

# **BTA Health Benefits Newsletter**

## **September 15, 2011**

Welcome to the first edition of the BTA Health benefits newsletter. Given the complexity and stress often associated with understanding any health plan, the BTA has decided to publish a brief newsletter to highlight some frequently asked questions and hopefully assist in navigating some typical difficulties that may be encountered. We will publish this on a monthly basis and we are open to suggestions for topics. Of course, any information included in this newsletter is superseded by whatever is written in the actual plan. So always double check with POMCO if there is a question.

### **#1 Where do I find a summary of my health plan?**

You may access the POMCO Health Benefit Plan Summary by going to the BCSD main web page and clicking on:

- 1) STAFF on top right of page
- 2) HR on the gray banner (start here if already on the staff intranet)
- 3) HR Forms and Documents on the left
- 4) District Benefit Information
- 5) Health Plan Booklets
- 6) POMCO Health Plan Document 2011.

### **#2 What is a Network Provider?**

When you use a POMCO Network facility or Provider or a PHCS/Multiplan Network facility or provider, POMCO reimburses that provider/facility directly. These Network Providers/facilities have agreed to accept the "Usual and Customary Rate (UCR)" for all procedures. You will generally just pay a \$20 copay per provider per type of covered service and POMCO pays all the rest.

To find a Network Provider: log onto [www.benefitsoft.com](http://www.benefitsoft.com), sign in or sign up by creating a username and password. Your user ID # is listed on your POMCO benefits card. Click on "Provider Finder", and enter the geographic area and specialty you are looking for etc.

Additional information about this option, as well as a list of Network Providers, will be given to Plan Participants at no cost upon request.

Contact: POMCO, 2425 James Street, Syracuse, NY 13206, or call 1-800-358-8399.

### **#3 What if I go Out-of-Network to a non-participating provider?**

Out-of-Network, or non-participating providers have no such fee agreement with POMCO and in many cases charge well above the "UCR". You must first cover the deductible each calendar year, which is \$400.00 per individual or \$1375.00 per family unit. POMCO only applies the UCR amount to your deductible when they receive an out-of-network claim. Only after you have paid this amount out of pocket will POMCO reimburse anything. After the deductible is covered for the calendar year, then POMCO will kick in to pay a portion of the bill and you will pay **the balance**.

So, you may choose to seek the services of a non-participating provider, but at the risk of being responsible for an enormous bill. POMCO will determine payment of its 80% based on what is the UCR for the given procedure. You will pay 20% of UCR *plus* the remaining balance. This is called “balance billing”. Out-of-Network providers are allowed to balance bill the difference between the Allowed Charges (UCR) and their actual charge.

**For example: Jan and Lesley both go to a physician for the same medical reason. Jan goes to a participating provider (in-network) physician. Lesley goes to a physician who does not participate in the POMCO network.**

<u>Jan (In-Network)</u>	<u>Lesley (Out-of-Network)</u>
In-network doctor charges \$300	Out-of-network doctor charges \$300
“UCR” is \$200	“UCR” is \$200.00
POMCO Pays \$180	POMCO pays 80% of \$200 (\$160)
Patient pays \$20 co-pay	
Doctor accepts this as full payment	Patient is responsible for balance (\$140)
<b>Total Patient Responsibility \$20.00</b>	<b>\$140.00</b>

Jan saved \$120 by going to an in-network physician. Lesley, on the other hand, was **balance billed** \$140.00 by the out-of-network provider.

*Note: This example assumes they had met their annual deductible at the time services were rendered.*

*Most In-Network services do not have a deductible .Out-of-Network deductibles are listed above.*

Of course, there are many reasons why you may choose an Out-of-Network Provider/facility based on convenience, familiarity with a particular provider, the value placed on a particular referral or your own research, displeasure with the list of available in-network providers etc. Your expenses will always be greater when you use an out-of-network provider/facility.



Submitted by Michael Hardiman 9/15/11

