, Trinity Health is exempt from providing coverage for contraceptives under the Trinity Health medical plans. However, while contraceptive coverage is not available under the Trinity Health medical plans (which include prescription drug coverage), contraceptive coverage required by the Affordable Care Act is provided by our service providers for the Trinity Health medical plans.

- Oral contraceptives may be covered under the pharmacy component of the Traditional Plan with OptumRx. OptumRx will automatically issue a contraceptive drug card to eligible female members and family members to present to your pharmacy. The contraceptive ID card is separate from your regular medical ID card. After June 1, 2021, if you need to obtain a contraceptive drug, but have not yet received your contraceptive ID card, please call the OptumRx Member Services Department at 1-855-540-5950.
- Non-oral contraceptives may be covered under the medical component of the Traditional Plan with BCBSM. Please call BCBSM for contraceptive coverage at 866-917-7537 and they will assist you with next steps to obtain a medical ID card.

#### **Additional Resources and Questions**

#### **21. I still have questions. Who can I contact for more information?**

You may email your inquiry to [ColleagueTransitionsHR4U@trinity-health.org](mailto:ColleagueTransitionsHR4U@trinity-health.org) if you have additional questions.

There are two identical webinars scheduled where you will hear about the change and have an opportunity to ask questions. Please note that you will want to add one of the links and an appointment to save the time on your own work or personal calendar, no meeting invite will be sent out to calendars.

**May 13, 2021 10:00 CT (11:00 EST) Meeting Link:** <https://trinity-health.webex.com/trinity-health/onstage/g.php?MTID=ef8d813499af5cae5ed2e2a64660cd500;>

**May 19, 2021 1:00 CT (2:00 EST) Meeting Link:** <https://trinity-health.webex.com/trinity-health/onstage/g.php?MTID=ed700912891710dd2602c034f1564274f;>

*Please note every effort has been made to provide an accurate summary of information for colleagues in the above questions and answers. Legal documents governing the plans will prevail if there are any inconsistencies or inaccuracies in this material. If there is a conflict between the information provided and an existing Human Resources policy, benefit plan document or insurance contract; the policy, benefit plan and insurance contract documents will govern the interpretation. Questions regarding this information should be directed to [ColleagueTransitionsHR4U@trinity-health.org](mailto:ColleagueTransitionsHR4U@trinity-health.org).*