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1	Member Question	CSEA 262 Response	Response Date
2	What will happen to my retirement benefit if we leave CalPERS?	Pension – Nothing. CalPERS will remain the administrator for all retiree pension benefits. Medical – Your medical retiree benefit will transfer to the new third party administrator.	04/16/19
3	What is the District's interest and benefit in moving to SISC? Why is the District not able to provide family coverage under CalPERS?	The District has an interest in providing a fully paid family through a sustainable cost structure. Moving to SISC provides a stable rate history that allows the District to properly budget. CalPERS rates have a tiered structure with large fluctuations from year to year. This instability would put the District at a liability when it came to medical benefit coverage.	04/16/19
4	What do employees stand to lose under PEMCHA if the CalPERS contract that the district entered into in 1988 for its employees is terminated and then a new contract is entered into with CalPERS during future years? Note that with PEMHCA the number of years Mt. SAC is contracted with CalPERS (30 years) increase the required amount the district must pay to their employees and retirees alike.	Per CSEA Headquarters - There is no way to know what the cost will be in 5 years. Any assumption would be simply a guess. The chapter should know any PEMCHA concerns are pretty minimal at any rate. The language in our contract provides better protection than PEMHCA, as it specifies equal coverage for active unit members and non-medicare eligible retirees. In the highly unlikely event that a future negotiations team negotiated to remove "lifetime medical" from our contract, it would still have to be ratified by the memberships, and even then would only apply to those hired after the date of ratification under something called the "California Rule".	04/19/19
5	What, if any, are the potential short-term and long-term health care and financial risks and/or losses for classified, both as active employees and in retirement, if a change in health plan administrators occurs?	If there is a change in administrators there would be no financial risks involved based on the district's interest in providing a "fully-paid medical plan". A large portion of the membership would benefit financially from this move since they would no longer be covering the difference between the current district contribution and the family (and some 2-party) premiums from CalPERS. Potential disruptions could include a loss of doctor or medical facility, please utilize the "find your doctor" tool to see if your current providers are listed with either Blue Shield or Anthem.	04/16/19

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6	Will the classified members who currently opt-out be able to continue to do so if we switch to a new third party administrator.	Yes, members who currently opt out will be able to continue that indefinitely as long as they do not opt back in. Note: If a classified members chooses to opt in to benefits in the future, this member will not have the opportunity to opt out again. Once you are in, you are in.	04/16/19
7	1) Please provide updates regarding the possibility of Cal PERS splitting into two separate regions and lowering the cost of the insurance.	The update will be provided once CalPERS provides their initial rates in May. Note: If there is any reduction in rates due to the restructuring of the regions, CECHCRs stated that it would be for one year only and would be approximately \$20 per person per month. A family of 4 would receive a yearly reduction of \$1000 of the cost off the yearly cost of the premium.	04/16/19
8	Do you have any information or data on any school districts that have left the insurance carriers that have been proposed?	Per SISC: In general a district would leave a vendor for a lower quote.	05/31/19

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9	At the last meeting, it was stated that our current insurance is based on the cost as a whole group and our insurance has increased. Please explain if the new carrier insurance will do the same. Are rate increases of new carrier based on average expenditures of all members and/or region?	<p>Per CECHCRs: In general, Self-Insured Schools of California (SISC) determines annual rate changes based upon a three-step process:</p> <p>First, the overall claims experience is determined for all districts within the pool on a statewide basis to determine the new rates for each plan option offered;</p> <p>Second, those statewide rates are adjusted (up or down) based upon regional variations in the cost of care from the local providers (hospitals, medical groups, etc.) delivering that care;</p> <p>Finally, those regionally adjusted rate changes (up or down) are then applied to the prior year premium rates for each individual district in that region. All districts in each region receive the same percentage rate changes for the same plan options[1].</p> <p>[1] Percentage rate changes may vary for individual plan options within the various PPO, HMO and Kaiser offerings (i.e. traditional/select HMO, full network/select network PPO, etc.)</p>	04/23/19
10	Please update if PCC has any concerns since they made the change!	PCC has reported no issues with making the switch to SISC Medical Plans. In speaking to some participants at PCC, they have expressed a positive experience thus far.	04/29/19
11	Will the new insurance cover the cost of college students in other states?	Yes. If a dependent under the age of 27 is listed on the members plan, they will be covered in line with existing Federal law (Affordable Care Act).	04/16/19
12	Will the new insurance cover medical emergencies and prescriptions if we travel out of state or country?	Yes. Same as CalPERS.	

