

**TOPIC: Medical and Prescription Drug Coverage and Contributions**

Click [here](#) to get more information about the 2018 Medical plan design.

**Medical/Rx Plan Designs and Costs**

- Q1. Why did you not answer my questions about increase in deductibles? This is an avoidance. You were transparent about the 3.3% but NOT the deductibles increase.**
- **The in-network maximum out-of-pocket for 2018 appears that it has increased from \$4000 in 2017 to \$5000 in 2018. Is that accurate? Why was there such a large increase?**
  - **How much in dollars did the deductibles increase or decrease from 2017 to 2018?**
  - **You mentioned the contribution amount is going up 3.3%. How about copays?**
  - **Why did deductibles and out of pocket maximums increase along with the 3.3% increase?**
  - **Why is there an increase of 3.3 %? That sounds like a lot per paycheck.**
  - **Why is there a 3.3% increase?**
  - **How much did the out of pocket costs go up over last year for the PPO plans?**
  - **What is the difference between 2017 BCBS insurance into 2018? You said there was a difference but I didn't see them compared.**
  - **Is there a written summary of the changes to the coverage for PPOs?**
  - **Can you please outline the changes in deductible and out of pocket vs. prior year?**
  - **How much did the deductibles increase or decrease?**
  - **What amount increase in deductibles will there be? The slide showed 2018 deductibles, but nothing to indicate what the 2017 ones were, for comparison.**
  - **In 2017 there was a cap on the deductible for the family - is that now gone?**
  - **What is the percentage of increase in the deductibles in 2018 over 2017?**

A1. The changes for 2018 bring the medical plans a bit closer to what is being seen in the marketplace while still remaining competitive and generous. Second, this will help the Company manage its costs responsibly while still helping enrollees with the care they need. And lastly, these changes are also occurring due to external pressure, like the Affordable Care Act, on our plans and their related costs which impacts coverage.

Below you will find the current deductibles and out-of-pocket maximums effective January 1, 2018. These were the only changes to the medical plans for 2018. A summary of the [2017](#) and [2018](#) PPO plans can be found on the benefits website.

<b>2018 Plan Design</b>	<b>Enhanced PPO</b>		<b>Basic PPO</b>	
	<b>In-Network</b>	<b>Out-of-Network*</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Deductible (Single / Family)	\$800 / \$1,600	\$1,600 / \$3,200	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-Pocket Max (Single / Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000

<b>2017 Plan Design</b>	<b>Enhanced PPO</b>		<b>Basic PPO</b>	
	<b>In-Network</b>	<b>Out-of-Network*</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Deductible (Single / Family)	\$550 / \$1,100	\$1,100 / \$2,200	\$750 / \$1,500	\$1,500 / \$3,000
Out-of-Pocket Max (Single / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,400 / \$4,800	\$4,800 / \$9,600

**Q2. Do prescriptions have to be filled at CVS, or can they be filled elsewhere? (Considering Caremark)**

**- Can we no longer get prescription at Walgreen's**

A2. It depends. You must use a CVS pharmacy (or CVS mail order pharmacy) if:

- You are taking long-term maintenance medications such as medicines for high blood pressure, birth control pills, etc. **AND** you live within 5 miles of a CVS pharmacy.

**OR**

- You are taking Specialty medications such as medicines for rheumatoid arthritis, MS, etc. These must be filled at a CVS/pharmacy **OR** through CVS/specialty mail order.

All other medications can be filled at a participating network. CVS/caremark's pharmacy network includes over 68,000 pharmacies including local pharmacies, large chains such as Safeway, Shop Rite, Walgreens, Rite Aid, Kroger & others, and over 8,000 CVS pharmacies. To find out if your pharmacy is in CVSC's network, please call 844.432.0696 or visit [Caremark](#).

CVS/caremark is the prescription drug administrator for the medical plans administered by Anthem and Cigna.

