Frequently asked questions:

1. Will a copayment be taken for routine preventive office visits?

   Answer: Routine /preventive care has no member cost share for the office visit and typical routine tests that are part of the annual visit.

2. I have a bad case of the flu and schedule a doctor's visit. What are my costs?

   Answer: You will pay the PCP office visit copayment of $20, and if the doctor orders a chest x-ray or a lab test, you will be charged toward the deductible for those services. The allowance for an x-ray or a lab test is what is applied to the deductible. You get the benefit of the contracted discounts that the health plans have with providers.

3. If I have an accident and end up in the emergency room what is my cost?

   Answer: The ER copay is $100 . You may be asked to pay it at the time of the visit. The ER visit is also subject to the plan year deductible of $250. The costs associated with ER are typically high so you will be required to pay the deductible as well but not at the time of the service. Any deductible satisfied by the time you have the ER visit will be credited to the balance remaining on the deductible. If you are admitted as an overnite patient, the $100 ER copay is waived and the inpatient copayment of $500 (HMO/EP O and PPO) will be applied. All subsequent covered services you have once admitted are at no cost to you. The deductible applies to the inpatient admission as well.

4. I see that the deductible applies to many services. Is there only one deductible of $250 for a member and a total of no more than $750 for a family of 3 or more? If I have a family of 5 what is the deductible?

   Answer: If only one member in a family has services to which the deductible applies the member deductible is $250. If several members in a family have services in which the deductible applies, then all members in the family can have their portion of the deductible total the $750. Not all members need to meet the $250. You will want to log onto the member services portal that the health plans offer to monitor where you are in the deductible.

5. Does the deductible apply to all services?

   Answer: The deductible does not apply to any office visits or prescriptions drugs. These are the services that members have most frequently. See summary and plan comparison for complete list of benefits.

6. How will I know where I am in my deductible?

Answer: You can look online at www.Bluecrossma.com or www.HPHC.org to view your out-of-pocket (OOP) expenses including status of the deductible. You can see the copays you have paid for services you've had. The health plans will also send statements when you have services to which the deductible applies. Providers will **not** ask you for the deductible at time of the service.

7. If I have several hospital admissions and numerous office visits , what is my exposure?

Answer: The plans have an out-of-pocket (OOP) maximum as described above. The OOP maximum is for services incurred 7-1-12 through 6-30-13. The most one member will pay out of pocket is $2000. This includes deductible, copays (except RX) and any coinsurance. RX copays are **not** included in the OOP maximum.

8. I had an MRI when I was an inpatient. Will I need to pay the $100 High Tech Radiology (HTR) copay?

Answer: No. Once you have paid the inpatient copay and deductible , all covered services performed will be covered with no additional member cost share. In addition , if you are treated in the ER, and the provider orders an MRI or a lab test, you will not have any cost share for those services, only the ER copay and the deductible.

9. I see an allergist several times a month for allergy shots. What is my cost?

Answer: You have no cost share for allergy injections

10. I am having a baby in the fall. What should I plan to spend on prenatal care and delivery?

Answer: Maternity is paid on a global payment so you will have the initial office visit copay and all the remainder of the prenatal care is covered in full. When it is time to deliver, you will have the $500 inpatient copay and deductible . All services for you and the baby will then be covered in full.

11. I take several prescriptions on a monthly basis. What are my costs and are there any cost saving options for me?

Answer: You may get your prescription filled at a network pharmacy and pay $10/25/50 for up to a 30 day supply. You can use the mail order feature and get up to a 90 day supply for $20/50/110. The mail order will save you one copay on the generic and brand name RX for each RX each quarter and $40 on non preferred brand RX. You can also use the alternative prescription drug program through MyMedication Advisor and get a covered RX at no cost. Please refer to the covered medications lists for BCBSMA and HPHC. For members with Diabetes, please be sure to enroll in GOOD HEALTH GATEWAYS DIABETES REWARDS PROGRAM. Diabetic members in compliance can get diabetic prescriptions and supplies covered at no cost. See plan for full details. BCBSMA also has a list of over 200 generic drugs that you can order through the mail at a $9 copay for up to a 90 day supply.

12. I am having chemotherapy treatments .What is my cost?

    Answer: Chemotherapy is subject to the deductible. Once the deductible is satisfied there is no additional cost for chemotherapy treatments

13. My doctor plans to perform surgery on a cyst in his office. Do I pay the deductible and the $150 day surgery copay?

    Answer: Office surgery is subject to the office visit copay of $20 or $35. There is no $150 day surgery copay and no deductible.