

## County Health Insurance Plan Year resets; Providers may get confused

While health insurance options did not change and premiums did not increase this fiscal year (FY2018) for employees or dependents, the four-year old County funded modified Health Reimbursement Account program coupled with an Exclusive Provider Organization through Highmark Blue Cross Blue Shield Delaware, appears to continue to baffle area medical service providers – who cannot seem to figure out how Kent County’s program works.

Many providers also seem to assume that the County’s health plan is the same as the State’s health plan. It is not, and the employee may need to inform the provider - again. The State employee health plan requires various co-payments that the County health plan does not. For example, the County plan does not require a co-payment for lab services or imaging services.

And with the new plan year the annual \$5,000 individual/\$10,000 two-person or family deductible funded by the County through an HRA will reset. The medical service provider will likely be confused and need to be informed (perhaps each time) that Highmark Blue Cross processes and pays all medical claims and then the County reimburses Highmark for those HRA expenses within certain categories.

This self-insured component of the County health plan covers such things as hospital stays including semiprivate room & board, physician & surgeon services, and related professional services, laboratory services, imaging services, high tech radiology, chiropractic care, radiation therapy and chemotherapy, outpatient surgery and anesthesia, ambulance, maternity and related services, mental health inpatient and intensive outpatient care, durable medical equipment, skilled nursing facility, and home health care.

Employees on the High plan are not obligated to pay any deductible or co-insurance except normal co-payments. If a provider insists that \$5,000 is due, direct the staff to the “Navinet” website (it is the same website the provider uses to verify your benefits/deductible) or the Personnel Office can fax/e-mail a letter from Highmark to the provider which explains our “modified” HRA.

Employees should not pay out-of-pocket for deductibles for services covered by the HRA. It can sometimes be difficult to get an employee reimbursed once an incorrect copayment is made or charged on a credit card. Ask the provider to bill you. It will likely be paid by Highmark, before the invoice even arrives in the mail. Once the HRA deductible funded by the County is reached, Highmark pays the full cost.

Also don’t forget that lab services can only be obtained at LabCorp and the requesting physician must indicate that the test is “diagnostic” – since routine lab testing is not covered under the plan. Emergency Room visits require a copayment (\$150 High/\$250 Low) unless officially admitted to the hospital. Copayment is still due if admitted for “observation” up to 48 hours (+/-). If the medical issue is not life-threatening, try an urgent care facility with a \$50 copayment. Only Blue Cross network providers are included under the EPO plans.

Want to track your claims processing or view Explanation of Benefits electronically? Visit the [www.highmarkBCBSDE.com](http://www.highmarkBCBSDE.com) website and enroll for the access. The Summary of Benefits & Coverage along with the Benefits Booklets are available on the Employee Portal.

## **KENT COUNTY MEDICAL PLAN INFORMATION (July 1, 2017)**

PLAN OPTION AVAILABLE: Highmark Blue Cross Blue Shield Delaware. Inc.

*(Descriptions are only representative. Summary plan documents available in the Personnel Office)*

**REMEMBER TO:** *Ask provider if accepts Highmark Blue Cross Blue Shield & inform provider that your employer pays the full cost of the applicable HRA deductible.*

1. **Blue Advantage 100% EPO/Modified HRA** option: HIGH plan - An Exclusive Provider Organization plan paying 100% of costs in network with \$10 copayment for primary care physician visits, \$20 copayment for specialists, and \$10 generic, \$25 brand name, and \$75 non-formulary prescriptions (90-day supply available at 2Xcopay). Emergency room copay is \$150 per visit. Urgent Care facility copay is \$50 per visit. Chiropractic care has/30 visits per plan year limit. No services outside of the Blue Cross Blue Shield national network are covered.

Modified HRA component is fully funded (self-insured) by the County. The County will pay the first \$5,000 of expense annually up to a maximum of \$10,000 for spouse/children/family aggregate deductible for hospital stays including semiprivate room & board, physician & surgeon services, and related professional services, laboratory services, imaging services, high tech radiology, chiropractic care, radiation therapy and chemotherapy, outpatient surgery and anesthesia, ambulatory surgical center, ambulance, maternity and related services, mental health inpatient and intensive outpatient care, inpatient private duty nurse, durable medical equipment, skilled nursing facility, and home health care.