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13	<p>With other health insurance carriers what are the cost differences for home health care and Hospice?</p>	<p>Per CECHCRs - Typically hospice benefits are a covered benefit at no charge. Clarity is needed on what the question is referencing regarding home health care. There are home health visits that incur a co-pay (usually 10\$). However, if the question is referencing long term home health care of a non-terminal covered member, then that would not be a covered benefit and would be a separate type of plan, as it is considered long term care. Please clarify what you are requesting in terms of home health care.</p>	04/16/19
14	<p>Many, if not all, of our current health plans include additional benefits or discounts. For example, under CalPERS Blue Shield, Wellvolution includes a diabetes prevention program, Walkadoo, and programs to help quit smoking. There's also wellness discounts on acupuncture and gym memberships. The current Anthem CalPERS plan calls these "Value Added Benefits." Do the SISC options also included these added benefits, and if so how can we see those?</p> <p>To specifically supplement the coverage for infertility services, WINFertility is a specific added benefit that provides additional resources to families seeking help conceiving. The benefits include discounts for services that are not covered by any medical plans. How can this benefit be added?</p>	<p>Per CECHRs - SISC has several Value-Added Options including MDLive, Advanced Medical, and Carrum Health. See Value Added Options Document Attached.</p> <p>Per CECHRs - SISC has advised that they do not currently have this option or any support and/or discount programs for members going through infertility treatment. While plans may provide a limited diagnostic and testing to identify an issue they do not include coverage for treatment services.</p>	04/16/19
15	<p>Under the CalPERS plans we have coverage to mental health services through the Magellan Behavioral Health network. Will the SISC options, both Kaiser and Blue Shield or Anthem, have the Magellan network included in our coverage?</p>	<p>Per CECHCRs - Depending on the region, Magellan Behavioral Health does provide behavioral health coverage for all 3 health plans: Anthem Blue Cross, Blue Shield of California, and Kaiser. All three health plans also provide coverage through their own network of physicians. Most non-Kaiser physicians who are contracted with Magellan are also contracted with Anthem and Blue Shield. In Los Angeles, Anthem generally utilizes their own provider network. Blue Shield uses Magellan for their HMO offerings, and their own network for PPO offerings. Kaiser uses a combination of its own internal provider network supplemented by Magellan.</p>	04/16/19

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16	If you opt-out, will you still receive lifetime/retirement health benefits?	Yes, when a Unit Member who opts-out retires the District offers them the opportunity to opt into a medial plan.	04/16/19
17	What is the District's interest and benefit in moving to SISC?	The District has an interest in providing a fully paid family plan through a sustainable cost structure. Moving to SISC provides a stable rate history and, historically speaking, lower premiums, that would allow the District to properly budget for the increased recurring liability.	04/16/19
18	Why is the District not able to provide family coverage under CalPERS?	CalPERS rates have a tiered structure with large fluctuations from year to year. This instability would put the District at a liability when it came to medical benefit coverage.	04/16/19
19	Is it in our best interest, now and in the future, to leave the CalPERS PEMHCA Health Program?	PEMHCA is not a CalPERS Health Program. PEMHCA is a law that guarantees a minimum district contribution for health care benefits for both retirees and current employees. Our Collective Bargaining Agreement defines what our actual contribution is, and it is much higher than the PEMHCA minimum contribution, Presently, our CBA-defined contribution exceeds the PEMHCA minimum requirement by \$9,326 per year.	04/16/19
20	What are the short-term and long-term health care and financial benefits for both active and retired employees in changing health plan administrators?	Both Short and Long Tern Benefits include: <ul style="list-style-type: none"> • Richer medical plans to choose from. • Free wellness incentive programs. • Stable rate increases. • Lower cost plan premiums. • Fully paid family plan covered by the District. • Less out of pocket costs for 2-Part and Family plan Unit Members. • No out of pocket costs for Single party Unit Members. • Retirees would be provided access to dental coverage. • Retirees who live out of state wouldn't see a CalPERS pension deduction that the District reimburses on a monthly basis. * Possibility of being able to include less than 50% unit members in some form of health care coverage.	04/16/19

