Better Valley Health

Exclusive Provider Organization Health Plan Frequently Asked Questions

The San Joaquin Valley Insurance Authority (SJVIA) Broker has recommended the Board change the currently offered Anthem HMO plan to an Exclusive Provider Organization (EPO) Plan for the 2018 Plan Year. This was brought to the Health Benefits Advisory Committee in the last meeting for feedback. While the Board has not yet approved the recommendation to change plans, it's important we understand what the proposed change means for those who would elect the EPO plan. We are still in conversations with the County regarding the proposed change and will discuss this further in our **next membership meeting on Tuesday, July 11 at 6 p.m.**

WHAT IS AN EPO PLAN?
EPO stands for "Exclusive Provider Organization." As a member of an EPO, you must use the doctors and hospitals within the EPO network. Out-of-network coverage will be the same as offered with the current Anthem HMO, which is that out-of-network care is not covered except in the case of an emergency. In the case of an emergency you should seek care at the nearest emergency room whether in or out of network.

HOW DOES AN EPO PLAN DIFFER FROM AN HMO PLAN?
With an HMO Plan all care is coordinated through your primary care provider. An EPO Plan provides the flexibility of a PPO Plan with the cost savings of an HMO Plan. You are not required to have a primary care physician, although it is still a good idea, and you don't need referrals to see a specialist. You are still responsible for paying your deductible, copayment, and any coinsurance.

AM I GUARANTEED TO KEEP MY CURRENT DOCTOR IF I ELECT TO CHANGE TO AN EPO PLAN?
For this particular EPO plan, the network of doctors will be the same as the current PPO Plan offered under Anthem. Members are free to select their own primary care and specialty care services just like under the current Anthem PPO plan. You can search the network by going to the following link: https://www.anthem.com/ca/health-insurance/provider-directory/searchcriteria

WHAT HAPPENS IF I AM OUT-OF-NETWORK AND NEED TO SEE A DOCTOR?
Out-of-network coverage will be the same as offered with the current Anthem HMO, which is that out-of-network care is not covered except in the case of an emergency. As with the current HMO plan, any services that aren't covered due to being out-of-network will not accrue towards the member's out-of-pocket maximum.

Promoting Health and Wellness for Central Valley Workers

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OUR GUIDING PRINCIPLES

- Our work will be focused on removing barriers to healthcare in the Central Valley and working to make healthy choices easier.
- We will remove barriers by making sure that our healthcare plans are transparent, accountable, and focused on wellness and by working with other organizations to bring better access to healthy food and activities to our work and our communities.
- Our current healthcare plans are too expensive for working families and the lack of coverage impacts everyone. Unaffordable healthcare places additional stress on vital public services when workers can't take care of themselves and their families because they can't access medical care.
- We want to partner with the Board to address problems in our overloaded provider networks, resulting in diminished access to doctors and extensive wait times. There are fewer HMO doctors and more PPO networks. Members are also dealing with loss of service and service denials due to changes in plan design.
- We will work to address the inequality in healthcare, to create greater access to information and create a culture where each person's journey toward better health is supported and celebrated at every stage.