



Your health and well-being is important and critical to the University of Minnesota. The Office of Student Health Benefits (OSHB) is committed to upholding this value via comprehensive, cost-effective insurance plans. We appreciate feedback from students and ongoing partnership and coordination with student leaders.

Some Graduate Assistants have expressed concerns regarding the Graduate Assistant Health Plan (GAHP) change to Blue Cross and Blue Shield of Minnesota (Blue Cross) from HealthPartners (HP). We understand the uncertainty a change like this can cause, and we are sorry if you have been directly affected. We will continue to investigate and help resolve any concerns brought to our attention. We're writing to you today to provide answers to the questions we've received.

Please [contact us](#) with any concerns about your coverage. We are committed to helping navigate these and any other issues that might arise during this transition. We have received approximately 30 inquiries and the issues raised have been resolved or are in various stages of resolution.

Question: Why was the change made from HP to Blue Cross?

Answer: The University requires bidding for the health insurance contract every six years. A committee representing key University stakeholders (including Graduate Assistants) selected Blue Cross to be the administrator after a very competitive bidding and interview process. Among the reasons for the change are a larger network for mental health and chemical dependency providers, and the ability to maintain low premiums for members for the six-year period Blue Cross Blue Shield of Minnesota was selected.

Question: What involvement did graduate students have in the Request For Proposal (RFP) process?

Answer: The 25-member committee included three graduate students and representatives from the Graduate School, who provided valuable feedback on the unique needs of graduate students throughout the RFP process. Boynton's Student Health Advisory Committee (SHAC), which also provides critically important input to OSHB regarding questions and concerns about health benefits, is currently co-led by a graduate student and includes two additional graduate students as well.

Question: Is the Blue Cross benefit plan designed the same as it was with HP?

Answer: Yes. Both providers offer the same:

- Deductible;
- Out-of-pocket maximums for medical services and prescriptions;
- Preventive health care coverage;
- Copay tiers for prescriptions, office visits, urgent care and emergency care;
- Inpatient hospital care coverage; and
- Outpatient care coverage.

Question: Why might my office visit cost more with Blue Cross than with HP?

Answer: The office visit copays have not changed. You likely met your out-of-pocket maximum before the end of last year and then had some additional office visits not subject to the copay requirement. Since out-of-pocket maximums reset each Plan Year (beginning September 1), you may now see copays being charged again.

Question: Why might my prescription medication have a different cost with Blue Cross?

Answer: The copays for prescriptions are the same (\$10 for preferred generic, \$25 for preferred brand). However, if a medication is priced at less than your copay, your cost may be slightly different when priced by Blue Cross versus HP.

If you weren't paying copays toward the end of the last plan year, you most likely met your \$300 out-of-pocket maximum on prescriptions and, therefore, were seeing \$0 copay for your current prescription. The prescription out-of-pocket maximum reset on September 1, 2019. Copays will be charged until that maximum is met during this plan year.

OSHB was informed by some individuals that several birth control pills that Blue Cross charged copays for had been covered without copay under HP. We promptly reached out to Blue Cross to request that many more options be added to the formulary as covered at no charge to the participant. This has been agreed upon, but is still a work in progress.

Question: Why is my medication not covered by Blue Cross when it was covered by HP?

Answer: The Pharmacy Benefit Managers are different and therefore, use different formularies that may cover varied drugs in each therapeutic class. If needed, the patient's pharmacist or prescriber can help find an alternative covered medication, or if the covered alternatives have been tried without success, prescribers may request a formulary exception.

Question: Is there still a reimbursement for a membership at RecWell?

Answer: Yes. However, the new program works a bit differently. Plan members automatically receive a discount of \$80 on a gym membership each semester (fall, spring and summer) at RecWell. Visit Member Services at the University Recreation and Wellness Center - Minneapolis campus to update or start your membership, and let them know you would like the Boynton discounted rate. The gym discount program is in lieu of the Gym Reimbursement/Fitness Rewards Program, and it is structured so the discount is taken off upfront. If you have further questions, please contact the Member Services office at (612) 626-9222 and press "0" or recwell@umn.edu.

Question: I did not receive the discount through RecWell when I signed up. Can I still receive the discount?

Answer: Yes. If you are already a RecWell member and did not receive the discount, you can go to RecWell and fill out a reimbursement request form. If you have further questions, please contact the Member Services office at (612) 626-9222 and press "0" or recwell@umn.edu.

Question: Is the Frequent Fitness reimbursement still available at fitness centers other than RecWell?

Answer: No. As was previously communicated, fitness centers other than RecWell no longer are eligible for a discount/reimbursement. Blue Cross has replaced their Frequent Fitness program with a different program called "[Blue 365](#)," which provides discounts at some other fitness centers.

Question: What if my doctor is not in the Blue Cross provider network?

Answer: Blue Cross has a large national provider network with greater numbers of medical, mental health and chemical dependency providers than HP. The GAHP has both in-network and out-of-network benefits. However, you receive the best coverage level when your doctor is in-network.

Question: Is the Prior Authorization I received from HP for an upcoming surgery valid with Blue Cross?

Answer: Yes. Prior Authorizations with HP should have transferred from HP to Blue Cross. If Blue Cross is not reflecting the approved status of your Prior Authorization, [contact the OSHB](#) and we will work to resolve it with Blue Cross and HP.

Question: Is acupuncture still covered?

Answer: Yes. Blue Cross, similar to HP, covers acupuncture in limited circumstances (such as for treating chronic pain).

Question: Is childbirth still covered?

Answer: Yes. There have been no changes related to plan coverage for childbirth.

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