



Clovis Unified's Health Benefit Plan Changes

This year the Employee Benefits Committee, over the course of multiple meetings, made changes to the district's health plan to create \$2.5 million in cost-savings and cost-sharing, which when paired with \$2.5 million contributed by the district, will create a needed \$5 million in additional contributions to our self-insured fund to covering rising costs. To achieve this savings, the EBC:

- ✦ Endorsed a re-negotiated contract with CVS Pharmacies that included reducing costs charged by CVS and agreeing to a narrowed pharmacy network to further reduce expenses to our plan. These two changes will save our self-insured health plan an estimated \$310,000 annually.

Q. How do I know if my pharmacy is covered under the new network?

A. As of September 1, 2019, prescriptions filled at any CVS pharmacy or a network of 3,000 independent pharmacies will be covered by the CUSD health plan. Chain pharmacies like Walgreens or Walmart, will not be covered. A list of the independent pharmacies covered by the plan will be available on our website.

Q. Will there continue to be 24-hour pharmacies available on our plan?

A. There are several 24-hour pharmacies covered on the plan, including the CVS pharmacy on Fresno Street.

Q. What if I'm in a hospital and need physical therapy or prescriptions?

A. Prescriptions and physical therapy prescribed during a hospital stay will continue to be covered under our health plan.

Q. How heavily will this impact our existing members' use of pharmacies?

A. Out of the top 20 pharmacies currently used by covered members, only two will no longer be covered by the plan. Additionally, CVS mail order will also be available, along with local delivery services offered by CVS pharmacies. EBC members felt that this would provide multiple options to employees to minimize any disruption this change will cause to members.

Q. Are the pharmacies at Valley Children's Hospital and Peachwood Medical included in the new pharmacy network?

A. Both of these pharmacies will continue to be covered under our plan.

Q. What if I'm in the middle of receiving physical therapy services when the plan changes on Sept. 1? Is there a risk that my provider will suddenly not be covered?

A. Anyone in the midst of received authorized physical therapy services that start prior to May 1, 2019, will be covered under continuity care. Anyone receiving physical therapy services that are authorized after May 1, 2019, the plan will direct them to a provider covered under by PhysMetrics.

Q. How will my physical therapy authorization process change?

A. Members should see little or no difference in their experience with physical therapy services under the new utilization management system. Currently, physical therapy services require pre-authorization, and will continue to do so.



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Q. What are the premium changes that will take effect September 1, 2019?

A. Here’s a chart that shows what will change in the premium costs of our health plan.

	Number of Employees	Current Premiums	New Premiums September 1, 2019
Employee Only	742	\$75	\$91
Employee plus One	751	\$140	\$222
Employee + Two + More	2,044	\$205	\$260
No Changes for 2019-2020			
		Copay/Urgent Care	\$25/\$35
		Deductible	
		Employee Only	\$300
		Employee + Family	\$600