

**BCBS PPO
FREQUENTLY ASKED QUESTIONS**

Q. What is a PPO?

A. PPO stands for Preferred Provider Organization. In a PPO, members can see any physician or other health care professional from the BCBS network of participating providers.

Q. Do I need to select a primary care physician?

A. No. You do not have to select a primary care physician (PCP).

Q. Do I need a referral to see a specialist?

A. No. You do not need a referral to see a specialist.

Q. Can I use an out of network provider?

A. Yes, you are still covered when you go out of network, but your out of pocket costs will be higher than if you stayed in network. No referrals are needed; however, you may have to pay for services received and file a claim for reimbursement. Some out of network doctors will file the claims with the insurance companies for you and some will make you pay them in full and file for reimbursement on your own. It all depends on the doctor. If you choose to use a non-participating provider, you will pay your plan's deductible and coinsurance. Out of network fees are also subject to allowable charges. This means that if your out of network doctor charges higher amounts than the allowable amount, YOU will be responsible for any charges in excess of the allowable charges.

Q. Do co-pays count towards my deductible?

A. No. Co-pays do not count towards your deductible, but they do count toward your out of pocket maximum.

Q. What do I pay for an office visit when I go to the doctor?

A. The office visit co-pay is \$40.00.

Q. What do I pay for prescription drugs?

A. You are responsible for co-pays, \$10/40/80.

Q. Is there a separate deductible for each covered dependent?

A. No. Your deductible is based on the coverage level you select. If you have family coverage claims for an individual member will be paid after \$500 is met. Once the family deductible has been satisfied claims will be paid at 100%. An individual family member *cannot* contribute more than \$500 to meet the family deductible. The PPO deductibles are: single \$500 and Family \$1,000.

Q. What happens if I have a hospital stay or a catastrophic illness? Will the PPO cover my expense?

A. Yes. If you have a catastrophic illness, the annual out of pocket maximum protects you financially by covering 100% of the costs once your out of pocket maximum has been reached.

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Q. What is co-insurance and does that count towards my deductible?

A. Co-insurance is a fixed percentage of covered medical charges that you may be responsible for paying. After all provider discounts are calculated, BCBS PPO covers 80% of covered medical charges and you are responsible for the remaining 20%. Co-insurance does not count towards your deductible.

Q. What's the Difference Between Emergency and Urgent Care?

Emergencies - These are sudden and unexpected illnesses or injuries in which loss of life, limb, or severe and permanent medical complications could result if care is not received immediately.

Urgent Care - These are situations that require prompt medical attention but are not considered emergencies.

Q. Is my emergency room co-pay waived if I am admitted?

A. Yes

Important Definitions

Premium: The premium is the monthly cost of your insurance. For calendar year 2020 the Board has approved the Hard Cap.

Copayment: A fixed amount that you pay each time you receive a covered service, such as a doctor's office visit or a covered prescription.

Deductible: A set amount of money that you may be responsible for each year for certain kinds of medical services. Once you have paid the yearly deductible in full, you are covered for those services for the rest of the year.

Coinsurance: A fixed percentage of covered medical charges that you may be responsible for paying. The BCBS PPO covers 80% of covered medical charges and you are responsible for the remaining 20%.