

# Frequently Asked Questions

## MEDICAL PLAN

### 1. What are the FY18 medical premiums?

|                       | Low Plan     |             |              |             |
|-----------------------|--------------|-------------|--------------|-------------|
|                       | Monthly      | \$ Increase | Biweekly     | \$ Increase |
| Employee Only         | <b>\$97</b>  | \$9         | <b>\$45</b>  | \$4         |
| Employee and Spouse   | <b>\$284</b> | \$26        | <b>\$131</b> | \$12        |
| Employee and Child    | <b>\$186</b> | \$17        | <b>\$86</b>  | \$8         |
| Employee and Children | <b>\$248</b> | \$23        | <b>\$114</b> | \$11        |
| Family                | <b>\$359</b> | \$33        | <b>\$166</b> | \$15        |

|                       | High Plan    |             |          |             |
|-----------------------|--------------|-------------|----------|-------------|
|                       | Monthly      | \$ Increase | Biweekly | \$ Increase |
| Employee Only         | <b>\$182</b> | \$17        | \$84     | \$8         |
| Employee and Spouse   | <b>\$486</b> | \$44        | \$224    | \$20        |
| Employee and Child    | <b>\$317</b> | \$29        | \$146    | \$13        |
| Employee and Children | <b>\$424</b> | \$39        | \$196    | \$18        |
| Family                | <b>\$614</b> | \$56        | \$283    | \$26        |

### 2. What are the FY18 medical plan deductibles and out-of-pocket maximums?

|                                    | Low Plan |                 |             | High Plan |                |             |
|------------------------------------|----------|-----------------|-------------|-----------|----------------|-------------|
|                                    | FY17     | FY18            | \$ Increase | FY17      | FY18           | \$ Increase |
| Deductible (Individual)            | \$900    | <b>\$1,000</b>  | \$100       | \$300     | <b>\$500</b>   | \$200       |
| Deductible (Family)                | \$2,250  | <b>\$2,500</b>  | \$250       | \$750     | <b>\$1,250</b> | \$500       |
| Out-of-Pocket Maximum (Individual) | \$3,600  | <b>\$4,000</b>  | \$400       | \$2,100   | <b>\$2,500</b> | \$400       |
| Out-of-Pocket Maximum (Family)     | \$9,000  | <b>\$10,000</b> | \$1,000     | \$5,250   | <b>\$6,250</b> | \$1,000     |

### 3. Are medical premiums included in the out-of-pocket maximum?

No. The out-of-pocket maximum includes medical and prescription copayments, deductible, and coinsurance.

### 4. Will the previous deductible and out-of-pocket maximum I met for this year apply to meeting the new ones?

Yes. Since the deductible and out-of-pocket maximums will not reset until January, your original amounts will apply towards the new ones. You would pay the difference before the Plan pays for covered services.

*Example 1: You met the previous \$300 individual deductible in the High Plan; you are remaining in the High Plan, and the deductible is now \$500. The original \$300 applies toward the new amount, and you would pay the remaining \$200.*

*Example 2: You met the previous \$2,100 individual out-of-pocket maximum in the High Plan; you are moving to the Low Plan, and the individual out-of-pocket maximum is now \$4,000. The original \$2,100 applies to the new amount, and you would pay the remaining \$1,900.*

**5.What is happening to the medical plan network?**

The medical plans network will move from the BlueCross BlueShield (BCBS) Blue Options PPO to the BCBS Value Network for North Carolina providers only July 1, 2017. The Blue Options PPO will remain the same for services obtained outside of North Carolina.

**6.Will Wake Forest Baptist and Forsyth Medical Center be in the BCBS Blue Value Network?**

Yes. Wake Forest Baptist and Forsyth Medical Center are in the Blue Value network.

**7.What providers or facilities will not be in-network effective July 1, 2017?**

Below is a breakdown of the providers that will no longer be considered in-network. This is not an exhaustive list of hospitals, facilities, or providers. It is recommended that you verify network status, as the network is evaluated and updated each January.

*Members may still utilize the out-of-network providers or facilities, however the out-of-network charges will apply (deductible, copayments, coinsurance, and out-of-pocket maximums).*

| No Longer In-Network                  |   |
|---------------------------------------|---|
| Hospitals                             | Duke and Pioneer Community.   |
| Single Provider Professional Services | Wayne Cannon PT, Mark Nelson Ophthalmology, Neurology and Pain Consultants. |

**8.How do I find out if my doctor is in-network?**

You may call your provider, or call BCBS at 877-275-9787, or visit BCBS’s website at <https://www.bcbsnc.com/> to confirm network status. Follow these steps to confirm online:

- Visit the BCBS website <https://www.bcbsnc.com/>
- Click **Find a Doctor** (top right screen; do not log into your account\*)
- Click the box, **Individuals, Families & Groups**
- Go to “Choose a plan to search”
- In the drop down box, select **Blue Value**
- Click **Search**
- Click **Find a Doctor or Facility**, and follow the prompts to narrow your search

\*If you log into your BCBS account and then search for a provider or facility before July 1, 2017, you will only see the Blue Options Network.

