

FREQUENTLY ASKED QUESTIONS ABOUT THE STATEWIDE PPO PLAN

What is the statewide PPO plan?

- You have a choice of eight plans with different deductible levels.
- You may choose any physician, hospital or other medical care provider and receive the benefits covered under your plan.

Is my doctor in your network? What are advantages?

- Please access: www.pacificare.com (Signature Elite plan)
- You can also ask your physician if they are part of the PPO network.
- Network providers handle all the paperwork for you so that you have no claims to file.
- Rates are lower for covered services using network providers.

What if my doctor is not a network provider?

- Medically necessary claims will most likely be covered, however your out of network claims will apply toward a higher deductible.
- The amount in excess of what the plan will pay is your responsibility and would not apply to your deductible or coinsurance requirements.
- You are responsible for filing your own claims.

How does the plan work?

It's as simple as 1-2-3.

1. You pay your monthly premium.
2. You pay claims for covered benefits up to the deductible amount.
3. Once the deductible amount has been met, you pay your portion of the coinsurance (20% or 30% and plan pays balance) up to the out-of-pocket maximum for the calendar year.

What is a deductible?

- A deductible is an annual dollar amount that you must pay before CoverColorado begins to cover most medical services.
- There are separate deductibles for network and non-network care.
- Deductible and coinsurance are accumulated on a calendar year basis (January 1 – December 31), regardless of when your coverage becomes effective.
- The deductible is included in the out-of-pocket maximum.

What benefits apply toward the deductible?

- There are two benefits that do not apply toward the deductible nor does the deductible need to be met: pharmacy and preventive care, which are explained in detail in the Policy book.
- All other claims such as doctor visits, x-ray and lab work are applied toward the annual deductible and then subject to co-insurance.

Can I change my deductible?

- You may increase your deductible upon approval during the year for a January 1st effective date. Paperwork will be mailed out. Your deductible can never be decreased. The only exception is to migrating to the \$2000 high deductible plan.

What is co-insurance?

- Co-insurance is the portion of health care expenses that a member must pay after reaching the deductible.
- Co-insurance is calculated as a percentage of cost.

What is an out-of-pocket maximum?

- The maximum annual amount you pay in coinsurance before plan pays 100%.
- Out-of-pocket maximums vary depending upon deductible level and if utilizing in or out-of-network providers.
- The deductible is included in the out-of-pocket maximum.

How does the pharmacy benefit work?

- You must use a pharmacy in Rx Solutions statewide network which includes King Soopers, Safeway, and Walgreen's.
- No benefits are available from non-network pharmacies. No benefits are available during the pre-existing period.
- Please refer to your benefit plan design summary sheet for details on your pharmacy coverage for each deductible plan.
- To access specific drugs in the Plan's formulary call 1-877-461-3811 option # 3. To obtain network information go to www.rxsolutions.com. Always verify if pre-authorization is required.

What is the Lifetime Maximum Benefit?

- Lifetime maximum benefit of \$1,000,000.

How are rates determined?

- Rates are based on your age, gender, tobacco use, and county that you are currently a resident.
- Rates listed on the rate sheet are MONTHLY, per person.

How often will my premium increase?

- Rates are adjusted annually and become effective for the January premium
- Rates are only guaranteed for 30 days and are subject to change with 30 days notice.
- Other factors may apply, including moving into a higher age band.
- All members experience rate increases, regardless of effective date.

Are there any premium discounts available?

- Yes, the Premium Discount Program (PDP) represents a reduction in the PPO rates.
- To be eligible for the program your income must be less than \$50,000 per year and you must meet an asset test.
- To apply for the PDP, you must submit a completed Premium Discount Application and attach a complete copy, including all pages, of your most recently filed Federal Tax Return.
- If you do not apply with your original application, you can apply any time throughout the year.
- Adjustable gross income is based on the household.
- You will need to re-qualify EVERY year.
- Once you are approved for the Discount you will be credited to the discounted amount.
- If there's any doubt whether you qualify for the discount, you can write on the application, "If premium discount is not approved, please change my deductible to (\$XX)."
- If your financial circumstances have changed since your taxes were filed, you can attach a letter explaining your current circumstances. You should also provide any supporting documents (i.e., unemployment receipts.)