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21	How would a change in plan administrators affect current employees who are not yet vested compared to those who are vested?	No affect. It would be the same as if we were still with CalPERS.	04/16/19
22	If we leave CalPERS now, but decide five years later that we want to return to CalPERS, what could we potentially lose as far as retiree benefits are concerned?	Returning to CalPERS could have an affect on the plans offered. Retirees could have a richer plan with SISC that CalPERS wouldn't offer.	04/16/19
23	what is the minimum employer contribution toward a health plan for annuitants that Mt. SAC is to pay?	Fully paid medical per our Collective Bargaining Agreement. Unit members hired before 1/1/1996 are covered for employee and spouse. Unit members hired on or after 1/1/1996 are covered for the employee only.	04/16/19
24	what are the potential benefits to the District if it terminates its contract with CalPERS Health?	CSEA can't speak for the District regarding potential benefits the District would receive by terminating a contract with CalPERS. However, CSEA can confirm that if the District terminated the CalPERS contract and moved to SISC, the District would be able to provide a fully paid family plan and allow less than 50% members to utilize the \$500 HSA plan negotiated into the contract in 2017. CalPERS regulations prohibit these members from accessing these funds, SISC wouldn't.	04/16/19
25	The faculty keep talking about PEMHCA law. Has CSEA sought out a legal opinion or advice or done a thorough analysis to determine whether the District is currently in compliance with PEMHCA?	Yes. Please reference slides 11 & 12 of the PowerPoint issued to the membership on April 11, 2019 for more details. Slides also attached.	04/16/19
26	Has CSEA reached out to retirees to ask their opinions about leaving CalPERS or, to put another way, are any retirees on the negotiating team or providing input to the negotiating team? If so, what is this input?	Yes. We currently have two retirees on the Health Care Task Force representing retirees. Their input is heard by the negotiations team. Input includes issues such as; <ul style="list-style-type: none"> • Minimizing disruption to the Retiree Unit. • Provide plans that are equivalent or better than CalPERS. • Provide access to dental. • Maintain free services such as Silver Sneakers and call-in consultations. • Correct the disparity to retirees who live out of state. Currently retirees who live out of state have to receive a reimbursement check form the District to cover the cost for deductions to their pension payments due to a CalPERS regulation. 	04/16/19

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27	PEMHCA (Government Code Section 22892) states, "The employer contribution shall be an equal amount for both employees and annuitants [retirees]." If the District must provide "an equal amount," why is the negotiating team telling members that PEMHCA only provides \$136?	Under 22892, the minimum contribution for 2019 for active and retirees is defined as \$136. See the table in the attached letter from CalPERS dated 5/1/2018 confirming this. It's worth noting that the language in our collective bargaining agreement is much stronger than PEMHCA, and the cost of the benefit is paid out of a restricted trust that can ONLY be used for that expense.	05/13/19
28	If we decide to move over to SISC, will we get to choose from several providers like our current contract offers? I heard Zak Gallegos mention we would have to choose between Anthem and Blue Shield. Our current contract with CalPERS offers Anthem Select, Anthem Traditional, Blue Shield Access+, Health Net Salud y Mas, Health Net SmartCare, Kaiser Permanente, Sharp, and United Healthcare. Are you saying we have to choose either Kaiser or only one other plan?	SISC offers the following Providers; Kaiser, Anthem and Blue Shield which makes up 69% of the current membership Provider selections. 22% of the membership opt out leaving 9% of the membership in a Provider other than Kaiser, Anthem or Blue Shield. CSEA 262 will need to vote on a Provider combination of either Kaiser/Anthem or Kaiser/Blue Shield. Once a Provider combination is selected there will be over 100 plan options that can be customized to meet CSEA 262's needs.	04/19/19
29	Please take a look at pages 38 – 45 of the SISC Benefit Manual. Are these the plans we will be offering? If so the out of pocket cost for PPO plans DO NOT compare to what we have now! Now the Office Visit Co-pay is only \$20, under SISC the Office Visit Co-pay is \$60. The only plans that offer a lower or no cost co-pay are the HMO and Kaiser plans. How is this the same or better?	The manual is for general information purposes only and was not distributed by a Negotiations Team member to the membership. No plans have been selected. Per the mutually agreed criteria, plans offered must be equivalent or better than our existing plans offered through CalPERS. SISC offers over 100 plan options that can be customized to fit the needs of our membership. At a minimum there will be one Kaiser, one HMO and one PPO plan offered that is equivalent to the CalPERS plans. The membership can select three additional plans that are above or below the three minimum noted above.	04/22/19