**9.How do I find a new doctor?**

You may click the “find a doctor” link on the [BCBS](https://www.bcbsnc.com/) website at <https://www.bcbsnc.com/>.

**10.Will Adaptive Behavioral Treatment (ABT) be covered for Autism effective July 1, 2017?**

Yes. In addition to speech and occupational therapy, the Autism benefits have expanded to include ABT (\$40,000/member/year). This treatment requires a pre-authorization from a physician to ensure ABT therapy is appropriate and will benefit the member.

**11. Will there be a wellbeing program this year?**

Yes. Benefits-eligible faculty and staff that are enrolled in the Wake Forest medical plan may earn a \$100 incentive for completing an online health risk assessment, a biometric test, and one-time

health coaching session. Information will be available Fall 2017.

**12. Can I still earn the \$100 incentive if my doctor sends the results of a biometrics screening I had completed earlier?**

No. Wake Forest Baptist Health is not integrated with all the various providers in our area.

**13. Did the Health Care Flexible Spending Account annual maximum increase?**

Yes. It increased from \$2,550 to \$2,600. The \$500 carryover did not change. You must re-enroll in these plans each year.

**14. What does 100% preventive care cover?**

Services and screenings covered at 100% as required by the Affordable Care Act (ACA) are considered preventive. [Learn more »](#)

**15. Why was my preventive care not covered at 100%?**

The Affordable Care Act (ACA) has a predetermined list of preventive care services and screenings. Providers and/or clinics may order preventive care services or screenings that are not required by ACA, which may result in higher out-of-pocket costs to the member.

Additionally, if a provider during the course of a preventive service or screening, changes the medical service code from preventive to diagnostic, then the services or screenings ordered for diagnostic purposes are subject to the deductible and coinsurance (e.g. blood work or imaging).

It is recommended that you communicate with your provider to determine whether services are diagnostic.

**16. What is a hospital-based outpatient clinic?**

Many Wake Forest Baptist Health patient care locations are considered part of the hospital, even if they are located miles away from the main hospital campus. Some of these locations are called hospital-based outpatient clinics and must follow stricter government rules, which are more complex and more costly to operate than a private physician office. Hospital-based outpatient clinics may have higher out-of-pocket costs depending upon the service(s) received. A provider's status may change to a hospital-based outpatient clinic throughout the year, so it is recommended that you verify if your provider is part of the hospital-based outpatient clinic to understand your financial responsibility (e.g. copayment, deductible, and coinsurance) prior to your appointment.

**21. How is a doctor's office different from a hospital-based outpatient clinic?**

A private physician's office has all services and expenses bundled in a single charge, whereas hospital-based outpatient clinics have services and expenses separated into two sections:

- Hospital/facility charges (e.g. equipment, supplies, pharmacy, labs, x-rays, etc.), and
- Physician/professional services (e.g. examinations, consultations, tests, x-ray readings, surgical procedures, etc.)

Members may have higher out-of-pocket costs depending upon the service(s) received at hospital-based outpatient clinics. It is recommended that you verify if your provider is part of the hospital-based outpatient clinic to understand your financial responsibility (e.g. copayment, deductible, and coinsurance).

**22. How do I know what medical plan is right for me?**

Choosing a medical plan is a personal and financial decision. BCBS offers you the opportunity to view your medical plan usage and expenses year-over-year (e.g. deductible or out-of-pocket

maximums), which can assist you in determining which medical plan is right for you. Log into your BCBS account to view your information at <https://www.bcbsnc.com/>.

## DENTAL, VISION, FLEXIBLE SPENDING, LEGAL, WELLNESS CENTER & PRESCRIPTION

### **23. Will the prescription copayments and preferred pharmacies remain the same?**

Yes. The copayments and preferred pharmacies will remain the same.

### **24. Will the dental and vision plan premiums and plan design remain the same?**

Yes. The dental and vision plan premiums, deductibles, and annual benefit maximums are remaining the same.

### **25. Did the Dependent Care Flexible Spending Account annual limit increase?**

No. The limit will remain \$5,000 per household. You must re-enroll in these plans each year.

### **26. Will the legal plans and premiums remain the same?**

Yes. The legal plans and premiums will remain the same.

### **27. How much is the Wellness Center Fee?**

At this time, benefits-eligible faculty and staff will have their wellness center membership fee waived during the first year of operation. To learn more about membership and fees, you may visit the [Campus Recreation](#) website.