

Frequently Asked Questions

FAQ



Enrollment

Do I need to re-enroll in the health plan?

For 2014, employees are being provided with two health plan choices, the Wholeness Plan and the Base Plan. If an employee takes no action, his/her existing health plan coverage will continue under the Wholeness Plan. In order to remain on the Wholeness Plan throughout 2014, the employee and a covered spouse will be required to complete a health risk assessment (HRA) and biometric screening process. If an employee does not want to participate in the HRA, biometric screening or care management services, he/she may make an election to participate in the Base Plan.

When can I make enrollment changes or move to the Base Plan?

From Tuesday, November 5 to Friday, November 22, with coverage to become effective Wednesday, January 1, 2014.

What happens if I do not make any health plan enrollment changes?

Your current medical and dental coverage will continue under the Wholeness Plan.

Will my monthly payment for the medical coverage increase in 2014?

- If you are a full-time employee and you remain on the current plan, your monthly rates will not change. There will be an increase of \$15/month for part-time employees.
- If you are a full-time employee and you enroll in the new Base Plan, your monthly contributions will increase an additional \$25 for single coverage, \$50 for two-party coverage and \$75 for family coverage.

Can an employee, spouse or child be enrolled in different medical plans?

No, a spouse or child can only be enrolled in the same medical plan that covers the employee.

Will my monthly payment for dental coverage or dental benefits change in 2014?

No, the employee dental rates and dental coverage will remain unchanged for both the Wholeness Plan and the Base Plan.

What are the participation requirements for the Wholeness Medical Plan?

During the first quarter of 2014, you and your enrolled spouse must:

- complete the online health risk assessment
- complete a biometric screening process
- if asked, accept an invitation to personalized health coaching or care management services
- these requirements do not apply to children or any individual who only has dental coverage

Biometric Screening and Health Risk Assessment

What is biometric screening?

Biometric screening is designed to raise awareness of your health factors. It is a combination of measurements that may help to identify potential risk factors for chronic disease. This screening will be provided by an outside vendor and will include blood pressure, resting heart rate, height, weight, body composition measurement and finger-stick blood test to provide total cholesterol, HDL, LDL, triglycerides and glucose levels.

Is there a cost for the health risk assessment or bio-metric screening?

No, these services are provided free to an employee and his/her enrolled spouse.



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Are my adult children required to participate in biometric screening?

No, this service is only provided to an employee and her/his spouse.

What if I have already completed the HRA and biometric screening process as a part of the Living Whole program?

If you completed the HRA and biometric screening after July 1, 2013, this requirement is waived for 2014.

When and where will the biometric screening be done?

During the first quarter of 2014, you will be provided with information about how you can schedule an appointment for your screening. These services will be offered at a variety of times and locations across the organization. The screening process should take approximately 15 minutes.

What is a health risk assessment and what is involved?

The HRA is an online health questionnaire for each person to complete for themselves. Each participant will be provided with a confidential personal sign-on. The HRA should take approximately 15 minutes to complete.

What happens when I complete the online HRA and biometric screening?

You will be provided with online access to a personalized health report that will include your biometric screening results. This report will provide you with valuable information about your health status and identify opportunities for you to improve your health. This confidential report will be only provided to you and not shared without authorization.

Health Plan Coverage

What are examples of care management services that may be required for participation in the Wholeness Plan?

- A health plan participant may receive a request to see his/her primary care physician to address a health concern identified during biometric screening.
- A health plan participant with multiple, serious health conditions may be assigned to a care coordinator who will help facilitate medical appointments.

What happens if an employee enrolls in the Wholeness Plan but does not complete the health screening or health risk assessment requirements?

The employee will be moved to the Base Plan effective May 1, 2014 (with higher monthly contributions) and will not be eligible to re-enroll in the Wholeness Plan until the next open enrollment period.

What are the differences between the Wholeness Plan and the Base Plan?

The Base Plan has no participation requirements but includes a higher monthly employee contribution as well as higher co-payments for office visits and prescriptions. For detailed information, please refer to the plan schedule of benefits.

What are the criteria for bariatric surgery coverage under the Wholeness Plan?

- Services are only covered at LLUMC. The patient must be:
- over age 21, and covered under the medical plan for the three years prior to surgery, and
 - have completed two Say Now weight management programs with weight loss of >5%, and
 - have a BMI of >35 kg/m² with specific diagnosis (diabetes, osteoarthritis), or
 - have a BMI of >40 with co-morbidities (HTN, cardiac disease), or
 - have a BMI of >50 with or without co-morbidities, and
 - medical clearance and surgery recommendation from a bariatric physician, dietician and psychologist
 - no use of tobacco products at least four weeks prior to surgery

What are the coverage criteria for infertility services under the Wholeness Plan?

Services are only covered at the Loma Linda Center for Fertility. The patient must be:

- over age 21 and have been covered under the medical plan for the three years prior to the procedure, and
- be diagnosed with a specific medical condition causing infertility, and
- receive medical clearance and procedure recommendation from the Loma Linda Center for Fertility and In Vitro Fertilization
- limited lifetime coverage (two cycles) for single embryo transfers only



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