

## Frequently Asked Questions About CASD Insurance

Q: Am I eligible for insurance?

A: Eligibility for insurance is determined by the Collective Bargaining Agreement for each employee group. Please ask the Benefits Specialist whether you specifically are eligible for insurance.

Q: What kinds of insurance does the district offer?

A: CASD offers medical, hospitalization, dental, vision and prescription insurance coverages in addition to Workers' Compensation for on-the-job injuries and illnesses. The district provides to life and disability insurance to all full-time employees insurance at no cost to the employee.

Q: Who is our insurance carrier?

A: The district's medical insurance is provided by Independence Blue Cross, vision insurance is through Davis Vision, dental insurance is through United Concordia, prescription drug coverage is through Express Scripts and specialty prescription drugs are provided by Future Scripts.

Q: When does my insurance begin?

A: The starting date for your insurance is determined by your bargaining group agreement (union contract). For members of Teamsters, there is a 60 day waiting period. For members of the Federation, coverage begins on the 1<sup>st</sup> day of the month after the hiring date. For all other eligible employees (such as teachers), coverage begins on the first day of employment.

Q: How much does the insurance cost?

A: The district pays most of the cost of the insurance. Employees are asked to pay a small portion of the cost of insurance. This employee contribution varies with each Collective Bargaining Group Agreement (union contract) and varies from year to year. You should speak to the Benefits Specialist to find your specific costs.

Q: Does the health insurance cover my family?

A: Eligible Dependents

If you are enrolling in the Coatesville Area School District's health benefits, you may cover your eligible dependents (proof of eligibility will be required). Act 93, Act 93 Support and CATA restrict spousal coverage under certain conditions - please refer to the contract/agreement for details.

Eligible dependents for the Medical and Prescription Plan are defined as:

- Legal spouse (as recognized under both applicable state law and the Internal Revenue Code).
- Dependent children who are your natural, adopted children, children legally placed with you for adoption, a child for whom legal guardianship has been awarded to you or your spouse, and stepchildren who are in each case, under age 26.

Eligible dependents for the Dental and Vision plans are defined as:

- Legal spouse (as recognized under both applicable state law and the Internal Revenue Code).
- Dependent children (as defined) above, up to age 19, or up to age 23 if unmarried, a full-time student and dependent on you for principal support. For dependents aged 19 to 23, you must complete a student verification form for the CASD's Human Resources Department in June of

each year to continue coverage. The Dental provider United Concordia also confirms student status annually.

A disabled child age 26 or older may continue to be eligible if s/he is incapable of self-support because of any mental or physical condition. The child must be unmarried and dependent on you for principal support. An Application for Handicapped Status must be approved by the insurance carrier.

Q: Do I have to have the district's insurance?

A: If you are a full time employee you must **either** elect the CASD coverage **or** provide proof that you have current coverage from another source.

Q: Is there a "network?"

A: Yes. For medical and hospitalization, we use the Blue Cross/Blue Shield network of health care providers. There is also an optional network of dental providers through United Concordia. There is no network for vision, however your optometrist or ophthalmologist may bill Independence Administrators directly.

Q: How do I know if my doctor/hospital is in the network?

A: You can check two ways. You can check on the internet at [www.myibxtpa.com](http://www.myibxtpa.com) and click "find network hospitals and doctors" under the Online Services section. You may want to also call your doctor or hospital to confirm that they are participating in the Blue Cross/Blue Shield network.

For out- of network medical and hospitalization claims, you must pay the first \$250 of the cost and only 80% of the usual, customary and reasonable charges will be paid if you do not use a provider in the Blue Cross/Blue Shield network. You will be responsible for the remainder of the bill.

Q: What happens if I don't use the network dental or vision provider?

A: There is no penalty to you for not using the dental and/or vision provider network, however you will not get network discounts. Using a network provider will reduce your cost, therefore allowing you to receive more services before meeting your annual program maximum.

Q: How much are the co-pays for doctor visits and pharmacy?

A: Co-pays are determined by the current Collective Bargaining Agreement for each employee group. You should speak to the Benefits Specialist or refer to your union contract or employee agreement for your specific co-pays. There is also a mail order option for a 3 month supply; the cost is less than buying medication on a monthly basis.

Q: When can I make changes to my insurance?

A: You may make changes within **30 days** of a "Qualifying Event." These "Qualifying Events" are listed by the federal government as birth, death, marriage, divorce, birth or adoption of a child, substantial change in insurance coverage of spouse, termination of spouse's employment, court-ordered addition, change from full time to part time, dependent ceases to be an eligible dependent, unpaid leave of absence, termination of employment and COBRA. You may also make changes during open enrollment each year for a July 1 effective date.

If you are divorcing, once you receive your divorce decree you **MUST** notify the benefit administrator to remove your ex-spouse from the district's insurance coverage. Failure to do so will result in penalties for premiums and claims.

Q: How do I make changes to my insurance?

A: You need to complete a new health insurance application that indicates the changes you wish to make.

Q: If I resign, how long will my insurance remain in effect?

A: Typically, you are covered until the end of the month in which you resign. However, for academic-calendar employees who do not work past the last day of the academic term, coverage will only last until the end of the fiscal year, or June 30. If the academic employee resigns on the last day of school or thereafter, coverage continues until the last day in August after the school year ends. For all other employees, coverage runs through the end of the month. You may elect coverage under COBRA after your resignation, however the time frame for coverage under COBRA varies and you will need to pay the full cost of the coverage.

Q: If I have a problem with my insurance, who do I contact?

A: If your question is related to medical, prescription drug and or vision coverage, you or your provider can call Independence Blue Cross' Customer Service at 1-800-275-2583.

If your question is related to a "Specialty Prescription", you should contact Future Scripts at 1-855-427-4682 from 8:30 a.m. to 5:00 p.m. Monday through Friday.

If your question is related to a dental care, you should contact the United Concordia's Customer Service Monday through Friday, 8 a.m. to 8 p.m. ET at 1-800-322-0366.

The Reschini Group's Customer Service Team can also assist you with medical, prescription drug, dental and vision claim issues - 800-442-8047.

Q: If I have a problem with my Health Savings or Health Reimbursement Account who do I contact?

Contact Health Equity's customer service at 866-346-5800 or go on-line at [HealthEquity.com](http://HealthEquity.com)

You may also call Human Resources at 610-466-2400 after you have contacted the above providers.