**Q3. When you hit your out of pocket for health costs, do you still have to pay additional pharmacy charges?**

A3. Yes. There is a separate out-of-pocket maximum for the prescription drug plan. It is Single - \$1,500 / Family - \$3,000. Once you've hit the prescription drug out-of-pocket maximum for the year, you will not have to pay any additional charges for prescription drugs for the same year.

**Q4. Where can I find the employee contributions chart? (that outlines the contribution changes for 2018 ( i don't understand how to calculate the percentage change provided - i don't know how 3.3% varies from what i pay now.)**

A4. To see employee contributions you must log into the enrollment system.

Go to myCloud > myHR > HR Systems > Fusion > Benefits > under Enroll Now click Change Benefit Elections. Once you get to medical, in the upper left corner click on "Your Rates Salary Tier \_\_\_\_\_" and the contributions will appear.

**Q5. You mentioned one free eye exam is covered by Cigna or Anthem, we usually use VSP so for one exam we should use Anthem for eye exam to take advantage of one free eye exam per year? please clarify**

**- Can you please clarify for me how the free eye exam using medical benefits works? This benefit is not usable at the optometrist?**

**- Can you repeat the info on Eye Medical Exam?**

A5. You can use either. You can get your free eye exam under the Basic or Enhanced PPOs plans administered by Anthem or Cigna or, you can access the free eye exam under VSP, if you are enrolled. If you choose to access the eye exam under the medical plans, be sure to check that your optometrist is in the network. You can access the eye exam through Anthem/Cigna or VSP, the choice is yours.

**Q6. Are the anthem and cigna health plans identical?**

**- Is the main difference between Cigna and BCBS the providers each cover? How do we determine which one is better?**

A6. Yes. The only difference between the two, Anthem and Cigna, are the networks. You should check to see if your physician(s) participates in one or both of the networks for 2018 before you decide which plan to select. To access Cigna's provider network visit [www.cigna.com](http://www.cigna.com). To visit Anthem's provider network, please visit [www.anthem.com](http://www.anthem.com).

**Q7. Under 'Preventive Care it says aspirin is covered at 100% with no copay. How would we get it for no charge at a pharmacy: Would we need a prescription for that?**

A7. Yes. To obtain over-the-counter medications with no copay, you must get a prescription from your physician and then take it to the pharmacist to be filled.

**Q8. What is the out-of-pocket max costs per family for enhanced PPO?**

**- What is the chiropractic coverage?**

A8. Click [here](#) to get more information about the 2018 Medical plan design

**Q9. Are Flu shots available with Anthem at a pharmacy? I was turned away this year and had to go to a more expensive clinic visit.**

A9. Flu shots are not available at a pharmacy through Anthem. Read [this article](#) about getting a free flu shot under Pearson's benefits program.

**Q10. Can you pay for prescription medication with an FSA account?**

A10. Yes. Prescription medications can be paid for using with the FSA account.

**Q11. For Physical, Speech and occupational therapy it says copay of \$45 per visit - is it covered at 100% after you meet your out of pocket max?**

A11. Yes. Office visits are covered at 100% once you meet the out-of-pocket maximum.

**Q12. How do I find out the coverage info for the preventive screening options that aren't listed in 100% covered section page?**

**- Is there a handy list of 100% preventive screenings that Pearson offers. We received a list in the past in the mailer that we could put in our wallets.**

A12. Preventive coverage information is located in the "[Medical Program](#)" section of the Welfare Plan Summary Plan Description located on the [benefits website](#)

**Q13. Is there any change to chiropractic coverage in 2018?**

A13. No, there is no change to chiropractic coverage for 2018.

**Q14. Did the lab coverage change? (cigna)**

A14. No. There are no changes to lab coverage for 2018.

**Q15. Are there changes to the Mental Health benefits for next year?**

**- Is there any change to the mental health coverage for 2018?**

A15. No. There are no changes to mental health benefits for 2018.