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30	<p>How are we ensuring the plans are equal to or better than what we have now. If we have nothing to compare?</p> <p>Will we be able to see the SISC plans and co-pays prior to voting to switch plans? If we do not know the numbers and what the out of pocket cost it will be, how can we make an informed decision?</p>	<p>A plan comparison spreadsheet was issued to the membership on April 11, 2019. Please also see attached. This spreadsheet compares equivalent plans offered by SISC that would match the existing CalPERS Plans. This plan comparison sheet was also sent to CECHCRs and the Health Care Task Force for review. Please take a moment to look up your plan and report out to your Insurance Committee members if there are any discrepancies.</p> <p>As confirmed at the informational meetings, chapter meetings and other forms of communication, all details regarding the SISC plans including premium and co-pay costs will be provided well in advance to the membership prior to voting. The negotiations team will also distribute a cost comparison tool that a member can use to compare their out of pocket cost between CalPERS and SISC for the 2020 benefit year.</p>	04/22/19
31	Did we ever find California Community Colleges that converted to SISC and then went back to CalPers?	PER CECHCRs & SISC: No SISC member has ever returned to CalPES.	04/26/19
32	Any California Community Colleges that converted to SISC and gotten their level of satisfaction including the retirees?	<p>Per CECHCRs & SISC: Please contact Lucy Alvarez at Gavilan College. They came from CalPERS and moved into SISC. They could provide some input on their satisfaction with our plans.</p> <p>Lucy Alvarez Human Resources Analyst (408)846-4964 lalvarez@gavilan.edu</p>	04/26/19
33	I currently opt out, but if a health care plan is free for its members, I would be willing to switch back to a fully covered plan. I am however, not a fan of Kaiser and with that said, should we choose one of the other plans other than Kaiser, would the districts contribution of what ever they are going to provide towards the free Kaiser/Anthem-Blue Shield go towards that insurance plan and I would only be responsible for the difference?	Yes. If you chose a plan other than Kaiser that was more expensive than the District contribution towards the Kaiser plan, you would be responsible to pay the difference. The Negotiations Team is working to minimize this out-of-pocket cost. It will be less in comparison to the current out-of-pocket costs for the CalPERS plans.	04/26/19

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34	<p>I am concerned about switching Medication providers again!! My Wife takes the formulary of a medication that she needs to take, generics just do not work for her. The last time we switched from CareMark to Optumrx it caused significant issues even though we had Letters from her Primary Care Physician. How can this be prevented is we switch Medication plans again?</p>	<p>PER CECHRS: Drug formularies (or listings of so-called preferred drugs) are frequently changed from one month to the next, even within the same plan. There is little one can do to prevent this issue, but there are steps you can follow to minimize the impact of changes in drug formularies.</p> <ul style="list-style-type: none"> - First, whenever there is an expected change of Pharmacy Benefit Managers (PBM's), we always recommend that all members who are on chronic medications order a 90-day supply of all their current medications from the existing PBM before the new PBM goes into effect. This allows for more stability in the event that there are differences in formularies. - The second step is to determine if your chronic medication is already on the new drug formulary. If it is already on the current formulary, there will likely not be an issue going forward unless the formulary is changed at a later date. - If it is not on the formulary, or if there are additional prior authorizations or "step therapy" requirements for you to obtain that particular formulation of the drug, you can begin the process of preparing documentation needed to secure those authorizations, or appealing ahead of the move to the new PBM. 	04/29/19
35	<p>I am extremely concerned, as a single-payer, that my fringe benefits will be taken away. Can CSEA please email the collective some more information on this? I purchased a house, and this was considered as earned-income by my lender when approving the home loan. When I went through the process, I did not know there may be changes around the corner. If fringe benefits are taken away, I will lose my home. This is very concerning to me. Thank you for fighting on our behalf.</p>	<p>Per the mutually agreed to criteria, our single payer members need to be kept whole. There is no risk of losing the current cash back by switching to SISC. The Negotiations Team met with the District on 4/15/19 to discuss the effects of various options on single party payers. Note, currently 2 plans offered by CalPERS exceed the districts contribution when including the dental and vision costs. Cost projections over the next few years show this number increasing.</p>	04/26/19

