



# Fact Sheet

## Insurance #3 Questions and Answers

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### 1. Can I, the employee of the District, be denied insurance coverage?

Yes, if you fail to sign up for the insurance within the 31 day open enrollment when you are first employed. If you are excepted as a late-entrant to the plan you can be subject to pre-existing exclusions. (See #4 below) Pre-Existing Conditions is discussed on page 57 in the Benefits booklet.

### 2. When can I change my coverage from individual to family and visa versa?

You can change coverage during open enrollment, (page 7 in the Benefits booklet) if you are utilizing the Flex account to shelter your premiums. Otherwise, you may can to family at anytime. However, your family is still subject to late entrant screening. (Also page 7 in the booklet.) You may also change coverage if you experience a major life change. This would include a birth or adoption of a child, loss of coverage of your spouse due to loss of employment, marriage, and divorce.

### 3. If I have a major life change, what so I need to do?

You **must** enroll your dependents within 31 days of the life change. If you wait and enroll after 31 days then your dependents will not be guaranteed coverage and are subject to the late entrant screening. Enrolling during the 31 days following a life change allows your dependents to enroll in the plan without any late entrant screening but are subject to existing conditions. (No pre-existing limitations apply when adopting or for the birth of a child.).

### 4. Why do we have a pre-existing clause in our insurance?

Two reasons, first, this is an industry standard and second; it is there to protect our plan. A pre-existing clause means that when you add a spouse of dependents to our insurance plan they are subject to a medical review. If they have a medical condition that they are being treated for or have been treated for during the 90 days before coverage began the medical condition will not be covered. If your dependent is not treated for this condition for 90 days after coverage begins then the condition will be covered but, if the dependent requires ongoing treatment then the condition won't be treated for a year. These restrictions are written into our plan to protect the plan from people who discover they are ill and now want additional coverage. Our plan is in place to protect all of us and not to have people jumping in and out of the plan just when they are ill.

**5. What is a late entrant?**

Anyone who enrolls after the 31-day deadline or added during open enrollment is subject to late entrant screening. Late entrant screening means the dependent's health history will be reviewed. This can result in being denied enrollment in the plan. If the dependent is accepted, they are still subject to the Pre-existing condition limitations.

**6. Do we have a prescription plan?**

Yes, our prescription service is **Serve You**. You pay \$10.00 for generic drugs, 15.00 for a Formulary drug and \$25.00 for a Non-Formulary drug. You simply go to your pharmacy and present your insurance card and pay this amount. If you are taking a "maintenance drug" you can order your prescription through Serve You, our mail order prescription service. You may also get your maintenance drugs at Oswald Drugs in Naperville. You will receive a 3 month's supply for the cost of 1½ month's cost of the prescription. This is a substantial discount. Serve You's number is 1-800-759-3203. They also have an on-line service... You may order on-line at [www.serve-you-rx.com](http://www.serve-you-rx.com). (See page 64 in the Booklet.)

**7. What is my Health Care Plan deductible? What is applied to the deductible?**

\$350/per person or \$700/per family if you use providers within the PPO network.

\$1000/per person or \$1400/per family if you use providers outside of the PPO network.

You only need to satisfy 2 deductibles for the family. A rule of thumb is that Basic Benefits in the Booklet do not apply to the deductible, and the Major Medical Benefits do apply.

**8. What is the most out of pocket expense I can incur under the health plan?**

The Out-of-Pocket Limit is the maximum amount you will have to pay as a result of your 20% co-insurance for eligible expenses. The limit is \$750, plus the deductible. So, if your expenses are within the PPO network your max OOP expense is \$1100/per person. If your expenses are outside the PPO network then your OOP limit is \$1450/per person. The doctor's office visit co-pays and prescription co-pays are not part of this limit. There are a couple of other exclusions. These are discussed on page 39 of your Benefits booklet.

**9. What do I do if I have to be hospitalized? ...if it is an emergency?**

You, your doctor or hospital must notify Hines & Associates prior to admission. If you are admitted on an emergency basis, Hines and Associates must be contacted within 48 hours following admission. Hines can be contacted at 1-800-944-9401. Failure to contact Hines will result in an additional \$200 deductible above the calendar year deductible. You can also find this number on the back of your insurance card. Precertification is discussed on page 58 in your Benefits booklet.

**9. If I have outpatient surgery, what will my costs be?**

Generally, the plan will pay 100% of outpatient costs for the facility and 80% for the surgeon's fees. (See page 40 in the Benefits booklet.)

**10. Are outpatient X-ray and laboratory services covered?**

Yes, the plan will pay 100% of lab services whether if performed by a PPO provider or if referred by a PPO provider.

**11. Do we have adult preventive care?**

Well, sort of. We have up to \$100 per family per calendar year to pay for charges for mammograms, pap smears and prostate exams.

**12. Do we have well baby care, or vision care?**

Yes. Our well baby care is \$500.00 for the child's first year, and \$150 per child for each year to age 5. We also have a reimbursement plan for vision care. The plan will pay for an exam and glasses every other year.

The amount of reimbursement is as follows:

Eye Exam	\$40
Frames	\$80
Single Vision Lenses	\$85
Bi-focal Lenses	\$95
Tri-focal Lenses	\$115
Contacts	\$115