**Q16. What is the reasoning that Pearson does not offer HSA like most other large corporations in the USA?**

A16. The Benefits group has proposed offering a high deductible plan with an HSA option. Pending further review and approvals, this may be an option for 2019. Stay tuned...

**Q17. Can you clarify how the deductibles work?**

A17. The deductible is the amount you or a covered dependent must pay for covered services each calendar year before the Plan begins to pay for services. Once you have met the annual deductible, the plan will begin to pay for eligible services. Such services include hospitalization, same day surgery, durable medical equipment, etc. Preventive visits and office visits do not require you to meet the annual deductible before services are paid.

**Q18. Is our prescription plan a creditable prescription plan? Creditable prescription plan meets or exceeds the Medicare Part D prescription plan.**

A18. Yes, it is. The Pearson plan pays more than the standard Medicare Part D Prescription plan.

**Q19. Is there no alternative to Caremark? They make obtaining necessary meds difficult.**

A19. CVS/caremark is the prescription drug administrator 2018. If you are having issues obtaining a prescription, please contact the PPS by accessing myCloud > myHR > Ask HR a Question.

**Q20. Will access to birth control be affected?**

A20. There is no change to birth control effective for 2018.

**Q21. Is it possible to change my deductible for ER/ hospital coverage? My deductible is \$2400 per year and that is too high. May I pay more per month?**

A21. The deductible and out-of-pocket maximums for 2018 can be found below. You are referring to the out-of-pocket maximum.

2018 Plan Design	Enhanced PPO		Basic PPO	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible (Single / Family)	\$800 / \$1,600	\$1,600 / \$3,200	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-Pocket Max (Single / Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$6,000 / \$12,000

The deductible for the Basic PPO in 2017 is \$750/\$1,500 and \$1,000/\$2,000 for 2018. Click [here](#) to get more information about the 2018 Medical plan design.

**Q22. Will we have a separate prescription plan again, with a separate insurance for prescriptions only?**

**- I thought our drug coverage is now CVS and not CareMark....please clarify.**

**- Are we keeping CVS Caremark in 2018? (as pharmacy?)**

**- Has the prescription company changed?**

**- Is Caremark still the prescription coverage? Are there any other options?**

A22. CVS/caremark is the prescription drug administrator for the medical plans administered by Anthem and Cigna for 2018.

**Q23. The 3.3% increase only applies to the 'Flex Med' cost in ADP? And the pre-tax vision and dental are not changed, correct?**

A23. The 3.3% applies to "Flex Med," medical coverage. There is no change for dental and employees will see, on average, an increase of about \$3.70 per month for vision.

**Q24. Where can I find a side-by-side comparison of health insurance options?**

A24. A summary of the [2018](#) PPO plans can be found on the benefits website.

### **Enrolling / Accessing the Enrollment System**

**Q25. Does someone who is newly eligible for benefits, do they need to enroll twice, once in 2017 and then during Nov 6-17?**

A25. Yes. You need to access the system and enroll for your 2017 benefits first. Then, on the following day, you must enroll for your 2018 elections. Directions for 2017 and 2018 enrollments are the same, please see below.

Go to myCloud > myHR > HR Systems > Fusion > Benefits > under Enroll Now click Change Benefit Elections.

**Q26. I waived all my medical, dental, and vision benefits through Pearson. Do I have to elect to waive again during open enrollment period, or can I do nothing and still have those benefits waived?**

A26. If you waived coverage for 2017 and would like to continue to waive coverage for 2018, no action is required by you. Your waived elections will carry over into 2018.

**Q27. I'm expecting a baby that is due in March, to add to my medical plan as a life event do I do this shortly after birth or before?**

A27. Add the baby after he/she is born. You have 31 days from the date of the birth to add the child. To add your child to coverage, please follow these steps:

Go to myCloud > myHR > HR Systems > Fusion > Benefits > Record a Life Event > Child Events > Gain Dependent Child(ren)

**Q28. Can I enroll in only dental (and decline health)?**

A28. Yes. You don't have to enroll in medical to enroll in dental or vision or one/both of the flexible spending accounts.

