

BOR 2009 PLAN YEAR FAQ'S RETIREES

1. Q: I have several retirees currently on Indemnity that are considering changing to PPO, but they have concerns about the PPO not covering "extended care facilities". While they do understand that extended care does not mean nursing home for the aged, they are concerned about how the PPO would cover rehab for strokes, heart attacks, etc.

A: No plans offer custodial care benefits (non-rehab, nursing home type benefits). The PPO does have Short-Term Inpatient rehab benefits available.

2. Q: How do I locate In-Network Providers for the PPO plan option?

A: To locate a PPO Provider you can contact Customer Service at (800) 424-8950 or visit the website at www.bcbsga.com and follow the below instructions:

How to locate a Georgia PPO provider

1. Go to www.bcbsga.com
 2. Click on "Find a Doctor"
 3. Click on "Locate Georgia Providers"
 4. Select "BlueChoice Preferred Provider Organization (PPO)"
- You will then be linked to the ProviderFinder. Follow prompts to locate a provider.

How to locate a National PPO provider

1. Go to www.bcbsga.com
 2. Click on "Find a Doctor"
 3. Click on "Locate National Medical Providers"
 4. Enter the first three letters of the Identification Number on your ID card
- You will then be linked to the National Doctor and Hospital Finder. Follow prompts to locate a provider.

3. Q: What is a primary care physician?

A: A Primary Care Physician (PCP) is the doctor you choose to provide and/or coordinate most of your medical care. Under the PPO plan, you are not required to select a Primary Care Physician (PCP) and no referral is needed to see a specialist.

4. Q: Will I have In-Network and Out-of-Network Benefits?

A: Yes, the PPO plan does have In-Network and out of network benefits available to you. When visiting a non-network provider the services received are paid under the out-of-network deductible and coinsurance provisions of your coverage. You will receive the greatest benefit when you use a network provider.

5. Q: Would the PPO plan be an option for me if I am living out of state?

A: Yes, the PPO plan has both out of state benefits and a National network of Physicians and Hospitals to chose from.

6. Q: Does the PPO plan cover emergency care?

A: Yes. If you or a covered family member has a medical emergency, you should call 911 or go to the nearest emergency room for immediate care.

A medical emergency is defined as "a condition of recent onset and sufficient severity, including but not limited to, severe pain, that would lead a prudent layperson possessing an average knowledge of medicine and health, to believe that his or her condition, sickness or injury is of such a nature that failure to obtain immediate medical care could result in their health being in serious jeopardy, serious impairment of bodily functions, or serious dysfunctions of any bodily organ."

Non-emergency use of the emergency room is covered at 90%, after a co-pay and deductible.

7. Q: What do I do if I need care while traveling?

A: If you have an emergency while traveling, you should call 911 or go to the nearest hospital emergency room for treatment. If you become ill or need urgent care, call BlueCard Access at 1-800-810-BLUE (2583). When you arrive at the participating doctor's office or hospital, simply present your member ID card.

8. Q: What are copayments?

A: A copayment is a cost-sharing arrangement in which a member pays a specified charge for a covered service, such as \$20 for an office visit. The member is usually responsible for payment of the copayment at the time the health care is rendered. Typical copayments are fixed or variable flat amounts for physician office visits, prescription drugs or hospital services. Copayments are distinguished from coinsurance as flat dollar amounts rather than percentages of the charges for services rendered.

9. Q: If I have Medicare as my primary insurance and the BOR PPO as my secondary, will I have to pay the \$20 office visit co-payment?

A: A provider can always charge you a co-payment; however, when coordinating benefits between Medicare and BCBSGa, this should rarely happen.

Note: In the scenario provided below, the member has already met the Medicare deductible:

Example:

Billed amount for physician office visit is \$100

The provider files the claim with Medicare first

Medicare processes the claim and allows \$100

Medicare then pays 80% = \$80

The provider then files the claim with BCBSGa attaching the Medicare explanation of benefits

BCBSGa then processes the claim as the secondary payor and allows \$100

Since the remaining amount after Medicare's payment is \$20, BCBSGa will pay the 100% of the \$20

This leaves the member with a zero liability

If the provider would have collected a co-payment of \$20, then the provider would have been paid \$120 dollars for a \$100 charge

The provider would then have a credit balance owed to the member of \$20

10. Q: What is Coordination of Benefits (COB)?

A: Coordination of Benefits (COB) is the anti-duplication provision to limit benefits for multiple group health insurance in a particular case to 100% of the covered charges and to designate the order in which the multiple carriers are to pay benefits. Under a COB provision, one Plan is determined to be primary and its benefits are applied to the claim. The unpaid balance is usually paid by the secondary Plan to the limit of its liability. Benefits may be coordinated between two contracts at the same Blue Plan, different Blue Plans or between a Blue Plan and a commercial carrier or Medicare.

