

2025 PCPS Health Benefits FAQs

Health Benefits (Meritain - Aetna Network)

What is changing with our health plan?

We are excited to announce that while we will continue using our PCPS health plan, it will now be administered through the Aetna network. To see if your provider is part of the Aetna network, please visit mypcpshealth.com. For assistance, PCPS employees can also call Quantum Health at (866) 871-0975 to speak with Health Care Coordinators, who are experts on the PCPS health plan.

What if my provider is not on the Aetna network?

If your provider is not part of the Aetna network, Quantum Health is here to help. They will offer guidance and recommend qualified doctors in your area. Additionally, there is a process available to potentially add your current doctors to the network. Call Quantum Health at (866) 871-0975 to speak with a Health Care Coordinator for assistance.

What if I am currently undergoing a treatment plan?

Quantum Health will work closely with our previous administrator, Blue Cross Blue Shield, to collect all the essential information and facilitate a smooth transition of your care. This collaboration ensures that your treatment continues without interruption, providing you with the attentive care you deserve.

Who do I call if for inquiries about the health plan, providers, benefits, claims or need an ID card?

Quantum Health will be your primary point of contact for all health plan-related questions. Call Quantum Health at (866) 871-0975 to speak with a Health Care Coordinator for assistance.

Is there a change in the plan's price or the co-pay?

No, both the plan's price and the co-pay will remain the same. The only exception is a recent change in Florida law regarding mail order prescription drugs, which requires that our copays match the 90-day fill at your local pharmacy.

Care Coordinators (Quantum Health)

Who is Quantum Health?

Quantum Health is the industry-leading healthcare navigation and care coordination company.

What Can Quantum Health Care Coordinators Assist With?

Basically, you can think of Quantum Health Care Coordinators as your very own personal assistants for your entire benefits package! They can help you with:

- Getting answers to claims, billing and benefits questions

- Finding in-network providers
- Verifying coverage and get prior approval if needed
- Contacting providers to coordinate your treatment
- Reviewing your care options
- Replacing ID cards
- And much more!

Who are the Health Care Coordinators?

Quantum Health Care Coordinators are your dedicated team of nurses and benefits experts, collaborating with you and your healthcare providers to streamline and reduce the cost of your care. Whether you need assistance finding an in-network provider, resolving a claims issue, understanding your benefits, or anything else to simplify your healthcare experience, Health Care Coordinators are your go-to resource.

Can Health Care Coordinators clarify my medical bill?

Health Care Coordinators are experts in explaining benefits and simplifying even the most complex medical bills. If there's an error on your bill, Health Care Coordinators are here to assist you in resolving it.

How can I contact my Health Care Coordinators?

Call Quantum Health at (866) 871-0975 to speak with a Health Care Coordinator for assistance. You can also find this contact information for your Health Care Coordinators on your medical plan ID card. This contact information is available for both you and your healthcare provider.

Pharmacy (WellDyne)

What are the changes to our pharmacy benefits?

Starting Jan. 1, 2025, WellDyne will become our new prescription provider, and a revised formulary (drug list) will be introduced. This updated formulary will only affect new prescriptions. Existing prescriptions with refills will be honored for 90 days, allowing you time to discuss any required changes in medications with your physician. To access the new drug list, please visit mycpshealth.com.

How do I contact WellDyne?

For all health-related inquiries, including those concerning pharmacy matters, please reach out to Quantum Health as your primary point of contact. Call Quantum Health at (866) 871-0975 to speak with a Health Care Coordinator for assistance.

Is the mail-order pharmacy changing?

Yes, the mail-order pharmacy copay will be updated to align with the 90-day retail supply copay, in accordance with new Florida law. This recent change in Florida law regarding mail order prescription drugs requires that our copays match the 90-day fill at your local pharmacy.

How do I get started with mail-order prescription shipments?

- Go to myPCPShealth.com and click “Plan”
- Select “Register Now”
- Make sure to have your member ID card hand

How do I get my first mail-order prescription filled and delivered?

Once you have registered, ask your doctor to write a prescription for the number of days your plan allows (for example, 90 days). Your doctor then can submit your prescription electronically, by fax or by mail.

How long will it take for my mail-order prescription to be delivered?

Once the prescription is received, the medication will arrive in 7 to 10 business days by standard shipping.

Surgeries (Lantern) – New 2025

Who is Lantern Surgery?

Lantern Surgery Care is a new supplemental surgery benefit available to you and your dependents at no additional cost.

You will be automatically enrolled in this benefit as part of the medical benefits provided by Polk County Public Schools. PCPS employees are not required to use this benefit, but it could help them save considerably on their out-of-pocket expenses.

It is important to keep in mind that this new benefit applies to elective surgeries only.

An elective surgery is a voluntary procedure that is scheduled in advance because it does not involve a medical emergency.

What Does Lantern Cover?

- **Affordable Surgery Options:** Benefit from lower-cost surgeries with minimal to no out-of-pocket expenses.
- **Dedicated Support and Guidance:** Receive continuous support and expert guidance throughout your surgical journey.
- **Personalized Surgeon Matching:** Get matched with the best surgeon tailored to your unique needs.
- **Consultations and Appointments:** Enjoy seamless scheduling of consultations and appointments with your Lantern surgeon.
- **Comprehensive Coverage:** Includes anesthesia, procedure, and facility (hospital) fees.
- **Post-Procedure Assistance:** Receive help with scheduling any necessary post-procedure appointments.
- **Per Diem for travel expenses.**

What If I Already Have a Surgery Scheduled?

You can proceed with your scheduled surgery without any disruptions. For any future surgical needs, feel free to reach out to Lantern for assistance and support.

PCPS employees can also call Quantum Health at (866) 871-0975 to speak with a Health Care Coordinator if you have questions about Lantern — especially if you are planning an upcoming surgery and want to see if this benefit might apply to you.

Prescription Assistance Program through (Rx Valet) – New 2025

What is Prescription Assistance Programs (PAPs)?

PCPS has implemented a PAP to provide our employees access to alternative funding sources that may be available to lower the cost of medication for both the employee and employer. The assistance program Rx Valet contains over 1,500 qualifying medications.

Is there a limit to the number of medications you can assist me with?

Yes, at the moment, funding is available exclusively for specialty medications.

How will I get my medications?

The shipment method may vary and may be required to be shipped to either your physician's office or a pharmacy. However, in many cases, the medication can be shipped directly to your home.

How long does it take to get my medications?

On average, once approved by the manufacturer, your medication will arrive in as little as 3 weeks after the initial submission of your enrolment form. A grace fill of your medication will be provided during the enrollment process, even if your approval is still pending.

How are refills handled?

Rx Valet has a dedicated team that works to prevent any gaps in medication coverage by managing the ongoing refill process, on time, month after month.

What are the steps involved to get approved for a PAP Program?

The first step is to sign a consent form. The second step is to send proof of income, and you may be required to send a W2 or copy of tax return. The last step is to obtain information from the prescribing physician. ***This approval process is only required once per year.**

Is there an income requirement?

PAP programs are based on income and dependents. All companies have a different guideline, but the average is about \$80,000 per year.