Blue Cross will process all claims and apply negotiated allowable charges with providers, then invoice the County for HRA services within the deductibles. Blue Cross also pays first dollar (full cost) of primary care and specialist services, preventive medical services, prescriptions, emergency room services, and urgent care.

Employees must pay for routine (non-diagnostic) laboratory tests, and normal copayments for services and prescriptions, with no deductible or co-insurance except for certain services.

2. **Blue Advantage 90% EPO/Modified HRA** option: LOW plan - An Exclusive Provider Organization plan paying 90% of costs in network with \$20 copayment for primary care physician visits, \$40 copayment for specialists, and \$20 generic, \$60 brand name, and \$80 non-formulary prescriptions (90-day supply available at 2Xcopay). Emergency room copay is \$250 per visit. Urgent Care facility copay is \$50 per visit. Chiropractic care has/30 visits per plan year limit. No services outside of the Blue Cross Blue Shield national network are covered. Under the LOW plan, most medical, surgical, hospital, maternity, chiropractic, behavioral, ambulance, laboratory services, (etc.) require employee to pay 10% co-insurance.

Modified HRA component is fully funded (self-insured) by the County. The County will pay the first \$5,000 of expense annually up to a maximum of \$10,000 for spouse/children/family aggregate deductible for hospital stays including semiprivate room & board, physician & surgeon services, and related professional services, laboratory services, imaging services, high tech radiology, chiropractic care, radiation therapy and chemotherapy, outpatient surgery and anesthesia, ambulatory surgical center, ambulance, maternity and related services, mental health inpatient and intensive outpatient care, inpatient private duty nurse, durable medical equipment, skilled nursing facility, and home health care in addition to any co-payment or co-insurance requirements.

Blue Cross will process all claims and apply negotiated allowable charges with providers, then invoice the County for HRA services within the deductibles.

Employees must pay full cost of routine (non-diagnostic) laboratory tests, applicable co-insurance, and copayments for services and prescriptions, except for certain services.

3. Blue Cross **Special Medicfill** option - A Medicare supplement that pays Part A and Part B deductibles and normal 20% coinsurance for Medicare eligible treatment. Prescription copayment costs are \$10 for generic, \$25 brand name, and \$75 for non-formulary with no annual maximum. This option is fully insured and mandatory for all retirees age 65 & over. Prescriptions are provided under this option, so Medicare Part D coverage is not needed, but Medicare Part A & B are required.

Below is the monthly full-time employee & eligible retiree cost for individual, & optional family, child and spouse health insurance coverages:

<b>FY2018 (July 1, 2017 – June 30, 2018)</b>	<b>Employee/Retiree</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
<i>EPO/Modified HRA – High</i> Highmark Blue Cross Blue Shield	Employee pays <b>\$60.00/month</b>	Employee pays <b>\$416.90/month</b>	Employee pays <b>\$224.72/month</b>	Employee pays <b>\$554.17/month</b>
<i>EPO/Modified HRA – Low</i> Highmark Blue Cross Blue Shield	Employee pays <b>\$30.00/month</b>	Employee pays <b>\$372.89/month</b>	Employee pays <b>\$188.26/month</b>	Employee pays <b>\$504.78/month</b>
<i>Special Medicfill – (retirees)</i> Highmark Blue Cross Blue Shield	<b>\$0.00/month</b>	<b>\$139.81/month</b>		
<b>DENTAL INSURANCE – (July 1, 2017 – June 30, 2018)</b>	<i>Employee/Retiree only</i>	<i>Family coverage – employee &amp; spouse &amp;/or children</i>		
Delta Dental of Delaware	<b>\$3.10/month</b>	Employee pays <b>\$38.10/month</b>		

Kent County contributes a fixed amount per month toward dependent coverage which maintained the specific FY17 dependent cost share rates for FY18 with the County funding about 70% of the dependent premium & all but \$60/\$30 of the monthly insured employee & non-Medicare eligible retiree premium. The County currently funds the full cost of the Medicare supplement for eligible retirees age 65 and older. Eligible employees & retirees waiving County health insurance coverage with proof of other insurance receive \$100 per month medical cash back. *\*In addition, County pays flat \$25,000 annual consulting fee to L&W Insurance (about \$7.00 per employee per month).*

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