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36	I got a printout of my current Kaiser policy as well CalPERS Kaiser policy. Real full length copies which list ALL 135 different coverages not just the short sheet you commonly see. On the short condensed list of coverages, both policies look comparable but when you compare all 135 components. They are many significant differences. Have you looked at the FULL BENEFIT document when comparing. CalPERS Kaiser covers some very expensive items that other Kaiser plans don't.	The plan comparisons provided were selected by the most applicable criteria on the one sheet. There will always be variances from plan to plan but according to the mutually agreed to criteria plans offered need to be equivalent of better. Plans have not been selected yet. CSEA 262 will be putting together a committee to review plan options to be provided to the membership for approval. Please respond to the invitation when it is sent out, your research will prove very beneficial to our membership.	04/26/19
37	What will happen to single party health plan payer who currently receives a monetary payout for the difference between the district stipend and the cost of the health insurance? I select the lowest cost health insurance so that I receive the additional couple hundred dollars to help me pay my bills. That amount is very critical for me to meet my monthly bills and would be devastating if that is taken away.	Per the mutually agreed to criteria, our single party payer members need to be kept whole. There is no risk of loosing the current cash back by switching to SISC. The Negotiations Team met with the District on 4/15/19 to discuss the effects of various options on single party payers. Note, currently 2 plans offered by CalPERS exceed the districts contribution when including the dental and vision costs. Cost projections over the next few years show this number increasing.	04/26/19
38	Do we, as full time CSEA 262 members, receive lifetime medical benefits for us and our dependents?	Unit members hired prior to January 1, 1996 get lifetime medical for themselves and their spouse (CBA, Article 9, section 03.1). Unit members hired after January 1, 1996 get lifetime medical for themselves only (CBA, Article 9, section 03.2 and 03.3).	04/26/19

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39	What are the requirements for a full time CSEA employee obtain lifetime medical benefits?	<p>Unit members hired prior to January 1, 1996 must have 5 years of service credit as defined by CalPERS/CalSTRS in order to qualify for lifetime medical (CBA, Article 9, section 03.1.1). Unit members hired after January 1, 1996 but before January 1, 2006 must have 10 years of employment (no % of FTE is mentioned, so 10 years at 50% would meet this requirement) in order to qualify for lifetime medical (CBA, Article 9, section 03.2.1). Unit members hired after January 1, 2006 must have 10 years of service credit (ex. 10 yrs. at 100%, 12.5yrs. at 80%, 20 yrs. at 50%, etc.) (CBA, Article 9, section 03.3.1).</p> <p>In all of the cases mentioned in #2 above, the contract is silent on how long one must participate in the district's benefits prior to retirement, so conceivably, one could work ten years (opting out for 9 of those years), sign up for benefits beginning the tenth year and retire with lifetime medical.</p> <table border="0"> <tr> <td>Hire Date</td> <td>Benefit</td> <td></td> </tr> <tr> <td>Qualification</td> <td></td> <td></td> </tr> <tr> <td>Prior to 1/1/96</td> <td>Member & spouse</td> <td></td> </tr> <tr> <td>Equivalent of 5yrs. @ 100% FTE</td> <td></td> <td></td> </tr> <tr> <td>1/1/96 to 12/31/2005</td> <td>Member only</td> <td>10</td> </tr> <tr> <td>yrs. of employment</td> <td></td> <td></td> </tr> <tr> <td>1/1/2006 or After</td> <td>Member only</td> <td></td> </tr> <tr> <td>Equivalent of 10yrs. @ 100% FTE</td> <td></td> <td></td> </tr> </table>	Hire Date	Benefit		Qualification			Prior to 1/1/96	Member & spouse		Equivalent of 5yrs. @ 100% FTE			1/1/96 to 12/31/2005	Member only	10	yrs. of employment			1/1/2006 or After	Member only		Equivalent of 10yrs. @ 100% FTE			04/26/19
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40	Would it be possible to read all the questions other union members are asking?	Yes, all FAQ questions will be posted for all members to review once the answer is verified by all the members of the Negotiations Team. This provides a check and balance to assure all information provided is vetted and accurate.	04/26/19																								
41	I have questions about the PEMHCA analysis. In the Power Point presentation presented on April 10th, slide 11 states that "PEMHCA does not provide protection regarding lifetime benefits." This is a false statement. Where is this information coming from?	The response was provided by CSEA Headquarters.	04/29/19																								

