BLUE CARE NETWORK HMO FREQUENTLY ASKED QUESTIONS

Q. What is an HMO?

A. A Health Maintenance Organization (HMO) is a health care plan that requires you to select a primary care physician (PCP) who is responsible for managing and coordinating all of your health care.

Q. Is a Personal Care Physician (PCP) required?

A. Yes. PCP's are central to individual care and will assist members by directing them for specialty services and elective procedures as needed.

Q. Are referrals required for HMO members seeking specialty care?

A. Yes. Your PCP will direct you to specialists when needed.

Q. Are there out-of-network benefits for BCN HMO members?

A. No. All care must be provided by a BCN affiliated HMO provider, except for urgent and emergency care when traveling outside of the BCN market area.

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

A. Preventative care is covered at 100%. Office visits co-pays are \$40.00.

Q. Is prescription coverage available?

A. The co-payment for prescription coverage is \$10/\$40/\$80.

Q. Are deductibles part of the HMO plan?

A. Yes. The single deductible is \$500 and family deductible \$1,000. Maximum deductible for an individual in a family is \$500; the remaining members of the family may combine to meet the family deductible of \$1,000.

Q. Do the HMO plans offer worldwide coverage?

A. Yes, HMO members are covered worldwide for emergency and urgent care.

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

<u>Emergencies</u> - 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.

<u>Urgent Care</u> - 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. Co-pay will be waived if admitted.

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Important Definitions

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

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

Co-payment: In the case of HMO, your co-payment is a fixed amount that you pay for your certain services and prescriptions. Co-payments do not count towards your deductible.