Navigating Your Holy Cross Medical Plan

Frequently Asked Questions

This FAQ aims to define common terms and help you navigate your medical plan. Benefits Team members are available to all faculty and staff, please contact them with your questions.

Antonio Rocha
Benefits Specialist
arocha@holycross.edu
508-793-2424

Allyssa Sime
she/her/hers
Benefits Specialist
asime@holycross.edu
508-793-3423

Our medical plan is with Harvard Pilgrim Health Care (HPHC), the Pharmacy Benefit Manager (PBM) is OptumRx. **Visit the dedicated medical plan page College of the Holy Cross Health Plan and the Prescription Benefit information page OptumRx.**

Q How does the cost of our premium and plan designs compare to other institutions?

- Holy Cross' medical plan designs are in line with other higher education institutions.
- Holy Cross subsidizes the same percentage regardless of tier whereas many employers subsidize dependent tiers at a lower percentage
- In general, our medical plan subsidy is more generous than benchmark

Q There are three different "Networks" available, what is the difference?

- **Focus HMO**: This is the limited network HMO plan. This plan is less expensive than the other HMO offered due to the smaller network of providers available in the plan. (This plan does not include UMass Memorial Worcester or Mass General Brigham).
- **HMO (MA/RI/VT/NH/ME**): also referred to as HMO New England or Open Access HMO. This larger HMO network offers more providers*, including UMass Memorial Worcester and Mass General Brigham.*
- **PPO National Network:** This is a national network offering providers in all states.

Q How do I find in-network providers?

- **Visit the link, How can I find a provider in my plan?** and the Find a Provider/ Search Link: **https://hphc.providerlookuponlinesearch.com/search**

Q How do I guarantee the provider is in my plan network?

- Review the Provider Directory with HPHC to confirm network participation, and also confirm with the provider they are still participating in your network. Note that doctors move among networks at times. When asking about a doctor, indicate which of our 4 medical plans you are enrolled in.

Q Where can I find detailed information for specific coverage for the 4 plans offered?

- The College offers two traditional HMO Plans and two High Deductible Health Plans (HDHP.) Traditional HMO plans have lower deductibles and higher premiums, while HDHPs have higher deductibles and lower premiums. The HMO plans offer different networks and coverages. The HDHPs are offered as both an HMO (limited Focus network/MA) and a PPO (national network). The College makes an annual health savings account (HSA) contribution for those who elect HDHP plans. These Schedule of Benefit documents give detailed plan information:
  - **Focus HMO**
  - **HMO – (MA/RI/VT/NH/ME)**
  - **High Deductible HMO Focus Plan (with HSA)**
  - **High Deductible PPO Plan (with HSA)**

Q What is an HSA and when does the College make a contribution for me?

- An HSA is a Health Savings Account. HSAs have significant tax advantages. Employees enrolled in a high deductible plan on January 1, receive a lump sum College contribution of $500 or $1,000. (New hires receive a prorated contribution based on their month of hire). This is a generous approach as many employers spread their contribution over the course of the year.

Q What if I need help deciding which plan is right for me?

- Choosing the right plan can be complicated. Use Decision Doc to confidentially share your medical and pharmacy needs in 5 minutes and receive personalized guidance on an optimal plan. Access Decision Doc www.myhyke.com/holycross2024. This tool does NOT take networks into account. Be sure to check that your providers are in network. You may also contact the benefits team above at any time with questions about the plans offered.

Q How can I access my HPHC ID Card, and view my medical claims and deductible information online?

- **This guide** will explain how to login or download the HPHC app for easy access to this information, or contact Member Services at (888) 333-4742.

Q What is a Pharmacy Benefit Manager (PBM)?

- A Pharmacy Benefit Manager (PBM) is a third-party administrator that manages prescription drug claims for insurance companies and employers. OptumRx is the PBM that manages the formulary and prescription drug benefits for Holy Cross.

Q How can I access my Pharmacy Plan with Optum?

- Visit optumrx.com where you can review your claims, track your orders, check medication pricing, and verify prior authorization requirements and status. You'll find the complete list of medications covered in the Formulary Section. You can download the OptumRx app, or call 855-546-3439.

Q What is a formulary?

- A formulary is a list of prescription drugs covered by your plan. It includes information about which medications are preferred and may have lower copayments. OptumRx manages the formulary for Holy Cross. The PBM makes periodic updates (typically bi-annual) to the formulary that may result in a drug changing tiers or being excluded. You will receive outreach directly from OptumRx if you are impacted by these changes.

