

Saint Joseph's University

Health Insurance Plans

Frequently Asked Questions

1. What medical plans are available?

Personal Choice HDHP PPO

Personal Choice 20/30/70 PPO

Keystone Health Plan East HMO 15

Keystone Health Plan East Point of Service 15B



2. What is a PPO, HMO and POS type plan?

PPO – Preferred Provider Organization – allows direct access to medical care including specialists. There is no referral to a provider in the network. Co-payments are required. The plan allows out of network care. If the provider is not a member of the network, there is a deductible and coinsurance and perhaps balance billing.

PPO High Deductible Health Plan (HDHP) – allows the same direct access to medical care as a PPO. There are no referrals to providers in the network. The plan allows out-of-network care. However, this plan has a front-end deductible which must be met prior to benefits being paid. There are both individual and family deductibles. After the deductible is met, the plan pays 100% in network. Individuals enrolled in the PPO High Deductible Health Plan have the option to set up a Health Savings Accounts (HSA). A **Health Savings Account** is a tax advantaged account used to pay for qualified medical expenses, including the deductible under the HDHP. The Health Saving Account is an account owned by the individual and is separate from the HDHP insurance plan. Independence Blue Cross has a preferred relationship with The Bancorp Bank, which administers the HSA.

HMO-Health Maintenance Organization – care is given by a selected network provider, the Primary Care Physician. A referral from the Primary Care Physician is required for all other care. Co-payments are required.

For certain services (x-ray, lab, podiatry, and physical/occupational therapy) your primary care physician is contractually required to refer you to a designated network location.

Please note: Referrals can be sent electronically and can be written for up to 90 days. In certain circumstances, a specialist can be chosen as a Primary Care Physician. You may change your primary physician at any time.

POS- Point of Service – a combination of a PPO and HMO. This plan works like an HMO if care is obtained through a network primary care physician and referrals are made to a network specialist or other provider. Co-payments are required. For certain services (x-ray, lab, podiatry, and physical/occupational therapy) your primary care physician is contractually required to refer you to a designated network location. At the *point of service*, care may be sought from a provider who is not a member of the network, which is similar to the PPO. In this case, there is a deductible and co-insurance and perhaps balance billing.

3. What are the differences among the current available PPO, HMO and POS plans?

One difference is the way in which care is obtained (see question #2). Premiums are higher in the PPO plans and co-payments can be higher for both provider care and prescription drugs. We offer two Personal Choice PPO Plans, one of which is a high deductible health plan (see question 2). Both Personal Choice plans use the same network of providers and cover the same services. Information on our current plans can be found at: www.sju.edu/hr - Click on Benefits.

4. Will my providers accept all of the plans?

All of the plans include 100% of the area hospitals. Providers are the same in the Keystone HMO and POS Plans. Approximately 29,000 physicians are in the Keystone plans and 27,000 physicians are in the Personal Choice Plan. There is an 85% crossover of providers between the Keystone and Personal Choice Plans. To determine if your provider(s) is in a plan, log on to www.ibx.com. Click on *Provider Search*, choose a Plan and search by doctor, physician group or hospital name.

5. How do I know what plan is right for me and my family?

There are several considerations to be made when choosing a medical plan. Among them are the choice of providers, number of services and prescription drugs you and your family receive, premium costs, etc. Please visit Independence Blue Cross' website and the Office of Human Resources' website for additional information.

6. What dental plans are available?

Delta PPO Plus Premier and DeltaCare DHMO.

7. What is the difference between the Delta PPO Plus Premier and the DeltaCare DHMO?

Under the Delta PPO Plus Premier, subscribers may choose any dentist at the point of service. You may choose a dentist from the Delta PPO network or Delta Premier Network or a dentist who does not participate in either of Delta Dental's networks. Your out of pocket payment will be lowest if you go to a Delta PPO dentist, higher if you go to a Delta Premier dentist and likely to be highest if you go to a non-participating dentist.

Under the DeltaCare DHMO you must choose a primary dentist at the time of enrollment. If covered treatment is received from the primary care dentist, there is no cost for the service, except for any applicable co-payments.

8. How can I find out more information about the dental plans?

You may access information at Delta Dental's web site at www.deltadentalins.com. You may obtain a list of Delta Dental participating dentists by clicking on either of our plans. You can also access information on eligibility and benefits, and can download claim forms. To access the secure log-in system for claims, eligibility and benefit information, please register for their online services. Your enrollee ID is your social security number.

9. How does my vision benefit work?

A stand-alone Independence Blue Cross (IBC) vision plan is offered to all eligible employees. This is true regardless of medical plan participation. This plan includes a **routine** exam by a participating provider or a \$35 reimbursement if performed by a non-participating provider. There is coverage for eyeglasses and specialty lens treatments and a \$75 reimbursement for contact lenses, evaluation and fitting in lieu of eyeglasses.

Reimbursement up to \$75 is available for covered eyewear purchases from non-participating providers.

The Keystone medical plans include a **routine** vision exam (at the applicable specialist co-pay) and a \$100 reimbursement vision rider program to include eyeglasses, contact lenses, frames and specialty lens treatments. Subscribers must use a participating provider for the routine vision exam. There is no coverage if a member uses a non-participating provider for the routine vision exam.

Both Keystone and IBC vision benefits are available every two calendar years and are administered by Davis Vision. For those individuals enrolled in both the IBC vision and the Keystone vision, you may use the plans on alternate years.

To locate a participating provider, go to www.ibx.com and under “Find a Doctor”, click on “Vision Provider”.

10. How does the Mail Order Pharmacy Program work?

The mail order program saves you money. Through mail order, you pay two co-pays, rather than three, for up to a 90-day supply. Medications are mailed directly to your home. When you receive a prescription, ask your doctor to write you two — one for a 30-day supply to be filled immediately at a local, participating pharmacy and one for a 90-day supply (plus any necessary refills) to be filled through mail order. Mail order forms are available in the Office of Human Resources, online at www.ibxpress.com or you may call 1-888-678-7012.

11. How can I manage my health care benefits online?

On the Independence Blue Cross website, www.ibxpress.com, you can view your benefits information, check the status of a claim, request an ID card, print forms, access a database of participating providers, enroll in healthy lifestyles and much more.

12. How are my premiums for health insurance deducted?

Your share of the health insurance premiums are deducted in the first two payrolls of the month. All deductions are taken on a pre-tax basis.

13. What if I have medical insurance and do not wish to enroll in one of the University's medical plans?

A cash option of \$65 a month in lieu of medical insurance is available. In order to receive the waiver, you must complete a Benefit Waiver form prior to the beginning of the plan year, indicating proof of other coverage and it ***cannot be revoked or amended during the plan year unless there is a change in status***. The Benefit Waiver form is located in the Office of Human Resources.

14. How can I find out what my current health deductions are?

You can view your benefits and deductions on MySJU at <http://my.sju.edu>. Enter your username and password, and then click on the School Services tab. Under Administrative Services, click on Employee, then Benefits and Deductions. For current and prior health deductions, click on Health Insurance; for all your current deductions, click on Summary of Benefit Deductions.

15. How can I find more information on the High Deductible Health Plan?

The next section provides additional information on the High Deductible Health Plan.

Additional information is available at www.sju.edu/hr. Click on Benefits.

The customer service team at Armstrong, Doyle & Carroll are available to assist you with all of your benefit questions.

Sharon Douglas

(610) 225-1529

sdouglas@adcbenefits.com

Lisa Gido

(610) 225-1528

lgido@adcbenefits.com

Matt Doyle

(610) 225-1539

mdoyle@adcbenefits.com