**Q29. Can the employee have family coverage for medical only and single for VSP and dental?  
- Can you choose to enroll for 1 insurance type like Dental with Pearson and deny medical, and enroll medical with spouse's company plan?**

**- If I decide to waive medical coverage, can I still enroll in the dental and vision plans?**

A29. Yes. You don't have to enroll in the same tier of coverage for each option. For example, you can enroll in family coverage for dental, single coverage for medical and employee plus child(ren) coverage for vision.

**Q30. Where do we go to opt out of medical/dental/vision plans?**

A30. To enroll or waive coverage please do the following:

Go to myCloud > myHR > HR Systems > Fusion > Under Enroll now select Change Benefit Elections

**Q31. Can one person be on enhanced (employee) and one person be on basic (spouse)?**

A31. No. The employee and spouse must be on the same medical plan.

**Q32. Is Pearson offering a passive enrollment this year?**

A32. Yes. If you would like to carry your 2017 elections into 2018 then no action is required by you. If you want to enroll in one or both of the Flexible Spending Accounts, you will need to make those elections in Fusion. To access the system please go to myCloud > myHR > HR Systems > Fusion > Under Enroll now select Change Benefit Elections.

**Q33. Where can I see my monthly price tags for the two options (basic vs enhanced) and out of pocket maximums, etc.?**

**- Will there be a slide with the costs of premiums for each plan? My spouse and I need to compare insurance premiums because we have different enrollment times.**

**- Where do we find the costs for each plan? Medical, Dental, Vision?**

**- Where we can find the actual dollar amount that is deducted from our paychecks for each of the medical, dental, and vision plans? Not looking for a change in percentage from last year, but the actual dollar amount that will be deducted for each of the plans. Thanks!**

A33. To see your per pay check contributions, please go to myCloud > myHR > HR Systems > Fusion > Under Enroll now select Change Benefit Elections. Once you get to medical, in the upper left corner click on "Your Rates Salary Tier \_\_\_\_" and the contributions will appear. 2018 plan design information can be found [here](#).

## **Eligibility**

**Would a step child, rather than a biological child, still be eligible for benefit coverage up to 26th birthday?**

Yes, stepchildren are eligible to participate in Pearson's benefits until the end of the month of the 26<sup>th</sup> birthday. Click [here](#) to learn more about eligible dependents.

**Do benefits extend beyond 26 years of age for children that have disabilities and are considered to have special needs?**

Yes. A dependent child of any age who is physically or mentally disabled and depends on you for support, if he or she was disabled before age 19 and depended on you for support at the time of disability, is eligible for coverage under Pearson's medical plans.

***If a child served in the military after high school, is the age of being able to cover them in our insurance plan extended to age 30?***

No. Eligible dependent children can participate in Pearson's benefits until the end of the month of the 26<sup>th</sup> birthday. Click [here](#) to learn more about eligible dependents.

***Can we add parents as dependents in medical plan when they are in the US with visitor visa? Probably for short term (6 months)***

No. Parents are not eligible dependents under the medical plan. Click [here](#) to learn more about eligible dependents.

***What is the age limit for child dependents?***

***How old can your children still be covered under our health plan?***

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Eligible dependent children can participate in Pearson's benefits until the end of the month of the 26<sup>th</sup> birthday. Click [here](#) to learn more about eligible dependents.

***For family coverages, does this include non-married partners?***

No. Only legally married spouses are covered under the plan. Click [here](#) to learn more about eligible dependents.

## **Networks**

***Is the Anthem covered in Indiana? or just Illinois? or can we chose either one?***

Anthem is available in Indiana and Illinois. As long as you enroll with Anthem, you have access to networks in both states.