11. Q: How will the PPO Plan coordinate benefits with Medicare?

A: Coordination of Benefits will be handled in the same manner as with the Board of Regents Indemnity Plan. Depending on the scenario, the following will occur:

1. If a member is retired and is age 65 or older, Medicare will be the primary payor and the Board of Regents PPO plan will pay as the secondary payor.
2. If the member is over the age of 65 and still working with Medicare, the Board of Regents PPO will pay as the primary payor.

12. Q: Are there any pre-existing limitations under the PPO plan?

A: There are NO pre-existing limitations under any BOR healthplans.

13. Q: What is BCBSGa's 360° Health® Program?

A: A suite of preventive care programs, wellness information, case management and care coordination services to help members achieve optimal health outcomes. For more information please reference page 18 of the BOR Decision Guide "Formula for Making the Right Choice"

14. Q: If I have the BOR PPO Plan, can I use providers both in Atlanta/Georgia and in Alabama.

A: Yes. On the BOR PPO plan, if you live in another state other than Georgia, you would have a \$400 deductible to satisfy. If you seek services with a BCBS PPO provider in Georgia, then you would have a separate \$300 deductible to satisfy, for the calendar year. Note: If you go for an office visit with any BCBS PPO provider, you would not have a deductible to satisfy for the office visit itself. The deductible comes into play if the provider does medical diagnostic testing, lab work, x-rays, etc. these services would be subject to deductible.

15. Q: At present, Medicare is my primary insurance and BOR Indemnity is my secondary Plan. What would be the impact on my out-of-pocket expenses if I changed my secondary coverage to BOR PPO?

A: Please see below under each of the following scenarios:

a. I live in GA and only use physicians in GA:

- You will have less out-of-pocket on the PPO plan. The maximum individual out-of-pocket on the PPO plan is \$1000 vs. the Indemnity plan at \$2000.

b. I live in GA and use physicians both in GA and in other states:

- Under the PPO plan, you will have two separate deductibles to satisfy and 2 separate out-of-pocket maximums.

c. I do NOT live in GA and I only use physicians in other states:

- Under the PPO plan, you would only have to satisfy the \$400 out of state deductible and your maximum out-of-pocket would be \$2000.

d. I do NOT live in GA, but I use physicians both in GA and in other states:

- Under the PPO plan, you will have two separate deductibles to satisfy and two separate out-of-pocket maximums.

16. Q: I reside in GA; have Medicare as my primary insurance and BOR PPO as my secondary coverage. My deductibles have been met. Suppose I receive the following explanation of benefits from Medicare for services from a physician in GA in the PPO network:

Amt Charged	Med Approved	Med Pd Provider	You may be billed
\$600	\$400	\$320	\$80

Do I pay the \$20 co-payment for the office visit?

A: No, you should not be charged the office visit co-payment.

Does the PPO pay the \$80?

A: Yes. Please note, the \$20 co-payment is not deducted, BCBSGa takes into consideration our allowed amount (contracted amount) with the provider and would pay the \$80 in full, leaving \$0 member liability.

17. Q: I reside in GA; have Medicare as my primary insurance and BOR PPO as my secondary coverage. My deductibles have been met. Suppose I receive the following explanation of benefits from Medicare for services from a physician in GA, but **NOT** in the PPO network:

Amt Charged	Med Approved	Med Pd Provider	You may be billed
\$600	\$400	\$320	\$80

Do I pay the \$20 co-payment for the office visit?

A: No, you should not be charged the office visit co-payment.

Does the PPO pay the \$80?

A: Yes

Could I be liable for more than \$80?

A: Possibly, if the provider does not accept the Medicare approved amount.

18. **Q:** I reside in Alabama; have Medicare as my primary insurance and BOR PPO as my secondary coverage. My deductibles have been met. Suppose I receive the following explanation of benefits from Medicare for services from a physician in Alabama, who is in the BlueCard National Network:

Amt Charged	Med Approved	Med Pd Provider	You may be billed
\$600	\$400	\$320	\$80

Do I pay the \$20 copay for the office visit?

