

Employee Insurance FAQ

April 15, 2014

Question 1: If an employee has not met any of their deductible and they go to doctor or hospital; should they pay the provider before the claim is filed with BC/BS?

Answer: Some providers will force you to pay. In these cases you have no choice but to pay, but you should be sure to keep all receipts. But it would be best if you pay after you receive your EOB from BC/BS. This will ensure you get the BC/BS negotiated rates from provider.

Question 2: Does this plan offer any dental or vision coverage?

Answer: No (Dental, vision, life, cancer, etc. are offered to employees through Mark III brokerage firm.)

Question 3: What is the maximum amount this policy will cover for an individual or family?

Answer: It is unlimited.

Question 4: Has there been any decision concerning paying employees to opt out of health insurance?

Answer: Not at this time. City Administrator will bring to attention of Council.

Question 5: What is problem between HCA and BC/BS? Why are they not included in our network?

Answer: Not really a problem. HCA just will not agree to the rate schedule offered in Network "S". They are included in other BC/BS networks. By leaving them out of this network allows BC/BS to offer the City lower premiums?

Question 6: How is medication covered under this plan?

Answer: Employees will be required to pay for their medication and will automatically be reimbursed from BC/BS for allowable expenses. Employee is not required to file any paper work for this reimbursement.

Question 7: If an employee is taking a medication that is not covered by this plan, (i.e. Experimental drug), will these cost count toward meeting their deductible?

Answer: No.

Question 8: If an employee goes to a provider and they have not met their deductible; they make arrangement to pay the provider monthly, are these costs credited to their deductible even though employee has not fully paid the provider?

Answer: Yes.

Question 9: If an employee is on a maintenance drug with a co-pay; doctor writes a prescription for 90 days; will employee pay 1 co-pay or 3 co-pays?

Answer: 3 co-pays. (But, employee should ask their doctor to write a 34 day prescription rather than a 30 day and 100 day prescription rather than a 90 day prescription.

Question 10: In an emergency situation must all procedures be approved by BC/BS?

Answer: No, but BC/BS will try to get patient into a participating facility as soon as possible. All procedures will go through the normal process as soon as patient is stable.

Question 11: How long can an employee have a child on this plan?

Answer: Until child is 26 years of age.

Question 12: Are chiropractor and psychologist covered under this plan.

Answer: Yes.

Question 13: If you visit a provider for Preventive Care and you have not met any of your deductible; are these services paid at 100%?

Answer: Yes.

Question 14: Are vaccines covered.

Answer: Depends on type of vaccine.

Question 15: Are providers going to know the plan the City has selected?

Answer: Yes, with the exception of pharmacies. Pharmacies will not have the ability to see the City's HRA contribution.

Question 16: When an employee or their dependent goes to a health care provider will the employee be required to pay the total charge and be reimbursed by the City?

Answer: No, BC/BS knows the City contribution to the HRA of 50% of the negotiated price with the health care provider. The employee is responsible for the other 50% of the charge, individual HRA is \$2,500 and family is \$5,000 for 2014.

Question 17: When can an employee change their coverage? Add a dependent or add one.

Answer: During Open enrollment period each year or if employee has a life changing event. (Marriage, death, divorce, etc.)

Question 18: Does BC/BS website provide employees with negotiated rate for medications.

Answer: Yes, but only after employee is enrolled.

Questions 20: How does employee get their money from the Flex Spending account.

Answer: Insurance company will issue employee a debit card with chosen amount loaded into this card.

- Question 21: Can a doctor be in the network and a hospital not be.
Answer: Yes, for example Centennial Hospital is an example.
- Question 22: What is an emergency situation?
Answer: Life threatening situation
- Question 23: What if I go to an out of network provider?
Answer: Expenses are covered at an out of network rate.
- Question 24: What percent is paid after the maximum out of pocket is met?
Answer: 100 %
- Question 25: Is the out of pocket maximum an annual amount?
Answer: Yes, out of pocket and deductible are annual amounts.
- Question 26: What is the maximum that I pay with the family plan per year?
Answer: \$5000.00 All expenses count towards your deductible and out of pocket with a family plan.
- Question 27: How is prescription medicine filed?
Answer: Prescription medication, with the exception of maintenance drugs, is filed in the same way as other medical expenses.
- Question 28: How can I change my coverage?
Answer: During open enrollment or a qualifying event.
- Question 29: How are ambulance bills treated?
Answer: They are filed just the same as any other medical bill.
- Question 30: How are the discounted rates arrived at?
Answer: It is an agreement between Blue Cross Blue Shield and the provider (doctor, hospitals, etc.)
- Question 31: Is there a co-pay for preventive drugs?
Answer: Yes. This co-pay does not count towards your deductible or your annual out of pocket.
- Question 32: What if an illness carries over to a new calendar year?
Answer: The deductible, out of pocket and HRA allocation is reset each calendar year.
- Question 33: If a child is not living at home can they obtain coverage?
Answer: Up till they reach 26 years of age, living or not living at home, or married.

Question 34: What is Mark III?

Answer: Broker that handles all other insurance coverage except health.

Question 35: Can flex dollars be used for any expenses?

Answer: No, only medical expenses.

Question 36: Can I add additional money to my flexible spending account during the year?

Answer: No.

Question 37: What if during a wellness check the doctor adds additional expenses?

Answer: Make sure doctor only charges as a wellness check.