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42	In regards to #2 in the RFP matrix: the ability to offer a variety of plans and providers as part of the health and welfare package, to include at least Kaiser and one other medical provider. Both SISC and CalPERS offer a wide variety, SISC offers far more plans. However, one must acknowledge that SISC offers a slew of plans with inferior actuarial values. CalPERS does not offer lower level plans. A protection to employees. Additionally, SISC cannot offer Blue Cross and Blue Shield at the same time to any institution, so this automatically limits the plan choices, even if they have them.	Please provide a question. 4/29/19	04/29/19
43	In regards to #2 of the RFP matrix Requirement to Grandfather Opt Outs: SISC and CalPERS were both highly ranked. However, it should be understood that there is a vast difference between CalPERS and SISC in this criteria. CalPERS allows for opt outs, they are not grandfathering anything. SISC is grandfathering so they can eventually phase out. This is not equal. They should not be ranked equally.	<p>SISC is honoring our current practice, and given the potential for IRS penalties against the district if a unit member were to misuse (under Affordable Care Act guidelines) the opt-out money, we don't see the practice coming back.</p> <p>Grandfathering preserves the existing opt-out benefit for pre January 2, 2019 members who selected to opt-out of medical benefits. Even though CalPERS allows an opt-out provision, it does not define the opt-out contribution which could be as little as \$1.00. Per Tentative Agreement 01 signed last year, the District no longer practices opt-out with a cash incentive. SISC will grandfather in existing members who opt-out who and they will keep this benefit until the member chooses otherwise due to separation from the District or a life changing event that would require the member to choose a medical plan. The current practice of opt-out per our CBA is the same both with CalPERS and SISC.</p>	
44	I was unable to attend. Where can I find documentation about Kaiser/Anthem and Kaiser/Blue Shield. How is this different from the Anthem (not Kaiser) I have now?	All documents are located on the chapter website. Please reference the Plan Comparison spreadsheet and utilize the find your doctor tools for more information regarding Anthem and Blue Shield. To clarify, the three providers offered by SISC are Anthem Blue Cross, Blue Shield of California and Kaiser. The membership will need to choose a combination of Kaiser and one other provider (Anthem or Blue Shield).	05/06/19

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45	Just to clarify - the info meeting today focused only on Blue Cross & Blue Shield. Was there a meeting that focused only on Kaiser? Is the informational vote to choose between Kaiser vs. Anthem and Kaiser vs. Blue Shield OR between Kaiser and Anthem vs. Kaiser and Blue Shield?	The vote will be to choose a provider combination of either Kaiser and Anthem or Kaiser and Blue Shield. Current Kaiser Members will not be effected by a move to SISC. Kaiser is Kaiser.	05/06/19
46	If, as predicted, single payers will eventually pay out of pocket due to rising costs (I assume that's the reason. If it isn't the reason, then why would single payers eventually pay out of pocket?) then will family rates also increase? Will they increase at the same rate? Or will single payers only increase to catch up with the out-of-pocket expense that families have?	Under the current CalPERS structure, 2-Party and Family payers currently pay out of pocket and single-party payers will be paying out of pocket within the next few years. Currently 2 plans offered to Single payers exceed the District contribution when including the vision and dental plan. If the Chapter chooses to move to SISC, based on the discussions to date, the District contribution would be increased to cover the cost of a Kaiser Family plan and future premium increases would be covered by the district relative to the Kaiser family plan rate. This new funding structure will ensure Single payers have no out of pocket cost due to an increase in rates.	05/06/19
47	I have heard that if we choose another health insurance provider, and the premiums are 100% paid by the college, that we won't be receiving COLA for the next few years, is that true?	No, this is incorrect. Salaries are a separate article from Health & Welfare and are negotiated separately. If COLA were to be used to fund Health & Welfare, the Chapter would have to vote to approve it as a funding source. The Negotiations Team has not received the authority from the Chapter to use COLA as a funding source and will not consider that option unless we receive that express consent of the membership to do so.	05/06/19
48	I want to know if it is possible to enroll into Kaiser but have a separate option for mental health coverage? I really want to enroll into Kaiser but their mental health department is of no good use since it is very impacted and it takes months to see a mental health professional. With SISC could we have an option to have alternative mental health coverage while being enrolled with Kaiser?	Per CECHCRs: No, there is not a separate mental health coverage option through SISC. Each carrier has its own mental health benefit as part of its medical benefit plan. However, we could look into negotiating a separate mental health service at some point.	05/06/19

