

Question and Answers from Insurance Building Tours

Does every Olympia employee on the Insurance Plan receive the \$400 wellness, regardless of what option they selected (like Dental and Vision)?

No...only employees covered under the Major Medical or Supplemental receive the wellness benefits. However, when the Olympia Health Plan sponsors and pays for benefit events, all those who are participating in the Plan may attend.

When does the old deductible end and new deductible end?

The deductible year runs from January 1 to December 31, calendar year to date.

When the plan says \$1,000 out of pocket, is that a \$1,000 total for the whole year or is that \$1,000 per incident?

The plan has a \$500 maximum out-of-pocket for single and \$1,500 maximum out-of-pocket for family that is per year. 3 people must meet the 500.00 each. It is not a combination of 300, 400, 400 and 400 for 4 individuals.

What dentists and optometrists are in-network? Can we go to any?

Members can go to any dentist or optometrist. Dentists and optometrist are not part of the PPO.

When will the new signups receive their insurance card and HCH-On-Line passwords?

Usually 7-10 business days

If an employee has spent \$350 of wellness and they go get a mammogram. They only have \$50 left and the bill is \$125. Wellness will cover \$50 and the employee will cover the remaining \$75. Does the remaining \$75 go toward their deductible that year?

No, because anything over the \$400 is not covered under the plan.

If my child is in college and attend college far away from our coverage area (and on the Olympia Insurance Plan), how do they get medical coverage from in-network doctors?

Healthlink does have extended coverage networks and members and search for providers on the Healthlink web-site. Methodist does not have an extended network. The plan does cover Non-PPO doctors at the PPO rate if no PPO doctor is available. If this becomes a large issue, we can always look into getting Olympia access to some national networks but there is an access fee.

If Bromenn is considered in-network, how come some doctors in the facility are out of network. How can we ensure that our employees that go to Bromenn Healthpoint to get in-network discounts, get doctors that are actually in-network?

Not all doctors that have privileges at Bromenn have contracts with the PPO. If a person doesn't have a choice (say ER visit), the plan does cover those situations at the PPO rate, if necessary.

How do we know what drugs are generic and which drugs are not? Is there a list that can be published?

Members can go to the Catalyst Rx Website www.catalystrx.com and look up all the generic drugs. We also have small handouts we can send of the formulary lists.

If I go to a out-of-network doctor, how much does the insurance plan cover?

70% for the charges. Out of network is 70/30 with 70 being the plan and 30 being employee responsibility. In network is 90/10.

How does deductible work with new plan since deduct runs Jan 1- Dec 31?

Deductibles will remain the same.

Do the dollars I put in prior to the new plan starting in Sept 1 count toward my deduct?

If you were on Single or Family Major Medical, the dollars accumulated towards the deductible will count after Sept 1.

What if I was in a different plan (Wrap)?

If a member switches from Wrap to Single or Family Major Medical, their deductible will start fresh on Sept 1.

The blood draw the District is sponsoring says that "Available to all Employees on the Insurance Plan and those members covered under the Family Plan 18 years and older". Does this mean my son, daughter, and spouse over 18 can attend the draw even if I am on Dental and Vision? What if I am on single coverage and I purchased the Add On Family Dental Vision?

Yes, the district has offered to let any employee or eligible plan member 18 years or older, regardless of plan, to attend. If you are not covered by the plan, you are not eligible. (For example, the screening would not pertain to the spouse of a teacher who is on single coverage. The screening would pertain to the spouse if the teacher was on family coverage).

If I have questions about Catalyst and Co-Pays, who do I contact?

Members can contact Catalyst Customer Service at (800) 997-3784.

Why are dental benefits paid at 70/30, 80/20, or 90/10? Shouldn't they be paid at 100% till I exceed the benefit level?

The level of benefits available is determined by the plan.

What is my out of pocket limit on dental? Does it depend on which plan? What is it for each plan?

There is no out-of-pocket limit on dental. There is a calendar year maximum of \$1,000 per covered individual.

If I did not receive my insurance or Rx card, who should I contact? If I did not receive or I misplaced my cards, who should I contact? If I need a new card, who should I contact?

Please contact Kathy Kendrick at extension 1129 or HCH Customer Service at (800) 447-3227.

If I was on the Wrap, and now on a Single Major Medical, does the change in coverage plans impact pre-existing condition rules?

If an employee was covered under the Wrap plan for a minimum of 12 consecutive months, there would be no pre-existing condition period when switch to Single coverage. If the coverage period was shorter than 12 months, please contact HCH Eligibility at (800) 447-3227 to discuss the requirements to waive the pre-existing condition period.

What is considered preventative for dental?

Routine oral exams, cleanings, bitewing x-rays, and fluoride treatment (to age 19), twice in a calendar year. Full mouth x-rays once in a consecutive twenty-four (24) month period.

Please outline the process (steps) for prescriptions from beginning to end, including communication with Catalyst.

An employee should present their ID card to the pharmacist when filling a prescription.

The pharmacist will then process the prescription through Catalyst.

The employee will pay copay depending on the type of prescription filled (i.e., generic or brand).

If questions arise, the member can call Catalyst Customer Service at (800) 997-3784. The member will need to have their ID Card available when they call.

Members can also go to the Catalyst web-site www.catalystrx.com and register for an account. This will allow members to see the set up of their benefit plan, co-pays, pharmacies and mail order information. Members can also set up a personal account, which will allow them to view prescriptions filled.