

Medical Benefits

Q. What are my medical plan options?

A. Blue Care Network Wellness HMO or the Blue Cross/Blue Shield Wellness PPO Plan.

Q. I received an explanation of benefits statement from Blue Cross and they didn't pay the bill, why?

A. You may need to first meet deductibles and/or coinsurance before the plan begins paying for services. Check your Explanation of Benefits (EOB) for the reason.

Q. I went to my doctor for a routine physical and he did not charge a co-pay, will I be billed later?

A. All preventive services are covered 100% by the plan and you will not pay a co-pay, coinsurance or deductible for these services.

Q. What is my annual maximum for co-pays and coinsurance?

A. The out-of-pocket maximum as defined by the PPACA is \$3,150 for an individual and \$6,300 for family coverage. The co-pay applies as many times as you access services requiring an office, urgent care, or emergency room visit or fill a prescription up to the applicable out-of-pocket maximum. The co-pay does not apply to the deductible

Q. I brought my son into the Emergency Room with a sore throat; what will the plan pay?

A. Keep in mind that emergency room visits should only be used if there is a medical emergency. If you use the emergency room for anything other than a life-threatening injury or illness, you will be responsible for the entire cost of the bill. In this situation, the plan may not pay for all services. For non-emergency situations, please consider visiting your primary care physician or urgent care center for a lower co-pay.

Q. I am a participant in Blue Cross Blue Shield's Wellness PPO Plan. Why is it an advantage to use physicians and facilities within the Blue Cross Blue Shield PPO Network?

A. Choosing in-network physicians and facilities can save you out-of-pocket expenses. Blue Cross Blue Shield negotiates discounted health care costs for its clients. Providers agree to accept Blue Cross Blue Shield payment for medical services covered under your health plan. If you visit a provider in the network, your claims will be processed as in-network, resulting in less out-of-pocket expenses.

Q. Can I only elect Medical Coverage and Waive Prescription Coverage?

A. No. If you are electing medical coverage, then you must also elect prescription coverage for yourself and any dependents you wish to be covered.

Q. I am a Blue Care Network participant; do I have to pay deductibles, coinsurance or co-pays?

A. Yes. Blue Care Network participants are responsible for a \$20 co-pay for non-preventive office visits and a \$40 co-pay for a visit to a specialist. BCN participants are also responsible for a \$250 individual deductible or \$500 family deductible as well as a 10% coinsurance for certain services.

Q. What is an HRA?

A. An HRA (Health Risk Assessment) is a wellness tool that will allow your doctor and you to identify any preventable health conditions you may have. The HRA evaluates information you submit online at www.bcbsm.com. Kent County will not receive any personal health information from either Blue Cross or BCN, nor will Blue Cross or BCN share your personal health information with anyone but you. We encourage you to take advantage of this assessment for your well-being.