

BCBS PPO F A Q ' S

- **What is a PPO or NPP:**

Preferred Provider or Network Provider means the Clinic, doctor or hospital has agreed or contracted with the insurance company to only charge an agreed amount (allowed Amount) for particular services. Check with insurance or online to make sure your provider is in "net work" so services are covered.

- **Can I be charged above the allowed amount:**

No, not if the doctor or facility is in "network" that is the contracted amount. If the provider tries to charge you above the allowed amount contact the insurance company.

- **How do I know what the allowed amount is?**

It will appear on your E.O.B. (explanation of benefits), the insurance will send you one every time a provider bills the insurance. It is important to keep those for your records.

- **How much are office visits:**

Office visits per new contract Effective 1/01/2012 \$20.00 member co-pay If in Network. Out of Network, non PPO, non participating you need a referral from a participating doctor or you will pay 100% of the cost.

- **What happens if I don't use mail order?**

You will be charged full price for prescription. Maintenance or long term use medications are mandatory mail order. After 3 fills at the retail pharmacy you will be charged full price unless you use mail order.

- **Do I have to pay the deductible every year / time I see the doctor.**

The deductible is per year. Once it is met for that year you will not have to pay it again for that year. Also, if you do not use the insurance you do not pay a deductible for that year.

- **Do out of pocket expenses from office visits satisfy my deductible and annual out of pocket limitations or maximums?**

No, nor do out of pocket expenses or co-pays from prescription. Those are in addition to your deductible and co-insurance.

- **Are routine Physical exams / check ups covered?**
Routine Physical are not covered except those specific services mentioned in the benefits book or the recommendations of the U.S. Preventive Services Task Force with an "A" or "B" ratings grade. Per the 2012 Patient Protection Affordable Care Act (PPACA)

- **What is DME Durable medical equipment:**
DME includes but not limited to items such as: glucose meters, wheel chairs home hospital beds, oxygen, c-pap, crutches, etc. must be in net work through the Dmensions support program. 1-800-831-0999.

- **Who is TheraMatrix?**
TheraMatrix is the "net work" provider for "outpatient" physical therapy. You must call and get approval from TheraMatrix and use a net provider of TheraMatrix or benefits will not be paid. 1-888-638-8786

- **Are my spouse and children covered under the plan?**
Yes.

- **Is there a monthly premium for me and my family?**
No.