FREQUENTLY ASKED QUESTIONS

Open Enrollment

Q: When is Open Enrollment?
   A: Open Enrollment for the 2024 plan year will be from October 30th through November 17th.

Q: How do I learn more about the upcoming Open Enrollment?
   A: All Open Enrollment materials can be found by visiting www.services.claremont.edu/benefits-administration/open-enrollment

Q: Who can I call during Open Enrollment to get my questions answered whether it is for Medical, Prescription Drug, Dental, Vision, etc.?
   A. Contact The Claremont Colleges Services Benefits Administration Department by emailing benefits@claremont.edu or by calling (909) 621-8151. Benefits Administration representatives can answer most questions about our benefits, enrolling in Workday, retirement, and much more.
   B. Contact the Blue Shield of CA Concierge at (855) 599-2657 if you have questions about the Blue Shield Trio HMO, Blue Shield Access+, or the Blue Shield HDHP. Shield Concierge is a team of nurses, health coaches, social workers, pharmacists, pharmacy technicians, and dedicated customer service representatives working together for you. They provide personalized support on all aspects of your care.

Medical and Rx

Q: Why are we changing medical insurance carriers from Anthem Blue Cross to Blue Shield of California?
A: Each year, we diligently evaluate our medical insurance offerings with the goal of offering access to the best medical insurance available with the lowest premiums. After thorough consideration, the decision was made to transition to a new medical insurance provider. Significant savings result from this change, which will be passed onto employees with minimal savings between the institutions. This transition will help us strike a balance between offering the best coverage and maintaining sustainable costs for both The Claremont Colleges and its employees.

Q: What is the effective date of the change?

A: Our new Blue Shield medical plans will be effective on January 1, 2024. Please use your new Blue Shield ID card for all doctor visits and prescription services starting on this date.

Q: How do I obtain or transfer my Kaiser medical records to my new Blue Shield provider?

A: A member can request their medical record history from Kaiser in two ways.
1. Online: Members can sign in to www.kp.org and request their medical records.
2. By Phone: A member can all KP member services at 800-464-4000 and request their medical records.

Due to the large file size, medical records are generally mailed to the member’s home in CD format. If the member is placing the request by phone, the member can also inform member services if they prefer to personally pick up the data at the member services department of a local KP facility of their choice.

Q: If I am currently enrolled in either the Anthem HMO or PPO, will I still be able to see my current providers once Blue Shield is effective?

A: If your current physician/medical group is contracted with the Blue Shield network that corresponds to your chosen plan, you will be able to continue with the same provider. Please use these links to search for your provider:

- Blue Shield Trio HMO: http://www.blueshieldca.com/networktriohmo
- Blue Shield Access+ HMO: http://www.blueshieldca.com/networkhmo
- California Blue Shield PPO HDHP: http://www.blueshieldca.com/pponetwork
- Out of State Blue Shield PPO HDHP: https://www.blueshieldca.com/b sca/bsc/wcm/connect/member/fad_content_en/content%20root/sa-outofstate/cnt-outofstate

Q: I’ve heard that the Blue Shield HMO plans have a self-referral benefit; how do I know if a specialist participates in this program?
A: When you search for a provider, hover over the medical group they belong to and you will see “allows self referral.”

Q: What if I receive an ID card with an incorrect PCP/Medical Group assignment?

A: There could be many reasons why you may not have been assigned to your requested Primary Care Physician or Medical Group. Blue Shield offers two convenient options to request a new PCP/Medical Group for January 1, 2024 and beyond.

1. Call Shield Concierge (best option for an urgent correction for 1/1/2024):
   a. Shield Concierge can see why your requested PCP was not assigned to you and can assist with assigning you to your desired PCP. The Shield Concierge team can update your PCP over the phone and request new ID cards be sent to you.

2. Request a PCP change through your member portal:
   a. Navigate to www.blueshieldca.com and register/log in with your Blue Shield of California ID number.
   b. Once you log in, on your homepage (roughly halfway down the page), you will find your current PCP's information and an option to “change PCP”
   c. Click “change PCP” to be directed through the step-by-step process to select a new PCP.
   d. Once submitted, your request may take 3-5 business days to be processed and reflected in your member portal.
   e. Once the PCP change is processed, you can log into your account and request new ID cards be mailed to your home.

Q: What is the difference between the Trio HMO and the Access+ HMO?

A: The benefits of these two HMO plans are identical. The only difference between the Trio HMO and the Access HMO is the network of contracted medical groups.

Both plans work just like any other HMO plan, where you select a Primary Care Physician (PCP) who helps to manage all your healthcare needs – including authorization requests or referrals. Your “network” of specialists, hospitals and Urgent Care facilities will be determined by the medical group your PCP is affiliated with. Your medical ID card will display your assigned PCP/Medical Group.

The Trio HMO is a select network of local doctors, specialists and hospitals that work closely together to coordinate your care. The goal of the Trio plan is to ensure that all aspects of your care are more connected, and to help improve your overall well-being – whether it be treating an injury, managing a chronic disease, or reducing your stay at a hospital.
Through this coordination, care is delivered more efficiently, resulting in lower monthly premiums than the Access+ HMO plan—which has a larger selection of contracted medical groups and PCPs to choose from, which is reflected in the higher monthly premium.

Q: I am currently in the middle of medical care; how is the transition of care handled?

A: You may be eligible for the transition of care if you are in treatment for a serious and complex condition in a hospital or other inpatient facility, scheduled for non-elective surgery by your current doctor (including care after the surgery), pregnant, or terminally ill.

If you have visited the same participating provider two or more times within the last six months, you will receive a COC notification from Anthem. Anthem will be mailing out letters during the 3rd week of November to any individual meeting the above criteria.