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49	Why does Mt. SAC need to have a benefits administrator at all (SISC, CalPERS, etc.) if it limits our plan options - can't the district insure itself independently to tailor plans for employee needs?	A self-insured structure was an option proposed during the RFP process but it did not meet the mutually agreed to criteria. The District could pursue a self-insured structure but it would have to be negotiated, be sustainable and the infrastructure would have to be put in place, all of which the District has no interests in..	05/06/19
50	At this point I've asked for a specific coverage to be included in the SISC options but the response has been that they don't offer such coverage in any of their plans. Why are we not able to negotiate what's included in the SISC plans?	Please clarify what coverage you are looking for so we can get a thorough response. Generally speaking, if coverage is offered through a third party provider like SISC or CalPERS it can be incorporated into a plan. You can't force a provider to include coverage that isn't offered.	05/06/19
51	If we move to SISC, and full medical coverage is negotiated and agreed upon, will Dental and Vision be included in that full coverage negotiation for single-parties and families?	A comprehensive benefits package that includes medical, dental and vision is an interest of CSEA 262 and is subject to negotiations. That being said, the mutually agreed to criteria includes keeping our members whole. If there is a move to SISC, the District contribution would have to be enough to cover dental and vision for Single party members to meet the mutually agreed to criteria.	05/08/19
52	It seems we have been focusing on health but I recall dental and vision was mentioned previously. What is the likelihood of the district bundling all 3 overages?	It is subject to negotiations. Per the survey results from our membership, there was interest in a comprehensive benefits package that included medical, dental and vision. Therefore, your negotiations team will be bringing this forward as an option at the negotiating table to try to make this happen.	05/09/19
53	I want to keep my current doctor. Will I have the option of a PPO? I currently have United Health Insurance and I like it. I do not have any dependents on my policy.	Yes, SISC does offers PPO plans which is part of the mutually agreed to criteria. Please utilize the find your doctor tools to confirm your doctor is currently covered under Anthem Blue Cross and Blue Shield of California. The results from the search could influence how you vote on the current survey that closes on Monday May 13th. The links to find your doctor have been incorporated into the survey.	05/09/19

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54	When CSEA puts the Health Benefit to a vote for either Kaiser/Anthem or Kaiser/Blue Shield, will there also be an opportunity to vote for "CalPers" for those employees who do not wish to move to SISC?	The advisory vote between SISC Kaiser/Anthem and Kaiser/Blue Shield is a standalone vote. Once the results are tallied, there will be a ratification vote held for the membership to choose to either stay with CalPERS or make the move to SISC. After the informational meetings on May 16, 2019 all members should be equipped with all the tools, information and cost estimates they will need in order to make an informed decision about which third-party health plan administrator the membership will use going forward.	05/13/19
55	Q&A states: 'If the Chapter chooses to move to SISC, the District contribution would be increased to cover the cost of a Kaiser Family plan. This new funding structure will ensure Single payers have no out of pocket cost due to an increase in rates.' Does this mean that single employees (that previously had fringe benefits (pocketed the difference)) MUST now choose Kaiser in order to avoid paying out of pocket cost?	No. If the membership moves to SISC, Single payers can choose between Kaiser and one other provider (Blue Cross or Blue Shield) with no out of paycheck cost. Single payers who have the fringe benefit will most likely be grandfathered into the new contract with SISC.	05/14/19
56	Does any of the health benefit options cover surrogacy and/or IVF?	Per SISC: There is no coverage under the Blue Shield plans for IVF and surrogacy; Kaiser plans cover basic artificial insemination which does not include IVF; surrogacy is covered by Kaiser, but there are limitations based on surrogacy guidelines.	05/14/19
57	It was said at the last meeting with the SISC representative that new incoming districts to SISC only have the option of having two health providers (Kaiser/Anthem or Kaiser/Blue Shield). If we are to continue with SISC in the future, will we have the option of having more health providers available to us (similar to where we currently have 6 different health providers available)?	If there is a move to SISC, provider options would be Kaiser or Blue Shield of California. There will be 6 plan options available to choose from. The majority of our membership participate in Kaiser and Blue Shield of California. Members who are currently with Anthem, Health Net, United Healthcare and PERS PPO plans will need to choose either a Kaiser or Blue Shield of California plan.	05/15/19
58	What are the details of the Kaiser with SISC vs CalPERS, or when will that be made available?	The Kaiser plan coverage is the same with both CalPERS and SISC. Plan rates (the premium cost of the plan) will be available for review after the informational meeting when the rates are posted.	05/15/19

