

Open Enrollment is held once annually to allow members to make a change to their Medical benefits. This might include changing plans or adding dependents onto your coverage. This year's Open Enrollment period will be held June 1st – 15th with an effective date of July 1, 2020. This date coincides with the annual rate change. Plan outlines and your district-specific out-of-pocket costs are available from your district office.

In order to accommodate the safety concerns of our members, we are launching an **online self-service system** to submit benefit changes during Open Enrollment. Information on how to access this system will be provided to you by your school district. We urge all members to take advantage of this online method!

If you are unable to access the online enrollment, you may still submit a "Group Membership Enrollment/Change" form to your district office. After it has been verified for completion, your district will forward it to the JPA. Please take your district's time for processing into consideration so you do not miss the deadline.

Also, please make sure your application is complete, including social security numbers and/or any required paperwork, such as certified copies of marriage, adoption or birth certificates. Certified copies are those that are stamped and signed by a county or court official. "Keepsake" copies, typically received from the hospital or officiant, are not official legal documents and will not be accepted.

### Reminder About Newborns

You have **60 days** from the date of birth to enroll your newborn. If you miss this deadline, you must wait until the next Open Enrollment period before enrolling the newborn. **There are no exceptions**.

A Certified Copy of the Birth Certificate and a copy of the Social Security number are required and must be provided, along with the "Group Membership Enrollment/Change" form signed by you and your district representative.





## **Get Medical or Behavioral Health support at no cost though May 31!**



24/7 Access by Phone or Video

member.teladoc.com

You have Teladoc as part of your benefits, which means you can talk to a licensed provider by phone or video from wherever you are. And all cost shares have been waived through May 31, 2020.

#### **Everyday Care**

Talk to a U.S.-licensed doctor for non-emergency conditions 24/7

#### **Mental Health Care**

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

#### Health Coverage Update

# Blue Shield Radiology Change

Effective, April 1, 2020 North Coast Schools Medical Insurance Group will be enforcing prior authorization for select imaging services.

Prior Authorization allows you and your providers to verify with the Claims Administrator that:

- 1. the proposed services are a Benefit of your Plan;
- 2. the proposed Services are medically necessary; and
- 3. the proposed setting is clinically appropriate.

The prior authorization process also informs you and your provider when Benefits are limited to Services rendered by Participating Providers.

Although providers are very familiar with these procedures and Blue Shield of California have notified them of this change, it is ultimately you, as a member of NCSMIG, who is responsible that this prior authorization is obtained for benefits to be paid in accordance with your benefits.



Members are encouraged to work with your provider to obtain Prior Authorization. Members and providers may call Blue Shield's Customer Service at 855-256-9404, which is also listed on your ID Card. If you have any questions, please do not hesitate to reach us at (707) 445-7126.

## Health Screenings Cancelled

Due to COVID-19, all remaining Health Screenings have been cancelled. There are no rescheduled dates as this time. We apologize for this inconvenience and appreciate your continued understanding. Your health is our priority!

Blue Shield 24/7 Nurse Line: 1-877-304-0504

Teladoc 24/7 Physicians: 1-800-835-2362

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