If Anthem denies your COC request under the state mandate, you may call member services and complete the Blue Shield COC form for further review or click the links below to access additional details. You must provide the denial letter from Anthem to begin this process.

- COC Brochure (English)
- COC Brochure (Spanish)
- COC Form (English)
- COC Form (Spanish)

Q: Will my current Prescription Prior Authorizations be transitioned to Blue Shield of CA?

A: In an effort to make your transition to Blue Shield of California as seamless as possible, Blue Shield is waiving the Prior Authorization/Step Therapy requirements for a set list of maintenance medications if they are filled within the first 90 days of the coverage period. This 90-day waiver period begins on January 1, 2024, and only applies to the approved drugs list. If you have a new prescription or seek a refill for the first time for any medication on this list AFTER March 30, 2024, you will be subject to Prior Authorization and Step Therapy requirements.
Any medication NOT on this list may be subject to Prior Authorization and/or Step Therapy requirements regardless of when you are prescribed or seek a refill (see the Plus drug formulary for additional details).

**It is recommended that you refill your prescriptions 2 weeks prior to January 1, 2024, to ensure you have enough supply during the transition to Blue Shield.**

Please click on the link below to access the Rx Edit Lift Prescription Drug List, which outlines each medication that will waive PA and Step Therapy requirements if filled by March 30, 2024:

- Rx Edit Lift Drug List

**Q: Where can I locate the prescription drug formulary?**

**A:** All three of the Blue Shield plans utilize the “Plus” drug formulary. The PPO HDHP plan has a preventive drug list that includes any medication that can be dispensed with a $0 copay prior to meeting your deductible. Please click on any of the links below to access the formulary document:

- Plus Drug Formulary (All Blue Shield Plans)
- Plus Drug Formulary Search
- Specialty Drug List (PDF, 78 KB)
- Preventive Drug List (ACA) (PDF, 34 KB)
- Contraceptive Drug List (PDF, 58 KB)
- HDHP Preventive Drug List (for PPO HDHP Plan Only) (PDF, 47 KB)
- HDHP Preventive Drug List Spanish (for PPO HDHP Plan Only) (PDF, 41 KB)
- Vaccine List (PDF, 88 KB)

**Q: How can I locate a participating pharmacy?**

**A:** You can easily access a list of local pharmacies using the link below:


**Q: How can I enroll in Blue Shield of CA’s Rx Home Delivery Program?**

**A:** Please follow these steps on or after January 1, 2024:

1. Navigate to [www.blueshieldca.com/login](http://www.blueshieldca.com/login), register your subscriber ID number, and set up your Blue Shield of California member portal.
2. Once logged in, your home page will have “Popular Tasks” available to select from – to access your mail-order pharmacy benefits, click on “Get Prescriptions by Mail.”
3. Blue Shield has Single-Sign-On capabilities with CVS, allowing you to be redirected to the mail order website through Caremark without re-registering or creating a new login.

4. Your prescribing physician will need to send your prescription directly to CVS Caremark (Via fax, mail, or electronically).

5. Once CVS Caremark has received your prescription, you can use your Blue Shield of California member portal to manage your mail service options, including requesting refills.

Q: When will my new Blue Shield of CA ID cards arrive? Will my covered dependents receive a Blue Shield of CA ID card?

A: Your new ID cards will arrive in a plain white envelope during the last two weeks of December.

- HMO members will receive an individual card with the Subscriber name and Dependent name.
- PPO members will receive two cards per family with only the subscriber’s name on each card.

If you do not receive your ID card prior to January 1, 2024 or if you would like to receive additional cards, the following options are available:

- Phone: Members can call Shield Concierge at 1-855-599-2657
- Register online: www.blueshieldca.com
- Mobile App: Download the Blue Shield of California app from the App Store or Google Play

Health Savings Account (HSA)

Q: HSA Transition – How do I transfer my current HSA balance to our new HSA administrator, Health Equity?

A: The Claremont Colleges will initiate bulk transfer of account balances from WealthCare Saver to Health Equity. You have the option of opting into the bulk transfer or keeping your funds with WealthCare Saver and transitioning to a retail account.

The bulk transfer is scheduled to take place on February 8, 2024. To participate in the bulk transfer, you will need to complete the two steps below:

1. Opt into the bulk transfer by completing the electronic consent during Open Enrollment (October 30 – November 17).
2. Liquidate all of your WealthCare Saver investments by January 17, 2024.
Failure to complete the two steps above will result in your account being ineligible for the bulk transfer.

For those participating in the bulk transfer, there will be black-out period for your WealthCare Saver account starting on 1/30/2024 which will freeze your funds during the remainder of the process. You will have access to the WealthCare Saver member portal during the black-out period, but you will not be able to complete any transactions during that time. After your funds have been transferred, you will continue to have access to the member portal for historical purposes; however, your balance will be zero, and no transactions will be able to be made. Please note The Claremont Colleges will be paying the $25 fee for your transfer of funds and WealthCare Saver account closure.

Q: What happens if I choose to keep my current HSA balance with WealthCare Saver?

A: You are welcome to keep your current HSA with WealthCare Saver; however, you will be responsible for the monthly administration fee. If you choose to keep your account, you will be subject to a monthly administration fee of $3.95 once the bulk transfer is completed in February 2024. You do not need to take any action; the monthly fee will automatically be deducted from your HSA balance each month. Once your account is transitioned to a retail account, you will be sent a new HSA card, and your current card will no longer be valid. If you decide later to transfer your account balance, there will be a $25 fee to close your account.

**Vision**

Q: Vision insurance is with Anthem – will that change along with the medical insurance carrier?

A: Your vision plan will remain with Anthem. There is no card required to utilize your Anthem Blue View vision plan when seeking services from a contracted provider.