	A	B	C
59	When will we see a detail cost comparison between CalPERS Kaiser and SISC Kaiser? A line by line detailed comparison, not like the one shown on the Research and Resources page.	Cost comparisons will be provided when the SISC rates are posted. The rates should be posted sometime during the week of 5/20.	05/17/19
60	As an 11 month, 35 hour a week permanent classified employee what would happen if the college goes to a 12 month deduction instead of a 10 month deduction? In the month that I don't receive a paycheck would I owe the college the amount of my cost or would that be spread out over the 11 months I do receive a paycheck?	If there is a benefit deduction it would be spread out evenly per the number of months you work. This would be a change in current practice where the paycheck for the last month worked receives a double deduction.	05/22/19
61	Is there detailed documentation for Kaiser, specifically about emergency services, that we can look at? The info on Kaiser's website doesn't answer my questions.	Yes, per SISC please see the current EOC attached for your review.	05/30/19
62	Hello, I plan to enroll back in Kaiser when open enrollment comes around. However, my daughter got accepted to University of Oregon and I don't believe they offer Kaiser. Would she still be covered, and if so, how? Thank you	<u>Yes, please see the response from SISC:</u> <u>Attached is the Kaiser Permanente Visiting Member Services Brochure: this brochure should answer most if not all questions the member may have related to coverage for their Oregon bound college student. The subscriber will simply need to call the travel number in the brochure and request a "Guest Membership" for her college student.</u> <u>Here's is a link to the Oregon Area Search page for Kaiser locations:</u> <u>https://healthy.kaiserpermanente.org/oregon-washington/doctors-locations#/search-form</u>	05/30/19
63	Has CalPers been asked to present to Mt. SAC's classified? If not, can we have CalPers do a presentation for 262.	Yes. CalPERS presented at an open Insurance Committee meeting last year. CSEA 262 has reach out to CalPERS to present again and provide a Q&A session to our membership but they have repeatedly declined.	06/03/19

	A	B	C
64	<p>Why has the union not considered negotiating a higher contribution for single, two-party, and three-party payers in order to remain with CalPers? Also, adjunct faculty are able to receive medical after 1 year of consistent employment. How come part time classified employees are not given their \$500 contribution to purchase medical if CalPers will not insure them?</p>	<p>The Union has considered all options for Medical benefits including an increased benefit with CalPERS, however due to the fact that we use Interest Based Bargaining the District had no interest in increasing the benefit amount for Health and Welfare while staying with CalPERS. The CalPERS rates are not constant and sustainable, some of the CalPERS plans went up by double digit increases for 2020.</p> <p>Adjunct faculty are covered under a different section of the Education Code, and therefore afforded different options. Also they are required to purchase their coverage from ASCIP, and not CalPERS.</p> <p>The \$500 that was negotiated was an HSA plan that had to go along with a high deductible Bronze plan. Therefore our members had to prove they were covered by a high deductible bronze plan and the funds could not be used for premiums, but to cover out of pocket cost associated with medical care like co pays etc. We are negotiating for a change to this from an HSA to an HRA so that the funds could be used to pay for premium costs as well as out of pocket costs associated with medical items, and not be associated with having to have a Bronze plan. We are also looking to increase the amount of this contribution.</p>	06/03/19
65	<p>Several months ago I received an email through CalPers Kaiser saying that I may qualify for a diabetes and heart disease prevention program. I took the assessment and did qualify. I received an electronic scale and downloaded the Omada app, which includes food, activity, and weight tracking, weekly lessons, a coach, and group discussions. I have lost 10 lbs. so far to reduce my risk of diabetes. Will the Omada app continue to be supported through SISC?</p>	<p>Per SISC: Yes, but please note that if a member's employer changes (from CalPERS to SISC), Omada has no way of transitioning the member at this point. Hence, they are notified that their Omada membership will expire in a month so they can download anything they need too. Once the membership expires, they can re-enroll (through KP Health Education), but will have to restart the process and have current lab work to confirm their eligibility.</p>	06/12/19
66	<p>When will we see a detailed (page by page) Calpers Kaiser vs SISC Kaiser plans?</p>		

	A	B	C
67	How will the new dollar amount for health care be reported to the Internal Revenue Services?		
68	Will any of the new dollar amounts for health care increase my tax bracket?		
69	Is there detailed documentation for CalPERS Kaiser, specifically about emergency services, that we can look at? You provided a SISC Kaiser....where is the CalPERS Kaiser version?		
70	What is the True Up Fund? How will the True Up Fund be used? What is the criteria? Will the True Up Fund be available to ALL 262 members (less than 50%,less than100%,100%, single/two party/family plans) ?		