

## Western Michigan Health Insurance Pool Frequently Asked Questions - BCBSM

This communication was created to help board members and plan administrators easily access the frequently asked questions we receive from our employee members. This document will be updated regularly, so please share any feedback you have to make this more useful to our participants.

Coverage FAQs | High Deductible Health Plan FAQs | Prescription Coverage | Account Access

### COVERAGE QUESTIONS

**1) Are diabetic supplies a covered benefit?**

Diabetic supplies are covered under the durable medical equipment coverage under the medical plans. As they are a medical supply and not a prescription, they are not covered under the prescription portion of the plan, and must be billed by a participating DME supplier.

**2) How long can my adult child remain on my plan based on the Affordable Care Act rules?**

Adult children continue to be eligible to remain covered through the end of the month in which the child reaches age 26. Beyond that, dependents may stay on longer if they are permanently disabled or a full time student.

**3) If I require medical attention outside of Michigan, does my coverage apply?**

You have coverage no matter where you are. To determine the level of your coverage and if it is in or out of network, Blue Cross Blue Shield has a national network of doctors and hospitals that you can access. More information can be found at [www.bcbsm.com](http://www.bcbsm.com)

**4) If I require medical attention outside of the country, does my coverage apply?**

You have coverage no matter where you are. To determine the level of your coverage and if it is in or out of network, BCBSM has an international network of doctors and hospitals called Global Core. You can call Global Core Service Center at 800-810-2583 for more information or visit [bcbsglobalcore.com](http://bcbsglobalcore.com).

**5) If the massage therapist in my chiropractor's office performs the massage is it covered under my plan?**

Under the PPO Select and Versatile plans, massage therapy received through a chiropractor office is covered for up to 24 visits per year. Most Blue Cross plans do not provide this coverage if performed by a massage therapist. The PPO Select and Versatile plans have an exception and do provide this coverage. If you experience any issues with this service, please contact BCBSM via the customer service at 877-752-1233.

**6) Are 3D mammograms a covered benefit?**

Yes, 3D mammograms (Tomosynthesis) are a covered benefit on the WMHIP Plans.

**7) Are wisdom tooth extractions covered, and how do I access this benefit?**

Wisdom tooth extraction, while not generally a covered medical benefit, is covered under the Community Blue and Flexible Blue Plans. It is not covered under the Simply Blue plans. Please check your specific plan benefit summary to confirm coverage. Many oral surgeons do not bill BCBSM directly, so you may have to pay up front or request that they provide you with an invoice, and work with BCBSM to reimburse you.

**8) Are the WMHIP Plans Primary in the event of an automobile accident?**

Yes, the medical plans through the WMHIP are primary for injuries incurred in an auto accident.

**9) What should I do if I or my spouse become eligible for Medicare while covered under the WMHIP plans?**

As a large employer plan, the WMHIP plans are primary over Medicare for both you and your spouse while you remain employed. Exceptions may exist if you are eligible for Medicare due to End Stage Renal Disease (ESRD). You may choose to enroll in Part A and delay in enrolling in Part B until you are no longer covered under an employer plan. So long as you sign up for Part B within 8 months of losing creditable coverage, you will not pay higher premiums.

**10) Does the WMHIP cover diagnosis and treatment for Autism Spectrum Disorder?**

Yes, the WMHIP plans have coverage for Applied Behavioral Analysis, therapy, and nutritional counselling related to Autism Spectrum Disorder. See your benefit summary and member handbook for more information.

**11) I am moving to the WMHIP mid-year from another BCBSM plan, will my deductible carry over?**

No. As a different employer group in the BCBSM system, your deductible will reset if you move to the WMHIP mid-year.

**12) I have started a new job and will be offered coverage through the WMHIP. My current coverage is through the WMHIP at another employer, will my deductible carry over?**

Yes. The WMHIP is one employer group in the WMHIP system, so your deductible will move with you if you move from one WMHIP member employer to another. The exception would be if you were to move to a high deductible health plan from a non-high deductible health plan. See question 2 in the HSA section for more details.