Q What is a deductible?

- A deductible is the amount you pay out-of-pocket for medical services before the plan pays. Once you reach your deductible for the plan year, the plan begins to cover a portion of your medical costs.

  IMPORTANT DISTINCTION: The Individual and Family deductible accumulation works differently between the HMO and HDHP plans. In the HMO plans, no one individual will have to meet more than the individual deductible, and once the family deductible is met it's met for all. In the HDHP plans, the full family deductible must be met, and the deductible is not limited to an individual amount.

  HMO Plan Deductible: The HMO plan has a $1,000 individual deductible and a $2,000 family deductible.

  HMO Example:
  - In January, the employee incurs medical expenses totaling $3,200. They pay $1,000 toward the deductible, and then their individual deductible is met for the year. The rest of the claim is covered by the plan.

- In February, the spouse incurs $1,000 in medical expenses. They must pay that $1,000, and then both their individual and the family deductible is met.
- In March, the 1st child incurs $1,000 in medical expenses, and coverage begins immediately since the family deductible is already met.
- In April, the 2nd child incurs $1,000 in medical expenses, and coverage begins immediately since the family deductible is already met.

HDHP Plan Deductible: The HDHP plan has a $2,000 individual deductible and a $4,000 family deductible.

HDHP Example:

- In January, the employee incurs medical expenses totaling $3,200. They pay the full $3,200 as the deductible is not capped at the individual rate.
- In February, the spouse incurs $1,000 in medical expenses, with $800 going towards the deductible. Once the combined expenses of the employee and their dependents reach $4,000, the family deductible is met. The balance of $200 is covered.
- In March, a child incurs $1,000 in medical expenses, which is covered in full as the deductible is met.
- In April, the 2nd child incurs $1,000 in medical expenses, which is also covered in full as the deductible is met.

For all plans, annual preventive exams (including routine vision) do not count toward the annual deductible.

Q What is an out-of-pocket maximum?

- An out-of-pocket maximum is the most you pay for covered services, (including medical and prescription drugs) in a plan year. Once you reach the maximum, the plan typically covers 100% of the allowed amount for covered services. Family members must meet their individual out-of-pocket limit, until the family out-of-pocket limit has been met.

Q There is a national PCP, (primary care physician) shortage. How can I find a PCP who is taking new patients?

- The MyConnect team can assist members in finding a provider that has availability. Contact MyConnect at 866.623.0184 or send a message through your Harvard Pilgrim account, www.harvardpilgrim.org. Tips for choosing a PCP: https://www.harvardpilgrim.org/public/choosing-a-pcp
- We also have Doctor on Demand, while not a replacement for a PCP, this benefit can be utilized by members for urgent care needs, (e.g. sinus infection, pink eye).

Q What is a referral? What is Prior Authorization? How are they different?

- A **referral** is an order from your PCP to see a specialist or to receive certain medical services from providers. Your PCP helps make the decision about whether specialist services are necessary for you.

- **Prior authorization** is approval from the plan before you get a service, or fill a prescription. Prior authorization is a requirement that you obtain approval for certain services, medications, or treatments before receiving them. Failure to obtain prior authorization could result in the plan not covering the service. Even if your PCP writes a referral for the service, it must be approved by HPHC.

Examples of services needing prior authorization include:

- Referrals outside of your provider network require Prior Authorization from HPHC.
- Certain procedures or elective hospitalizations require prior approval.
- Certain medications will require prior authorization from Optum.

Q How can I appeal a denied claim?

- If the plan denies coverage for a service, you have the right to appeal their decision. The appeals process involves submitting additional information to support your claim. Instructions for appealing a denied claim can be found at https://www.harvardpilgrim.org/enroll/2023-coverage-decisions-appeals-grievances/ or contact your Benefits team.

Q What if I need more individualized help from HPHC?

MyConnect, a Member Advocate service team, is your direct connection with HPHC. This concierge-like service is available to you and your family members, if you have questions about benefits, need help finding care, or you're trying to meet your healthy lifestyle goals. You'll receive one-on-one support. Call 866-623-0184 Monday, Tuesday, Thursday: 8 am - 6 pm, Wednesday: 10 am – 6 pm, or Friday: 8 am – 5:30 pm. You can also download the Harvard Pilgrim MyConnect app on your smartphone or tablet.