

# Archdiocese of Miami Q&A Facts Sheets



## 2019-2020

**Q. Will there continue to be coverage for dependents ages 26-30 still enrolled in college?**

A. Yes, the health insurance will still be available for dependents 26-30 who are eligible.

The cost will be:

Gold PPO: \$662

Silver PPO: \$629

Bronze PPO: \$575

**Q. Difference between cost of doctor's visit – primary vs. specialist? What is the cost for urgent care visits? Will we be getting a more detailed breakdown of costs as in the past – like the chart below? (ie. urgent care, x-ray)**

A. PPOs work differently from HMOs. There will not be a set copayment cost for doctor visits, urgent care, or specialists. The new plans are solely based on deductibles/coinsurance. You will need to pay out of pocket any services you receive until your deductible is met; after that, the insurance will cover 80% of the claim and you will be responsible for 20%.

**Q. We have spouses enrolled in Medicare Part A hospital insurance, which is free; but, choose not to enroll in Medicare Part B (although they are eligible) and are enrolled instead in the ADOM medical insurance. Will these people be subject to the \$100 monthly surcharge if they choose to remain on the ADOM insurance?**

A. No

**Q. Does the employee have to meet the deductible before the plan starts to pay the 80%? In other words, does the employee have to pay the full doctor charges up until their deductible is met?**

A. Yes that is correct

**Q. They were told that the “ANNUAL” out-of-pocket amounts are as follows:**

*Gold: \$9000.00 (this out-of-pocket is for each plan and not per person, correct?). At the bookkeeper’s meeting I understood that the \$4500.00 was the annual out-of-pocket and not the pro-rated amount. Can you clarify?*

A. July 1<sup>st</sup> – Dec 31<sup>st</sup> annual out of pocket for single is \$2,250; for family is \$4,500. Starting January 2020 the calendar year annual out of pocket for single is \$4,500, for family is \$9,000.

*Silver: \$10,000.00 (pro-rated for 6 months \$5000.00 – July-Dec). Then in December \$10,000 (Jan-Dec)?*

A. July 1<sup>st</sup>- Dec 31<sup>st</sup> annual out of pocket for single is \$2,500, for family \$5,000. Starting January 2020 the calendar year annual out of pocket for single is \$5,000, for family is \$10,000.

*Bronze: \$12,000 (same as above)*

A. July 1<sup>st</sup>- Dec 31<sup>st</sup> annual out of pocket for single is \$3,000, for family \$6,000. Starting January 2020 the calendar year annual out of pocket for single is \$6,000, for family is \$12,000.

**Q. The deductibles are only for 3 insured persons, i.e., Gold plan deductible for family of 5 is \$2,250.00. Correct?**

A. Yes that is correct.

**Q. Prescription Drugs:**

1) *The Gold Plan DOES NOT cover specialty drugs*

A. The Gold Plan DOES cover specialty drugs, at a \$75 copay

2) *The Silver Plan DOES cover them at 80/20 and the Bronze Plan DOES cover them at 80/20 after deductible. Correct?*

A. This is correct. The maximum charge per Specialty prescription under the Silver Plan, however, is \$400.

**Q. The Gold and Silver plans have the co-pays of \$10, \$50 & \$75 but DOES NOT include the deductible., i.e., you do not have to meet the deductible, just pay the co-pay. Correct?**

A. That is correct.

**Q. If the employee currently does not have health insurance with us, do they have to go in during open enrollment and decline again so that they won't get the default silver plan?**

A. They do not have to log in to re-waive coverage, but they do have to log in to update their beneficiaries.

**Q. Will the employees need to provide proof that their spouses do not have insurance offered to them? If so, what do they need to give us?**

A. Yes, the employee must complete a Spouse Medical Plan Surcharge Affidavit.

**Q. Has the plan negotiated any rates with providers in network as to office visit fees? I know sometimes plans will have a limit that a participating physician can charge.**

A. Florida Blue negotiates rates and contracts with in network providers on our behalf. This is called the "allowable amount", and network doctors cannot charge you more than that amount.

**Q. Will "Know before you go" post the fees for physician specialists?**

A. No, as there are so many variations. Know Before You Go is intended to be a personalized cost estimator to assist you in determining your costs for a particular service or procedure.

**Q. I understand that preventive services such as mammograms do not fall under the deductible or co-pay as long as they are screening exams. Does lab work done as part of an annual well visit also have this exclusion?**

A. Yes, as long as they are coded correctly through the doctor's office.

**Q. Is an employee able to contribute an amount into the HSA to get it started/funded or will it begin with same amount pay period contributions at the beginning of the new policy year.**

A. As long as they are enrolled in the Bronze Plan, they can contribute at any time during the year.

**Q. If I stay with the high deductible plan, will the archdiocese still contribute to the savings account and, if so, how much per year?**

A. The Archdiocese will not be making any contributions this year.

**Q. Does the amount of money I have paid so far go towards this year's deductible, even though the plans will change?**

A. Yes, the deductible and out of pocket amounts paid so far this year will be carried over in July.

**Q. The HSA cannot be elected by anyone eligible for Medicare. Suppose the employee is not Medicare-eligible, and the spouse is. Can the employee still enroll the spouse in the high-deductible health plan but elect the HSA for her/himself, and the funds be used only for personal claims (not the spouse)?**

A. The employee can set up an HSA account as long as the employee is not enrolled in any part of Medicare. Even if the employee's spouse is enrolled in Medicare and the employee is not, the employee can enroll in the HSA. Not only that, but the employee can use their HSA funds to pay for their spouse's qualified medical expenses.

**Q. If the labs are ordered as part of a well check are they covered at 100% or do we have a deductible for all labs.**

A. Labs coded correctly under the wellness check will be covered at 100%.

**Q. Are the co-pay amounts on prescriptions included as part of the deductible and Out of Pocket maximum?**

A. Prescriptions co-pays will go towards your out of pocket maximum, not your deductible.