***Anthem BCBS has stopped doing business in certain states. I am in NJ - is there any future risk for us?***

Anthem is still available, on a commercial basis, to Pearson members. You will continue to have access to the network in 2018.

***Is the network for the Enhanced PPO with Cigna the Cigna Open Access PPO?***

The Cigna network for the Enhanced and Basic PPO plans is Open Access Plus. The network for the Anthem plans is BlueCard PPO network.

***Can you direct us to where we can compare the different medical options - not enhanced vs basic but the different provider options?***

To access Cigna's provider network visit [www.cigna.com](http://www.cigna.com). To visit Anthem's provider network, please visit [www.anthem.com](http://www.anthem.com).

***I live in Indiana and work in Illinois is the Anthem or Cigna good for both Indiana and Illinois or is it more specific to where the work place is or automatically given by home address?***

The Anthem and Cigna PPO plans are offered based on your home zip code. To determine which is best for you, check to see what network your providers participate in.

## Miscellaneous

***Will the Pearson Health Choice tool be available again this year to help compare out-of-pocket costs and payroll contributions?***

***Will there be a tool to compare plan options based on our specific needs?***

Yes. The [Pearson Health Choice](#) Tool is available to help compare out-of-pocket costs and payroll contributions.

***Any particular reason why Pearson has medical insurance tie ups with only Anthem and Cigna? My spouse's organization has tie up with UHC and the copays and deductibles offered by UHC are much lower than what Cigna/Anthem offer us in our Pearson's benefits plan.***

We can't speak to the plan design of your spouse's plan and the financial arrangement your spouse's employer has with UHC but Pearson recently cancelled its contract with UHC due to escalating costs and poor clinical management of its members. Cigna and Anthem have demonstrated its willingness to support our sickest patients while charging a fair price for their services.

***Perhaps a PDF of the Benefit magazine would have been more helpful. The navigation is very cumbersome. It very difficult to find the information in one place.***

***Can the benefits team please publish one document (PDF) with all the change info instead of a website where you have to click to different sections.***

Thank you for your feedback, we will take this under advisement for next year's enrollment.

***Where is the benefits website?***

***What is the benefit website address?***

You can access the benefits website at [www.pearsonbenefitsus.com](http://www.pearsonbenefitsus.com).

***I'm having issues trying to get needed OTC drugs reimbursed via our flex savings plan due to the prescription requirement. Will this requirement change or become easier going forward?***

Over-the-Counter drugs, unless they are accompanied by a prescription, are not a reimbursable expense under the Health Care FSA. If this is not the case, please contact the PPS so someone can try to resolve the issue for you.

***I'm not sure if this question has been asked, is there still an option for FSA?***

***Do we still have the option of using the Flex Spending account?***

***You said no HSA is available for 2018, is there a FSA available for 2018?***

Yes. The Health Care and Dependent Day care FSAs are offered for 2018. For the Health Care FSA, you can contribute from \$120 to \$2,650. For the Dependent Day Care FSA, you can contribute from \$120 to \$5,000 (or \$2,500 if you and your spouse file separate tax returns).

***If my present Cigna card says: Network Coinsurance:***

***IN 90%/10%, OUT 70%/30%; is this the Basic or Enhanced Plan?***

You are enrolled in the Cigna Enhanced PPO

***I have "Open Access Plus" with Cigna right now, which is this - enhanced or basic?***

***Presently, I have Cigna Open Access Plus - is that the Enhanced?***

Open Access Plus describes the network, not the plan design. If your ID card says IN 90%/10%, OUT 70%/30%, you are enrolled in the Enhanced PPO. If your Cigna ID cards says IN 80%/20%, OUT 60%/40%, you are enrolled in the Basic PPO.

***Follow up: Does that mean that each amount, for each paycheck, will have an addition 3.3 % taken out, or the 3.3% is for the year?***

***Does the 3.3% increase mean that what we pay per year for coverage will go up by 3.3%?***

The 3.3% applies to the per paycheck contribution.