**13) I (or my dependent) will be traveling out of the country and need additional quantities of my medication before leaving, what should I do?**

You will need a "vacation override" added to your BCBSM account prior to picking up the prescription. Please contact your HR department to initiate this override and provide the below information. Once received, your HR department can reach out to Gallagher to assist with processing.

There must be a denial on file prior to submitting the override, so please attempt to fill first prior to submitting the request.

Contract Number:

Group: 71565

Patient Name:

Dates of travel: June 23 2019 through June 23 2020

Pharmacy:

Pharmacy phone:

Drug name(s):

Quantity:

## Health Savings Account (HSA) Plans

**1) If I move to a high-deductible health plan (HDHP), can I enroll in a Health Savings Account (HSA) immediately?**

If your employer utilizes the WMHIP vendor partner, HealthEquity, you will automatically be enrolled in an HSA when you enroll in a HDHP, unless you indicate otherwise on your enrollment form. A welcome packet and debit card will be mailed to your home.

You can contribute to the HSA as long as you are not covered under any other non-high deductible plans. For example, you cannot be enrolled in FSA, Medicare, or another employers non-high deductible plan and contribute to an HSA. If you are currently enrolled in a Medical FSA, you will need to exhaust your monies in your FSA account to begin contributing.

**2) What if I move to or from a HDHP mid-year?**

If you move to or from a HDHP mid-year, your deductible cannot move with you due to IRS regulations governing qualified HDHPs. Your deductible will reset if you move to or from one of these plans in the middle of a calendar year. You may also have HSA contribution considerations as you can only contribute to the IRS maximum if you are covered by a HDHP all 12 months.

## PRESCRIPTION QUESTIONS

**1) What resources are available to help me find the best possible price for my medication?**

Two public sites, [www.medtipster.com](http://www.medtipster.com) and [www.goodrx.com](http://www.goodrx.com), are good resources to find discounted prices on many medications. Additionally, BCBSM does offer a number of preventive prescriptions for free on the plans.

**2) How do I use the mail order feature of my prescription coverage through BCBSM?**

The BCBSM plans provide for mail order prescriptions through Express Scripts. Information on mail order, including order forms, can be found [here](#).

**3) How do I know if my prescriptions require prior authorization or step therapy?**

BCSBM has a "formulary" listing on their website which designates what tier prescription drugs fall under and whether they are subject to prior authorization or quantity limits.

Formulary information can be found here:

[Flexible Blue and Community Blue Plans](#)

[Simply Blue Plans](#)

**4) Are there any “free” preventive medications on the BCBSM Plans?**

A listing of preventive medications available at no-cost through BCBSM can be found [here](#).

**ACCOUNT ACCESS QUESTIONS**

**5) How do I access my BCBSM account online?**

You can access a wealth of information on the BCBSM Portal at [www.bcbsm.com](http://www.bcbsm.com). You will find information about your coverage and claims as well as links to wellness information and your HSA account balance, if applicable. You can also download the BCBSM app on your mobile device and access much of this information, including a virtual insurance card for your BCBSM coverage.

**6) What if I don't get my new BCBSM cards before I need to use my coverage?**

If you do not receive your cards and are seeking services, you can contact BCBSM Customer Service at 877-752-1233. You will need to provide their social security number and will receive your BCBS ID number for medical services at the doctor, urgent care, etc. This number can also be used for obtaining services at the pharmacy. With the ID number, employees will provide the following additional information:

Rx Group number- BCBSMAN  
Rx Bin- 610014  
Rx PCN- n/a

If the retail pharmacy has any concerns, the technician can contact the Pharmacy Services Dept. for assistance- 800 437-3803.

To request additional or replacement cards, employees can access their online account at [www.bcbsm.com](http://www.bcbsm.com)

Additionally, the mobile app available through [bcbsm.com](http://bcbsm.com) will provide you with the availability of accessing a virtual ID card through your mobile device.

*This document is an outline of the coverage proposed by the carrier(s). It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.*