A: No, you should not be charged

Does the PPO pay \$80?

A: Yes

Could I owe more than \$80?

A: No

19. **Q:** I reside in Alabama; have Medicare as my primary insurance and BOR PPO as my secondary coverage. My deductibles have been met. Suppose I receive the following explanation of benefits from Medicare for services from a physician in Alabama, who is **NOT** in the BlueCard National Network:

Amt Charged	Med Approved	Med Pd Provider	You may be billed
\$600	\$400	\$320	\$80

Do I pay the \$20 copay for the office visit?

A: No, you should not be charged

Does the PPO pay \$80?

A: Yes

Could I owe more than \$80?

A: Possibly, if the provider does not accept Medicare approved amount and you have not satisfied your out-of-network deductible with BOR PPO plan.

20. **Q:** How are deductibles coordinated between Medicare and the BOR PPO plan?

A: Example:

Member goes in for an x-ray that cost \$302.00

Provider files the claim with Medicare

Medicare allows \$73.46

Member has \$32.51 left to satisfy their \$100 Medicare deductible

Member pays 20% Coinsurance: \$8.19

Medicare pays 80% Coinsurance: \$32.76

Member's total liability after Medicare payment is \$40.70

The claim is then filed with BCBSGa for secondary payment. At this time, the member has not yet met his/her BOR PPO deductible

The BCBSGa allowed amount is: \$226.50

The entire BCBSGa allowed amount of \$226.50 is applied to the BOR PPO deductible, even though the claim is processing as secondary coverage

Because the member had not satisfied the BOR PPO Deductible, the member will be responsible for the entire allowed amount that was not paid by Medicare (\$40.70).

In the same scenario, if the member would have already met the BOR PPO deductible, BCBSGa would have paid 100% of the allowed amount that was not paid by Medicare and the member would not have any additional liability. In the example above, BCBSGa would have paid \$40.70.

21. **Q:** Who is the pharmacy vendor effective 1/1/2009, for each product?

A: BCBS Indemnity = Medco

BCBS High Deductible Health Plan = Blue Cross and Blue Shield

PPO = Medco effective 1/1/2009

22. **Q:** One of the HR directors told us a few years ago that the prescription coverage we have through BOR is better than any of the other plans being offered as part of the Medicare Part D. Is that still true?

A: See page 22 – 23 of the BOR Decision Guide “Formula for Making the Right Choice”

24. **Q:** Is the high deductible plan or fees changing at all?

A: Yes, see the BOR Decision Guide “Formula for Making the Right Choice” for premiums. Also, the preventive (wellness) limit for the HSA PPO HDHP plan is changing from \$750 to unlimited- for age and gender appropriate services

25. **Q:** What is the minimum deductible limit for the high deductible plan in order to have a Health Savings Account and be able to deduct our contributions to that HSA? (\$2,000 or \$3,000 deductible?)

A: This is an IRS question. BOR offers an HSA qualified HDHP through BCBSGa, which is \$1500 for an employee only policy and \$3000 for all other tiers

26. **Q:** How do I change my address?

A: You must notify your human resources department. They will, in turn, notify BCBSGa via an electronic file.

27. **Q:** Does the BOR PPO Plan provide coverage outside Georgia or for out of country coverage?

A: Yes

28. **Q:** Please explain how international coverage is handled for the BOR PPO.

A: Services are subject to the in-network individual \$300 calendar year deductible and reimbursed at 90/10. If the provider is part of BlueCard Worldwide, they will file the claim for you. If they are not part of BlueCard Worldwide, you will have to pay for the claim upfront and then submit for reimbursement.

29. **Q:** Can you explain balance billing?

A: When visiting a non-network provider the services received are paid under the out-of-network deductible and coinsurance provisions of your coverage. The difference between the allowed amount and the billed amount is the dollar amount that the provider can balance bill a member.

Example:

BOR PPO Plan Active member Example:

Billed Amount: \$200

Allowed Amount: \$80

BCBSGa pays 60% of allowed amount: \$48

The amount that the provider can BALANCE BILL the member is: \$152

33. **Q:** If a Blue Choice network is located in another state, will a retiree living in that state or visiting (i.e. ½ of year) be covered for all services or only for emergency?

A: On the BOR PPO plan, a member is covered for all services in any State. However, there are two separate deductibles to satisfy.

34. **Q:** Will BCBS pay if Medicare does not?

A: Yes, if it is a covered service through BOR